

Exploring the Use of Audience Segmentation to Address Intimate Partner Violence + FP Intersections

Virtual Expert Consultation
February 2021

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Agenda

Time	Topic	Objective
<i>10 minutes</i>	Intro to Segmentation	Learn about segmentation and why/when it is useful
<i>15 minutes</i>	Considering available data	Rapid review of available resources on at the intersection of FP/IPV
<i>15 minutes</i>	Small group discussion on hypothetical segments	Reflect on some examples of how segmentation might be applied to GBV
<i>5 minutes</i>	Report out and next steps	Review key presentation points and consider next steps

Why is it often important to look beyond demographics?

Gender Male
Age 45 (b. 1974)
Status Well-known
Nationality Senegalese

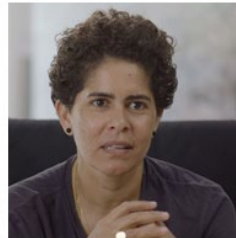


Khalilou Fadiga
Football Player



Ousmane Sonko
Author, Politician

Gender Female
Birth year 1970-1975
Birth place Addis Ababa, Ethiopia
Status Well-known



Julie Mehretu
Artist



Birtukan Mideksa
Politician

Gender: Male
Birth year 1948
Birth place United Kingdom
Net worth: Very wealthy



Why / how is segmentation used?

1

Improve understanding of target audiences experiences, worries, wants, needs and behaviors

2

Address current organizational challenges or opportunities

3

Identify, estimate, and prioritize the potential of specific customer groups within the market

4

Tailor products / services and target audience interactions to certain segments

5

Shape communications to drive awareness, uptake and use within certain segments

Key Takeaways:

- Segmentation can be as useful in the social sector as it has been in the private sector
- Segmentation can increase the impact of SBC interventions
- Psycho-social segmentation can help understand not just WHO but WHY someone exhibits certain behaviors
- Segmentation does not need to be expensive or complex to undertake or apply

4

Source: "Customer Segmentation Guidebook," CGAP (2015)



Example Segmentation: Men in Niger

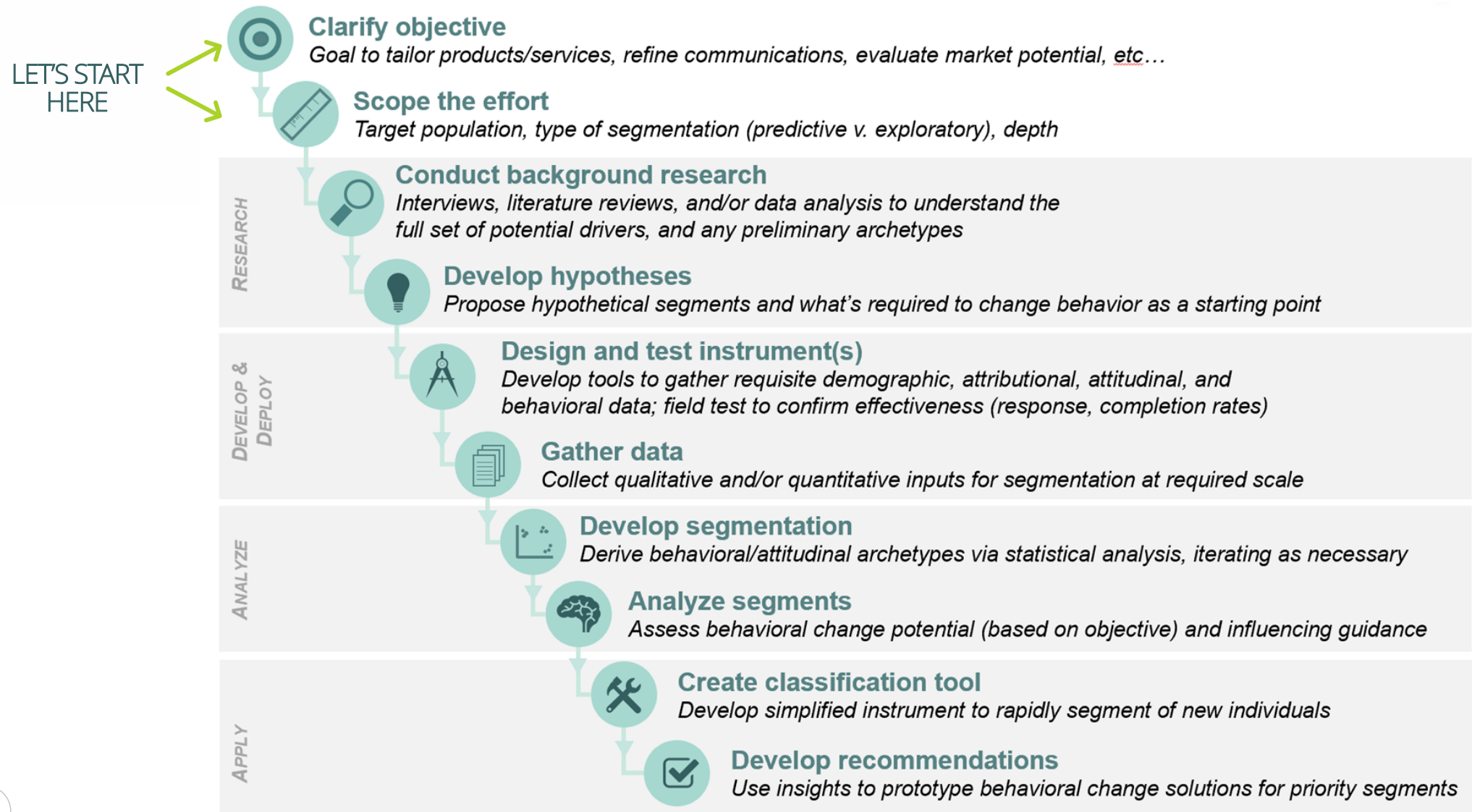
Background	Outcomes		
<p>Niger's Family Planning Action Plan (2012-2020) seeks to boost demand for, and provision of FP services.</p> <p>In 2017, Camber Collective segmented Nigerien men to help stakeholders define and implement interventions that change behavior.</p> <p>While men are often considered obstacles to FP use, analysis identified opportunities for improved program effectiveness.</p>	NOVICE YOUTH <i>"I have different wants and values to my parents, but I'm not very sexually active so I haven't felt the need to consider family planning yet."</i>	IRREVERENT SCEPTICS <i>"I trust my judgments, and my life and outlooks are very different to my peers' – I don't know much about family planning, but don't trust health advice anyway."</i>	CURIOUS TRADITIONALISTS <i>"I prefer not to stray too far from the norms I know, but I do feel under-informed about family planning – and generally listen to those who know more than me."</i>
	DISSATISFIED PROGRESSIVES <i>"Islam and my wife's wellbeing are crucial – I'm keen to avoid too many children and know a bit about family planning, but abstinence and condoms are both poor options."</i>	CONSERVATIVE PATRIARCHS <i>"Men were intended to care for many wives and to lead large families – even if sometimes we do lose a child, I see no benefit in changing that."</i>	PIOUS MODERNISTS <i>"Islam is important to me, and family planning is no sin My wife and I are ahead of the times, and by learning more we'll build our big family together at the right pace."</i>

Niger male segmentation: Pilot results

Under the Transform PHARE project, PSI in collaboration with the local NGO CADEL conducted a pilot in Niger including community discussions with Novice Youth and Curious Traditionalists, tailoring the messaging and discussions to the segment profiles

	NOVICE YOUTH	CURIOUS TRADITIONALISTS
Rise in knowledge of 1 FP method	↑ 10x increase , to 84%	↑ 2x increase , to 100%
Rise in knowledge of 3 FP methods	↑ From near 0 to 55%	↑ 5x increase , to 73%
Rise in intention to use (NY) or current use (CT) of MM	↑ 4x increase , to 96%	↑ 4x increase , to 86%
Rise in intended (NY) / current (CT) partner discussion: FP	↑ From near 0 to 64%	↑ 2x increase , to 74%
Rise in intended (NY) / current (CT) partner discussion: financial decisions	↑ 12x increase , to 31%	↑ 2x increase , to 52%
Rise in intended (NY) / current (CT) partner discussion: visit health centers	↑ From near 0 to 44%	↑ 1.5x increase , to 51%

Segmentation process



Reflecting on opportunities for SBC around FP + IPV: Potential objectives (examples)

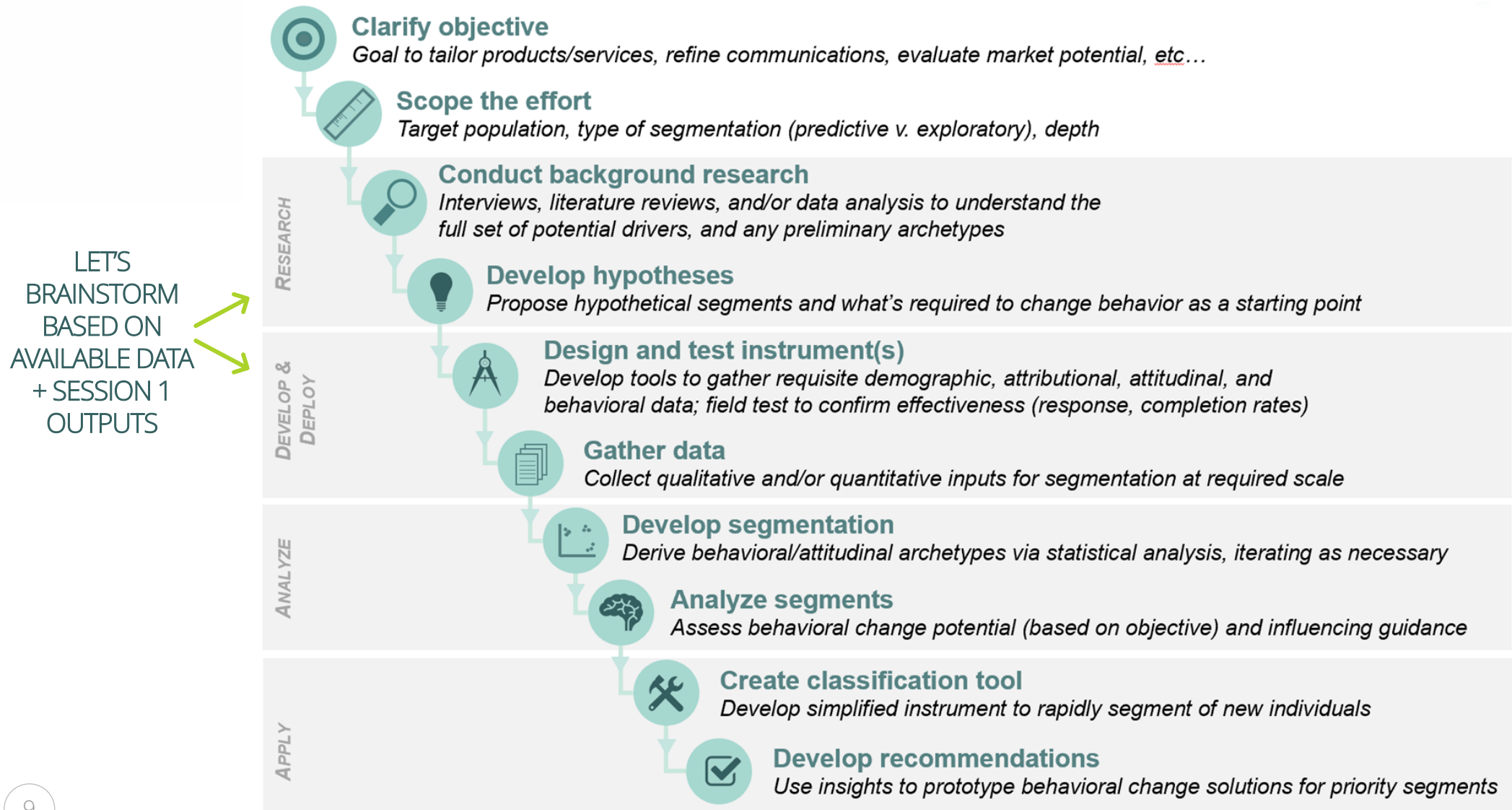
Individual level

- Identify individuals at a higher risk of experiencing IPV related to FP dynamics, and provide them with *prevention* support
- Improve IPV *response* to individuals experiencing different types of reproductive coercion
- ...

Community level

- Reduce social acceptability of resolving FP conflict with violence
- Promote positive, caring norms around masculinity and reproductive health
- Enhance provider capacity to screen for IPV at FP points of service
- ...

Segmentation process



Brainstorming variables of interest

General / generic
Available in DHS datasets

Socio-demographic

- Age
- Education
- Employment
- Marital status
- Urban / Rural
- Ownership of assets

Behavioral

- Habits
- Type of behavior
- Duration
- Frequency
- *Decision-making on major household purposes*
- *Decision-making on visits to family and friends*
- *Decision-making on healthcare*
- *Decision-making on sex*
- *Decision-making on contraceptive use*
- *Current use of contraception*
- *Help seeking to stop violence*

Attitudinal

- Attitudes
- Beliefs
- Perceptions of norms
- Values
- Aspirations
- *Attitudes towards wife beating*
- *Desire for children or to limit childbearing*

Discussed in Day 1 Life Course Session:

Economic Empowerment/
Stability

Relationship dynamics

Social Support

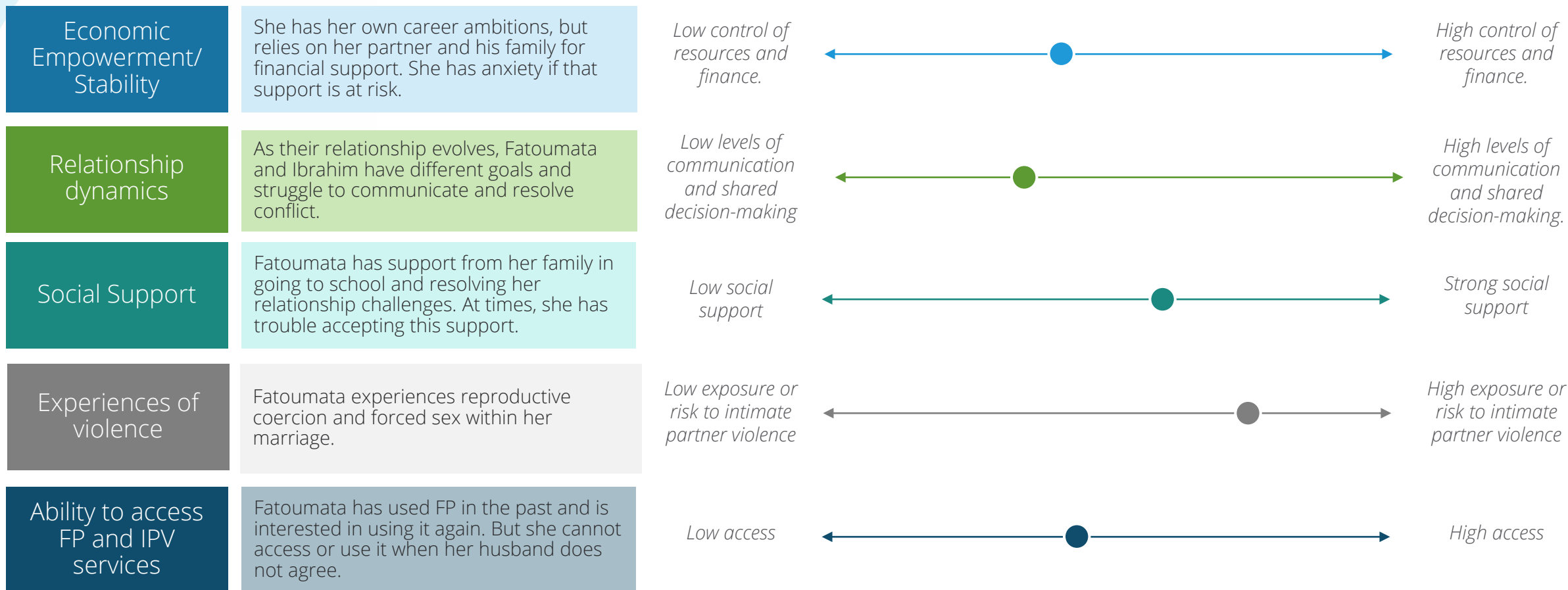
Experiences of violence

Ability to access FP and
IPV services

Considering a potential segment: Fatoumata



Variables to consider:



Considering Potential IPV/FP Needs of Other Segments

Camber has developed segmentation studies across 10 countries. Below, we highlight a few different segments which have different family planning attitudes, behaviors, experiences and needs. Our partners across countries have developed tailored programs to serve these and other segments.



Côte d'Ivoire

Struggling Aspirational

Single women in unstable relationships but considering marriage in the short term. Nearly all have at least one child and most do want to grow their family in the future.



Ethiopia

Stressed Bystanders

Post-partum women with indications of depression and stress. Doesn't articulate specific FP concerns or convey that pregnancy would be a problem.



Benin

Young Independent

Young, single women most likely to have secondary or higher education. Most able to use FP even if partner or parents disagree, and considers FP as a tool to help her reach her goals.



Niger

Traditional Autonomist

Married woman who prefers traditional methods (esp. breastfeeding). Her husband's opinion is very important to her, especially when it comes to FP, and she is wary of health advice coming from other sources.

Although we have some data about relationship dynamics in these studies, **we did not capture data about women's experiences with IPV**. We'll now break up into small groups and talk about how we might conduct further research and program design to meet the integrated IPV/FP needs of these specific segments.

Struggling Aspirationals



Côte d'Ivoire

Segment Description

Single women in unstable relationships but considering marriage in the short term. Nearly all have at least one child and most do want to grow their family in the future.

Economic Empowerment /Stability

60% urban, ~40% have been employed to some extent in the last 12 months

Relationship dynamics

Not married, in a somewhat unstable, uncertain relationship; has concerns that her partner may have an STI.

Social Support

Low support from parents on topics of dating and relationships; generally feels she can talk to friends and others in the community

FP need, access and use

31% currently use a modern method; unlikely to feel she can advocate for herself regarding decisions on her health and fertility

Experiences of violence and access to IPV support

N/A in data

Question

Notes

(1) Reflect on Fatoumata's story which we read yesterday. Based on this very limited segment profile, what are some key differences that you see between this segment and Fatoumata's experience? What are some similarities?

- *Start notes here*

(2) We don't have data on how this segment might experience IPV. Given our conversations on Tuesday about the intersections between gender, SRH, and IPV, what might you hypothesize about her risk for violence and ability to access IPV response services, should she need them?

- *Start notes here*

(3) Reflect on what you might need to consider when designing an intervention for this segment. What channels might reach them best? What messaging or program might be most impactful? What might be unhelpful?

- *Start notes here*

Stressed Bystanders



Ethiopia

Segment Description

Post-partum women with indications of depression and stress. Doesn't articulate specific FP concerns or convey that pregnancy would be a problem.

Economic Empowerment /Stability

90% have no education or primary education

Relationship dynamics

Partner decides about FP and when to resume sex; discusses FP most with her partner, needs partner's permission for FP use

Social Support

Partner seems to be main source of support; more likely to feel that she needs to take care of herself regarding emotional support

FP need, access and use

16% currently using FP; most want to wait 4-6 years before having another child. Feels comfortable discussing FP with provider.

Experiences of violence and access to IPV support

N/A in data

Question

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Young Independents



Benin

Segment Description

Young, single women most likely to have secondary or higher education Most able to use FP even if partner or parents disagree, and considers FP as a tool to help her reach her goals.

Economic Empowerment /Stability

Skews more educated and more urban; strongly believes all girls should have access to education.

Relationship dynamics

Unmarried but in a relationship (or multiple); she and her partner are equally responsible for decisions on when to have children

Social Support

Less likely to be “scared of finding myself alone without a partner” suggesting she may have other means of social support

FP need, access and use

Alternates between traditional and modern methods, mainly rhythm and condom

Experiences of violence and access to IPV support

N/A in data

Question

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Traditional Autonomist



Traditional Autonomist

Segment Description

Married woman who prefers traditional methods (esp. breastfeeding) Her husband's opinion is very important to her, especially when it comes to FP, and she is wary of health advice coming from other sources.

Economic Empowerment /Stability

Largely rural (89%) and uneducated (52%)

Relationship dynamics

The opinion of their husbands is very important, and they tend to make FP decisions with him

Social Support

Main support is from husband, is suspicious of health information coming from NGOs or government

FP need, access and use

This segment values methods with no side effects, are free and easy to access, and are approved by their husbands

Experiences of violence and access to IPV support

N/A in data

Question

Notes

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Closing

- 1 **Rapid report-out:** (1-2 minutes) Each group facilitator shares out example of their segment, with the corresponding slide
- 2 **Closing Remarks:** (1-2 minutes) Reflections on how segmentation might be useful at the intersection of IPV and FP

Please reach out to jessica@Cambercollective.com or Sarah@Cambercollective.com if you have questions or comments.

Thank You



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