

VMMC: unlocking the intent action gap

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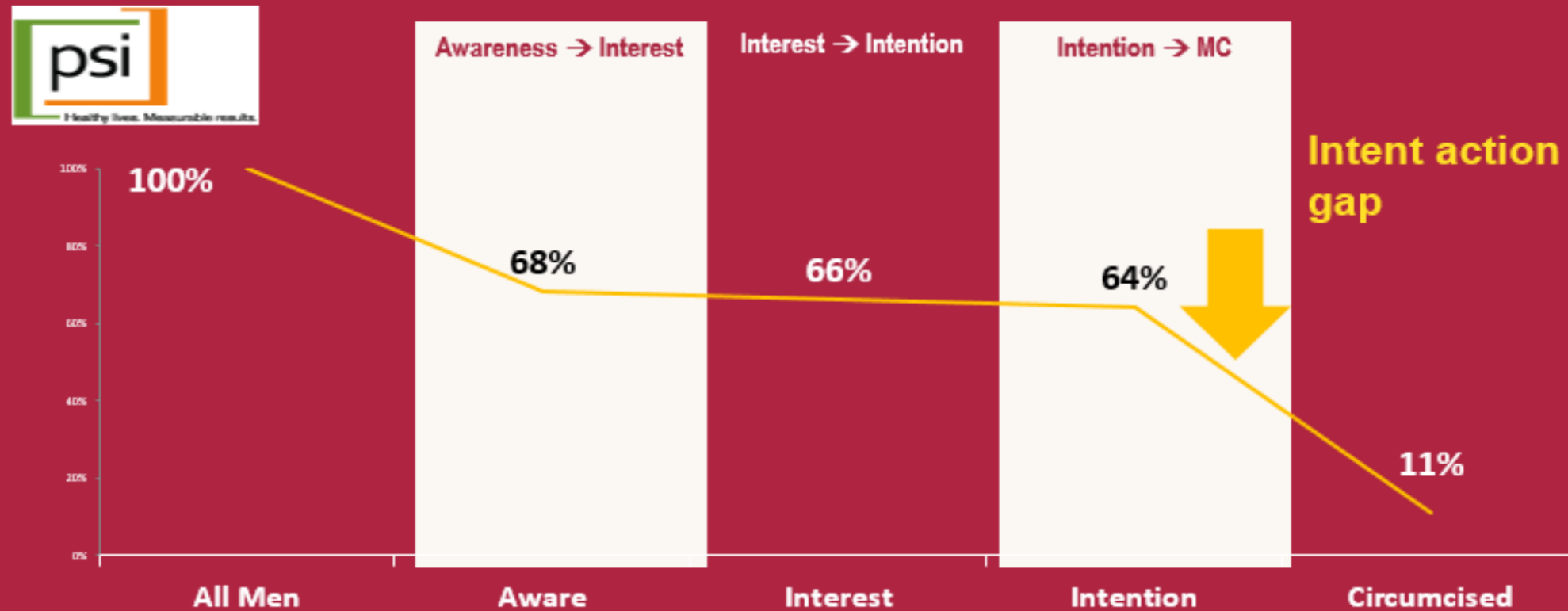
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Challenge: Unlocking the intent action gap

A big gap between intention and action exists

Sample of 1,165 men, ages 15-49, conducted in October 2013 in Zimbabwe



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PSI Research & Metrics, "Zimbabwe (2013): Voluntary Medical Male Circumcision TRAC Study among men and women aged 15 – 49 years in Zimbabwe." PSI Social Marketing Research Series, (2013)



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Methodology: Unlocking the intent action gap using market research techniques



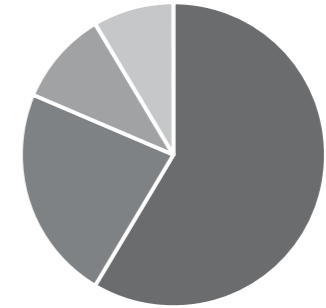
Journey
mapping

N=400 men per
country



Behavioural
Science

N=210 men per
country



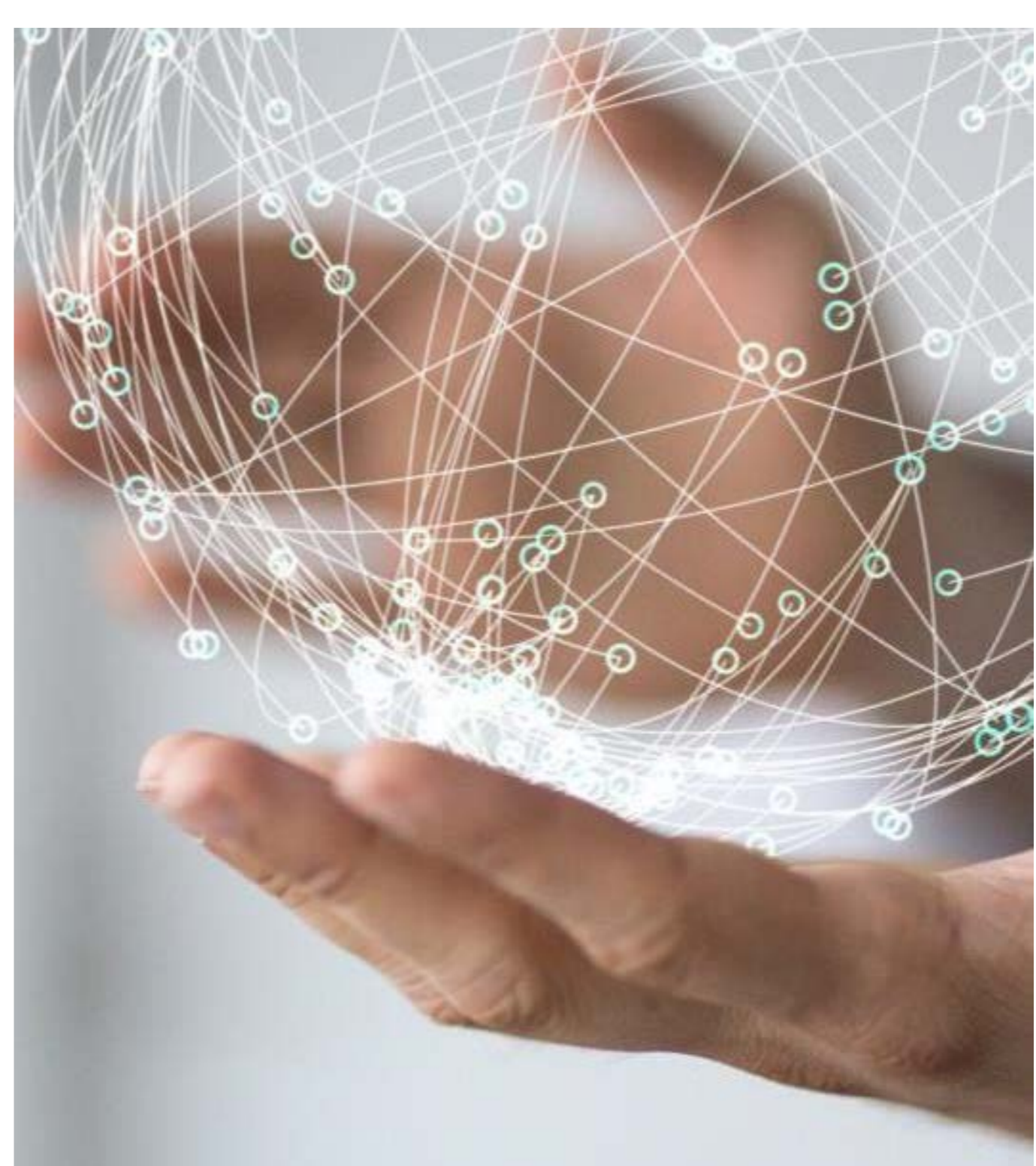
Market
segmentation

N=2000 men per
country

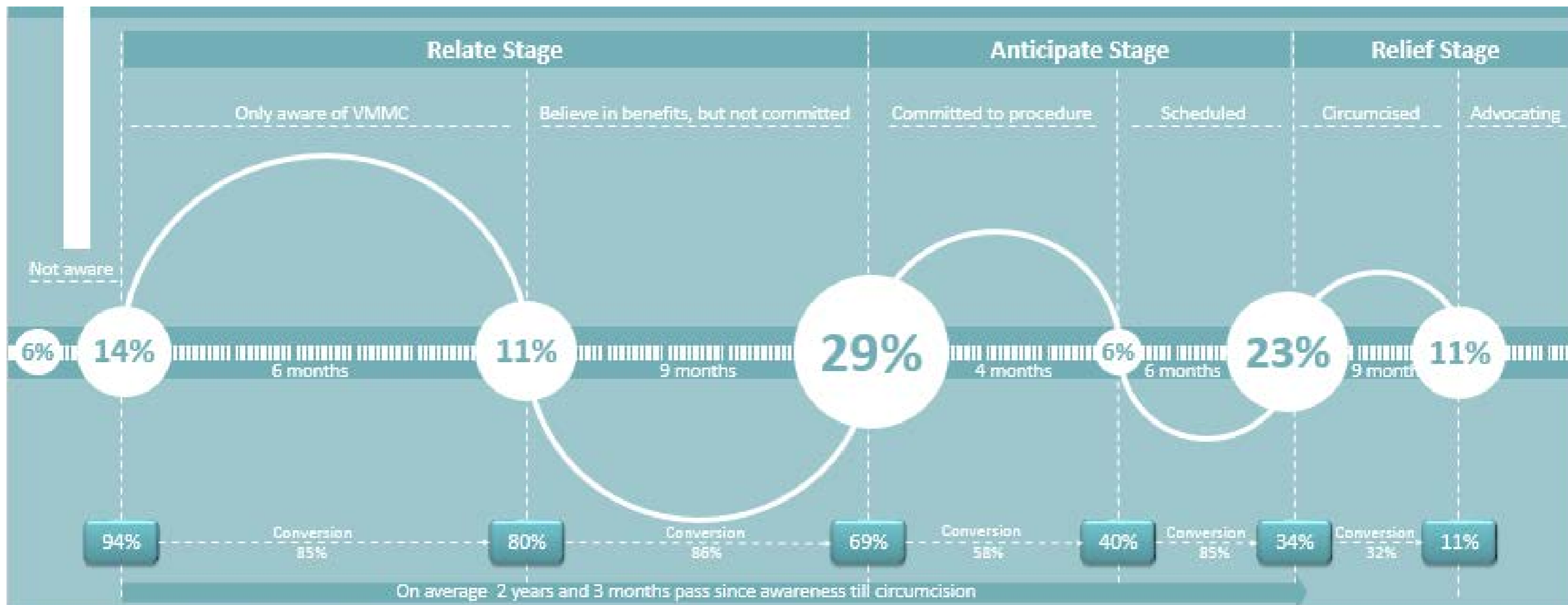
Topline findings from the VMCC study



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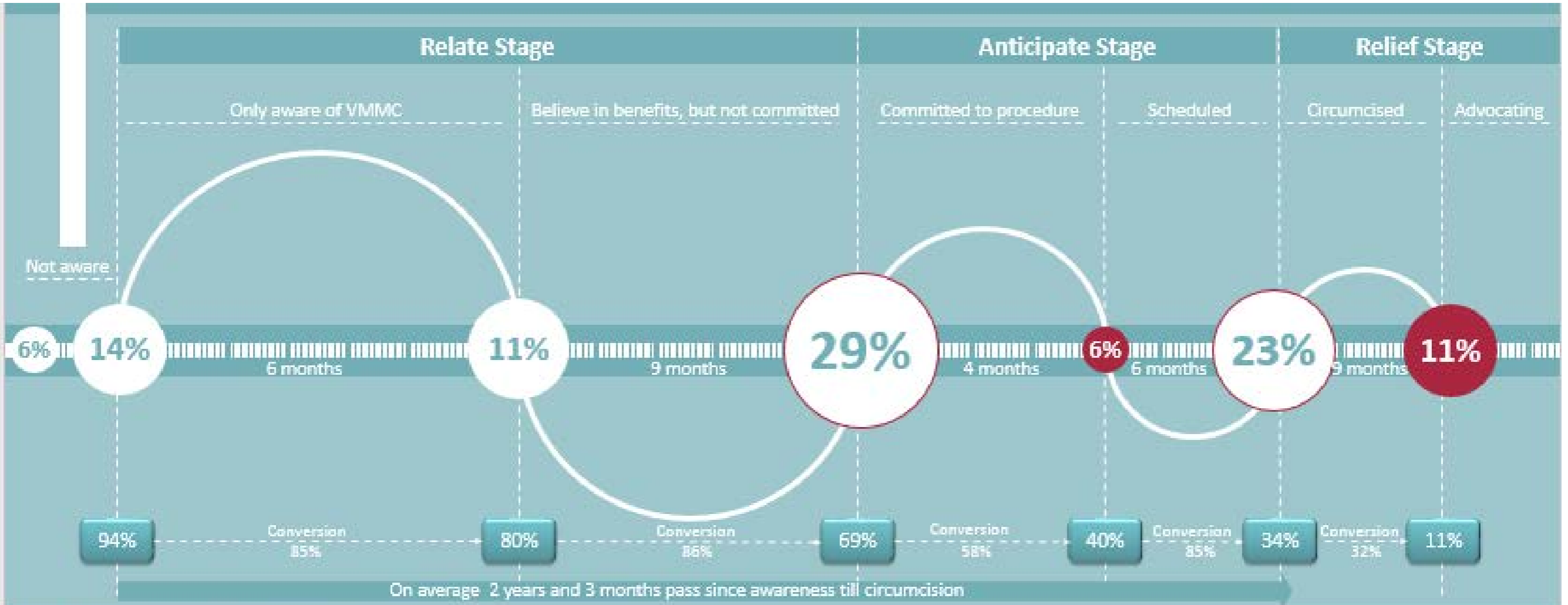
Overwhelming majority of Zambian men are aware of VMMC and believe in its benefits...



Bases: % are calculated based on the sample of all men, excluding those who are non-medically circumcised, n=1793.

Bases for means in months: time between becoming aware to belief in benefits, n=1226; time between belief in benefits to commitment, n=642; time since commitment to scheduling appointment, n=122; time since scheduling appointment to appointment (projection), n=122.

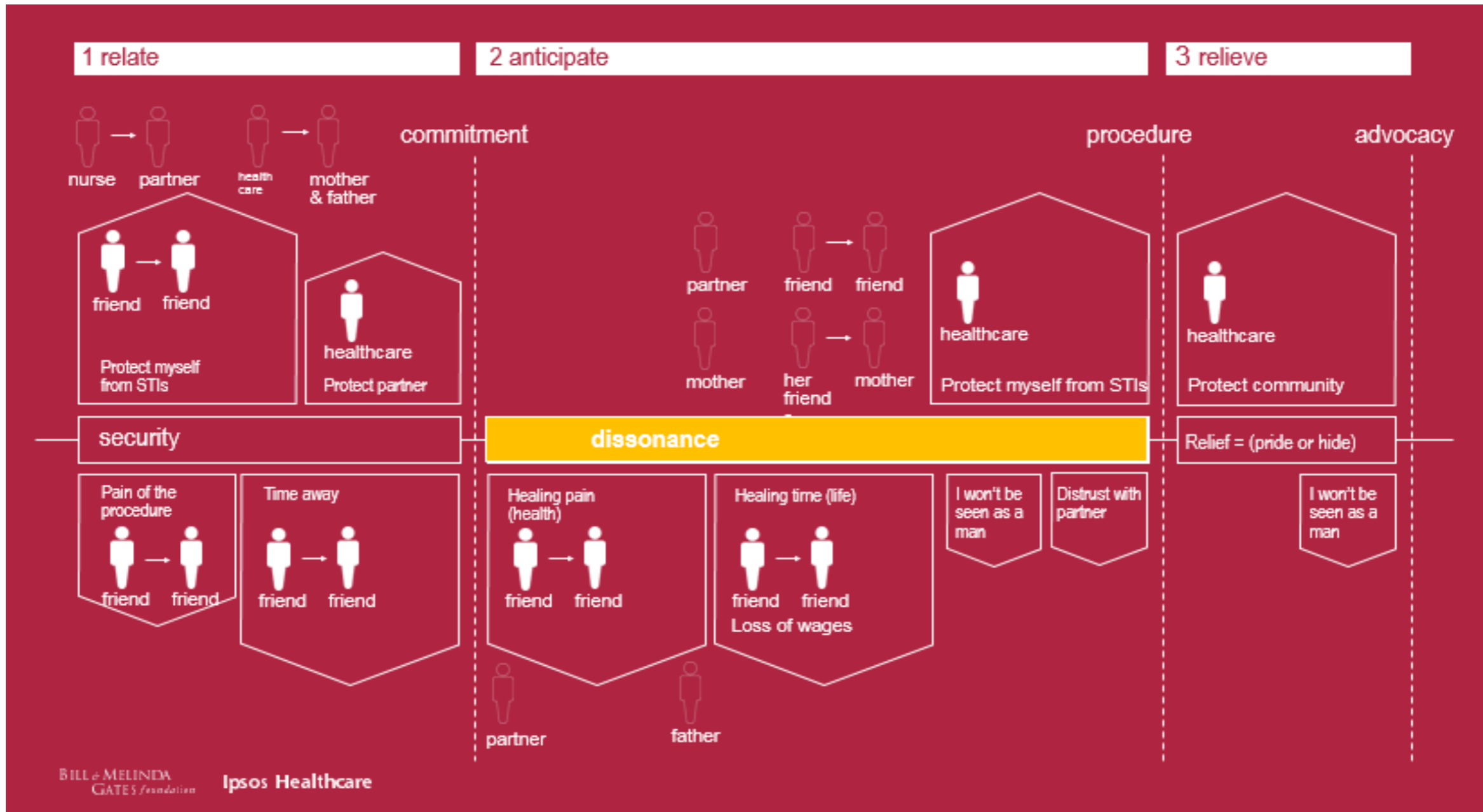
2 significant declines are defined on the Journey: from commitment to scheduling of the appointment and from circumcision to advocacy



Bases: % are calculated based on the sample of all men, excluding those who are non-medically circumcised, n=1793.

Bases for means in months: time between becoming aware to believe in benefits, n=1226; time between belief in benefits to commitment, n=642; time since commitment to scheduling appointment, n=122; time since scheduling appointment to appointment (projection), n=122.

Dissonance impedes action at anticipation of procedure



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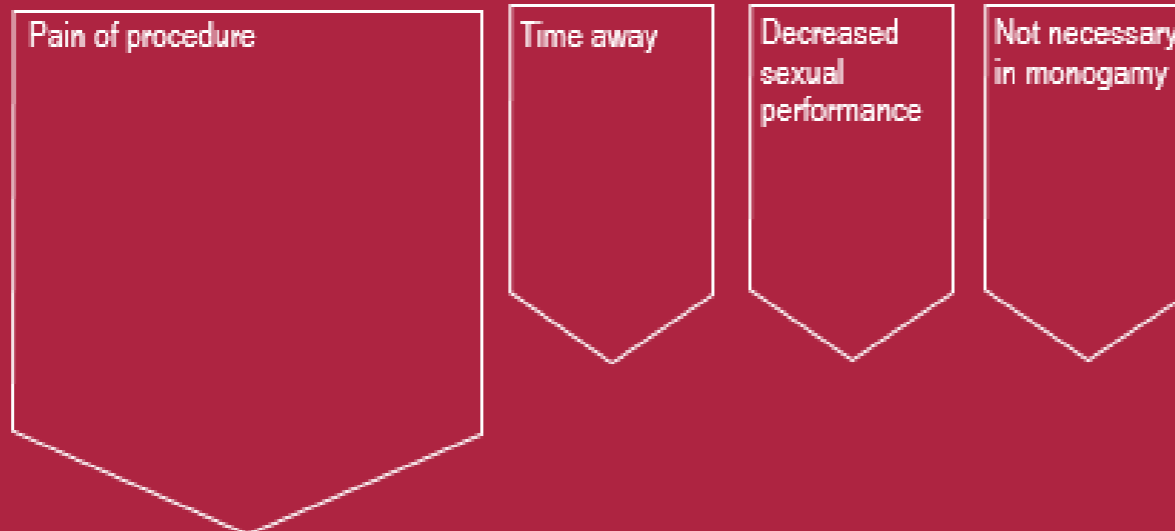


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Dissonance is driven by a number of Factors



Shame Distrust Dread Fear Regret Uncertainty



- **Shame** during the healing process
- **Distrust** in conversation with partners
- **Dread** in regard to knowledge of HIV status
- **Fear** of the pain of procedure and healing
- **Regret** centered on loss of wages and sexual pleasure
- **Uncertainty** around the procedure and process of healing

The longer spent in dissonance, the greater it becomes



Dominant action tendencies to manage DISSONANCE

VMMC

- **Indecision & Procrastination**

HIMSELF

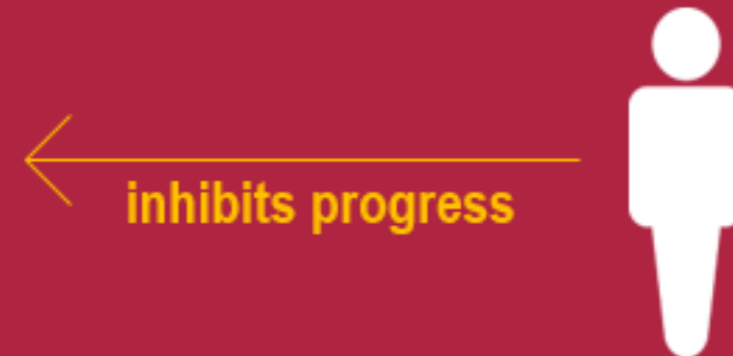
- **Regret** – should have done it in the past

TUNING PEOPLE OUT

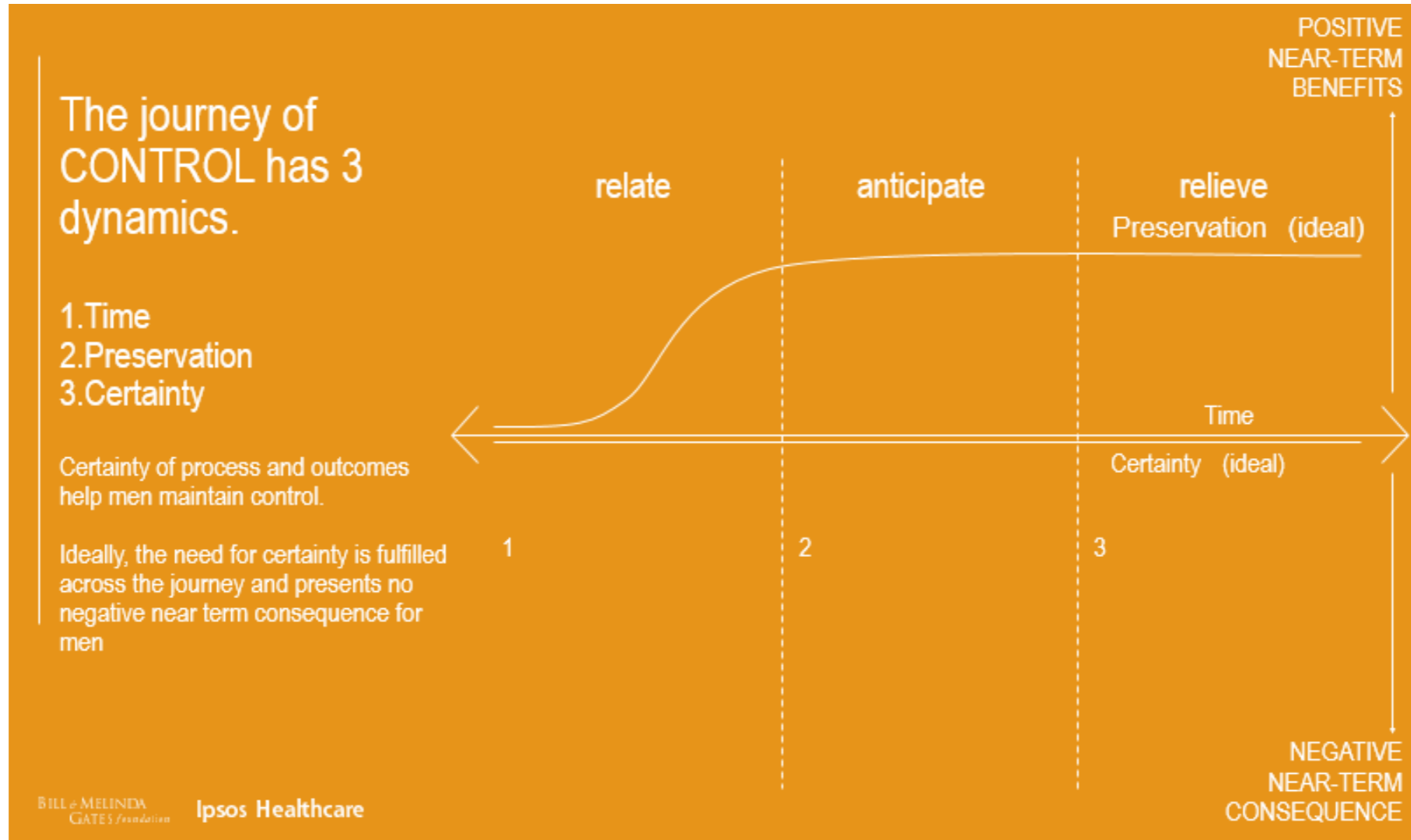
- **Blocking conversations**, especially with partners
- **Distrust** Influencers

TUNING PEOPLE IN

- **Seeking justification** that supports his near term beliefs



Behavioural science analysis determined 3 crucial dynamics to develop interventions around



The process of removing dissonance is not the same for all men – we identified 5 key segment drivers

MOTIVATION

Motivation to go through with the procedure determined by the time frame they are looking at, whether they would recommend a family member be circumcised etc.

REJECTION DUE TO COGNITIVE DISSONANCE

A client believes in the benefits of MC and wants to have it done but is held back by conflicting short term beliefs

PERCEIVED LACK OF ABILITY

Knowledge and understanding of the procedure

ACCEPTANCE OF SOCIAL SUPPORT

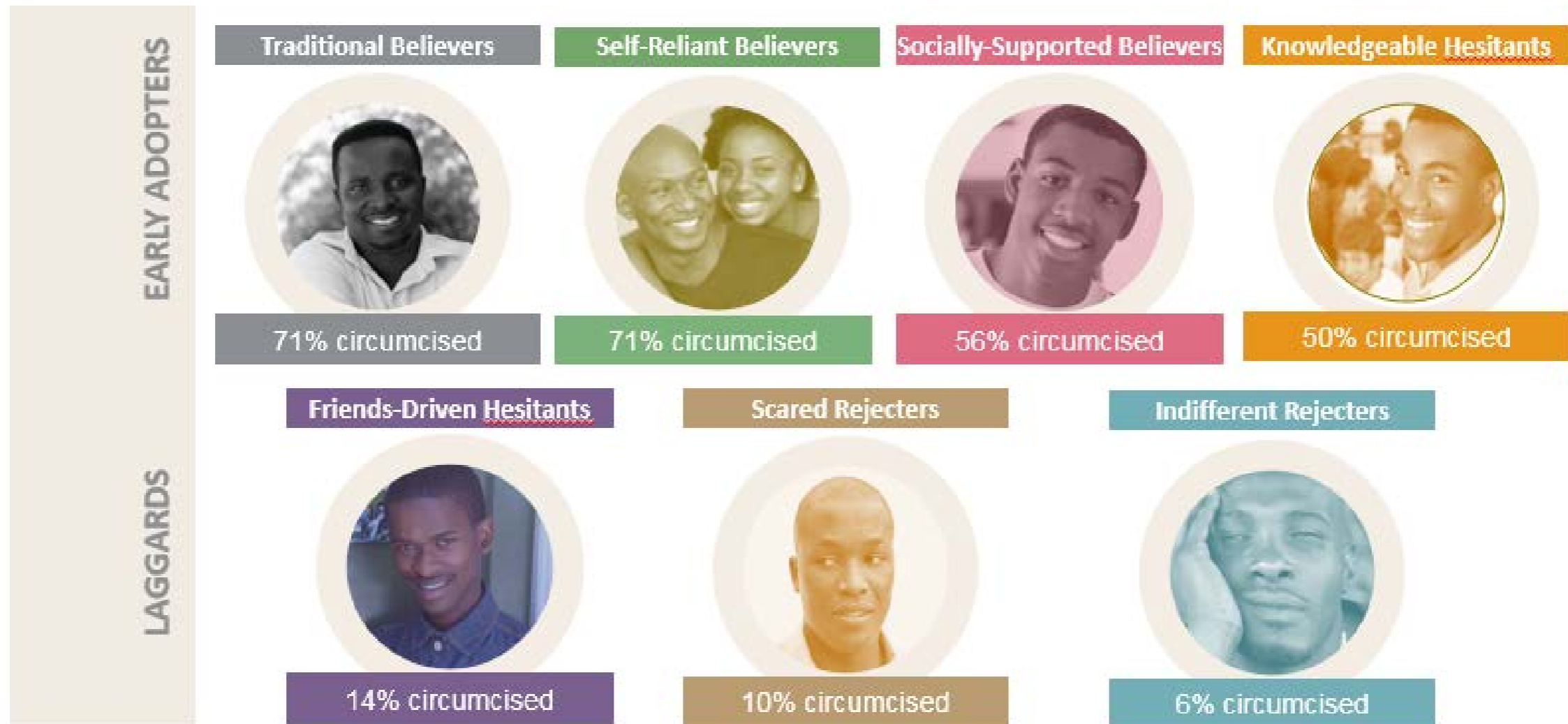
Are his friends having circumcision? Or his community?

PERSONAL FEARS

Bleeding risk, pain, promiscuity etc.



Which in turn gave us 7 segments in Zambia



And 6 segments in Zimbabwe

EARLY ADOPTERS



VMMC Champions

76% circumcised



VMMC Enthusiasts

43% circumcised



Embarrassed Rejecters

33% circumcised

LAGGARDS



VMMC Neophytes

6% circumcised



Scared Rejecters

3% circumcised



Highly resistant

1% circumcised

Zambia and Zimbabwe comparison

Commonalities

- The path is similar in terms of stages: **Relate → Anticipate → Relief**
- The **intent-action gap** exists among men explained by dissonance; interventions & communications must address the factors driving dissonance
- Common **drivers by age group**, e.g., social proof among boys, appreciation for circumcised man by women for men
- **Male friends** are the dominant influence; HCPs are also key for some men
- Common need to address **pain and healing process** honestly

Differences

- The **relevant beliefs** differ some through the path
 - Particularly regarding beliefs in sexual performance and pleasure in Zimbabwe
 - Particularly regarding HPV protection for partner in Zambia
- Some segments in Zimbabwe and some segments in Zambia are very similar. However, differences lie with the maturity and breadth of VMMC campaigns in each market alluding to some difference in attitudes and beliefs

From Data to Design

- Countries applied Human Centered Design (HCD) to translate data into action
- HCD is process for arriving at transformative solutions putting user at the center

empathy

Build empathy with the user in their environment

Shadowing, immersions, informal interviews, socialising

insights

Collect insights into themes. Identify opportunities they present

Develop concepts with users & stakeholders that address the themes of most interest

prototyping

Make low-resolution prototypes and test them as quickly as possible

Iterate based on user reactions

Applying Human Centered Design

Human Centered Design workshops helped team to:

- Prioritize and better understand segments
- Focus on and design around key insights from the research
- Design and test tailored interventions and messages for implementation
- Revise segmentation typing tool