

Understanding consumer preference for HIV prevention products

Qualitative findings from discussions with 18-21 year old young women in South Africa

FINAL 5th June 2017

Essential Story
[short presentation]



Routes2Results is a not for profit public health market research collective
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Contextualising this research

This research:

- This is a consumer product driven market research study with young women aged 18-21 years in South Africa.
- Focused on exploring reactions to the Dapirivine Ring and Oral PrEP.
- Respondents were not asked sensitive questions around their sexual behaviour or HIV status.
 - Self-reported as sexually active at screening only.
- This research was developed alongside MTN, and with the information support of its partners, including the sharing of critical background information, reports, publications, presentations and articles.

STUDY GUIDELINES

This study involves consumer research only, and does not involve:

- scientific research,
- clinical trials,
- research with vulnerable populations, such as children (under 18 years), and
- sensitive content, which can impact the respondent's well-being or put them at risk.

Ethics approval is not required as per the general guidance of South African Market Research Association (SAMRA) in South Africa which, is based on the internationally recognised European Society for Opinion and Market Research (ESOMAR) code of conduct.

- However, the study was conducted within the standard code of conduct from SAMRA and ESOMAR:
 - attaining informed consent,
 - translations of all materials where necessary,
 - confidentiality of data and respondent details,
 - removal of any attributable respondent details from data,
 - respondent freedom to stop the interview or not answer questions they do not want to.



We listened to 216 Young Women (18-21 years) in 36 Friendship Pairs and 18 Focus Groups in South Africa

Total study sample:



36 Friendship Pairs

[36 pairs n=2 per pair]

90 minutes

12 pairs (6 urban and 6 rural) in each:
Gauteng, Western Cape & KwaZulu Natal

As part of MTN requirement we recruited from non-clinical trial areas:

Gauteng: Ekurhuleni Metro, Benoni Rural

Western Cape: Gugulethu, Khayalitsha, Grassy Park (urban) and Grabouw district (rural)

KwaZulu Natal: Umlazi, Kwa Mashu, Kwa Dabeka (urban), Inanda, Edendale, Umgababa, Sankontshe (rural)



18 Focus Groups (FGs)

[15 FGs n=6 & 3 FGs n=5]

120 minutes

6 FGs (4 urban and 2 rural) in each:
Gauteng, Western Cape & KwaZulu Natal

As part of MTN requirement we recruited from non-clinical trial areas:

Gauteng: Ekurhuleni Metro, Benoni Rural

Western Cape: Gugulethu, Khayalitsha, Grassy Park (urban), Grabouw district (rural)

KwaZulu Natal: Durban, Umlazi, Kwa Dabeka (urban), Inchanga, Mfume (rural)

SCREENING & RECRUITMENT

Informed consent: signed by all respondents
Voluntary participation and withdrawal at any time

Confidentiality: coded name and contact information.

At the time of reporting, all responses are collated together and presented as a whole; without identifying individual responses.

Small incentive: given after discussion.

Screening and eligibility criteria (reviewed and approved by MTN):

- Pre-selected areas for recruitment [non-clinical trial site areas, and different to those within USAID current HCD research]
- Living Standard Measure (LSM) 7 to 4 (with specific LSM questionnaires)
- Age quota: 18-21 years [n=100 per age level 18/19/20/21 in each region – with proof of ID]
- Self report as sexually active
- Have never taken part in a clinical trial testing a new drug

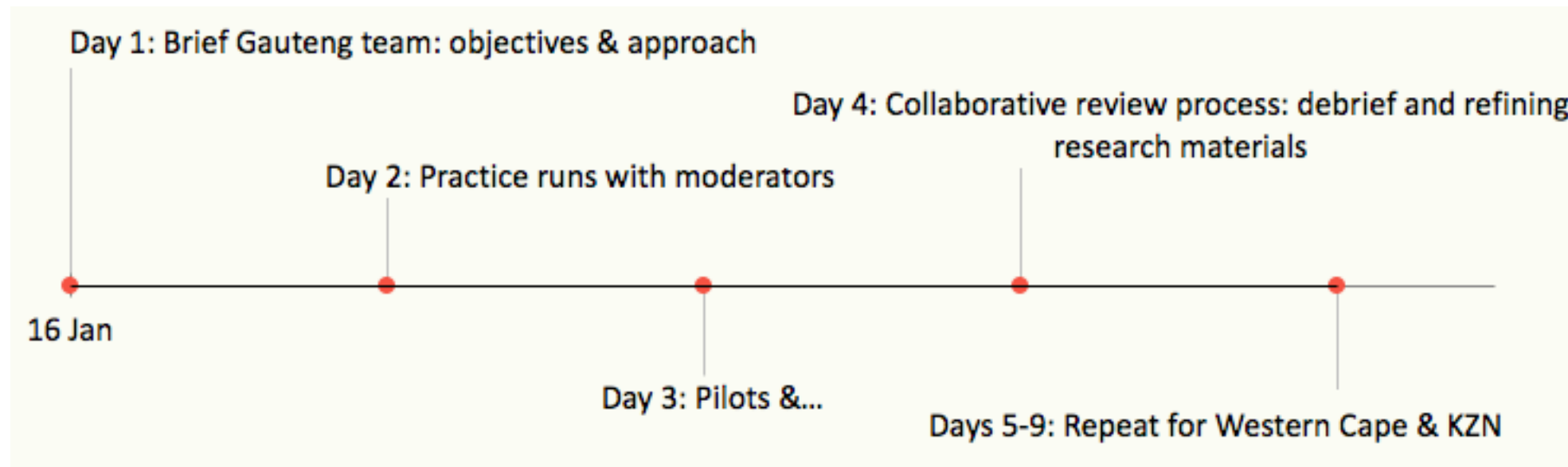
Recruitment:

Recruitment teams approached pre-selected areas within LSM range, and applied eligibility screening questions to potential respondents via: door-to-door randomized street coverage



Our approach to fieldwork - brief, practice, pilot and refine

Fieldwork Research Approach:



Moushira attended all Pairs and Focus Group pilots, Jeff attended all Focus Group pilots (central locations with a 2-way mirror) with fieldwork supervisors and management teams.

- An experienced fieldwork lead per region.
- Moderator/Recruiter teams of 2-3 expert female moderators per region – mirroring respondent/cultural/language requirements.
- Translation and transcription into smart transcripts (excel sheets) by specifically selected team (also briefed on research).
- Supervision led by Gauteng central team, conducting quality control and support.



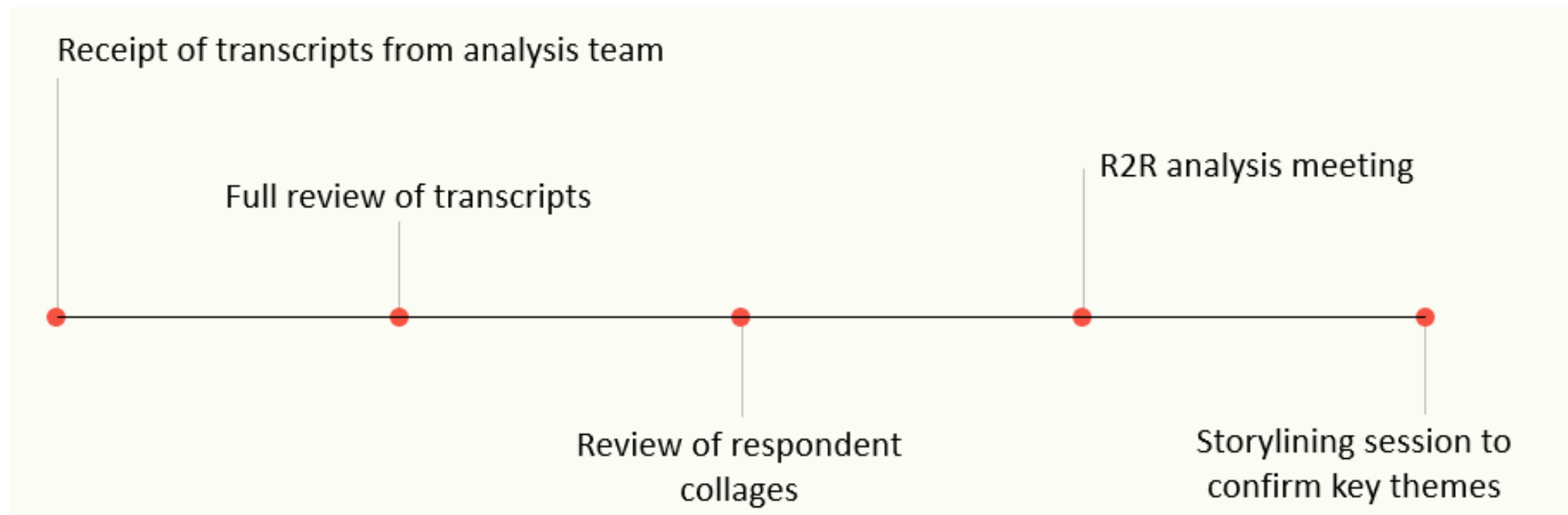
Consultation Group:

- During development of research materials we engaged a consultation group of six 19-21 year olds.
- Consultation group reviewed the exercises within the discussion guides and the overall approach (language, materials used, profile descriptions, questions).
- We refined research materials taking into account feedback from the consultation.



Our approach to analysis was designed to fully examine all transcripts for key themes and insights

Our Analysis Approach:



Detailed analysis of interview content was undertaken, this focused on:

- Each question was reviewed across all pairs and Focus Group discussions to determine key themes in relation to each topic as well as individual story reviews across the discussions
- Important sub-group analysis, including regional, and age based trends conducted to identify any sub-trends that existed: any differences are denoted in this presentation (note: due to qualitative quality to this work such differences are indicative)
- Verbatim quotes were selected to bring respondents stories to life and express key points



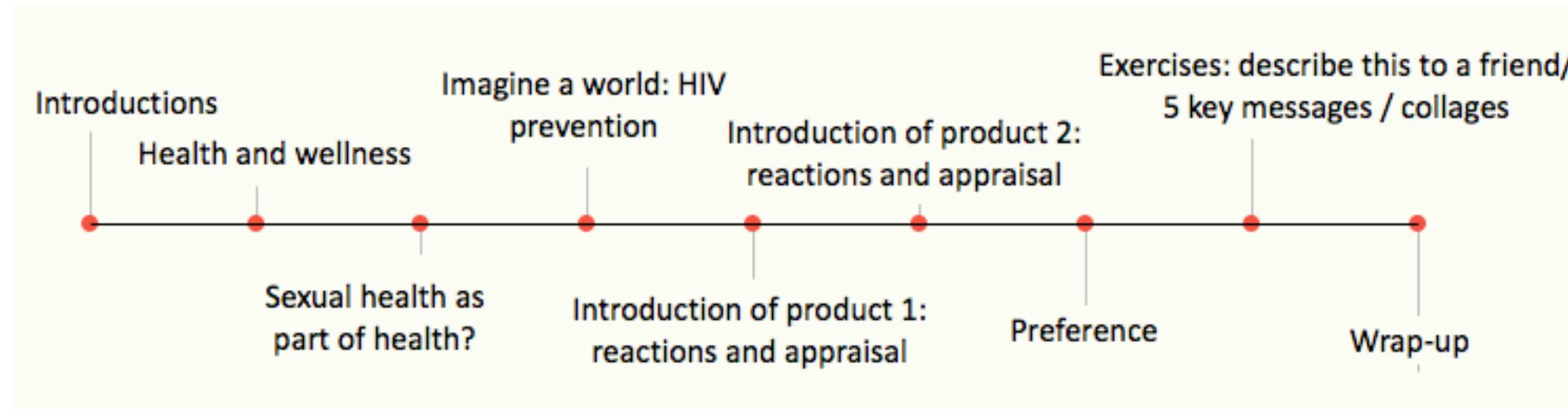
R2R team analysis meetings:

- Emma Goldwin, Moushira and Jeff analysed all transcripts.
- Support from qualitative partners at Strategic North.
- Multi-faceted and rigorous analysis of transcripts: cross-evaluation by question/respondent/theme.
- Detailed note-taking on interview content, focused on key themes explored in each interview.
- Framework generation.
- Workshop to synthesis findings.
- Development of key themes emerging for project objectives.
- Story-lining session used to confirm flow of presentation.
- Note: All images are sourced from from Stocksy, however are not purchased, and cannot be used outside this presentation in any way, or for marketing purpose



The interview process and environment was conducive to an open and interactive decision-making process around the products and their connection to them

Respondents had enough time and depth to think and talk:



Respondents had 90 – 120 minutes of immersion into thinking about health, the products (with full discussion of the respective product profiles) and what HIV prevention means and would look like to them.

- The majority of discussion time revolved around the products:
 - Product profiles were read out with the moderators (respondents given printed hand-outs)
 - Placebo examples shared with respondents
 - Discussions on the products revolved around:
 - Reactions to the products and profile information – form, administration, frequency, safety, efficacy
 - Perceptions on practicalities of use – influencers, information/education, access, packaging
 - Preference
 - Messaging and communication – describing the the product to a friend, 5 key messages, developing a collage to illustrate what the products means to young women, what platforms to use for messaging, who to communicate to and how

The discussion flow was designed to enable a full discussion around the products:

- Therefore, we looked to understand perceptions around health and wellness first, and then explore whether sexual health is considered part of that paradigm.
- We did not ask about personal experiences or behaviours around sex or HIV.
- The Discussion Guide was reviewed and approved by MTN.
- Product profile information and images were provided, reviewed and approved by MTN.
- All materials were translated into relevant languages: Afrikaans, Xhosa, Zulu & Sesotho.



There were 3 overarching objectives to our qualitative exploration



What is it like being an 18-21 year old in South Africa?

- What are their lives like?
- What is it like to live where they live?
- What do they aspire to do?



How do young women think about health and prevention health?

- What does being healthy mean?
- How do they access healthcare?
- What is their experience of healthcare?
- Do they think about prevention?
- How do they perceive prevention products?



How would young women communicate prevention health products?

- What messages are most impactful?
- What is the value proposition?
- How would they contextualize prevention health products?
- What routes and means would they use to engage young women?



The Daily Pill – Product profile shared with young women



What does the daily pill do?

- The pill helps prevent HIV infection.
- The pill uses an anti-HIV drug that is released over the course of the day.
- It does not prevent you from getting other Sexually Transmitted Infections (STIs).
- It does not prevent you from becoming pregnant.

How do I take and store the pills?

- One pill is taken at the same time every day by mouth, by swallowing the pill with water.
- You will get a pack that lasts 30 days (with 30 pills).
- The pills will come in pill bottle with child-resistant opening mechanism.
- The pills do not need to be kept in the refrigerator.

Does it work?

- When tested in 566 women in Kenya and Uganda the daily pill was proven to provide protection against HIV infection.
- It is recommended to continue safe sex practices whilst using the daily pill.

Is it safe?

- The daily pill is proven to be safe in adults over 18 years old.
- It has been approved by the South African government for the prevention of HIV.
- There are no effects on daily lifestyle or your ability to work.
 - It is not harmful to your body.
 - If you were to become pregnant when taking the daily pill, it would not harm the baby.
 - It might cause: mild kidney problems, fatigue or lack of energy, upset stomach, vomiting, mild diarrhea, dizziness. Most symptoms get better after a month.

Other information?

- You will need to do a HIV test before taking the pill, you should be testing every 3 months during use.
- You can get the daily pill from healthcare professionals only.



This is 30 days' worth of the pill



The Monthly Ring – Product profile shared with young women



What does the monthly ring do?

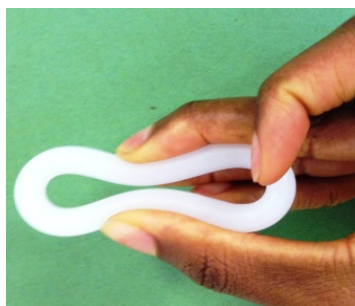
- The ring helps prevent HIV infection.
- It comes in one size, and is inserted into the vagina, and has been designed to release an anti-HIV drug whilst it is in your vagina over the course of 30 days.
- It does not prevent you from getting other Sexually Transmitted Infections (STIs).
- It does not prevent you from becoming pregnant.

How do I use and store the ring?

- You insert the ring into your vagina, it is not painful, does not increase the size of your vagina and it cannot be seen.
- You squeeze the two sides together and then push the ring up high into your vagina. It may fall out if not pushed high enough.
- The ring will stay in the vagina – it cannot go anywhere else in the body.
- You use the ring continuously for 30 days. The ring will stay in tact throughout the 30 days in your vagina, it does not change shape or dissolve.
- The ring should stay in at all times, including during your periods/menstrual cycle and sex and does not need to be removed for cleaning.
- You remove the ring after 30 days, by inserting your clean fingers into your vagina and pulling it out.
- You do not need a healthcare professional to remove it.
- The ring should not be kept in the sun but does not need to be in a refrigerator either – store it in its original packet between 15°C and 30°C.

Does it work?

- When tested amongst 2,500 women in Africa, including women in South Africa between the ages of 18-35 years old, the ring was proven to provide protection against HIV infection.

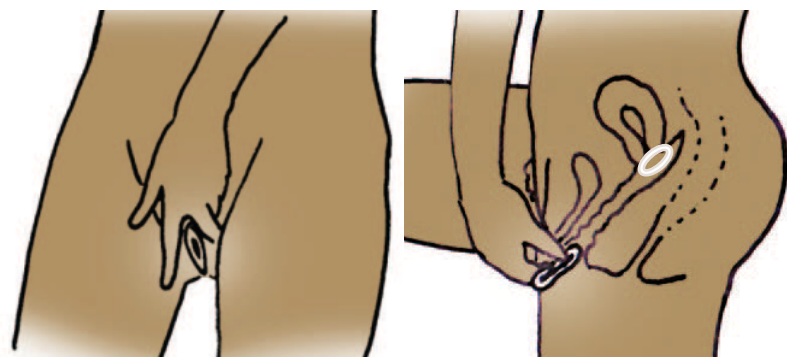


Is it safe?

- The ring is proven to be safe in adults over 18 years old.
- In the 2,500 women who tested the ring, there were no major negative effects linked to using it.
 - There are no effects on daily lifestyle or your ability to work. It is not harmful to your body and is safe to use in the vagina.
 - If you were to become pregnant when using the ring, it would not harm the baby.
- The ring might cause discharge from the vagina, vaginal irritation and discomfort.

Other information?

- You will need to do a HIV test before using the monthly ring, you should be testing every 3 months during use.
- You can get the ring from healthcare professionals only. You will get advice from your healthcare professional on: how to insert, how to remove, how to store before use, what to do if it moves/falls out and how to clean.
- Each ring will come in an individual easy to tear open package.
- Your partner may be able to feel the ring during sexual intercourse. The ring does not change shape or move during sexual intercourse.
- Should the ring fall out or you remove it: **Somewhere clean:** Try to reinsert the ring as soon as possible. Rinse the ring in clean water.
 - **Somewhere dirty:** (such as the toilet or the ground) DO NOT reinsert the ring and contact the clinic.



Executive Summary





Informed - Aspirational - Open



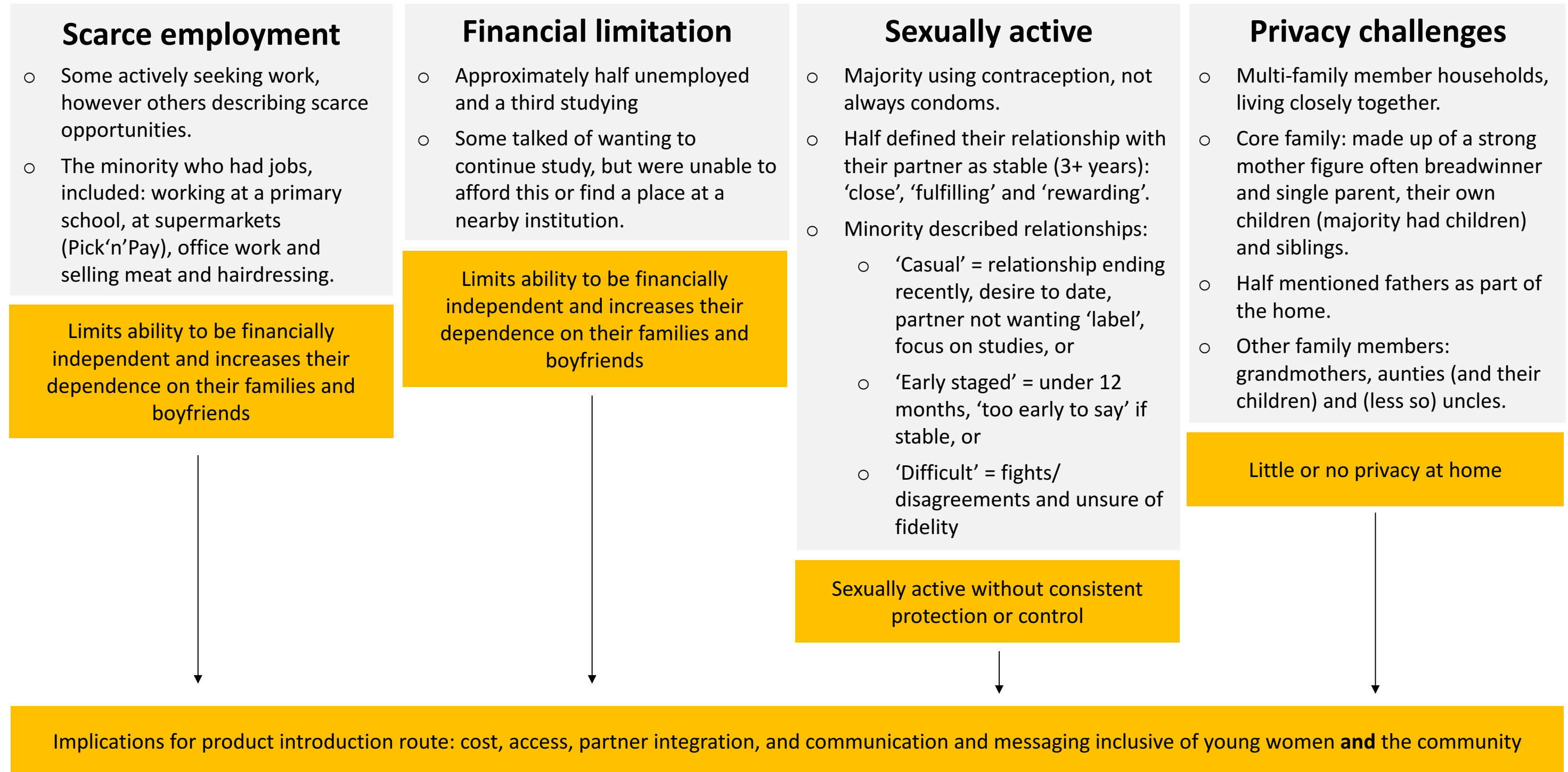
Framing The Findings – Looking through the lens of young women in South Africa

- Information is easily accessed and everywhere (internet).
- Therefore, young women want and demand to be informed.
- Awareness of what they should do but not fully able to activate, realise or action knowledge due to their environmental restrictions.
- Young women experience strong ‘push and pull’ factors when it comes to behaviour change.
- Health is important, products which can make young women feel safe, protected and healthy resonate with their needs.
- Positive reaction to HIV prevention and prevention products.
- Willingness to try HIV prevention products.
- Young women see HIV prevention products as instruments for social change.

Note: Uniform findings across regions, age and urban/rural setting, with very little differences - to investigate and establish in the quantitative phase



Framing The Findings - The context in which young women in South Africa live has important implications for product introduction





Research Findings I



CHOICE

Young women in South Africa expressed equal preference for the ring and the pill

- Overall, both the ring and the pill received positively.
- Preference is evenly split between the ring and the pill, indicating both products are viable options and young women need the choice.
- Importantly, decisions on preference were also made through a comparative lens.
 - Preference for one product is strengthened due to lack of preference/perceived negative attributes of the other product.
- Both the ring and the pill evoke emotions around protection, safety and health → seen as instruments for improved control and health.
- 30% efficacy is not acceptable. A minority would be willing to try the products at 50% efficacy, real interest in use starts at 70% efficacy, whilst the vast majority would definitely use at 90% efficacy.
 - As safety, protection and health are critical connections made, the ring and the pill will need to illustrate convincing efficacy which reflect expectations for products that make young women feel safe, protected and healthy.

HEALTH

Connecting sexual health to overall health resonates with young women and become a critical story for prevention

- Health is important to young women.
- Sexual health is not necessarily considered part of overall health.
 - However, when the connection is made, it is strongly relevant and resonates.
- General health becomes part of the story for prevention products and are seen as instruments for improved health.
- Non-medicalization and non-sexualization are important narratives for HIV prevention products – moving them into the ‘general health’ domain.
 - If too medical, and HIV-related, there is a fear of stigma and openness to use.
 - This is illustrated through discussions over packaging:
 - Ring packaging to be in line with ‘women’s health products’ like sanitary towels which, are acceptable and familiar.
 - Pill packaging to be non-HIV related: it cannot look like an ARV, or too medical – similar to vitamin bottles.



Research Findings II



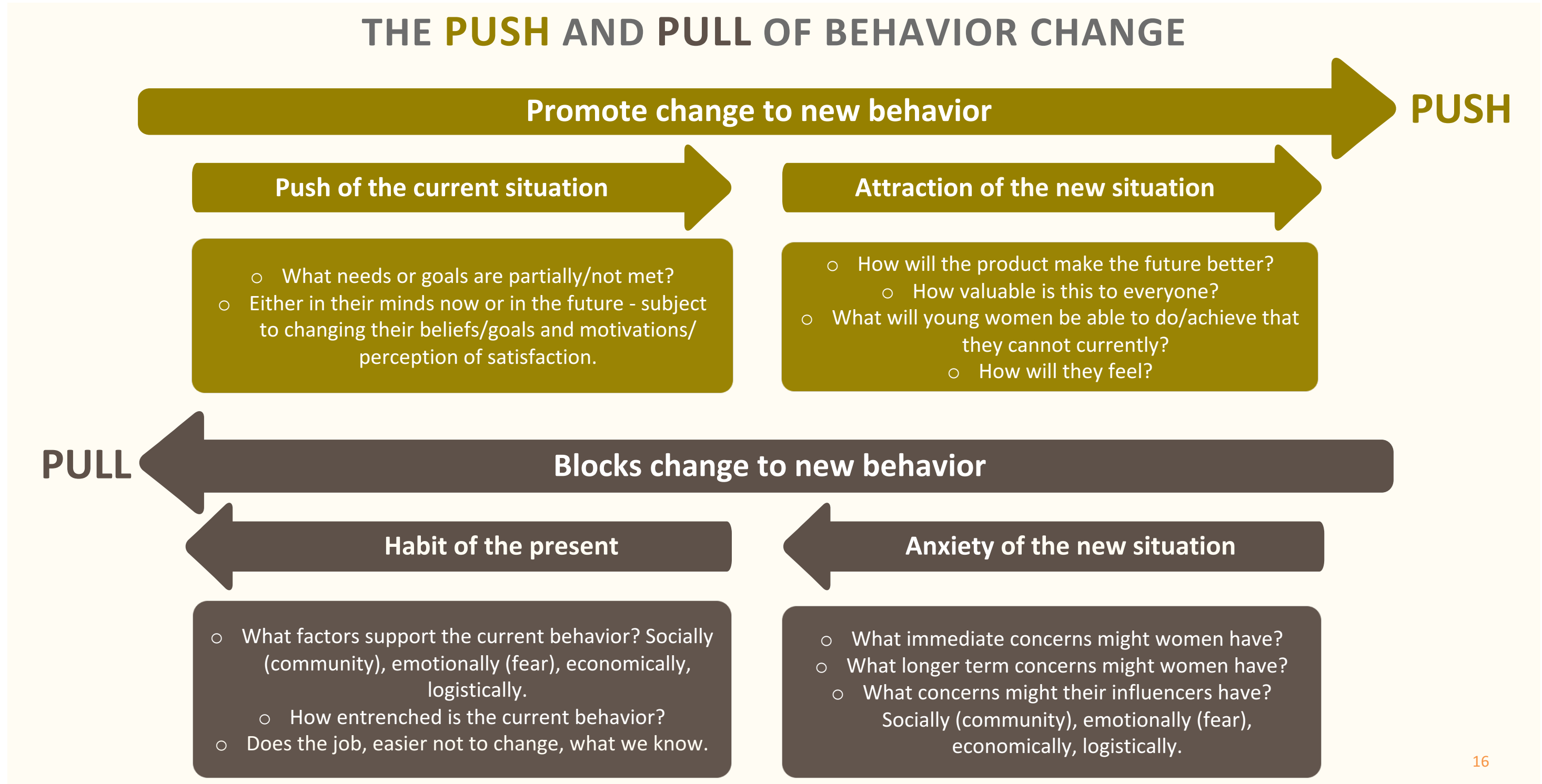
ACCESS AND COMMUNITY

Young women want open communication lines across the community – the ring and the pill are seen as instruments for community change.

- Nearly all believe these products should be free, to enable access for all.
- A balance of accessibility and privacy necessary for routes to access HIV prevention products and advice.
 - Pharmacies and clinics described as most relevant access points.
- Current sources of information for health and sexual health reinforce the separation of the two.
 - Ensuring sexual health communication is expressed as health discourse is critical.
 - Informal education streams are critical for communication and messaging.
 - Opportunity to leverage media approach when communicating sexual health products with a consumer-orientated general health focus.
- Currently, female influencers can provide a bridge for information and influence on both health and sexual health conversations.
 - However, there is a need to understand how to communicate to some of the female influencers (mothers/older sisters), and the level of openness and supportiveness of mothers varies.
- Societal norms, community and men are critical influencers, however currently act as disablers of change.
- HIV prevention products are seen as instruments for social change and for young women to influence the community.
 - Understanding how to communicate to community influencers will be critical to supporting HIV prevention products and young women – young women do not see themselves as instigators.



Research Findings III - The Push and Pull of Behavior Change Framework





Research Findings III - The Push and Pull Framework in Context

THE **PUSH** AND PULL OF BEHAVIOR CHANGE

Promote change to new behavior

Blocks change to new behavior

The **push** and pull of HIV prevention

- 50% = Fear of HIV: disease, cannot be cured and stigma.
 - Importance of being healthy and living life.
 - Protection from HIV.
- Lack of ability to protect themselves and unrealistic ability to abstain.
 - HIV may be eradicated.

- 50% = Less fear of HIV: effective treatment, as long as the person is compliant = chronic rather than fatal disease.
- Current community stigmatization over HIV due to lack of knowledge and fear – can be extended to a HIV prevention product.
- Anxieties related promiscuity if there was less fear about HIV infection – strong community belief that promiscuity leads to HIV.
- Product anxieties around form, safety and administration.

The **push** and pull of health and access

- Lack of control for preventing HIV and distrust of male partners.
 - Inability to use condoms consistently.
 - Desire to be healthy and safe.
 - Need for openness amongst the community influencers.
- Products as an 'in' or catalyst for better relationships with their eco-system.
 - Demand for information and knowledge.

- Lack of economic power and resources.
- Preservation of current situation via community normalization, acceptance and lack of openness.
- Anxieties related to potential stigmatization.
- Concerns due to current experience with healthcare community and system.

Quantitatively explore the push and pull factors

Choice



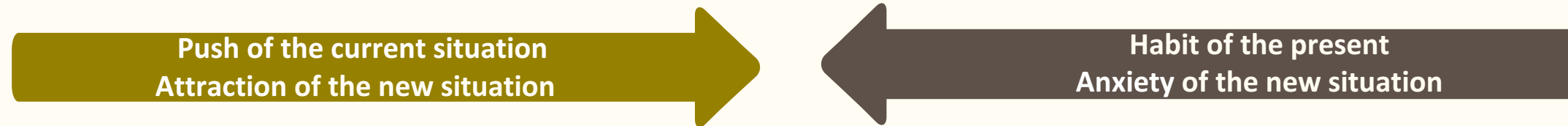


High level of overall receptivity towards HIV prevention - the ability to protect themselves is attractive to young women, however there are equally important pull factors at play from the community

THE PUSH AND PULL OF HIV PREVENTION

Promote change to new behaviour

Blocks change to new behaviour



- 50% = Fear of HIV: disease, cannot be cured and stigma.
 - Importance of being healthy and living life.
 - Protection from HIV.
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- Current community stigmatization over HIV due to lack of knowledge and fear – can be extended to a HIV prevention product.
- Anxieties related promiscuity if there was less fear about HIV infection – strong community belief that promiscuity leads to HIV.

“[It is important] because they need to fulfil their dreams and have families and enjoy life. I wouldn't enjoy life with HIV, because of the stigma around it.”
Urban KwaZulu Natal

“To keep you healthy and you keep your life on track.”
Urban Western Cape

“No I don't think HIV kills; it all depends on you as an individual. If you don't take your treatment accordingly, then yes it will kill you. My aunt has been taking ARV's for more than 20 years and she looks fit, you can't even tell that she takes ARVs.”
Rural Gauteng

“They think that it kills and its very dangerous. You are not a human being anymore when you are infected. When you touch them you will infect them.”
Urban Gauteng

“The other thing is that people might be irresponsible and now start sleeping around because there is this product.”
Rural Gauteng

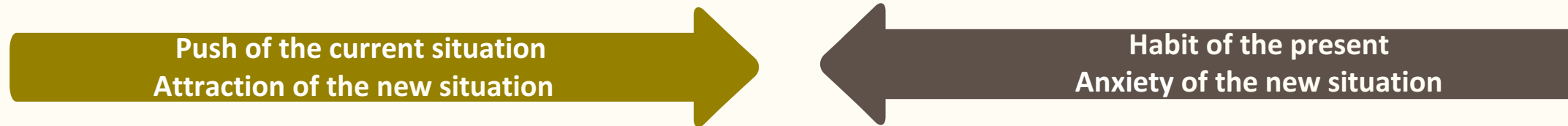


Preference evenly split between the ring and the pill, indicating both products are viable options and young women need the choice
There are push and pull factors at play around both products

THE **PUSH** AND PULL OF HIV PREVENTION PRODUCTS

Promote change to new behaviour

Blocks change to new behaviour



- Seen as instruments for improved health, knowledge, control in their lives and community change

- Constraints and limitations of current context, lead to anxieties around stigma and how able they will be to take control





Both the ring and the pill evoke emotions around protection, safety and health

Reflective across sample sub-sets

Ring & Pill



“You will be protected, no HIV to worry about ... it means freedom for you, you can choose what you want for your own life.”
Rural Gauteng

“One pill a day will protect you against HIV.
Enjoy your life to the fullest and be safe.”
Urban Western Cape



Preference focussed on perceived ease of use, fit with lifestyle, level of comfort with the format and manageability/low level of side effects

Therefore, both products can be perceived to have these attributes, as it depends on what young women perceive to be easy to use, comfortable and acceptable side effects

Prevention product profiles: randomised first profile shown throughout interviews, all respondents shown both profiles

Preference for: Ring

Preference for: Pill

Functionality

- Side effects are tolerable = safe option
- Side effects are less severe than the pill
- Genuine dislike for taking pills
- One time monthly use = won't forget
- Insertion easier for mothers

- Easy to use and 'physically simple' = familiarity of pill form
- Ring administration unfamiliar = difficult
- Remembering pill daily less challenging than learning how to use the ring
- Side effects considered manageable

Emotionally

- Willingness to learn use, recognising time investment for comfort
- Acceptance on partner awareness and prepared to talk to partner, given potential he may feel it

- Unease and lack confidence to use ring and concerns about physical effects on vagina = pills less intrusive and less complicated option

Socially

- Ring offers greater degree of discretion: it is inside of you and can look like a woman's health product = not medicine
- Often stated comfort to tell partner

- Easier to hide pills from partner
- Friends will support one another by reminding to take daily

Comparative Lens

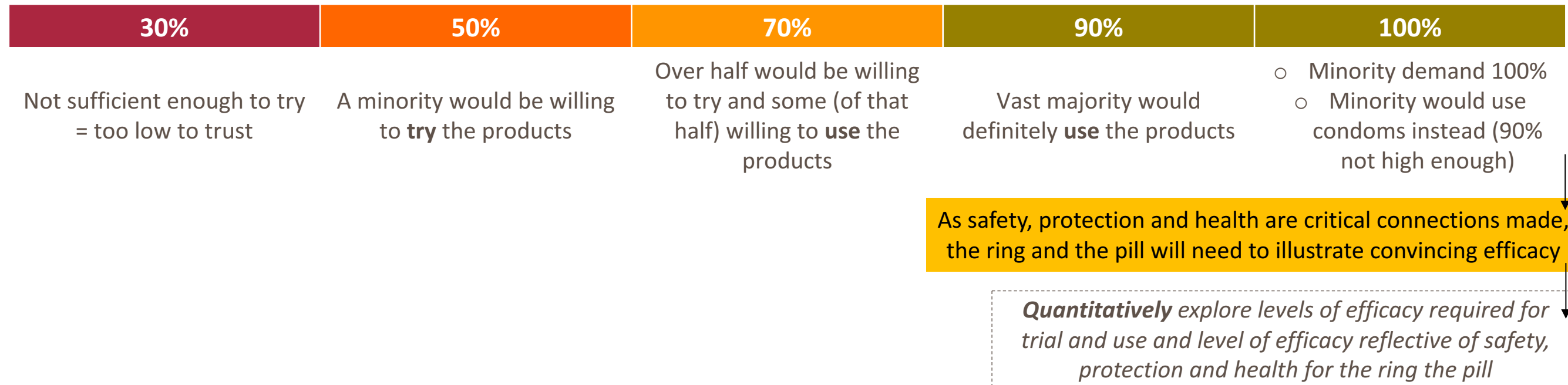
- Importantly, decisions on preference were also made through comparative lens – preference strengthened due to lack of preference/ perceived negative attributes of the other product.

Choice is a critical factor for young women to make decisions

Quantitatively explore the level of stand-alone preference for each product versus preference based on comparative lens



A minority would be willing to try the products at 50% efficacy, real interest in use starts at 70%



Informed - Aspirational - Open

- **Minority** wanted more information on the clinical trial data, what it meant, how effectiveness was proven, and also clinical trial set-up and what happens.
- Some desire for research in South Africa (pill).
- Questions on rationale of HIV testing: lack of trust of efficacy if you have to keep testing – should be annually.

"[30%] Too low and playing with fire."
Rural Gauteng

"Better than 30 but still another 50% chance I might be infected that a very high chance still."
Urban KwaZulu Natal

"Much better [70%] I might use it if that the highest percentage they have."
Urban KwaZulu Natal

"The comfortable percentage is 90% because it shows that it is very effective."
Rural Western Cape

Note: Efficacy discussed in Pairs, not Focus Groups – ideal level asked, and then acceptability from 30% to 50% up to 100%

Health





Being healthy is important to young women, and is revealed in 4 major indicators

“A healthy person you can tell by the skin. The skin will be fine, smooth and you can tell that this person is healthy.”
Urban Gauteng

Hygiene

- **Look clean and ‘fresh’**
- Clear skin, not with pimples
- Have clear whites of the eyes
- Radiating health – ‘flourishing’, ‘glowing’

“They are not too fat or too slender – just a good body size.”
Rural Gauteng

Body Image

- **Not too fat or too slender**
- Most describe a healthy person as looking ‘nourished’ ‘thick and fit’, not obese but not too skinny
- If the person is too slender others may believe that they are ill



Energy

- **To be energetic/ full of life**
- A healthy person has enough energy to be able to do what they want to
- They have a positive/ happy disposition

“A healthy person is always alive when doing things, and doesn't become tired.”
Rural KwaZulu Natal

“For me being healthy is to know how I feel and if I am strong enough to do things.”
Rural Gauteng

Immunity

- **Good immunity/ rarely ill**
- An important measure of health is to avoid becoming ill and going to to the clinic
- This has cross-over with sexual health for some: those that spontaneously mentioned STI & HIV prevention and the importance of testing were typically in urban areas and proportionately more mentioned in in Gauteng vs the other locations

“My health is very important...if I have a boyfriend I want to use a condom...if you are doing it without [one] you can get sicknesses.”
Urban Western cape

“Being healthy you don't visit the doctor often.”
Rural KwaZulu Natal

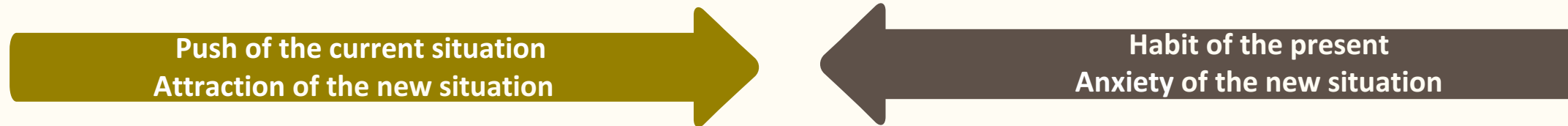


The outcome of being healthy is attractive to young women, however there are equally important pull factors at play

THE PUSH AND PULL OF BEING HEALTHY

Promote change to new behaviour

Blocks change to new behaviour



- The importance of the idea of being healthy.
 - Ability to look and feel good.
- Lack of control over their environment.
 - Impossibility of abstaining.
 - Partner dislike for condom use.
 - Partner testing for HIV.

- Current eating and exercising habits.
- Family cooking and eating habits.
- Current home environments do not necessarily provide space or cleanliness.
- Sexual relationships without protection against STIs and HIV.
- Anxieties related to financial demands for healthy lifestyle.

“My boyfriend doesn’t like condoms, I mean he’s the one that broke my virginity and impregnated me, so he has never wanted to use it.”
Rural Gauteng

“Abstaining that is the best contraceptive ... so the best would be abstaining. I just wish that I could!”
Urban Western Cape

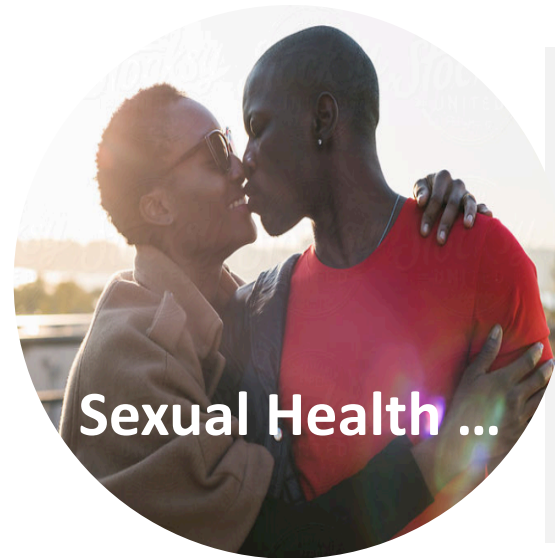
“I see a healthy person by being rich. Those people feel free and relaxed, the way they walk is different and it's like they don't have stress.”
Rural Western Cape



Connecting sexual health to overall health resonates with young women

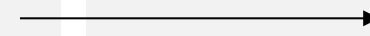
“Sexual health is important because there are lots of diseases that you can get via being unhealthy sexually.”
Rural KwaZulu Natal

“If you have a sexually transmitted disease it does impact on your physical health”
Rural Western Cape



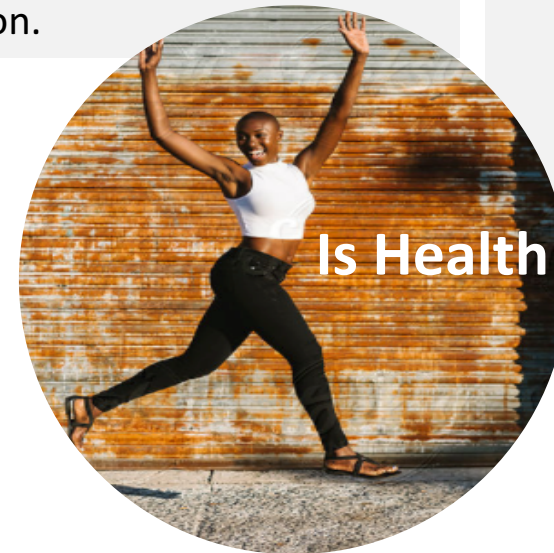
Spontaneously

- Sexual health is not spontaneously thought of as part of overall health.
- However, when the connection is made for young women, it is a strongly relevant and a resonating connection.



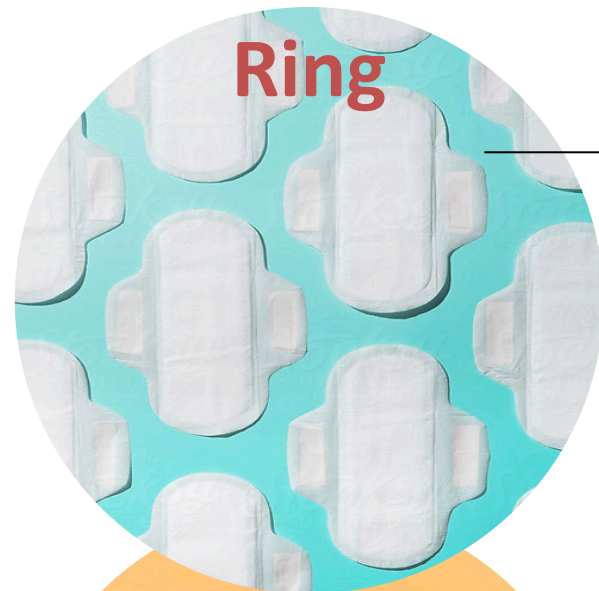
Probed

- Approximately three quarters immediately agree (once probed) that sexual health is part of overall health.
 - Not using protection (condoms) can lead to STIs or HIV
 - Sex can keep you healthy as it is a form of exercise
- A quarter do not make a ‘hard connection’, but a ‘soft connection’ which can be linked back to their overall perceptions on general health; some young women will need further support in making the connection.
 - There is more at stake as sexual diseases such as HIV are worse than other health conditions → links to desire for ‘immunity’ = healthy
 - Sex is a pleasure → links to desire to look and feel good = healthy



General health becomes part of the story for prevention products

Packaging impacts interest. Non-medicalization and non-sexualization important narratives; make being healthy part of the story for prevention products



- Packaging to be inline with 'women's health products' – they can be recognised as such, and not questioned = move around with them.
- Bright and attractive pouch and box – similar to sanitary products.
- Ring should come with a pouch in a box with some gloves and full instructions on how to use and dispose.



- Packaging non-HIV related, cannot look like an ARV, or too medical – similar to vitamin bottles.
- Colourful bottle = look appealing and non-medical.
- Must include information on how to take, when and side effects.



- Connect back to health indicators: body image, immunity, energy, hygiene and link with currently accepted health products: women's products and vitamins.

If too medical, and HIV-related, fear of stigma and openness to use

Quantitative phase
 Establish relevance of non-medicalization and non-sexualization and testing packaging styles from FP, HIV treatment, women's health and vitamins

“Obviously you do not want them to look like ARV's. Next thing you are popping it out with friends, and they will be like, ah dude put that back.”
 Urban Gauteng, urban

“At least if it looks like a sanitary towel guys would kind of leave you alone because they know what a sanitary towel is.”
 Urban Gauteng

Note: Childproofing bottles or packages is essential.

~ In all our exercises around communication, young women expressed push and pull factors

Major consistent themes across collages for both the Ring and the Pill

Reflective of:

- The **aspirational 'push'** of the products and HIV prevention
 - *confidence, health and protection*

AND

- The **realistic 'pull'** of the parameters and confines around them
 - *the partner, the mother, the community, the healthcare worker, the level of information and open discussion*

Across the collages ... health incorporated into the narrative, despite sexual health not being top of mind or necessarily connected to overall health. An important 'nudge' for young women, which they can connect to easily and retain.

PUSH: How it makes me feel ...

Confident
Healthy
Safe
Protected



My Life, My Choice

PULL: My Concerns ...

SIDE EFFECTS (pill)
DISCOMFORT (ring)



PUSH: What it gives me ...

A happy relationship



Safe for family

PULL: Support I need ...

Support from family, partner, healthcare world and community



Counselling
Education / Information
Awareness
Text support / reminders (pill)



Our approach to analysing collages young women made in the Focus Groups

There were 36 collages across South Africa (two per Focus Group)

1. The last exercise during the Focus Groups.
2. We asked young women to create a collage using magazines and their own words to describe how the product made them feel and what it meant to them.
3. Collages and supporting transcripts reviewed and analysed.
4. Distinct and clear themes emerged from the collages:
 - a. How it makes me feel
 - b. What it gives me
 - c. What I am concerned about
 - d. What I need to help use it




How it makes me feel

Confident
Healthy
Safe
Protected
Free
Healthy
In Control
Comfortable

My Concerns

Discomfort
Stressed
Discharge
Dancing
Irritation
Having Sex

Example






What it gives me

Freedom
Healthy body
Happy Life
Protection
Safe in Pregnancy
Happy
Relationship

*It isn't time consuming – I don't have to worry
I am ready all the time
Free to walk, be confident, be sporty*

Support I need

Friends
Advice
Family
Support
Social Networks
Affordable

*Sharing with my mother
Sharing with loved ones
Educating the young
Get information*





Magazines provided: Drum, Bona, True Love and You.

Our pre-qualitative consultation group of 5 young women in Johannesburg recommended these magazines as relevant to young women like them.

Other magazines were also included to broaden the range of options.

Ring

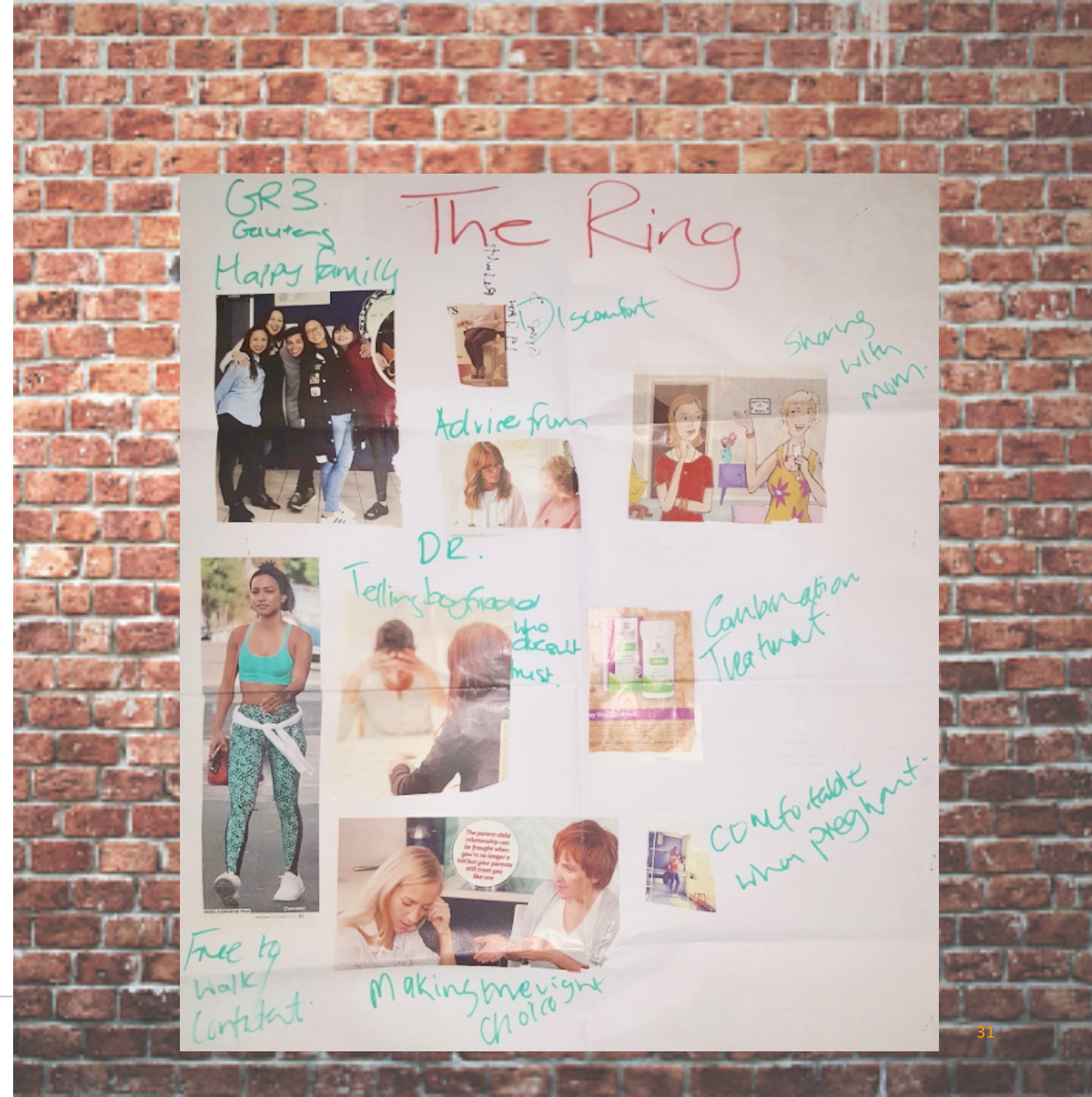
~ Young women want to make the decision to use the ring alongside their influencers

With information openly provided by healthcare workers, family and partners and a open discussion, without judgement

“Immediately after inserting it, you might find it uncomfortable, and not sit properly because it's still on your mind. After telling your boyfriend that you are using the ring, he might feel stressed and not understand it. Also you might be stressed after telling your family about it because they might shout at you.”

FGDs Gauteng

Verbatim from the Focus Group discussion transcripts, linked to this collage



Ring

~ The ring provides a level of protection and safety that can create a strong level of confidence

Free from worry, stress, and inhibitions

“You feel confident everywhere you walk. You know that you are sorted ... And your relationship is also on the right path and that is where you find true love. Because both you and your partner are taking control of your life. And you want to make sure that both of you are getting the safety that you both need.”

FGDs Gauteng

“While you have the ring inside you, you can still be yourself. You can feel relaxed. You can still go after your dreams and nothing is going to stop you.”

FGDs Gauteng

Verbatim from the Focus Group discussion transcripts, linked to this collage



Ring

~ The ring is seen as a new option, that can be combined with a healthier and happier life

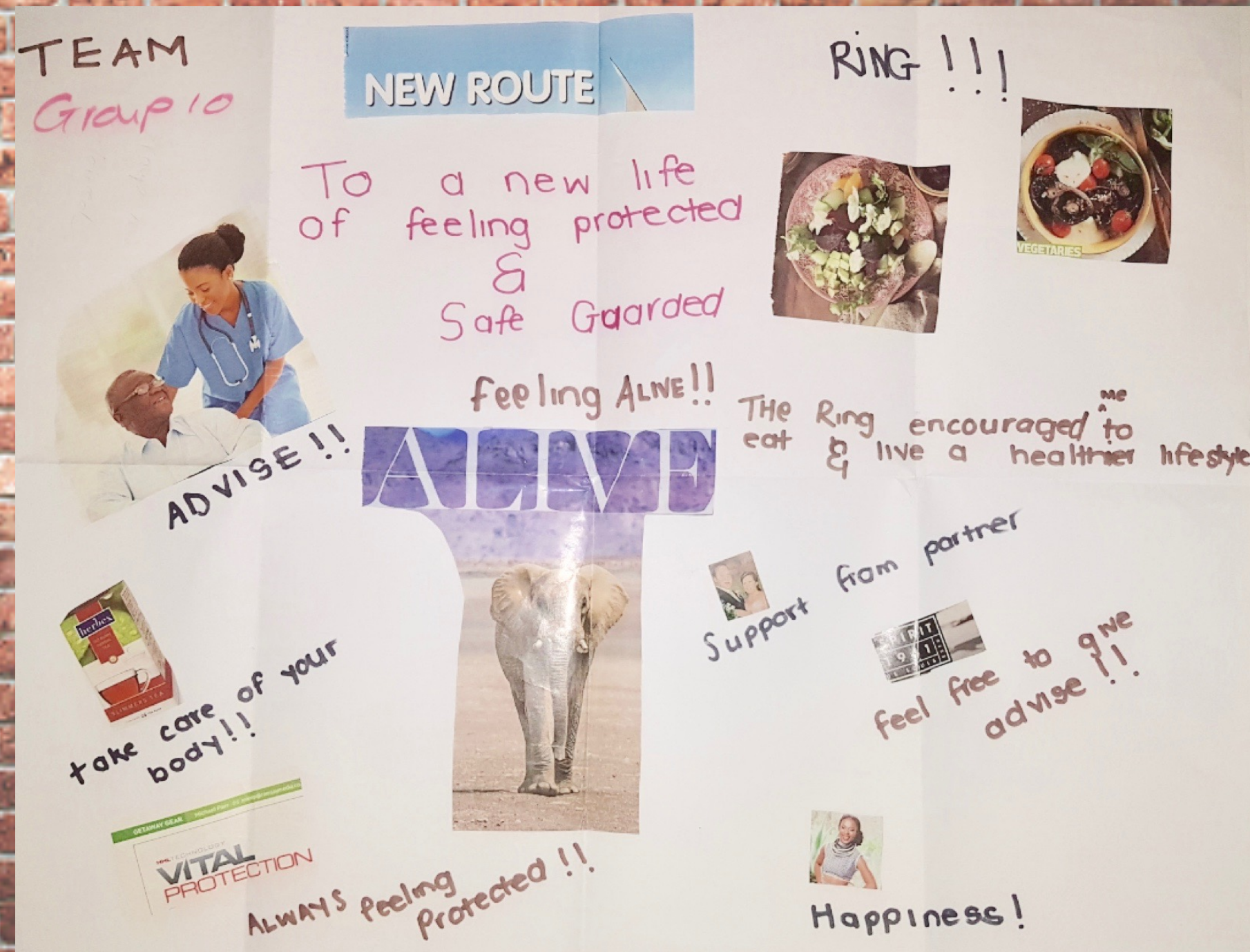
And it requires advice and support from critical influencers

“It is full of healthy things and that is basically for you to live a healthier life, knowing that you are protected.”

FGDs Gauteng

“We chose the word ‘alive’ with the elephant in it because when you watch movies you will always see that an elephant is always running free, so you do not need to feel that you have got this ring inside you and you need to walk and act in a certain way.”

FGDs Gauteng



Pill

~ The daily pill could be a positive connector between young women and their influencers

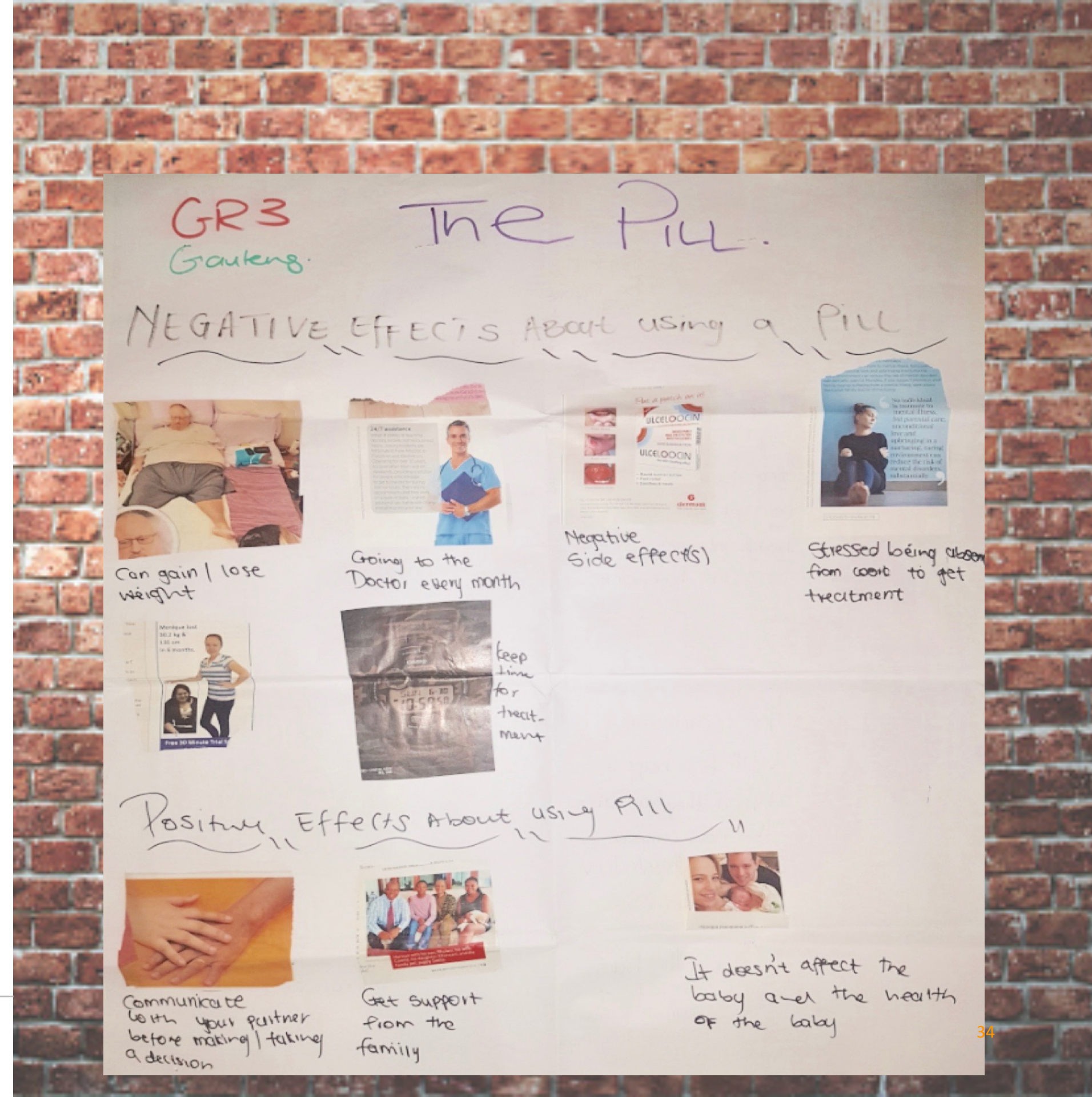
The need to communicate with partner and get support from family seen as 'positive effect' of using the pill

"The positive effects:

you need to communicate with your partner before, you get support from your family and they are happy about it and it doesn't affect the baby when you're pregnant."

"The negatives are: you can gain weight, going to the doctor every month ... you have to take it at the same time every day."

FGDs Gauteng



Pill

~ The pill is perceived as a pathway to becoming confident, strong and healthy

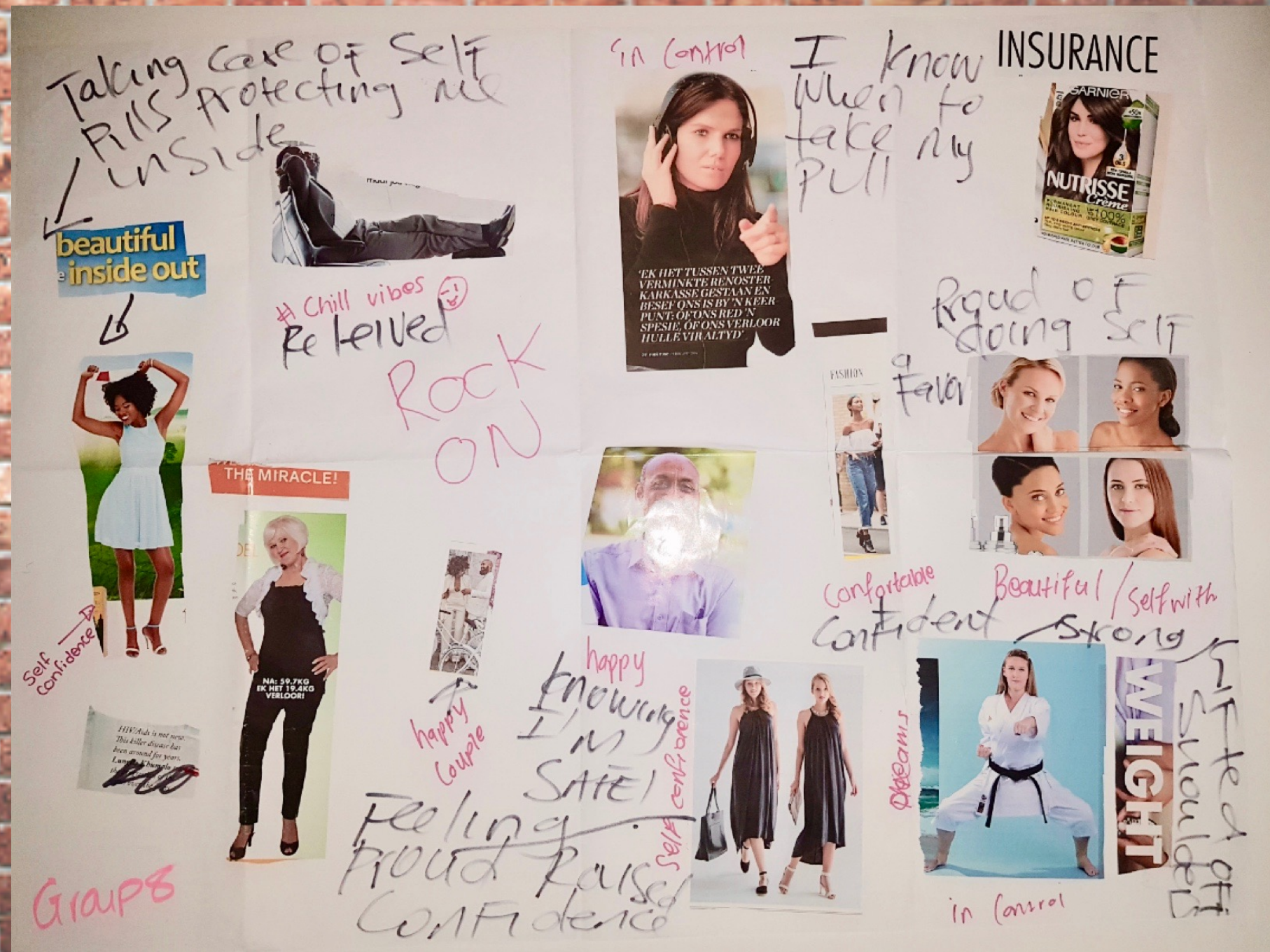
“You are relieved. You know that you are beautiful inside and outside. You are confident and you know that you take care of yourself ... You are in control ... You take control of the disease, the disease does not take control of you.”

“You are happy because you know that you are safe. And when it comes to your relationship, you know that you are a happy couple. Because maybe you talked about it, you understand each other. You are saying that you are taking this pill because of us.”

FGDs Western Cape

“You feel that you are strong and that you can take care of yourself ... it is like getting that new article of clothing and then you are walking down the street and you feel proud ... You walk with raised confidence.”

FGDs Western Cape



Pill

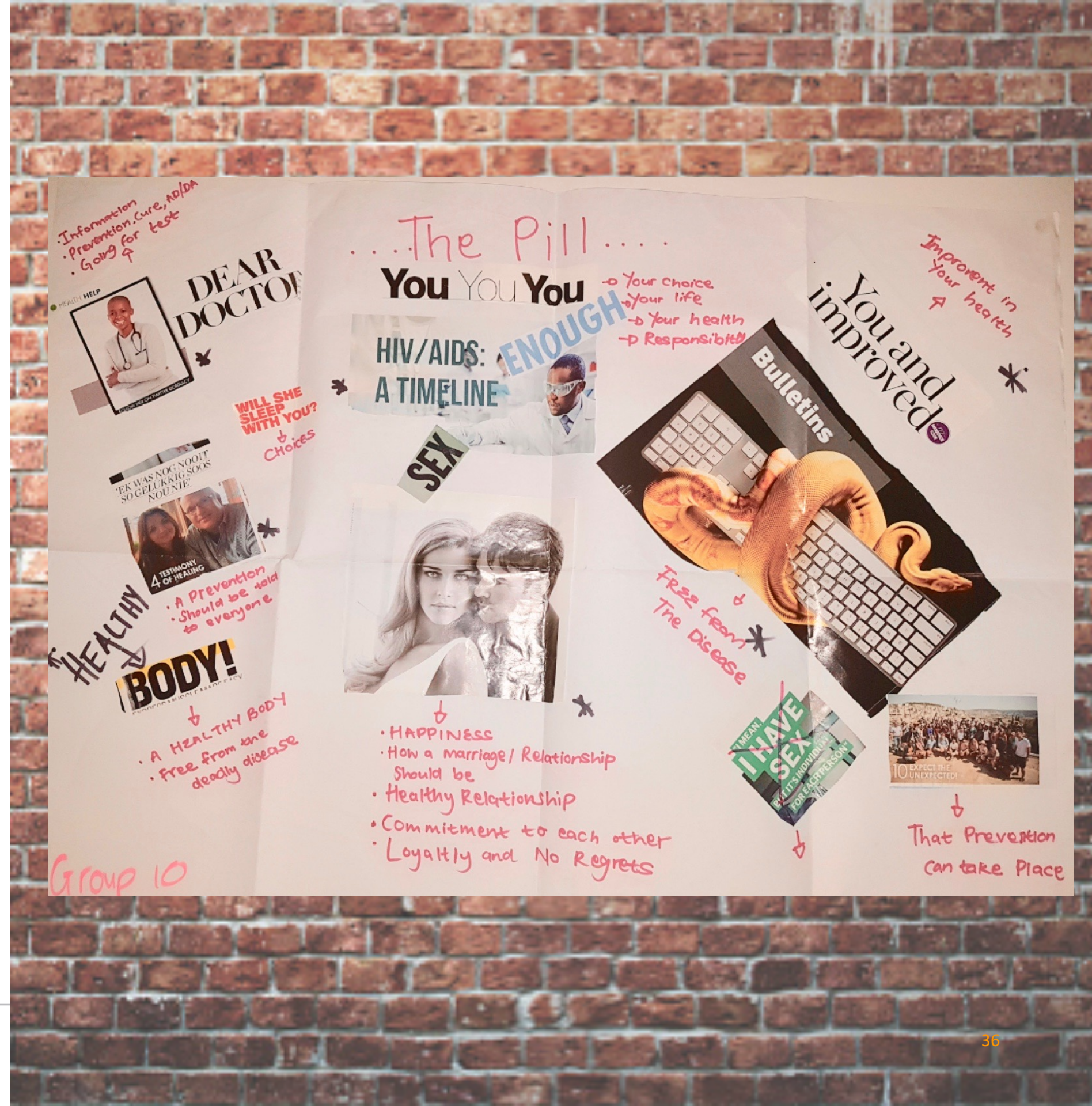
~ The pill can improve health, and operates within a continuum of relationships: sexual partners, the healthcare world and their community

“So this is like a snake, it is a disease like the HIV. You are free from the disease and you can prevent it. We do not need to be afraid of getting it anymore because there is something to prevent it.”

FGDs KwaZulu-Natal

“I think that people will feel comfortable and motivated and excited tell the next person about this solution to HIV.”

FGDs KwaZulu-Natal



Access and Community





Nearly all believe these products should be free to enable access for all, however sufficient value to make it worthwhile for some women to pay



- Recognition that many women would not be able to afford these products themselves.
- Many women are reliant upon parents for money, who would not pay for these products.
- Women compared these with other free health products including condoms and contraceptives, and believe they should be available on medical aid schemes and at clinic.

“The problem is can I afford it? That is the thing. So if I cannot afford it am I going to be empowered?” Urban KwaZulu Natal

- Some would be willing to pay; considered life saving
- However, at a reasonable price level
 - Range between ~R15-300 [~\$1-\$22], average ~R80-100 [~\$6-\$7]
 - Minority felt that payment would increase value to the recipient and aid adherence.

Quantitative phase
Explore impact on budget allocation if with cost

“Depends if the product is free or not. Family planning is free at the clinic so it might as well be free. If family planning meant going to the chemist we would pay 55 Rand then we would all be pregnant by now, because we would not afford 55 Rand every after two months for family planning.”
Urban Western Cape

“I think it will be good if it is free because most people do not have access or money to get it. If it is free they will use it.”
Rural Gauteng

Note: currency exchange rate use:
South African Rand 1 ZAR = 0.0727372 USD



A balance of accessibility and privacy necessary for routes to access HIV prevention products and advice



Access needs to reputable, private and ideally free of charge.

Current access points that are acceptable:

- Pharmacies, clinics, doctors and chemists convenient and suitable access points. Not: tuck shops, supermarkets or the streets (not private/lack of trust/counterfeits).
- Women value advice and support from pharmacists and doctors (considered educated and professional).
- Private rooms in clinics or doctors preferred → for example for ring demonstration.
- Women regularly use clinics to access free medication, despite the location at times being further away than preferred.
- Need for less judgemental interaction.
- Chemists are convenient and practical – women less likely to be recognised there than at doctor or clinic.

Potential new access point:

- Health centres, youth friendly/campus clinics, mobile clinics, youth, sports, arts meetings – however need to be run by educated professionals, and offer privacy.

- Pharmacists considered important access points for healthcare advice and products.
- Pharmacies stock a wide range of products, not just medicine.

Desire to see HIV prevention within a setting that is not overly medicalized

Quantitative phase
Establish best access points across regions and between urban and rural location

“Yes we will be very much happy because you really have to walk a distance to go to the clinic. Clinics are far, so health care centre or campus better.”
Rural Gauteng

“In the public clinics even if a person is not sick they will just go there to spy, so it's a no-no to me. I would rather buy it in the pharmacy.”
Urban KwaZulu Natal

“I want to get the pill where I will be myself, where there is a nurse or a doctor’s room. When they call you at the clinic the others will see you and be able to gossip about you. I want a place where I will go to a consulting room.”
Rural KwaZulu Natal

“The clinic, they will give information and other people will not be scared of going there, and you don't need money to go there.”
Rural Gauteng



Current sources of information for health and sexual health reinforce the separation of the two. Ensuring sexual health communication is expressed as health discourse is critical.



- ### Health
- Older female relatives are trusted when talking about health matters: **hygiene, immunity and energy.**
 - Whereas, media and celebrities looked to for inspiration on **body image, diet and hygiene.**
 - Minority mention fathers, boyfriends and traditional healers.

- ### Sexual Health
- The internet is the first place young women go to for information on sexual health (via Google and Facebook).
 - Some mention women's' groups and pamphlets that are issued to them.
 - Minority mention Love Life organisation (TV), 'Sisters of Life', mobile clinic outreach and posters.



Some mention of Life Orientation ('LO'), Doctors and clinics as trusted sources. However, nurses can be judgmental and lacking empathy.

Media operating within what young women think healthy is: body image, diet and hygiene – opportunity to leverage media approach to communicating sexual health (products) with a consumer-orientated health focus

Informal education streams are critical for communication and messaging
 → Moving away from medicalized messaging, and de-sexualizing HIV

Quantitative phase
Establish critical influencers

“Google. The information is available on the net. I write whatever information I need, like ‘condoms’ and it comes out.”
 Urban Gauteng

“You will get more information on the Internet instead of at the clinic because they also get their stuff from the Internet.”
 Urban Western cape

“At the clinic the nurses can be rude and not understand, but those who come to schools are friendly, they advise us on how to take care of our health.”
 Urban Gauteng



Women will need a range of support to ensure successful introduction and ongoing use, with professional, informed and empathetic advice

Non-judgemental

- Supportive informal and open structures.
- Women need support from **women who have experience with the products.**
 - Regular group discussions at clinics about challenges of using products with other women

Professional & informed

- Learning from educated, professional healthcare workers including doctors, pharmacists and nurses (provided they are not judgemental).
- Offering support and education through Life Orientation and with teachers will help make HIV prevention part of everyday life.

Accessible

- Social media and internet.
- Online videos: Fb and google.
- Demonstration events (music/ food/freebies) roadshows, NGOs, in schools (curriculum), in clinics (pamphlets), and pharmacies.
- Mobile support/clinics for women in rural locations.
- Radio (call in for advice).



**Informed
Aspirational
Open**

*Quantitative phase
Establish prominent
channels for young women*

“It must start from school, because if there might people going around teaching people about it, your mom might not accept them and say her child is still young, they must put it in the school curriculum as part of the content.”
Rural Gauteng

“As much as they are educating us they should not preach. They must not force the information.”
Urban Western Cape



Currently, female influencers can provide a bridge for information and influence on both health and sexual health

Older sisters, friends and mothers hold a particularly important role in terms of influence in the lives of the young women – they are trusted and share personal experiences

Young women spend most of their time with family and friends; reinforces the importance of their influence



- Most would tell older sister
- More experienced.
- Trusted - understand their situation as they have a close relationship with them.
- **Information access points:** similar to their sister, other females, depending on age/education – internet and media.



- Most would tell friends
- Similar experience – understand their situation.
- Trusted – do not feel they will be judged by them.
- **Information access points:** same as young women, including internet and media and other females.



- Some would tell mother (level of openness varies)
- More experienced.
- Trusted – wants what is best.
- Can be judgemental/lack knowledge.
- **Information access points:** church, older family members, other mothers.

Understanding how to communicate to female influencers critical to supporting HIV prevention products and young women

***Information gap** who are the influencers for these female role-models? How do they differ? What sources of information and influence impact mothers? How to engage these influencers to provide support for them to talk about HIV prevention with young women?*

“My mum sat me down that day and she talked to me. She was like, I will tell you everything and I am not going to hide anything from you.”

Urban Western cape

“I am using contraceptives and my mother talked me about it, she just told us about condoms and didn’t go deep into the conversation.”

Rural Gauteng

“Families are different, there some mums who'll understand, others will tell you to wait until you are 21 years old before you can talk about such things.”

Rural Gauteng

“We sit with older ones [friends] and they would say, do not do this and do not do that. If you do this these are the consequences so I gain more information.”

Urban Gauteng

“We speak with friends and ask questions and at school because we don't fear each other.”

Rural KwaZulu Natal

“Yes, I talked to my sister because she is the one who suggested that I must go for contraceptives because I am dating.”

Western cape, rural



Societal norms, community and men are critical influencers – currently continuing the limitation of openness and conversations around sexual health

Young women’s perception of these influencers’ negative reaction, due to lack of understanding and tendency to judge and gossip disable complete engagement

**Un-informed
Judgemental
Secretive**



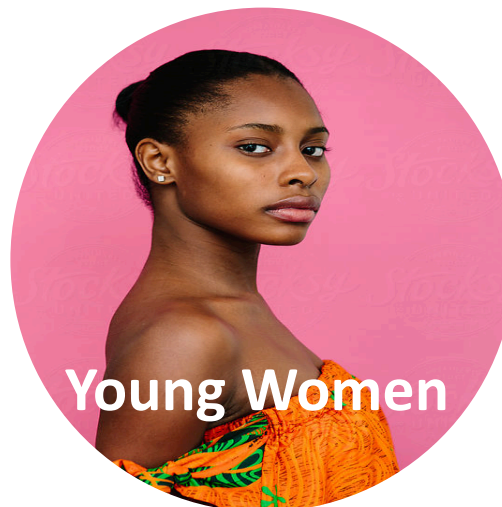
Grandparents
Men
Partners
Fathers Church

- Young women would not talk to community members about HIV prevention products.
- Some would actively talk to boy friend/partner (depends on relationship).
 - Ring encourages conversation as partner may feel it.
- Young women believe there is a need to translate the information they know into the community.
- Belief that once the community are convinced of the positive reasons behind HIV prevention products they will support it, and be ‘proud’.
 - *“One healthy person makes two healthy people, and that makes a healthy community and a healthy community is a happy community.”* Urban Gauteng.

HIV prevention products are seen as instruments for social change and for young women to influence the community

Understanding how to communicate to community influencers critical to supporting HIV prevention products and young women – young women do not see themselves as instigators

**Informed
Aspirational
Open**



Information gap How to engage these influencers to provide support for them to accept and talk about HIV prevention?
Examples from young women: pamphlets in local languages, demonstration and awareness events, radio, newspaper and TV – no mention of internet (younger channel)

“He [bf] will very interested, supportive and keen to learn.”
Urban Western cape

“He [bf] will think that I am being unfaithful.”
Rural Western Cape

“I would not be able to tell my dad. You know how males are about these things. They do not really understand these things and we hardly discuss such topics.”
Rural Western Cape

“We [young women] do not come from the same background. I will take it to my grave.”
Urban KwaZulu Natal

“The community will always have something to say, however when they know that we are taking care of our health, they would also encourage us. My family would want to hear, my bf would come with me to the clinic so that he can hear.” Urban Western Cape

“I will not really want to talk to the people in the community because when they find out I am using it, they might think that I am a bad person. They will think that I will want to go around freely having sex.”
Rural Western Cape

THANK YOU

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To promote and protect good health, through collaborative research with a human centred approach to developing scientific knowledge.

OUR MISSION STATEMENT

