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# Secrecy, empowerment and protection: positioning PrEP in KwaZulu-Natal, South Africa

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## ABSTRACT

The release of World Health Organisation guidelines recommending the prophylactic use of daily Truvada<sup>®</sup> for all populations at high risk of acquiring HIV opens the way for implementation of oral pre-exposure prophylaxis (PrEP). The impact of new prevention technologies is, however, dependent on demand creation strategies such as user awareness, acceptability and access, which in turn are influenced by sociocultural and gender norms. This study was conducted in three locations in KwaZulu-Natal, urban, rural and peri-urban, with six participatory workshops. Knowledge, desirable features of a product and demand positioning for PrEP were assessed using a participatory action media research process which included art-based activities and group discussion using a semi-structured interview schedule. The data were analysed using thematic analysis. The key themes that emerged in relation to product adoption were: ability to maintain secrecy of product use; the need for agency with personal choices around HIV prevention; and an increased desire for HIV protection. Findings reaffirm the influence of user engagement in understanding the sociocultural dynamics that influence demand creation for PrEP adoption.

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## Introduction

HIV remains a global challenge, with over 2.2 million new infections each year (UNAIDS 2015). Although HIV incidence rates have slowed down globally, sub-Saharan Africa still has one of the highest rates of new HIV infections (UNAIDS 2015). In South Africa, women in particular are most at risk and vulnerable to HIV infection (Shisana et al. 2014), with the highest HIV prevalence rates in Kwazulu-Natal. Young women (aged 15–24 years) bear a disproportionate burden of HIV infection, have an infection rate up to eight times higher than their male peers (Dellar, Dlamini, and Abdool Karim 2015), and acquire HIV infection at least five to seven years earlier than men (UNAIDS 2015). Several studies emphasise the biological (Dellar, Waxman, and Abdool Karim 2015; McKinnon and Abdool Karim 2016) and sociocultural complexities (Ackermann and Klerk 2002; Ogunlela 2014; Prince et al. 2005;

Weeks et al. 2004) through which women negotiate safe-sex practices or condom use with their male partners. However, most available safer sex options require male co-operation.

The CAPRISA 004 trial demonstrated that 1% tenofovir vaginal gel can reduce HIV acquisition among women by 39% (Abdool Karim et al. 2010). However, the confirmatory trial Follow-on African Consortium for Tenofovir Studies 001 (Rees et al. 2015) and the Vaginal and Oral Interventions to Control the Epidemic trials (Marazzo et al. 2015) highlighted the complexity of product adherence: many trial participants experienced adherence challenges. Thus, the pre-exposure prophylaxis (PrEP) field has shifted to the development of less user dependent potential products, such as monthly vaginal rings and two monthly injections that are still undergoing clinical trial. The release of the World Health Organisation (2015) guidelines recommending the prophylactic use of daily oral tenofovir disoproxil fumarate/emtricitabine, trade name Truvada®, for all populations at substantial risk of acquiring HIV, and the licensure of daily oral Truvada® in December 2015 by the South African Medicines Control Council, opens the way for the implementation of PrEP, particularly in high-disease-burden settings and high-risk populations. Regardless of formulation, a product must be used in order to be efficacious. With antiretroviral (ARV)-based prevention product options expanding, there is a need to understand how best to position these HIV prevention technologies for successful programmatic scale-up.

Effective product positioning can increase demand by diverse users (Brady and Tolley 2014; Morrow and Ruiz 2008; Tolley et al. 2014) and influence product user knowledge, acceptability and willingness to adopt new innovations. Research that explores the diversity of user needs and its relationship to product associations is crucial to advance the HIV prevention agenda, as women's HIV prevention options are often influenced by age, geo-spatial location and types of sexual encounters (Govender, Mansoor, and Abdool Karim 2016). Understanding how best to innovate, implement and integrate PrEP as part of a comprehensive HIV prevention package for diverse users can play a significant role to the successful advancement of PrEP. Strategic demand creation that caters for these determinants will better position PrEP for high uptake and adherence (Terris-Prestholt et al. 2013). Mapping user product preferences provides a nuanced perspective to the market segmentation of those who are likely to consider PrEP (Brady and Tolley 2014).

The introduction of new HIV prevention technologies requires innovative, engaging and entertaining promotional messages to increase awareness of PrEP. Health communication approaches need to move away from repetitive top-down communication messages wherein health promotion messages are designed by advertising agencies and communication experts without the consultation of potential users, as ongoing engagement of users provides insight into the way in which decisions about product options are made (Parker and Becker-Benton 2016). Participatory research processes engage potential product users to understand how they make sense of new innovations and can influence increased product acceptability. The need for more woman-centred HIV prevention technologies still remains a key priority, due to the existing hegemonic masculinities that still exist in South Africa (Jewkes and Morrell 2012). Despite common features/characteristics between oral and vaginal ARV-based HIV prevention products, their introduction strategies may require different approaches as messages must be tailored for different users with varying perceptions of risk, outcome expectations and barriers to action (Sidibe et al. 2014).

Sociobehavioural research conducted during clinical trials on ARV-based HIV prevention products suggests that women's acceptance of new HIV prevention technologies is

influenced by product positioning (Becker et al. 2004). Effective health communication strategies can potentially increase the acceptability and uptake of new HIV prevention technologies and this requires an in-depth understanding of potential user identities and the key factors that influence product uptake. Product desirability is influenced by how a product is promoted, and understanding the benefits of product use for women whilst still in the early stages of development, can enhance product uptake. We utilised the opportunity of exploring the preferences of women in the tenofovir gel post-trial context in order to understand how product identity and the positioning of ARV-based prevention products in promotional material can influence acceptability and uptake. Action media, which stems from participatory action research was used in three locations in KwaZulu-Natal.

## Research design

This study used action media derived from principles of participatory action research – a process of conducting collaborative social science research towards promoting social change (Greenwood and Levin 2007; Parker and Becker-Benton 2016). Participatory action research involves engaging participants in ongoing dialogue to understand often complex, multi-dimensional, intractable and dynamic problems, and then uses this knowledge towards ‘generating knowledge and advocating positive social change to promote more effective health care practices’ (Brydon-Miller, Greenwood, and Maguire 2003, 187; Winskell and Enger 2009). Researchers and communities work collaboratively to address critical health issues (Brydon-Miller, Greenwood, and Maguire 2003, 21) with a robust methodology that includes: ongoing engagement with potential product users to understand their product associations; a collaborative development of key messages to position products; the pretesting of communication concepts among potential users from various locations; professional graphic development of the selected key messages; and final evaluation of the promotional messages to increase product desirability. The co-development of media resources to depict user perspectives to health issues uses dialogue and critical thinking as cornerstones in this collaborative process (Parker 1997). Findings are then used to refine the communication concepts to increase product awareness. Whilst participatory action research engages participants in extensive interchange of ideas and perspectives in a topic, and is often a collaborative communicative experience between the researchers and the community/group, the methods of collection and documentation of data can often be quite conventional, with focus-group discussions, interviews and questionnaires. Action media adopting participatory action research principles recognises the importance of context, integration of a user-driven perspective and the use of non-conventional research to understand local experiences for product accessibility and uptake.

## *The intervention: participatory workshops*

Through the use of a workshop-based participatory process, women from various locations and cross-sections of South African society were given the opportunity to share their perceptions of tenofovir gel and how it should be represented for product awareness and promotion. A brief background to HIV prevention, the need for more comprehensive HIV prevention options for women, the advancement of clinical trials and an introduction to vaginal microbicides and dosing strategies informed the introduction to microbicides, with

the support of visual aids. The workshops were conducted in English with isiZulu translations where necessary for clarification. During the workshops, the women were asked to name the gel product and decide on key messages to support the product introduction. They were then provided with large sheets of paper, oil pastels, markers, paints and coloured paper, and given 60 minutes to work in groups of three or four women to collectively depict the key messages that could be used when introducing this HIV prevention product. The women were briefed to think about ARV-based HIV prevention products from a first-time user perspective, exploring what product associations and key messages would increase product desirability. The documented artwork was used as a catalyst to initiate a knowledge sharing process through group discussions. Ongoing discussion and debate occurred during the poster development phase within the smaller groups, with feedback in a larger group discussion. These were facilitated by the first author with assistance from a bi-lingual facilitator. Workshops were conducted in English with isiZulu translations where necessary, in line with participatory action research techniques, and with audio recording of discussions. The audio recordings were transcribed as data to support their visual representations of the key product promotional messages. Before the sessions began, informed consent was obtained from the women regarding both participation in the study and permission for the audio recording.

### ***Workshop sampling and composition***

Convenience sampling was used to recruit women over 18 years of age who had not participated (referred to as non-trial participants) in the tenofovir gel CAP008 post-trial access study (Mansoor et al. 2016), and random sampling was used to recruit women who were post-trial participants. Whilst convenience sampling was used to recruit any women over 18 who may consider product use in the future, random sampling with post-trial women was used to systematically allow each of the participants an opportunity to be part of the study. Post-trial women were specifically included in the study as good participatory action research practice (McIntyre 2008) rather than for comparative purposes. Post-trial women who were willing to share their contact details for ancillary studies had this voluntary participation documented in their trial records. If post-trial women declined participation through a telephonic request, the next random participant was called until 20 post-trial women were confirmed for each of the urban and rural workshops. Given their participation in the CAPRISA 008 implementation study, a participatory and engaging space was created to gain insight into their product associations. Whilst HIV negative status is a determinant for future eligibility for microbicide use, knowledge of HIV status was not a requirement for inclusion in this study. Recruitment of post-trial women was facilitated by CAPRISA staff, who had access to the participant lists, to ensure anonymity with the study researcher. Drama in AIDS Education, a non-governmental organisation (NGO), facilitated the recruitment of non-trial women in eThekwinini (urban) and Umnini (peri-urban) recruitment, and Community Outreach Programme in Vulindlela assisted with recruitment of non-trial women in Vulindlela (rural). Non-trial women from all settings were informed about the study through the NGOs, and women who were keen to participate in the workshops were asked to sign up for participation. Informed consent was obtained from all participants. Ethical clearance was obtained from the Human and Social Science Ethics Committee of the University of KwaZulu-Natal.

Women were recruited from three geo-spatial locations (urban, peri-urban and rural) for a diverse representation of potential microbicide users. Trial and non-trial women were

included in this study, with trial participants being those who had used the tenofovir gel in a clinical trial and non-trial women are those who have not used the gel or enrolled into any clinical trials underway. Participants were briefed that the gel is an unlicensed product that can reduce HIV infection by up to 39% if adhered to consistently (Abdool Karim et al. 2010). They were also briefed on the benefits of gel use, the application process and the need to consider other HIV preventative measures. All participants were informed that the product was not licensed and unavailable at the time of the study, but the purpose was to get an in-depth understanding of their perspectives should the product become licensed and available in the future.

A total of six workshops were conducted with 20 women in each group. The non-trial urban women workshops recruited women using convenience sampling, but purposively separated the women into two workshops according to age groups: a student group between the ages of 18–24 years and a working professionals group between ages 25–49 years to understand the microbicide acceptability and product associations of women from various ages and social statuses. The age difference within the urban group was specifically relevant to cater for the student population attending higher education institutions and who are often residing away from home. Women selected from urban, rural and peri-urban locations and from varying age groups and social status provided an opportunity for a more nuanced understanding of microbicide positioning and product desirability on future product uptake.

### **Data analysis**

Thematic analysis was conducted, where repetition of common issues were identified as the central themes for discussion. The broader themes were refined into specific codes, with two coders reading the text to identify common themes and codes. The codes were compared by the two coders after coding for each of the workshops to ensure inter-coder reliability and to verify the common themes emerging on completion of all workshops. The common themes identified were influenced by the posters developed, where the potential users of microbicides contributed to an understanding of how the product should be presented for promotion and uptake.

Not all of the women recruited attended; hence each workshop had a varying number of women in attendance (see Table 1). The eThekwini mixed group had increased numbers due to participants self-inviting other women interested in the study (given the participatory action research methodology of the study, these additional women were not denied participation in the study, hence two instead of one final poster selections for the eThekwini mixed group). Two of the six workshops were conducted with mixed groups of trial and non-trial participants in urban (eThekwini) and rural (Vulindela) settings, as these were the sites for the CAPRISA 008 implementation study. Mixed groups of trial and non-trial women

**Table 1.** Workshop composition.

Geo-spatial location	Trial/non-trial women	Total in attendance
Vulindela (rural)	Mixed (trial and non-trial)	14
eThekwini (urban)	Mixed (trial and non-trial)	31
Umnini (peri-urban)	Non-trial	16
Vulindela (rural)	Non-trial	10
eThekwini (urban students)	Non-trial	16
eThekwini (urban working professionals)	Non-trial	17
Total		104

from the various geo-spatial locations were used to ensure that the confidentiality of the trial women was maintained when working with the facilitators: facilitators were unaware of who were the trial and non-trial women and participants were not asked to disclose. Four of the six workshops were conducted with non-trial women only in a rural (Vulindela), peri-urban (Umnini) and two urban sites (eThekweni).

## Findings

The data presented below offer some of the key product associations highlighting the influence of geo-spatial locations and varying types of sexual encounters when introducing microbicides. These product associations contributed to the identification of common themes, providing a more nuanced understanding of the product positioning required to influence microbicide desirability in various locations. The key themes that emerged from the women revolved around HIV protection, secrecy of product use and empowerment of women.

### *Urban mixed group: Shell Gel*

Urban women named the microbicide the 'Shell Gel' (Image 1), drawing an image of a shell to signify protection. The women described the functionality of a shell and its association with protection: 'as the tortoise hides under a shell – the shell represents a means of protection, to be sheltered from HIV (Urban group, 8 April 2014). Protection to this group was associated with shutting out the world, and representative of the potential shutting out of HIV infection through microbicide use. The women chose colours of pink and purple to represent that this was for females only, 'the microbicide will help us, as women, to feel like we are doing something to prevent HIV infection' (Urban group, 8 April 2014). Discussions about the protection of a precious pearl inside a shell among urban women was associated with the value of women and the importance of using ARV-based HIV prevention products to reduce their risk of HIV infection.



Image 1. The Shell Gel.





**Image 2.** Secrecy Gel.

### ***Urban mixed group: Secrecy Gel***

Urban women also positioned PrEP as the 'Secrecy Gel' (Image 2) and collectively developed a key message that 'the power is in your hands', explaining that women for the first time have the power to take control over their own bodies (Urban group, 8 April 2014). The image of a handbag was utilised to symbolise that it is a 'women's matter' and, like a handbag, is a private space that is rarely explored by men and is for women only. The image of the handbag in the poster positions PrEP as a product that gives a woman power over her own body, sexual choices and the right to discuss/disclose product uptake (Urban group, 8 April 2014). Opportunities for usage without partner knowledge was considered empowering for most urban women, offering those at high risk some HIV prevention options. The benefit of product secrecy was significant to women as it replaced the need to request condom use, an issue important to women in long-term relationships.

The key message collectively positioned by urban women to support the image of the handbag was 'women's fight against HIV and AIDS', reaffirming that agency was given to women through access to the new HIV prevention technologies, and that the responsibility rested with women to decide on how she will reduce her risk of infection. The women commented that this statement was chosen to 'personalise HIV to women', highlighting that only women can decide on how/whether they wanted to protect themselves against HIV. Collectively urban women positioned the introduction of a new HIV prevention product to carry a key message of protection against HIV infection and the secrecy of product use.

### ***Peri-urban: Victory Gel***

The peri-urban group named the microbicide the 'Victory Gel' (Image 3). The women described the gel as a product that had increased desirability, because it was a victory for





**Image 3.** Victory Gel.

women only: ‘it is empowering women to take responsibility for their own sexual choices’ (Peri-urban group, 13 June 2014). The gel was identified as a victory for most peri-urban women, correlating product uptake with the victory of women uniting against HIV infection. The hands symbolise both individual and collective responsibility of women for their own health: the victory of the gel was the collective action of women united against HIV. Most women who supported the positioning of Victory Gel also emphasised that it was a woman’s victory and men did not have to know about the product uptake or their choice to use the gel.

### ***Urban students: V-Block***

Urban students labelled the ARV-based HIV prevention products ‘V-Block’ (Image 4), drawing the female symbol with a no-entry sign, and the letter ‘V’ written inside the sign. The students used this poster design as ‘it suggests no vaginal entry’ (Urban student group, 12 June 2014). They further explained that V-Block represented the importance of blocking out the virus from the vagina and it was only women who could make this decision and take action on microbicide use. Collectively, the ‘no-entry’ sign, the female symbol and the letter V were used to convey the message that ‘women need to protect themselves’ from HIV infection (Urban student group, 12 June 2014). The no-entry sign was also used to include the message ‘Own It’, which students explained as, ‘women must own the product and their HIV-negative status’ (Urban student group, 12 June 2014).



Image 4. V-Block.

### ***Urban working professionals: Classy-fied***

Urban working-class women called the product 'Classy-fied' (Image 5), suggesting that microbicide use was confidential and secretive, but also very classy. Many suggested that the gel was classy as it was available to women to use whenever they needed protection in planned sexual encounters. Women who used ARV-based HIV prevention products 'must feel sexy, classy and empowered to protect against HIV infection' (Urban working-class group, 14 June 2014). Despite the challenge some working-class women could have with consistent product usage, product use was still desirable as it allowed women to 'take control' of their sexual lives. The image of female legs in silhouettes was representative of 'the stylish, out-going, sexy woman who had freedom of choice and was empowered to protect herself' (Urban working-class group, 14 June 2014). Classy-Fied was also used as a pun to suggest that it's a product that was 'hush hush, secret and confidential' (Urban working-class group, 14 June 2014).



Image 5. Classy-fied.

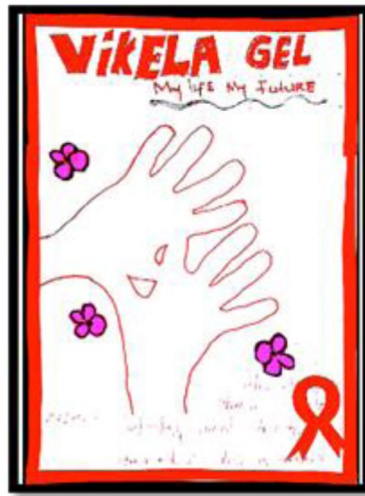


Image 6. Vikela Gel.

### ***Rural women: Vikela Gel***

The rural women named the microbicide 'Vikela Gel' (Image 6), a Zulu word which means 'to protect yourself'. The poster was developed with poster colours of red, black and white to represent HIV, in addition to an HIV red ribbon to explicitly illustrate that this microbicide or product was about HIV prevention: the presence of the ribbon as part of the product association for this group was deemed highly important, 'as the HIV ribbon will tell everyone this is about HIV prevention' (Rural group, 11 June 2014). The visual of the poster to support Vikela was the image of a hand, drawn as a red outline, to create a colourless hand. The women described this image as, 'we drew a neutral hand to represent a colourless virus' (Rural group, 11 June 2014), as 'HIV does not respect race or colour' (Rural group, 11 June 2014). Additionally, the lack of colour represented 'a hand with gloves to indicate protection, that's what the microbicide will do against HIV infection' (Rural group, 11 June 2014). The key message presented on the poster was 'My Life, My Future' and women explained that this message reaffirmed the importance of women taking responsibility for their own sexual choices. For rural women, the hands in the poster represented the fact that although their partners' support was important, women had the power in their hands. The choice of red, black and white as the poster colours was further re-affirmed by the participants that couples need to work together towards HIV prevention. The women re-affirmed that this was about HIV prevention, and their partners, if willing to support, needed to be informed so that they could prevent the spread of HIV together.

### ***Rural mixed group: Prevention Women Gel***

The rural mixed group of women named the microbicide 'Prevention Women Gel' (Image 7), emphasising that this was about HIV prevention and specific to women. This group depicted the female reproductive organ as the key image, suggesting 'it's all about the women and protection of sexual health' (Rural mixed group, 9 April 2014). The group in discussion linked



**Image 7.** Prevention Women Gel.

the naming of the microbicide and the image to the importance of prevention of HIV infection. The inclusion of the AIDS ribbon or HIV text on the poster was not necessary for this group, as they believed every women should use the product for ‘protection and prevention’. The key concept in the messaging for this group was ensuring that it was labelled as a female product. Discussions also centred on the importance of partner discussions about product use, with most women in the group affirming that partners must know about microbicide use. Many commented that ARV-based HIV prevention products offered a form of protection to women even if men did not support its use, microbicide use was therefore empowering for women.

### **Materials testing and finalisation**

Once all the posters were developed at the various workshops, they were labelled with names and the supporting explanation of the visuals. Over a two-month period the women at various locations engaged in further workshops to revisit, review and comment on the finished posters. The testing workshops were attended the majority of the original participants who developed the materials. Most women who were unavailable to attend the testing workshop offered their input and discussion at the follow-up testing workshops. Overall, 87% of the women who attended the initial material development workshop later attended the testing workshops. The participants had an opportunity to revisit their own team contributions and compare and contrast their product positioning in light of other posters developed by women in different locations. The product naming and positioning created extensive debate and dialogue among the women, often testing and challenging the effectiveness of the key messages developed among the groups. Communication for participatory development (CFPD) was used as a framework to engage women in ongoing dialogue about the products, and culminated in collective action (Bessette 2004; Kincaid and Figueroa 2009) towards the selection of the key posters that were reflexive of their perceptions and promotional message to encourage the introduction and product awareness of new HIV innovations. The final poster selection from each of the workshops was presented as the final six



Image 8. Professional logos from final three designs.

options and women continued to engage in discussions until they reached consensus on three key messages to effectively position new HIV prevention technologies (Image 8). The final poster selections further reaffirmed the distinct urban-rural disparities in product introduction and positioning for promotion and uptake.

Adopting principles of CFPD (Kincaid and Figueroa 2009), based on dialogue, information sharing and mutual understanding, facilitated an effective process of managing conflicts and disagreements that arose. Despite the divergence in identifying key messages to position PrEP, convergence grounded in dialogue was still achievable (Kincaid 2002; Rogers and Kincaid 1981). However, convergence did not imply consensus but rather that the women were collectively engaging in a discourse about how to position PrEP. In cases of divergence, 'the inherent properties of dialogue suggest that, over time, most groups converge toward a state of greater internal uniformity, sometimes referred to as "local culture"' (Kincaid and Figueroa 2009, 1313; Kincaid 1993) or a bounded group of individuals. The final selections of the poster development process (Image 9) highlight the convergence of women's perspectives on product positioning of PrEP, indicating three bounded groups of individuals accordingly to geo-spatial locations.



Image 9. V-Gel.

The rural women from both rural workshop groups collectively supported Vikela as the key name and message for women at high risk of HIV infection in rural settings (Rural women group, 22 and 29th August 2014). The Peri-urban (4th August 2014) and Urban women (1st and 18th August 2014) groups, drawing on the names of Victory, V Block and Vikela as the key product associations, collectively suggested that a name must include 'V' to signify vaginal or victory. The poster design must further be accompanied by the design of the V in the form of a tick or check mark that would also relate the message that microbicide use was the right thing to do (Image 9).

Women, especially in urban areas, suggested that the tick symbolised the Nike branding message 'Just do it', encouraging women to 'step out' and use the gel. The slogan 'power gel, own it' explained the modern, chic and bright design and reaffirmed the empowerment of women (Image 9) through the use of the gel: women have the opportunity to 'own' their sexual choices and personal HIV protection as the power is transferred from negotiation of condoms with men to a woman making a choice for herself on whether/how she can protect herself against HIV. The urban working-class professionals were in support of V-gel, but also described the need to have a product identity to which women in long-term relationships could relate (25th August 2014). Regardless, the need for positioning the product as something classy yet confidential or secretive was still a priority. The final three logos for urban, rural and working-class urban women were developed by a graphic designer using the images from the participatory action research workshops.

The posters collectively highlight three key messages that women would associate with microbicide use: the importance of HIV protection; the ability to keep product use a secret; and women having agency over their personal sexual choices (empowerment). Women's desire for product use was associated with key themes of protection against HIV infection, enabling women to feel empowered to make a choice about HIV prevention, whilst for the first time affording women an opportunity to be discreet about risk reduction. These three key benefits of product uptake were collectively valued among women in cases where condom negotiation was still taboo; however, women from different locations placed varying priorities on these key messages.

Women from all urban groups defined the most important product desirability as the opportunity for discreet product use. From the participants' perspective, an HIV prevention product that women could keep a secret would increase product acceptability. Rural women, in contrast, were more in favour of open discussions and dialogue with their partners about product use. Many women established this need for open dialogue through the Vikela name selection and the presence of the HIV ribbon on their poster development. The choice of colours for rural women also depicted a HIV product association. Urban women were more in support of product secrecy and chose shades of pinks and purples to depict their message about female agency and secrecy of product use. The contrast of secrecy concerning product use in urban settings and the need for open dialogue in rural areas implicitly refers to the varying nature of sexual encounters and protection options between urban and rural women. Women in urban areas associated the product as a feminine product and preferred not to frame the messages with a focus on HIV prevention. Rural women, in contrast, emphasised that microbicide use is specifically about HIV prevention. Both viewpoints must be key frames in promotional messaging.

Women from all three locations collectively identified protection against HIV as the main benefit to promote product uptake, but differed in how they wanted this key message



communicated. The positioning of protection against HIV infection differed with geo-spatial locations. The idea of protection for urban women resonated with sheltering from the outside world and the need for women to take steps for protection against any harm, one of which is HIV. Rural women on the other hand desired a strong product identity of protection against HIV and positioned this as the key message of the poster.

## Discussion

The findings from the poster development using action media across three locations collectively highlight how the inclusion of end-user perspectives is pivotal to understanding microbicide acceptability, and further offers a lens on product positioning amidst varying sociocultural influences. Positioning PrEP with key messages relating to a women's ability to maintain secrecy of product use, the product benefit of increased protection against HIV infection, and offering enabling opportunities for women who have limited options to reduce their HIV risk of infection can significantly contribute to a women's willingness to consider PrEP. Whilst several studies confirm the efficacy of PrEP, limited research has been done to understand how social messages will affect uptake once PrEP is available. In South Africa, where the epidemic is generalised and transmission occurs in the broader population, delivering targeted interventions becomes a major challenge (Eakle, Venter, and Rees 2013). To advance HIV prevention, key high-risk populations and prevention packages tailored to diverse groups will need to be identified and streamlined (UNAIDS 2016). HIV prevention technologies that strategically address targeted prevention will better enable product awareness and acceptability and avert negative behaviour. Understanding the gendered trajectories of the HIV discourse for women, and the sociocultural norms that influence choices, is key to designing successful behavioural change communication efforts. Strategic messages that are embedded in a localised understanding of high-risk populations in HIV high-burden districts will convey information easier, faster and more effectively as the target group identifies with the message and thus the product.

The first point of entry in the introduction of an innovation is not simply knowledge sharing but, rather, understanding how to effectively communicate new HIV prevention technologies to the various end users, understanding how they make sense of these new innovations and how effectively to position a new product. Interdisciplinary approaches are vital to coalescing the different perspectives and needs into a coherent strategy for diverse users (Padian et al. 2011). However, the challenge of reconciling the various perspectives of different populations is often an obstacle to this participatory action research process. Recent studies that have applied a communication for participatory development framework (Kincaid and Figueroa 2009) have highlighted that bringing the various stakeholders together and engaging in the stages of community dialogue can facilitate collective action with a group where consensus on a key message can be obtained. This is a cyclical process and often leads to divergence of perspectives, negotiation, debate and dialogue before convergence is achieved. Eliciting a user-driven perspective can often very time consuming and human resource intensive; however, to effectively introduce new innovations that have impact and can influence key populations, no short cuts can be taken. Good participatory practice is a lengthy process, but presents rewarding outcomes in terms of social and behavioural change, specifically in an HIV context.



The data presented herein are suggestive of the multiple ways in which women make sense of their sexuality and lived experiences. The study reaffirms that whilst a buffet of options is relevant for women (e.g. ring, injectable, pill), how they make sense of these messages and decode HIV prevention options varies (Greene et al. 2010). The diversity of messages, yet the collective voice of protection, secrecy and empowerment, echoes that women ultimately want to have agency over their own sexual choices. Further research will need to explore ways of understanding the complexities and diversity of women's preferences (Montgomery et al. 2010). More specifically, research that helps us understand how women will relate to a product can influence acceptance and adherence (Morrow and Ruiz 2008). In this study, critical conscientisation culminated in diverse product associations: women were awakened to the possibilities of enhanced protection against HIV infection (protection), product use in the absence of partner knowledge or approval (secrecy) and the overall notion of having the power to transform their lived experiences (empowerment). Further research using non-conventional research methods to engage women in a process of critical consciousness about their social reality can offer new opportunities for advancing the promotion of ARV-based HIV prevention products.

This study, through a participatory action research action media process, gave women the agency to discuss the relevance of PrEP to their own lives. Action media has evolved to be applied in diverse contexts towards the development of health communication resources (Parker and Becker-Benton 2016) and has merit for the expanding biomedical product pipeline. Reflective and critical discussion with the intended population may lead to a more effective product uptake as the community feels collective ownership of the process. Thus, participation in the framing of messages for positioning of HIV prevention technologies can be viewed as an informed choice (Jewkes and Morrell 2012; Montgomery 2012), where the disciplinary power of the medical authority is reduced, 'responsibilising' the user and placing the agency for their health in their own hands. Active decision-making places the woman in a position of power that was previously denied due to unequal power relations in society (McNay 1992), in relationships and also in public healthcare facilities. This inequality is critical to the idea of secrecy the women so valued. The covert nature of the product not only allows for increased control over their bodies, but also over their social relationships, that is, the woman would control the knowledge of her partner/other members of her community (whether or not they know about the gel) and thus the outcome of that relationship.

An inability to take full control of their sexual decisions places many women in a precarious social position. Bourdieu (1986) theorises that awareness of social status is internalised from an early age. These subjectivities are powerful influences on how the women see men, themselves and other women who may take PrEP. Therefore, the construction of a narrative that portrays the woman as modern, powerful, knowledgeable and in control is needed. This exercise of power within the existing structural control of family and community affirms a personal identity that does not overly threaten the status quo (Jewkes and Morrell 2012). This narrative gives the women room to exercise their agency, reinforces a positive image of the type of woman who takes PrEP and should increase acceptability of the product.

Understanding the variety of product associations and PrEP perceptions of women with differing socioeconomic and geo-spatial locations catalyses an understanding of what women want and how to position microbicides for effective product introduction (see Namey et al. 2016). The challenge remains for marketing experts to find a balance between what

women want and to effectively tailor supporting promotional messages, delivery and distribution of products to varying users.

## Conclusion

Overall, this study suggests that how we position ARV-based HIV prevention products and frame key messages influences product acceptability and desirability. A 'one-size-fits-all' approach cannot work in a changing epidemic; the social marketing and health communication field will need to ensure tailored messages and promotional materials to cater for varying sexual contexts. Identifying the key high-risk populations at the various geo-spatial hotspots and streamlining HIV prevention packages tailored for diverse groups with varying HIV prevention approaches can advance HIV prevention.

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