

DUAL PREVENTION PILL

RESEARCH INSIGHTS AND DEVELOPMENT OF STRATEGIC THEMES

30th August 2022

IN THIS PRESENTATION...

Summary of insights from the HCD research on the DPP in Kenya, SA and Zimbabwe

Implications of these insights for the demand generation strategy

3 overarching themes, shaped by research and communications best practice, to explore with creative teams and end users in the next phase

IN THE RESEARCH REPORT...

A broader overview of audience motivations and barriers and journey mapping for OCP/PrEP use

Full range in-depth insights across countries and audiences

A more comprehensive overview of potential implications for the demand generation strategy

SUMMARY OF RESEARCH INSIGHTS

WHEN DECIDING TO USE THE DPP, WOMEN HAVE TO NAVIGATE DIFFERENT SIDES OF THEIR IDENTITY AND COMPETING VALUES

Key findings

- The DPP was seen as a way to preserve **relationship goals and public image**, without compromising sexual health goals
- **Women balanced a plurality of identities**, e.g. independence, career goals and greater equality in sexual relations vs the appearance of respectability, religious and family values
- **Relationship goals were connected to financial security and social status**, and drove risk judgements in sexual health decisions

Nuance across countries

- **South Africa:** Greater evidence of enjoyment values, including sexual pleasure, and more priority given to social status that comes with being in a successful relationship
- **Kenya:** Appearance of social respectability was tied to fear of moral sanction, and women wanted to find 'empowerment in secret', e.g. through equality in sexual relations
- **Zimbabwe:** Demonstrating adherence to religious and traditional values was a priority

Implication: While many communications focus on one side of women's identity (e.g. empowerment), we can connect the DPP to the different sides of women's identities which they are constantly balancing.

MALE PARTNERS WARNED THE DPP COULD THREATEN GENDER NORMS, BUT HELD MORE POSITIVE INDIVIDUAL ATTITUDES

Key findings

- **Men warned that the DPP could provoke backlash** due to concerns about libido and fertility, and could give women license to cheat
- **Male attitudes towards the DPP were tied to identity – but this varied by social setting**, e.g. talking openly and humorously with friends; supportive of side-chick taking the DPP
- Participants were **personally supportive of the DPP**, but some caveated that this was dependent on their involvement in rollout

Nuance across countries

- **South Africa:** More single women and informal marriage structures (lobola) can reduce their involvement in decision-making
- **Kenya:** Men in Kisumu wanted to be involved in DPP rollout to maintain control of SRH decisions; in Nairobi, they were more positive about women making independent decisions
- **Zimbabwe:** Men were likely to support the DPP when the decision supported their role as a leader and contributor in their community

Implication: Leverage male partners who hold positive individual attitudes as role models in communications, helping to limit stigma that may be associated with the product within their community.

WOMEN SPEAK OPENLY AND HUMOROUSLY ABOUT SEX IN THE ABSTRACT, BUT ONLY CONFIDE IN ONE OR TWO CLOSE FRIENDS

Close confidant

Trusted friend or older sister who share similar experiences

Male partner

Employ diverse tactics to hide OCP/PrEP and maintain relationship

Aunties & Sengas

Traditional and trusted sources of information, but risk shaping negative attitudes around sex

End user
Women aged
20-40

Family & in-laws

Struggle to speak openly with mother & prioritises the appearance of respectability

Anonymous/impartial confidants

Circles of trust with hairdressers and manicurists; Ladies Health Online groups

Wider friendship circle

Performs different identities with church friends vs night out friends



Aunties and sengas are influential in more rural settings



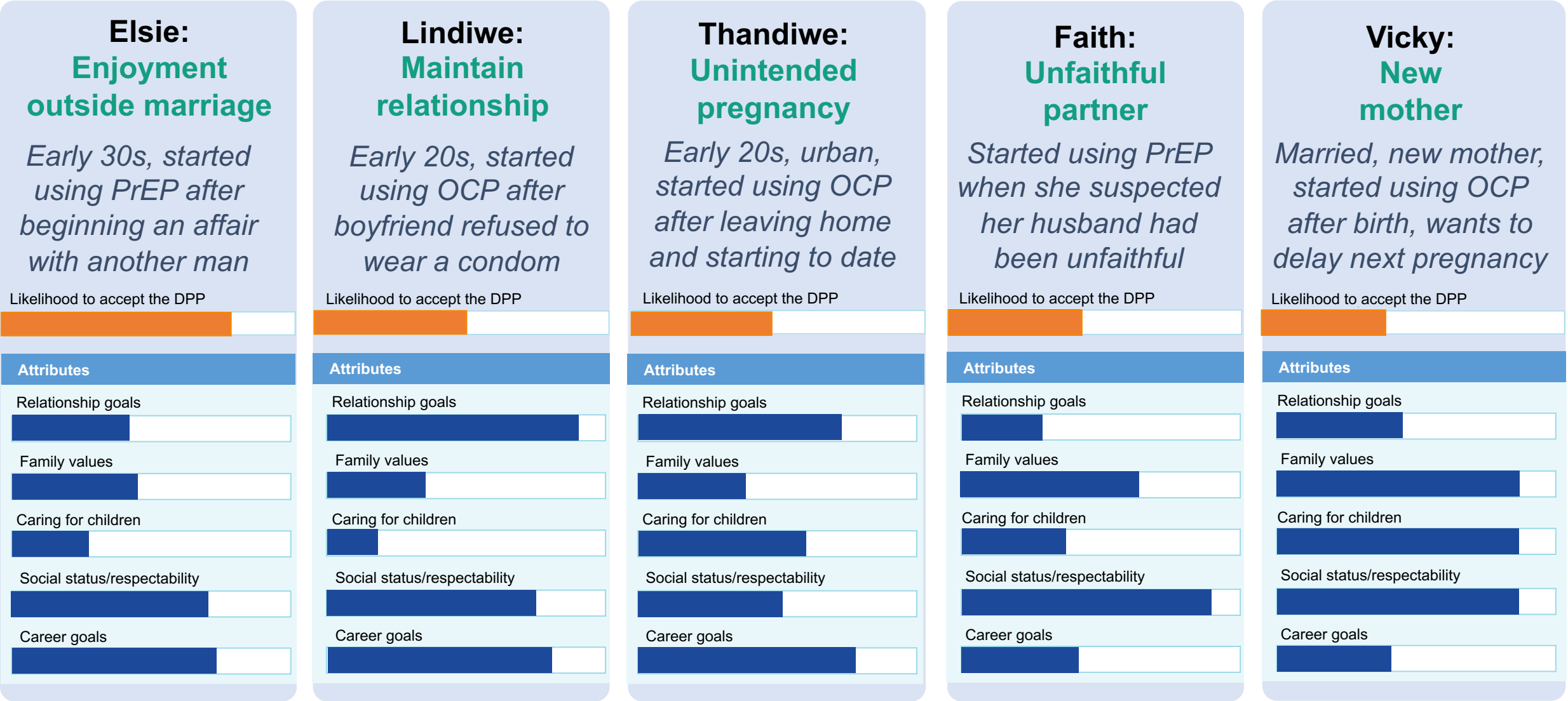
More guarded due to fears about their social status



Look to confidants they see as more mature, e.g. mamacane

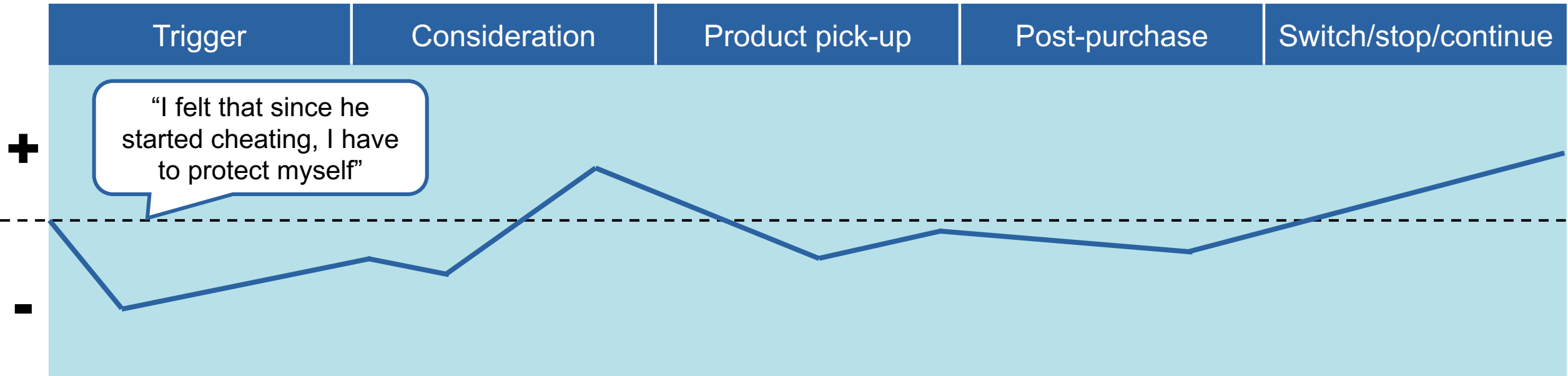
Implication: Identify positive and aspirational advocates for the brand who are trusted by the target audience and encourage people to discuss and recommend the product to a close friend.

AUDIENCE PERSONAS REPRESENT SIGNIFICANT TRIGGERS TO CATEGORY ENTRY FOR OCP/PRP ACROSS COUNTRIES



*Please refer to section 4 of the full research report for more detail on the five personas and associated user journeys generated from research

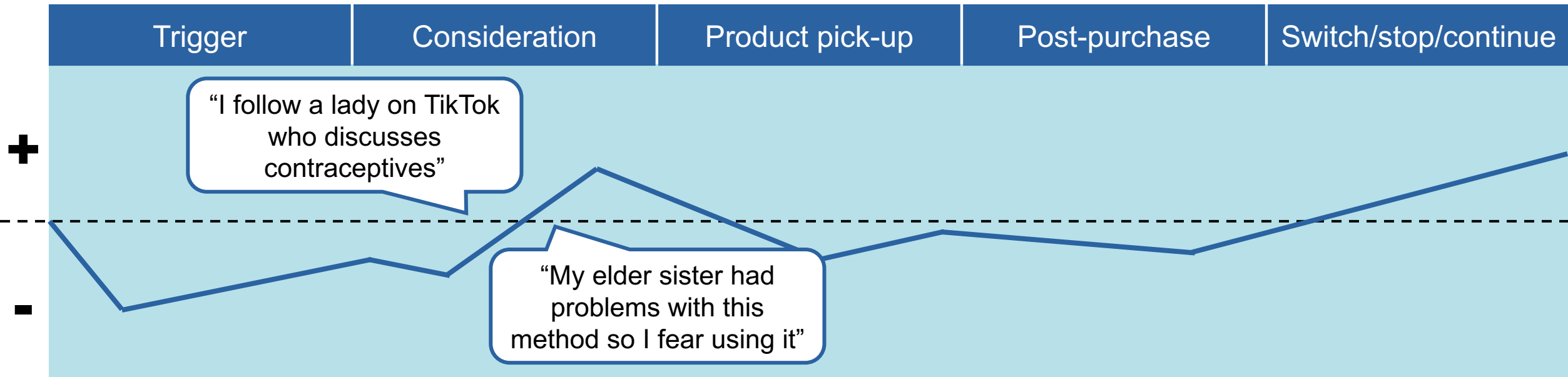
TRIGGERS FOR OCP/PREP USE WERE LARGELY NEGATIVE, WITH WOMEN RESPONDING TO RISKS OUTSIDE THEIR CONTROL



- 11 of 13 PrEP journeys were triggered by an untrustworthy partner, and 1 who had hidden their HIV status
- In **Kenya**, partner infidelity prompted some women to start their own affairs (“tit for tat”); in **South Africa**, some participants described men cheating on HIV tests or spending the wife’s money on side-chicks and in **Zimbabwe**, women mentioned being in high-risk relationships, e.g. with gold panners
- More positive triggers included delaying children, e.g. due to financial burden; focusing on their current child

Implication: Build positive associations with the brand though messaging, but target negative triggers in media

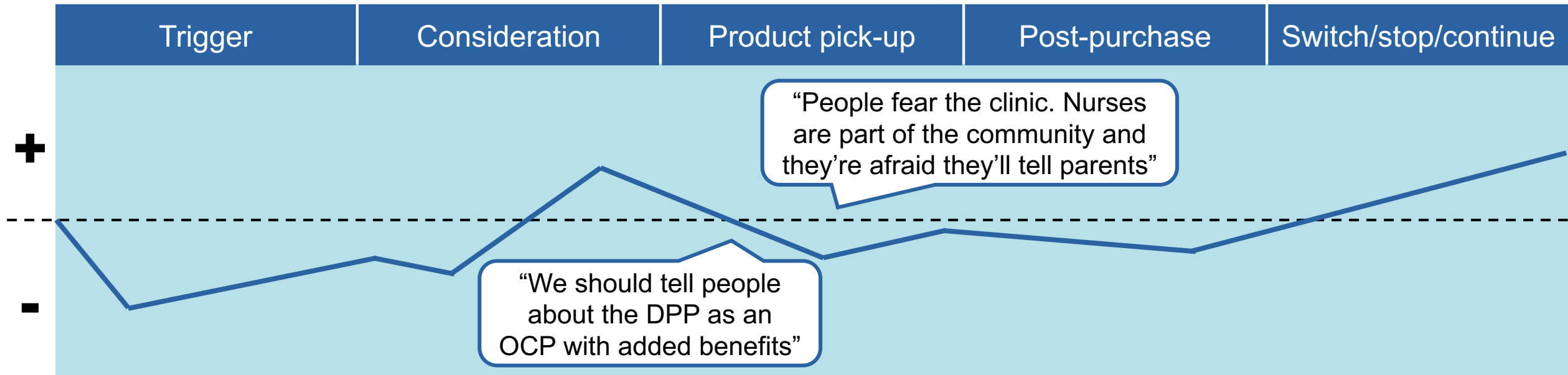
PEER PREFERENCE AND ONLINE INFORMATION DRIVE CONSIDERATION, BUT ARE ALSO THE MAIN SOURCE OF MYTHS



- Consideration typically starts by talking to close confidants & seeking information online (Google, Facebook, WhatsApp), but this is also where myths and rumours were most likely to circulate (verified/dispelled by HCWs)
- Preferences were formed by observing what close family or friends were using, e.g. the pill their mother took
- Many supplemented HCW advice with online product reviews, but this often reinforced rather than reduced confusion - stigma & misinformation was likely to transfer between different contraceptive products

Implication: Leverage touchpoints in women's day-to-day lives, to reach them where opinions are formed before they arrive at the Health Care centre

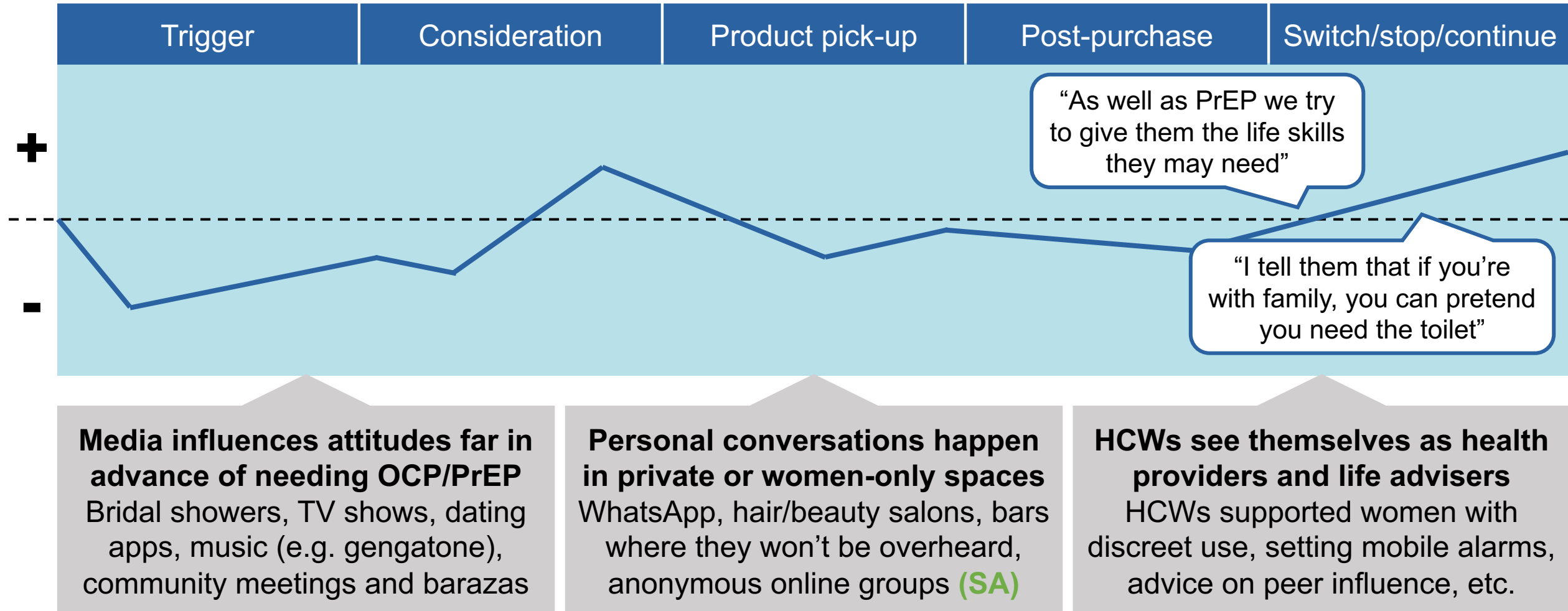
DESIRE FOR DISCRETION HAD A STRONG INFLUENCE ON DISTRIBUTION, LEADING TO AVOIDANCE OF PUBLIC CLINICS



- Participants suggested using OCP as the entry point due to the stigma around HIV and to avoid difficult conversations with partners, e.g. blister packs that didn’t rattle, packaging that looked like vitamins or makeup
- There is potential to engage those with low HIV risk perception by highlighting the pregnancy risk
- Participants want to avoid being seen seeking support for SRH issues around pharmacies and chemists
- In **Kenya**, most OCP users transition to the pharmacy after using the clinic for initial product pick-up

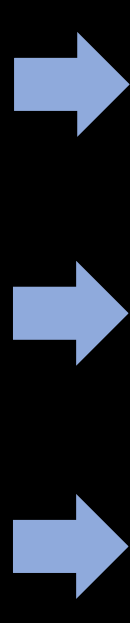
Implication: We could create branded products to support discreet use, e.g. a makeup bag or lip balm container

HCWS STRUGGLED TO CHANGE PRODUCT PREFERENCES, BUT WERE CRITICAL TO OVERCOMING ADHERENCE CHALLENGES



IMPLICATIONS FOR THE DEMAND GENERATION STRATEGY

TO ACHIEVE HIGH MENTAL AVAILABILITY, BE THE FIRST BRAND PEOPLE THINK OF ACROSS DIFFERENT CATEGORY ENTRY POINTS

- 
- AIM TO REACH ALL CATEGORY BUYERS, STARTING WITH THOSE MOST LIKELY TO ADOPT DPP**
 - STAND OUT IN THE RIGHT MOMENTS WITH DISTINCTIVE ASSETS THAT PEOPLE REMEMBER**
 - CREATE RELEVANCE ACROSS THE GREATEST NUMBER OF CATEGORY ENTRY POINTS**

Framework for CEP Generation *Category Entry Points*

WHY?

Why are they buying from the category?
e.g. for peace of mind

WHEN?

When are they considering the category?
e.g. before a night out

WHERE?

Where are they engaging with the category?
e.g. WhatsApp group with friends

WITH WHOM?

With whom do they talk about the category?
e.g. male romantic partner

WITH WHAT?

With what are they buying from the category?
e.g. feminine hygiene products

THEREFORE, WE'RE LOOKING FOR A THEME THAT...

Is **distinctive, memorable** and **can stand out** among existing communications

Connects with people's **values, beliefs** and **identities**

Has the **longevity** and **flexibility** to work across different countries, audiences and contexts

Combines a **powerful audience insight with a truth** about the product and its benefits

Has potential to **disrupt existing behaviour** and **shape new habits**

THREE THEMES THAT MEET THOSE CRITERIA

DUALITY

READY FOR ANYTHING

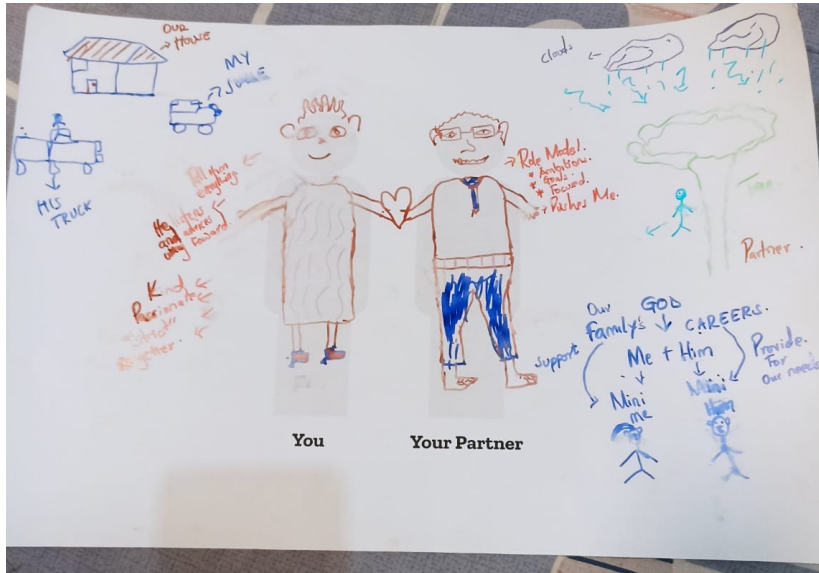
WHY WOULDN'T YOU?

These themes synthesise insights which best meet these criteria and can unlock change, but other insights featured in the research report will also shape the approach. New themes might emerge as we develop them with local creative agencies and end users in Phase 2.

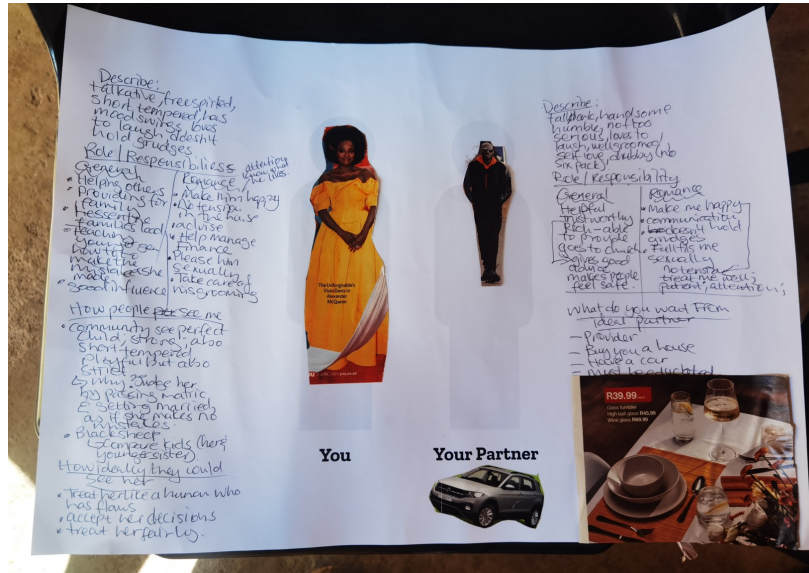
THEME 1

DUALITY

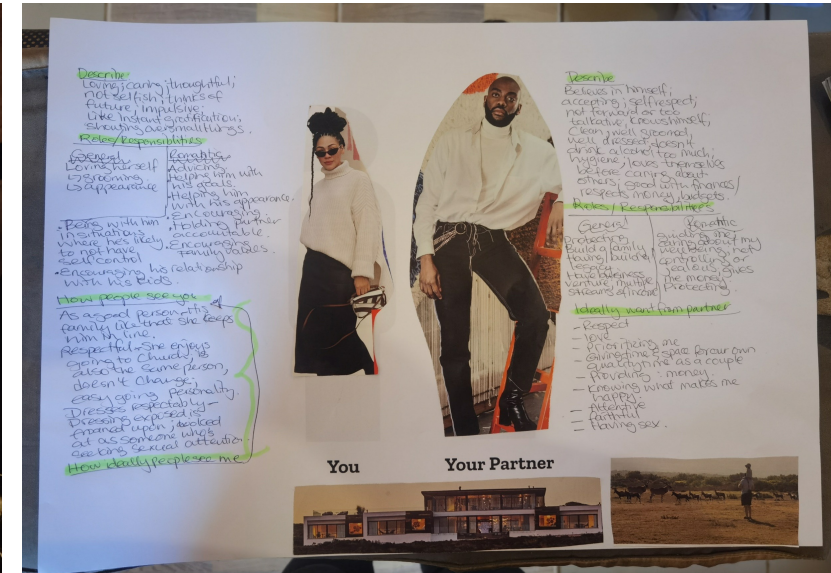
WOMEN EXPERIENCE DUALITY IN THEIR LIVES, BALANCING SOCIETAL EXPECTATIONS WITH INDIVIDUAL MOTIVATIONS



Desire for equality in sexual relations vs respectability, religious values and the social status of marriage



The person she is with her family and church friends vs the person she is with her night out friends



Fights for her financial and career goals vs caring, reliable, strong family values; a good mother

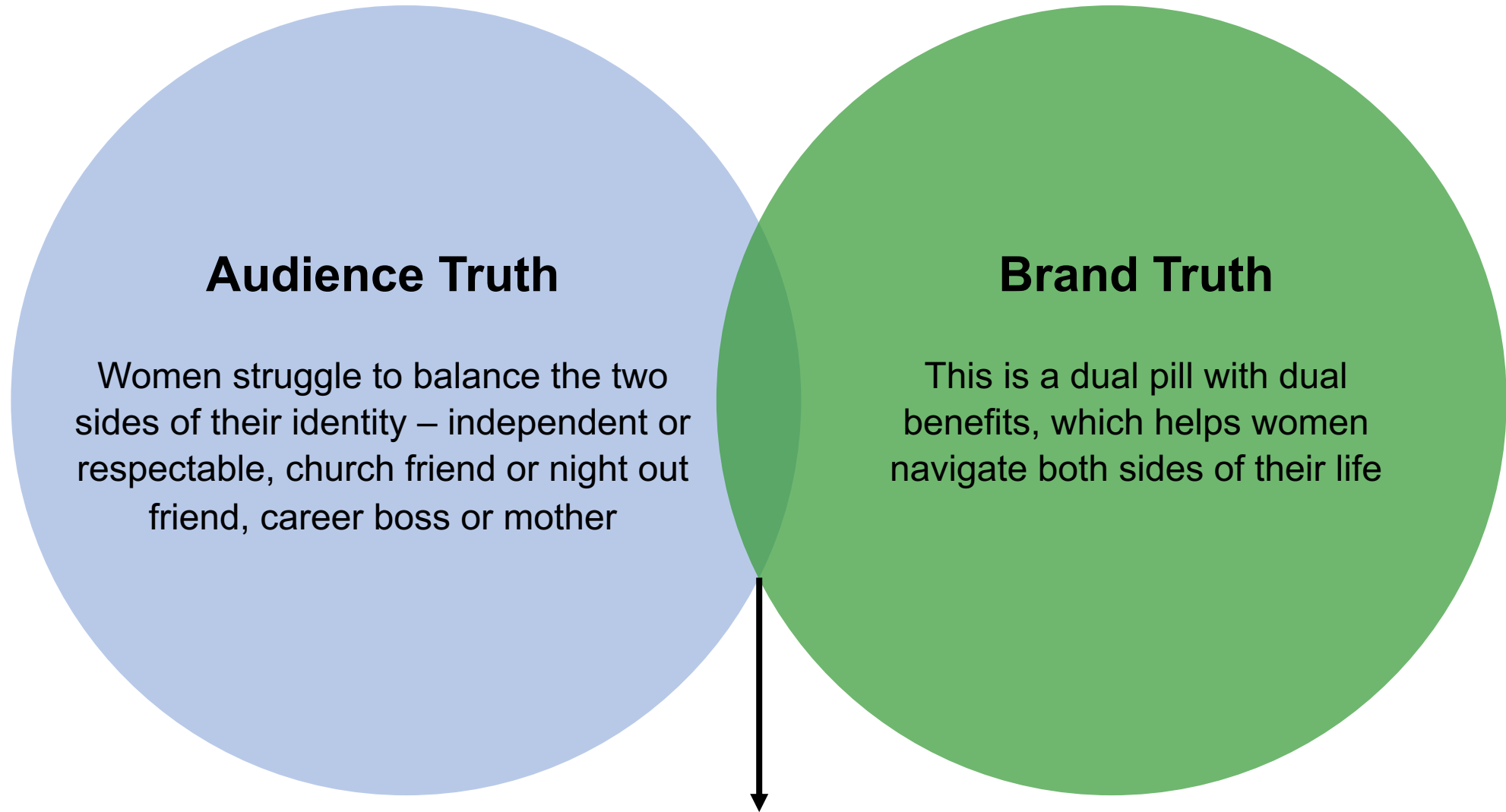
THE OPPORTUNITY: TO CONNECT WITH BOTH SIDES OF WOMEN'S IDENTITY



“What you sold to one another to be accepting of marriage had to be very composed and traditional whereas there is another side of you that your friends know so well...”

Source: Cultural commentator, Kenya





DUALITY

Strategy Manifesto

There are two sides to every person.

The one your friends see and the one your family sees.

The one-track mind and the million things on your mind.

The career boss and the supportive partner.

Why choose?

This is a dual pill that lets you live both sides to the full.

It stops you getting pregnant and stops HIV.

To stop one side of your life getting in the way of the other.

It lets you be the person you are with your church friends.

And your night out friends.

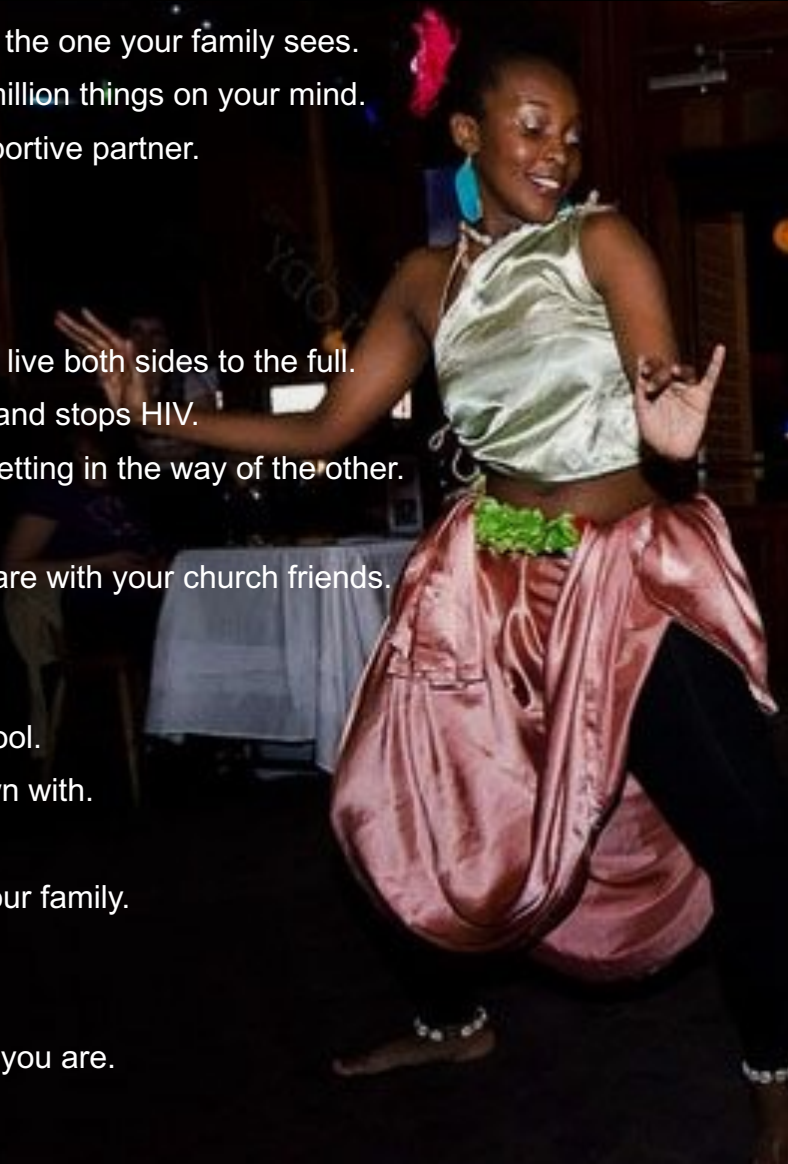
Lets you explore the dating pool.

And find the one to settle down with.

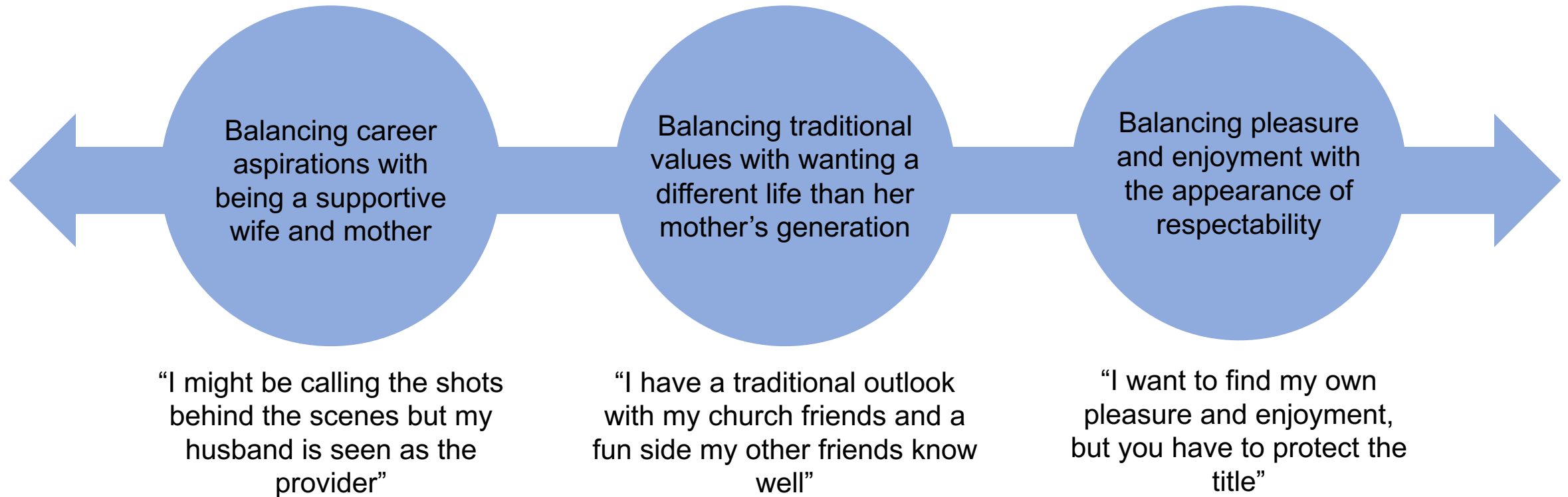
Lets you do what's best for your family.

And yourself.

DPP helps you be everything you are.



WE CAN DIAL UP DIFFERENT MOMENTS OF DUALITY ACROSS DIFFERENT AUDIENCES



THEME 2

READY FOR ANYTHING

WOMEN STRUGGLE WITH THE UNPREDICTABILITY OF LIFE, OFTEN FUELED BY THE ACTIONS OF THEIR PARTNERS

**PROTECTION FROM PARTNERS
WHO MISBEHAVE IS MORE
MOTIVATING THAN PROTECTION
FROM HIV**

“I thought life will be easy but no all of a sudden boom an uphill. It’s better you fall down with a pot because you can go back to the river. Stay safe in case of an accident or divorce.”

**ASSOCIATION WITH WOMEN WHO
ARE READY FOR ANYTHING IS
STRONG; ASSOCIATION WITH
WOMEN WHO AVOID HIV IS NOT**

“I believe in myself. I’m a hustler. I can make a plan and won’t sit around wondering what will happen. When I have a challenge, I come up with solutions instead of stressing about it.”

**WOMEN ARE READY TO ENJOY
LIFE AND NOT FOCUS ON THE
ANXIETY SRH ISSUES CAN BRING**

“It was a huge relief because if I asked him not to come inside me he would still do it. It gave me a lot of stress and once I got the pills I could enjoy sex as well, I could carry on with my life.”

THE OPPORTUNITY: HELP WOMEN FEEL READY FOR ANYTHING

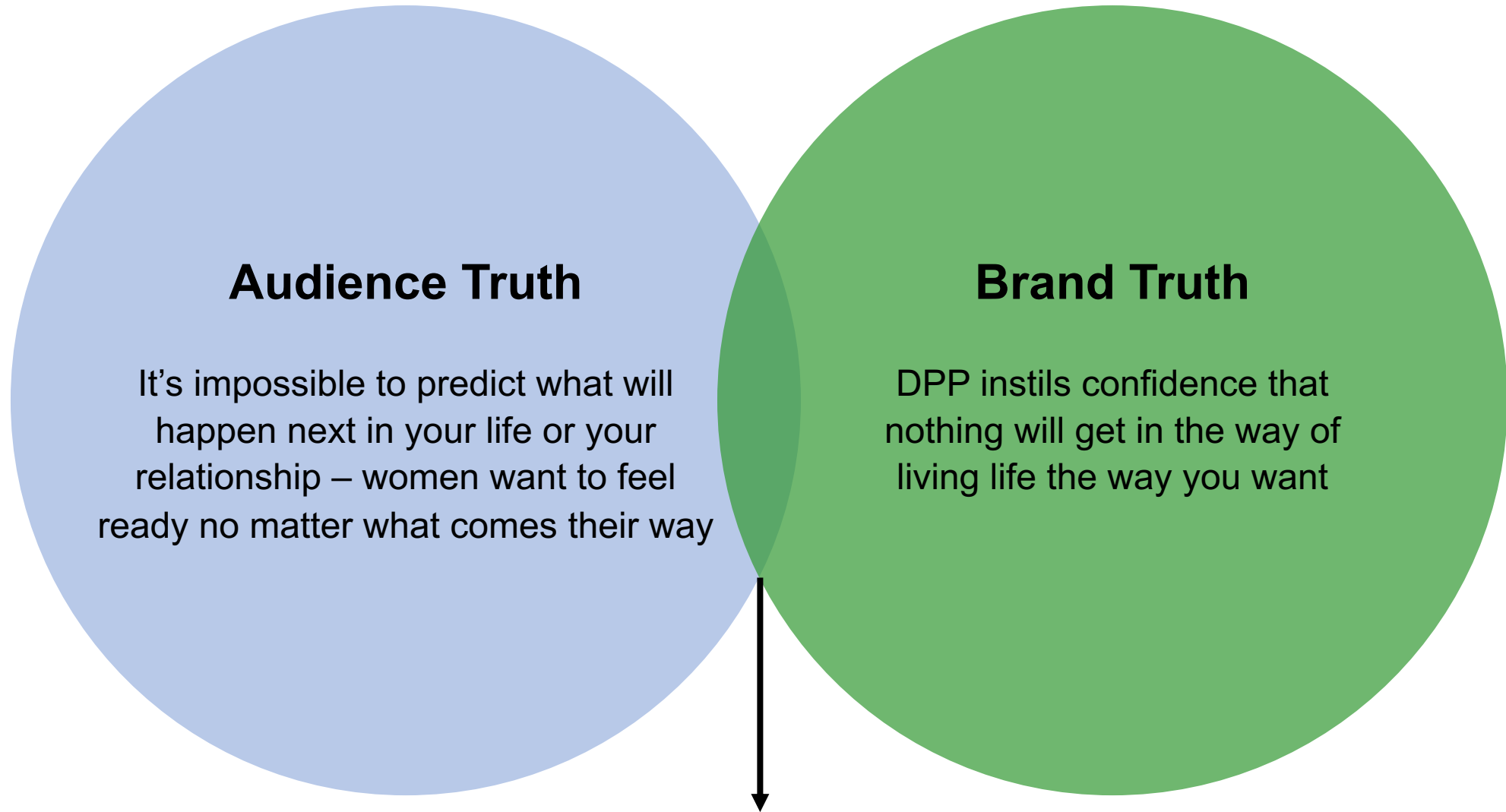


“My friend, you are not the first one to get married. Men are like that and there’s nothing you can do to change him so find your own happiness.”



Source: Immersion participant, Kenya





A group of young people are dancing at a party. The scene is dimly lit with blue and orange ambient lighting. In the foreground, a young woman with dark curly hair is dancing with her arms raised. To her right, another young woman with long braids is smiling and dancing. In the background, other people are visible, some with their arms raised. The overall mood is energetic and joyful.

Strategy Manifesto

Relationships are unpredictable. Messy. Spontaneous.
You can't always know what's going to come your way,
But there's some things you can still prepare for.

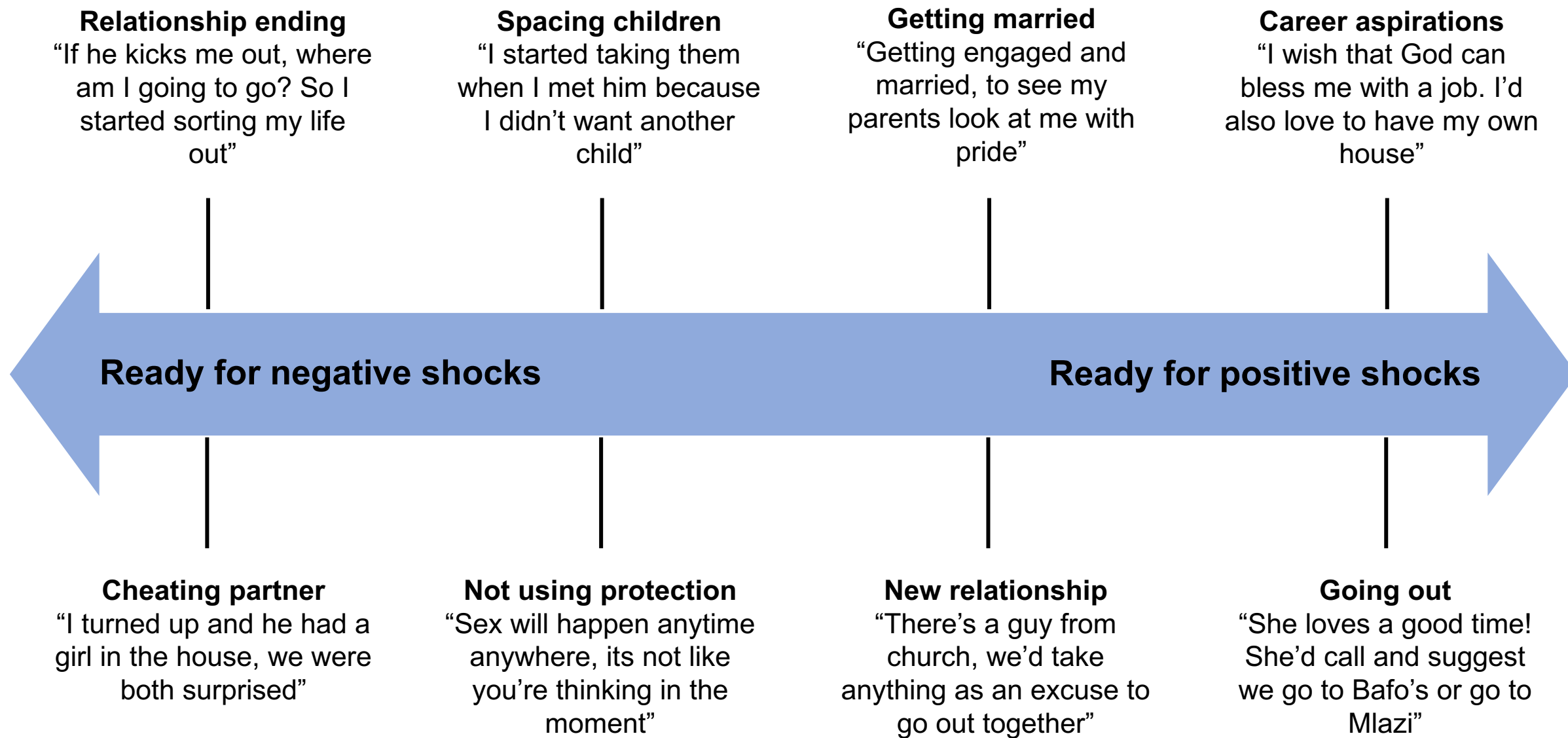
And doesn't it feel good when you feel ready to take them on?
The confidence, the peace of mind, the anticipation.
That no matter what happens, you've got this.

It's the feeling when you switch on your getting ready playlist.
It's planning your night out with friends. Finding the perfect going out outfit.
Feeling like nothing's going to get in the way of living life the way you want to live it.

DPP is one more way to help you feel ready for whatever comes your way.

Ready for the unexpected, be it good or bad.
Ready for the first date. Or the third one.
Ready to take things to the next level. Or if he turns out to be 'that guy'.
Ready for if the condom breaks. Or when protection's not the first thing on your mind.
Ready for your first child. But not your second.

Ready to live life the way you want to live it?
DPP helps you feel ready for anything.



Source: Interviews with DPP HCD immersion participants, in Kenya, South Africa and Zimbabwe

THEME 3

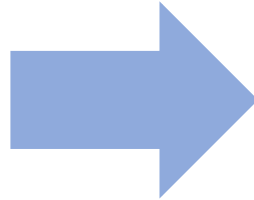
WHY WOULDN'T YOU?

THERE IS A WIDE GAP BETWEEN SOCIAL STIGMA FOR OCP/PrEP AND MORE POSITIVE ATTITUDES HELD BY INDIVIDUALS

We need to flip the default. To normalise the positive attitudes held by women at an individual level, three shifts are needed:

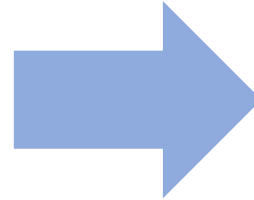
Protects against your actions

Assumption you're taking it because you're doing something wrong: "promiscuous", "loose", "hiding something", "unfaithful"



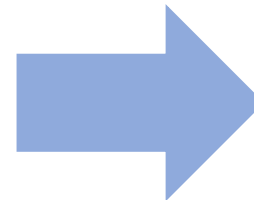
Protects against the actions of others

Assumption that you're taking it because of the open, casual way men treat having multiple sexual partners



Damages your relationship

Taking OCP/PrEP will damage your relationship: "He will think I had no trust"



Makes you a desirable partner

Taking DPP because you're a conscious partner looking out for your family's future

"I'll take the risk"

Not taking OCP/PrEP as the default and accepting you will deal with HIV, pregnancy or abortion if the need arises

"I'll take it just in case"

Taking DPP as the default – not because you expect HIV/pregnancy, but to give you peace of mind if the unexpected happens

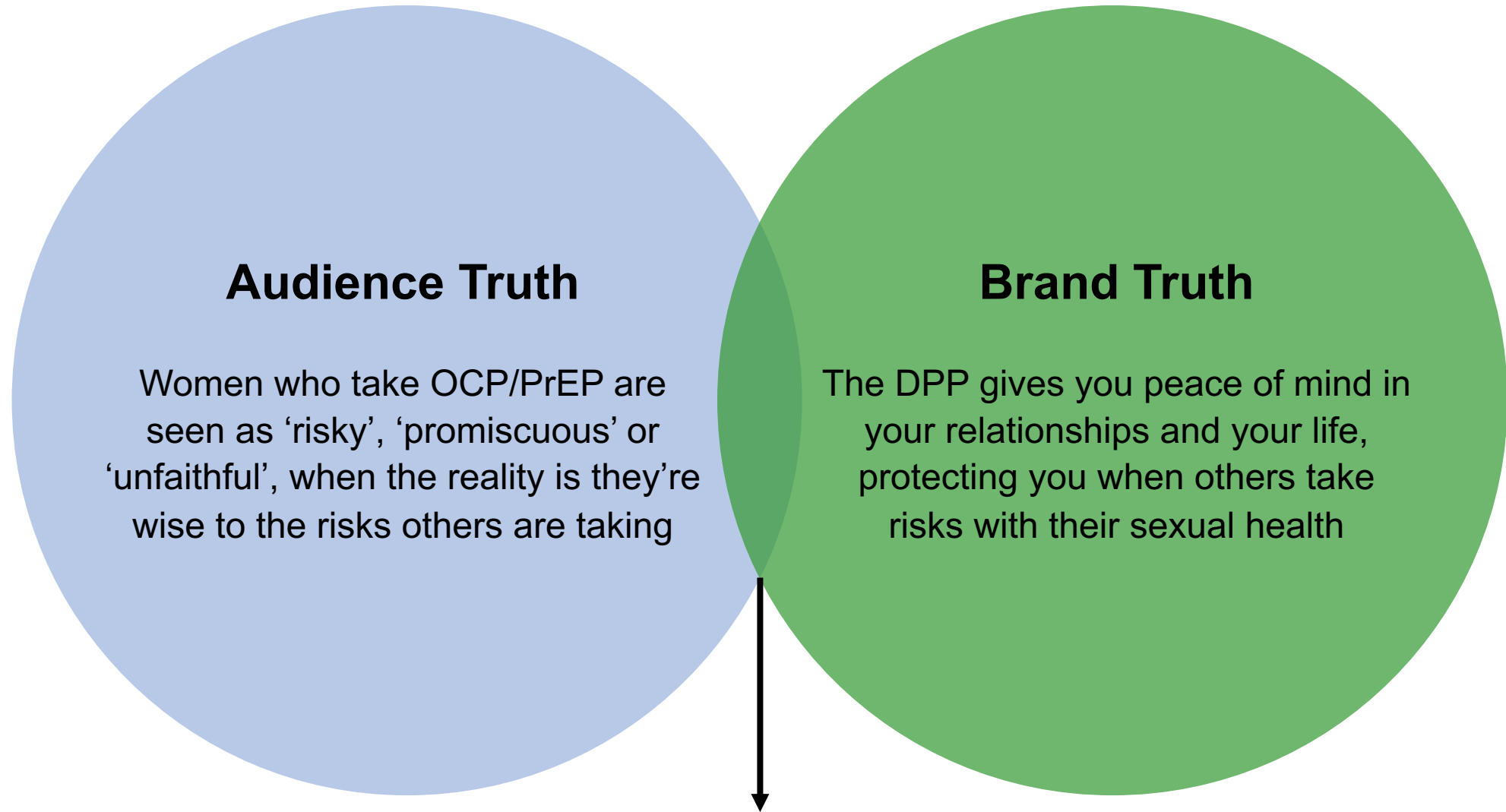
THE OPPORTUNITY: TO CHANGE THE QUESTION FROM 'WHY WOULD YOU?' TO 'WHY WOULDN'T YOU?'



“Society will label her a prostitute or someone who is loose even if it’s not the case. Maybe this person wants to be safe, is someone who makes good choices and cares for herself”

Source: Immersion participant, Zimbabwe





WHY WOULDN'T YOU?

Strategy Manifesto

Why would you take this pill?

Because you're sleeping around? Unfaithful? Taking risks?

You're asking the wrong question.

The question you should be asking is why wouldn't you?

Because if you're taking the DPP you're a conscious, caring partner. One who about thinking about their health and yours.

Who's looking out for their family and wants to give their child the best future.

Someone who's savvy about sexual health but knows not everyone else is.

I'm not taking this pill because I'm taking a risk.

I take it because others are.

I take it because others are thinking in the moment, not about the consequences.

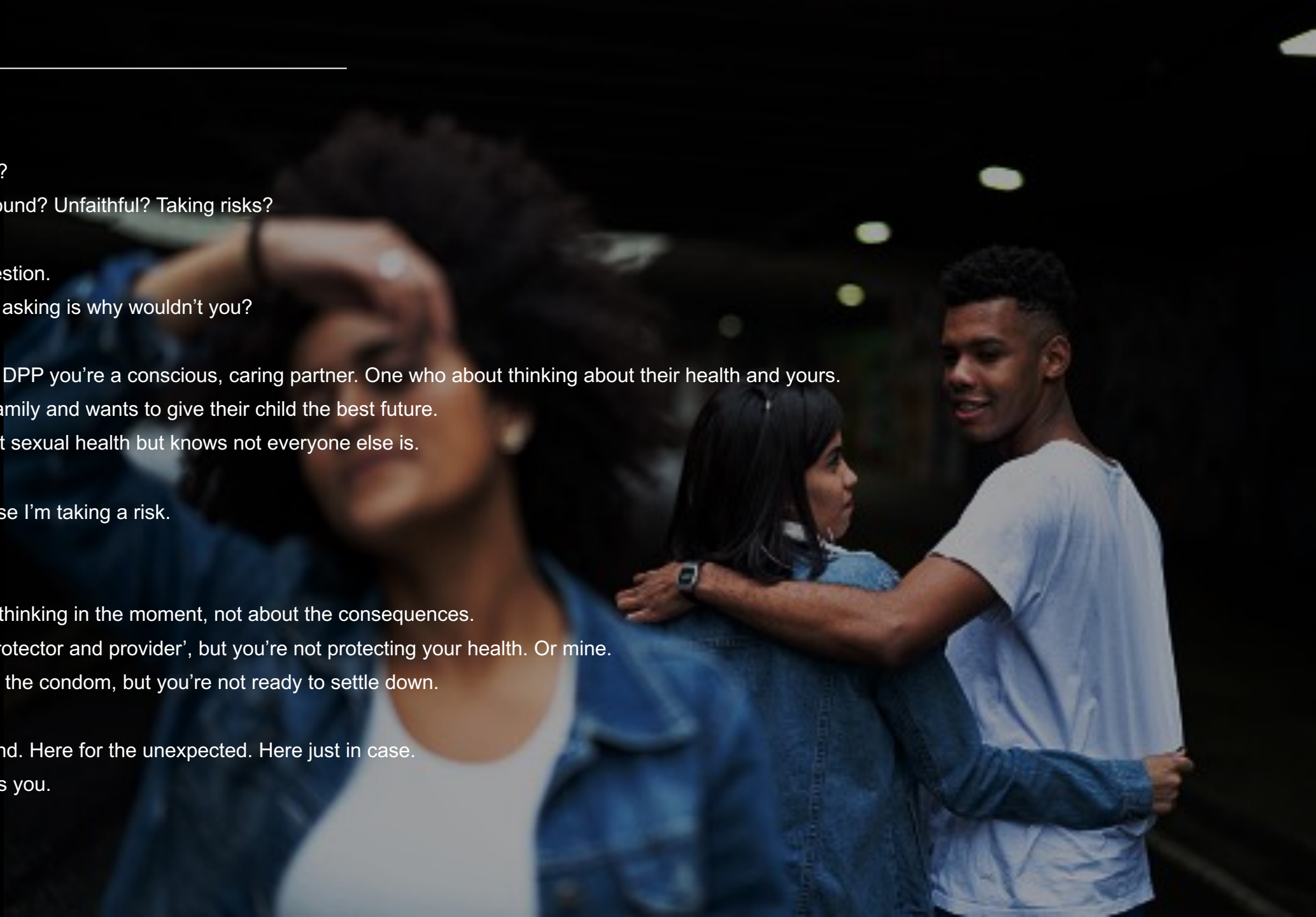
I take it because you're a 'protector and provider', but you're not protecting your health. Or mine.

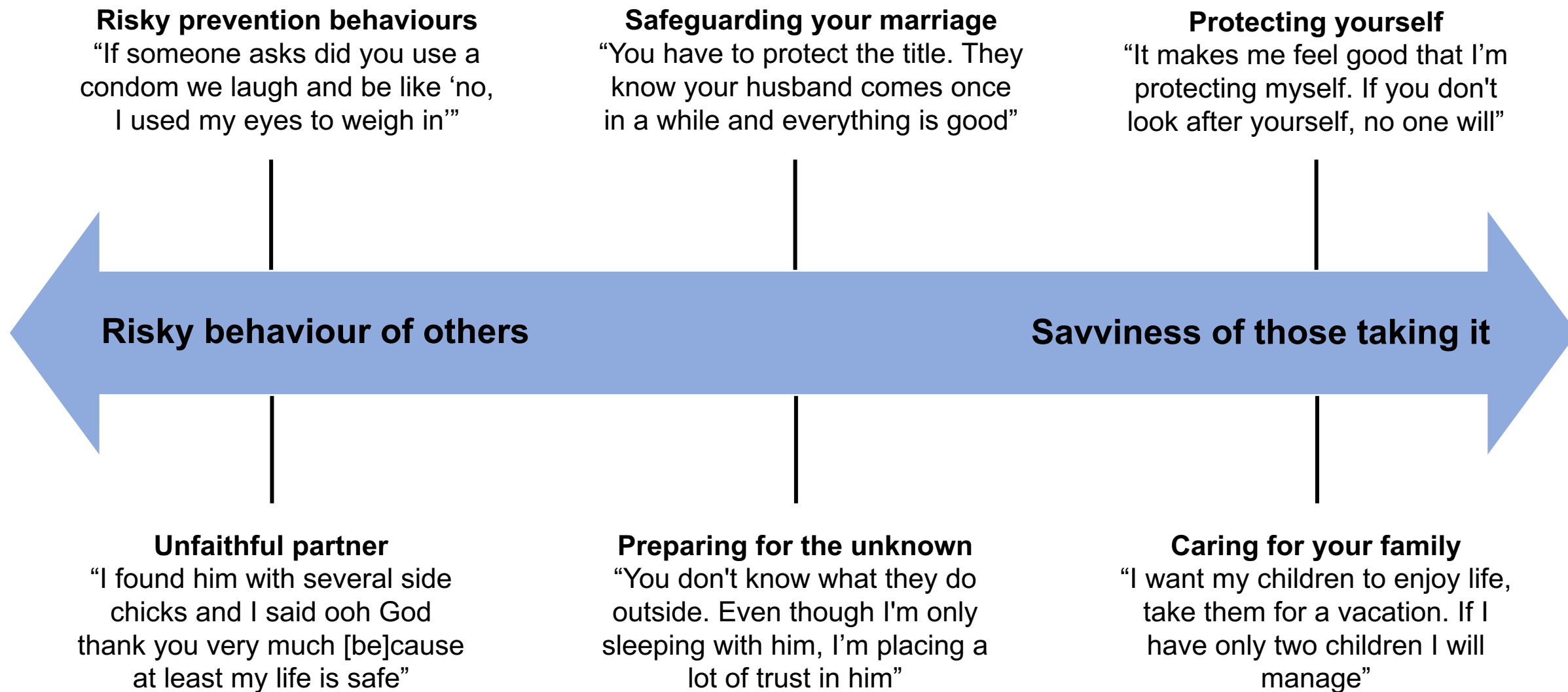
I take it because you 'forgot' the condom, but you're not ready to settle down.

DPP is here for peace of mind. Here for the unexpected. Here just in case.

Here because it's not me, it's you.

DPP. Why wouldn't you?





Source: Interviews with DPP HCD immersion participants in Kenya, South Africa, Zimbabwe

SUMMARY & DISCUSSION

IN SUMMARY



DUALITY

Could we **help women live both sides of their lives** to the fullest, when others are telling them they have to be one thing or the other?



READY FOR ANYTHING

Could we **reach women when they experience positive or negative shocks** in life and help them feel ready for anything by taking the DPP?



WHY WOULDN'T YOU?

Could we **flip the question from 'why would you' to 'why wouldn't you'** and create a new set of positive associations around those who take the DPP?

NEXT STEPS

Brief local creative agencies to develop themes (leaving room for new themes that might emerge)

DUALITY

READY FOR ANYTHING

WHY WOULDN'T YOU?



Combine with in-depth audience insight and personas to develop stimulus for different audiences

END USERS

HEALTH CARE WORKERS

MALE ROMANTIC PARTNERS



Combine with product, channel and journey insights to develop stimulus at different points in the user journey

PRODUCT INSIGHTS

CHANNEL/DISTRIBUTION INSIGHT

USER JOURNEYS



Test and co-creative themes and stimulus with end users

APPENDIX

RESPONDENTS SAW TENSION BETWEEN THE EMPOWERMENT DPP COULD BRING AND SOME OF THE GENDER ROLES THEY ADOPT

KENYA

Respectability is tied to moral sanction, e.g. from the church vs women seek empowerment in secret and want more equality in sex outside marriage

Increased financial independence but unable to show it; finding out partner is cheating or starting their own affair and needing to keep up appearances

Public channels such as community events, barazas, radio, TV vs private channels such as social media, hairdressers, female loos in bars or clubs

Women play different roles with their church friends, in-laws or partner vs their night out friends

ZIMBABWE

WHY

Respectability is tied to traditional and submissive marital roles vs older women tend to be more assertive with their independence

WHEN

Getting into a serious relationship or having first child and wanting agency over when she has more children, but male partner wants to feel in control

WHERE

Public channels such as community platforms and health clinics vs private channels such as meeting points with friends (under tree), social media

WITH WHOM

Women look to confidants they consider more 'mature', often an older friend or family member

SOUTH AFRICA

Respectability is tied to the social status of marriage vs women often earn more than male partners and not all want to be tied down by titles

Getting into a longer-term relationship but wanting to delay having children and focus on career goals, waiting for partner to pay lobola (bride price)

Public spaces such as shopping malls, TV, community gatherings vs private channels such as anonymous online groups (Ladies Health Online)

Informal marriage structures (lobola) and more single women reduces the influence of male partners

WE COULD DIAL UP DIFFERENT TYPES OF DUALITY IN PUBLIC VS PRIVATE SETTINGS



**TRADITIONAL CHANNELS AND MESSENGERS, INCLUDING
BARAZAS, RADIO, AUNTIES AND HEALTH WORKERS**



**PRIVATE SPACES INCLUDING HAIRDRESSERS, FEMALE
TOILETS AT BARS, SOCIAL MEDIA AND CLOSE FRIENDS**

RESPONDENTS' ENTRY INTO THE OCP/PREP CATEGORY WAS OFTEN TRIGGERED BY AN UNEXPECTED LIFE EVENT

KENYA	ZIMBABWE	SOUTH AFRICA
WHY		
Motivated by material benefits provided by partners, e.g. a phone or rent; want to live life to the full and get even with cheating partners, but always in secret	Motivated to take DPP because they can pretend its OCP and avoid the stigma around HIV; relationship goals centre around risk avoidance (e.g. drinking)	Motivated by relationship goals, the desire for companionship, pleasure and enjoyment; wanting a partner that provides but often being the main earner
WHEN		
Discovering their partner is cheating; wanting to space the birth of children after first child (e.g. due to financial struggles or career aspirations)	Socioeconomic hardships; being in a high-risk relationships (e.g. with a gold panner); wanting to delay future children	Leaving home; starting a new relationship or taking it to the next level; starting a new job and wanting to focus on career goals; period regulation
WHERE		
Receiving advice at bridal showers and kitchen parties; WhatsApp groups with 'night out friends'; dating apps used to find 'side-chick/side-dude'	WhatsApp groups, women only socials and beauty salons are common spaces to discuss sex and relationships more openly	Places people are getting ready, e.g. hairdressers, or which they associate with enjoyment, e.g. bars, clubs, restaurants, festivals
WITH WHOM		
Confide in a close friend or older sister, but Sengas and Aunties also play an important role in giving advice about sex and relationships	Mamacane – mum's younger sister – is often the go to person for advice; circles of trust with hairdressers and manicurists	Women are guarded about talking to others, even close friends, and prefer anonymous platforms, e.g. Ladies Health Online

WE COULD MAKE SURE THE BRAND COMES TO MIND IN PLACES PEOPLE ASSOCIATE WITH GETTING READY



Use hairdressers or make-up influencers as brand advocates



Create a 'getting ready' brand playlist before nights out



Target bridal showers when people are getting ready for marriage

WE COULD CONNECT THE BRAND TO POSITIVE EXPERIENCES AND EVENTS ASSOCIATED WITH THE UNEXPECTED



ENTERTAINMENT

- Watching TV (52%)
- Watching movies (47%)

MUSIC

- Singing (56%)
- Listening to music (45%)
- Dancing (35%)
- Singing gospel music (22%)

SOCIAL

- Socializing with friends (36%)
- Spending time with my family (29%)
- Being on social media (26%)

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

RESPONDENTS WHO TOOK OCP/PREP FELT STIGMATISED BY THE VERY THING THEY'RE PROTECTING THEMSELVES FROM

KENYA	ZIMBABWE	SOUTH AFRICA
WHY		
Men speak openly and humorously about their affairs, but expect women to be faithful and see the DPP as license for women to cheat	Particularly high levels of stigma around HIV, belief PrEP users are lying and really using ARVs and fear of being labelled promiscuous or having 'revenge sex'	Protecting the partner's reputation if they're cheating as it reflects on them, perception most dating options are 'useless men', men use children as status symbol
WHEN		
Finding out your partner is cheating; getting your own boyfriend or 'side dude' as 'draw draw' or 'tit for tat'	Given a reason not to trust their partner (e.g. with gold panners); avoiding the conversation about prevention or men refusing to use protection	Dating and struggling to find a successful partner; finding husband is spending the wife's money on side chicks; partner is 'cheating' HIV tests
WHERE		
Kitchen parties, bridal showers and WhatsApp groups where family and friends give advice about relationships, e.g. 'endured not enjoyed'	Confidential spaces with lower likelihood of being overhead, e.g. beauty salons, friend's home	Prefer the anonymity of Ladies online health groups than sharing with family or friends; spaces visible only to women, e.g. back of toilet door in club, magazines
WITH WHOM		
Women employ many tactics to hide OCP/PrEP use from their partner, e.g. 'telling him it's God's will', and have one or two close friends and confidants	Desire for discreet products due to high levels of stigma, however some women felt more able to by upfront and discuss matters with partners	Women speak openly and confidently about sex in the abstract, but are secretive about their own practices or talk in metaphors

WE COULD IDENTIFY POSITIVE AND ASPIRATIONAL ROLE MODELS TO ENDORSE THE BRAND



Julie Gichuru @JulieGichuru · Apr 26
Look forward to connecting with you all and sharing any insights from my journey and experience that may be helpful.
E-see you all on Friday 🙌🏾

Thomson Foundation @thomfound · Apr 26

Our #BettinaFund project with @BarazaLab aims to give aspiring women #journalists the confidence to pursue top roles.

Join @JulieGichuru @carokriel and @chris_mungai for a special 'Women in Leadership' webinar on 29 April. Sign up here: bit.ly/bettina-fund-w... #WomenEmpowerment

[Show this thread](#)

WOMEN IN LEADERSHIP
How to break the glass ceiling

Julie Gichuru
Chief public affairs & communications officer, Mastercard Foundation

Caro Kriel
Chief executive, Thomson Foundation

29 APRIL, 2022
9AM London • 11AM Nairobi
bit.ly/bettina-fund-webinar

JANET MBUGUA PODCAST TO TACKLE MENSTRUAL HEALTH

'I AM INTERESTED IN US TELLING OUR STORIES THAN OUR STORY BEING TOLD ELSEWHERE'

ELIZABETH NGIGI@Nyambs_Itz/
Among her many accomplishments, media personality Janet Mbugua counts publishing her book 'My First Time' as one of her most influential. The project included conversations between men and women about menstruation.

It brought together more than 50 voices, who narrated their stories on the topic 'menstruation', which to date is highly taboo but has a place in changing perceptions. Speaking to *Word Is*, the Inua Dada founder said after she launched the book in 2020, she realised there

Media personality Janet Mbugua during an interview in Westlands on April 28 / **MERCY MUNDO**

is much stigma that exists around menstruation. "I think one of the ways we can reduce the stigma is by sharing our stories since they create conversations and solutions and even highlight gaps," she said.

She launched her podcast based on stories shared from the book. "I knew I was always going to have a podcast, which includes more stories from my book and others from African women."

Her podcast will focus on menstrual health. She said being in the media, a podcast will reach a wider audience.

"I am interested in us telling our stories than our story being told elsewhere."

Janet said starting a podcast requires discipline and dedication. "Anyone can start a podcast from anywhere, that is easy. The harder part is having the content, the people to interview, the space to record from if you don't want to record in your home."

"For me, the challenge was multi-tasking and playing the role of multitasking, given that I'm a mother and I needed to create time. Once it started, I have the urge to continue."

One topic she hopes to tackle is the element of menstruation in women behind bars.

"We cannot continue to de-prioritise menstrual health by all means. I also hope to bring an impact through storytelling and push through implementation by any means."

Janet said 'My First Time' also aims to reach out to corporate organisations for them to accommodate women at this time, when they ask for a few leave days to manage the pain that comes with it.

ADELLE ONYANGO
WWW.ADELLEONYANGO.COM

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