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**The Importance of Psychographic Research  
in HIV Prevention Programs**

**The AIDSCOM Project  
Academy for Educational Development  
Washington, D.C.**

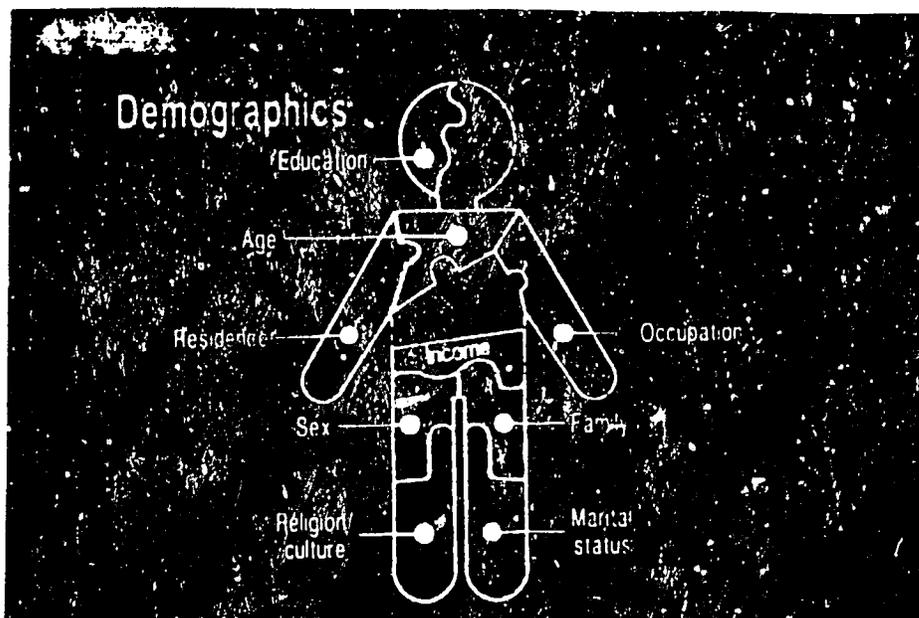
**in association with  
Porter/Novelli, Washington, D.C.  
Total Research Needs, Manila, Philippines**

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**The research on which this presentation is based was designed by Mary Debus of Porter/Novelli in Washington, D.C., and Manila, and Mercedes Abad of Total Research Needs in Manila. The quantitative survey, one of several conducted at about the same time, was fielded in a purposive sample of 100 female sex workers in Manila between January 18 and February 12, 1989. Edward Dowgiello of Porter/Novelli in New York also contributed to analysis and charting of the data. The illustrations were drawn by Michael McConnel of Porter/Novelli in Washington, D.C. The text was written by Mary Debus and Anton Schneider.**

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**In order to develop HIV prevention programs that effectively change risk behaviors, communicators must first understand the audiences they are trying to reach. We must not only understand what our target audiences know and do but also how they think and feel, their values and lifestyle and the ways in which they perceive themselves and their world. This is a complex puzzle, particularly when we are communicating, as we must in HIV prevention, about behaviors that are deeply rooted.**



The first and most clearcut pieces of this puzzle are basic demographics, such as the sex and age of our target audience, their level of education and economic status, how they earn a living, whether they are married or in some other type of relationship, their family status and where they live. Demographics provide us with useful information but, as we see, certain pieces of the puzzle are missing.

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In order to understand complex behaviors, both demographics and psychographics are important. Psychographics are those psychological variables that help differentiate one group of individuals from another; that may help explain why some individuals will act to protect themselves while others will not. These variables provide us with a kind of inner landscape of the target audience which enables us to better understand how the audience may receive and respond to our prevention communications.

## Psychographics

- Self-efficacy
  - Assertiveness
  - Rationality
  - Social affiliation
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Contemporary literature regarding health beliefs and health promotion suggests that there are several specific psychological variables that are relevant to HIV-related behavior change. One of the most important of these variables is generally referred to as self-efficacy. Does our target audience feel in control of their own lives or directed by forces outside of themselves? Do they feel able to practice new behaviors? Another relevant variable is the target audience's level of assertiveness. Do they act upon their choices and preferences or do they passively allow others to determine the course of their lives? Rationality is a third important psychographic variable. Do members of our target audience act in a manner that is clearly thought out and planned or do they behave more impulsively?

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Finally, one's social affiliation has been found to be important as well. Individuals who feel isolated or alienated from others are often less likely to establish and sustain behavior changes. Together, all of these psychographic variables help complete the puzzle and provide us with a richer view of our target audience. But what is the real value of psychographics? How can we measure these factors and how do we apply them to our prevention communication strategies?



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To help illustrate this point we would like to introduce you to Maria. Maria is 18 years old and lives in Manila, Philippines. Like most young women her age, Maria has a strong desire to be a success in life. Someday she hopes to have saved enough money to quit her current job and open a small business of her own, perhaps a beauty parlor. That will be tomorrow, however.



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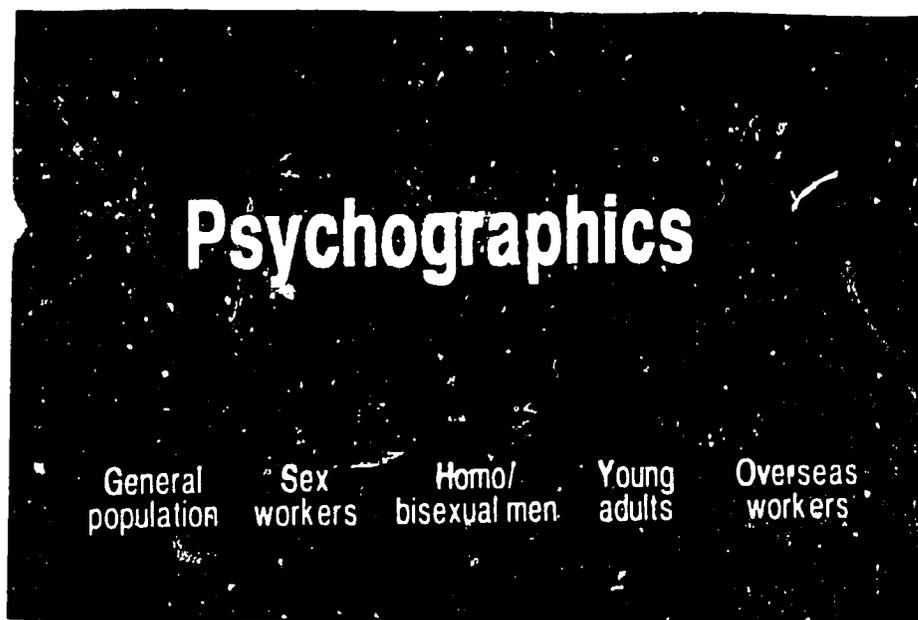
Today, Maria is meeting a new customer at a local bar. The purpose of her meeting? To provide sex for money. Maria is a commercial sex worker.

## KAP Research

• General population	1,500
• <i>Sex workers</i>	200
• Homo/ bisexual men	200
• Young adults	300
• Overseas workers	200
Total respondents	<u>2,400</u>

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Actually, Maria is a figment of our imagination. She is a composite character we have put together based upon data from research on AIDS-related knowledge, attitudes and behaviors conducted in Manila. Extensive quantitative interviews were completed with 2,400 respondents. As you can see, other key populations were also included in the research, providing us with the ability to make direct comparisons between these groups on measures of knowledge, attitudes and behaviors.



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In addition, a 50-item psychographic battery was administered in each survey population so that psychological profiles could be assessed and compared as well. Although Maria is a fictitious character representing a typical sex worker we surveyed, the research data on which her profile is based are quite real.

Typical Sex Worker



- 24 years old
- Financial motivation
- Dependents
- Lower SES
- Domestic responsibilities
- In a relationship
- Keep sex work a secret

Let's look at a quick sketch of a typical sex worker like Maria. At age 18, she is young for a female sex worker; most we surveyed in Manila are 24 years old. Like many of her co-workers, Maria got into sex work for financial reasons. This is important because she is already the mother of a two-year-old daughter, and her mother and younger brother (with whom she lives) also depend on her for support. Our survey shows that more than half of the females we interviewed support 3 or more dependents. Despite the income she earns from sex work, however, Maria and her co-workers are still members of the economic underclass. As a result, sex workers enjoy little leisure. When not working, their time is mostly taken up by domestic responsibilities. Most sex workers like Maria are currently in a relationship (about a third are married), but 63% told us they keep their occupation a secret from their partners.



- 15 sexual encounters
- 5 different partners
- About 70% unprotected vaginal sex
  - 20% oral sex
  - 10% anal sex

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This demographic profile of Maria gives us some "feel" for her life and even some insight into her motivations. But what about her sexual behavior? Because of her work, we have assumed that Maria is at risk of HIV infection, but how great is that risk and what contributes to it? This month, Maria will have approximately 15 sexual encounters. While some of these will be with her boyfriend Mario, and some will also be with "regular" customers, Maria will average 5 different partners per month. Most of Maria's sexual activity will involve unprotected vaginal sex. Oral and anal sex are less frequent.



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We now have a somewhat more complex picture of Maria. We begin to recognize her potential vulnerability to HIV infection. And perhaps she does also. For as we see Maria leaving the club with her customer this evening, we notice that she slips a condom into her hangbag. She often does this with first-time customers. They leave the bar and head for a familiar place, a local drive-through motel where, typically, they will spend a couple of hours together. As they close the door behind them, the question we must ask is: "Will Maria actually use the condom tonight?"

## Knowledge

- 100% awareness
  - Know basic facts
  - Some misconceptions
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In order to answer that question, let us first examine what Maria knows and how she feels about AIDS and condoms. Among female sex workers in Maria's area, awareness of AIDS is quite high. Virtually everyone has heard of it. Sex workers know the basic facts about AIDS: among others, that it is sexually transmitted and fatal. This knowledge is mixed with misconceptions and false beliefs regarding HIV transmission and prevention. For example, many sex workers believe HIV can be transmitted by mosquitos, public toilets, donating blood or being close to an infected person. Perhaps more importantly, many also believe that taking vitamins or antibiotics, washing genitals after sex and having regular medical checkups can make a person resistant to HIV infection.

## Attitudes

- Perceived susceptibility  
32% "very likely" get infected
  - Perceived seriousness  
63% "most serious" disease facing sex workers
  - Positive attitudes about condoms as a solution
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Despite these false beliefs, perceived susceptibility to infection is substantial: about a third of the female sex workers interviewed felt that it was "very likely" that they themselves will become infected. Sex workers like Maria see AIDS as a very serious disease. A majority (63%) see it as the single "most serious" disease facing sex workers today. In addition, female sex workers are quite positive in their attitudes toward the use of condoms -- more positive, in fact, than any of the other populations we surveyed.

## **Solution**

- 70% "With condoms one is surely safe from AIDS."
  - 75% "Asking my partner to use a condom shows I'm concerned about them."
  - 60% "I wish my customers would use condoms more."
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Seventy percent of the sex workers felt that "with condoms, one is surely safe from AIDS."  
Seventy-five percent felt that "asking my partner to use a condom shows I am concerned about them," and 60% expressed the sentiment that "I wish my customers would use condoms more often."

# SERIOUSNESS

# SUSCEPTIBILITY

# SOLUTION

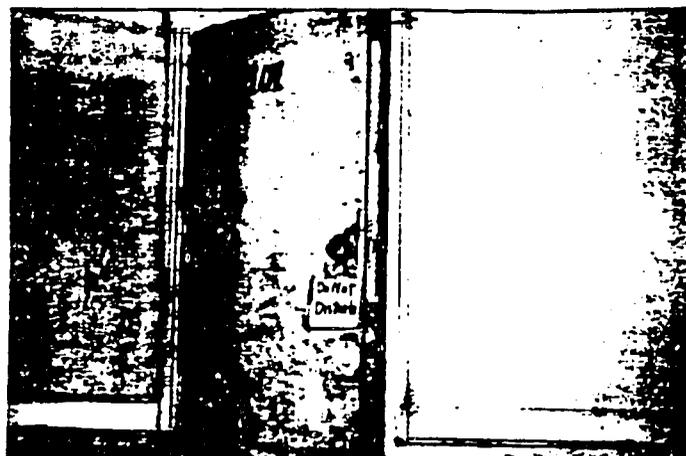
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Like most other sex workers we surveyed, Maria sees AIDS as serious, herself as susceptible and a solution -- condom usage -- as efficacious. The three "S's" of behavior change are therefore mostly present in Maria's case. Given this fact, we might expect Maria to use a condom tonight.



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If we return to the motel room, however, we see Maria's bag sitting on the chair with the condom packet still inside, unopened. What happened? Why did Maria's knowledge and apparently positive attitudes not lead to action that would protect her from HIV infection?



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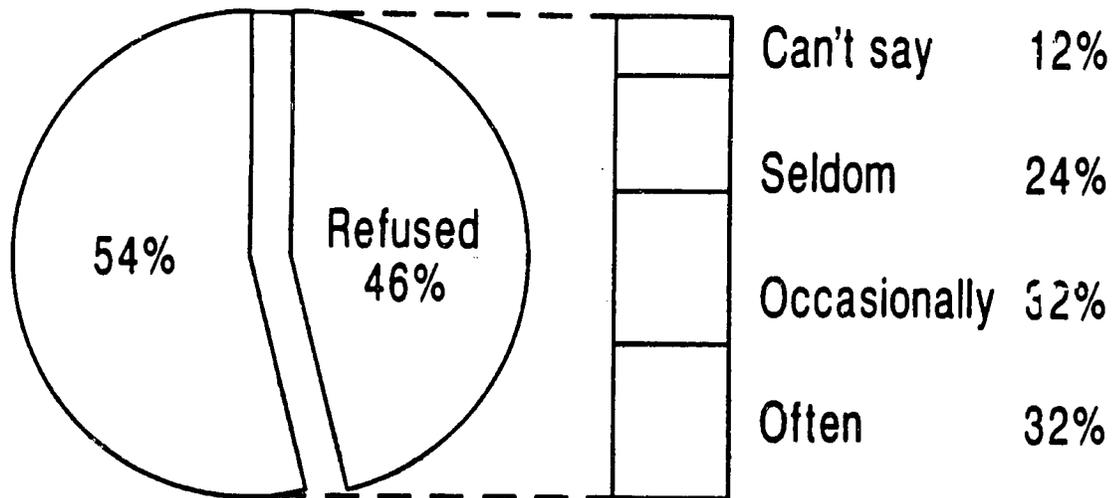
Let's go back to that motel room and see what actually happened.



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As it turned out, Maria was quite concerned about this new customer and made an attempt to introduce the condom before things went too far. When he refused, she thought of insisting but was afraid of offending him and possibly losing her evening's work. Thus, what actually happened tonight was not a problem of knowledge or information. It was not even a problem of insufficient motivation or positive intentions. The problem tonight was a failure of negotiation.

## Experienced Customer Refusal



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This is not unusual, according to our survey of sex workers: 46% of the sex workers we interviewed who have used a condom indicate that they have experienced such customer refusal and many say this happens often.

"I don't know how to ask/ convince customer to use."	54%
"Never put a condom on a customer."	76%
"I'm not sure exactly how to put condom on customer."	33%

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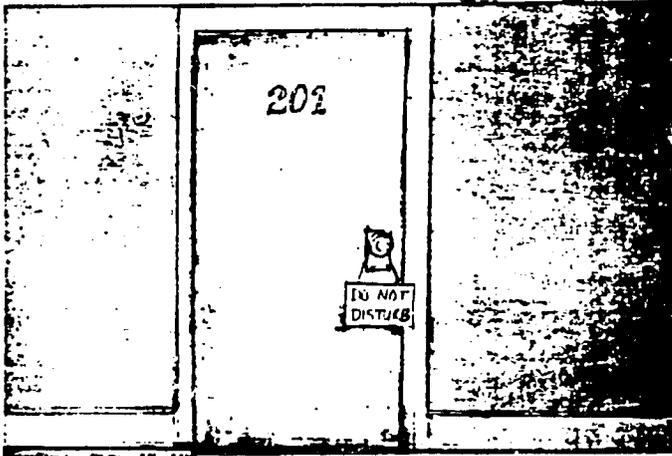
Quite a few sex workers (54%) also reveal that they do not know how to ask or convince customers to use condoms, 76% say they have never put a condom on a customer and 33% are not even sure how to do so.

## Condom Use

Ever tried	54%
Triers use...	
Always	7%
Most of the time	15%
Half of the time	13%
Occasionally	65%

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In all, only about half of the sex workers in Maria's area have ever used a condom and, among those who have, usage is only occasional. The question is, what differentiates those sex workers who use condoms from others, like Maria, who do not?



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To answer this complex question, let us first return once again to the same drive-through motel near Maria's club. This time, however, we will look into a different room.

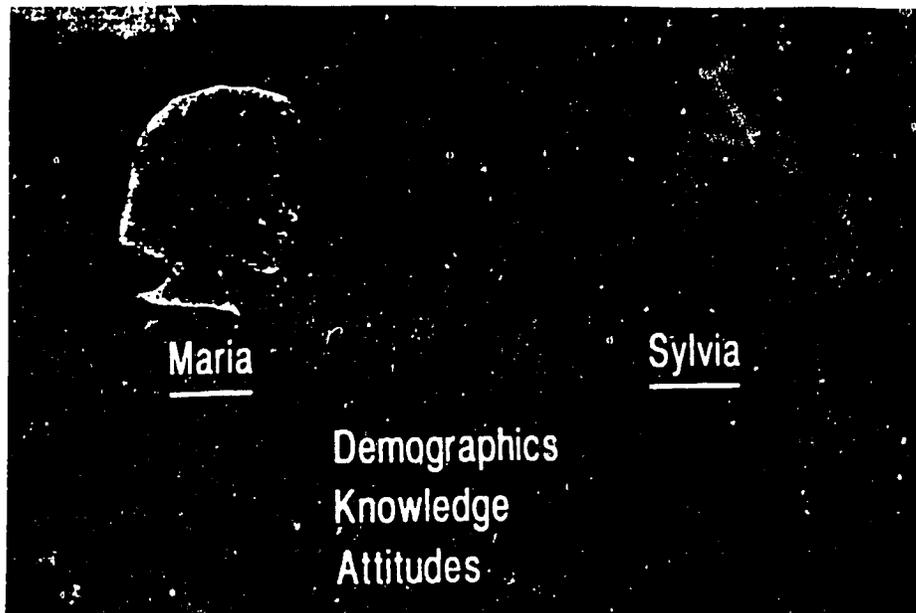


Here we see one of Maria's co-workers, a woman we call Sylvia, in very much the same position as Maria: same meeting place, a new customer, a condom in her handbag. Sylvia also suggests using a condom to her customer. She also receives resistance. There is one important difference, however.



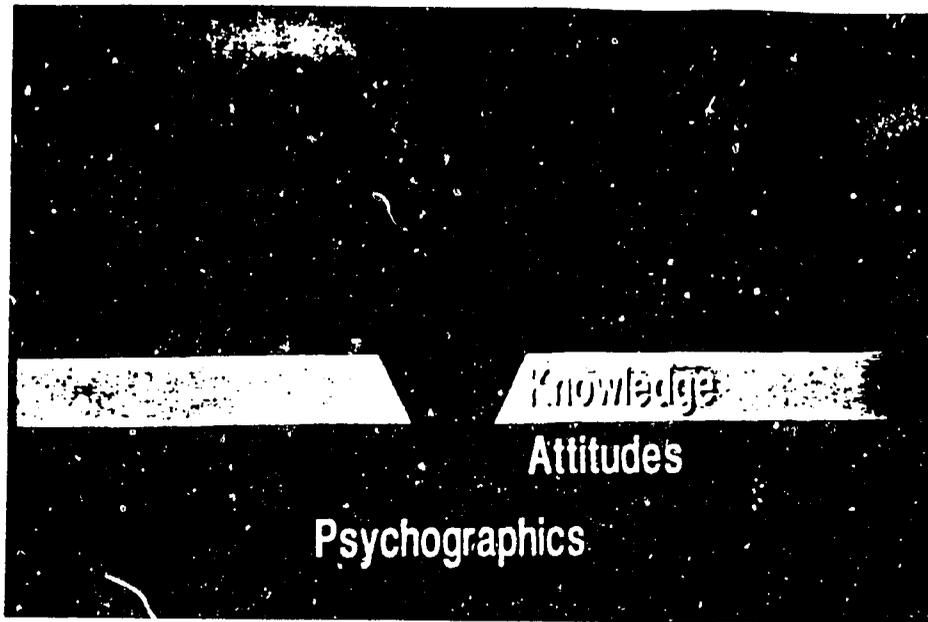
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This time the condom is used.



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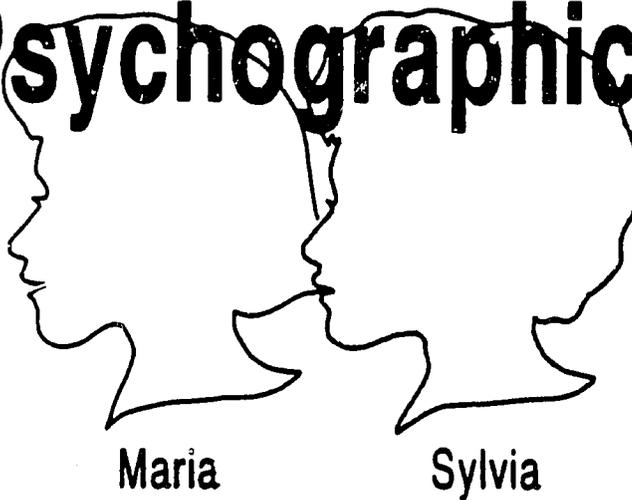
Is Sylvia different from Maria? Our research shows that, demographically in any case, she is basically the same -- a little older, perhaps. Sylvia's awareness and knowledge of AIDS are fundamentally the same as Maria's. Even their basic attitudes about AIDS are not sufficiently different to fully explain the difference in their condom usage behaviors.



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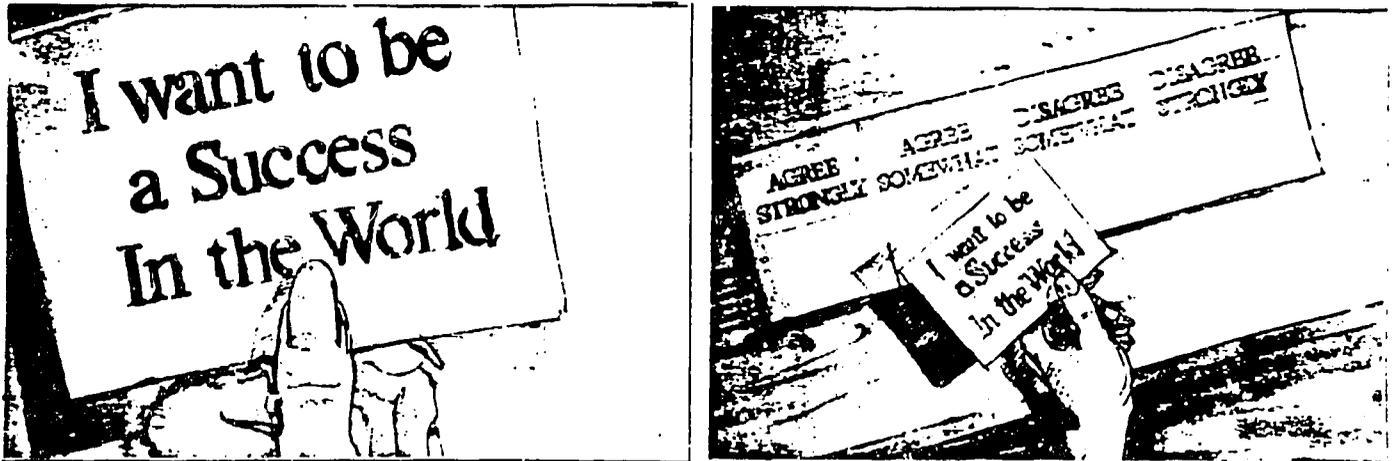
To truly understand the difference between Sylvia and Maria, we must look beyond knowledge and basic attitudes, even beyond motivation, to a deeper level. We must explore Maria's and Sylvia's psychographic profiles.

# Psychographics



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In order to do so, we have compared the psychographic profiles of those female sex workers who use condoms with those who do not. Qualitative research was conducted as a first step to develop appropriate attitude statements. These were then quantified using a four-point agree/disagree scale in response to 50 statements.



The statements themselves were printed on small cards -- one statement per card -- so that respondents could provide responses by placing the statement card on the words that best expressed their feelings about it. In this way the cards could be shuffled after each interview to avoid rotation bias, and respondent fatigue was minimized.

## Psychographics

- Self-efficacy
  - Assertiveness
  - Rationality
  - Social affiliation
- 

Let us review the basic psychographic factors we measured:

**Self-efficacy:** How much and in what ways do sex workers feel in control of their own lives?

**Assertiveness:** Do they tend to assert their own views and opinions or passively accept the wishes of others?

**Rationality:** Do they see their decision-making as basically well thought out or impulsive?

**Social affiliation:** To what extent do they enjoy social support, or do they tend to feel more alone and isolated?

## Self-Efficacy

	<u>Condom Users</u>	<u>Non- Users</u>
"Many of the unhappy things in life are due to bad luck."	58%	70%
"Planning for the future is a waste of time."	23%	30%

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A comparison of the "Sylvia's," those female sex workers who use condoms, with the "Maria's" who do not reveals a striking pattern. In terms of perceived self-efficacy, the Maria's are much more likely to feel that "many of unhappy things in life are due to bad luck," and that "planning for the future is a waste of time."

## Fatalism

	<u>Condom Users</u>	<u>Non- Users</u>
"AIDS is a punishment from God."	45%	70%
		
"We'll all die anyway, so why worry about AIDS."	38%	53%
		

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The Maria's are also more fatalistic in their outlook, more often than the Sylvia's believing that "AIDS is a punishment from God," and that "we will all die anyway, so why worry about AIDS."

## Assertiveness

	<u>Condom Users</u>	<u>Non- Users</u>
"I'd rather listen to others than voice own opinion."	47%	60%
		
"I easily get influenced by other people."	40%	64%
		

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Maria also shows herself to be less assertive than Sylvia. She is more likely than Sylvia to say that "I'd rather listen to others than voice my own opinion," and that "I easily get influenced by other people."

# Assertiveness

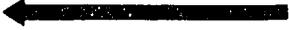
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	<u>Condom Users</u>	<u>Non- Users</u>
"I get things done."	83%	77%
		
"I prefer doing things on my own, than rely on others."	83%	75%
		
"I consider myself a leader."	62%	55%
		
"I am aggressive."	57%	49%
		

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On the other hand, the Sylvia's in our sample are much more assertive, as demonstrated by their higher level of agreement with the statements, "I get things done;" "I prefer doing things on my own, rather than rely on others;" "I consider myself a leader;" and "I am aggressive."

## Rationality

	<u>Condom Users</u>	<u>Non- Users</u>
"When faced with a problem I study it carefully before I make a decision."	89%	83%
		
"I tend to react to things emotionally rather than rationally."	40%	49%
		

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Sylvia also described herself as a more rationally-guided person than Maria, indicating more often that "when faced with a problem, I study it carefully before I make a decision." Maria, on the other hand, is more likely to feel that "I tend to react to things emotionally rather than rationally."

## Social Affiliation

	<u>Condom Users</u>	<u>Non- Users</u>
"Rather stay home than go to parties."	64%	81%
		
"I am interested only in myself."	57%	66%
		

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Finally, in terms of their social affiliation, Maria is more likely to describe herself in ways that suggest social isolation and alienation. For example, Maria more often feels that "I'd rather stay home than go to parties," and that "I am interested only in myself."

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We have seen that female sex workers like Maria are different in many ways from others in their society. We have also seen that female sex workers like Sylvia -- who are similar to Maria in most respects, such as demographics, basic knowledge and even attitudes -- are psychographically very different from Maria. More importantly, we have seen that these psychographic differences may have a real bearing on condom usage. How do we, as communicators, apply these important findings to our HIV prevention strategies? Several strategic implications are suggested by the research.

## Possible Strategies

Increase efforts toward secondary target audience

- Customers
  - Managers
- 

First, we may wish to consider increasing our efforts toward secondary target audiences: Maria's customers and her manager. For in Maria's mind -- and in reality -- power in the sexual encounter is often in the hands of these individuals. In recognizing the psychological barriers that hinder Maria from acting upon her knowledge and desires, we may achieve results faster and more effectively by carefully crafting supplementary strategies directed towards these already empowered individuals.

## Strategies Targeted Toward Maria

### I Myth reduction:

- Inaccurate risk assessment
  - Fatalism and lack of control
  - Shutting out message
  - Cognitive dissonance
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The data also suggest important directions in strategies targeted at Maria herself. It is clear that misinformation is preventing Maria from accurately assessing her own risk of HIV infection. False beliefs that HIV is transmitted by mosquitos and through the air raise Maria's level of anxiety unnecessarily and play into her sense of fatalism and lack of control. And the lessons learned from health promotion literature tell us that sustained anxiety of this kind leads to a shutting out of the message. "Cognitive dissonance" is likely to result. Accordingly, a myth-reduction effort appears warranted as a first step. Since all the populations we surveyed shared much of the same misinformation, Maria's false beliefs can be addressed through a broader public information campaign that takes care to use media channels and broadcast times selected to reach her. But information alone is clearly not enough.

## Strategies Targeted Toward Maria

### II Motivation

- Avoid fear appeals
  - Focus on positive values
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As a second step, messages directed toward Maria must increase her motivation to act. Our research suggests that fear appeals would not be appropriate. Again, health promotion literature tells us that fear tactics work poorly among individuals possessing low levels of self-efficacy and self-esteem. Such appeals create panic, hopelessness and denial. Instead, messages that focus on Maria's positive values may be more effective.



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For example, messages that emphasize Maria's aspirations for the future -- a better career, perhaps a business of her own, and her love and sense of duty toward her family -- would probably have a better chance of reaching her. But are better knowledge and stronger motivation enough? Probably not.

## Strategies Targeted Toward Maria

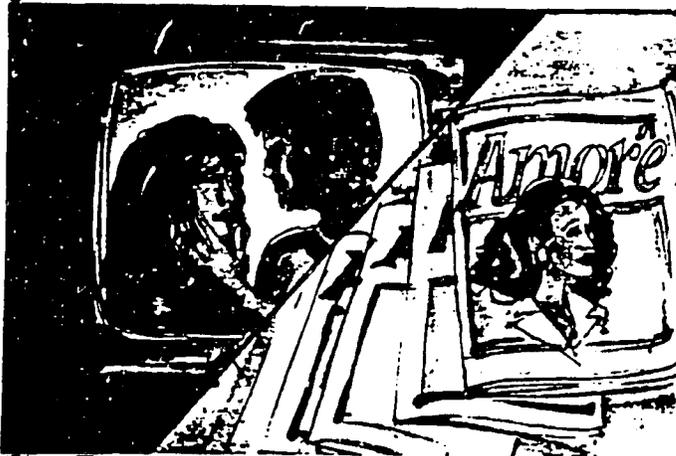
### III Empowerment

- Role models
  - Skills building
  - Negotiation tools
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Maria clearly needs skills and increased confidence to practice condom usage successfully. To provide support in this area, our strategy might also include three additional elements: role models, skills building and negotiation tools.



**Maria's peers, such as Sylvia, who successfully use condoms with customers, are generally the best role models. Maria knows that Sylvia is like herself in many important ways. Sylvia's success may provide Maria with added confidence. If Maria is easily influenced by others, Sylvia's positive influence would represent a desirable alternative to many of the other forces to which she is vulnerable. Our research also revealed that sex workers are very likely to turn to co-workers for information about AIDS.**

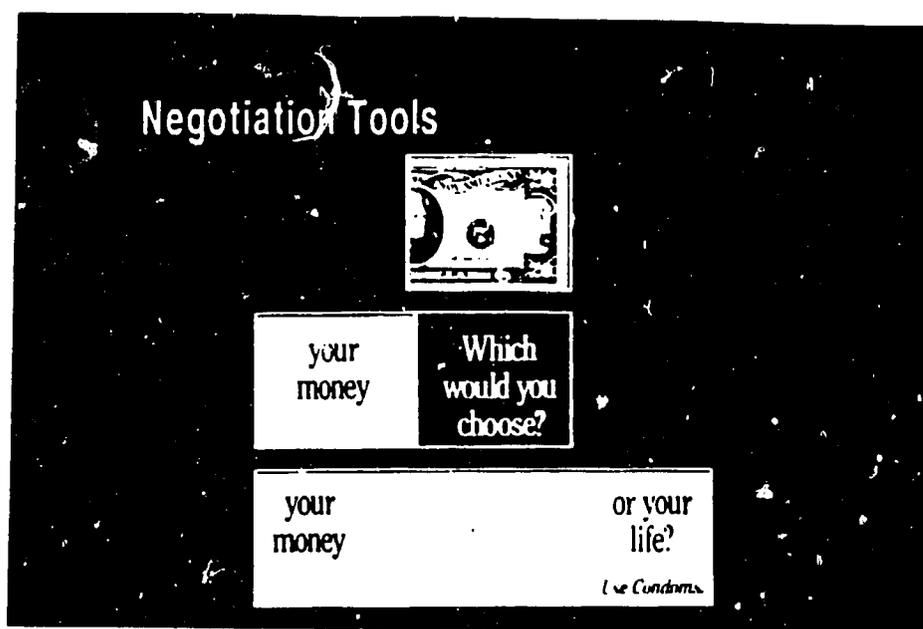


Many innovative and effective models for this type of peer counselor program have already been developed to guide us in planning and implementation. Where interpersonal communication is not practical, on the other hand, media models depicting characters and behaviors that can be emulated by Maria are also viable alternatives to peer counselling.

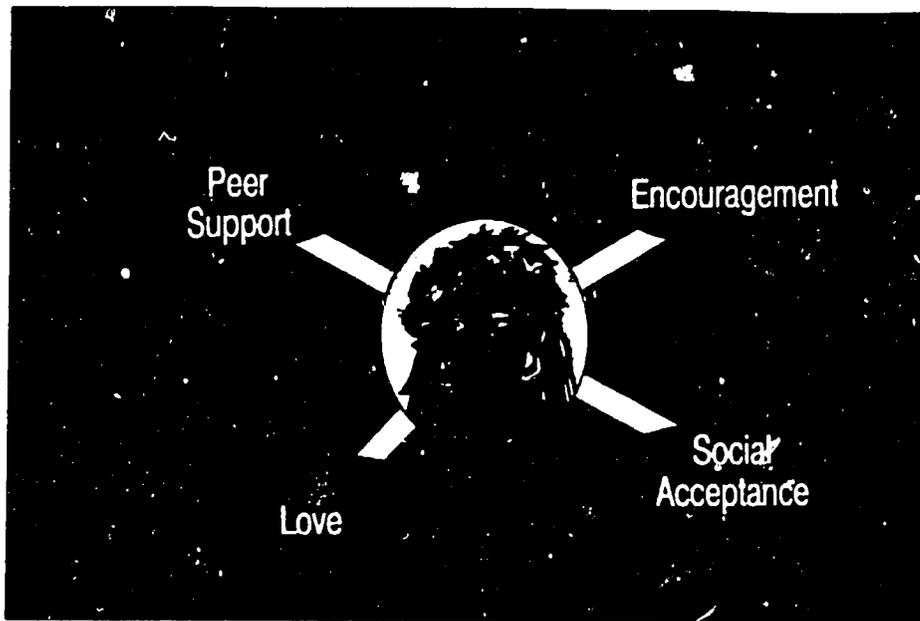


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Building Maria's skills is a second important element of the strategy. Our data suggest that Maria may need practice in practical skills, such as putting on a condom, as well as the more subtle skill of negotiating condom usage with customers successfully. Rehearsals, role-playing and similar exercises will build Maria's confidence in a non-threatening environment and increase her ability to handle customers effectively. Experiencing negotiating successes, no matter how infrequent at first, may enhance Maria's assertiveness and sense of control over her life.



As a third part of the communications strategy, we might consider giving Maria negotiation "tools" to help her manage interactions with customers. Our research suggests that many sex workers generally spend between two and three hours with a customer. This suggests that there may be ample time to discuss condom usage in these encounters. A clever device such as the one above can open up a dialogue between Maria and her customers in a way that enhances her powers of persuasion. The negotiation tool compensates for Maria's lack of assertiveness by doing part of the job for her.



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And finally, it is important to recognize that although Maria is easily influenced by others, she is already somewhat isolated psychologically and this can be dangerous. A hostile or accusatory tone on the part of the media, policymakers and others in her society is likely only to increase this sense of alienation and raise barriers to behavior change. Love, social acceptance, peer support and encouragement are more likely to enable Maria to act responsibly in protecting herself and others.



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In summary, understanding Maria's psychographic profile can help us to develop appropriate strategies for communicating with her about HIV disease. Targeted, supportive communication strategies -- rather than fear appeals or just the basic facts -- are more likely to enable someone like Maria to adopt safer sexual behaviors and sustain them over time. Thus empowered, perhaps next month or next year, sex workers like Maria will play out a different, more encouraging scene behind the doors of Manila's drive-through motels.