

# Word on the Street: African Women Share Their Reproductive Health Stories

## Project Summary Report

January 2022

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*We would like to extend our sincere appreciation to all those who shared their stories and expertise during the development of this StoryMap.*

*This tool was produced through the PROMISE (Preparing for Ring Opportunities through Market Introduction Support and Knowledge Exchange) activity under the Envision FP project. PROMISE supports early product introduction planning for the monthly dapivirine ring in sub-Saharan Africa, with the goal of shaping the market and establishing a service delivery platform to support future multipurpose and longer-acting vaginal rings. This tool was made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the terms of cooperative agreement AID-OAA-A-15-00045. The contents are the responsibility of FHI360 and do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.*



## Introduction and Project Background

Although young women in sub-Saharan Africa (SSA) are documented to be among the most underserved populations for sexual health in the world, epidemiological data alone tell an incomplete story of sexual and reproductive health (SRH) in the region. [\*Word on the Street: African Women Share Their Reproductive Health Stories\*](#) uses digital storytelling to share the personal narratives of impacted populations, breathing life into SRH data in the region. These stories build on a 2019 ArcGIS [Multipurpose Prevention Technology \(MPT\) Target Population Mapping Tool](#) that identifies and characterizes priority sub-national areas, or 'hot spots', in SSA based on the total addressable market for contraception (TAMC) and human immunodeficiency virus (HIV) prevalence. These areas are considered to have a greater likelihood of successful and impactful uptake of multipurpose prevention technologies (MPTs), given the power of MPTs to simultaneously address multiple SRH risks (HIV, other sexually transmitted infections (STIs), and/or unintended pregnancy).

Developed through a collaboration between CAMI Health (a program of the Public Health Institute), Wits RHI, and FHI360, *Word on the Street* is a new StoryMap resource that meaningfully amplifies the authentic narratives of adolescent girls and young women (AGYW), male partners, grandmothers/mothers, and healthcare providers, as well as SRH researchers and other experts from 'hot spot' areas in South Africa, Zimbabwe, and Uganda. This interactive tool offers an opportunity to hear directly from real people about the fears and anxieties related to the pressing issues of HIV, other STIs, and unintended pregnancy.

Visually integrating quantitative and qualitative data, the ArcGIS StoryMap technology – developed by the Environmental Systems Research Institute (ESRI) – allows for text, interactive maps, and other multimedia content to be woven together to convey compelling narratives. *Word on the Street* layers interview footage over an interactive map highlighting the interview sites while integrating current data on HIV, other STIs, and contraceptive use in this region.

AGYW in SSA are a heterogeneous population and a one-size-fits-all approach for the prevention of HIV and other STIs or pregnancy prevention is not effective. Identifying the geographies where risk of HIV, other STIs, and unintended pregnancies is high can help inform where to target the delivery of HIV/STI prevention interventions and where to implement socio-behavioral and clinical research. It can also improve our understanding of structural factors and help identify product introduction opportunities and challenges.

*Word on the Street* was created with the following objectives:

- Leverage USAID funding to raise awareness of unmet SRH needs in SSA for funders and policymakers
- Amplify and strengthen the existing MPT Target Population Mapping Tool
- Highlight the intrinsic links between unintended pregnancy and risk of HIV and other STIs
- Enhance MPT advocacy resources
- Foster an enabling environment for female-initiated HIV prevention and family planning choices, including MPTs

## Methodology

This project obtained institutional review board (IRB) approval from the Wits Human Research Ethics Committee (Wits RHI's IRB), as well as letters of non-research determination from FHI360 and the Public Health Institute.

Our approach was informed by established practices in documentary filmmaking and journalism. Experienced local interviewers fluent in English and isiZulu based in Johannesburg, South Africa at Wits RHI completed a training in interviewing and filming videos hosted by the CAMI Health team. A formal interview guide was then developed by Wits RHI with input from CAMI Health and approved by the Wits RHI IRB. The Wits RHI team then piloted the guide before launching the filming process. The interview guide consists of brief introductory statements and discussion of guiding principles, followed by scripted questions tailored to the different interview participant profiles.

Concurrently with the development of an interview guide, a comprehensive desk review of the burden of HIV, other STIs, and unintended pregnancies was conducted to provide current data relevant to the stories in the StoryMap tool (see Appendix A).

Prior to conducting the interviews, the interviewers explained the study procedures to prospective participants in English and isiZulu, as applicable. Written and verbal consent was obtained, followed by the completion of an informed consent comprehension checklist. Participants were reimbursed for their time. Strict COVID-19 prevention measures were taken to limit transmission of the coronavirus throughout the interview process. 49 individuals were recruited and interviewed, accruing over four hours of footage. See Table 1 for a detailed list of interview participants, including the targeted vs. actual accrual.

**Table 1. Interview Participant Details**

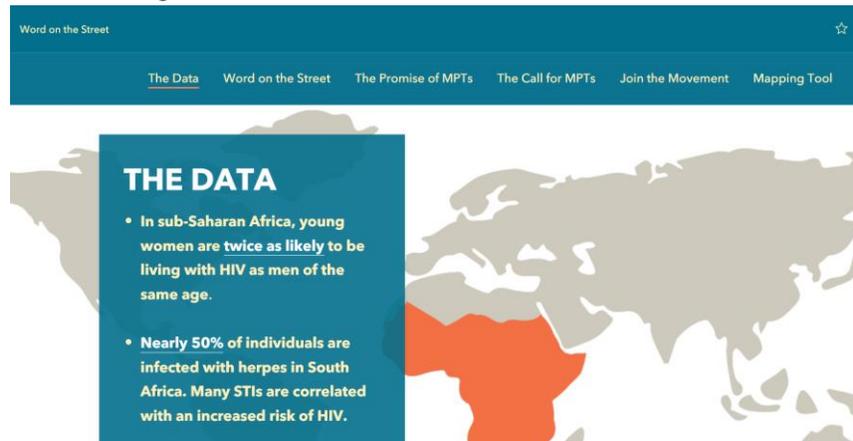
Participant group	Targeted Accrual	Actual accrual
Women: <ul style="list-style-type: none"> <li>Adolescent girls and young women, pregnant women, breastfeeding women</li> </ul>	15-20	<b>19</b>
Key influencers: <ul style="list-style-type: none"> <li>Male partners</li> <li>Grandmothers and mothers</li> </ul>	3-5 3-5	<b>5</b> <b>5</b>
Technical experts: <ul style="list-style-type: none"> <li>Scientists/MPT researchers</li> <li>Local health care providers</li> <li>Researchers/health providers working to advance SRH interventions and MPTs</li> <li>Program implementers</li> <li>Policy makers</li> </ul>	3-5 2-6 3-5 2-3 2-3	<b>10</b> <b>3</b> <b>3</b> <b>2</b> <b>2</b>
<b>Total Participants</b>		<b>49</b>

Once the interviews were recorded, the files were turned over to a professional film editor and the process of post-production began. The post-production phase included cleaning and re-mixing audio tracks, transcribing and translating interviews, and digitally mastering the final footage, among other tasks. Each minute of video required approximately two to three hours of editing time to achieve a rough cut. The CAMI Health and Wits RHI teams reviewed the footage in Vimeo to identify key narratives that were ultimately captured in the video clips featured in the final StoryMap tool.

## Results

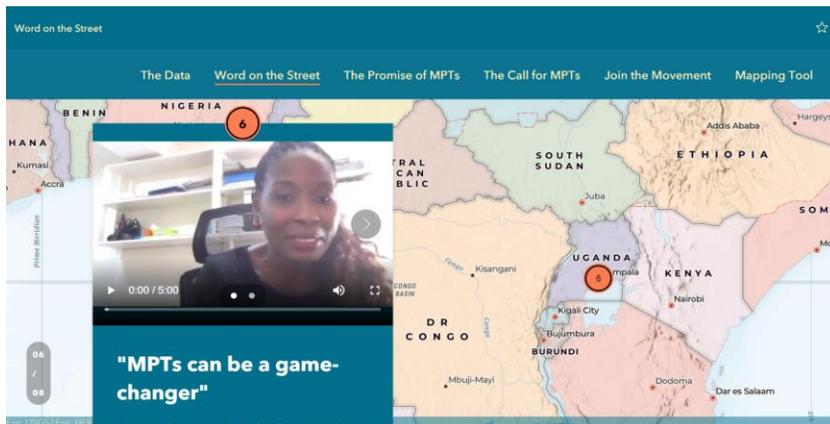
The final, published StoryMap consists of six interactive subsections, as follows. *The Data* (see Figure 1) introduces the burden of SRH issues in SSA by highlighting current epidemiological data related to the prevalence of HIV and other STIs, as well as unmet need for contraception in this region. This section links to the data sources referenced and to a supplemental document developed by CAMI Health, called “Explore the Data Behind the StoryMap” (Appendix A), which features additional data tables and a brief narrative summary of the challenges faced in STI surveillance in the region.

**Figure 1.** *The Data* presents current epidemiological statements against a map of the sub-Saharan region

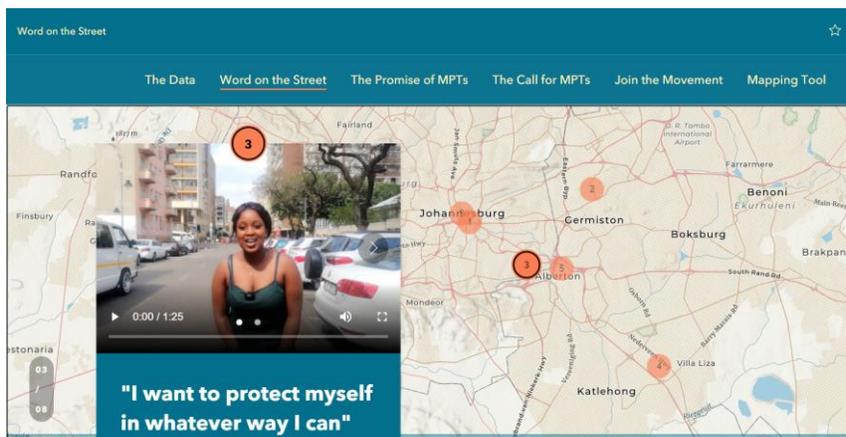


The next section, called simply *Word on the Street*, houses the majority of the interview footage, which has been professionally stratified into key narratives, and layered over an interactive map of the ‘hot spot’ areas (see Figure 2). The footage conveys the lived experiences and concerns expressed by participant groups (women, key influencers in their lives, and technical experts) who reside or work in these ‘hot spot’ areas. Viewers are able to explore the interactive map with zoom features (see Figure 3). Interviews are portrayed in English or isiZulu, with English subtitles and affiliations of technical experts.

**Figure 2.** Interview footage is geographically situated over Johannesburg, South Africa, Kampala, Uganda, and Harare, Zimbabwe, presenting concise narratives of lived experiences and concerns.



**Figure 3.** The interactive map feature allows users to navigate the geographical regions of the interviews.

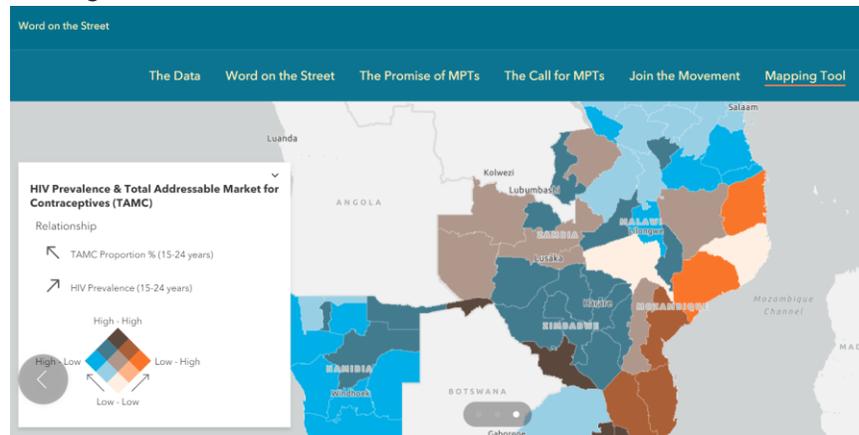


Next, *The Promise of MPTs* describes MPTs using a variety of engaging multimedia, as well as their potential for addressing unmet need for comprehensive prevention in SSA. This subsection links to the IMPT Secretariat's latest publication, [Multipurpose Prevention Technologies: Technology Landscape and Potential for Low- and Middle-Income Countries](#), as a supplemental learning resource.

The following section, *The Call for MPTs*, includes a short 5-minute video featuring perspectives from technical experts across South Africa, Uganda, and Zimbabwe on the potential of MPTs as game-changers for improving women's SRH in the region. These voices represent healthcare providers, researchers, and policymakers. Presenting actionable advocacy resources, viewers are then encouraged to join and support the Initiative for Multipurpose Prevention Technologies (IMPT) in the subsequent *Join the Movement* section of the site.

The final *Mapping Tool* subsection displays a consolidated version of the 2019 ArcGIS MPT Target Population Mapping Tool, allowing viewers to interact with additional data related to the interlinked SRH issues explored throughout the StoryMap.

**Figure 4.** The MPT Target Population Mapping Tool is a complementary tool focused on sub-Saharan African women aged 15 to 24. This map integrates important quantitative and spatial data related to HIV prevalence and the total addressable market for contraception (TAMC) in the region.



## Limitations

*Word on the Street* was created with the intention of amplifying MPT advocacy and awareness-raising efforts and has been designed to be accessed by potential new SRH and MPT funders and health policymakers. The StoryMap tool is designed to be responsive, meaning it adapts its formatting to the device from which it is accessed and may appear different across devices. Although the StoryMap can be easily navigated on a smartphone, it is optimally viewed on a larger computer. Given our primary target audience of funders and health policymakers, we do not anticipate any significant challenges to meeting our desired impact.

To create the 30 minutes of polished video, our team collected over four hours of footage representing the diverse lived experiences and concerns of 49 individuals across three countries. Portions of interviews offering additional and valuable insight had to be omitted from the final product. The project team may address this limitation by seeking opportunities to utilize remaining footage for additional advocacy and demand creation tools.

While interviews were collected from South Africa, Uganda, and Zimbabwe, those featuring AGYW, male partners, and grandmothers were all from South Africa. The project partners agreed it would be most impactful to conduct the interviews with community members in-person to reflect their day-to-day lives; this was possible only in South Africa due to location of the Wits RHI team. Furthermore, these populations represent those living in the communities, who may or may not have had access to computers for a virtual interview, unlike many researchers and health care providers who were interviewed virtually. While the perspectives of community members in South Africa may be generalizable to other countries in SSA, we hope to further build upon this tool in the future to reflect a broader diversity of AGYW and their influencers in other regions.

## Discussion and Next Steps

This tool will amplify the voices of key communities so that their perspectives are a meaningful part of the global conversation about MPT product development, introduction and rollout. Building awareness around the messaging in this tool will contribute to fostering an enabling environment for female-initiated HIV prevention and family planning choices, which, in the near future, will include MPTs. Centering end-user perspectives throughout the StoryMap narrative, *Word on the Street* grounds awareness-raising and advocacy efforts in the authentic accounts of women and their communities. Coloring the field with both quantitative and qualitative data, the thoughtful dissemination of *Word on the Street* can leave a lasting and far-reaching impact on SRH research and advocacy. Further, as noted above, we hope to expand upon this tool through similar projects in other regions of the world.

The CAMI Health, Wits RHI, and FHI360 teams plan to disseminate the StoryMap across multiple platforms, including website features in CAMI Health's MPT Resource Center and FHI360's Blog, social media messaging, and abstract submissions to leading global SRH conferences, among others. These avenues of dissemination will support our objectives of raising awareness of unmet SRH needs in SSA for potential new funders and policymakers, as well as enhancing MPT advocacy resources.

## Appendices

- Appendix A: Explore the Data Behind the StoryMap

## Appendix A:

### Explore the Data Behind the StoryMap

January 2022

This brief guide, **Explore the Data Behind the StoryMap**, provides a glimpse into the data fueling the stories and experiences of the women captured in these sub-Saharan African countries.

The following data demonstrate the burden of sexually transmitted infections (STIs), human immunodeficiency virus (HIV), and need for contraceptives in South Africa, Zimbabwe, and Uganda. Including data from secondary analyses of ECHO<sup>5</sup> and VOICE<sup>4</sup> trials, as well as the REACH<sup>6</sup> study, estimates from the Guttmacher Institute<sup>3</sup> and country-level reports,<sup>7-10</sup> this data contains the most pertinent and recent reports on STIs, HIV, and contraceptive need in these countries.

Despite comprising the leading research, the data from these studies tell an incomplete story of sexual and reproductive health (SRH) in sub-Saharan Africa. Generally speaking, large sample sizes and regional data are largely absent, particularly in Uganda and Zimbabwe. Without comprehensive data, it is impossible to truly grasp the full burden of STIs, HIV, and unintended pregnancy in the region. Necessary to the advancement of effective SRH advocacy and research is greater surveillance of STIs.<sup>11</sup> Due to infrastructural barriers and limited availability of diagnostic testing, innovative approaches to obtaining data in sub-Saharan Africa are critical for developing and implementing prevention interventions, and monitoring evidence of program impact.<sup>12</sup>

The following tables reflect currently available data on the prevalence of STIs, HIV, and contraceptive need in South Africa (Tables 1-4), Zimbabwe (Tables 5-7), and Uganda (Tables 8-10). The source of each dataset is referenced in tables and listed in the bibliography at the end of this guide.

**Tables 1 – 4: Prevalence of STIs, HIV, and Contraceptive Need in South Africa**

<b>Table 1. Prevalence of HIV<sup>1</sup>, Chlamydia<sup>5</sup>, and Gonorrhoea<sup>5</sup> in South Africa, by region</b>			
Region	Indication		
	HIV	Chlamydia	Gonorrhoea
Eastern Cape	25.20%	22% (n=7829)	6% (n=7829)
Guateng	17.60%	20% (n=7829)	5% (n=7829)
Kwa-Zulu Natal <sup>2</sup>	36.3% (n=9812)	7.1% (n=9778)	5% (n=7829)
North West	22.70%	20% (n=7829)	4% (n=7829)
Western Cape	12.6%	28% (n=7829)	9% (n=7829)
Cape Town	No data	No data	No data
Johannesburg	No data	No data	No data

<b>Table 2. STIs in Kwa-Zulu Natal, South Africa<sup>2</sup></b>			
Indication:	Total Prevalence:	Males:	Females:
Chlamydia	7.1% (n=9778)	5.1% (n=3529)	9.0% (n=6249)
Gonorrhoea	2.8% (n=9778)	1.8% (n=3529)	3.7% (n=6249)
Trichomoniasis	9.0% (n=9777)	3.9% (n=3528)	13.8% (n=6249)
Syphilis	1.6% (n=9808)	1.5% (n=3547)	1.7% (n=6261)
HSV-2	57.8% (n=9786)	46.1% (n=3533)	68.8% (n=6253)
Mycoplasma genitalium	5.5% (n=9778)	5.7% (n=3529)	5.2% (n=6249)

<b>Table 3. STIs in South Africa<sup>4</sup></b>	
Indication:	Prevalence:
Chlamydia	14.8% (n=2,739)
Gonorrhoea	3.5% (n=2,739)
Trichomoniasis	5.4% (n=2,692)
Syphilis	1.2% (n=1,560)
HSV-2	46.5% (n=634)

<b>Table 4. Contraceptive Need Among Women Aged 15-49 in South Africa<sup>3</sup></b>	
Percent who want to avoid pregnancy	61
Number who want to avoid pregnancy	9,700,000
Percent who want to avoid pregnancy & have an unmet need for contraception	19

### Tables 5 – 7: Prevalence of STIs, HIV, and Contraceptive Need in Zimbabwe

Table 5. STIs in Harare, Zimbabwe <sup>6</sup>	
25% (n=60); prevalence not stratified by indication*	

Table 6. Contraceptive Need Among Women Aged 15-49 in Zimbabwe <sup>3</sup>	
Percent who want to avoid pregnancy	57
Number who want to avoid pregnancy	2,200,000
Percent who want to avoid pregnancy & have an unmet need for contraception	15

Table 7. HIV in Zimbabwe <sup>7,8</sup>	
Region:	Prevalence:
Harare	13.70%
Mashonaland- Central	13.00%
Mashonaland- West	12.30%
Mashonaland- East	13.50%
Manicaland	11%
Masvingo	14.50%
Midlands	13.50%
Matabeleland North	19.40%
Matabeleland South	21.70%
Bulawayo	17.90%

### Tables 8 – 10: Prevalence of STIs, HIV, and Contraceptive Need in Uganda

Table 8. STIs in Kampala, Uganda <sup>6</sup>	
>30% (n=60), prevalence not stratified by indication*	

Table 9. Contraceptive Need Among Women Aged 15-49 in Uganda <sup>3</sup>	
Percent who want to avoid pregnancy	53
Number who want to avoid pregnancy	5,600,000
Percent who want to avoid pregnancy & have an unmet need for contraception	43

Table 10. HIV in Uganda <sup>9, 10</sup>	
Region:	Prevalence:
Kampala	6.90%
East-Central	4.70%
Mid-East	5.10%
North-East	4%
West Nile	3.10%
Mid-North	7.20%
Mid-West	5.70%
South-West	7.90%

\*The REACH Study observed 247 participants across the four study sites of Cape Town, Johannesburg, Uganda and Harare. Of these 247 participants, 60 were from Harare (24%) and 60 were from Kampala, Uganda (24%). STIs observed included *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Trichomonas vaginalis*, and *Treponema pallidum* (commonly known as syphilis).

## Appendix A Sources:

- <sup>1</sup>HSRC. (2018). [The Fifth South African National HIV Prevalence, Incidence, Behavior, and Communication Survey \(SABSSM V1\)](#). *Human Sciences Research Council*.
- <sup>2</sup>Kharsany, A., McKinnon, L., Lewis, L., Cawood, C., Khanyile, D., Maseko, D., Goodman, T., Beckett, S., Govender, K., George, G., Ayalew, K., & Toledo, C. (2020). HIV incidence Provincial Surveillance System (HIPSS): [Population prevalence of sexually transmitted infections in a high HIV burden district in KwaZulu-Natal, South Africa: Implications for HIV epidemic control](#). *International Journal of Infectious Diseases*, 98, 130-137.
- <sup>3</sup>Sully E., Biddlecom, A., Darroch, J., Riley, T., Ashford, L., Lince-Deroche, N., Firestein, L., & Murro, R. (2019). [Adding It Up: Investing in Sexual and Reproductive Health](#). New York: *Guttmacher Institute*.
- <sup>4</sup>Noguchi, L., Marrazzo, J., Richardson, B., Hillier, S., Balkus, J., Palanee-Phillips, T., Nair, G., Panchia, R., Piper, J., Gomez, K., Ramjee, G., & Chirenje, Z. (2021). [Prevalence and Incidence of Sexually Transmitted Infection in Injectable Progestin Contraception Users in South Africa](#). *Frontiers in Reproductive Health*, 3, 25. 10.3389/frph.2021.668685.
- <sup>5</sup>Deese J., Philip N., & Lind M. (2021). [Sexually transmitted infections among women randomised to depot medroxyprogesterone acetate, a copper intrauterine device or a levonorgestrel implant](#). *Sexually Transmitted Infections*. 2021;97:249-255.
- <sup>6</sup>Akello C., Szydlo, D., Macdonald, P., Siziba, B., Palanee-Phillips, T., Garcia, M., McClure, T., Johnson, S., Levy, L., Ngure, K., Nair, G., Soto-Torres, L., Brown, E., Celum, C., & Balkus, J. (2021). High prevalence of sexually transmitted infections among young African women in REACH study of oral emtricitabine-tenofovir and dapivirine vaginal ring [Powerpoint Slides]. *STI & HIV World Congress*.
- <sup>7</sup>ICAP. (2016). [Zimbabwe Population-Based HIV Impact Assessment](#).
- <sup>8</sup>UNAIDS. (2020). [Zimbabwe](#).
- <sup>9</sup>ICAP. (2017). [Uganda Population-Based HIV Impact Assessment](#).
- <sup>10</sup>UNAIDS. (2020). [Uganda](#).
- <sup>11</sup>Torrone, E. A., Morrison, C. S., Chen, P.-L., Kwok, C., Francis, S. C., Hayes, R. J., Looker, K. J., McCormack, S., McGrath, N., van de Wijgert, J. H. H. M., Watson-Jones, D., Low, N., & Gottlieb, S. L. (2018). [Prevalence of sexually transmitted infections and bacterial vaginosis among women in sub-Saharan Africa: An individual participant data meta-analysis of 18 HIV prevention studies](#). *PLoS Medicine*, 15(2), e1002511.

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<sup>12</sup>World Health Organization. (2016). [Global health sector strategy on sexually transmitted infections 2016–2021: towards ending STIs](#). Geneva: World Health Organization.

<sup>13</sup>IMPT. (2019). [Target Population Identification Mapping Tool](#).