

# Your Demand Creation Campaign Strategy: **AGYW, Clinic**

## Situation



### **Audience**

*This is the target population that you are looking to target, or speak to, with your PrEP communications campaign.*

This segment of adolescent girls and young women (18–24) is focused on their education and trying to survive, but also values freedom (money to do what they want and have fun), independence (from their parents, from adult scrutiny), and perhaps most importantly of all, social capital (being accepted by her partner(s) and peers, looking the same, participating in the same activities). She is influenced by and drawn to the aspirational lifestyle she sees around her and online, but still lives under the pressures of family, elders, peers, school, religious figures and beliefs, and in some cases, her partner(s).

**As a result, AGYW are eager to grow up, keep up, make their own rules, and obtain that aspirational lifestyle.**



### **Problem**

*The core Problem you are trying to address..*

When AGYW curb their risk of HIV prevention, through condom use or PrEP, they often are faced with another risk—the loss of social acceptance. The mere request to ask and/or use HIV prevention methods may destabilize AGWY's relationships with partners and/or be met with disapproval from family or friends.

**AGYW prioritize their social acceptance over their sexual health.**

## Strategy



### **Strategic Idea**

*The most powerful idea that can address the problem.*

**PrEP gives you the power to live your best life, HIV free.**



### **Support**

*Reasons that support the audience's belief in the strategic idea.*

- PrEP is taken by you, for you. When you take PrEP, you're ensuring that you stay you—healthy, safe, and strong.
- It protects you life and the people in it, so that you can go on living HIV-free



## Considerations

- When used correctly and consistently, PrEP is proven to be highly effective in reducing one’s risk of acquiring HIV.
- Because PrEP doesn’t protect against STIs, it should be used together with condoms.
- PrEP does not protect against pregnancy.

## Engagement



## Channel Recommendations: Clinic



### Printed Materials:

Brochures and posters for clinics, and fact sheets for patients to takeaway. These can include innovative printed materials, such as bookmarks, stickers, postcards, or playing cards.



### IPC:

At health centers, including community healthcare workers (of matched age when possible) as well as PrEP peer educators.



### Mobile:

Text messages and message apps (like WhatsApp); these can be used for one-on-one or group support and communications, as well as for sending booking confirmations and reminders for in-person meetings. In 2017 research conducted by OPTIONS in Kenya, 91 percent of AGYW participants had access to a phone, and of these, 86 percent had their own cellphone and 79 percent had access to a smart phone.<sup>1</sup>



### Social media and online:

Clinics and organizations can use social media to deliver prevention and implementation messages, as well as basic information (like hours of availability). Research shows that the internet is widely available through computers, tablets, laptops, and smart phones, particularly for young people.<sup>1</sup> Further, social media is already being used by some in this group for sexual behavior practices (like accessing transactional sex sites).



## Tips for Connecting with Your Audience

### Common interests:

AGYW spend their time singing, dancing, going to church, socializing with friends, and studying.<sup>1</sup>

### Where they go for care and information:

AGYW may be reached at government hospitals or private clinics. In 2017 research conducted by OPTIONS in Kenya, about 3 in 4 respondents reported receiving healthcare at government hospitals and 1 in 3 reported visiting a private clinic. For those seeking HIV tests, 54 percent went to government hospitals.<sup>1</sup>

2017 OPTIONS research conducted in Kenya showed that AGYW's main sources of information about sexual and reproductive health are health centers and hospitals as well as the doctors and nurses at these sites; peer educators; talks at school and campus; and media outlets like radio, TV, and social media.<sup>1</sup>

The above-mentioned OPTIONS research also showed that, of those few AGYW aware of PrEP, most had heard of it through either word-of-mouth or TV/radio advertising; only 15 percent of older AGYW had heard about PrEP through a medical professional.<sup>1</sup>

### Provide care without judgement:

AGYW may be challenged by the biases and judgments that healthcare providers hold about sexually active young women. It is important for clinics to have staff that are relatable, of matched age (when possible), friendly, and non-judgmental. Interviewed AGYW also suggested that clinics train staff specifically for PrEP implementation to ensure they are adequately prepared for the role.<sup>2</sup>

AGYW may not necessarily trust messages from government sources, nor from medical professionals.<sup>1</sup> Rely on local investigation to identify the most credible sources for the target audience.

### Peers are a trusted, existing network:

There is a potential network effect to AGYW enrolling in PrEP. After one AGYW begins taking PrEP, she is likely to get her sisters or friends to join. These AGYW may then form a web of support, motivating each other and helping each other adhere.<sup>3</sup>

### Comparing PrEP to birth control can empower AGYW:

When AGYW don't fully understand PrEP and how it works, they are less likely to be convinced of its impact and less motivated to stay on it; this is why education about PrEP is important.<sup>3</sup>

There may be an opportunity to normalize PrEP by comparing it to birth control, which is something AGYW are more likely aware of and understand; like oral contraceptives, PrEP requires daily intake, and empowers them to take control of their sexual health.<sup>3</sup>

### Educate about general sexual and reproductive health:

Because AGYW may lack adequate education about sexual and reproductive health, it may be helpful to educate and empower women with valuable information, such as what behaviors put them at risk for HIV and STIs, recommendations on how to make behavioral changes, and information about reducing the risk of HIV, of STIs, and unplanned pregnancies.



## Recommended Tactics

### Educate on PrEP:

Due to low awareness and understanding of PrEP, AGYW need comprehensive education about what PrEP is, how it works, how it is effective, and how to take it.

### Influence through peers and role models:

In her phase of self-discovery, AGYW's behavior is largely driven by her peers, and by the role models she sees in her life and online (through social media). Role models include parents, teachers, celebrities, and, in some parts of rural Kenya, aunts and grandmothers as well. Note, it is also important to understand the effects of peer pressure and recognize that each woman should make her own conclusions about her personal risk of HIV acquisition, and decision about PrEP.<sup>4</sup>

### Deliver information through peer ambassadors and testimonials:

In addition to influencers (above) and health workers/doctors, using AGYW-specific PrEP ambassadors and real-life testimonials of PrEP users will be extremely important to engender credibility and feelings of trust.<sup>2</sup> On school and university campuses, ambassadors can be leaders of student organizations or student councils.<sup>4</sup>

### Get male and family buy-in:

Interviews with AGYW show that they believe male peers, partners, and family buy-in would be important for PrEP uptake and adherence.<sup>2</sup> Similarly, PrEP researchers expressed that male engagement was incredibly important, recognizing that men are often the decision-makers within relationships as well as often for the community as a whole. Including men as ambassadors for PrEP can add legitimacy to the product.<sup>4</sup> These groups should also be engaged and targeted in strategic communications campaigns using male educators or at places where men congregate: men's bazaras, churches, funerals, football matches etc.<sup>5</sup>

### Make PrEP meaningful:

Research shows that featuring the immediate, emotional benefits of PrEP usage—control, empowerment, health, strength—may be the most motivational, rather than focusing on fear-based messages of disease and risk.<sup>2,4</sup>

### Promote self-identification of risk:

“High-risk” is a stigmatized term, and providers should be careful with labelling AGYW as “at-risk” or “high-risk.” At the same time, it is important for potential PrEP users to understand their risk to make an informed decision. Research shows that talking about risk conversationally—using a series of open-ended questions—can help women reflect on their risk, and come to a conclusion on their own.<sup>4</sup>

### Be accessible:

Accessibility may be a barrier to PrEP services, so when possible, clinics should emphasize offering services in close proximity to where AGYW live and spend time, with well-advertised, consistent schedules.<sup>2</sup>

### Work at sexual reproductive health dispensaries and family planning clinics:

Dispensaries and clinics may serve as key touchpoints for meeting AGYW, as they may already be visiting these locations for birth control, condoms, or PEP.



## References

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