

Audience Analysis Worksheet

Intervention Area:	• HIV Counseling and Testing (HCT)
Problem Statement: What is this strategy addressing?	Despite the availability of HCT services in Rakai, men aged 25-45 years are not seeking/utilizing these services. Disclosure of results among the men who test to their sexual partners remains low. Many of these men infer their status from the test results of their wives or extramarital partners.
Target Audience: What audience are we targeting to address the above problem?	Men 25 – 45 years old in Rakai who have not been circumcised and do not know their HIV status
Profile of the target audience: Give a clear description of the target audience. Who are they?	Ronald is a 30 year old P.7 leaver. He is a farmer in a rural area in Rakai district. He has 2 wives and 5 children but also extra marital partners. He spends much of his free time “drinking” and watching football. He desires to see that his children grow up in good morals and in fear of God. He believes in success and looks at the rich men in the town as his role models. He listens to soccer, politics and music on the radio, and occasionally goes into town to watch soccer at the video hall (kibanda). He hates using condoms because he wants to have many children and he enjoys sex more when it is live. He has never discussed with any of his wives/partners about HIV prevention, has never had an HIV test, and he is not circumcised.
Desired action/practice: What do we want this audience to do differently?	<ul style="list-style-type: none"> • To seek HCT services and disclose his results to his wives • To seek for Safe Male Circumcision services. • Discuss and adopt HIV prevention measures with his wives and adopt a risk reduction plan including condom use and partner reduction. • Encourage and support their pregnant wives to use PMTCT services, and deliver at a health facility.
Current practice and its benefits: What is this audience currently doing in this regard? And what benefits do they realize from this practice?	<p>HIV Counseling and Testing:</p> <ul style="list-style-type: none"> • These men do not seek for HCT services. The benefits are that they do not expose themselves to worries that might come from a positive result. (They want to live one day at ago, why worry for tomorrow?), and they avoid the direct and indirect costs related to testing (i.e. finding a mother-in-law at the facility, cost of transport for care). <p>SMC:</p> <ul style="list-style-type: none"> • Avoid SMC service • Campaign against SMC • Perpetuate misconceptions and myths about SMC • Send their young sons for SMC • The benefits of these behaviours are <ul style="list-style-type: none"> ○ Pride to hold on to their foreskins in case later on SMC is proven disadvantageous ○ Saves time for other activities. ○ Establishes pride among opinion leaders when they succeed in blocking compliance and resisting neo-colonialism ○ Conservation of values and beliefs. ○ Believes it is okay for young boys because it is convenient and less painful for them. <p>PMTCT:</p>

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	<ul style="list-style-type: none"> • They do not know their HIV status. Yet, they have multiple sexual partners and unprotected sex. • They have not discussed HIV prevention or risk reduction with their partners, and do not encourage their wives to attend ANC (Antenatal Clinic) or deliver at health facilities. • Many indulge in excessive alcohol intake which predisposes them to risky sexual behavior • The benefits of these behaviors are: <ul style="list-style-type: none"> ○ Peace of mind when they avoid learning their HIV status ○ Variety of sexual partners and believe their sexual satisfaction is greater when sex is live
<p>Barriers: What is preventing the target audience from taking the desired action? Why is there a gap between the desired practices and the current practices?</p>	<p>Barriers to HCT:</p> <ul style="list-style-type: none"> • Fear that he is HIV-positive. • For some, the belief that he is not at risk of HIV. • Long waiting time at the HCT centers. This is based on the past when HCT was performed only on special days. Now, HCT is offered daily and does not take so long. • Fear that their results will be revealed to other people • Lack of support from their partners to test • The services are not male friendly, facilities are female friendly (service providers are not always polite to their clients) • Inconvenience. HCT is only available during the day on weekdays yet many men are working during those times. <p>Barriers to SMC:</p> <ul style="list-style-type: none"> • Fear of pain during and after circumcision; Not informed about the SMC procedure • Social-cultural influence; peer leaders, satisfied users and role models do not promote SMC • Length of healing period (Six weeks before resumption of sex) • Unaddressed myths and misconceptions—belief that SMC reduces sexual pleasure, causes infertility, prolonged pain, etc. • Belief that male circumcision is not allowed or consistent with their culture or religion <p>Barriers to PMTCT:</p> <ul style="list-style-type: none"> • Unaware that their HIV status can contribute to MTCT • Seeking health knowledge and care is not a priority (men report being very busy) • Peer pressure negatively influences men’s involvement in health matters. • Pregnancy and child birth are considered women’s business and their partners do not get involved
<p>Benefits/facilitators: What benefit will the target audience get from adopting the desired behavior or action? What would motivate them to adopt the desired practice?</p>	<p>HCT:</p> <ul style="list-style-type: none"> • Having a healthy life (confident). Seeking for HCT is an opportunity/a starting point to re-shape one’s life and live a good life. Moreover, after re-shaping one’s life, it’s likely that he will reduce partners and have unplanned children boosting his financial plans. More so, if found to be HIV positive, this is an opportunity to seek care early enough and to exercise better health practices. • HCT equals more life more equals more opportunity to make money and to raise your children for many years • Motivators <ul style="list-style-type: none"> - Friendly health providers and services - Reduced waiting time

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	<ul style="list-style-type: none"> - Reduced distances to services - Role model testimonies - Structure HCT services with consideration of extra-curricular interests like football (eg. giving club badges at HCT centers). • People like vibrant things like super sound disco music during campaigns (like the Pentecostal churches). HCT should not be promoted using dull, non-participatory approaches <p>SMC:</p> <ul style="list-style-type: none"> • Improved hygiene • Fashionable to men and their partners; ladies fancy circumcised men • Improved sexual satisfaction • Reduced risk of HIV and STD acquisition. • Reduced HIV burden in the general population <p>PMTCT:</p> <ul style="list-style-type: none"> • An HIV-free child • Less expenditure on child health • Better relationship with spouse • Increased bonding and confidence in marital relationship • Knowledge of HIV status will help men make informed decisions about life.
<p>Channels/ activities: In line with the “stylish man” concept what should happen when the “Man Van” visits the community?</p>	<ul style="list-style-type: none"> • The Man van should be so attractive with lighting decoration, good sound system, bling bling. Huge funny posters, colored, distractive posters, local dancers/drama groups. • The van should come in the evening in the trading centers i.e. 3:00pm and drive through the village • Contests, quizzes and winning small prizes i.e. T-shirts, budes, branded / unique scholastics for fathers with children • Testimonies from satisfied users • Services should be provided there i.e. rapid HCT, condoms, SMC • An assortment of services i.e. dental checks, mobile clinic, SMC blood pressure check, blood group checking.
<p>Insights: Give us any additional insights how to enable “the stylish man” adopt the desired practice/behavior?</p>	<ul style="list-style-type: none"> • Use of other opinion leaders like church/mosque leaders (Faith based leaders), Local leaders • Give garden tools like hoes, pangs, weed master, seeds • Deliver messages through the football watching halls (Kibanda) recordings of locals giving testimonies at taking HCT • Training of village peer workers, VHTs to provide continuity of the campaign even after RHSP staff is away • Spread services and campaign beyond the cohort boundaries
<p>Existing communication materials: Look at the existing campaign materials. Can any of these be used in this campaign? If so, which ones?</p>	<ul style="list-style-type: none"> • Radio spots on CHCT, SMC, and PMTCT produced by MOH. • Billboard structures exist in Rakai. • SMC, CHCT, and PMTCT posters available • Counseling materials for CHCT, SMC and PMTCT available/need reprinting only. • Videos of CHCT couples, SMC couples are available in English and Luganda