

# AVAC DUAL PREVENTION PILL

DESK REVIEW INSIGHTS

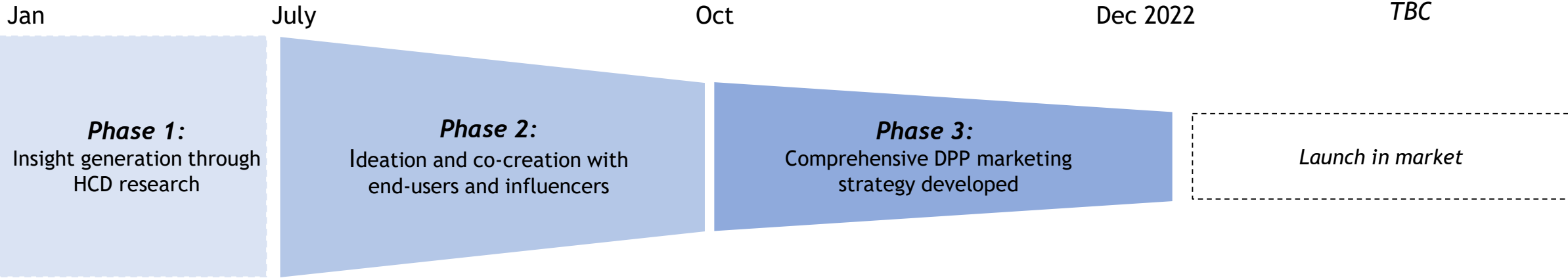
MAY 2022

# CONTENTS

1. INTRODUCTION
2. INDIVIDUAL FACTORS
3. INTERPERSONAL AND SOCIETAL INFLUENCES
4. MEDIA AND COMMUNICATIONS
5. CONCLUSION
6. REFERENCES AND RESOURCES

# INTRODUCTION

# THE JOURNEY TO DPP LAUNCH



# DESK REVIEW OBJECTIVES

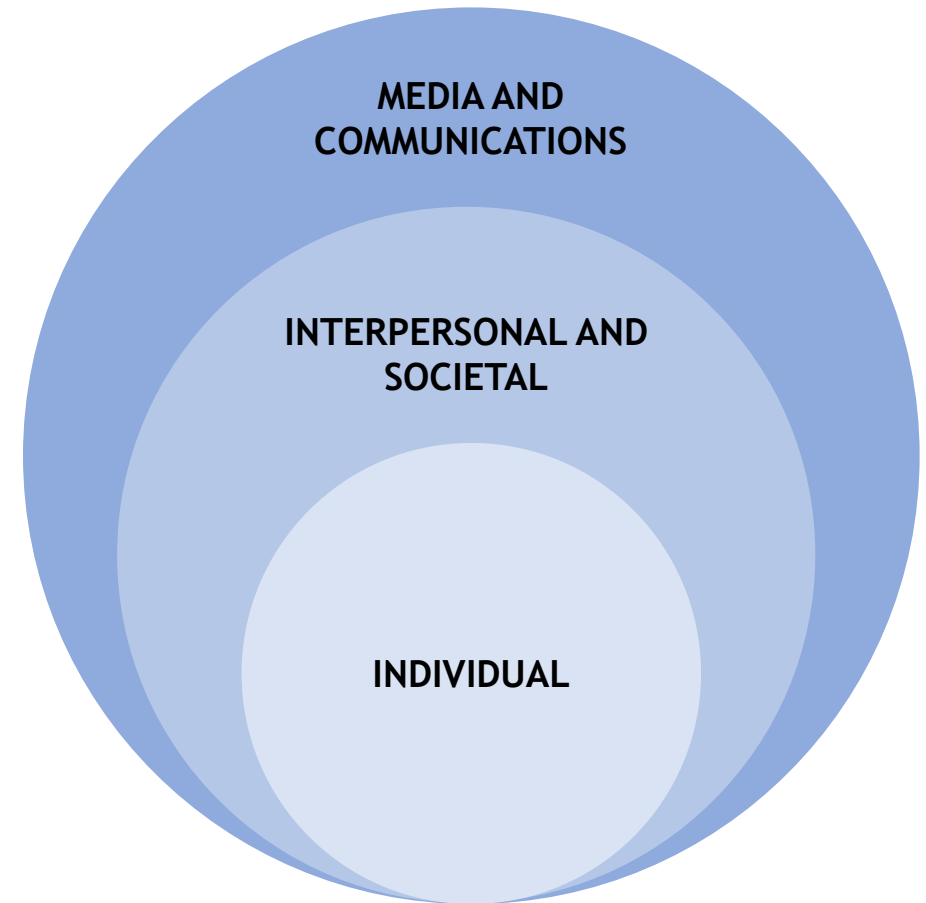
- To collate existing data and insights related to uptake and adherence to HIV prevention, contraceptive and multi-purpose technology (MPT) pill products
- To confirm and identify gaps in the existing knowledge base
- To prompt discussions around key learning questions that need to be addressed to develop a robust and effective marketing and demand generation strategy

# INSIGHTS STRUCTURE

Adoption and adherence to DPP are affected by factors at multiple, interrelated levels

Insights are structured to reflect the role of factors at three levels:

1. **Individual** - demographic factors, emotional states, cognitive biases, knowledge, attitudes and practices
2. **Interpersonal and societal** - the role of relationships and socio-cultural norms and values
3. **Media and communications** - trends in the media and communications landscape



# INDIVIDUAL FACTORS

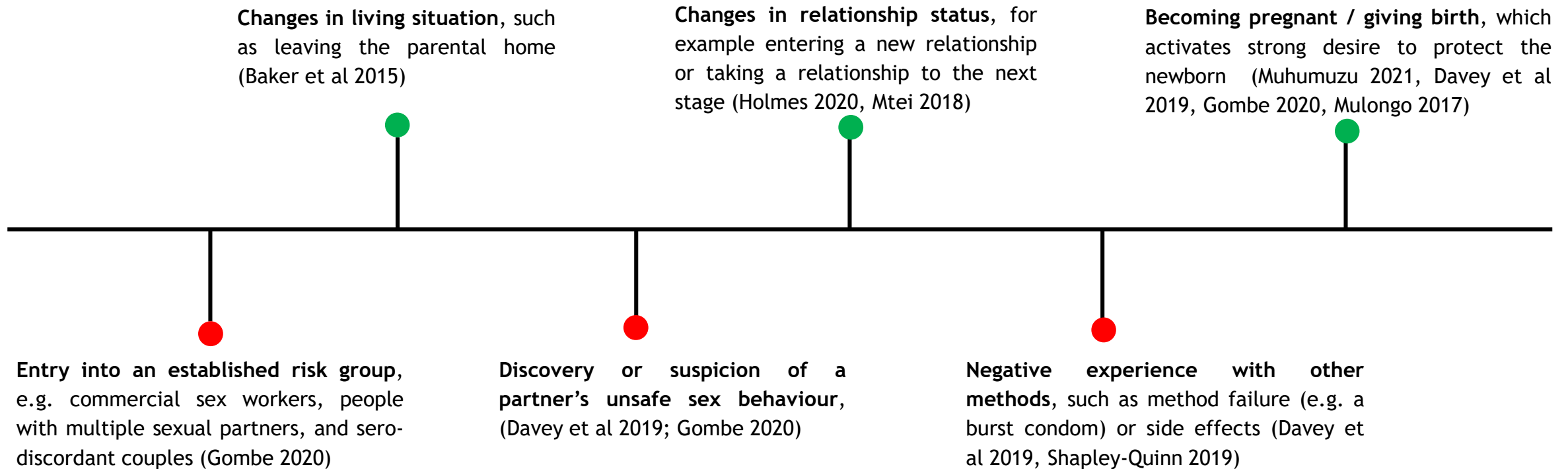
# MISMATCH BETWEEN POTENTIAL EARLY ADOPTERS VS THOSE WITH THE GREATEST NEED

- **DPP early adopters most likely to be current OCP and/or PrEP users** (Shapley-Quinn et al 2019; Weinrib et al 2018)
- **OCP market much larger than the PrEP market** - although PrEP usage continues to grow (DHS 2014, 2015, 2016; [data.prepwatch.org](http://data.prepwatch.org))
- **OCP users skew urban, older, married and wealthier**. Those with an unmet need for family planning tend to be **younger and less wealthy** (DHS 2014, 2015, 2016)

**What this means for us:** Consider launching the campaign to early adopters, while making sure the campaign will be relevant to those with an unmet family planning need when distribution grows.



# BIG LIFESTAGE AND MINDSET SHIFTS CAN TRIGGER ADOPTION OF OCP/PREP



**What this means for us: Consider channels and targeting opportunities to reach people when they are more receptive to starting DPP**

# PEOPLE'S ASSESSMENT OF HIV/PREGNANCY RISKS ARE COMPLEX AND OFTEN FLAWED

- **Risk perception is a key motivator** of product uptake and adherence (Bailey & Hutter 2006, Davey et al 2019, Gombe 2020, Holmes 2020, Muhumuza 2021)
- **Risk assessments are not purely rational** - heuristics, biases, level of psychosocial development, and affective trust in partners all influence how people perceive risk (ibid.)
- **Risk assessments are holistic** - The immediate threat of damage to a relationship can outweigh the longer-term risks of HIV. Negative HIV tests can also 'reset' risk perception and reinforce risky behaviours. (Warren et al 2018)

*“Decision-making is influenced by multiple factors beyond specific concerns regarding disease prevention. The use of prevention interventions [also] carries personal and symbolic risks...If interventions have positive symbolic meaning and are understood to have fewer risks associated with them, uptake and adherence may improve” (Warren et al 2018)*

**What this means for us:** Avoid a biological risk-based communications strategy which has had limited success in the past, and leverage more immediate, emotional and positive drivers

# BECAUSE OCP/PREP PRODUCTS ARE HARD TO DIFFERENTIATE BETWEEN, NEGATIVE ASSOCIATIONS TRANSFER ACROSS THEM

- Many consumers lack awareness, knowledge and understanding to accurately differentiate between, assess the pros and cons of, and make informed decisions about various products in the HIV and Family Planning categories (Lanham 2021, Muhumuza 2021, Shapley-Quinn 2019)
- Poor comprehension provides fertile ground for misplaced beliefs to take root - *e.g. that oral administration is less effective than other modes for achieving protection* (Shapley-Quinn 2019)
- Limited differentiation makes it easy for negative associations to transfer between different products - *e.g. the association of PreP with HIV positive status, due to confusion with ART* (Lanham 2021, Muhumuza 2021)

**What this means for us: Build positive associations with DPP and actively avoid existing negative associations**

# INTERPERSONAL AND SOCIETAL INFLUENCES

# WOMEN'S DECISIONS ARE INFLUENCED BY A COMPLEX WEB OF CONNECTIONS

## Friends and peers

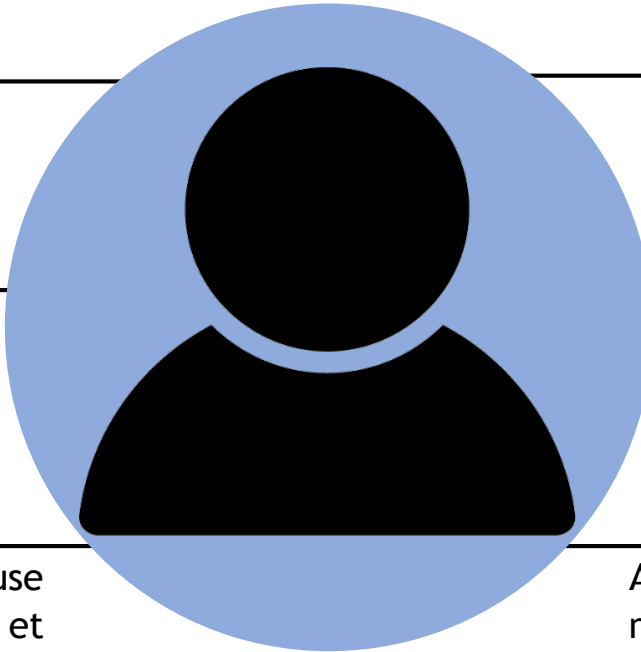
Provide access to new ideas, trusted advice, and role modelling (Muhumuza 2021)

## Romantic rivals

May motivate risky decisions intended to preserve the relationship (Boyce et al 2020, Lanham et al 2021)

## Protection of new-borns

Is a powerful motivator for mothers to use preventative products (Davey et al 2019, Gombe et al 2020, Mulongo et al 2017)



## Male romantic partners

Are often the sole or joint decision-maker about women's contraception (DHS 2014, 2015, 2016)

## Healthcare workers

May lack the capability, opportunity or motivation to recommend products (Mutea et al 2020, Newmann et al 2016, Lanham et al 2021)

## Parents and in-laws

Are authorities on family and spousal values and norms (Abdi et al 2020, Boyce et al 2020)

**What this means for us: Respond to the ways in which influence works and tailor messages to those who present a barrier to adoption of DPP**

# PERCEPTIONS OF DPP WILL BE SHAPED BY SOCIAL VALUES, NORMS AND NARRATIVES

SOUTH AFRICA	KENYA	ZIMBABWE		
<p>7 reasons to quit hormonal <b>birth control</b> By Glamour South Africa Oct 20, 2021 glamour.co.za</p>	<p>Janet Mbugua Urges Men to Undergo Vasectomy, Says <b>Birth Control Is Not Female-Only Affair</b> By Caren Nyota Sep 26, 2021 tuko.co.ke</p>	<p><b>Contraceptives</b> for Teenagers #TuesdayTalk with Takunda Mandura Jul 27, 2021 youtube.com</p>		
<p>Model Ayanda Thabethe opens up about her horrific experience with a <b>birth control</b> device By Rekeni Mahoms Nov 8, 2021 news365.co.za</p>	<p><b>"Contraceptives work by reversing womanhood; keep off them"</b> - Dr. Kibe   TV47 By Gachambi Nderitu Jul 20, 2021 tv47.co.ke</p>	<p>Does virginity matter in a relationship?   Kudzai Fred   Talem Films   Zimcomedy Dec 20, 2021 youtube.com</p>		
<p>Unpacking 'rape within <b>relationships</b>' as Amanda du Pont doubles down: 'this is a movement'   Drum By Siya Tsewu Journalist Dec 3, 2021 news24.com</p>	<p>How Homa Bay sex workers use <b>PrEP</b> to cheat HIV By People Reporter Jan 21, 2022 pd.co.ke</p>	<p><b>Teach children self-control not birth control</b> Jul 11, 2021 sundaymail.co.zw</p>		
<p> <b>outing people as Gay and then saying they "probably have HIV/Aids" is the most homophobic thing society has accustomed themselves to. anyone that engages in unprotected sexual activity can get an STI, not just gay men.</b></p>	<p>Carol Radull Says <b>Relationships Aren't Easy, People Grow Apart: "Taught Me Patience"</b> By Caren Nyota Aug 9, 2021 tuko.co.ke</p>	<p>Does age matter in <b>relationships</b>?   Kudzai Fred   Talem Films Nov 18, 2021 youtube.com</p>		
<p> <b>I was so strict about taking my meds. I'd leave groove to go home cause I couldn't function properly afterwards. It was a serious struggle. Fast forward to 2015. I was going through all of it. Heartbreak, depression, fighting for survival. I was rebelling in every way.</b></p>	<p><b>'I stayed in wrong <b>relationships</b> out of desperation to wed by 30' - Muthoni Mukiri</b> By Mpsaho News Feb 26, 2021 mpasho.co.ke</p>	<p> <b>Virginity is evidence for good character don't be misled by thots and male feminists that character matter!! Zvibhorani izvi</b></p>		
<p> <b>So I stopped taking my meds because I was tired. Tired of popping pills, tired of being strong, tired of everything. I stopped for six whole months and I didn't tell anyone.</b></p>	<p><b>Lake Victoria fishmongers try to escape 'sex for fish' trap and HIV outcome</b> Jan 20, 2022 by Doreen Ajiambo   Ministry   Social Justice</p>	<p> <b>Marriage is overrated</b></p>		
<p>Empowerment a complex but growing conversation</p>	<p>Stigma talking about safe sex, particularly with men</p>	<p>Associations of PrEP with transactional sex</p>	<p>Norms around femininity &amp; relationships</p>	<p>Relationship norms, e.g. around age &amp; virginity</p>

Source: Brandwatch Facebook keyword data

**What this means for us: Find the balance between acceptability and aspiration. Employ values-based framing to strike the right tone across regions without feeling out of touch**

# **MEDIA AND COMMUNICATIONS**

# A COMMUNICATIONS SHIFT: FROM RISK TO REWARD

There has been a significant shift in communications for OCP/PrEP away from risk-based motivations, towards more positive motivations such as female empowerment and choice, self-care and love.

This is reflected in more aspirational, human and emotive imagery.



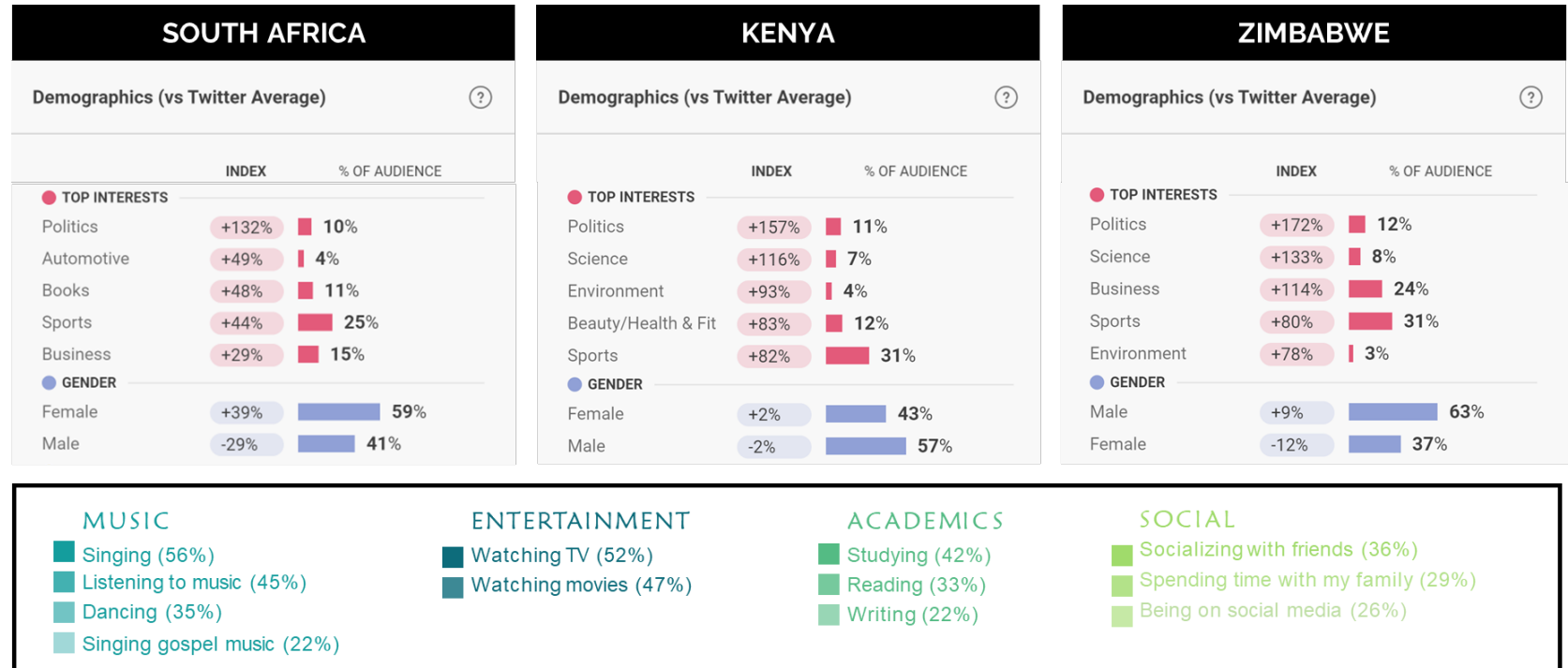
**What this means for us: Use distinctive communications to stand out, get noticed and drive a response. Build on learnings from previous campaigns and make sure communications reflect people's realities**



# A LIFESTYLE OR A HEALTHCARE BRAND: CONNECTING THROUGH PEOPLE'S INTERESTS

Currently, most sexual health information comes from traditional sources, such as healthcare providers and radio.

However, healthcare represents a tiny part of what our audience is thinking about. They spend much more time on broader interests such as music, watching TV, spending time with friends etc.



Source: Brandwatch: Interests of those searching 'birth control' online; Example of key interests cited by FSW in Kenya

**What this means for us: Start with the channels and content people consume in their everyday lives and connect this to healthcare providers at the point of action, to increase share of mind and appeal**

# CONCLUSION

# KEY LEARNINGS FOR COMMS

1. Consider launching the campaign to early adopters (e.g. OCP users), while making sure the campaign will be relevant to those with an unmet family planning need when distribution grows.
2. Consider channels and targeting opportunities to reach people when they are more receptive to starting DPP
3. Avoid a biological risk-based communications strategy which has had limited success in the past, and leverage more immediate, emotional and positive drivers
4. Build positive associations with DPP and actively avoid existing negative associations.
5. Respond to the ways in which influence works and tailor messages to those who present a barrier to adoption of DPP
6. Find the balance between acceptability and aspiration. Employ values-based framing to strike the right tone across regions without feeling out of touch
7. Use distinctive communications to stand out, get noticed and drive a response. Build on learnings from previous campaigns and make sure communications reflect people's realities
8. Start with the channels and content people consume in their everyday lives and connect this to healthcare providers at the point of action, to increase share of mind and appeal

# IMPLICATIONS FOR PRIMARY RESEARCH: WHAT WE ALREADY KNOW

Who uses  
OCP/PrEP, e.g.  
urban &  
wealthier

Why they say  
they take  
OCP/PrEP, e.g.  
peace of mind

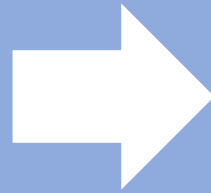
Why they say  
they don't,  
e.g. seen as  
promiscuous

Potential  
triggers for  
use, e.g.  
moving out

Who influences  
them, e.g.  
male partner

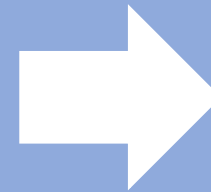
# IMPLICATIONS FOR PRIMARY RESEARCH: WHERE WE WANT TO GET TO

Why people say they take OCP/PrEP



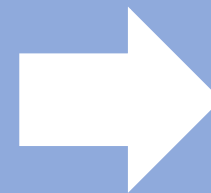
The why behind the why  
(e.g. values and identity)

Health-based conversations about  
sexual reproductive health



When and where people are really talking  
about sex/relationships

Who influences decisions  
about OCP/PrEP



How influence works among  
partners, friends, family

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