

Your Demand Creation Campaign Strategy: General Population, Sub-National

Situation



Audience

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

The general public may not be at high risk, but they may contribute to the stigma around HIV and have significant influence over those who are at high risk for HIV. Key audiences and influencers within this group may include sexual partners, clients of sex workers, parents, community leaders, peers and teachers. Whether these individuals identify with the risk of HIV or not, many react to the issue by either denying the existence of HIV altogether or by discriminating against those who are HIV positive (or those whom they believe to be HIV positive based on assumptions and judgments). These attitudes and beliefs effectively hinder the effective prevention of HIV thereby perpetuating the epidemic.

The general public is a critical target audience with regards to cultivating an environment where others can embrace PrEP.



Problem

The core problem you are trying to address.

Views about sex vary based on personal ideologies. Some individuals believe sex should only occur between a man and a woman, while others believe sex should only occur between married couples, or that young people should not be having sex at all. People who hold these beliefs tend to view methods that enable “safe sex” i.e. preventing sexually transmitted diseases or pregnancy as inadvertently encouraging immorality and promiscuity - hence their lack of support for PrEP.

Advocating for PrEP seemingly condones the immoral, promiscuous behavior they disapprove of.

Strategy



Strategic Idea

The most powerful idea that can address the problem.

The strongest communities support PrEP.



Support

Reasons that support the audiences belief in the strategic idea.

- PrEP makes us stronger by combatting the spread of HIV and protecting the lives of our loved ones.
- Using PrEP is a form of practicing “safe sex”; now, in addition to condoms, PrEP provides an added layer of protection. That means it helps keep us healthy and HIV-free so we can stand up to this epidemic and end its stronghold over our current and future generations.



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 STI’s, it should be used together with condoms.
- PrEP does not protect against pregnancy.

Engagement



Channel Recommendations: Sub-National



Mass media:

TV, radio, print, newspapers and billboards.



Online and social media:

Facebook, blogs, and Twitter.



IPC:

Meetings with community and religious leaders/gatekeepers and other influencers to educate on PrEP and co-plan communications and interventions.



Tips for Connecting with Your Audience

Music is a universal interest:

When engaging audiences, music may be a valuable channel—it plays a big role in many people’s lives. In Kenya, for example, gospel music is wide-spread, and underground Kenyan hip-hop is growing in popularity.¹

Address everyday stigma:

Community members can express and reinforce stigma through everyday interactions including gossiping, laughing, and mocking. The relative absence of supportive community HIV-related discourse is also a negative.² Private support within families and friendships has enabled greater acceptance, but this needs to translate into everyday advocacy and accepting discourses in public, too.²

Foster conversations:

Informal discussion about HIV/AIDS is a mechanism that has been suggested to have significant influence on personal knowledge of people living with HIV/AIDS, and may as a result decrease HIV-related stigma. It may even reduce risk behaviors related to HIV.³ HIV prevention efforts and stigma-reduction programs should incorporate novel approaches to foster discussion about HIV/AIDS in informal settings.⁴

One study found that negative attitudes and perceived discrimination towards people living with HIV/AIDS were related to a lack of knowledge of treatment, a lack of prior history of HIV testing, and not having discussed HIV/AIDS with anyone.⁴

There is a great need for village leaders and clinical staff to be supported—financially and legally, as well as through new social norms—to innovate new ways of generating community discussion and informing policy.²

Engage religious leaders, too:

Religion and religious leaders often play an important role. In Kenya, for example, there are estimated 30,000 faith-inspired organizations, which implement many kinds of development programs. As community spokespersons, they can be successful in mobilizing others for positive social change.⁵

Identify high-risk areas or ‘hot spots’:

Community mapping can be a good method of determining where to target outreach activities. Conversations with community members and key stakeholders can help you understand where high risk women congregate, and how to most effectively reach them.¹

Keep it simple:

Keep the communications as clear, straightforward, and as simple as possible. Ie: one of the current health messages in South Africa uses emojis.



Recommended Tactics

Generating product legitimacy:

Using multiple kinds of media, especially TV and radio, adds legitimacy to the product. In addition using a Ministry of Health logo and/or endorsement may help build trust.¹

Create “buzz”:

Word of mouth is effective at reaching at-risk populations. However, it’s important that the correct messages are spread as word of mouth can work both ways: to spread a campaign message or misinformation.¹

Educate on HIV risk and PrEP:

There are a number of broad misperceptions and misunderstandings about HIV risk and HIV transmission, as well as about PrEP. Informing the general population in these areas may help decrease stigma and aid community-wide acceptance. In addition to information, it may be necessary to address and dispel common myths, thus making it easier for at-risk populations to uptake.¹

Normalize at-risk populations:

Through persistent and omnipresent messaging, communications may normalize conversations about HIV risk and prevention, as well as normalize the presence of at-risk populations. Even if messages are not targeted at the general population, the repeated presence of HIV prevention messages, and talk about these at-risk populations, may help to instill recognition throughout society that HIV is a public health issue relevant to everyone, and that health access is a universal right.

Cultivate contact:

To further normalize conversations about HIV, it may be beneficial to create opportunities for the general population to informally interact with HIV negative-but-at-risk people and HIV positive people.

Who delivers the message:

Include both HIV-positive and -negative individuals as message bearers. By placing both visibly as recognizable members of the community, communications may help decrease the stigma around those who may have HIV or may be at-risk.

Co-create solutions:

Engage with community members and community leaders, who should be informed of and involved in the implementation planning for the new prevention program and/or the design and implementation of the PrEP demonstration project. This will promote acceptance and ownership of the program by communities. It requires giving appropriate and clear information about PrEP to communities at information sessions, seeking feedback on attitudes and perceptions, and through mass public education and sensitization using mass media.



References

1. According to the qualitative analysis memos from the Reaching High Risk Women for PrEP: Learning from ARV-based HIV prevention trials study, provided by K Stankevitz, MSc, in May 2018.
2. Bonnington O, Wamoyi J, Ddaaki W, et al. Changing forms of HIV-related stigma along the HIV care and treatment continuum in sub-Saharan Africa: a temporal analysis. *Sex Transm Infect.* 2017;93(suppl 3):e052975. doi:10.1136/sextrans-2016-052975.
3. Eribake A. True believers or gospel fakes? This Is Africa. June 27, 2014. <https://thisisafrica.me/lifestyle/true-believers-gospel-fakes>. Accessed January 3, 2018.
4. Stoneburner R, Low-Beer D. Population-level HIV declines and behavioral risk avoidance in Uganda. *Science.* 2004;304(5671):714-718. doi: 10.1126/science.1093166.
5. Tsai A. Socioeconomic gradients in internalized stigma among 4,314 persons with HIV in sub-Saharan Africa. *AIDS Behav.* 2015;19(2):270-282. doi:10.1007/s10461-014-0993-7.