

Understanding HIV Prevention From the Perspective of Adolescent Girls & Young Women by Applying Behavioral Economics & Human Centered Design

Anabel Gomez¹, Emily Donaldson¹, Alok Gangaramany², Jeff Mulhausen³, Ram Prasad², Mitchell Warren¹

¹AVAC, ²Final Mile, ³Upstream



A human-centered approach to increase adoption and adherence to HIV prevention among high-risk adolescent girls and young women (AGYW).

NEW PERSPECTIVE, NEW FRAMEWORK

In order to create a strategy that will resonate with AGYW, we need a framework of understanding that aligns with their perspective:

AGYW have limited focus on HIV prevention in light of their distorted/inconsistent feeling of risk and diminished coping potential.

Their focus is on balancing healthy sexual behaviors (preventing pregnancy, avoiding STIs and HIV) and successfully navigating their relationship(s), with the relationships most often winning out.

Any product/process focused journey (Aware, Adopt, Adhere), therefore, would not be inline with the actual AGYW journey and the lens through which they consider healthy sexual practices.

Building a successful strategy for HIV prevention needs to support their journey navigating their current context of sexual behaviors and relationship management.

THE MAIN IMPLICATIONS

FOR ALIGNING TO AGYW PERSPECTIVE

AGYW currently do not have an HIV prevention journey.

They progress through the journey from a context of relationship management (exclusive of HIV) to one of healthy and safe sexual routines (inclusive of HIV).

AGYW do not associate prevention with HIV.

AGYW want to PREVENT pregnancy, but they seek to AVOID or TREAT HIV.

Feeling of HIV risk comes in blips whereas rewards seem continuous.

For AGYW, risk and rewards are feelings. Current environment is overloaded with rewards for not preventing. AGYW need to make ambiguous risk-reward trade-offs.

AGYW have a distorted perception of those at-risk.

Use subjective probabilities to distance themselves from risk of HIV. AGYW overestimate their ability to judge risky partners simply by appearance.

The shift from focus on others to focus on self is key.

This key transition from an external perspective (focused on others) to an internal perspective (focused on self/family) is connected to low self-efficacy.

FOR HEALTHCARE SYSTEM DESIGN

AGYW prevention strategies are reactive.

Testing perceived as prevention. A negative test often reinforces risky behaviors. A HIV negative result resets risk.

Improved treatments could reduce urgency for prevention.

AGYW overestimate their ability to live with HIV.

Current prevention methods require high self-control.

Deliberate and regular enforcement of measures conflict with AGYW's relationship management goals. Expectations around new products anchored around low/high self-control.

AGYW's goal of maintaining privacy is unmet.

Discussing concerns about sexual health is taboo amongst AGYW's immediate social circle. This drives them to approach the healthcare system with the expectation of confidentiality and secrecy. However, clinics remain largely unapproachable on account of being an overburdened and communal space.

Preferences towards prevention methods not static.

Some preferences change as goals and context changes. AGYW try different prevention strategies, but some may be unable to cope with negative implications of these strategies.

FOR LEVERAGING INFLUENCERS

Support network to enable prevention is missing.

Those who empathize with AGYW are not knowledgeable. Those who are knowledgeable cannot empathize. Partners, the single biggest influencers, are a largely negative influence.

AGYW's desire for PROTECTORS leave her vulnerable to manipulation.

Role of PROTECTOR is to help AGYW feel safe. This need for a sense of safety makes this role effective in both positive and negative ways. Negative PROTECTORS seem to have more effective tactics.

Positively intentioned influencers view AGYW in poor light.

Matriarchs and community health care workers (CHWs) have a poor evaluation of AGYW's cognitive abilities and can be perceived as patronizing. This provides influencers with an easy rationalization for their inefficacy to help AGYW.

Matriarchs and CHWs / Nurses want to collaborate.

Positive influencers operate in silos and express inability to deal with the multitude of negative forces that drive AGYW behavior.

