

# Understanding consumer preference for HIV prevention products

Quantitative findings from surveys with 18-21 year old young women in South Africa

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Routes2Results is a not for profit public health market research collective  
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### A consumer product-driven market research study with young women aged 18-21 years in South Africa

- **This research had two phases**
  - **A qualitative phase:** we listened to 216 Young Women (18-21 years) in 36 Friendship Pairs and 18 Focus Groups in South Africa
  - **A quantitative phase:** we surveyed 1,241 Young Women (18-21 years) in face-to-face, off-line mobile/tablet programmed questionnaires

- **Respondents were not asked sensitive questions around their sexual behaviour or HIV status.**
- **Self-reported as sexually active at screening stage only.**

**This study does not involve:**

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



### Focused on exploring reactions to the Dapivirine Ring and Oral PrEP

- **Benefits of qualitative research:** to understand how the participants derive meaning from their surroundings, and how their meaning influences their behavior. Broad explanation of the ‘why’ and the ‘how’.
- **The place of quantitative research:** to understand the what – collecting numerical data to understand the phenomena. Test hypotheses and findings from the qualitative phase and validate findings with a larger sample, establishing what is being done.

- **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.

- **This is 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.



## Qualitative Phase

### 216 Young South African Women (18-21 years)

- **Friendship Pairs**, 90 minutes:  
36 (n=2 per pair), 12 Pairs (6 urban and 6 rural) in each: Gauteng, Western Cape and KwaZulu Natal
- **Focus Groups**, 120 minutes:  
18 (15 FGs n=6 and 3 FGs n=5), 6 FGs (4 urban and 2 rural) in each Gauteng, Western Cape and KwaZulu Natal

#### Both phases:

#### Screening and eligibility criteria (MTN approved):

- Pre-selected areas: non-clinical trial site areas, or those within USAID HCD research
- Age quota of 18-21 years – with proof of ID
- Self-report as sexually active
- Never taken part in clinical trial of a new drug

#### MTN prerequisite, recruitment from non-clinical trial areas:

- Gauteng: Ekurhuleni Metro, Benoni Rural
- Western Cape: Gugulethu, Khayalitsha, Grassy Park (urban) and Grabouw district (rural)
- KwaZulu Natal: Durban, Umlazi, Kwa Mashu, Kwa Dabeka (urban), Inanda, Inchanga, Mfume, Edendale, Umgababa, Sankontshe (rural)

## Quantitative Phase

### 1,241 Young South African Women (18-21 years)

- **Face-to-Face individual interviews**, 60 minutes:  
n=418 Gauteng  
n=423 Western Cape  
n=400 KwaZulu Natal
- **Living Standard Measure (LSM)** 7 to 4: utilized [SARRE](#) LSM criteria for LSM screener, and combined with TGI Ask Afrika consumer household database LSM/age representation.

- **Signed informed consent**

- **Voluntary participation and withdrawal**

- **Confidentiality:** coded name,

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

**Small incentive equivalent of household gift:** post discussion.

#### Recruitment:

- **Overall:** Teams approached pre-selected areas within LSM range, and applied eligibility screening questions to potential respondents via: door-to-door randomized street coverage.
- **Pairs:** both screened, 1<sup>st</sup> respondent offered list of close friends to screen.

#### Moderators:

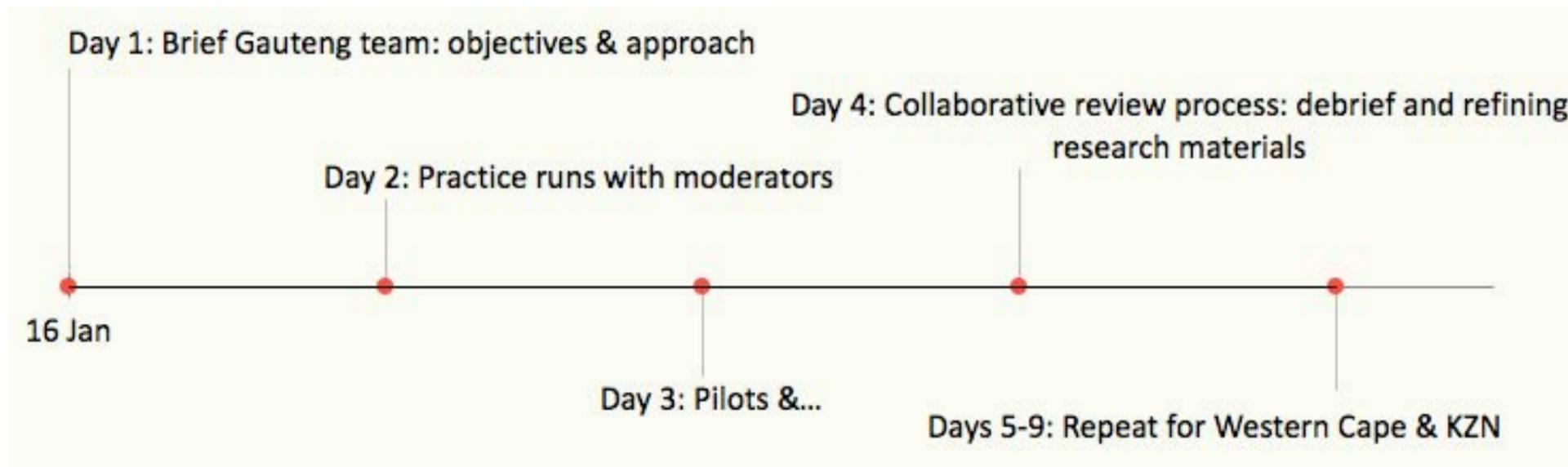
- Mirrored respondents in terms of language, race and region.





## A collaborative approach with all stakeholders throughout the research for qualitative and quantitative phases

**Fieldwork process:** thorough briefings, practice-runs, pilots, de-briefing and refining



### Analysis process:

- **Qualitative analysis:** Each question reviewed across all Pairs and FGs to determine key themes, as well as by individuals to reveal stories.
- **Quantitative analysis:** Table generation, coding and significance testing conducted by our expert data processing colleague, followed by a detailed question by question review within the R2R team, alongside analysis meetings and storylining sessions.
- **MTN stakeholders:** 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. All presentations were shared and refined post-MTN review.
- **End-user stakeholders:** Engaged a consultation group of six 19-21 year olds, tasked with reviewing exercises, overall approach, language, materials, questions and profiles. We refined research materials taking into account their feedback.

### At all pilots and research:

- An experienced fieldwork lead per region.
- Expert female Moderator/Interviewer/ Recruiter teams – mirroring respondent/ cultural/language requirements.
- Translation and transcription by specifically selected team (also briefed on research).
- Supervision led by Gauteng central team, conducting quality control, data checking/cleaning and support.

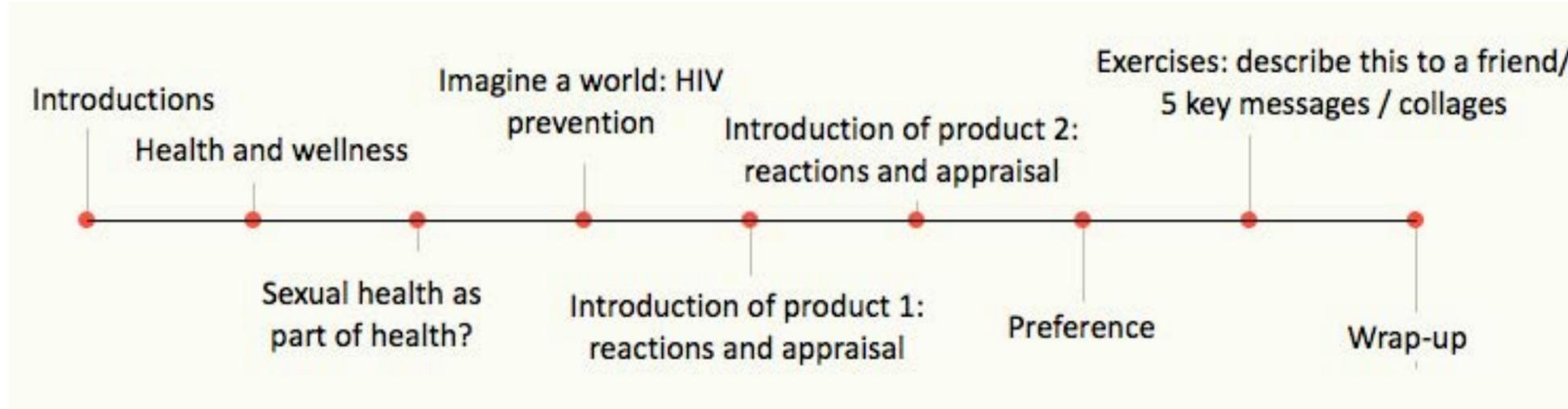


Grassy Park Township, Western Cape, R2R with our lead moderator and fieldwork supervisor



**Our qualitative discussions were designed to gain a deep understanding of the drivers behind young women’s attitudes and behaviors, while the quantitative interview sought to test these findings**

The flow of all fieldwork materials focused on the following outline:



Note: Collages were part of the qualitative phase only

- **Qualitative pairs:** 90 minutes and **Focus Groups:** 120 minutes.
- **Quantitative individual interviews:** 60 minutes.
- All interviews provided sufficient time to capture the detail required to answer research objectives.

**The interview flow of both discussion guides and questionnaire were 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.
- All fieldwork materials were 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.



# A guide to reading this report

All images are sourced from Stocksy, however are not purchased, and cannot be used outside this presentation in any way, or for advertising/marketing purposes

**Top 2 box (T2B):** represents the 2 highest points of a 5-point rating scale. i.e. interest rating scale, top 2 box would be: 5 = very interested and 4 = interested.

*Information gaps are presented in italics in these dotted lined boxes*

**Implications** are presented in these yellow boxes and downwards arrow



**While HCPs are the most important information sources, young women look to other for advice and positive affirmation**

**% Selecting sources of information and influencers for general and sexual health (n=1,241)**

Medium	Female influencers	Mother 20-22%	Sister/s Friend/s 17%-19% 19%-16%	Women's Group 13%-12%
	<b>Of those selecting as sexual health influencer</b>	n=272	n=230/ n=198	n=154
	<b>Positive influence</b> <i>Supports me/helps me/makes me feel good</i>	90%	90%/ 70%	84%/
<b>Top 2 box</b>	<b>High level of influence</b> <i>I always take their advice/ I rarely ignore their advice</i>	92%	90%/ 68%	84%

*Information gap* How to engage these influencers to provide support?

**Mothers are considered more influential for general health (32%) vs. sexual health (22%) – important to understand how to support mothers more to feel able and willing to talk about sex with their daughters**

**What we learnt from our qualitative discussions ...**

- Provide bridge between health and sexual health.
- Older sisters, friends and mothers are trusted and share personal experiences
- Young women spend most of their time with family and friends; reinforces the importance of their influence

*"Families are different, some mums understand, others will tell you wait until you're 21 before you can talk about such things."* Rural Gauteng

*"My mum sat me down. She was like, I will tell you everything and I am not going to hide anything from you."* Urban Western cape

Please rate the type of influence using the following scale, where 1 is completely negative influence (does not support me/makes me feel bad), and 5 is sexual health, what level of influence do they have? Please rate the level of influence using the following scale, where 1 is low level of influence (I do not influence as per Q10/d. 54

**Sample** is noted on each slide as (n=)

*Qualitative findings have been incorporated* into this report, and noted on slides, to ensure it is read as a cohesive story

Verbatim are found at the bottom of slides, underneath a dotted line, in "quotes". These verbatim are from the qualitative phase, and were selected to bring young women's stories and data to life and express key points

**Question number, wording and sample** can be found at the bottom of the slide (below verbatim, if verbatim used) in orange

QUALITATIVE PHASE  
Findings re-cap





**Through their lens:**

- Information is easily accessed and everywhere (internet)
- Therefore, young women want and demand to be informed
- 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

**A look at their context:**

**Scarce employment**

Limits ability to be financially independent and increases their dependence on their families and boyfriends

**Financial limitation**

**Sexually active**

Sexually active without consistent protection or control

**Privacy challenges**

Little or no privacy at home

- The context in which young women in South Africa live has important implications for product introduction: cost, access, partner integration, and communication and messaging inclusive of young women **and** the community
- Young women are aware of what they should do, but **not fully able to activate, realise or action knowledge** due to their environmental restrictions.
- Young women experience **'push and pull'** factors when it comes to behavior change.
- Young women see HIV prevention products as instruments for social change.

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

## Choice

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

- Preference is evenly split; indicating both products are viable options and young women need choice.
- Decisions 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.



## Health

Connecting sexual health to overall health resonates and becomes a critical story for prevention

- Health is important to young women.
- Connection between health and sexual health needs to be made clearly - 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.
- If too medical, and HIV-related, there is a fear of stigma and openness to use.
- 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.



## Access and Community

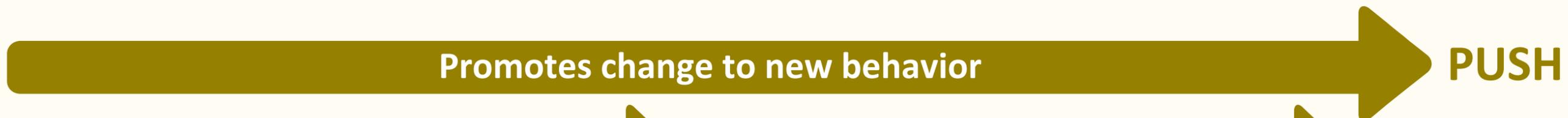
Young women want open communication lines across the community

- Nearly all believe these products should be free, to enable access for all.
- A balance of accessibility and privacy necessary for access and advice.
  - Pharmacies and clinics as most relevant access points.
- Sources of information for health and sexual health reinforce the separation.
  - Informal education streams seem important.
- Female influencers can provide a bridge for information and influence on both health and sexual health conversations. However, a need to understand how to communicate to them.
- Societal norms, community and men are critical influencers, however currently act as disablers of change.





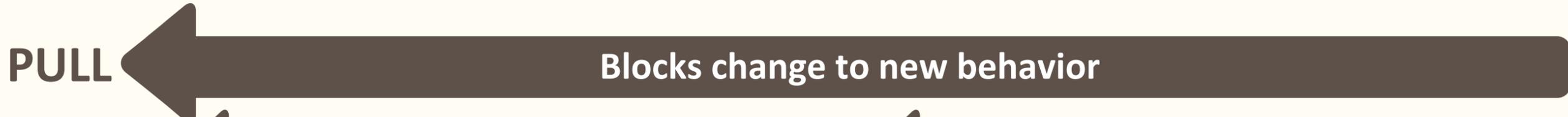
# THE **PUSH** AND PULL OF BEHAVIOR CHANGE



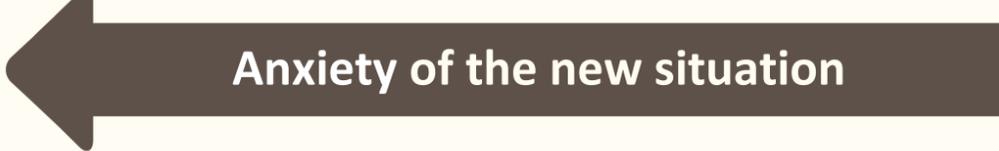
- What needs or goals are partially/not met?
- Either in their minds now or in the future - subject to changing their beliefs/goals and motivations/perception of satisfaction.



- How will the product make the future better?
  - How valuable is this to everyone?
- What will young women be able to do/achieve that they cannot currently?
  - How will they feel?



- What factors support the current behavior? Socially (community), emotionally (fear), economically, logistically.
  - How entrenched is the current behavior?
- Does the job, easier not to change, what we know.



- What immediate concerns might women have?
- What longer term concerns might women have?
- What concerns might their influencers have?
  - Socially (community), emotionally (fear), economically, logistically.



### PUSH: How it makes me feel ...

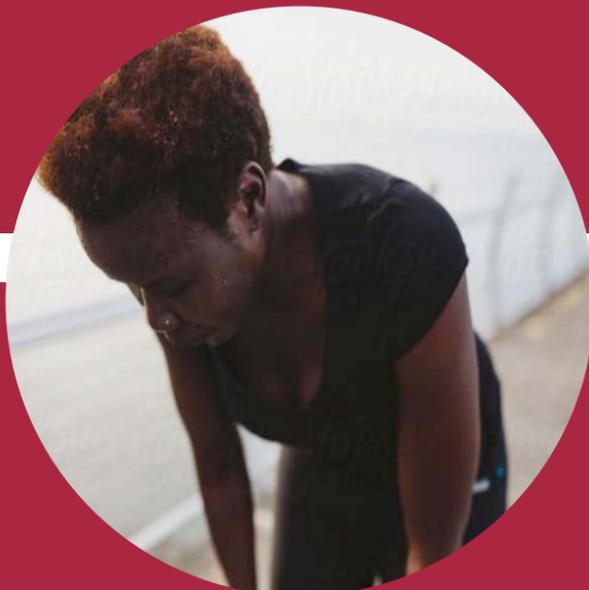
Confident  
Healthy  
Safe  
Protected



*My Life, My Choice*

### PULL: My Concerns ...

SIDE EFFECTS (pill)  
DISCOMFORT (ring)



QUAL RE-  
CAP



## The Framework - expressed

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

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*

- Consistent themes for both the Ring and the Pill.
- 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: 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)



Consistent themes were expressed across collages for both the Ring and the Pill, including both positive emotions and functional concerns



### How it makes me feel



- Confident
- Healthy
- Safe
- Protected
- Free
- Healthy
- In Control
- Comfortable

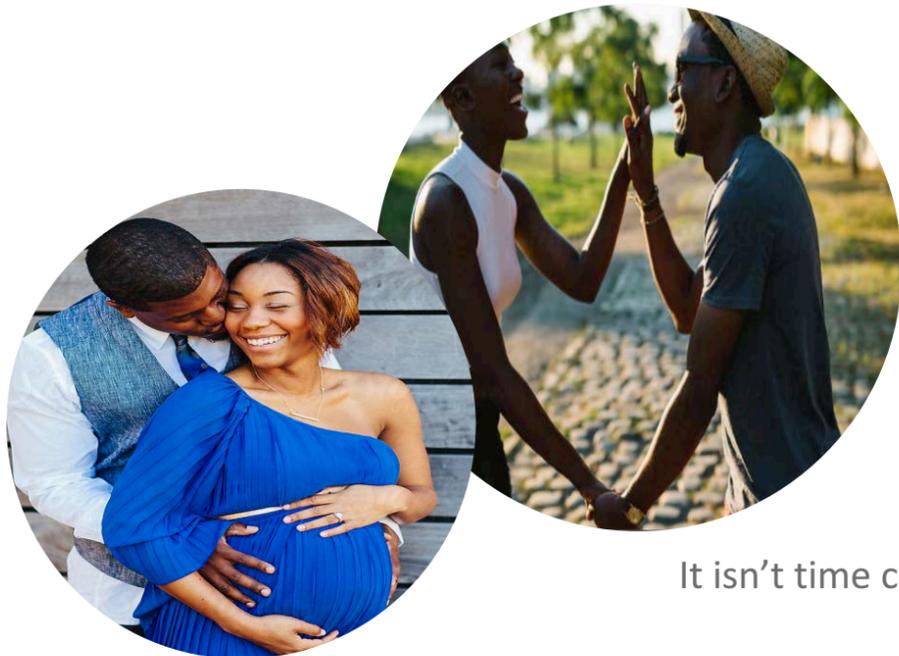
### My Concerns

- Discomfort
- Stressed
- Discharge
- Dancing
- Irritation
- Having Sex



## Ring

### 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





Young women expressed the aspirational 'push' of the products and HIV prevention and the realistic 'pull' of the parameters and confines around them for both ring and pill

### How it makes me feel



- Confident
- Healthy
- Happy
- Safe
- Protected
- Free
- Proud
- Independent

### My Concerns

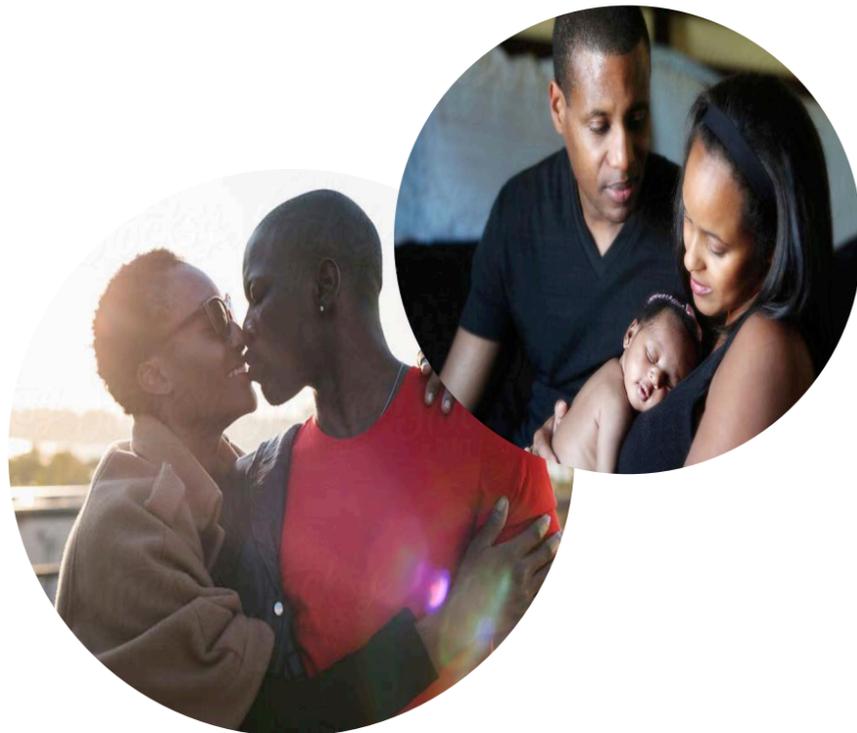
- Side Effects
- Effectiveness
- Time & Remembering
- Weight
- Vomiting

'The dark side': side effects – it's all in the detail  
 Going to the doctor every month/ stress if miss it  
 More Research/ not 100% accurate



## Pill

### What it gives me



- Happy Family
- Safe for Baby
- Responsibility
- Commitment
- Choices
- Motivation

Communicate with partner

### Support I need

- Support
- Friends
- Social Media
- Information
- Healthcare Workers
- Family
- Partner
- Reminders

Google  
 Text/App reminders





When talking to each other young women are transparent about their concerns around the Ring and the Pill, however they also offer reassurance and communicate positive aspects

**Ring** Transparency around potential concerns regarding administration, however would also communicate it's easy monthly use

### Private

"There's a new ring that prevents HIV and has been tested in 2,500 women. It will **help you protect yourself**. Its **invisible and no one will see it unlike medicine or a pill, so no one will ask you questions** - that's why I like it."

### Easy to use

"The ring releases a drug into your body, you **only need to use it once a month. It stays inside for 30 days and you can forget about it**, even **throughout menstruation** you can leave it in."

### Administration concerns

"It's a **big hard ring** that is rubber but it wont break. You insert the ring yourself, so you **might be scared** of it and **feel uncomfortable** putting it in and that you need help. But it will be fine, you will get used to it."

### Partner & Hygiene

"You **might have some vaginal discharge or irritation** and your **partner might be able to feel it**. It doesn't prevent pregnancy or STIs and **doesn't mean you can sleep around.**"

**Pill** Honesty in communicating the commitment needed to take a pill daily, side effects and to ensure the pill is not considered an ARV

### Not an ARV

"It is quite a big pill and is blue, but **doesn't look the same as ARVs**, they are black and creepy, this is a pill to help you."

### Confidence in the pill

"There's a new pill to prevent HIV, its **only for HIV negative people** but it is **proven and safe**, you can get it from the clinic or the doctors. It releases an anti-HIV drug into your system and you take the pill everyday at the same time. They **don't stop you from getting pregnant or from getting STDs.**

### Manageable side effects

"There are side effects with all medicines, and **this pill has side effects** that can make you vomit, have diarrhoea, feel dizzy and have some kidney problems. **But after one month these get better.** The pill is **safe and won't harm your baby if you get pregnant.**"

### Reminders

"You will need to **set a reminder so that you remember to take the pill** every day at the same time."

**QUANTITATIVE PHASE**  
**Study summary**





## Overall, quantitative research validates qualitative learnings, providing evidence to support key insights and hypothesis

### Qualitative objectives:

1. What is it like being 18-21 in South Africa?
2. How do young women think about health and prevention health?
3. How would young women communicate prevention health products?

### Quantitative objectives:

#### HIV prevention:

- Understanding further the push and pull factors around health, HIV, and HIV prevention.

#### Health and messaging:

- Relevance of non-medicalization and non-sexualization.
- Understand healthcare categories associated with the ring and the pill.

#### Choice:

- Level of willingness to try the monthly ring and the daily pill – independently and comparatively.
- Perceived benefits and challenges of each product.

#### Access and community:

- Validate cost expectations and rationale.
- Establish which are the relevant access, advice and support points.
- Understand most relevant influencers.

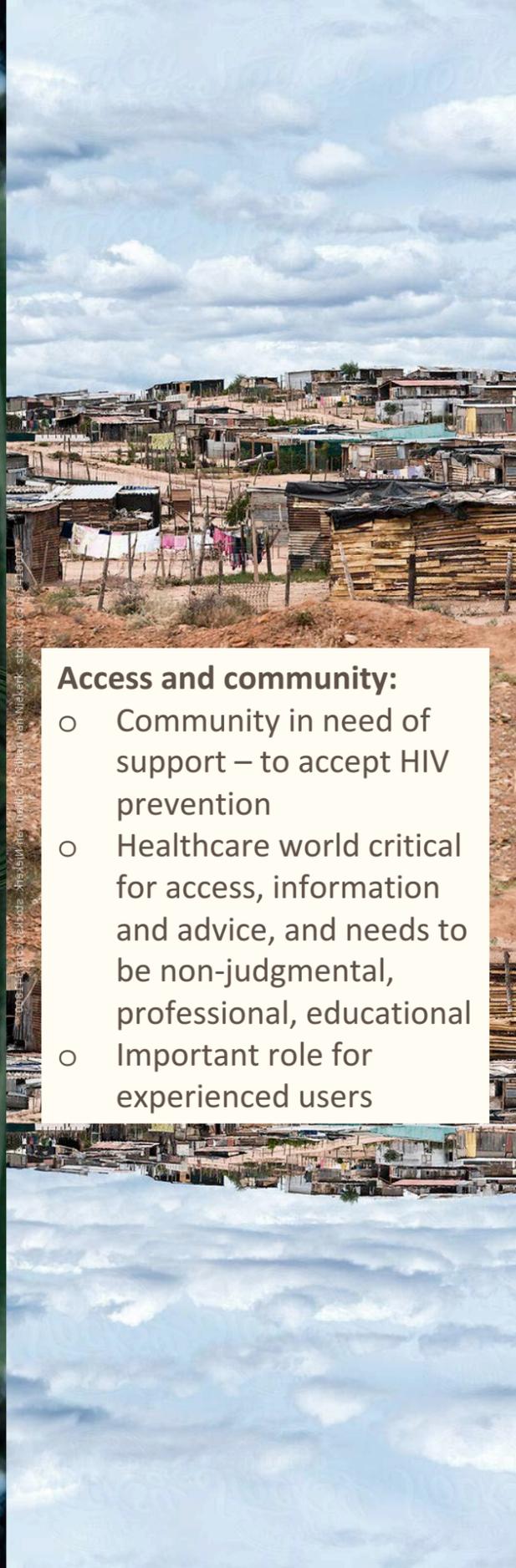
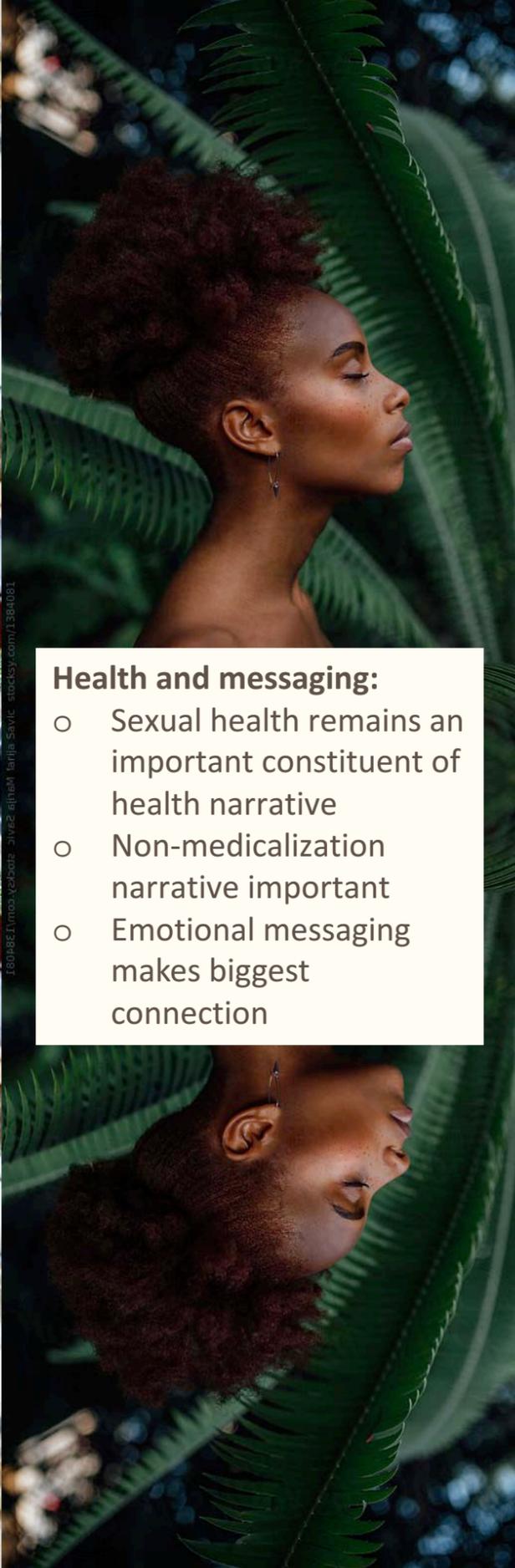
### Value of this research:

- A complimentary research programme, adding to, and building on the current work and knowledge.
- Synergies with clinical trials – reflect expectations and environment requirements.

### Limitations of this research:

This research **is not** a:

1. Segmentation of user-ship around demographics/behavioral/attitudinal testing
  - User-ship profiles are interesting – knowing who is likely to try first, who may be ambassadors for products
2. A forecast of expected trial
  - Understanding uptake would be relevant – this required modeling and inclusion of other critical secondary data and players such as HCPs



**Choice:**

- Both the monthly ring and the daily pill are acceptable options – choice is essential

**Health and messaging:**

- Sexual health remains an important constituent of health narrative
- Non-medicalization narrative important
- Emotional messaging makes biggest connection

**Access and community:**

- Community in need of support – to accept HIV prevention
- Healthcare world critical for access, information and advice, and needs to be non-judgmental, professional, educational
- Important role for experienced users

# STUDY SUMMARY

## PUSH

Promotes new behavior

## HIV prevention

## PULL

Blocks new behavior

- HIV protection is important
- The right environment for access and advice is critical
- Current protection is not working
- Sexual health seen as an important part of overall health

- Anxieties around community acceptance exist
- There are barriers to change
- Product anxieties are important

**The majority of the quantitative data validated the findings from the qualitative phase**

**Differences between the qualitative and quantitative phases:**

*in the qualitative phase ...*

- Choice: equal split for the ring and the pill
- Sources of information: for general and sexual health differed, and internet and pharmacies considered more important

**Important research gaps from this work are around:**

- How to engage relevant influencers and community on HIV prevention, what do they need?
- Understanding the perspective of young women’s eco-system: partners, family, government, HCPs ...



## Research Findings I: Choice is essential

### Both the monthly ring and the daily pill are acceptable options

- Extremely positive reaction to idea of a HIV prevention product.
- The monthly ring also creating feelings of shock and fear upon first review. unfamiliarity continual theme for hesitance towards the ring; revealing lots of questions and 'what ifs'; reassurance from HCPS and users important to alleviate this
- **Independent review:** willingness to try is good for both, but higher for the daily pill (67%) vs. the monthly ring (44%).
- No impact on product preference based on which product profile young women were exposed to first.
- The central drivers behind willingness to use are consistent for both products; young women want to feel protected, healthy, and reassured about safety.
  - Both the ring and the pill evoke emotions around protection, safety, health, happiness and confidence.
  - Product-specific attributes are not considered more important than the product's overall purpose.
- Drivers behind trial reluctance are around the need for more information and information that allays certain concerns.
  - 23% cite wanting more information from experienced users
  - Practical and perceptual concerns for the ring (17-25%) and side effect concerns (16-23%) for the pill
- **Comparative preference:** preference is greater for the daily pill (64%) vs. the monthly ring (36%).
  - Decisions on preference made through a comparative lens. Preference for one product is strengthened due to lack of preference/perceived negative attributes of the other.
    - However, there is a cohort for each product who feel comfortable with attributes generally perceived as negative (side effect profile of the daily pill, and insertion and discomfort of the monthly ring) = brand ambassadors and positive advocates?

The provision of choice is important to young women, both products appeal to the majority - 88% would try either the Ring or the Pill, and are considered instruments to achieve strong emotional desires around protection and health. Considering central drivers for trial are protection, safety and health – we need to consider - how does efficacy levels impact this?



## Research Findings 2: The importance of a health narrative

### Sexual health remains an important constituent of health narrative

- Connecting sexual health to overall health resonates, as young women confirm the appeal of enjoying safe sex and protection (push) as well as the existence of circumstantial limiters (pull).
- Both the ring and pill predominately categorized as sexual health products, however both have scope to operate within several other health categories:
  - The ring is categorized within women's health and beauty more often than the pill.
    - In our qualitative discussions ring packaging to be aligned with products like sanitary towels, which are acceptable and familiar.
  - The pill is categorized within medicine more often than the ring.
    - However, vitamins are categorized as medicine.
      - In our qualitative discussions vitamin packaging was seen as appropriate style for the pill.
  - Scope for both to be categorized within general health area.
  - Non-medicalization narrative is important for HIV prevention products.

### The pill and ring evoke similar feelings amongst young women indicating that consistent messaging can be used for both products

- Both products evoke feelings of safety, protection, health, happiness and confidence, which are aligned with overall perceptions of health and how young women aspire to feel about their sexual health.
  - Critical emotional messaging = protection from HIV (which creates excitement), empowerment and control.
  - Critical functional messaging: reassurance on ease of use and allaying fears.
  - Clarity on product limitations: protect against pregnancy and other STIs = creating responsible user-ship.

Utilizing the broad health platform categorisation for both products by young women can expand appeal; avoiding singular medical platform categorisation, and incorporating packaging styles and messaging techniques from broader categories like women's health and beauty and contraceptives.

## Research Findings 3: Messaging and Communication

- **Young women make up their mind about each product based on a very limited amount of up-front information = 1. *allay concerns***
  - Negative initial response to a product is maintained = worse opinion after seeing more information = unwilling to try = detractors (net promoter score)
- **This demonstrates the importance of a compelling initial communication = 2. *value driver*, that:**
  - Tells women that it prevents HIV = protection, health, safety (critical emotional triggers) Avoid communication around product features that will immediately cause concerns
    - Insertion of the ring/ side effects of the pill
  - Give a 'call to action' on where to go for support and advice that young women want
- **This must be supported by appropriate levels of advice and support =3. *call to action provision of support*:**
  - To build on the initial information provided, with greater detail on specific product features from professional, educated, respected individual (ideally an HCP) – answering questions
  - Advice and support from experienced users – allaying fears
  - In the right setting – non-judgemental, private and professional

1.

### Value Driver

#### Emotional connector

HIV prevention = protection, health, safety, confidence

2.

### Allay concerns

Limit immediate negativity towards form/comfort and side effects

3.

### Call to action Provision of support and advice network

Healthcare providers  
Experienced users  
Non-judgemental

A combination of compelling initial communication that speaks to the emotional aspirations of young women and support and reassurance from professional and educated HCPs and experienced users = desired communication platform and connection with young women



## Research Findings 4: Access and Community

- **Information and education, cost, community acceptance and support and advice top factors critical for introduction**
  - Effectiveness, recommendation, access and packaging and advertising also important
- **Price:** 92% believe these products should be free, due to financial limitations and to enable access for all.
- **Community: Current community stance on HIV and sex causes concern and is a major pull away from ability to use HIV prevention = needs to be addressed**
  - 85% believe it is important that community accept HIV prevention
  - 79% feel that older members of the community have a different attitude = community needs help to understand and accept HIV prevention
  - Not considered sources of information due to lack of knowledge and stigma
- **Access and advice:**
  - Local clinics, family planning clinics and hospitals seen as the most appropriate access and advice points
  - There is also scope for friendly/campus clinics to provide access and advice for 50%+ young women
  - Access and advice should incorporate multiple platforms as well as ensure a non-judgmental and private environment, where young women can seek advice from people they trust – HCPs and experienced users
- **Sources of information and Influencers are closely aligned for health and sexual health**
  - Clinics and HCPs perceived are most important and influential.
  - Recommendations from healthcare professionals have the biggest impact on likelihood to try, followed by the government and female influencers.

↓  
The acceptance of HIV prevention by the community is essential – to address the community’s current negative stance towards sex and HIV they need education and support – young women can only use HIV products in an environment that reflects their own attitudes and needs = informed, aspirational and open.



Reflections: there are important specific considerations for both

## Ring

- Feelings of shock and fear.
- Unfamiliarity/worries continual theme for hesitance (pull).
- Despite this, good level of trial and preference.
- Seen as less medical.
- Perceptual assumptions can be changed.
  - Relevance of experienced user and HCP support.

## Pill

- Familiarity important impact.
- More willing to try and prefer.
- Side effect concerns play an important role (pull).
  - Consider impact of experienced user feedback.

## Introducing the young Women

- Demographics
- Perspective
- Push and Pull



Quota sampling: 25% each age 18-21 years, 50:50 urban and rural split, representative LSM (region/age group) LSM 6 50%+, LSM 5 & 7 20% and LSM 4 <10%



## Western Cape (n=423)

Employment and Education	
Student	45%
Unemployed	35%
Employed	13%
Grade 12	54%
Grade 11	45%
Post high-school (matric)	1%
Relationships	
Single with boyfriend/s (bf)	54%
Not living with bf	17%
Single no bf	17%
Months with bf (mean)	23
Bf age (mean)	24
Motherhood and contraceptives	
Children	0.5
Contraceptive user	74%
Injection	59%
Condoms	15%
Implant	12%
Pill	8%



## Gauteng (n=418)

Employment and Education	
Student	55%
Unemployed	38%
Employed	3%
Grade 12	54%
Grade 11	35%
Post high-school (matric)	11%
Relationships	
Single with boyfriend/s (bf)	44%
Not living with bf	36%
Single no bf	9%
Months with bf (mean)	24
Bf age (mean)	23
Motherhood and contraceptives	
Children	0.3
Contraceptive user	56%
Injection	63%
Condoms	20%
Implant	8%
Pill	13%



## KwaZulu Natal (n=400)

Employment and Education	
Student	55%
Unemployed	36%
Employed	8%
Grade 12	54%
Grade 11	32%
Post high-school (matric)	14%
Relationships	
Single with boyfriend/s (bf)	76%
Not living with bf	20%
Single no bf	9%
Months with bf (mean)	29
Bf age (mean)	24
Motherhood and contraceptives	
Children	0.5
Contraceptive user	76%
Injection	46%
Condoms	29%
Implant	8%
Pill	22%

Screening Questions: 5-8 LSM, Employment Status, Educational Level, Religion

Question(s): A1-9 Age, Region, Setting, Relationship Status, Length of relationship, Age of main partner, Number of children, Contraceptive use and Type.

# Young women have clear attitudes, perspectives and needs

Agreement with statements, completely agree and agree

(Top 2 Box)

n=1,241



## Well informed (push) but restricted (pull)

- 74% Feel well informed
- 73% Circumstances prevent improving
- 34% Healthy people do not have HIV

## Achieving good safe sexual health important (push) but difficult (pull)

- 88% Want to enjoy safe sex
- 86% Protecting sexual health a priority
- 85% An important part of overall health
- 67% Circumstances prevent improving
- 53% Condom use is difficult to negotiate
- 51% Abstaining from sex is unrealistic
- 46% I do not trust my sexual partner



## HIV no cure (push) but treatment (pull)

- 70% Fear HIV as it cannot be cured
- 57% HIV is not scary because there is an effective way to treat it

## HIV prevention facilitates desire for safe sexual health (push) provision of info and non-medical narrative relevant

- 88% Feel better about health and sexual health
- 87% More comfortable to enjoy safe sex
- 86% Feel excited
- 85% Need more information to try
- 71% Products do not look too medical

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

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

“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

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



## HIV PREVENTION

### PUSH

Promotes new behavior →

- **HIV protection is important**
  - 92% feel protection from HIV is important
    - Major value driver for willingness to try
    - 90% efficacy: tipping point 50%+ willing to try
    - 70%+ believe HIV prevention as critical message
  - 92% would consider trying preferred product if free
  - 86% feel excited about using such a product
  - 71% fear stigma of being HIV+
  - 70% fear due to lack of cure = desire for protection
- **The right environment for access and advice is critical**
  - 70-90% agree that access and advice should be: personal, from educated/professional person, experienced users, older women, non-judgmental, private spaces and through the internet and multimedia platforms
- **Current protection is not working**
  - 79% do not regularly using a condom
  - 53% believe that condom use is difficult to negotiate
  - 51% feel that abstaining from sex is unrealistic
  - 51% condoms difficult to use = demand alternative
  - 46% do not trust their sexual partner
- **Sexual health seen as an important part of overall health**
  - HIV prevention makes you feel: 88% feel better and 87% more comfortable to enjoy safe sex
  - 85% believe empowerment and control message important
  - 73%/67% want to do more to improve health/sexual health



### PULL

← Blocks new behavior

- **Anxieties around community exist**
  - 85% state it is important other people accept HIV prevention products
  - 78% feel older people do not have same level of information about HIV as they do
  - 75% believe community link promiscuity to HIV, so using a HIV prevention product = promiscuous
  - 70% would not want people to know they are using a prevention product
  - 63% concerned what other people might think
  - 60% believe community do not understand HIV
- **There are barriers to change**
  - 57% do not fear HIV = effective means of treating it
  - 44% do not give much consideration to sexual health
  - 60% would not be able to pay for HIV prevention product
  - Family choices, current habits and home environment = barriers to achieving health indicators and partner choice most significant sexual health barrier
- **Product anxieties are important**
  - 85% need more information before they feel confident enough to try an HIV prevention product
  - 71% feel it is important that HIV prevention products do not look too medical
  - 60%+ not willing to try products if efficacy 30-50%
  - ~30% have concerns around comfort (ring) and side effects (pill)

Family choices, current habits and home environment provide the greatest barriers to women achieving health indicators, although partner choice is the most significant sexual health barrier

Indicators of being healthy, whether young women identify with indicators and why those do not

Association with being healthy		Personally identify	Barriers to achieving % (n=those who do not personally identify with indicator of health)					
n=1,421	%	%	n=	Family choice	Home environment	Current habits	Partner choice	Finances
							Low base size	
Drink a lot of water	92	68	366	28	21	26	15	7
Good hygiene	92	66	387	35	26	18	11	11
Having safe sex	92	65	401	22	17	16	43	6
Good energy levels	91	64	405	26	31	19	16	8
Exercise	91	60	451	24	22	27	15	13
A good diet	90	59	460	27	17	24	15	17
Using contraceptives	87	54	495	28	20	14	30	7



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

“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

“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

Question(s): B1. Thinking about what a healthy person looks like, from the following list, please indicate how well these descriptions represent what you think being healthy looks like, where 1 = does not at all describe being healthy, 2 = somewhat describes being healthy, and 3= definitely describes being healthy. You selected the following as being good descriptions [show all indicators coded 2 or 3 at B1] of what a healthy person looks like, which of these do you personally identify with/do? Multiple responses allowed. Why do you not personally identify with or do the indicators from the previous list? [show all indicators not selected at b2]? Why do you not personally identify with or do the indicators from the previous list? [show all indicators not selected at b2]? Spontaneous, use list to code, otherwise specify.. Sample: 1,241

Choice





# Understanding choice and product perception in two ways

Indicated on top right corner of slide as:

**INDEPENDENT**

Indicated on top right corner of slide as:

**COMPARATIVE**

## 1. Independent review and reflection

- The first part of the interview looked at each product separately
- Leading with a short description and then full profile
- Lead product profile shown to respondents was randomised
- Both product profiles were seen

## 2. Comparative review and reflection

- The second part of the interview compared both products (having seen both independently)
- Based on full profile
- No impact on preference if Ring or Pill profile shown first

PROFILE: DAILY PILL



This is 30 days' worth of the pill

**What does the daily pill do?**

- The pill helps prevent HIV infection.
- The pill uses an anti-HIV drug that is released continuously.
- 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.
- You will get a pack that lasts 30 days (with 30 pills).
- The pills will come in a pill bottle with child-resistant cap.
- The pills do not need to be kept in the refrigerator.

**Does it work?**

- When tested in 566 women in Kenya and Uganda, the pill was found to be 91% effective at preventing HIV infection.
- It is recommended to continue safe sex practices.

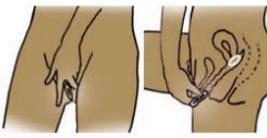
**Is it safe?**

- The daily pill is proven to be safe in adults over 18 years old.
- It has been approved by the South African government.
- There are no effects on daily lifestyle or your ability to become pregnant.
- It is not harmful to your body.
- If you were to become pregnant when taking the pill, it might cause: mild kidney problems, fatigue, symptoms get better after a month.

**Other information?**

- You will need to do an HIV test before taking the pill.
- You can get the daily pill from healthcare professionals.

PROFILE: MONTHLY RING



**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 a 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 require a healthcare professional to insert it.
- You squeeze the two sides together and then push the ring into your vagina.
- The ring will stay in the vagina – it cannot go anywhere else.
- You use the ring continuously for 30 days. The ring will stay in your vagina for the entire 30 days.
- The ring should stay in at all times, including during your period.
- You remove the ring after 30 days, by inserting your clean finger into your vagina and pulling the ring 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 refrigerated.

**Does it work?**

- When tested amongst 2,500 women in Africa, including women who were not on any other form of contraception, the ring provided 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 effects on daily lifestyle or your ability to become pregnant.
- There are no effects on daily lifestyle or your ability to become pregnant.
- If you were to become pregnant when using the ring, it might cause: mild discharge from the vagina, vaginal irritation.
- The ring might cause discharge from the vagina, vaginal irritation.

**Other information?**

- You will need to do an HIV test before using the monthly ring.
- You can get the ring from healthcare professionals only.
- You will need to know how to insert and remove the ring, and how to store it before use, what to do if it moves/falls out, how to store before use, what to do if it moves/falls out.
- Each ring will come in an individual easy-to-tear open packet.
- Your partner may be able to feel the ring during sexual intercourse.
- Should the ring fall out or you remove it: Somewhere clean and dry (such as the toilet or the ground) DO NOT flush it down the toilet.



# At the beginning of the independent review we shared short descriptions

Only for:

INDEPENDENT

The short descriptions:

## Ring



- The ring helps prevent HIV infection.
- It comes in one size, and is inserted into the vagina.
- It has been designed to release an anti-HIV drug whilst it is in your vagina over the course of 30 days.

## Pill



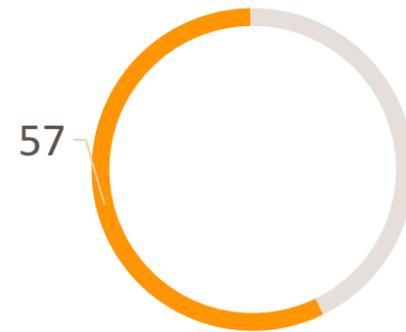
- The pill helps prevent HIV infection.
- It should be taken at the same time once a day.
- The pill uses an anti-HIV drug that is released over the course of the day.



Equal numbers are as shocked as are happy about the ring

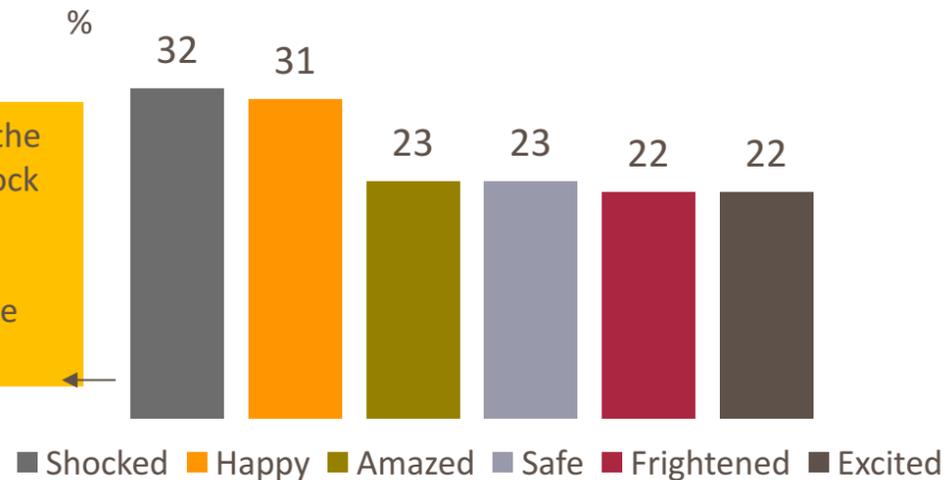
## Ring

n=1,241 **Very interested and interested in finding out more**  
(Top 2 Box) 5 and 4 out of 5



22% not at all and not very interested in finding out more

### Top 6 emotions felt having seen short description



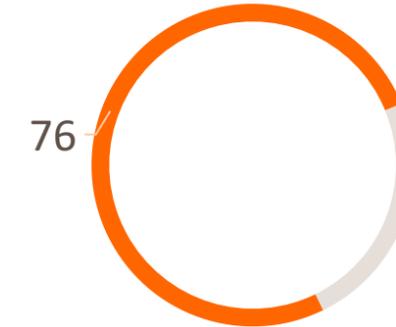
The unfamiliarity of the ring form, causes shock and fear; need more information, ring exposure and positive experiences

INDEPENDENT SHORT DESCRIPTION

The pill generates more interest in finding out more. Pill evokes positive emotions; over half feel happy

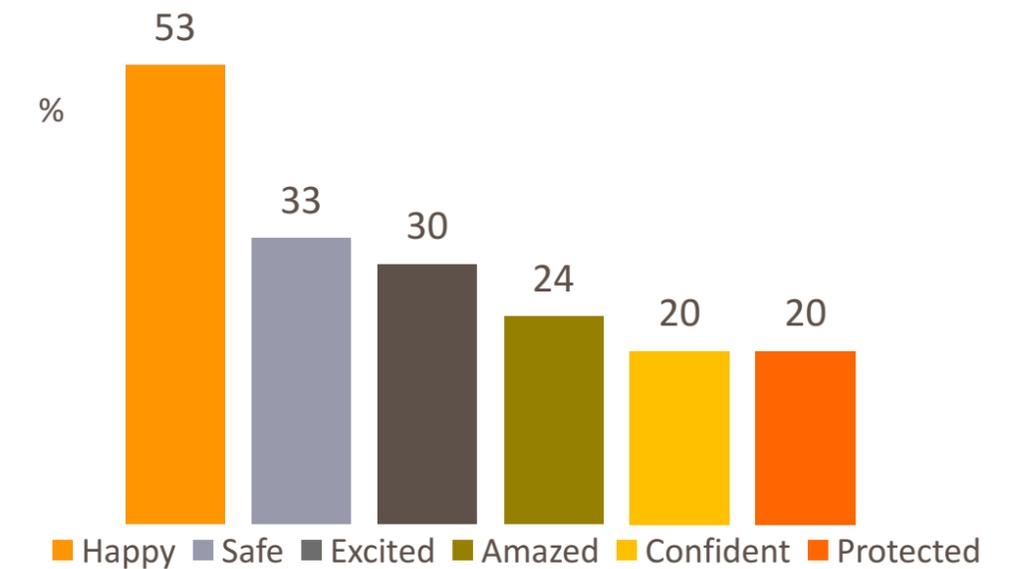
## Pill

**Very interested and interested in finding out more** n=1,241  
(Top 2 Box) 5 and 4 out of 5



8% not at all and not very interested in finding out more

### Top 6 emotions felt having seen short description





# Then we shared full profiles, both reviewed independently (randomized) and then discussed comparatively

For:

INDEPENDENT

and

COMPARATIVE

FULL PROFILE: MONTHLY RING



### 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 15oC and 30oC.

### 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?



### 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

FULL PROFILE: DAILY PILL



### 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



## 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 intact 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 15oC and 30oC.

## Does it work?

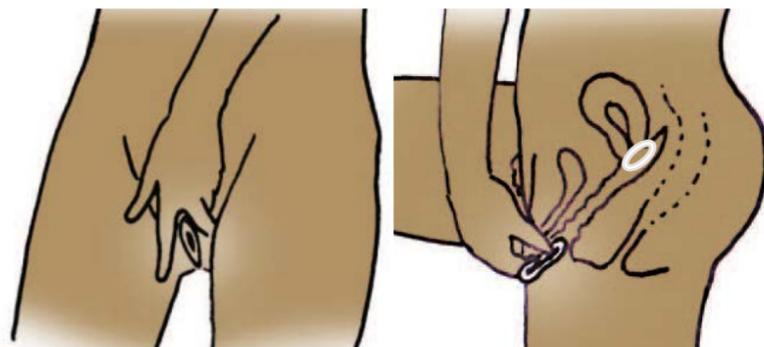
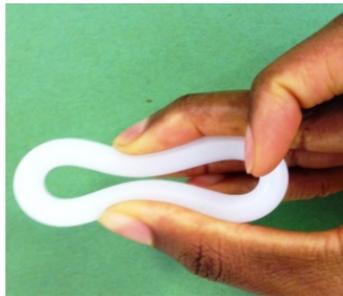
- When tested amongst 2,500 women in Africa, including women in South Africa between the ages of 18-35 years old, the ring was proven to provide protection against HIV infection.

## 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 an 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.



Full profile improves product perception; demonstrates the need for comprehensive information

## Ring

Change in product perception after viewing full profile  
n=1,241



■ Opinion worsened ■ Opinion stayed the same ■ Opinion improved

Only showing main responses, all 10% + of sample  
n=656

Reasons opinion improved	%
• Benefits of prevention (HIV)	31
• Reassurance safety/side effects	24
• Additional information	18
• Good duration of use	13
Reasons opinion worsened	%
• Looks uncomfortable/painful	52
• Concerns about something in the vagina	21

Allaying fears as soon as possible will be critical to ring information and education



Reassurance on side effects will drive improvement in perception of pill

INDEPENDENT FULL PROFILE

## Pill

Change in product perception after viewing full profile  
n=1,241



■ Opinion worsened ■ Opinion stayed the same ■ Opinion improved

Only showing main responses, all 10% + of sample  
n=925

Reasons opinion improved	%
• Reassurance safety/side effects	23
• Product will/ protect people	19
• Benefits of prevention (HIV)	18
• Familiar with format	16
• Additional information	16
Reasons opinion worsened	%
• Concerns safety/ side effects	44
• Too big/difficult to swallow	23
• Dislike taking pills	20

n=104

Value drivers are around safety aspects and ease of use/comfort

## Ring

### Perceived benefits from profile review

n=1,241

Only showing main responses, all above 20% of sample

Safety	%
• Proven to be safe	35
• Tested in 2,500 women	32
• It will not harm your baby if you become pregnant	25
• Few side effects	23
Functionality	%
• It does not increase the size of your vagina	31
• It is not painful // it cannot be seen	29
• It is easy to insert and remove at home // comes in one size	28
• The ring stays in at all times // Monthly use	25
• In order to work, the ring is used continually for 30 days // periods will not stop	24
• No need for cleaning	23
• It is inserted into the vagina // a HCP is not required for insertion/removal	22



Information that allays concerns has positive impact on perception

INDEPENDENT  
FULL PROFILE

## Pill

### Perceived benefits from profile review

n=1,241

Only showing main responses, all above 20% of sample

Safety	%
• Proven to be safe	51
• Tested in 566 women in Kenya and Uganda	41
• Provided by healthcare professionals	34
• It will not harm your baby if you become pregnant	33
• Manageable side effects	28
Functionality	%
• It is easy to take at home // You can choose the time of day you take the pill	37
• It can be taken alongside other medications/ vitamins	34
• 30 days worth of pills is convenient // Daily use // familiarity	31
• It does not need to be refrigerated	25
• Do not have to tell partner // Child-proof packaging	24

### What we learnt from our qualitative discussions ...

- Both products evoke positive emotions around what young women can achieve

Concerns about the ring tend to focus on usage and comfort, while women are more worried about the side effects associated with the pill

## Ring

### Perceived drawbacks from profile review

n=1,241

Only showing main responses, all above 20% of sample

Safety	%
• Does not protect against other STIs	27
• Not sure that it is safe	22
Usage and comfort	%
• It might be painful or uncomfortable	33
• Partner may feel it during sex	31
• It might fall out	32
• It might increase the size of your vagina	25
• It is inserted into the vagina // It might be too big	24
• It might become unclean during your period	22
Practical considerations	%
• Unfamiliarity	23

Unfamiliarity continual theme for hesitance towards the ring; revealing lots of questions and 'what ifs'; reassurances and experience (i.e. users) will be important ways to alleviate this



A quarter do not see any issues at all with the pill, versus a tenth for the ring

INDEPENDENT  
FULL PROFILE

## Pill

### Perceived drawbacks from profile review

n=1,241

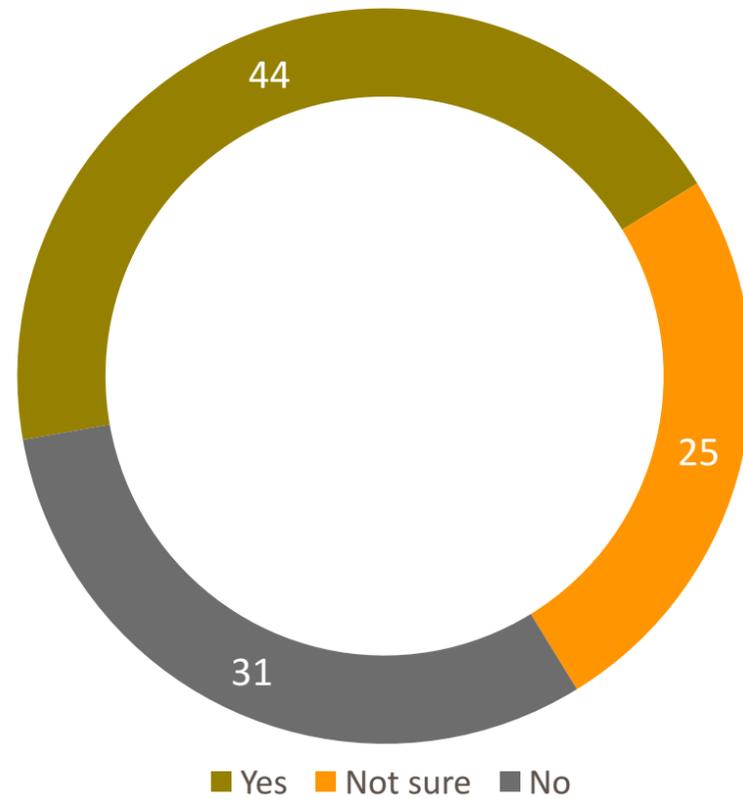
Only showing main responses, all above 20% of sample

Safety	%
• Concern about possible impact to kidneys	36
• Concern about vomiting and sickness	33
• Does not protect against other STIs	29
• Concern about diarrhea	28
• Potential of side effects (general)	26
Usage and comfort	%
• Can easily forget to take the pill	28
• The pill looks too big and may be difficult to swallow	26
Practical considerations	%
• Does not protect against pregnancy // Concern about protection if you forget to take the pill	26
• Could be mistaken for an ARV	22

More woman open to trying the ring compared to those that would not

## Ring

Willingness to try  
n=1,241



**Information gap** What do the 'not sure' need to become willing to try?

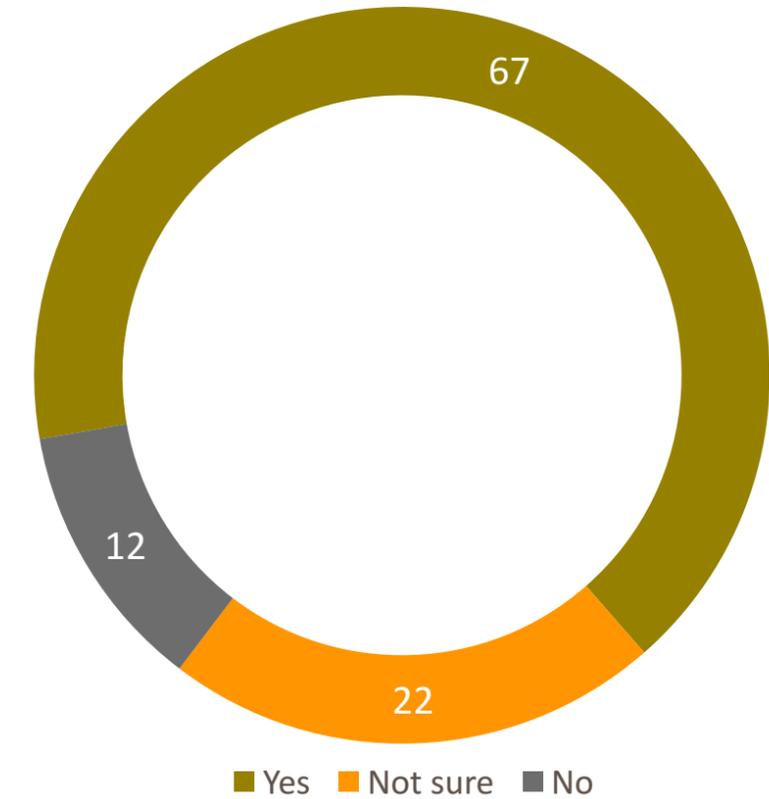


Overall more willingness to try the pill than the ring on independent review

INDEPENDENT  
FULL PROFILE

## Pill

Willingness to try  
n=1,241



*What we learnt from our qualitative discussions ...*

- 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.

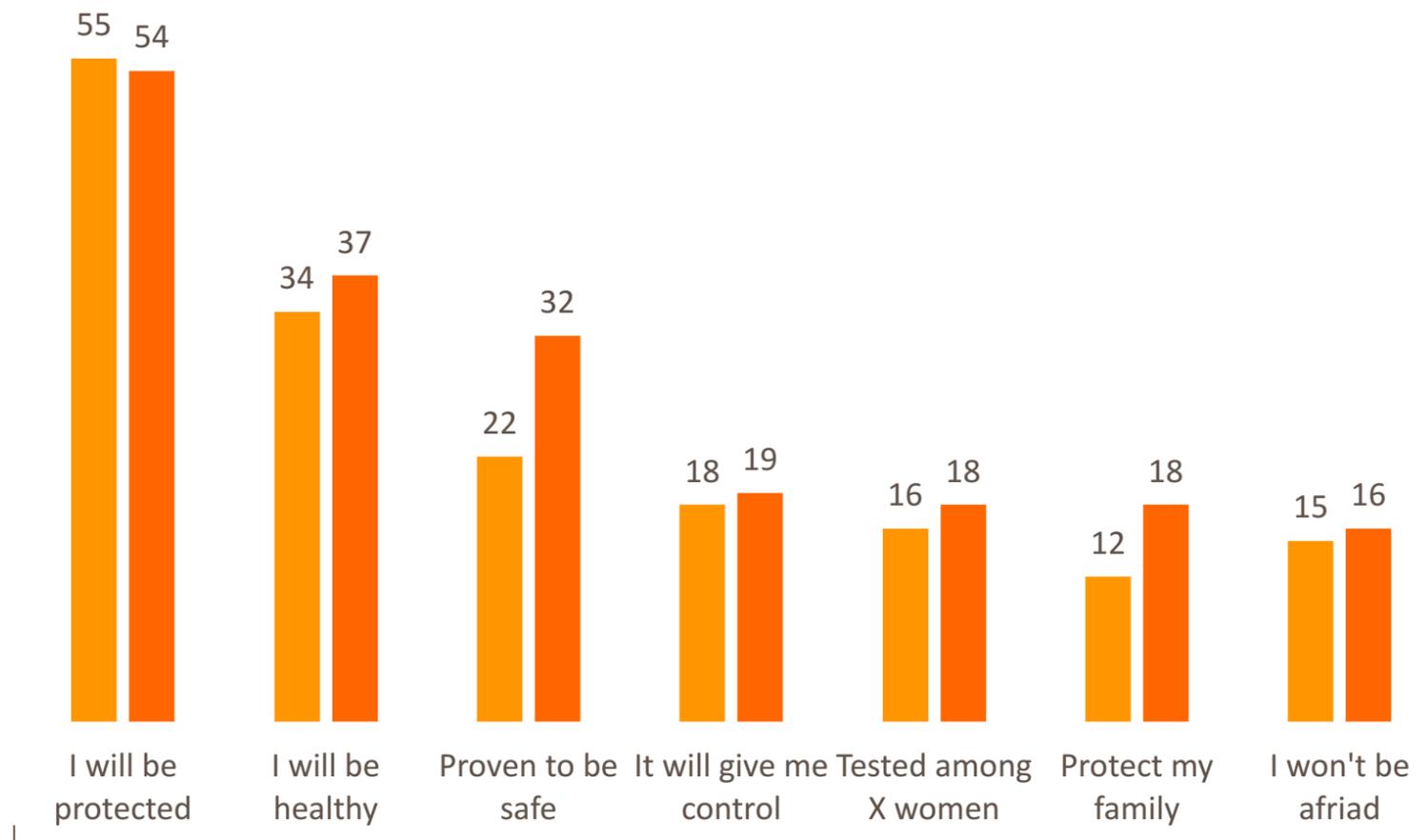
~ The central drivers behind willingness to use are consistent for both products; young women want to feel protected, healthy, and reassured about safety and credibility

INDEPENDENT FULL PROFILE

## Ring Pill

Ring: n=550, Pill: n=828

Reason behind willingness to try each product  
Definitely try and might try (Top 2 Box)



Protection, health, safety emotional drivers to use that should be communicated

Product-specific attributes are not considered more important than the product's overall purpose

Specific reasons behind willingness to try  
Definitely try and might try (Top 2 Box)

### Ring

- It cannot be seen: 13%
- Monthly use: 11%
- Few side effects: 10%
- Easy home insertion/removal: 10%
- It is not painful: 10%
- It comes in one size 9%

### Pill

- It is familiar: 14%
- It is easy to take at home: 14%
- You can choose the time of day you take the pill: 13%
- 30 days worth is convenient: 12%
- Daily use: 11%
- It can be taken alongside other medicines and vitamins: 8%

As products are equal on other drivers, product functionality will start to play a more important role



Question(s): CA10 (monthly ring) asked if selected 'might try' or 'definitely try' at CA8 & CB10 (daily pill) asked if selected 'might try' or 'definitely try' at CB8. After everything we have discussed, and not limiting yourself to the product attributes alone, what are the main reasons you would try the monthly ring/ daily pill? Spontaneous, use list to code, otherwise specify. Multiple responses allowed. Sample: monthly ring n=550. Daily pill n=828

Information will be essential to give young women more confidence in both products – *experienced users/ambassadors can have a very positive impact*

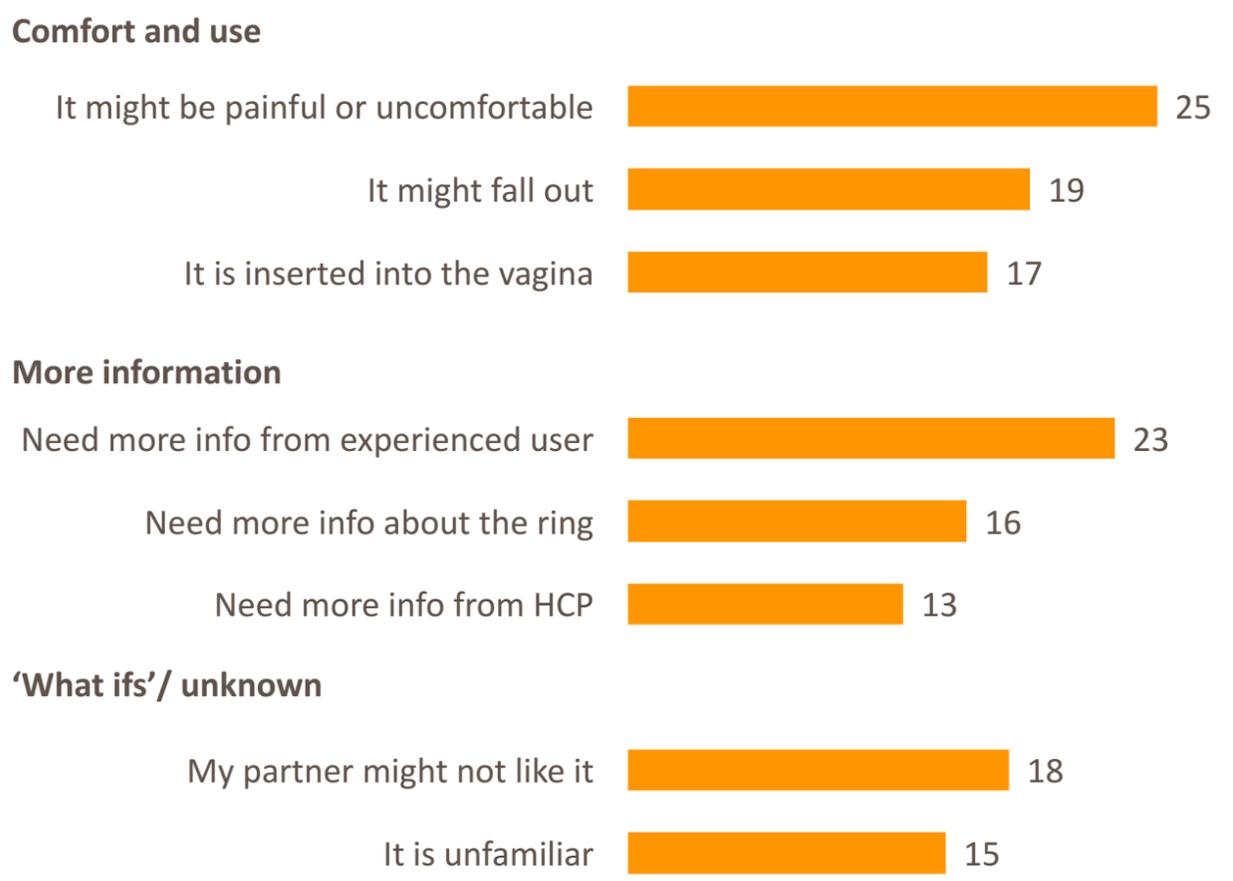


Practical and perceptual concerns for the ring and side effect concerns for the pill drivers behind trial reluctance

INDEPENDENT FULL PROFILE

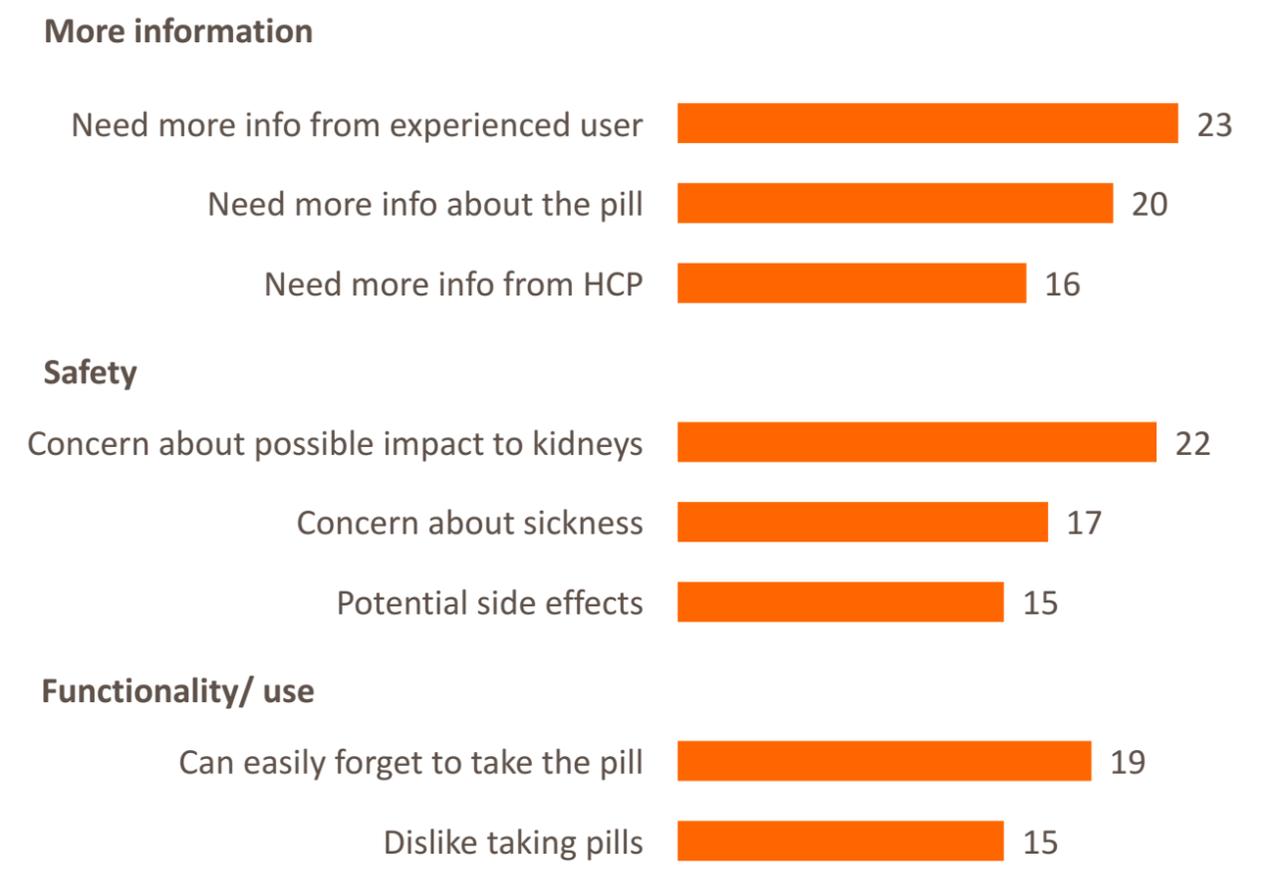
## Ring

Reasons for not wanting to try  
n=691  
Top reasons



## Pill

Specific reasons for not wanting to try  
n=413  
Top reasons



Question(s): CA9 (monthly ring) asked if selected 'no, I definitely would not try' or 'I might not try' or 'I am not sure' at CA8 & QCB10 (daily pill) asked if selected 'no, I definitely would not try' or 'I might not try' or 'I am not sure' at CB8. After everything we have discussed, and not limiting yourself to the product attributes alone, what are the main reasons you wouldn't try the monthly ring/ daily pill? Spontaneous, use list to code, otherwise specify. Multiple responses allowed. Sample: monthly ring n=691, Daily pill n=413

~ 88% would use one of the products; choice is a critical factor

12% are not open to using either\*

## Ring

## Pill

n=1,241  
%

n=1,241  
%

### Preference

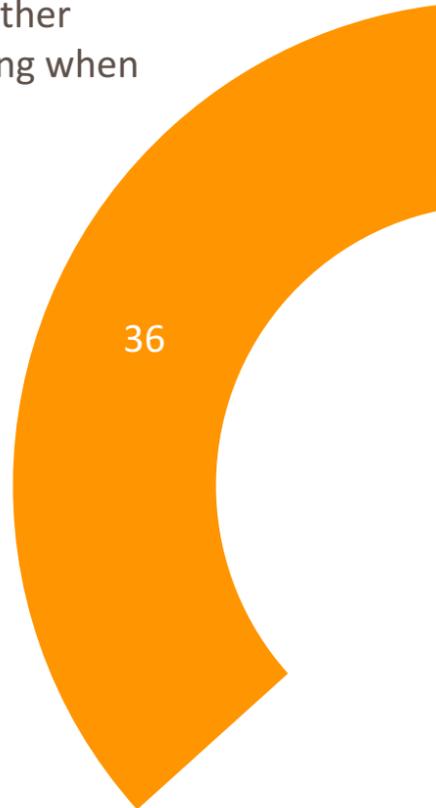
### Preference

31% clear preference for the ring

57% clear preference for the pill

\*5% would not choose either product but picked the ring when asked to pick one

\*7% would not choose either product but picked the pill when asked to pick one



### If the pill is not available

### If the ring is not available

n=794 (those who would try the pill)

n=447 (those who would try the ring)

59% would use the ring instead

71% would try the pill instead

41% would not use any

29% would not use any



Question(s): CC1. Which do you prefer: the monthly ring or the daily pill, even if you do not prefer one, please select option 'preferred neither but selected monthly ring/daily pill. Single response only.

Sample: n=1,241. Question(s): CC2 & CC3. If the monthly ring/daily pill was not available, would you be prepared to try the daily pill/ monthly ring? Yes or No – single response only. Sample: If selected monthly ring at CC1 n=447. If selected daily pill at CC1 n=794

~ The comparative lens remains a crucial factor to decision making

## Ring

Reasons for willingness to try  
n=447

Only showing main responses, all above 20% of sample

Functionality	%
• I would forget to take pills	57
• I dislike taking pills	55
• Side effects are less severe than daily pill	40
• I prefer to use a product every month than every day	23
• It does not look like a traditional medicine	13
Socially	%
• It is more likely that pills will be seen by others	22
Emotionally	%
• I am confident I can learn to insert it	22

Confident users of ring and pill: possible product advocates?



Strongest reasons for preference due to perceived negative attributes of other product

## Pill

Reasons for willingness to try  
n=794

Only showing main responses, all above 20% of sample

Functionality	%
• More familiar and comfortable taking pills	55
• I do not like the idea of insertion	43
• I dislike the form of the monthly ring	38
• I prefer to take a product daily than monthly	13
Socially	%
• My partner may feel the ring	27
Emotionally	%
• I am confident I will remember/use reminders	22

What we learnt from our qualitative discussions ...

- Decisions on preference made through a comparative lens.
- Preference for one product is strengthened due to lack of preference/perceived negative attributes of the other product.



## Net Promoter Score: Identifying product advocates initially

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FULL PROFILE

Net Promoter Score (NPS) is a research technique that provides a more accurate assessment of likelihood to use by determining the extent to which somebody would recommend a product to a friend. Respondents are asked one simple rating scale question, scoring between 0 and 10 for their likelihood to recommend a product to a friend. There are three categorisations with NPS: **Promoter – Detractor – Passive.**

**Promoters** (score 9-10) = likely to exhibit value-creating behaviors, such as using more, remaining customers for longer, and making more positive referrals to other potential users.

**Detractors** (score 0-6) = have the potential to negatively impact a products success through communication of negative information and messaging.

**Passives** (score 7-8) = undecided and unlikely to be vocal about the product in any way.

Note: This is an initial evaluation based on what they have seen, as none of the young women have actually used the product.



Question(s): QCA/B8 If the monthly ring was available to you now, would you try it? Please answer using a scale of 1 to 5, where 1 means you definitely do not want to try it and 5 means you definitely do want to try it. Single response only. QC/B11 Based on the information you have seen today; how likely would you be to recommend the daily pill to a friend? Please answer using a scale of 0 to 10, where 0 means that you definitely would not recommend it, and 10 means that you definitely would recommend it. Single response only. Sample: 1,241



# Young women typically defined as promoters or detractors based on their initial reaction to product information

INDEPENDENT FULL PROFILE

Ring	Pill
<b>Promoters</b> 26%	<b>Promoters</b> 39%
<b>Detractors</b> 54%	<b>Detractors</b> 33%
<b>Passives</b> 20%	<b>Passives</b> 28%

→ The pill has more promoters indicating that at first launch, women are more likely to be positive advocates of this product, whereas the ring may require a longer adoption period

A note on detractors for both the ring and the pill:

- Detractors of both products are more likely to select negative attributes when first asked how the product makes them feel - shocked, frightened, worried.
- Detractors are less likely to want to find out more based on the initial information, more likely to have a worse opinion of the product once they have seen additional information, and less likely to be willing to try the product.
- Choice of one product tends to be driven by strong negative associations with the other (insertion/ pain and discomfort of the ring, and fear of side effects or dislike of taking the pill).

↓ This indicates that women are making their minds up about a product immediately based on a very limited amount of information. Demonstrates the need for initial information to be a compelling communication about the benefits of an HIV prevention product – reserving details on other aspects like insertion or side effects for a later communication with a healthcare professional

Question(s): QCA/B8 If the monthly ring was available to you now, would you try it? Please answer using a scale of 1 to 5, where 1 means you definitely do not want to try it and 5 means you definitely do want to try it. Single response only. QC/B11 Based on the information you have seen today; how likely would you be to recommend the daily pill to a friend? Please answer using a scale of 0 to 10, where 0 means that you definitely would not recommend it, and 10 means that you definitely would recommend it. Single response only. Sample: 1,241

# Messaging



Both products evoke feelings of safety and being protected, health, happiness and confidence; despite overall preference for the pill, the ring achieves slightly higher scores across most parameters

### How the ring and the pill make young women feel

Ring (n=447), Pill (n=794)



	SAFE	PROTECTED	HEALTHY	HAPPY	CONFIDENT
<b>Ring</b>	65%	59%	38%	28%	24%
<b>Pill</b>	58%	54%	31%	26%	25%

Other emotions include:

Proud (ring 21%, pill 18%), Free (ring 20%, pill 21%), Comfortable (ring 19%, pill 24%), In Control (ring 17%, pill 22%), Independent (ring 11%, pill 11%)

“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

Both the ring and pill associated with sexual health, however there are slight differences in perception; the ring sitting within women's health, and the pill perceived to be more of a medicine

Allocation of the ring and the pill with categories n=1,241			Reasons for allocation choice		
			Ring	Pill	
Sexual health		Ring 45%	Pill 39%	(n=564) It is a sexual product/connected to sex 47% It prevents HIV 22% It is for protection 15%	(n=483) It is a sexual product/connected to sex 48% It prevents HIV 19% It is for protection 13%
Women's health & beauty		Ring 30%	Pill 17%	(n=370) It is specifically designed for women/protects women 60%	
General health		Ring 17%	Pill 19%	(n=210) It is safe 18% It is connected to health 14%	(n=238) Easy access 16% It is safe 15% It is connected to health 13%
Medicine		Ring 8%	Pill 25%		(n=308) Contains medicine/connected to medicine: 42% It is like taking other pills 21%

*What we learnt from our qualitative discussions ...*

- Packaging like 'women's health products'. Recognised as such and not questioned = move around with them.
- Bright and attractive pouch/box like sanitary products.



"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

Overall, there are clear associations between products and categories. Contraceptives are attributed mainly to sexual health, however, they are also associated across all categories. Whereas, ARV tablets are mainly seen as a medicine, but also associated with general and sexual health

**Allocation of product list with categories** n=1,241

Only showing main responses, all above 15% of sample

**Sexual health**



- **Condoms 83%**
- Contraceptive injection 55%
- Contraceptive pill 49%

Other associations:

- ARV tablets 19%

**Women's health & beauty**



- **Make-up 88%**
- **Moisturising cream 79%**
- **Sanitary product 74%**

Other associations:

- Contraceptive injection: 24%
- Contraceptive pill: 21%

**General health**



- **Health food/health drink 76%**
- **Plasters 66%**

Other associations:

- Vitamin tablets 34%
- Contraceptive pill, Sanitary products/pads, ARV tablets & Headache tablets: all each 21%

**Medicine**



- **Malaria tablets 83%**
- **Antibiotics 78%**
- **Headache tablets 74%**
- ARV tablets 63%
- Vitamin tablets 61%

Other associations:

- Plasters 23%
- Contraceptive pill 21%
- Contraceptive injection 19%

Some products can span multiple categories. Important reflect multiple categories in product introduction communication/packaging.

*What we learnt from our qualitative discussions ...*

Packaging impacts interest. Non-medicalization and non-sexualization important narratives.

- For the Pill: Packaging non-HIV related, cannot look like an ARV, or too medical – similar to vitamin bottles.
- Colourful bottle = look appealing and non-medical.



~ Strong agreement with all statements; HIV prevention products are seen as a tool to empower young women, and there is recognition that they must also be used responsibly

**Importance of set of messages shown, Very important and important**

(Top 2 box) 4 or 5 out of 5

Messages were randomized

n=1,241

Products should be used used responsibly	These products empower you and give you control	The monthly ring is a product just for women	These products are not for people with HIV, they are to prevent HIV	The daily pill can be used by both women and men
90%	85%	85%	84%	69%

↓  
19% do not think it is an important message  
(bottom 2 box: 1 or 2 out of 5)

*What we learnt from our qualitative discussions ...*

- Most would use a condom.
- Women need to understand they can continue using contraceptives.
- However, important to clearly highlight the products do not prevent pregnancy and STIs.
- Empowerment relevant when probed.
- Most do not use the word spontaneously.
- Words such as: protection, freedom, choice, control, confidence and responsibility used more.
- Important to also state that a HIV test needs to be carried out before use.
- Some concerns that these products may isolate those people who are already HIV positive.

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

Based on qualitative Exercise: 5 key messages



Key messages consistent for both the ring and the pill. Functional messages on what the products do (HIV prevention) critical, or don't do - effort to discuss responsible use (and HIV testing). Supported by positive emotional messaging around safety and control

Key messages to be communicated about the ring and pill

Ring (n=447) Pill (n=794)

What it is	Ring	Pill	How you will feel	Ring	Pill	What to be aware of	Ring	Pill	How to use	Ring	Pill
Prevents HIV	70%	72%	Safe and in control	45%	44%	Get regular HIV tests	15%	12%	Easy to use	14%	14%
Does not prevent STIs	34%	26%	Protected – it's effective	14%	21%				Easy to swallow	n/a	12%
Does not prevent pregnancy	26%	20%									
Not harmful to body	26%	24%									

Note: Significance testing ring vs. pill

Some would try to allay fears up front

# Access and Community



# Informed - Aspirational - Open



## Factors considered the most important to help introduce HIV prevention products

Top 3 factors  
n=1,241

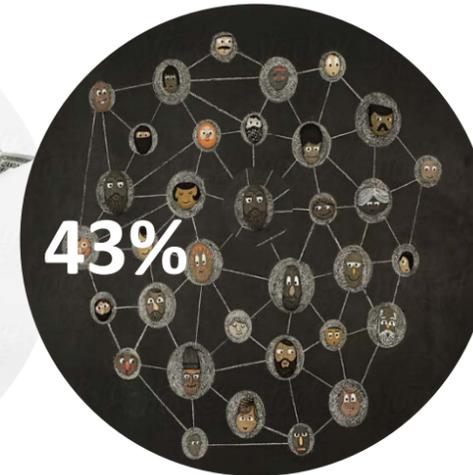
Information and education



Cost



Community acceptance  
& not stigmatised



Support and advice on  
product use



Effectiveness



Access



Recommendation



Packaging &  
advertising

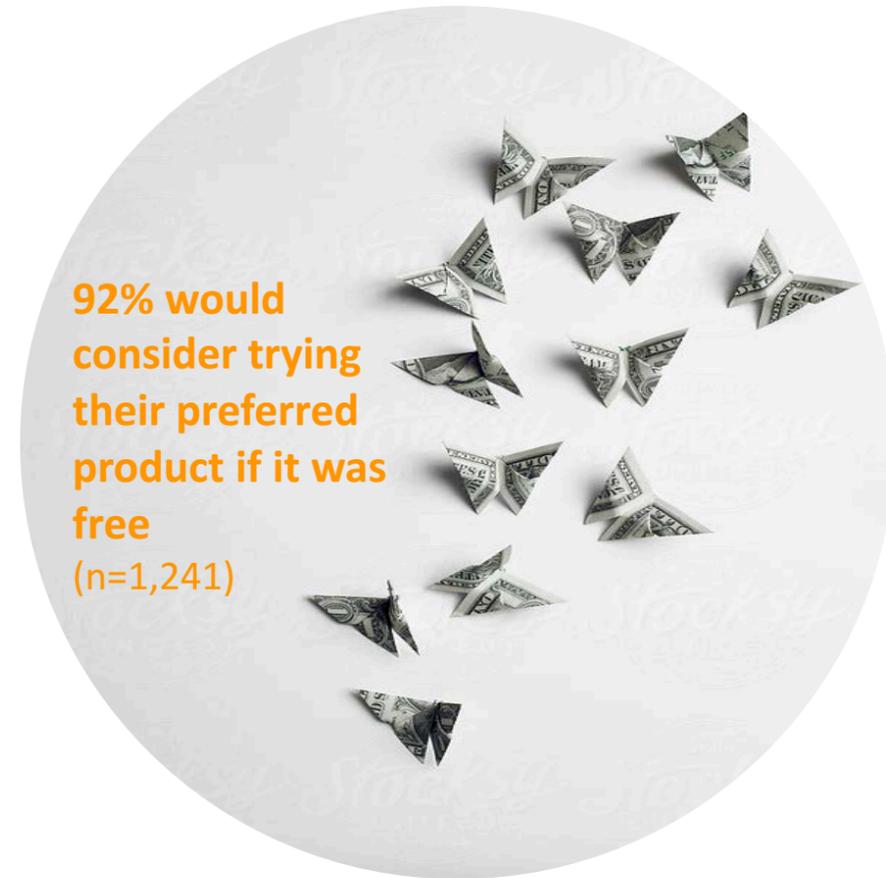


Question(s): F1 From this list of factors, what in your opinion, would be the top 3 things you would consider if you were to help introduce these HIV prevention products into South Africa ... please select up to 3 top factors. Randomise list.

Sample: 1,241

Being free is critical when considering to try either the daily pill or the monthly ring. 60% of young women in South Africa do not consider themselves able to pay, and 45% believe other women would not be able to pay either

*There is no difference in cost perception by product preference*



Reasons why HIV prevention products should be free (n=1,140)	%
<b>I cannot afford to pay</b>	<b>60</b>
Other women would not be able to pay	45
I consider it like those that are free i.e. contraceptives or condoms	36
I would have to ask my mother for the money	14
I would have to ask my partner for the money	12

“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 (FP) 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 two months for FP.”  
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

“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

~ A third of young women would consider paying R15 for either the daily pill or monthly ring, this halves at R30 and it significantly declines at R60

*There is no difference in likelihood to pay by product preference*

Each level asked to total sample n=1,241

Free	R15 (\$1.18)	R30 (\$2.18)	R60 (\$4.36)	R100+ (\$7.27)
(n=1,140)	(n=379)	(n=186)	(n=66)	(n=53)
92%	31%	15%	5%	4%

**Reasons why it should cost ...**

	R15 (n=379) %	R30 (n=186) %	R60 (n=66) %	R100+ (n=53) %
It is a reasonable cost that I could pay for	74	57	33	26
Other women could afford this cost	42	43	27	19
It is a lifesaving product	41	38	41	47
If it is free people won't take it seriously	9	29	38	40

**R15 can buy you ...**

- A pack of 3 condoms (low priced brands like Contempo/ Lovers+/Clicks pharmacy own brand)
- A loaf of bread

*Currency exchange rate use:  
South African Rand 1 ZAR =  
0.0727372 USD*



# The community is believed to be critical to product introduction – and *helping* the community understand and accept HIV prevention is required

## Agreement with statements, completely agree and agree

(Top 2 Box)

n=1,241



### Community heavily influential – currently negative

- 85% Important community accept prevention
- 79% Older members = different attitude
- 75% Contracting HIV = multiple partners
- 73% Older people low level HIV knowledge
- 71% Fear the stigma of HIV

### Using HIV prevention:

- 70% Do not want people to know
- 63% Concerned what others might think

↓

Informing and integrating the community will be important to ensure acceptability.

### *What we learnt from our qualitative discussions ...*

- HIV prevention products = instruments for social change. Community felt to be un-informed and judgemental: “We do not come from the same background. Urban KwaZulu Natal
- Need to translate information into the community.
- Once community are convinced = support and ‘proud’.

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

“I will not really want to talk to people in the community, they might think that I’m a bad person. They will think that I will want to go around freely having sex.” Rural Western Cape



# Access and advice should incorporate multiple platforms as well as ensure a non-judgemental and private environment, where young women can seek advice from people they trust – HCPs and experienced users

## Agreement with statements, completely agree and agree

(Top 2 Box)

n=1,241



### Broad access and advice platform that is non-judgemental and HCP/ experienced user-led

Access and advice =

- 90% Face2face
- 89% Educated and professional providers
- 89% Experienced women users
- 88% Non-judgemental/friendly
- 85% Privacy
- 84% Older women
- 73% internet, mobiles, videos, chat groups
- 59% Providers/advisors can be <25 yrs



### *What we learnt from our qualitative discussions ...*

Access and advice needs to come from reputable points, ideally private (in particular for demonstration of products) and from those are considered educated and professional (and non-judgemental)

“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

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

Urban Western Cape



The same points for access and advice are preferred for both the ring and pill. High overall preference for a range of healthcare-orientated points. Local clinic and family planning clinics significantly preferred

	n=1,241 %	Ring		Pill	
		Access	Advice	Access	Advice
Local clinic	90	90	91	90	92
Family Planning	89	89	88	89	88
Local Hospital	84	84	84	86	85
Mobile Clinic	77	77	80	79	80
Doctor	68	68	70	69	71
Chemist	64	64	64	66	65
Pharmacy	64	64	63	66	64
Youth friendly/campus clinics	54	54	53	54	53
Youth centre	43	43	44	42	42
Youth sports/arts meetings	28	28	30	31	32
Supermarket	14	14	11	14	12

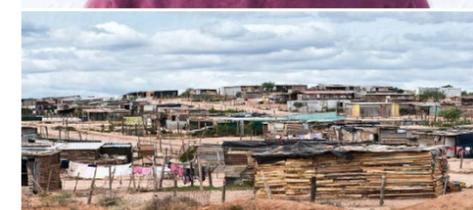
Provision of these relevant access points maybe important due to age group – 45% of sample are students

“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

“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

Recommendations from healthcare professionals have the biggest impact on likelihood to try, followed by the government and female influencers

Level	Very & likely influential recommendation % (Top 2 Box)			
(n=1,241)	Category		Ring	Pill
Very Strong	Healthcare World	A doctor	83	84
		Nurse/midwife/CHW	79	81
		A pharmacist	73	76
Strong	Government	Government or Health Ministry	69	70
		Government health campaign	68	73
	Female influencers	Someone like me	64	66
		Family members	60	63
		Female friends	60	62
Fairly strong	Media	TV/ radio/newspaper	52	52
		Internet	45	47
		Social media	45	47
		Celebrities	32	36
	Male influencers	My boyfriend/partner	47	52
	Community & institutions	School/teachers	53	54
		NGOs/advocacy leaders	51	52
Religious leader		38	43	



~ The involvement of healthcare professionals and health clinics will be critical for product introduction as they are critical sources of information and influencers

Level	% Selecting sources of information and influencers for sexual health						
	Shown as source of information % - influencer % Note: data shown for sexual health only, as consistent with general health						
(n=1,241)	Category	Primary influence		Secondary influence		Tertiary influence	
High	Healthcare World	Clinic		HCP		Pharmacy	
		Info source	Influencer	Info source	Influencer	Info source	Influencer
		70%	65%	42%	40%	22%	22%
Medium	Female influencers	Mother		Sister/s and Friend/s		Women's Group	
		Info source	Influencer	Info source	Influencer	Info source	Influencer
		20%	22%	17% and 19%	19% and 16%	13%	12%
Low	Media	Internet Social Media		TV, Magazines and Radio		Celebrities	
		Info source	Influencer	Info source	Influencer	Info Source	Influencer
		18% and 9%	13% and 9%	12%, 9% and 8%	12%, 8% and 7%	2%	2%
Minimal	Male influencers	Partner/s		Father and Brother/s			
		Info source	Influencer	Info source	Influencer		
		9%	10%	1%	2%/1%		
Limited	Community & institutions	Place of education		Community and Church		Other relatives and Grandparents	
		Info source	Influencer	Info source	Influencer	Info source	Influencer
		7%	6%	5% and 3%	5% and 3%	3% and 2%	4% and 2%



~ Important role for healthcare professionals, who are currently critical sources of information, positive and impactful influencers

Level	% selecting as positive influence and % take advice for sexual health Completely/positive – makes me feel good and I always/take their advice. Note: data shown for sexual health only; consistent with general health		
	Category	Primary influence	
High	Healthcare World	Clinic (n=801)	
		Positive	Take advice
		96%	95%
Medium	Female influencers	Mother (n=272)	
		Positive	Take advice
		90%	92%
Low	Media	Internet (n=165)	
		Positive	Take advice
		76%	73%
Minimal	Male influencers	Partner/s (n=130)	
		Positive	Take advice
		80%	77%
Limited	Community & institutions	Place of education (n=80)	
		Positive	Take advice
		69%	70%



Strong levels of positivity and impact

*What we learnt from qual...*

**While HCPs are the most important information sources, young women look to others for advice and positive affirmation**

- Bridge between health and sexual health
- Trusted and share personal experiences
- Young women spend most of their time with family and friends; reinforces influence

**Opportunity to increase reach and impact of media; those who consider it an info source (although currently low) consider it positive and impactful**

- The internet is the first place for information on sexual health (via Google and Facebook)
- Accessibility is a critical reason for use

**The vast majority do not seek information and advice from their partners or male figures, however those that do feel supported and take advice**

- Some would actively talk to boy friend/partner (depends on relationship)
- Ring encourages conversation as partner may feel it

**Although not an information source or influencer, the community can act as a barrier to social change, and current widely understood societal norms illustrate where the community stands on HIV prevention/sex**

- HIV prevention products = instruments for social change
- Community felt to be un-informed and judgemental
- Need to translate information into the community
- Once community are convinced = support and 'proud'

*Information gap* How to engage these influencers to provide support?

Please rate the type of influence using the following scale, where 1 is completely negative influence (does not support me/makes me feel bad), and 5 is completely positive influence (supports me/makes me feel good). DA3/5 Of your influencers/advisors [Dc/d] on overall/sexual health, what level of influence do they have? Please rate the level of influence using the following scale, where 1 is low level of influence (I do not take their advice), and 5 is high level of influence (I always take their advice).

Sample: see table as sample changes as per influencer as per DAC/d.



## Important role for healthcare professionals, who are currently critical sources of information, positive and impactful influencers

% Selecting sources of information and influencers for general and sexual health (n=1,241)

High	Healthcare World	Clinic 70%-65%	HCP 42%-40%	Pharmacy 22%-22%
Of those selecting as sexual health influencer		n=801	n=495	n=268
Top 2 box	<b>Positive influence</b> <i>Supports me/helps me/makes me feel good</i>	96%	95%	93%
	<b>High level of influence</b> <i>I always take their advice/ I rarely ignore their advice</i>	95%	96%	93%

**Information gap** How to engage these influencers to provide support?

### What we learnt from our qualitative discussions ...

- Women value information from pharmacists and doctors; considered educated and professional
- Women regularly use clinics to access free medication, despite the location at times being further away than preferred.

“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

Question(s): DA1a/b, DA2/4 Of your influencers/advisors on overall/sexual health, what kind of influence do they have? Please rate the type of influence using the following scale, where 1 is completely negative influence (does not support me/makes me feel bad), and 5 is completely positive influence (supports me/makes me feel good). DA3/5 Of your influencers/advisors [Dc/d] on overall/sexual health, what level of influence do they have? Please rate the level of influence using the following scale, where 1 is low level of influence (I do not take their advice), and 5 is high level of influence (I always take their advice). Sample: see table as sample changes as per influencer as per DAc/d.



## While HCPs are the most important information sources, young women look to others for advice and positive affirmation

% Selecting sources of information and influencers for general and sexual health (n=1,241)

Medium		Mother	Sister/s Friend/s	Women's Group
Female influencers		20-22%	17%-19% 19%-16%	13%-12%
Of those selecting as sexual health influencer		n=272	n=230/ n=198	n=154
Top 2 box	<b>Positive influence</b> <i>Supports me/helps me/makes me feel good</i>	90%	90%/70%	84%/
	<b>High level of influence</b> <i>I always take their advice/ I rarely ignore their advice</i>	92%	90%/68%	84%

### Information gap How to engage these influencers to provide support?

Mothers are considered more influential for general health (32%) vs. sexual health (22%) – important to understand how to support mothers more to feel able and willing to talk about sex with their daughters

### What we learnt from our qualitative discussions ...

- Provide bridge between health and sexual health.
- **Older sisters, friends and mothers are trusted and share personal experiences = experienced user group?**
- **Young women spend most of their time with family and friends; reinforces the importance of their influence**

“Families are different, some mums understand, others will tell you wait until you’re 21 before you can talk about such things.” Rural Gauteng

“My mum sat me down. She was like, I will tell you everything and I am not going to hide anything from you.” Urban Western cape



An opportunity to increase reach and impact of media; those who do consider it a source of information (although currently low) consider it positive and impactful

**% Selecting sources of information and influencers for general and sexual health (n=1,241)**

Low	Media	Internet 18%-13%	TV 12%-12%	Celebrities 2%-2%
		Social Media 9%-9%	Radio & Magazines 8%-7% & 9%-8%	
<b>Of those selecting as sexual health influencer</b>		n=165/ n=115	n=143/n=92/n=94	n=30
<b>Low base size</b>				
Top 2 box	<b>Positive influence</b> <i>Supports me/helps me/makes me feel good</i>	76%/69%	77%/86%/63%	77%
	<b>High level of influence</b> <i>I always take their advice/ I rarely ignore their advice</i>	72%/69%	78%/82%/60%	83%

Leverage the reach of media to promote awareness of products and direct women to healthcare providers. Or get healthcare providers onto social media platforms – for reliable, educated and professional information.

*What we learnt from our qualitative discussions ...*

- The internet is the first place young women go to for information on sexual health (via Google and Facebook).
- Accessibility is a critical reason for using media for information.

“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

“Google. The information is available on the net. I write whatever information I need.” Urban Gauteng



The vast majority do not seek information and advice from their partners or male figures, however those that do feel supported and take advice

**% Selecting sources of information and influencers for general and sexual health (n=1,241)**

<b>Minimal</b>	<b>Partner/s</b> 9%-10%	<b>Father</b> 1%-2% <b>Brother/s</b> 1%-1%
	n=130	<b>Sample too low to report on</b>

**Of those selecting as sexual health influencer**

Top 2 box	<b>Positive influence</b> <i>Supports me/helps me/makes me feel good</i>	80%
	<b>High level of influence</b> <i>I always take their advice/ I rarely ignore their advice</i>	77%

Considering what HIV prevention products are about – sex and relationships, a wider communication campaign will be important to ensure that partners do not act as barriers to use

*What we learnt from our qualitative discussions ...*

- Some would actively talk to boy friend/partner (depends on relationship).
- Ring encourages conversation as partner may feel it.

“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



Although not an information source or influencer, the community can act as a barrier to social change, and current widely understood societal norms illustrate where the community stands on HIV prevention/sex

% Selecting sources of information and influencers for general and sexual health (n=1,241)

Limited	Education 7%-6%	Community 5%-5% Church 3%-3%	Other rel. 3%-4% Grandparents 2%-2%
Of those selecting as sexual health influencer	n=80	n=60/n=38	n=50/27

Note: ~half of sample are students  
 Low base size. Church and grandparents sample too low to report on

Top 2 box	<b>Positive influence</b> <i>Supports me/helps me/makes me feel good</i>	69%	72%	58%
	<b>High level of influence</b> <i>I always take their advice/ I rarely ignore their advice</i>	70%	65%	48%

“One healthy person makes two healthy people, and that makes a healthy community and a healthy community is a happy community.” Urban Gauteng

Question(s): DA1a/b, DA2/4 Of your influencers/advisors on overall/sexual health, what kind of influence do they have? Please rate the type of influence using the following scale, where 1 is completely negative influence (does not support me/makes me feel bad), and 5 is completely positive influence (supports me/makes me feel good); DA3/5 Of your influencers/advisors (Dc/d) on overall/sexual health, what level of influence do they have? Please rate the level of influence using the following scale, where 1 is low level of influence (I do not take their advice), and 5 is high level of influence (I always take their advice). Sample size table as sample changes as per influencer as per DA3/d.

Dual prevention products  
& Co-packaged prevention  
product





# Women express high levels of interest in dual prevention products. Choice and options are again important aspects to decision-making from Young Women

Interest in dual prevention product: n=1,241	Yes %	No %
<b>Both HIV &amp; STI prevention in the same product</b>	<b>94</b>	<b>6</b>
<b>Both pregnancy and HIV prevention in the same product</b>	<b>91</b>	<b>9</b>
<b>Dual packaged product: daily HIV prevention pill &amp; daily contraceptive pill</b>	<b>90</b>	<b>10</b>

*What we learnt from the qualitative discussions ...*

**Dual prevention:** Young women prefer to have both options available, enabling them to select the combination that fits in with their goals – whether they want to have children or not = flexibility

**Co-packaged:** Flexibility and choice are important needs, existence of 2 separate pills means co-packaged products perceived with this lens: one pill can be stopped depending on pregnancy desire. However, misunderstanding of co-package products, which illustrates the value of Pregnancy + HIV prevention in a flexible set-up.

“I think that is why you should give people a choice. Rather let’s have a pill that prevents HIV and pregnancy, and then a pill that prevents just HIV and STI's.” Urban Gauteng

“That would be right because as time goes on, that one pill that prevents both pregnancy and HIV would not give you an option when you want to have a baby, while these two pills would give you an option.” Urban Western Cape

Question(s): FA1 Would a dual prevention product that prevented both pregnancy and HIV, in the same product, be of interest to you? FA2 Would a dual prevention product that prevented both HIV and STIs, in the same product, be of interest to you? Would a dual packaged product that includes both the daily HIV prevention pill and the daily contraceptive pill be of interest to you? Yes or No. Sample: 1,241



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

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