

Your Demand Creation Campaign Strategy: **AGYW, Sub-National**

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 AGYW'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 audiences' belief in the strategic idea.

- PrEP is taken by you, for you. When you take PrEP, you're ensuring that you stay healthy, safe and strong.
- It protects your 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: Sub-National



Printed Materials:

Leaflets and posters for use in schools and universities, in peer outreach, and in hotspots such as condom and birth control dispensaries (pharmacies, clinics, youth centers, and mall bathrooms).



IPC:

Peer counselors and educators on campus or at youth groups, church groups, social gatherings, workshops, door-to-door campaigns, intergenerational exchange groups, seminars and talks at school and youth centers, support groups, informational and/or social community groups and gatherings; peer outreach programs. Also, training and working with community mobilizers and peer outreach teams.



Mass media:

Community radio, local TV.



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.¹



Social media and online:

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



Mobile/tablets/social/online content:

Apps, web-based material (with information, podcasts, and video content).



Tips for Connecting with Your Audience

Common Interests:

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

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.¹

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.¹

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.¹

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.²

AGYW may not necessarily trust messages from government sources, nor from medical professionals.¹ 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.³

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.³

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.³

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

Education system:

For an example, see the Kenyan NASCOP/MOH Fast Track to End AIDS Among Adolescents, which recommended Annual HIV and Health Education Days when HIV messages are integrated into school books, stationary, and teachers' materials.⁴

Educate with entertainment (edutainment):

For example, the MTV Shuga TV series promotes HIV prevention, targeting in- and out-of-school youth; this three-part drama series seeks to educate and inform youth on HIV risk and prevention strategies. The show which was most recently was set in Nigeria was promoted throughout the country via touring festivals with popular music and organized screening events included. After the screening, a pair of trained peer educators facilitated an interactive session with the youth.⁵ Communities, churches, schools, youth groups etc. could potentially organize their own screenings and facilitated sessions as a tool for learning.

Avoid stigma on radio or television:

When using radio or television to encourage PrEP, according to informants, it is important not to overload audiences with too much information. Instead, emphasize key messages of empowerment. Never mention key populations or the term "high-risk" in messaging, to avoid creating stigma.⁶

Reinforce an intervention with a multichannel approach:

PrEP researchers in interviews stressed the importance of using multiple sources to reach people with information about PrEP, to increase the chance that potential PrEP users will believe in its effectiveness. Further, using multiple kinds of media adds legitimacy to the product.⁶

Peer educators can be used to reinforce messages and interventions initiated through other means. For example, in the Shuga intervention, the role of the peer educators (who reinforce the lessons learned) is critical. Similarly, many mobile SMS and call-ins may be incorporated with a mass media intervention to encourage listener participation and communication. Social media reinforcements may also be valuable, such as setting up a Facebook page for building a community and creating a space for discussion.

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.⁷

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.² On school and university campuses, ambassadors can be leaders of student organizations or student councils.⁶

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.² 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.⁶ These groups should also be engaged, and targeted in strategic communications campaign using male educators or at places where men congregate: men's bazaras, churches, funerals, football matches etc.⁸

Make PrEP meaningful:

Research shows that featuring the immediate, emotional benefits of PrEP usage—control, empowerment, health, strength—will be the most motivational, rather than focusing on fear-based messages of disease and risk.^{8,6}

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.²

Take it mobile:

Mobile clinics can be an easy tactic to meet AGYW where they are, bringing services and information directly to them.



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