Figures and figure supplements

A case study for a psychographic-behavioral segmentation approach for targeted demand generation in voluntary medical male circumcision

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Figure 1. Segmentation questionnaire design construct.
DOI: https://doi.org/10.7554/eLife.25923.003
Figure 1—figure supplement 1. Demographic and cultural characteristics of the sample population in Zambia and Zimbabwe.
DOI: https://doi.org/10.7554/eLife.25923.004
Figure 1—figure supplement 2. Social acceptability of VMMC and perceived risk of HIV/STIs in the sample population in Zambia and Zimbabwe. DOI: https://doi.org/10.7554/eLife.25923.005
Figure 2. Distribution of males by segment.
DOI: https://doi.org/10.7554/eLife.25923.006
Figure 2—figure supplement 1. Distribution of men in each stage of the decision-making journey within each segment. % represents the proportion of men in that journey stage within the segment.
DOI: https://doi.org/10.7554/eLife.25923.007
**Figure 3.** Estimated vs. perceived HIV infection risk by segment.

[DOI: https://doi.org/10.7554/eLife.25923.010](https://doi.org/10.7554/eLife.25923.010)
Figure 4. Segment typing tool-decision tree for Zimbabwe. Scale #1 (7-point scale): 7 = ‘Strongly agree’; 4 = ‘Neither agree nor disagree’; 1 = ‘Strongly disagree’. Scale #2 (7-point scale): 7 = ‘Would definitely encourage’; 4 = ‘Would neither encourage nor discourage’; 1 = ‘Would definitely NOT encourage’. Scale #3 (7-point scale): 7 = ‘They think I definitely should get circumcised’; 4 = ‘They don’t have any particular opinion’; 1 = ‘They think I definitely should NOT get circumcised’.

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