

Your Demand Creation Campaign Strategy: Serodiscordant Couples, Community

Situation



Audience

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

This segment of serodiscordant couples (SDC) is aware of their discordance (that one of them has HIV and the other does not) and have had their relationship disrupted by it in some way. They may be experiencing blame over who brought HIV into the relationship, disconnection around sex, and/or discouragement around conceiving. The discordance has been so disruptive for some that they now face the ‘discordance dilemma’. They see the avoidance of HIV transmission at odds with preserving their relationship. Other couples endure the discordance out of love and commitment, but the risk of HIV transmission is still disruptive, complicating the things they want and value in their relationship – intimacy and children.

SDC relationships are interrupted by HIV.



Problem

The core problem you are trying to address.

For SDC, enrolling in PrEP is often perceived as more burdensome than helpful. Bringing up PrEP may resurface undesirable, negative feelings associated with the discordance, such as blame, guilt, and even violence. In visiting an HIV clinic, SDC risk disclosing their discordance to others, and partners without HIV risk being mislabeled as HIV positive. And taking PrEP may bring on undesirable stigma from others. Thus, when SDC compare PrEP to other HIV prevention tools like condoms, many struggle to be convinced of its relative effectiveness and appeal.

PrEP—not worth the extra hassle.

Strategy



Strategic Idea

The most powerful idea that can address the problem.

PrEP brings you closer together without the fear of HIV



Support

Reasons that support the audiences' belief in the strategic idea.

- **Be together with peace of mind, even when one partner is not yet virally suppressed.** PrEP offers an extra layer of protection and can help while the partner with HIV transitions onto ART and is not yet virally suppressed. That means you can continue to be together and be intimate without the stress of possible infection of HIV; the value of having sex without this worry cannot be underestimated.
- **For those wanting to conceive, you can safely take the next step in your relationship.** With the help of PrEP you can rest assured that you'll bring HIV-free children into the world and that the uninfected partner will stay protected from the risk of acquiring HIV at the time of conception and during pregnancy.



Considerations

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

Engagement



Channel Recommendations: Community



Printed Materials

Printed materials: Posters and leaflets for around the community, at places of worship, at social gathering places, and at community meetings.



IPC:

Other SDC who use PrEP, and health care providers. Target locations frequented by SDC, such as places of worship, schools, microfinance groups, community meetings. Also host seminars, social gatherings, and counseling and support groups.



Mobile and SMS/text:

Of SDC interviewed during one study in Kenya, 99 percent had access to a cell phone, and 66 percent of those had access to a smartphone.¹ Mobile engagement methods such as WhatsApp and SMS may be effective for making first contact, for arranging in-person contact, or for giving support and advice.



Social media:

Social media engagement, such as with Facebook, can be used to communicate with SDC, to broadcast information and advice, to identify new potential clients, and/or to cultivate discussion and community.



Tips for Connecting with Your Audience

Common interests:

SDC interests include listening to music, watching TV, listening to the radio, spending time with family, going to church, and following the news.¹

Where they go for information:

Currently, SDC's main sources of SRH information are radio, television, health centers, doctors, social and counseling groups.¹ When asked how they think PrEP should be communicated to people like themselves, SDC in Kenya suggested many of the same channels, adding seminars and social media, newspapers, as well as talks at church.¹

Educate about HIV transmission:

Misconceptions about HIV transmission are common. For example, SDC may not know what "virally suppressed" means. This kind of information may be important to inform SDC.²

Educate about the benefits of PrEP and how it works:

In 2017 market research conducted by OPTIONS in Kenya, many SDC surveyed did not yet believe that PrEP worked. This indicates a need for education on how PrEP works and how effective it is in order to address any doubts.

SDC see numerous emotional benefits of taking PrEP, which may be highlighted. These include having an extra layer of protection (if/when in doubt), demonstrating a shared commitment as a couple, reducing stress and preserving the relationship, improved intimacy, a returning to normalcy and hope.³

Engaging men is critical:

Some people associate PrEP as being "just for women" or "only for MSM." Thus, communications and interventions can target heterosexual men and emphasize that PrEP is also for them.²

In women's decision to take and adhere to PrEP, engaging men is critical. A partner's preferences have powerful influence on whether a woman uses a product. Further, when the negative partner in an SDC discloses PrEP use to their partner, it has been shown to improve acceptability and adherence.⁴

Clear up misconceptions about PrEP in an SDC:

Many SDC may be turned off by the idea of PrEP, assuming that they will need to take it forever. Addressing the idea that the negative partner only needs to take PrEP until their partner is virally suppressed through the use of ART may be important, new information to share.²

Some SDC may not understand that PrEP needs to be taken every day. Even after learning about PrEP, some SDC still believe that they will "build up an immunity" after taking PrEP a few times; communications should emphasize that the negative partner in an SDC must take PrEP daily until their partner is virally suppressed.²

Emphasize PrEP's benefits for couples to encourage adherence:

To encourage adherence, it may be effective to emphasize that PrEP can be something good for the couple; it facilitates support for each other, as each supports the other in adherence, and brings them closer together.²



Recommended Tactics

HIV prevention interventions generally focus on the individual. However, there may be several advantages to using a couple-based approach: it may allow for mutual recognition and responsibility to protect each other and stay healthy, it may aid in the creation of a safe environment to discuss and deal with sensitive topics, and it may increase commitment to change.⁵

Engage through family planning:

Because contraception is a priority for many SDC, reaching them through family planning, contraception, and fertility services may be effective. If possible, clinics may consider offering more integrated sexual and reproductive health services to address a more holistic set of SDC concerns, and drawing them into the PrEP conversation through these other topics. An example of a clinic doing this is Senkatana ART clinic in Lesotho.⁶

Educate on technicalities:

Due to the complex nature of PrEP and HIV risk, transmission, and prevention, SDC may benefit from nuanced information within the context of HIV prevention, but also within the context of conception given the often expressed desire to conceive despite discordant status.

Provide couple-based voluntary counseling and testing (VCT):

By providing couples-based VCT, both partners may be encouraged to reduce risky behaviors, improve sexual safety, increase their HIV knowledge and get tested.⁵

Engage other PrEP users:

Other SDC who are PrEP users can communicate effectively about PrEP. One study in Kenya found that when previous PrEP users shared their experiences, it reinforced the decision to use PrEP. When possible, clinics should offer peer interaction as part of service delivery, as this may increase initiation and continuation of PrEP.³

Reach men:

Men may benefit from engaging male healthcare providers.¹

Engage SDC:

Offering other services, such as support groups, counseling groups, social gatherings, seminars and informational talks can create opportunities to encourage PrEP uptake and adherence.



References

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