TRANSLATING AUDIENCE SEGMENTATION DATA INTO FAMILY PLANNING PROGRAMMATIC ACTION

INTRODUCTION

Audience segmentation is an approach commonly used in commercial marketing to tailor products and services to the specific population sub-groups most likely to use them. The concept of audience segmentation is equally applicable to social and behavior change programs, including voluntary family planning (FP) programs. Transform/PHARE (hereafter referred to as PHARE), a five-year (2015–2020) project funded by the United States Agency for International Development (USAID), used non-traditional and innovative approaches for audience segmentation to identify subgroups of the population who were identified as the most likely to change their behavior. Through participatory human-centered design (HCD)[1] approaches, PHARE involved these key subgroups in developing tailored messages to leverage target population engagement in and support for voluntary FP for greater program effectiveness.

Segmentation is often based on demographic indicators, such as age, gender, and marital status. However, PHARE used characteristics of the audiences, such as attitudes and behaviors, in its approach to segmentation, taking into consideration that values, beliefs, and religious, economic, and social backgrounds are not homogeneous across or even within populations. Through a rigorous segmentation process, programmers can identify the subgroups that are most likely to change their behavior based on their current attitudes and behaviors.

The purpose of this brief is to describe how PHARE used audience segmentation data to contribute to programmatic decisions.

IDENTIFICATION OF POPULATION SEGMENTS, HEALTH BEHAVIORS AND HEALTH NEEDS

PHARE implemented a multi-step process in Niger and Côte d'Ivoire to identify population segments and health behavior needs. This process involved:

- Data collection: literature review and hypothesis development (conducted secondary research and identified potential key behavior change levers); instrument design (developed tool to gather requisite attributional, attitudinal, and behavioral data); field testing (refined tool and confirmed effectiveness [response, completion rates]); and data gathering (collected quantitative data).

- Segmentation analysis: segment identification (derived behavioral/attitudinal archetypes via latent class analysis); segment analysis (assessed behavioral

[1]HCD is an approach to problem solving that places the people being served and other important stakeholders and influencers at the center of the design and implementation process. This allows their needs and expectations to inform the design and decisions and, therefore, contribute to the intervention having a greater impact.

change potential and influencing guidance); intervention principles development (high-level guidance for the development of solutions for priority segments); and classification tool creation (developed simplified instrument to rapidly identify segments).

- Sharing and dissemination of results: stakeholder presentations (national dissemination workshops, Francophone SBCC summit, Ouagadougou Partnership meeting, and technical working groups); ideation and inspiration phases (HCD workshops); and webinars and online platforms (Health Compass, K4Health, PHARE landing page).

The following sections provide details of how PHARE applied audience segmentation in Niger and Côte d'Ivoire to influence programmatic design.[2]

NIGER

Men represent an opportunity — and a barrier — to supporting voluntary FP. It is, therefore, critical to better understand male audiences. In 2017, PHARE conducted a Male Family Planning Demand and Segmentation Analysis of 1,000 men ages 15 to 54 to: (1) identify and capture the factors that influence male decision-making about FP; and (2) identify segments of men in the three target regions of Maradi, Zinder, and Tillabéri who seemed open to change their attitudes and behavior about voluntary FP.

The segmentation process consisted of data collection and analysis, focusing on needs, behaviors, attitudes, and willingness to change. Participants in the survey came from a diverse set of demographics, including rural-urban (19% urban, 81% rural), education level (64% uneducated, 19% primary, 15% secondary, 2% university), and marital status (51% married, 24% currently unmarried, 22% polygamous, 2% cohabitation, 2% divorced, widowed, or separated).
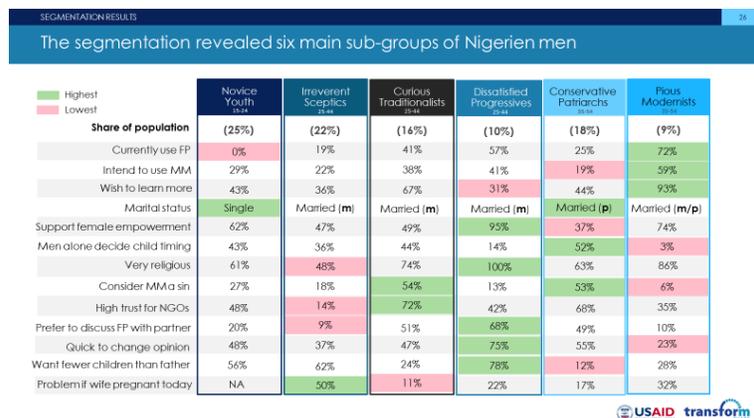
The literature review surfaced five broad dynamics that were further explored in the survey—masculinity, couple dynamics, faith,[3] immediacy, and knowledge.[4] For example, 76% of men consider being financially more at ease then peers and being capable of meeting their family's needs as a measure of male success.

PHARE's analysis of the data collected identified six segments of men with different needs, attitudes, and behaviors toward voluntary FP: Novice Youth, Irreverent Skeptics, Curious Traditionalists, Dissatisfied Progressives, Conservative Patriarchs, and Pious Modernizers, which were analyzed in detail.[5] The segmentation analysis then defined each population subgroup's key characteristics, knowledge and use of FP methods, and barriers to and opportunities for FP method use to gain greater insight on reaching each audience segment (Figure 1).

The key themes were receptive thinking, gender progressiveness, and exposure to voluntary FP. Segments that had optimal indicators within these three themes suggested a higher propensity for behavioral change, allowing PHARE, the Nigerian government, and other stakeholders to define and implement interventions targeting those segments of men who were most likely to change behaviors, thereby increasing program effectiveness.

FIGURE 1. AUDIENCE SUBGROUPS IN NIGER[6]

SEGMENTATION RESULTS	Novice Youth 15-24	Irreverent Sceptics 25-44	Curious Traditionalists 25-44	Dissatisfied Progressives 25-44	Conservative Patriarchs 25-44	Pious Modernists 25-44
Share of population	(25%)	(22%)	(16%)	(10%)	(18%)	(9%)
Currently use FP	0%	19%	41%	57%	25%	72%
Intend to use MM	29%	22%	38%	41%	19%	59%
Wish to learn more	43%	36%	67%	31%	44%	93%
Marital status	Single	Married (m)	Married (m)	Married (m)	Married (p)	Married (m/p)
Support female empowerment	62%	47%	49%	95%	37%	74%
Men alone decide child timing	43%	36%	44%	14%	52%	3%
Very religious	61%	48%	74%	100%	63%	86%
Consider MM a sin	27%	18%	54%	13%	53%	6%
High trust for NGOs	48%	14%	72%	42%	68%	35%
Prefer to discuss FP with partner	20%	9%	51%	68%	49%	10%
Quick to change opinion	48%	37%	47%	75%	55%	23%
Want fewer children than father	56%	62%	24%	78%	12%	28%
Problem if wife pregnant today	NA	50%	11%	22%	17%	32%

Highest (green) / Lowest (pink)

The segmentation revealed six main sub-groups of Nigerien men

The work also involved a partnership analysis to understand how male segments interacted with their female partners when making decisions about voluntary FP. Ten variables across three dimensions were compared for each of the partnership combinations: demographics (median age, rural-urban split, education

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[2]See also: Transform/PHARE Technical Brief: The Importance of Segmentation and Tailoring Messages to Constructively Engage Men and Boys in Family Planning

[3]The importance of FP for men in comparison to other, more immediate and more tangible issues.

[4]USAID Transform/PHARE. (2018). Niger male segmentation: discussion of findings.

[5]Idem.

[6]Idem.

levels, marital status); religion (degree of religiosity, perception of contraception as a sin); and empowerment and voluntary FP (men's voluntary FP usage, women's acceptance, male support for female empowerment, women's perception of the importance of their husband's permission to use voluntary FP). An overview of likely partnerships was developed (Figure 2), followed by an analysis of each partnership, including primary partner segments and secondary partner segments.

FIGURE 2. OVERVIEW OF PARTNERSHIPS
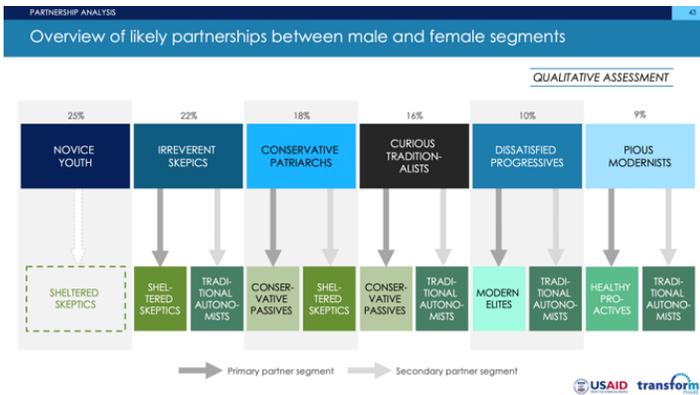
The data aided PHARE in identifying and prioritizing male segments by comparing each along the dimensions of potential for impact, feasibility, and scalability. Questions explored included:

- How significant is the opportunity to change this segment's voluntary FP engagement?

- Is this segment practical to focus on and is it receptive to voluntary FP?

- Is it likely that any achieved impact will be scalable and/or adaptable?

PHARE selected two segments, Novice Youth and Curious Traditionalists, based on their greater propensity to voluntarily adopt a method and designed interventions to engage them.[7] PHARE also evaluated each segment for its gender progressiveness and carried out segmentation of female populations to explore potential relationship dynamics between segments. Through a partnership analysis, PHARE found that a majority of men surveyed support positive couple dynamics: they believe women are and should be increasingly empowered and are open to sharing health and family responsibilities. Men who support women's empowerment were reportedly more likely to accept and adopt birth spacing, birth limiting, and use of modern methods. However, PHARE found that support for women's empowerment did not necessarily correlate with increased propensity for gender-transformative behaviors: supporters of empowerment are less likely to give partners an opportunity to voice disagreements around voluntary FP decisions.

PHARE determined that male Curious Traditionalists, in which 40% believe women should have final say in making decisions surrounding their bodies, are most likely to marry women from the Conservative Passive or Traditional Autonomist archetype. By understanding these characteristics, beliefs, and interplay with their female partners, the team was able to better tailor messages that would resonate with this group of men. For example, Curious Traditionalists' high levels of religiosity (74% declared themselves to be religious), paired with their trust in imams to deliver health information (87%) and willingness to use FP if supported by Islam (93%), supported the concept that religious leaders are a natural channel for delivering FP messaging to men in the Curious Traditionalist archetype.[8]

CÔTE D'IVOIRE

In 2016–2017, PHARE implemented a National Demand Analysis. The objectives were to: develop robust, quantitative evidence characterizing demand for voluntary FP in Côte d'Ivoire; identify significant opportunities to increase voluntary use of modern methods of contraception; and offer input into the design of successful, high-impact behavior change interventions. PHARE conducted a literature review, followed by a 1,000-person household survey of women ages 15-49 to identify: key needs, attitudes, and behaviors around voluntary FP; barriers to use; and how these might vary by population segment using the sampling frame from the Demographic and Health Survey. The results were disseminated to national stakeholders in mid-2017.

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[7]PHARE implemented Sarari, an intervention aimed to increase the support of influential community leaders for reproductive health process in Niger.
[8]USAID Transform/PHARE. (2018). Niger male segmentation: discussion of findings.

The National Demand Analysis data revealed three population segments with unmet demand for voluntary FP. These women were characterized by three different life stages: pre-family, family aspirational, and family planner, with each category having a different primary fertility need.

This segmentation underscored that FP needs vary according to the life stage of men and women. Women in the Pre-Family segment were typically youth living with their parents, who were sexually active, but who were not yet ready to consider motherhood or the creation of their own family. Their key fertility need was pregnancy avoidance. Women in the Family-Aspirational segment were typically engaged in more serious relationships and with their key fertility need being pregnancy avoidance. Women in the Family-Planner segment were typically in stable or married relationships, often with a need to space or limit their births to achieve their ideal family size. The segmentation analysis likewise identified men's fertility needs across the three life stages (Figure 3).

FIGURE 3. FERTILITY NEEDS AND BEHAVIOR CHANGE NEEDS OF MEN AND WOMEN IN CÔTE D'IVOIRE[9]

THE BEHAVIOR CHANGE PROBLEM

The behavior change problem that we need to solve varies by the category of fertility need across life stages.

KEY BEHAVIOR CHANGE NEEDS: WOMEN

PRE-FAMILY
Avoid unsafe abortions and 'shot-gun' marriages by enabling adolescent women to take preventative FP actions

FAMILY-ASPIRATIONAL
Help women to achieve their aspirations for economic and household stability without needing to use pregnancies for leverage

FAMILY PLANNER
Increase efficacy for existing fertility regulation practices by shifting women from calendar method use to MMC's

KEY BEHAVIOR CHANGE NEEDS: MEN

PRE-FAMILY: MALE PARTNER
Encourage young men to protect their future by understanding the risk of unregulated fertility for adolescent females

FAMILY-ASPIRATIONAL: MALE PARTNER
Help men to 'guard their wallet' by avoiding non-marital children or expensive dates with women who they will not marry

FAMILY PLANNER: MALE PARTNER
Connect men to the consequences of inconsistently regulated fertility on the family, and on material and child health.

INFORMING PROGRAMS IN CÔTE D'IVOIRE

The audience segmentation data from the National Demand Analysis in Côte d'Ivoire enhanced the understanding of the needs, beliefs, agency, and proactivity of population subgroups in seeking voluntary FP services and information. The majority of the women fell into the aforementioned subgroups—pre-family, aspirational and family planner—and meeting these women's needs required that government, donors and civil society work together.

The demand analysis identified four major demand opportunities to reach the population subgroups and increase voluntary adoption of modern methods of contraception:

• Focus on women at the beginning and end of their child-bearing lives, and young women in serious relationships considering pre-marital pregnancy.

• Focus on increasing consistent, ongoing use across all women.

• Develop tailored programming for pre-family youth.

• De-emphasize broad behavior change communication campaigns.

Using insights from the demand analysis, PHARE identified 10 recommendations to address the demand opportunities (Figure 4), leveraging existing strategies in the government's 2015 National Family Planning Action Plan. These strategies aimed to support Côte d'Ivoire's ambitious Family Planning 2020 modern contraceptive prevalence rate (mCPR) goals—36% mCPR by 2020 and 4.0 total fertility rate by 2025.

[9]USAID Transform/PHARE. (2016). Qualitative analysis: The FP behavior change problem in CDI: Interim phase I results.

FIGURE 4. RECOMMENDED STRATEGIES TO ADDRESS FP DEMAND AMONG THREE SUBGROUPS IN CÔTE D'IVOIRE[10]

10 RECOMMENDED STRATEGIES FOR ADDRESSING THESE OPPORTUNITIES, BASED ON INSIGHTS FROM THE DEMAND ANALYSIS

TARGET POPULATIONS

RECOMMENDED STRATEGIES, FOCUSED ON TARGET POPULATIONS

TARGET WOMEN AT BEGINNING AND END OF CHILD-BEARING LIVES, AS WELL AS VULNERABLE WOMEN IN MIDDLE

1. Prioritize efforts on
   - Adolescents 15-19, and in particular the 50% who are pre-family
   - Struggling aspirationals
   - Family limiters

ACROSS ALL WOMEN, FOCUS ON INCREASING CONSISTENT, ONGOING USE

2. Improve the quality of FP counseling experience

3. Revise counseling materials to address fertility and side effect concerns and relative effectiveness of modern methods

4. redouble efforts to make full range of MMC available at more formal health access points

5. Trial and scale methodologies to better manage use and proactively address side effects

6. Introduce methods not currently available that are better aligned with women's needs

DEVELOP TAILORED PROGRAMMING FOR PRE-FAMILY YOUTH, PARTICULARLY ADOLESCENTS

7. Increase youth MMC consideration through targeted communication

8. Provide psychosocial support to bridge intent to action gap

9. Increase the prevalence of FS and improve HCW training

10. Experiment with new channels for providing counseling and MMC access

NOTE: HCW are a main conduit for many of the strategies listed here. While there is a need to explore alternate and new channels, this approach recognizes the current availability of FP information and access.

In Côte d'Ivoire, civil society activists, including "Jeunes Ambassadeurs pour la PF" (FP Youth Ambassadors) used the segmentation findings in advocacy with the Ministry of Health (MOH). As a result, a Ministerial Note was prepared by the MOH mandating free voluntary FP services for youth (ages 15 to 24) at government health facilities (la Gratuité des Services PF pour les Adolescents et Jeunes). Delivery of free services for youth is currently being piloted in one area of the country.

ENABLING PROGRAMMATIC CHANGE ACROSS PARTNERS IN CÔTE D'IVOIRE AND NIGER

Several implementing partners in Côte d'Ivoire used the findings from the segmentation analysis to implement new program activities. For example, one partner incorporated segmentation analysis into its behavior change initiatives with health providers to shift their attitudes about (1) the need for voluntary FP among youth; and (2) the needs for voluntary FP among older women who have achieved their desired family size and want to limit births. Another partner improved health messaging in its program, guided by information about the population segments, and a third partner developed new counseling tools for use by health providers to better tailor and direct their messages to clients.

In Niger, segmentation work informed the development of an enhanced social and behavior change communications strategy to engage youth and religious leaders. For example, the study found that imams were a highly trusted source of health information and were consulted by men about FP. PHARE engaged with imams, using Koranic text to discuss various topics, such as the benefits of birth spacing, proper child health, spousal relationships, and couple communication assisting religious leaders to foster discussion about voluntary FP.

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[10]USAID Transform/PHARE. (2017). Transform/PHARE: Côte d'Ivoire family planning demand analysis.

KEY TAKEAWAYS

PHARE's work in Côte d'Ivoire and Niger demonstrates how audience segmentation helps implementers to better understand the needs of specific population subgroups and identify those that are most likely to change their attitudes or behaviors about voluntary FP. Programmers need to look beyond demographic indicators such as age, gender, and marital status, and identify segments using values, beliefs, and religious, economic and social backgrounds. As seen in each of the countries, deeper segmentation analysis into such areas as partner and gender dynamics resulted in better tailored messages and interventions to sub-groups.[11] Sharing the segmentation analysis and resulting programmatic activities with key stakeholders also amplified the impact of PHARE's activities and aided other organizations to adjust their programming.

ADDITIONAL RESOURCES

- Niger Male Segmentation Analysis

- Examining Male and Female Family Planning Attitudes and Behaviors in Niger

- Qualitative Analysis: The FP Behavior Change Problem in CDI

- Côte d'Ivoire Family Planning Demand Analysis

For more information, please visit:
www.psi.org/project/transformphare/

[11]Idem.