

**Low income women in South Africa:**

**Behavioural, sociological and  
product market opportunities and  
challenges**

**Executive Summary – Condensed Findings**



# Defining Low Income Women in South Africa



# South African Contextual Key Insights

**Group areas act means most low income females live in townships** – but avoid the stereotype definitions of what a township is i.e. a mix of incomes can be found here

**Township life can be vibrant with it's own micro-retail ecosystem** – main trade is increasing footprint here.  
Historically however township dwellers have had to pay a high price for goods at local spaza stores, or pay for transport to access goods in main trade stores.

**Living in townships means travelling long distances** and at an additional cost (though cheapest alternative for most South Africans).

There is however **a shadow side to the Rainbow nation** for young black females. Access to education, opportunities and earning power are considerably constrained.

The collective narrative of femininity in South Africa is a **collective narrative about money, power, control, sex, gender roles, exploitation and objectification** – and low income females are among the most vulnerable

# Young Black Female Contextual Insights

**South African black women face a double penalty** – black, and female i.e. the reality of ‘black tax’ is a structural inequality almost all black women live with. Structural inequality is a terrible legacy of apartheid that continues to shape the lives of every black South African.

**The lived experience of South African women is made up by a number of tensions**

1. Many find themselves caught between a **push towards modernity, and a pull back to tradition** –social expectations and personal need for modern independence
2. **Nature / nurture** – be the pillar of strength, while having to endure major life challenges
3. **Good girls:** virtuous, and dutiful members of community **vs. modern girls:** sexually agentic and progressive
4. **Traditional ceremonies** as a right of passage

**Born Free females are a particular cohort that offer some hope of disrupting the narrative** of femaleness plays out in SA – many are ‘woke’ and ‘lit’ – forcing a conversation of change at social and structural spaces.

There is however no single definition of Low Income Black Females. These women are **no different** to other young women in other parts of the world. There are however **unique challenges and tensions** that black South African women experience that makes their realities and lived experiences somewhat different

# Lived Experience of femininity in South Africa

Women in SA are also living across spaces and **experience themselves differently** across these spaces

Who they **hope to be vs who they are** expected to be – particularly pronounced for low income

**Many women not only perform many roles but also live (and identify) across multiple sometimes contradicting spaces.** Despite this, almost all low income black females have one thing in common: **Vulnerability**

## **Patriarchy Drives Female Vulnerability**

Of all the macro factors shaping the lived experience of young black females, patriarchal dynamics are by and large the most far reaching. Patriarchy heavily shapes the structure of households, and access to education and resources, especially for low income black females

## **Patriarchy is ingrained and sustained**

**Ingrained** (and in many ways exacerbated by) the current political dispensation. Young women are subject to

- Economically marginalization
- Gender inequality
- Responsibility for households – headed by women (and occasionally children)
- Prevalent “Rape culture”

**Paradox of men who are absent** – places enormous pressure on women in the home, but when men are present in the home there is an **overwhelming sense of harm** that comes with this

**Young Black women often die at the hands of men – that they know intimately, love, and trust**

# Young black females and their relationships with men

Rife with financial and emotional dependencies. Men control women, and have great influence over their sexual and health choices

**A gendered right to be unfaithful is normalised across key life stages – from teen to fatherhood**

## TEEN

Boys from very early on, are taught to believe that **men have claims to women**

## BABY DADDY

Pregnant young women are abandoned by the ‘baby daddy’.

## MARRIAGE

Still ‘the dream’: own house, ring on finger, a car, and men know it!

## FATHERHOOD

Absent fathers are common – a seemingly normalised right for men to stray, and be unfaithful

## To Bless or not To Bless?

And while most young females would prefer to pursue independence and financial well being on their own steam, some may default to taking a **Blesser as a partner**

## This has at least four important impacts

1. Growing trend of dating older men
2. Non-monogamous
3. Relationships of abuse
4. Compromise on protection and contraceptive adherence

# Young Black Females – where do they get support from, then?

Circles of Sisterhood can be sites of refuge in contexts of exploitation

**A young woman's sisterhood** is the protective shield of support she surrounds herself with to guide her on the path to womanhood. Indeed, this has always been how women have supported and nurtured each other

**Women also provide romantic solace for each other, though this is highly taboo, and threatening (to men in particular)**

**BUT...** black women are also often the undoing of each other

3 Key ways in which we typically see this happening

**1) For her:**

Mother / Aunty/ striving for her daughter

**2) For me:**

Becoming independent and not needing to depend on anyone

**3) For future daughters**

Foster self worth, and become less dependent on men

## **Vulnerability & Class intersect**

Within the qual, typologies appeared to pull apart based on access to resources and their potential levels of vulnerability.

Women who are typically less 'well off' appear to be more vulnerable to exploitation by men.



## Young black females practice sexual health rituals

In the context of this competitive female environment, there is also a need to practice control over (and enhancement of) sexual health practices in the service of male partners

Most local clinics are **either ill-equipped, or lack information** to adequately address the needs of women in this area. Most young women resort to managing these needs on their own, and often self harming in the process

A number of practices and rituals may include

1. Vaginal cleansing
2. Vaginal heating
3. Vaginal tightening
4. Pre-sex ritual

There are **two implications** here – one is a cautionary tale of putting products out “into the wild” and signals a clear opportunity to intervene both within formal and informal channels



# Information Seeking – informal information seeking is by far the most frequent approach to information gathering

## Formal vs. informal channels information

Formal channels of information typically imply consultation with nurses, health care workers, and medical practitioners. Highly influential and providers of confidence and trust in products advocated for (esp. where quality assurance is needed). But this is a channel that not many of our participants are likely to turn to – affordability constraints.

**Formal channels of information** engaged in are likely to be state and NGO clinics. There is however a great deal of practitioners who are unsupported, and in state clinics, potentially misinformed.

**Informal channel dominates** – easy to access, built on trust and word of mouth. In this channel mom, and other older females are primary players.

## A cautionary note on public health channels:

In the search for information, encounters with public health professionals is problematic. Local clinics offering free medication and contraception; and nurses are critical touch-points to empower young women.

- Nurses are young women's primary source of information and treatment
- But nurses often misinterpret medication/ procedure/ treatment information, leaving young women none-the wiser and misinformed
- There is a critical gap in the health care system. It's important to train nurses regarding new product's: function, benefits, and where in the body the treatment works.

# How does vulnerability translate into sexual risk?



We arrived at a **risk score** that takes into consideration a number of important drivers that feed into **lower vs. higher risk**:

- **Sexual activity, abstinence**
- **Number of partners**
- **Condom usage**
- **Type of partner (casual or not)**

**NB!** The risk score was not a key objective of the quantitative research. No modelling was used but rather a construction created using the elements available within the survey.

The idea behind the inclusion of the risk score was to assist with the interpretation of results and particularly of the six different consumer segments that emerged.

Going forward, a more robust approach to measuring risk may be useful to the analysis.

## Exposure to risk is prevalent regardless of current sexual activity

There is a need to hit home that these women are at risk and need to better protect themselves.

- **25%** of all girls are **sexually inactive** but are exposed to a relatively **high degree of risk** based on their current attitudes and behaviours to sex.
  - There is a general **misconception** that if these women are not having **penetrative sex**, then they are **not at risk to sexually transmitted diseases!!!**
- **Condoms** are ubiquitous as a primary means of prevention, followed by **abstinence and faith**

But there is a **latent risk**....Her partner's perceived responsibility for providing condoms, places a young woman in a precarious position when **he “forgets” to bring them**, and there is **limited negotiation** on her part

The irony is that these girls think **abstinence and faith** are tools of protection but they could also be to the **detriment of their own undoing** given what we know about men's gender right to be unfaithful and her limited negotiation

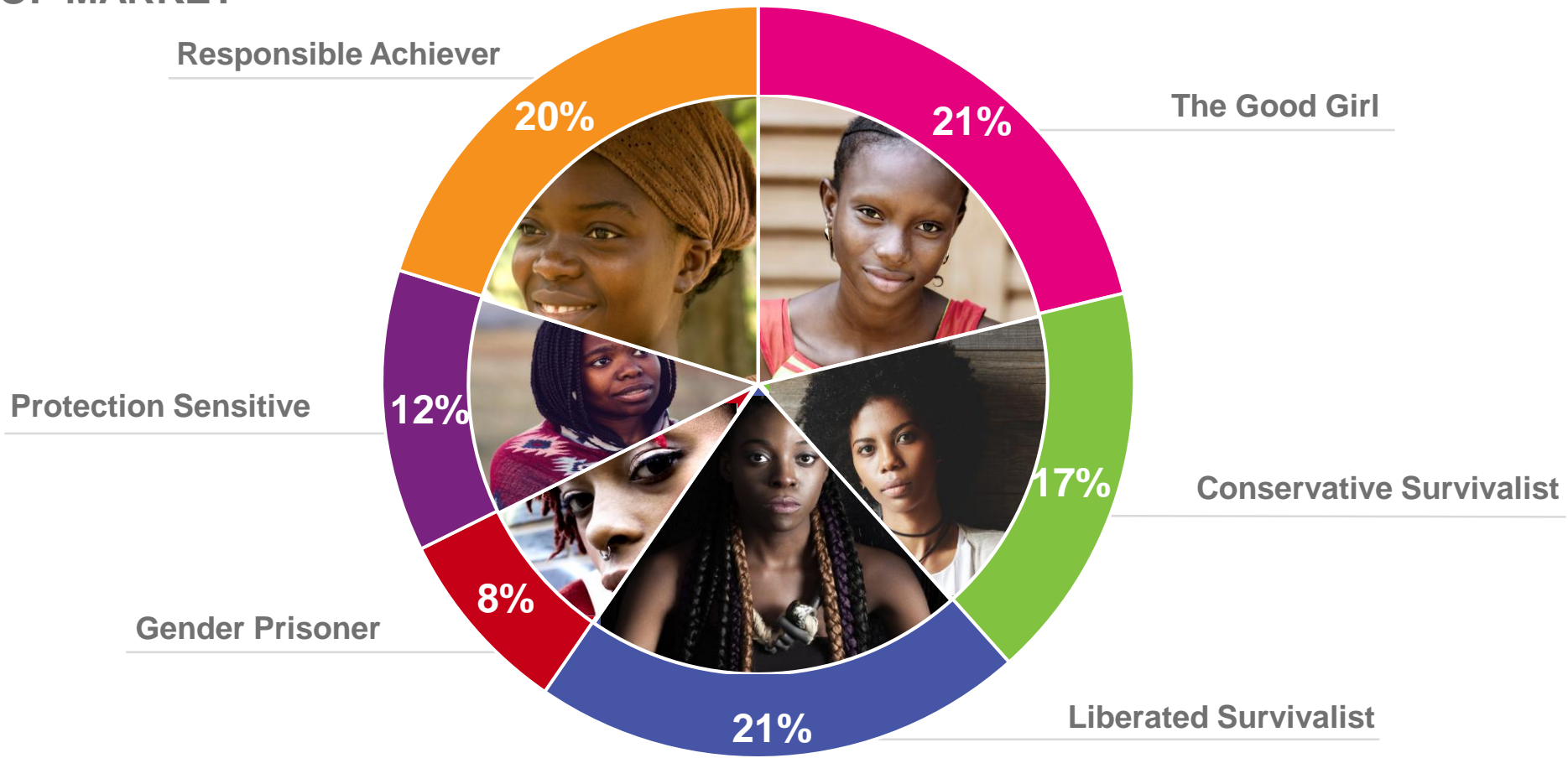


A group of ten Black women are posed closely together, leaning against each other in a supportive and intimate manner. They are wearing a variety of fashion items, including dresses, skirts, and tops in shades of brown, beige, and white. The women have diverse hairstyles and are looking towards the camera with confident expressions. The background is a plain, light-colored wall.

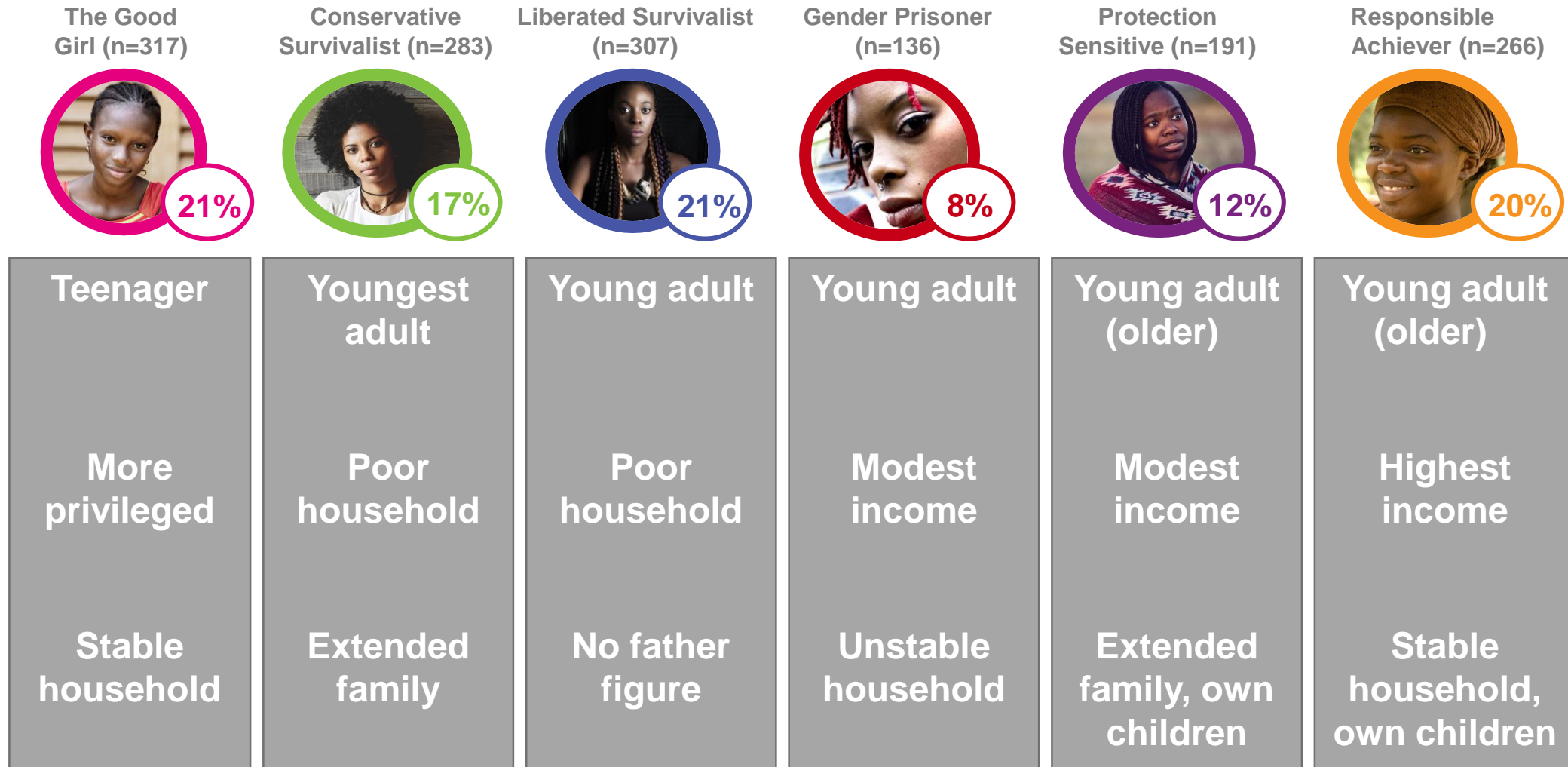
**Key psychographic consumer segments for targeting**

# Six differentiated behavioural/ psychographic segments emerged from the quantitative research

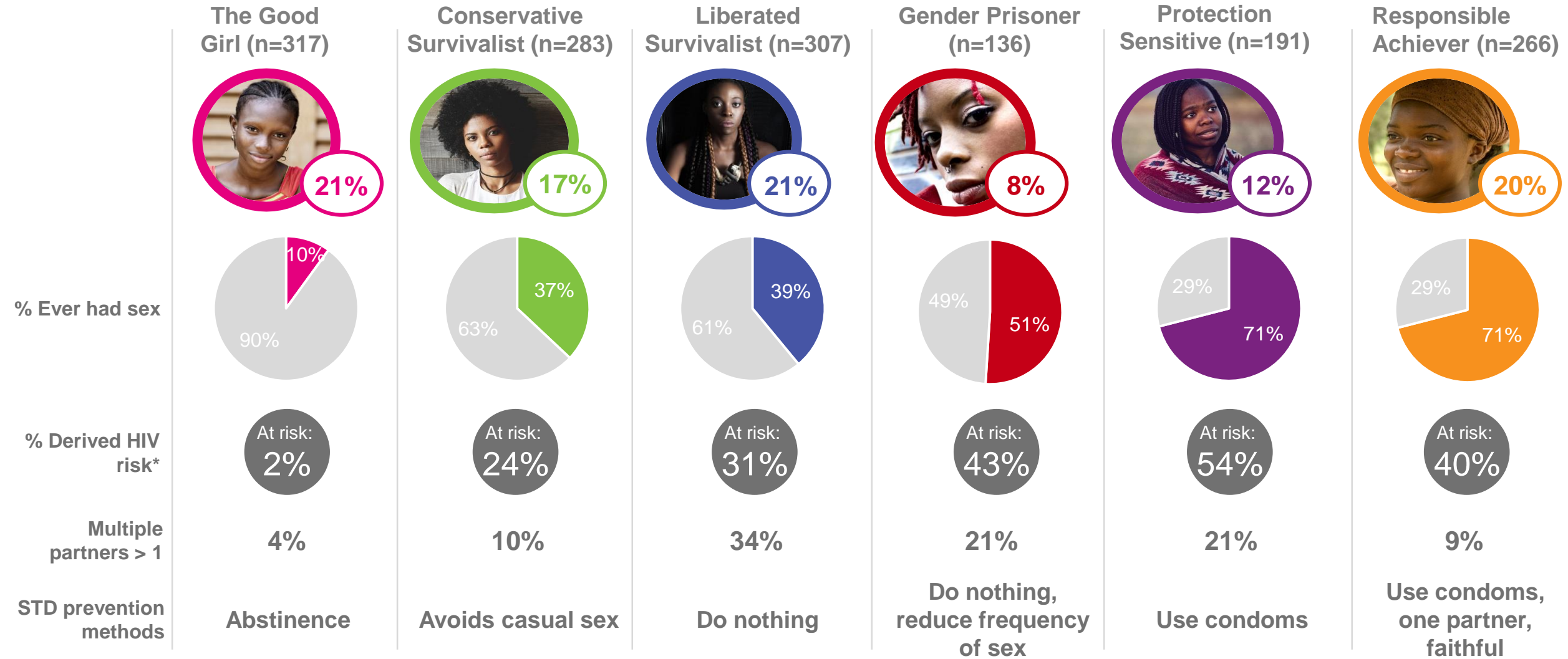
## SHARE OF MARKET



# Socio-demographic differentiators



# Sexual health differentiators





# THE GOOD GIRL

SHARE OF MARKET | 21%

## Who she is?

She is a classic teenager between the ages of 14-17 years living with her parents in a stable relatively well off household. She attends school, and her main focus is to complete her education.

## Lifestyle, sexual beliefs, attitudes

Her family is very protective and unlikely to allow her to have a boyfriend. She is most inexperienced when it comes to boys and even less when it comes to sex.

At this stage of her life she is extremely innocent and chooses to abstain from sex and remain a virgin. She is reasonably religious and does not believe in sex before marriage



## Level of HIV vulnerability

Currently she is relatively at low risk of HIV and has quite strong social norms with respect to abstinence, condom use and avoiding casual sex

## Media usage habits

She connects online daily - mostly via WhatsApp. She is least likely to engage on social media and is not particularly receptive to the information shared on social network sites. She is a home body and spends a lot of her free time watching TV.

## Shopping behaviours

She is least likely to be responsible or pay for own purchases and her family (typically mom) strongly influences her purchase decisions.

Her shopping for deodorant and sanitary protection is highly planned and habitual.

## CONSERVATIVE SURVIVALIST

**SHARE OF MARKET | 17%**

# Who she is?

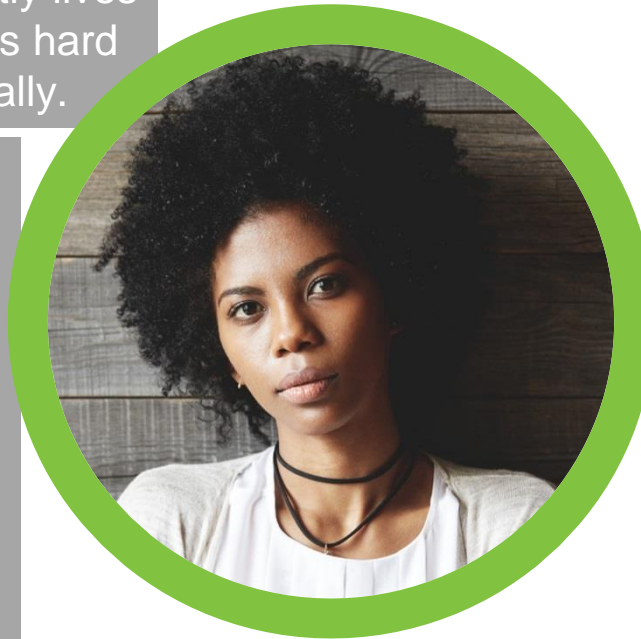
She is a young adult (18-21 years) and looking to find her way in the world. She is either in or hunting for a job to secure a better life for herself. She currently lives with her parents in a large household and works hard to support her family which struggles financially.

## Lifestyle, sexual beliefs, attitudes

She likes to keep up to date with latest fashions, yet is an introvert and approaches life quite conservatively.

She has quite strong social norms when it comes to women's rights and ensuring she has an equal say in a relationship.

Her current life stage exposes her to more pressure around sexual issues and she feels she needs more information to better protect herself from HIV.



## Level of HIV vulnerability

They are exposed to a degree of risk with about a third who are sexually active but are less likely to engage in promiscuous activity.

## Media usage habits

She is tech savvy engaging with 6 to 7 online activities each week and particularly enjoys online gaming, downloading music and apps. She is reasonably receptive to social media which is her main source of news and entertainment. When offline she is watching TV in her spare time.

## Shopping behaviours

She is reasonably independent and makes her own shopping decisions and purchases.

TV adverts, word of mouth and price are most likely to influence her purchase decisions along her shopping journey.

# LIBERATED SURVIVALIST

**SHARE OF MARKET| 21%**

## Who she is?

She is a young, free spirited adult either studying or hunting for a job. She lives with her mom as her dad is no longer around. Having fewer income earners in the family makes her the least financially well off girl.

## Lifestyle, sexual beliefs, attitudes

She lives by the 'motto' work hard, play hard - working hard to look after her family and lead a better life but also making time to party with friends at a tavern or shebeen.

She is relatively relaxed when it comes to her sexual health and does not retrain from having casual sex or sleeping around with multiple partners



## Level of HIV vulnerability

Her promiscuity and lack of intent to prevent herself from HIV infection makes her particularly vulnerable.

## Media usage habits

She is ahead of the curve in terms of her online savviness, engaging in over 7 online tasks on a weekly basis. Unlike many other girls who go online mostly to communicate, she is more likely to go online for entertainment or to build up her knowledge on particular topics of interest.

## Shopping behaviours

She is free to make her own purchase decisions, although mom plays a key influential role.

She is less likely to be in a position to pay for her purchases and hence shopping for sanitary and deodorant is characterised by a more pressured mindset.

# GENDER PRISONER

SHARE OF MARKET| 8%

## Who she is?

She is in her twenties, out of school and either studying or looking for work. She is from a relatively broken family with disengaged parents who do not feature prominently in her life.

## Lifestyle, sexual beliefs, attitudes

She is very social, spending lots of her spare time at taverns/ clubs - most likely to pick up men.

She does not have any real role models and least likely to dream of a better future. She does not feel self-empowered at all and feels completely uncomfortable talking about HIV protection

She finds it difficult to maintain a relationship and many of the relationships she does have are often abusive and she is often forced to have sex against her will. She is also likely to get involved in transactional sex.



## Level of HIV vulnerability

Her promiscuous behaviour places her in a higher risk group – she is most likely to have multiple and concurrent partners and does not use a condom, mostly because her partner disapproves of them. Her poor sexual education has led her to believe that home remedies help protect her from HIV.

## Media usage habits

She is far ahead of the curve in terms of her online savviness, engaging in almost 6 different online tasks on a daily basis making her the most accessible girl online. She is also extremely receptive to social media content and uses a wide array of online platforms - particularly those where she can seek information.

## Shopping behaviours

She is reasonably independent and makes her own shopping decisions and purchases.

She lives in the moment and hence her shopping for personal care items is highly characterised by a pressurised mindset



# PROTECTION SENSITIVE

SHARE OF MARKET| 12%

## Who she is?

She is in her early to mid twenties and working or looking for work. She has her own children and shares a house with her own mother, sister, aunt and grandmother. She is most likely to have a partner or otherwise is of the age where she would like to find one.

## Lifestyle, sexual beliefs, attitudes

Having recently entered into motherhood, life is busy – if she is not working or out looking for work, she is juggling home, motherhood and her social life which she is still eager to hold onto.

She is experienced when it comes to sex and as she has become older, she is more self confident and empowered in the bedroom.



## Level of HIV vulnerability

Her own irresponsible approach to safe sex practises i.e. sex in a monogamous relationship without using protection, or having multiple sexual partners puts her at high risk to HIV

## Media usage habits

She is active online but has a lower repertoire of online activities that she uses daily.

Communicating through WhatsApp is what she enjoys most but she also likes to engage on social media – typically to voice her views and opinions to the social community.

## Shopping behaviours

She is reasonably independent and makes her own shopping decisions and purchases and least likely to be influenced by others, including her mom.

While half of sanitary purchases are pressured, she is also likely to explore sanitary protection products available in the market triggered by POS.

# RESPONSIBLE ACHIEVER

## SHARE OF MARKET|20%

# Who she is?

She is in her mid twenties, reasonably educated and working or looking for work. She is more likely to have her own children and still living with her own parents in a relatively stable and well off household.

## Lifestyle, sexual beliefs, attitudes

She lives a low key life and her main ambition is to find a good job and stay healthy in order to provide support and a better life for her children.

She is most likely to have a single partner who she trusts and is faithful to and because of her responsible approach to sexual health, she does not worry too much about HIV.

As she has become older, she has become more self confident and empowered and insists that her partner uses a condom.



## Level of HIV vulnerability

## Media usage habits

She is very active online and offline and is likely to share her daily screen time using WhatsApp, Facebook (via mobile phone) and watching traditional TV. While she spends a lot of time on social media, she is not an active user and does not see it as her main source of news or entertainment. She is also not receptive to receiving advice from social media

## Shopping behaviours

At her age, she is reasonably independent and makes her own shopping decisions, although her mother still plays a key role in terms of influencing product choice. Her shopping for deodorant and sanitary protection is highly planned and habitual.

Engaging and influencing young, black, low income women in South Africa



# Communicating with young, black, low income women...

***Emotion is at the heart of consumer decision-making** - We make thousands of decisions every day, each one dependent on our needs at that moment and in that context. System 1, the fast, frugal brain, drives most of these decisions through emotion and intuition. Most of the time our brains rely on the fast and emotional System 1.*



## Tone and mood of communications

**Inward reinforcement** of who these women are and aspire to be is most important for these young women.

- **Confidence and femininity** are key drivers of emotion - messaging that focusses on building confidence and perceptions of femininity is key
- These girls are looking for **trusted, quality products** – the intended outcome of brand and trade executions must focus on **building trust and credibility**.

## Talking to consumer segments

The contrasting attitudes towards risk dictates a certain style of communication...

- **Gender Prisoners** know they are at risk and likely to be more receptive to messages
- The disconnect between actual and perceived risk suggests that **Responsible Achiever's and Protections Sensitives** would be more 'closed' to receiving information.



# Engaging with young, black, low income women...

## Media considerations

*Focus on an integrated marketing strategy focusing on both offline and online channels in order to reach a wider target audience.*

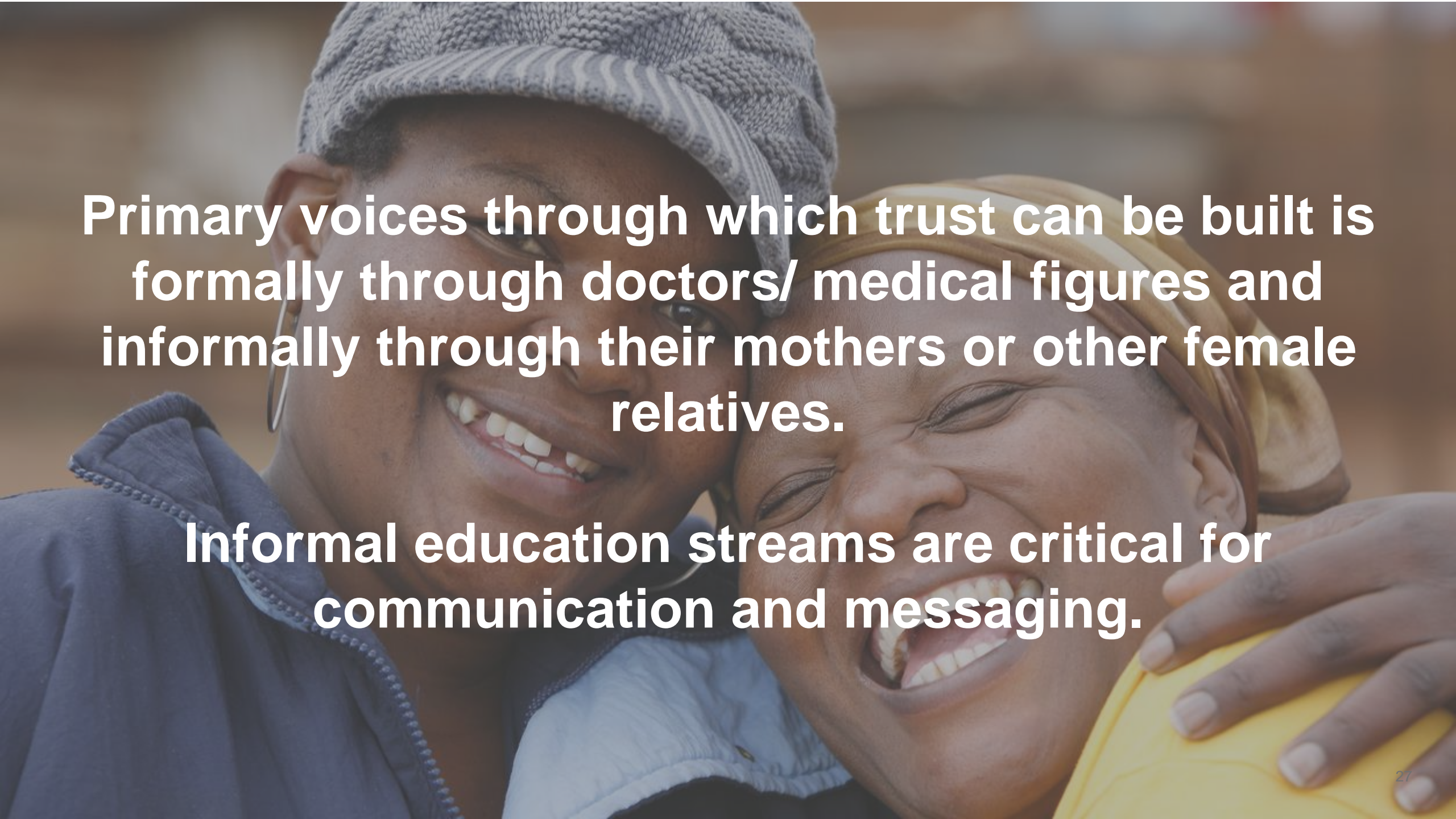
South Africa is still very much a **traditional market**, use TV and radio as an anchor.

**Digital** (esp. social media) stacking will help to build stronger resonance and awareness.

**Gender prisoners** in particular are more closed to TV and likely to engage across multiple online platform and social media

The use of **social media influencers** (esp. mid/ low influence < 3K followers) could be a strong non-traditional media strategy amongst these reasonably sophisticated online users...

The primary medium to **build trust and familiarity** is through **TV** (which can serve to reinforce awareness), but with **social media** (FaceBook/WhatsApp) and other **informal and formal WOM channels** being key for **moulding that bond** once awareness has been made – this is where the girls will get their information and seek reassurance.



**Primary voices through which trust can be built is formally through doctors/ medical figures and informally through their mothers or other female relatives.**

**Informal education streams are critical for communication and messaging.**

# Young Black Females as Shoppers...

## Product optimisation

Consumers are already quite closed off and pre-decided shoppers, in general AND couple that with the insight that many are not aware, or believe that they need prevention products

We may be better advised attaching innovations to products/categories that already exist vs. a route to market that attempt to devise a new path for prevention innovation

**Free vs. Paid** = level of trust and credibility

- *“why do I get the same product other (read: upper class) women pay for, at no cost? What is wrong with the product I’m getting?”*

*Vs. paying for tax on sanitary protection products. Some debate about the interest in women’s health products being a right vs. a need i.e. framed up in the interest of safety and dignity, there is more permissibility around ‘free’*

## Accessibility

Majority of these girls are financially dependent and can’t afford to buy HIV prevention products, let alone the public transport required to access them.

Then there is the stigma attached to HIV prevention and the worry many of these girls have about being judged by the health care staff at the clinic

Although there is no one size fits all strategy, there is an inherent need for a wider distribution strategy offering accessibility, affordability and privacy...

**We need to bring the product to the people rather than the people to the product!**

Access points for consideration include **community centres, youth groups, workers unions** etc.



KANTAR TNS.

# Thank You