Dual Prevention Pill

A Summary of Insights and Recommendations on the uptake of the combined PrEP and Oral Contraceptive pill by women of reproductive age in SA and Zimbabwe

AVAC
Global Advocacy for HIV Prevention

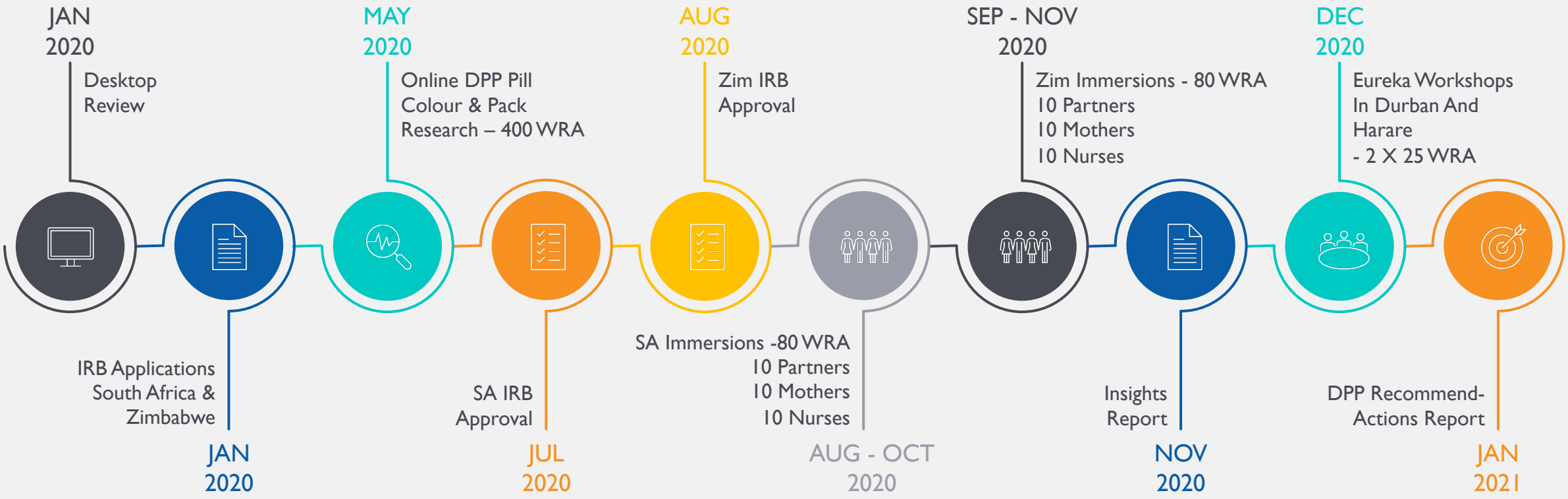
match boxology

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 cantered 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



Study Population & Location

IMMERSION Component	Population and Location South Africa & Zimbabwe -Urban and Rural	Number of Participants per country
An equal spread of age between 18-25, 25-30 and 30-39) Immersions with individuals, dyads and triads.	Women on OCP	30
	Women on PrEP	20
	Women on Neither OCP nor PrEP	30
	OCP and PrEP experienced nurses	10
	Spouses/Partners	10
	Mothers/Matriarchs	10
		n=110

EUREKA Workshops	Population and Location South Africa & Zimbabwe - Urban and Rural	Number of Participants per workshop
1 day workshops in SA and Zimbabwe Women aged between 18 and 39, equal rural & urban spread	Women on OCP	10
	Women on PrEP	5
	Women on Neither OCP nor PrEP	10

Key Insights

1. DPP will enter a market where there is **insufficient understanding of the difference between ARVs and PrEP** among Users and many health providers .

2. There is a tension between women wanting to use the product discreetly and realizing that the act of having to be discreet in itself will always make the product more difficult to use.

3. **Public Messaging** to make the DPP broadly acceptable and known in communities is vital.

4. **Women will balance side-effects and convenience** when making DPP use decisions. Many of those already on a contraceptive had experienced side effects and, by trial and error, landed on their current method. These women expressed reticence to change ("I know this works for me").

Key Insights

5. **Nurses are disinclined to support DPP for some.** Nurses were not in favour of recommending DPP or OCPs for AGYW, who they believe are immature, unreliable and cannot be trusted to take a daily pill. However, nurses would recommend DPP to older women who are more responsible and who prefer the flexibility of being on OCP.

6. **DPP offers a way to avoid relationship conflict.** Spouses/Partners are very supportive of OCP and 'leave it up to the woman' (SA only). Most partners appreciate PrEP but felt there was no need for it as it could result in mistrust and permission for unfaithfulness. Women who want to avoid relationship conflict see the DPP as a way around this, as they can highlight the less-controversial FP aspect.

7. **First joy, then doubt. -** Older women initially welcomed the DPP 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.

Key Insights - SA

1. **Long-acting contraceptive users - not convinced by DPP** and would prefer to add PrEP to current regimen.

2. Some women had a **reactive not preventative mindset** for example the morning after pill (emergency contraceptive) is commonly viewed as a family planning option.

3. Women spoke about being **motivated to take PrEP** due to the high rape rate in South Africa

4. **General Anxiousness:** Stressors such as poverty, community-based and interpersonal violence, HIV and side effects manifested themselves as anxiousness during the workshop. Stigma and judgement associated with any sexual activity ["If you're on the pill you must be a ho."] caused the women to be anxious about taking the DPP

Insights - Zimbabwe

1. Government endorsement [Dept of Health] of prevention treatments welcomed. Although visiting clinics is an arduous experience, doctors and nurses are seen as representative of government and therefore trustworthy.

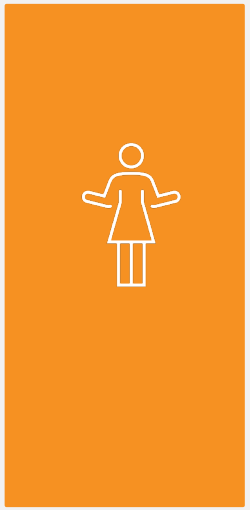
2. Lack of availability of PrEP and OCP at clinics leading to black market activity. Counterfeit drugs may not work resulting in mistrust of the genuine drug's efficacy. [For example, women 'test' the PrEP they're buying by taking regular HIV tests]

3. Locus of sexual decision-making rests with Partners/Spouses resulting in Fearfulness: Many women said they felt "oppressed" by their partners and didn't have the agency to make product choices. Fear of disclosure and overarching fear of their husband's / partners response was a challenge to them.

4. Religious and patriarchal conservatism also meant that the women had little support from family [no sex before marriage].

Women on OCP	Women on PrEP	OCP and PrEP Inexperienced	Partners/ Spouses	Mothers / Matriarchs	Nurses
Wary of changing to DPP due to side effects.	Totally committed to PrEP due to peace of mind.	Those on LARCs or injectables reluctant to change to DPP.	ZIM – Patriarchy reigns. Men believe FP decisions are theirs to make. Fear of men's response is a major barrier for women.	OCP and PrEP are signs of unmarried daughter having sex – unacceptable.	Poor knowledge of PrEP in Zim **especially in rural areas**. Confused with PEP and early ARVs.
SA- 86% of urban women, across all age groups, interested in DPP – side effects dependent.	SA – 70% interested in DPP but concerned about side effects.	All rural and urban women very interested in trying the DPP	In SA, men believe FP decisions are the 'woman's business' but attitudes to women still conservative.	Prefer daughters to be protected than not.	No confidence in young women adhering to a daily pill. Better for older women.
DPP is a way to disguise PrEP and therefore avoid partner conflict	ZIM – stock-outs in clinics resulted in risky blackmarket purchases.	Generally anxious about any pills related to FP or HIV, leading to no action being taken	PrEP is admission of infidelity and therefore unacceptable.	Afraid PrEP may lead to promiscuity.	In SA, move away from OCP to avoid women coming to clinic often.
ZIM – Prepared to try DPP as long as husband was unaware.	ZIM – Prepared to try DPP as long as husband was unaware. Urban more keen than rural	Motivated by high incidence of rape in SA to use PrEP	Women using PrEP may be lead to their infidelity.	Religious conservatism	General unease that PrEP leads to promiscuity
	ZIM – 50% urban and 30% rural interested in DPP.	Many use 'morning after' pill as prevention.			
		ZIM – 73% prepared to try DPP as long as husband is unaware			

Communications – What women told us they wanted:



Access to better / clearer information [e.g., PrEP is unknown]

A forum in which to openly discuss sexual and reproductive health issues.

They wanted to make informed decisions based on a credible source of information. These *Trusted Agents* could be:

- Community Health Care Workers [very popular] who could easily participate in Church groups, Stokvels, social societies, etc.
- Doctors or experts [seen as credible 'agents' of the Dept of Health] as hosts on radio talk shows and social media sites where FAQs can be explored.
- Peers [e.g., Current PrEP users] who are experienced and credible to counteract hearsay.
- DPP Information pamphlets in the pack that are easy to understand, shareable among themselves and useful as monitoring tools.

Women's most important ask:
"Help us to not have to be discreet about it

Women acknowledge the DPP benefits:

"…family planning, our health and the well-being of our family will be in our hands'.

…it will give us self-confidence and replace the fear and anxiety with peace-of-mind

…but we are still disempowered"

"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. Women said, 'support us by making it public'

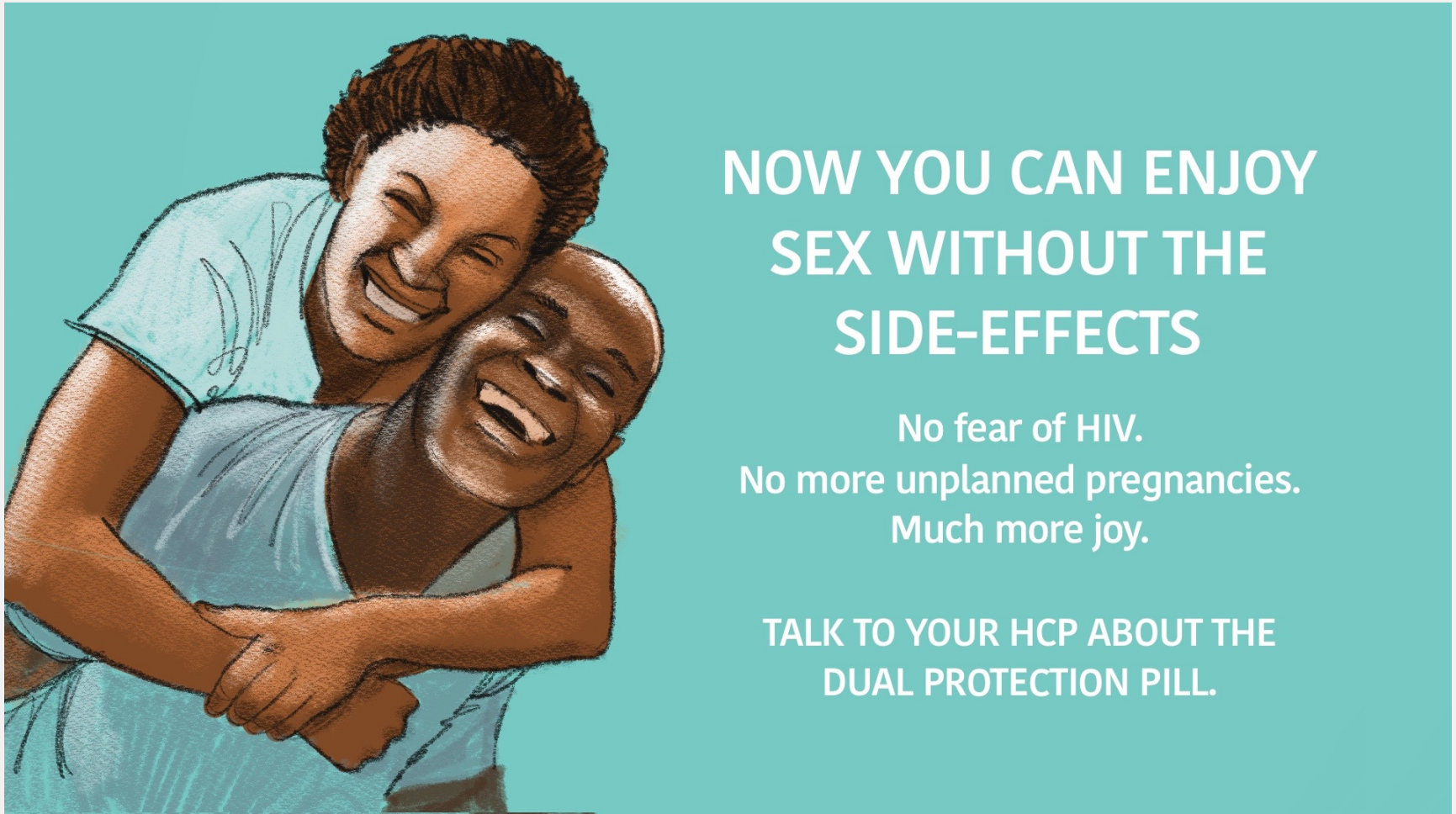
KEY MESSAGE:

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.

Could we help women re-interpret and better understand side effects?

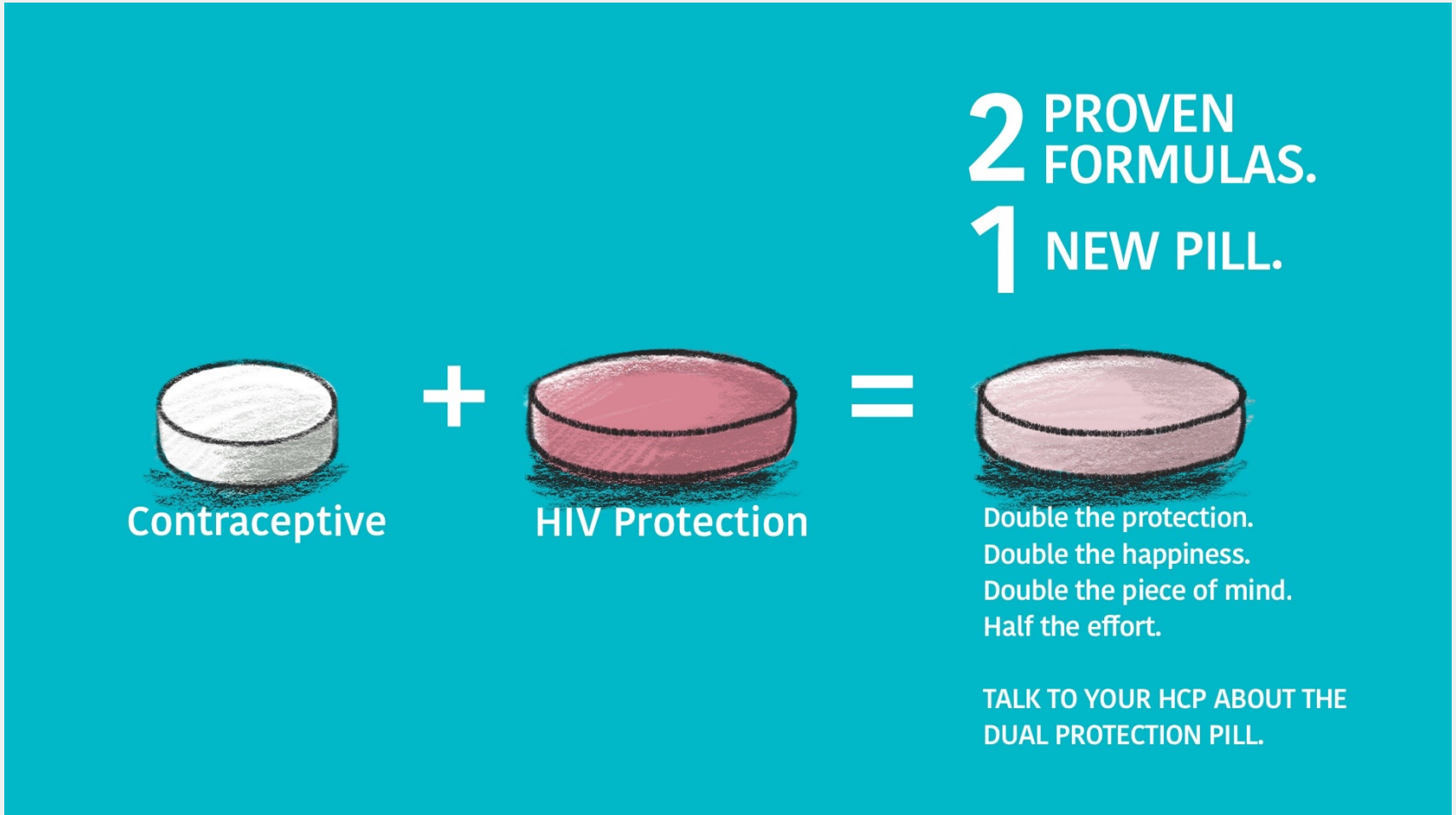
KEY MESSAGE:



While side effects are cited as a barrier, often they are not personally experienced but a result of hearsay from peers. Women need to be reminded of what the downsides are of not exploring prevention mechanisms more carefully.

How can we position the DPP to allay fears and increase trial?

KEY MESSAGE:



'New' medications are often met with scepticism, as women believe it is being tested on them or it has side effects that have not been made public yet, etc. In truth, the OCP and the PrEP are not new – it's the convenience of 2 in one that is new.

Can we help WRA understand they have options?

KEY MESSAGE:

Healthcare Providers need to:

- Contextualize DPP within the suite of available Family Planning and HIV choices.
- 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

Promotional device:

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

Thank you