

# Dual Prevention Pill

The Eureka Workshops  
Recommendations and Solutions



# DPP end user research objective

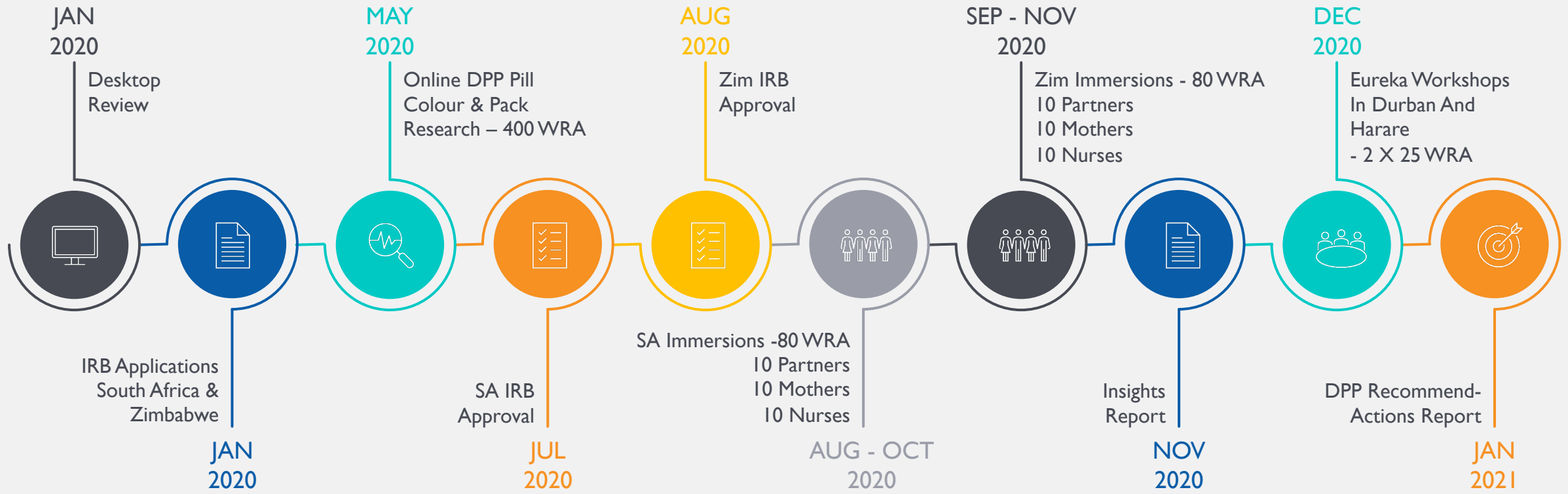


To support the project goal of rapidly and successfully introduce a daily oral pill for HIV and pregnancy prevention by supporting product development and demand creation strategies.



To achieve this human centered design (HCD) research was conducted in South Africa and Zimbabwe on perceptions, barriers, and motivators of end users, providers and influencers as they relate to the DPP.

# Dual Prevention Pill HCD research timeline

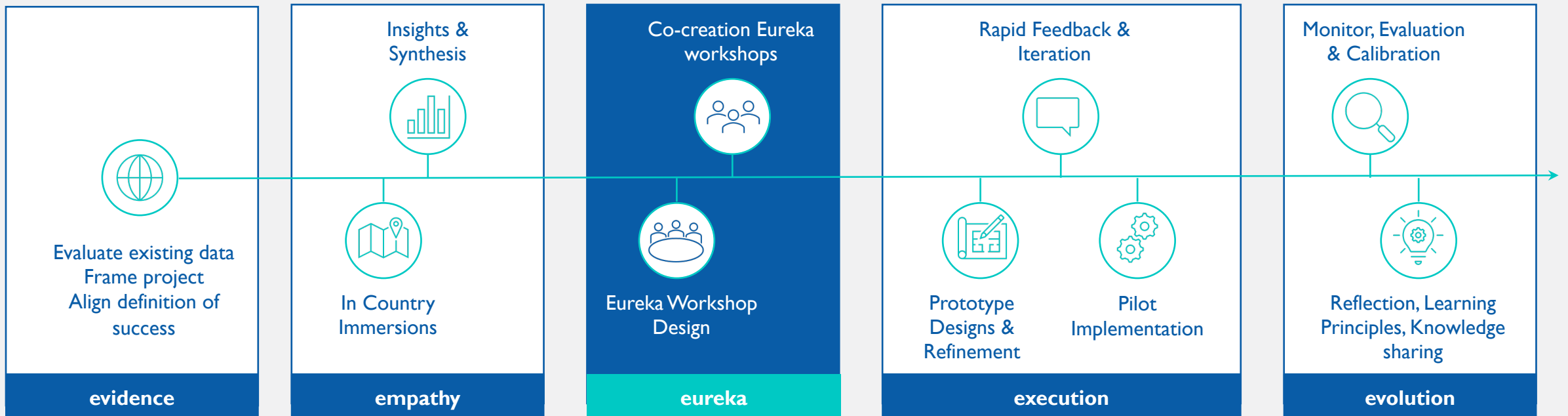




# Methodology - human centred design



In the **evidence** step we reviewed existing data; In the **empathy** stage we did immersions with various WRA to understand barriers, perceptions and motivations. After synthesizing these insights we identified pertinent challenges to take into the **eureka** co-creation workshop phase. This report covers the recommendations generated there.





# Workshop participants and locations



## Workshop 1: Durban, South Africa

Participants from Ethekewini [urban] and King Cetshwayo [rural] districts



## Workshop 2: Harare, Zimbabwe

Participants from Harare [urban], Seke and Marondera [rural] districts

Women on OCP

10

Women on PrEP

5

Women on Neither OCP nor PrEP

10



# The Workshops were designed to deliver solutions to 2 challenges



1

How might we help women make an informed choice about the DPP in the context of other pregnancy and HIV prevention methods? And how can we explain the benefits as simply as possible?

2

How might we give women the confidence/belief that they can successfully take a pill every day?

# Overall learning: Women want help and information ‘Make it easier for me to use the DPP’



Enable me to learn  
about the DPP



Enable me to use  
the pill discreetly



Enable me to not have to  
be discreet about

*"We'd like to say 'DPP gives  
you a voice' but it doesn't."*



# Overall User Mindsets



## Fearfulness

A range of complex challenges women face in their lives has resulted in underlying mindset of fear among the women we spoke to.

The women understood the need for contraception and HIV protection and were willing to use precautions. However, lack of choice, fear of disclosure and overarchingly fear of their husband's / partners response was a challenge to them. Introducing pills or even the subject into the home is an affront that can lead to unpleasantness.



## Anxiousness

Stressors such as poverty, community-based and interpersonal violence and HIV manifested themselves as anxiousness during the workshop.

South African women, especially the younger participants, all understood the need for protection but seemed to feel powerless of take action and there was an acceptance of poor future outcomes which led to inertia.

Stigma and judgement associated with any sexual activity ["If you're on the pill you must be a ho."] also caused the women to be anxious about taking the DPP.

Anxiety exacerbated by multiple narratives around side effects.

# Challenge #1



How might we help women make an informed choice about the DPP in the context of other pregnancy and HIV prevention methods? And how can we explain the benefits as simply as possible?



# A. Enable me to learn about the DPP



## The women wanted:

- Safer channels of communication for 'informed choice'
- The ability to be given a voice within these channels - A woman's place in the world
- Trusted 'agents of change' to provide information
  - Community Health Care Workers
  - Doctors or experts
  - Peers

## Message to our sisters:

**“We are already vulnerable in this patriarchal society. Unplanned pregnancies and HIV are making us even more vulnerable.”**

***Zimbabwean workshop participant***



# Women responded to new prevention products in distinct phases



The reception of DPP among older women in SA was: **First joy, then doubt.**

Initially welcomed with enthusiasm – “Yes! I want it now! - followed by skepticism after learning more about it and giving it deeper consideration. History of side effects from various contraceptive methods being the cause.

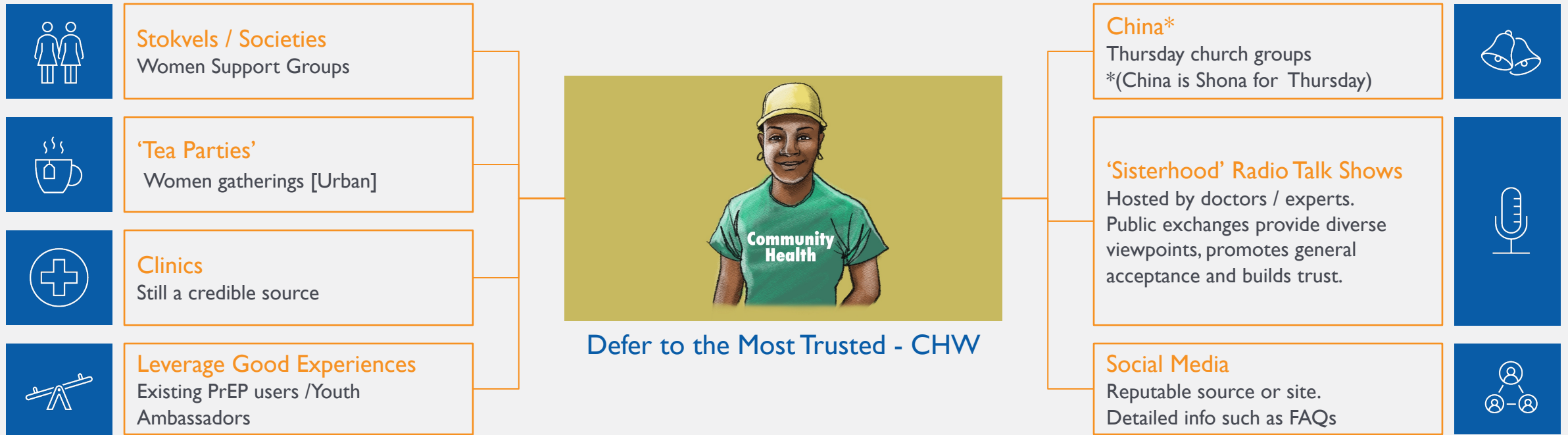
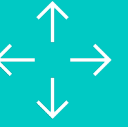
Participants feel as though they have been lied to in the past with regards to side effects and efficacy.

They have many friends who fell pregnant on contraception [even though they do not know whether their friends had adhered to their regimen as required)



In Zimbabwe, the news of the Dual Prevention Pill is **somewhat positive but muted**, not because it's purpose and value are not appreciated but because women feel it is yet another pill that they have to get 'around their husband'.

# Information Channels: People we trust in places we trust



# Information delivery: A more effective package insert



## Women wanted the package insert to serve their purposes

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- **‘Hide’ an information leaflet in the DPP pack**
- Make sure the information is easy to **understand and talk about**
- Make the package insert **usable**, a source of discussion, information that can be shared between friends.
- Programmatically can we use the insert as a referral mechanism and a personal data tracking tool? For example, ticking off the first 14 days, writing down any side effects, misgivings, etc.



# What are we helping solve:



## Accessibility to information in a manner users want to receive it

### Lack of fora in which to share openly and honestly

“Women shared that the common social spaces they frequent - church, family and community gatherings, parties, clubs - are mostly controlled by men. It feeds into the cultural belief that men are the household and primary decision makers.

### Pull her down syndrome

The few fora in which women can gather are dominated by those who have ‘agency in these spaces. It might be a married woman or a church leader who has the right to speak and set the agenda thus affecting the nature of private matters discussed and confidentiality.

There is a tension between married and unmarried women, some of the former suspecting the latter of cheating with their husbands.

The net result is that women are careful about who they confide with and there can be a lack of support for each other.

**Very low knowledge about PrEP**; confusion between PrEP and PEP; exacerbated by the black-market trade in PrEP and PEP in Zimbabwe specifically.

**Knowledge sharing** on side effects and benefits of new pill to counteract the general distrust of “New” pills.



## Acceptability

### User-endorsement from peers

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PrEP users extolled the “peace of mind”, “reassurance”, “confidence” and “freedom” the use of PrEP gave them. [Both as sex workers and knowing that their spouses had multiple partners]

Similarly, the women shared their ‘hacks’ for pill hiding and habit-forming pill-taking [Hiding it in a bra till 8pm, taking OCP on the way to collect water in the morning; keeping pills under her pillow, etc.



## Credibility in the efficacy of the product

### Endorsement from government

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Ministry of Health must endorse the pill to provide reassurance and allay fears.

“Doctors and Nurses are collaborators with government in the awareness campaigns and training of CHW and Peer Educators and as such all are trusted..

Limited access to smart technology and social media means that alternative fora need to be made available.

# Challenge #2



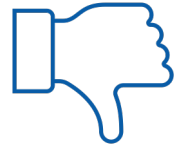
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How might we give women the confidence/belief that they can successfully take a pill every day?





## B. Enable me to use it discreetly

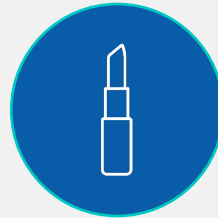


Any reference to  
HIV/ARV/PrEP  
is problematic



### Innocuous Packaging

[disguise as a face powder or chocolate box]



### Lip Gloss Tube

Create a cavity in the bottom to hide pills



### Hide pills in the Casha

Snuff box used by women to store their Guchu  
[traditional medicine for sexually transmitted diseases]

## B. Enable me to use it discreetly



V Lip Balm container already exists

# What we are helping to solve



## Avoiding partner conflict and social judgment

Avoids conflict with partners - implication of infidelity makes the PrEP component less acceptable.

“I won’t call it Dual, I will call it my family planning pill or DP or another common feminine name”

Some said the pill would be a message to their husbands that they know they are cheating which is culturally unacceptable - not a woman’s place.

Younger/unmarried women desire discretion and prefer no reference to HIV on packaging or branding

Older married women want detailed information on their packs. Their concern is authenticity - that it’s not a black-market product.

“Men will think we want to be like men,” because we will have the powers they have.

We heard confessions from younger women that they have multiple partners, and a PrEP type pill would give them away to their steady partners.

Want transparency - hiding things from partner is dangerous, can lead to GBV

PrEP associated with sex workers.

Those on OCP and PrEP believe that hiding pills is not an issue -“We will find a way”. They understood the value of using both.



# C. Enable me to not have to be discreet about it



## The DPP could be empowering...

Women acknowledge that the DPP 'puts the management of your family planning, your health and the well-being of your family in your hands'. They look forward to the self-confidence that could emanate from it; to replace the fear and anxiety with Peace-of-mind and general well-being.

**...but the women recognized they needed help to overcome their disempowerment**

**"By hiding our pills we are oppressing ourselves."**

**"We'd like to say 'DPP gives you a voice' but it doesn't."**

**"We discourage ourselves before we even start."**

**'It [DPP] will put women in the same position as men but without their knowledge and approval it can lead to GBV and ending of relationship.'**



# Discretion hinders acceptability – 'make the DPP popular'



## Public messaging creates social acceptability



We are seeing the negative effects of discreet PrEP comms already - “If it was any good, government would be promoting it to all of us.”



Workshop participants pointed out that the VMMC campaign for men was extremely public, making it an acceptable procedure - men didn't have to explain it to anyone.




Similarly, social acceptance could help eliminate men's mistrust of OCP/PrEP and their current disapproval of their wife's motivations. It can help eliminate friction caused by this in the relationship.

**Indicative messaging  
that addresses both  
challenges**



# How might we generate greater public support for women?



**A FAMILY  
WITHOUT WORRIES  
IS A HAPPY FAMILY.**

There is now one pill that  
Prevents HIV and  
unplanned pregnancies.

**TALK TO YOUR HCP ABOUT THE  
DUAL PROTECTION PILL.**

# What does this solve:



Women want to be seen as contributing to general health and well-being of the family:

- balanced relationship
- decision in size of family



Societal norms in Zimbabwe and SA expect men to be providers for their families.

The DPP makes it easier for him to be a better provider - 'you can provide greater safety, health and financial security [unplanned child, additional cost of trips to clinics] for your family'.

No surprises [pregnancy/HIV] if you are a polygamist or have multiple partners

## **A RECOMMENDATION:** **Create a Provider's Forum for men**



- Awareness and education on the benefits for them from the DPP
- A space for them to address questions, concerns
- A space where they feel in control on the conversation on the DPP, not seen as coming from the women.





**A COUPLE WITH NO WORRIES  
IS A HAPPY COUPLE.**

**No fear of HIV.  
No more unplanned pregnancies.  
Much more joy.**

**TALK TO YOUR HCP ABOUT THE  
DUAL PROTECTION PILL.**

# What it helps to solve



Introduces the prevention topic into the relationship & public domain - helps women justify usage of DPP

DPP becomes an item of value that Blessers might use in the transaction.

The unspoken fact that men do not actually have to do anything here [the DPP is for the woman] will not go unnoticed by men.

Repositions the benefit of DPP to something women desire, namely Stress Relief.

SA participants highlighted the need for peace of mind:

**“Rape will be easier to manage if on the DPP.”**

**“Don’t have to worry about the sexual things I don’t know about.”**

**“This will once and for all stop the pregnancy paranoia I have every time I have sex or feel a little ill.”**

**“We know what we do when we party and drink a lot.”**

**“Stress is our thing”**



# How can we help women re-interpret side-effects?



**NOW YOU CAN ENJOY  
SEX WITHOUT THE  
SIDE-EFFECTS**

No fear of HIV.  
No more unplanned pregnancies.  
Much more joy.

**TALK TO YOUR HCP ABOUT THE  
DUAL PROTECTION PILL.**

# What it helps solve



## IT RE-FRAMES OPTIONS.

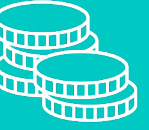
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Side effects are the biggest concern for all WRA.

However, from the immersions and Workgroups we have come to understand that for most women who have never been on OCP or PrEP the myth or perception of side effects is based on hearsay and applied to all contraception.



# Choose the win-win option – an educational flip of the coin



Khanda or  
Umsila?\*

\*Head or Tail? -  
Shona



# What does this solve



## It ensures the benefits are understood

We heard the words ‘choice’ and ‘chance’ often in the workshops:



“A child by choice not by chance.”



The ‘sex coin’ helps reinforce that the DPP is the smart choice because you leave nothing to chance.



Stop feeling like a loser – start feeling like a winner



The coin [decision] is in your hands thus empowering you to manage your family planning, your health and the well-being of your family.



Notion of taking charge of oneself.



**HCW can use this as an educational tool and a promotional tool**

# How can we help WRA understand they have options?





# Options require truthful explanations



DPP needs to be contextualized within the suite of available Family Planning and HIV choices.



Health Care  
Providers need to:

Acknowledge the downsides of products and discuss what products may fit into their lives.

Provide advice on how to mitigate side effects properly.

Consider facts and feelings

**“If OCP affected my emotions first time around will DPP have double the negative effect?” – provide clear responses**



Assurance of  
Efficacy

Proof of efficacy [e.g., 90% chance of not getting pregnant]

Do not trust anything related to HIV [hangover from original ARV side-effect stories]

**“If you can’t make a credible promise then how can we believe you.”**



# How can we 're-position' the DPP to allay fears / increase trial?



The diagram illustrates the concept of the Dual Protection Pill (DPP) as a combination of two existing pills. On the left, a white pill is labeled 'Contraceptive' and a pink pill is labeled 'HIV Protection'. These are separated by a plus sign. To the right of the plus sign is an equals sign, followed by a single pink pill. Above the equals sign and the resulting pill, the text reads '2 PROVEN FORMULAS.' and '1 NEW PILL.' Below the resulting pill, the text states: 'Double the protection. Double the happiness. Double the piece of mind. Half the effort.' At the bottom of the diagram, it says 'TALK TO YOUR HCP ABOUT THE DUAL PROTECTION PILL.'

2 PROVEN FORMULAS.  
1 NEW PILL.

Contraceptive + HIV Protection =

Double the protection.  
Double the happiness.  
Double the piece of mind.  
Half the effort.

TALK TO YOUR HCP ABOUT THE  
DUAL PROTECTION PILL.

# Additional Messaging in the women's own words



## Convenience

“Once a day, twice the protection”

“One pill, one queue, one appointment - not two.”

“It is killing 2 birds with 1 stone.”

## Reality check

“Come on girls, it's really not that difficult”

[Many women, especially in SA workshop believed that difficulty of daily taking of pill was a poor excuse]

## Daily Reminder on cell phone

Clever ringtones as reminders to take pills.

A baby crying or calling “mommy mommy”

# Recommendations

How might we help women make an informed choice about the DPP in the context of other pregnancy and HIV prevention methods? And how can we explain the benefits as simply as possible?



Provide truthful and relevant information about the product.



Allay fears of side effects from 'new / experimental' pills



Provide 'messengers' that are credible and have them deliver information in safe spaces where open discussion can take place.



Help their husbands and partners make the informed choice by involving them publicly.



Enlist the support of partners eventually.



Use the Win-Win coin to explain the benefits of peace of mind & elimination of fear and anxiety



# Recommendations

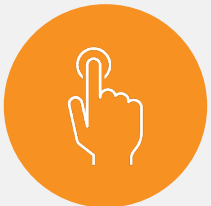
How might we give women the confidence/belief that they can successfully take a pill every day?



Create a supportive environment that upholds the belief that 'it's the right thing to do'.



Remove the need for discretion and hiding of pills



Provide examples of success via peers



Remove doubts and 'excuses' by highlighting the range of options available [with the DPP being a strong choice!]



Provide platforms from which women can share their pill habit 'hacks'



Use the Win-Win coin as an educational tool for both partners to make it more acceptable

# Workshop Extracts



**Eureka Workshops consists of various exercises designed to generate indicators of what the participants consider to be valuable in the demand creation process.**



welcome	
8:30-9:00	Registration and COVID-19 Safety
9:00-9:15	What's Your PASSION? Getting to Know Each Other
9:15-9:25	Let's Talk About Sex
9:25-9:30	Intro to Dual Pill
9:30-10:00	Sell This! Sales Pitch A (Bottle/Lotion)
10:00-10:15	Tea Break
10:15-11:00	Now Sell This! (The Real Deal) Sales Pitch B (Pill box)
11:00-12:00	Challenges for Women (Barriers)
12:00-1:00	Lunch
1:00-2:00	Who Decides?
2:00-3:00	What Would You Change About Your Pitch? Sales Pitch B Revisited (Pill Box)
3:00-3:15	Tea Break
3:15-4:00	Memory Tricks







**Mock product packaging made by participants with names that feature the end benefits, e.g., Thando means Love .**

**We Glow is as much about personality and confidence.**



Participants designed mock DPP packs.

The letters DPP were never used as a brand.

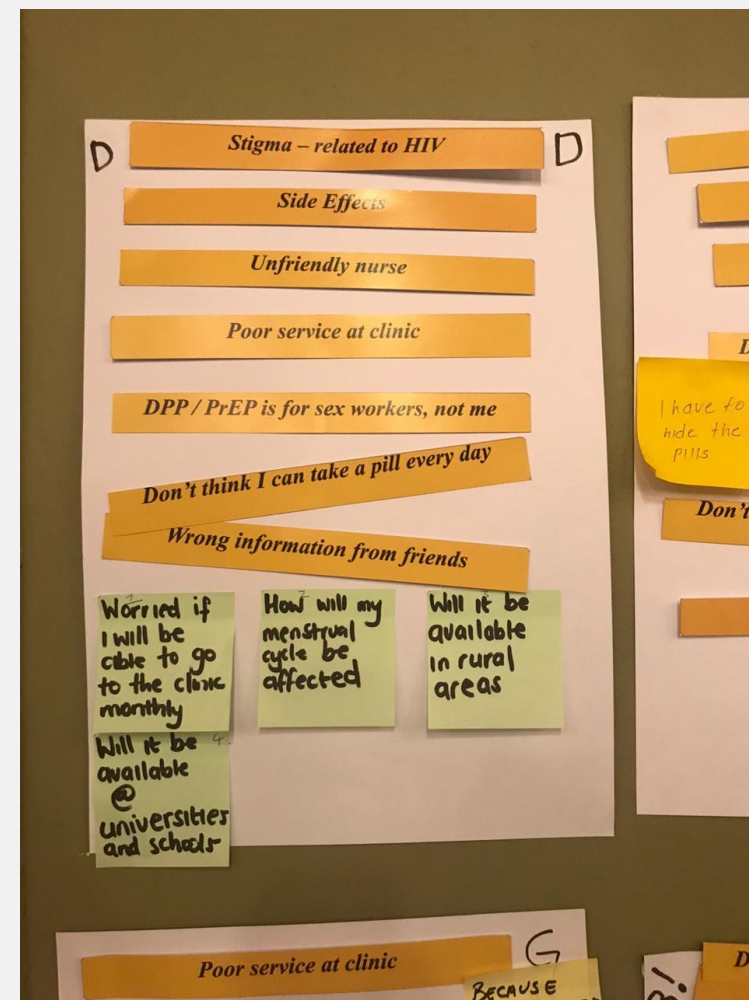
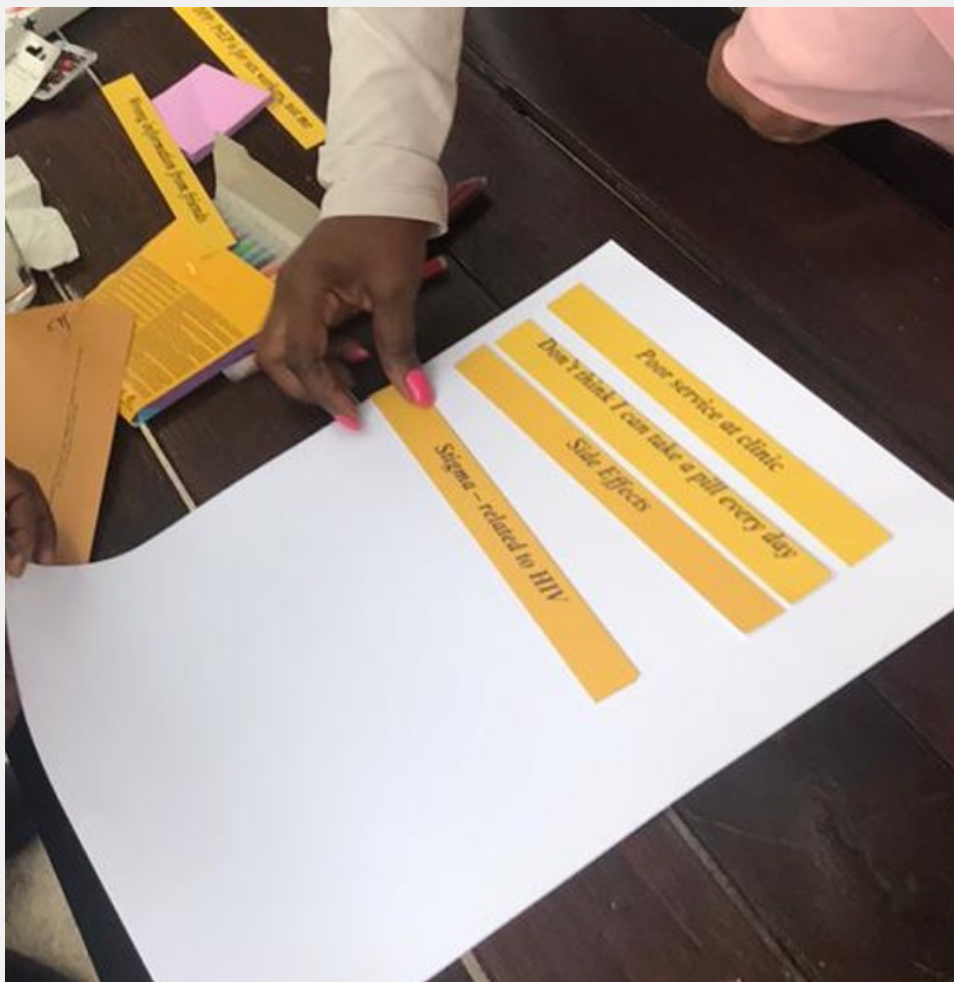
Participants once again used the benefit of the product as a brand name. DPP would give one the strength of a **Rock** or make you a **Star**.



Imbokodo  
means  
'Rock'

Inkanyezi  
Means 'Star'

## Barrier Ranking Exercise





Sharing the benefits of a product. Mock exercise in workshop.



**Thank you**