



Understanding consumer preference for prevention products

*A high level presentation
on qualitative research
with Young Women in
South Africa*

March 21st Plenary session



Routes2Results is a not for profit public health
market research collective

Registered Charity Number: 1166905



Contextualising this research

This research:

- This is a consumer product driven market research study with young women aged 18-21 years in South Africa.
- Focused on exploring reactions to the Dapirivine Ring and Oral PrEP.
- Respondents were not asked sensitive questions around their sexual behaviour or HIV status.
 - Self-reported as sexually active at screening only.
- 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.

STUDY GUIDELINES

This study involves consumer research only, and does not involve:

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

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.

- However, the study was conducted with standard code of conduct from SAMRA and ESOMAR such as:
 - 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.



Contextualising this presentation

This presentation:

- This is a high-level presentation based on a partial sample – the completed transcripts available at time of analysis.
- Findings are indicative at this stage.
- This presentation draws on some key themes and early insights.
 - It does not go into detail on product differences, and sub-group analysis.
- Our final presentation in April will cover the full scope of topics addressed in the discussions.



There are 3 overarching objectives to our qualitative exploration



What is it like being an 18-21 year old in South Africa?

- What are their lives like?
- What is it like to live where they live?
- What do they aspire to do?



How do young women think about health and prevention health?

- What does being healthy mean?
- How do they access healthcare?
- What is their experience of healthcare?
- Do they think about prevention?
- How do they perceive prevention products?



How would young women communicate prevention health products?

- What messages are most impactful?
- What is the value proposition?
- How would they contextualize prevention health products?
- What routes and means would they use to engage young women?



We listened to 216 Young Women (18-21 years) in 36 Friendship Pairs and 18 Focus Groups in South Africa

For this high level presentation we summarise: **98 discussions in 19 Pairs and 10 Focus Groups**

Total study sample:



36 Friendship Pairs

[36 pairs n=2 per pair]

90 minutes

12 pairs (6 urban and 6 rural) in each:
Gauteng, Western Cape & KwaZulu Natal

As part of MTN requirement, non-clinical trial areas:

Gauteng: Ekurhuleni Metro, Benoni Rural

Western Cape: Gugulethu, Khayalitsha, Grassy Park (urban) and Grabouw district (rural)

KwaZulu Natal: Umlazi, Kwa Mashu, Kwa Dabeka (urban), Inanda, Edendale, Umgababa, Sankontshe (rural)



18 Focus Groups (FGs)

[15 FGs n=6 & 3 FGs n=5]

120 minutes

6 FGs (4 urban and 2 rural) in each:
Gauteng, Western Cape & KwaZulu Natal

As part of MTN requirement, non-clinical trial areas:

Gauteng: Ekurhuleni Metro, Benoni Rural

Western Cape: Gugulethu, Khayalitsha, Grassy Park (urban), Grabouw district (rural)

KwaZulu Natal: Durban, Umlazi, Kwa Dabeka (urban), Inchanga, Mfume (rural)

SCREENING & RECRUITMENT

Informed consent: signed by all respondents

Voluntary participation and withdrawal

Confidentiality: coded name and contact information.

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

Small incentive given after discussion.

Screening criteria:

- LSM 7 and below
- Age: 18-21 years – with proof of ID
- Self report as sexually active
- Have never taken part in a clinical trial testing a new drug



We focused on the Dapivirine ‘Monthly Ring’ and Oral PrEP ‘Daily Pill’

Providing all respondents with: two-paged profiles with pictures per product, placebo examples of the products, and sample packaging

Full profile information in appendix

The Monthly Ring

What does the monthly ring do?

- 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.
- You insert the ring into your vagina, it is not painful, does not increase the size of your vagina and it cannot be seen.

How do I use and store the ring?

- 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 should stay in at all times, including during your periods/menstrual cycle and sex and does not need to be removed for cleaning.
- Remove the ring after 30 days, by inserting your clean fingers into your vagina and pulling it out.

Does it work?

When tested amongst 2,500 women in Africa, including women in South Africa between the ages of 18-40 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 effects linked to using it.
- The ring might cause discharge from the vagina, vaginal irritation and discomfort.

Other information?

Your partner may be able to feel the ring during sexual intercourse.



The Daily Pill

What does the daily pill do? How do I take and store the pills?

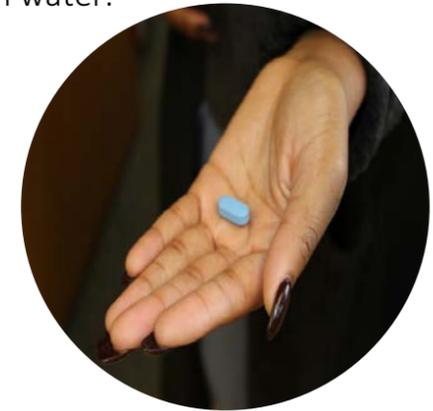
- One pill is taken at the same time every day by mouth, by swallowing the pill with water.
- You will get a pack that lasts 30 days (with 30 pills).
- The pills will come in pill bottle with child-resistant opening mechanism.

Does it work?

When tested in 566 women in Kenya and Uganda the daily pill was proven to provide protection against HIV infection.

Is it safe?

- The 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.
- It might cause: mild kidney problems, fatigue or lack of energy, upset stomach, vomiting, mild diarrhea, dizziness. Most symptoms get better after a month.



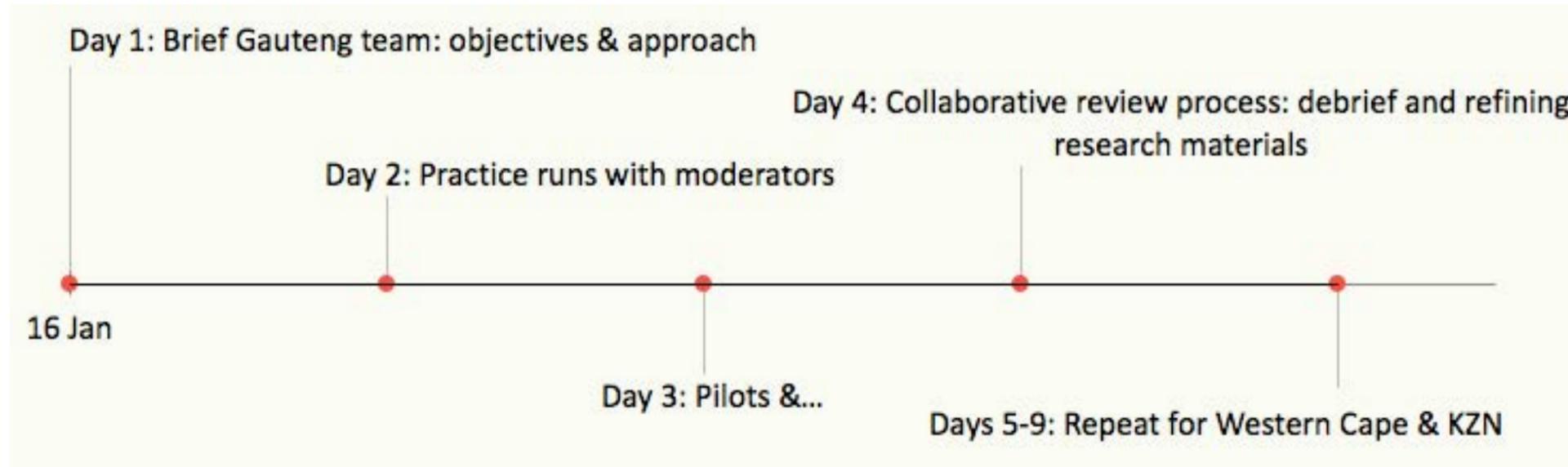
Common attributes:

- It does not prevent you from getting other Sexually Transmitted Infections (STIs).
- It does not prevent you from becoming pregnant.
- You will need to do a HIV test before taking the pill, you should be testing every 3 months.
- You can get the pill from healthcare professionals only.
- 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 pill/ring, it would not harm the baby.



Our approach to fieldwork - brief, practice, pilot and refine

Fieldwork Research Approach:



Moushira attended all Pairs and Focus Group pilots, Jeff attended all Focus Group pilots (central locations with a 2-way mirror) with fieldwork supervisors and management teams.

- An experienced fieldwork lead per region.
- Moderator/Recruiter teams of 2-3 expert female moderators per region – mirroring respondent/cultural/language requirements.
- Translation and transcription into smart transcripts, excel sheet by specifically selected team (also briefed on research).
- Supervision led by Gauteng central team, conducting quality control and support.



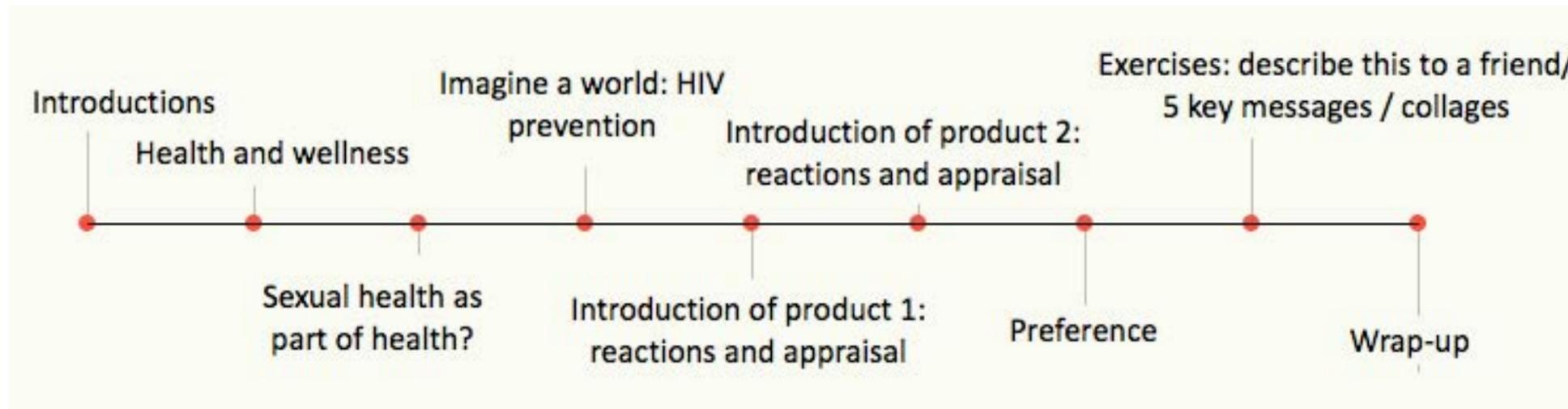
Consultation Group:

- During development of research materials we engaged a consultation group of six 19 to 21 year olds.
- Consultation group reviewed the exercises within the discussion guides and the overall approach (language, materials used, profile descriptions, questions).
- We refined research materials taking into account feedback from consultation.



The interview process and environment was conducive to an open and interactive decision-making process around the products and their connection to them

Respondents had enough time and depth to think and talk:



Respondents had 90 – 120 minutes of immersion into thinking about health, the products (with full discussion of the profiles) and what HIV prevention means and would look like to them.

- The majority of discussion time revolved around the products:
 - Product profiles were read out with the moderators (respondents given printed hand-outs)
 - Placebo examples shared with respondents
 - Discussions on the products revolved around:
 - Reactions to the products and profile information – form, administration, frequency, safety, efficacy
 - Perceptions on practicalities of use – influencers, information/education, access, packaging
 - Preference
 - Messaging and communication – describing the the product to a friend, 5 key messages, developing a collage to illustrate what the products mean and what they can do, what platforms to use for messaging, who to communicate to and how

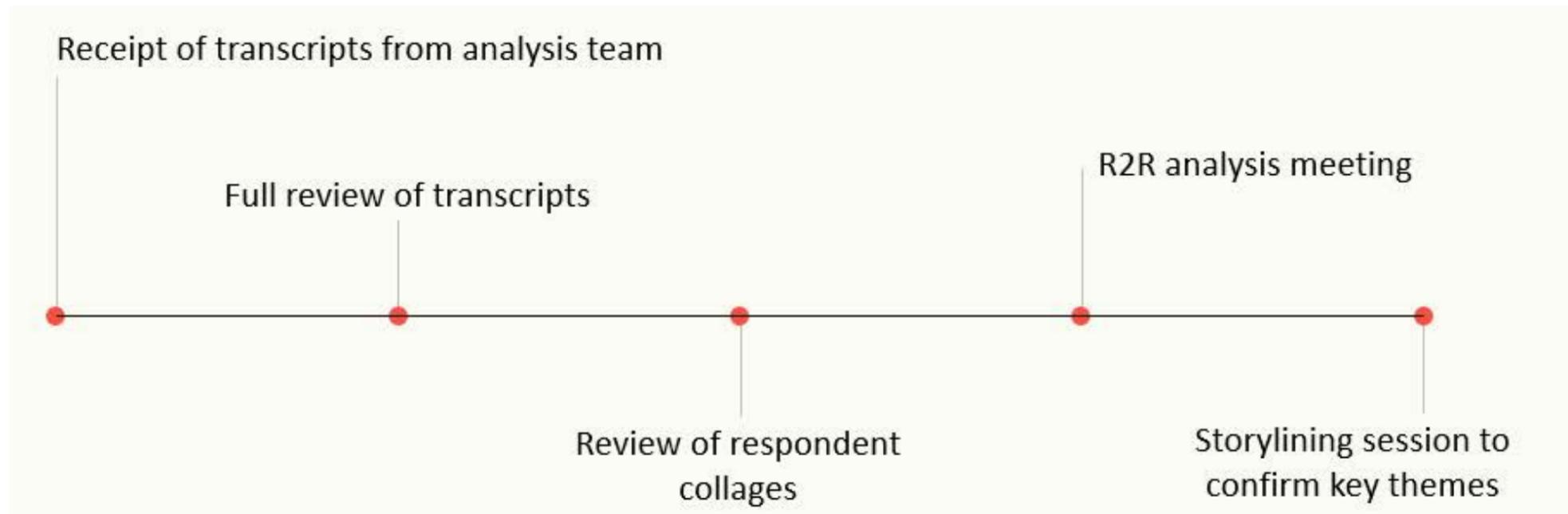
The discussion flow was designed to enable a full discussion around the products:

- Therefore, we looked to understand perceptions around health, wellness, and whether sexual health is considered part of that paradigm.
- We did not ask about personal experiences or behaviours around sex or HIV.



Our approach to analysis was designed to fully analyse transcripts for key themes and early insights

Our Analysis Approach:



R2R team analysis meetings:

- Emma Goldwin, Moushira and Jeff analysed all transcripts for this high-level presentation.
- Multi-faceted and rigorous analysis of transcripts: cross-evaluation by question/respondent/theme
- Detailed note-taking on interview content, focused on key themes explored in each interview.
- Framework generation.
- Workshop to synthesis findings.
- Development of key themes emerging for project objectives.
- Story-lining session used to confirm flow of presentation.





Some prevalent early themes from this research mirror current knowledge base from the research community and its work



What is it like being an 18-21 year old in South Africa?

- Women's economic dependency can be a backdrop to their vulnerability.
- High unemployment.
- Lack of trust of male partners.
- Inability to protect themselves from HIV.



How do young women think about health and preventative health?

- High level of interest in HIV prevention, despite being unaware of what it is.
- Highlighting side effects and stigma as challenges to using PrEP products.
- Emphasising the importance of support, counselling to encourage/maintain use.



How would young women communicate prevention health products?

- Community stigma critical to address.
- Essential role of social support.
- The pertinent role of communication tools and channels for uptake and adherence.
- Need for youth-friendly communication/access platforms.



Early themes from discussions also reflecting some of the current roll-out strategies and policy discourse

For example from South Africa's Department of Health National Policy on HIV PrEP and T&T:

Communication and community-based strategies:

Implement appropriate, evidence-informed, communication and advocacy strategies, without stigmatising the intervention and its potential users, nor increasing risky sexual behaviour.

Including:

- Community awareness of its benefits is limited. Clinics and other service providers have the opportunity to improve awareness.
- Access to multilingual information, education, and communication materials.
- The community should be engaged to address socio-cultural barriers.

Quality of care:

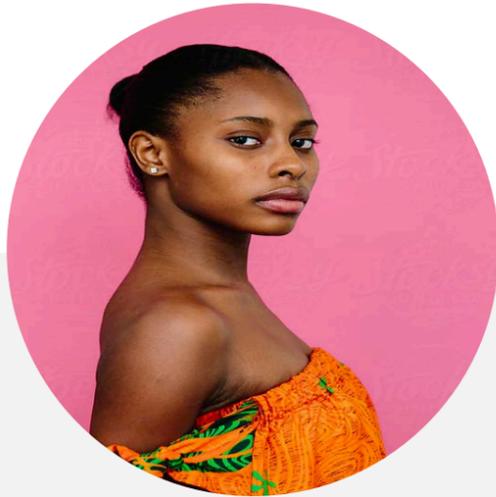
Within the broader framework of quality health service provision.

Including:

- Counselling.
- Sensitivity to priority populations to create a non-stigmatising and supportive environment.



Some prevalent early themes which this research has revealed



Informed – Aspirational – Open

- Information is easily accessed and everywhere.
- Therefore, young women want and demand to be informed.
- Awareness of what they should do but not fully able to activate, realise or action knowledge due to their environmental restrictions.
- Young women experience strong ‘push and pull’ factors when it comes to behaviour change.



Connecting sexual health to overall health resonates with young women

- Sexual health is not necessarily considered part of overall health.
- However, when the connection is made – it is a strongly relevant and resonating connection for young women.
- General health becomes part of the story for prevention products.
- Overall, both the ring and the pill received positively.
 - Seen as instruments for improved health, knowledge, control in their lives and community change.

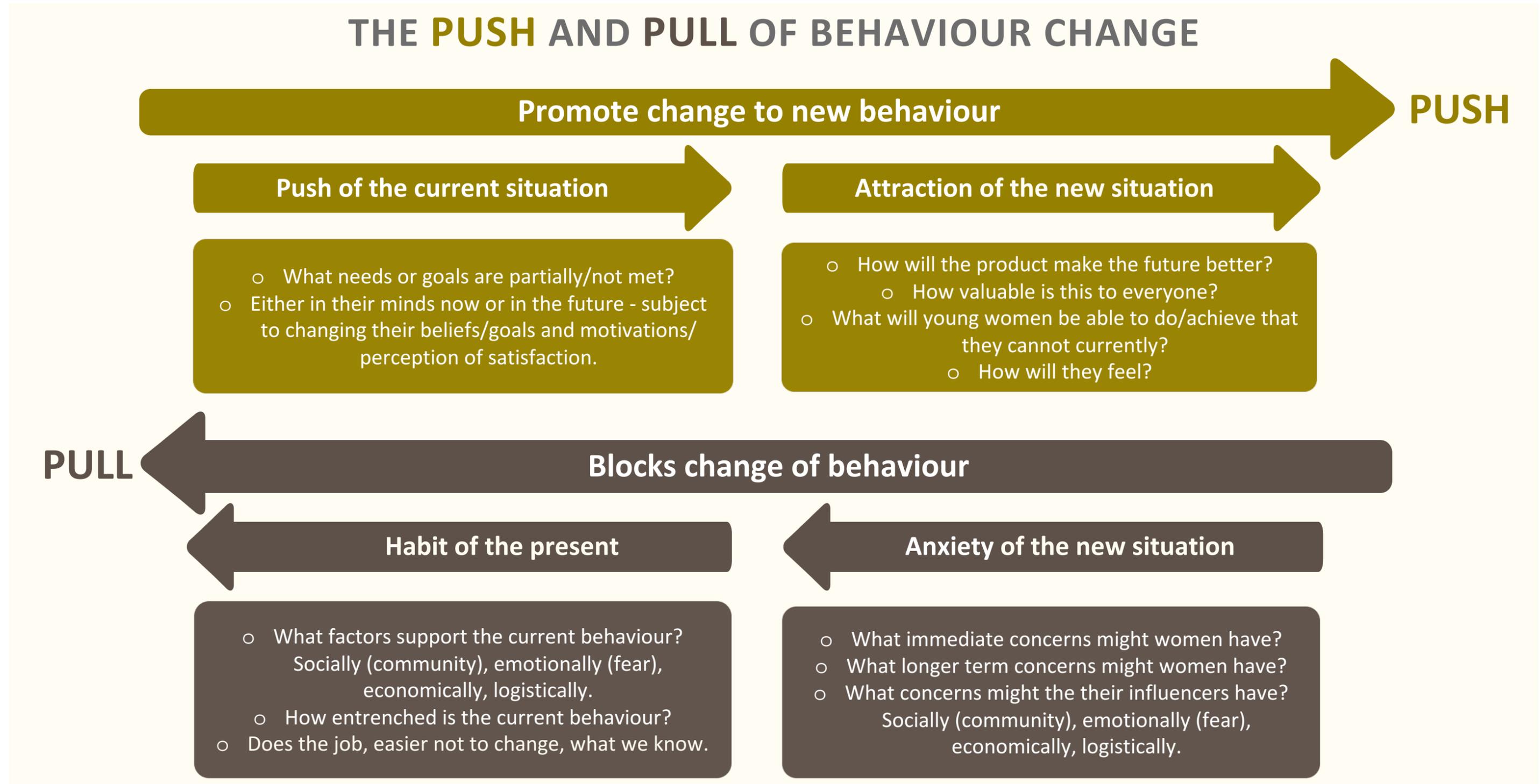


Young women want open communication lines across the community

- In order to feel able to use products young women want and need open community communication illustrating the benefit of prevention health, with their: partners, mothers, healthcare community, schools and community broadly.
- Communication via multiple platforms (social media, education, counselling), all should be leveraged in the relevant way.
 - Healthcare community still considered relevant for education.



We have identified a salient framework from our discussions ...

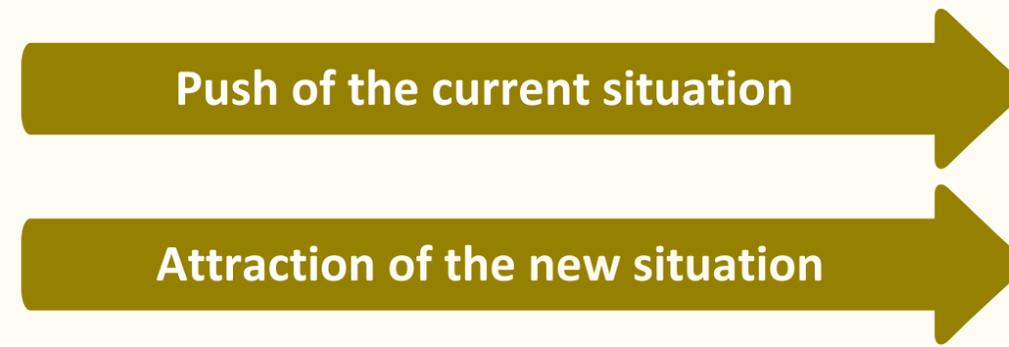




Young women expressed this push and pull throughout our discussions

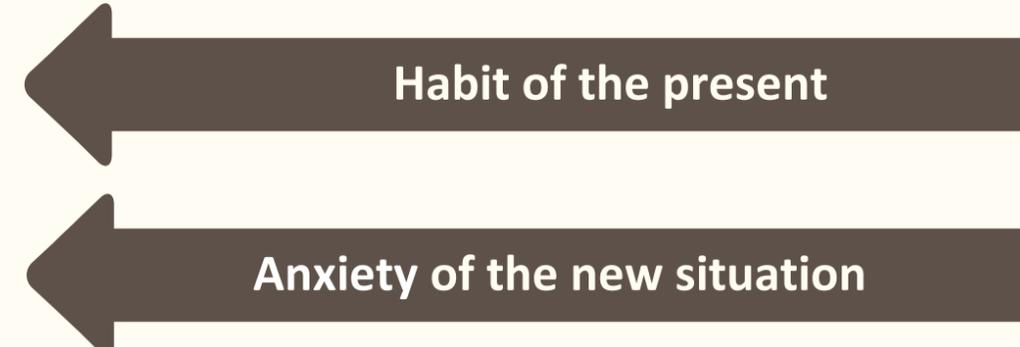
THE **PUSH** AND PULL OF HIV PREVENTION

Promote to change to new behaviour



- Lack of control for preventing HIV and distrust of male partners.
- Inability to use condoms consistently.
 - Desire to be healthy and safe.
 - Aspirations of happiness, control, freedom.
 - Need for openness amongst the community and their influencers.
- Products as an 'in' or catalyst for better relationships with their eco-system.
- Demand for information and knowledge.

Blocks to change of behaviour



- Lack of economic power and resources.
- Preservation of current situation via community normalisation, acceptance and lack of openness.
- Product anxieties around form, safety and administration.
- Anxieties related to potential stigmatisation.
- Concerns due to current experience with healthcare community and system.



High level of overall receptivity towards HIV prevention, both the ring and the pill received positively.

It is too early to say the level of preference at this stage.



PUSH

Instruments for improved health, knowledge, control in their lives and community change

From the collages ...

I am ready all the time

It isn't time consuming – I don't have to worry

Free to walk, be confident, be sporty



PULL

Constraints and limitations of current context, lead to anxieties around stigma and how able they will be to take control

From the collages ...

The dark side: side effects – it's all in the detail

Going to the doctor every month/ stress if miss it

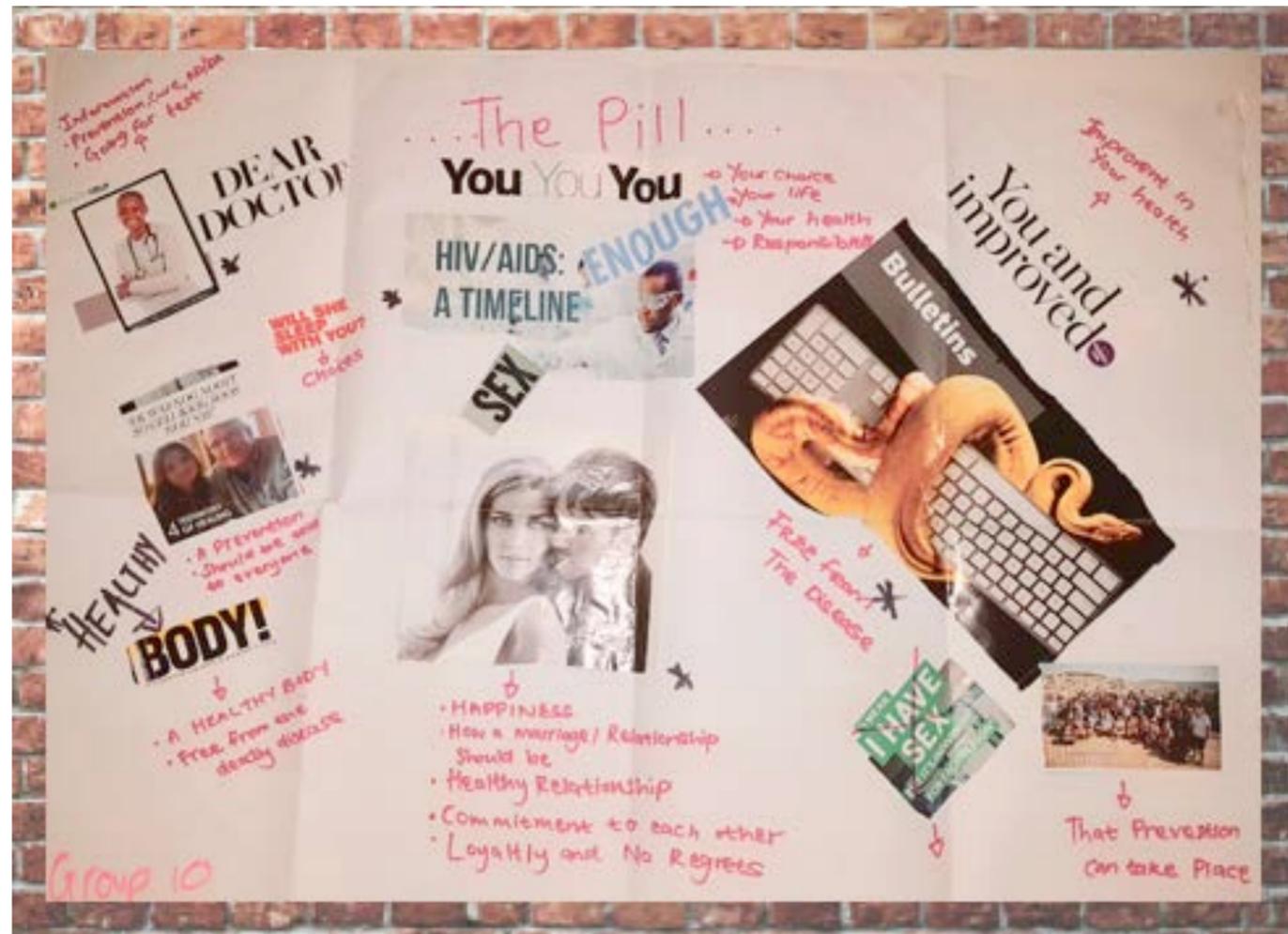
More research/ not 100% effective



We did a series of collages during focus groups

We asked young women to create a collage using magazines and their own words to describe how the product made them feel and what it meant to them.

PrEP



A team representative from each group (group split into a Pill team and a Ring team) presented back to the group as a whole their collages; describing why they selected certain images, words and designed.

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

Major consistent themes across collages for both the Ring and the Pill

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*

Across the collages ... 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: How it makes me feel ...

Confident
Healthy
Safe
Protected



My Life, My Choice

PULL: My Concerns ...

SIDE EFFECTS (pill)
DISCOMFORT (ring)



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)



Looking ahead, we prepare for a quantitative phase – informed by our qualitative learnings and the MTN team

~ Material design from April, with in-country briefing and pilots from May and presentation by July

Potential areas to survey:

- Preference for products
- Drivers for preference
- Value of health being connected to sexual health
- Communication and access platforms to utilise
- Messaging and education that resonates
- Influencer eco-system

Continued cognisance of other work:

- Ensure complementary value of work
- For example:
- MTN034 and the salient look into choice
 - POWER work and highlighting of critical messaging to support HIV prevention products, factors influencing choice, access and introduction

Sample distribution plan:

	Gauteng		Western Cape		KwaZulu Natal		Total age group
	urban	rural	urban	rural	urban	rural	
18-19 years	n=100	n=100	n=100	n=100	n=100	n=100	n=600
20-21 years	n=100	n=100	n=100	n=100	n=100	n=100	n=600
Total urban/rural	n=200	n=200	n=200	n=200	n=200	n=200	
Total per region	n=400		n=400		n=400		
GRAND TOTAL	n=1,200						



We have many partners to acknowledge so far in this research:

Funding and support:



Strategic project development:

Sharon Hillier, MTN

Joe Romano, Ph.D., NWJ Group

Ariane van der Straten, RTI International

Dr. Mike Chirenje, University of Zimbabwe

Research Partner:



In-country Fieldwork Partner:



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THANK YOU

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

OUR MISSION STATEMENT







Profile information we shared with respondents

The Monthly Ring

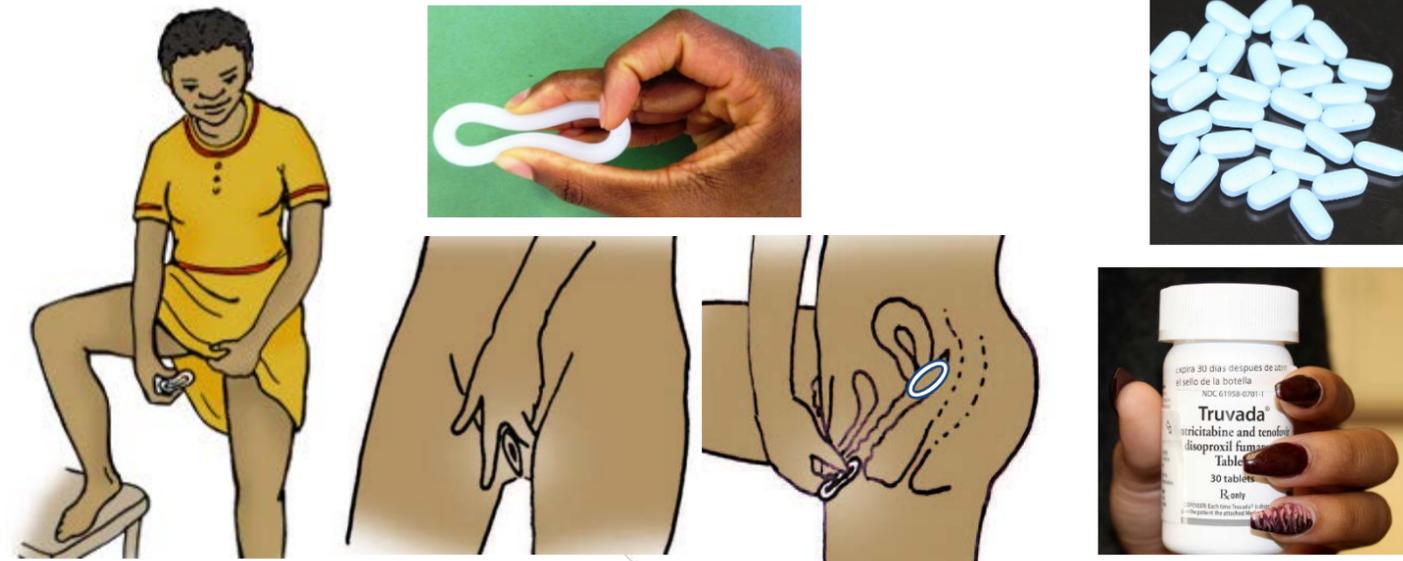
- It comes in one size, and is inserted into the vagina, and has been designed to release an anti-HIV drug whilst it is in your vagina over the course of 30 days.
- You insert the ring into your vagina, it is not painful, does not increase the size of your vagina and it cannot be seen.
- You squeeze 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.
- When tested amongst 2,500 women in Africa, including women in South Africa between the ages of 18-40 years old, the ring was proven to provide protection against HIV infection.
- 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.
 - 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.

The Daily Pill

- 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.
- 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.
- The 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 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.

The Monthly Ring & The Daily Pill

- It does not prevent you from getting other Sexually Transmitted Infections (STIs).
- It does not prevent you from becoming pregnant.
- You will need to do a HIV test before taking the pill/ring, you should be testing every 3 months during use.
- You can get the pill/ ring from healthcare professionals only.





Background information shared with R2R during information downloading session with MTN and research community

Publications:

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News articles: [HIV AIDS cure, prevention news and update: vaginal ring effective for prevention, study says](http://www.aidsmap.com/Vaginal-ring-for-HIV-prevention-effective-and-acceptable/page/3080423/) <http://www.aidsmap.com/Vaginal-ring-for-HIV-prevention-effective-and-acceptable/page/3080423/> [Expanding HIV research to the transgender community](#) / [Africa: HIV prevention drugs could halve new cases](#) / [Uganda: HIV - vaginal ring study to be extended](#) / [Vaginal ring will help women take control of their sexual health](#) / [Vaginal ring studies give hope to women seeking HIV prevention](#) / [Vaginal ring is latest tool in HIV prevention for women](#) [all last accessed 13.03.2017]