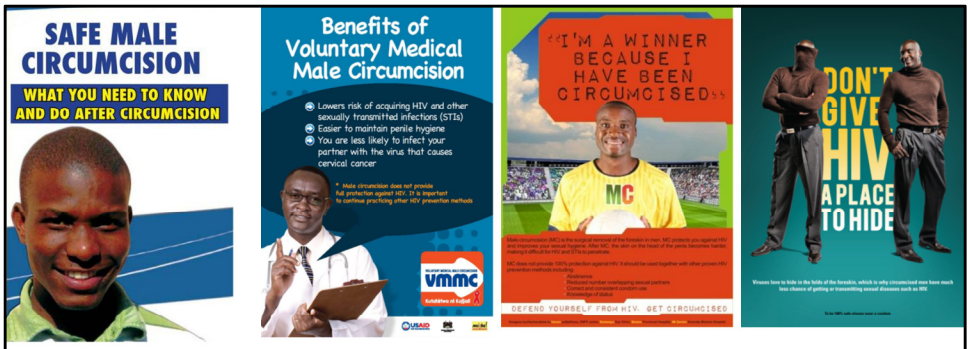


MC Communications: Lessons Learned and Challenges

WHO Country Update Meeting - Arusha, Tanzania

LITSEMBA LETFU
men's clinic

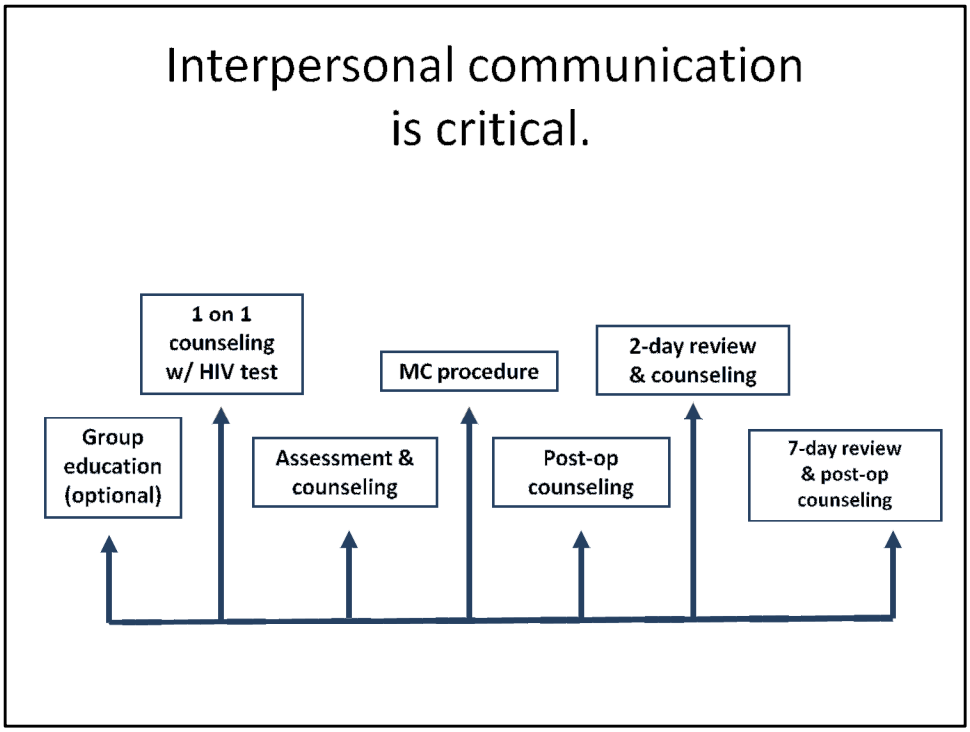
Interpersonal communication is critical.

High involvement decisions are ones that a person gives more thought, debate to, often wanting to discuss with a trusted friend, e.g., buying a new car, getting a bank loan, going for surgery.

If MC is a high involvement purchase decision, potential clients will benefit from speaking to someone they trust—friend, family member, community member—about it.

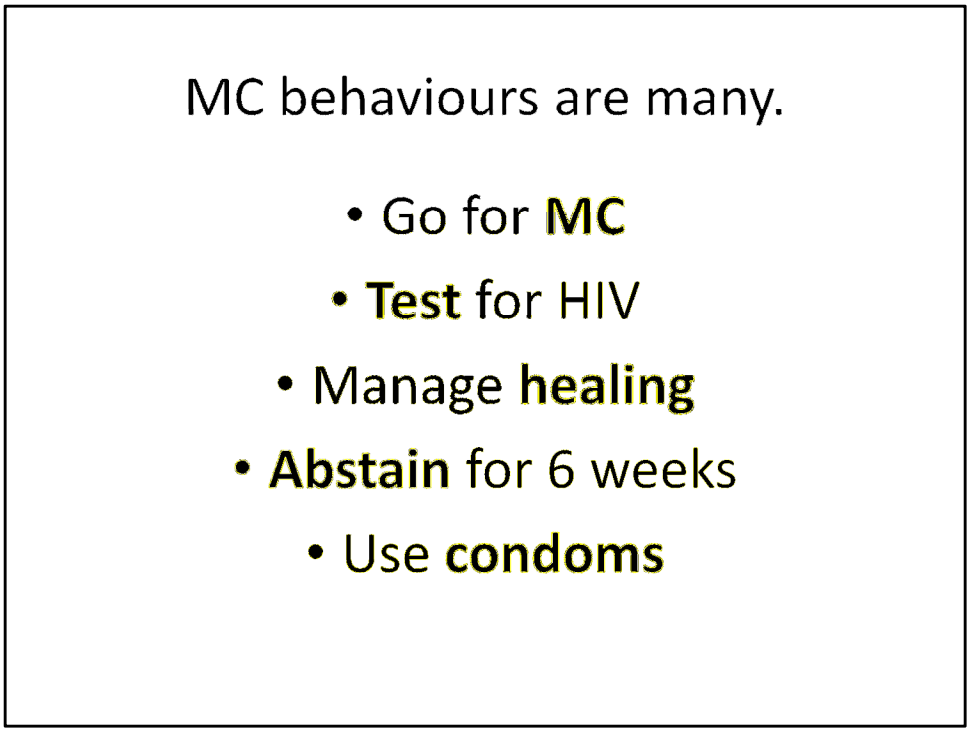
One of the strategies marketers use to encourage high involvement purchase decisions is to provide the opportunity for the consumer (target group member) to talk to some with knowledge, someone the trust or even know.

Having a trusted person answer the questions may actually facilitate this internal decision-making process and make it more likely that the man will actually go for MC.



Numerous opportunities exist for the client to engage with health workers.

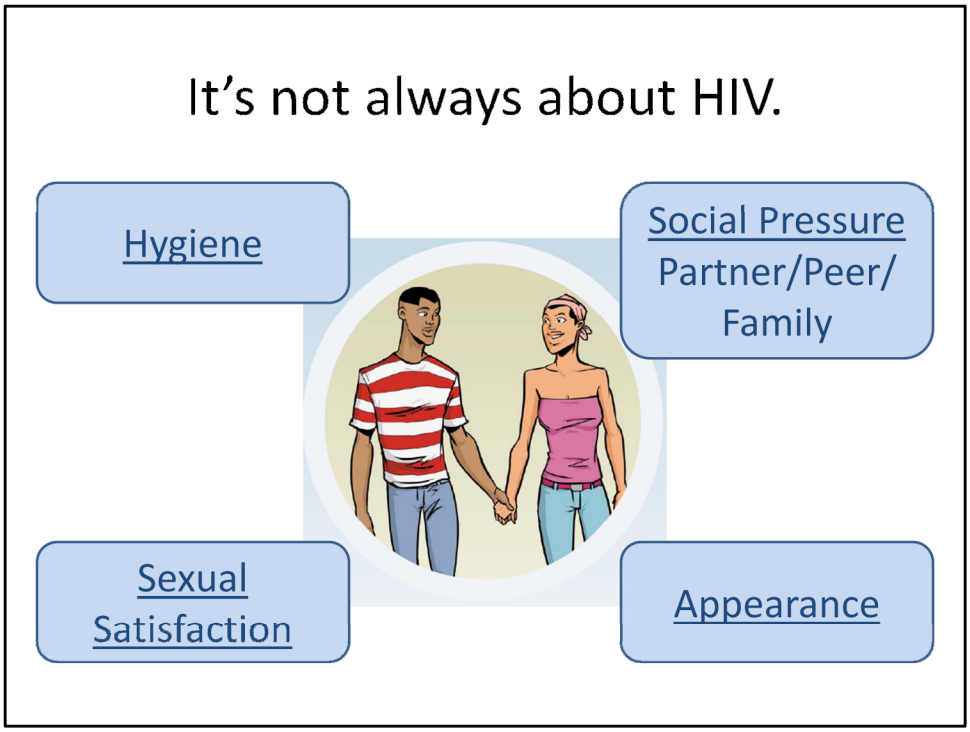
Ensuring providers, counselors, even receptionists, are trained in how best to interact with clients ensures messages have multiple chances to hit the target.



There is more to MC com's than just informing about and promoting MC. There are additional specific target behaviors such as:

1) participation in pre-operative voluntary HIV counseling and testing,
2) adequate postoperative wound care,
3) sexual abstinence during the 6-week healing period, and
4) the correct and consistent use of condoms after the healing period.

From an epidemiologic and ethical standpoint, all of these behaviors are critical to the success of MC as an intervention for HIV prevention, and must be appropriately addressed as part of the overall communication strategy; each requiring distinct practical and theoretical approaches.



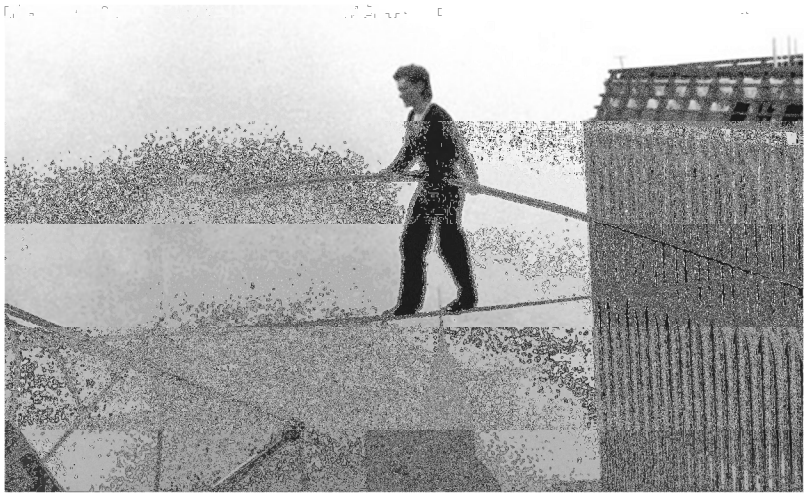
It's important to remember that the reasons people engage in healthy behaviour are not always health-related. People exercise because they want to look good. There are successful malaria prevention programs that create demand for mosquito nets by promoting nets as a way to help you get a good night's sleep free from buzzing, not as a means of preventing malaria transmission. Similarly, while we, as public health people, want MC rates to go up for HIV prevention, the clients may come for other reasons and communications programs should acknowledge and encourage this.

Hygiene is clearly a major motivator for MC. It's the number one cited reason by clients in Zambia.

Social pressure from partners, peers and family also plays a role.

Sexual satisfaction on the part of the client or his partner is also relevant, as is appearance.

Sustaining demand & matching w/ supply.

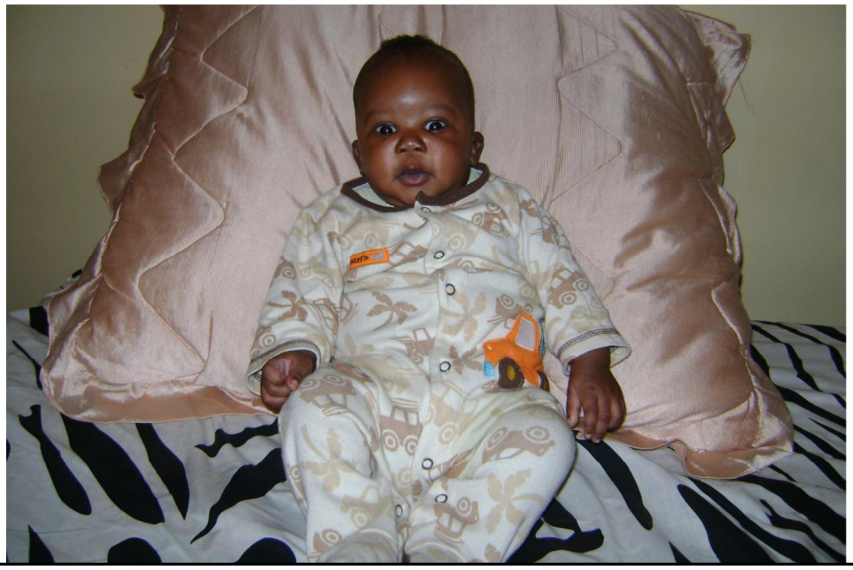


When MC programs first started a couple years ago, it was clear there was more demand than supply. We were talking about “supply creation”. But as countries have increased supply and begun to meet that latent demand, they now face a situation of having to create demand and sustain it over time. This is likely to be quite difficult—persuading men, who hate going to doctors in the first place, to go for an unnecessary, painful surgery before which someone will want them to get an HIV test and after which they miss work and can’t have sex for six weeks. And then, they still need to use condoms or protect themselves in other ways.

Additionally, programs will face an ongoing challenge of matching demand with supply. Basically, how do we ensure that MC sites are neither overwhelmed nor underwhelmed. This must occur at the national level, but also at the site level whereby mobilization efforts must coordinate with service delivery staff to ensure capacity is not underused and that communication resources are targeted toward sites that can absorb demand.

One ongoing challenge of MC communications is the number and diversity of target groups. To date, most efforts have focused on potential clients. But more effort is needed on the various other targets groups. There is a need to develop complementary communication efforts addressing women's needs, traditional circumcising communities and also providers themselves, who can benefit from communications focusing on safety, universal precautions, and client follow-up.

Communications for neonatal MC will be very different.



With the advent of neonatal programs and the eventual shift to routine neonatal MC, MC programs will face a new challenge in communications: persuading mothers and fathers to take their newborns for MC. While neonatal MC has several advantages in terms of service delivery, experience so far indicates that communications will be tough.

Case Studies in MC Communications:

Zimbabwe

Swaziland