

# SCHOOL OF HARD KNOCKS: HOW TO TALK ABOUT THE ELEPHANT IN THE ROOM?

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What Works, What Doesn't, New Approaches in  
Reaching Adult Men

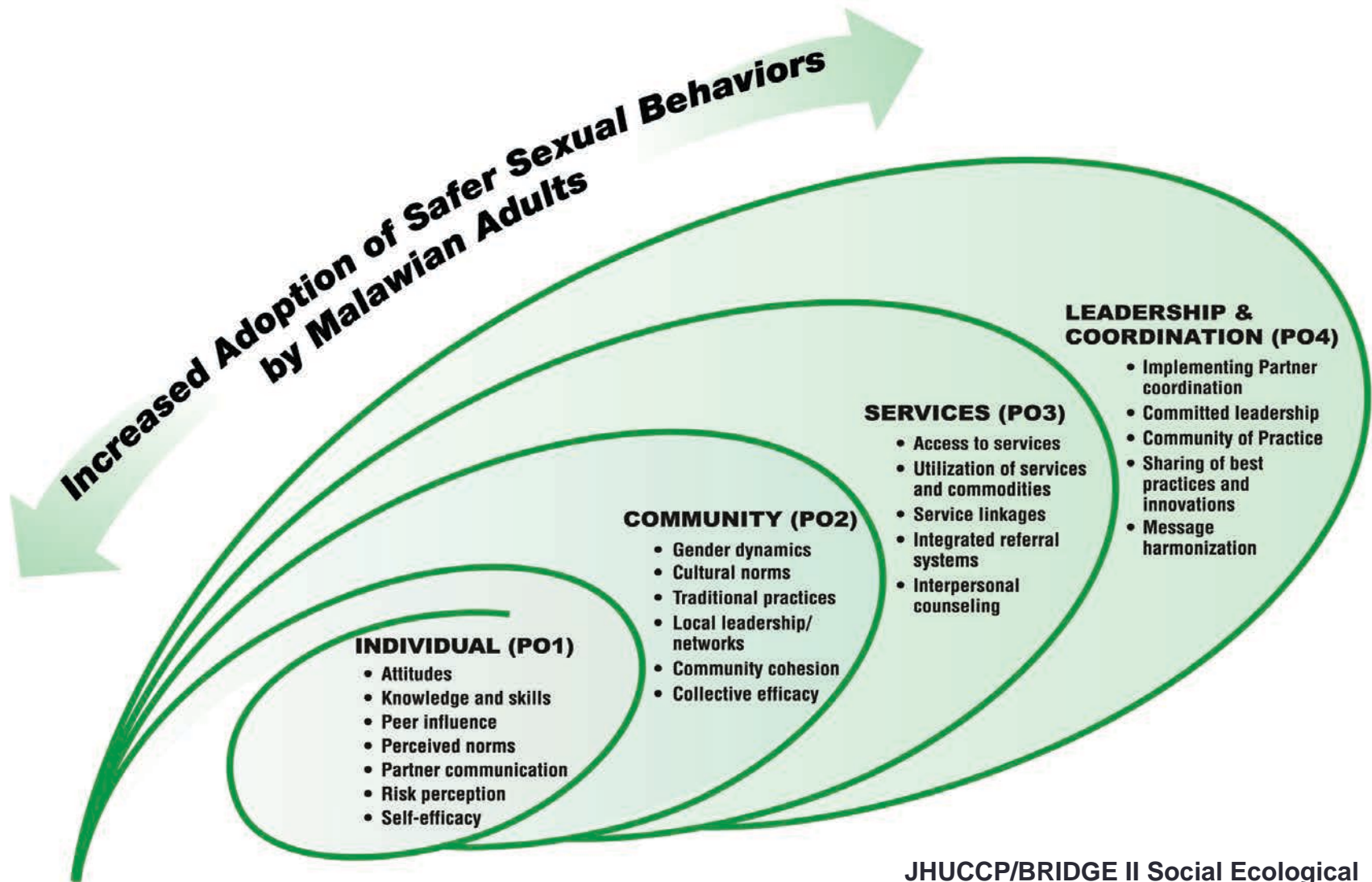
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# No “one size fits all” strategy will work

- Demand creation efforts must draw from evidence based approaches to effective SBCC design and delivery (framework for action is key)
  - Know your key audiences
  - Know the context of risk behavior
  - Understand the key challenges that impact on uptake of behaviors
  - Understand unique opportunities to leverage messages/ interventions

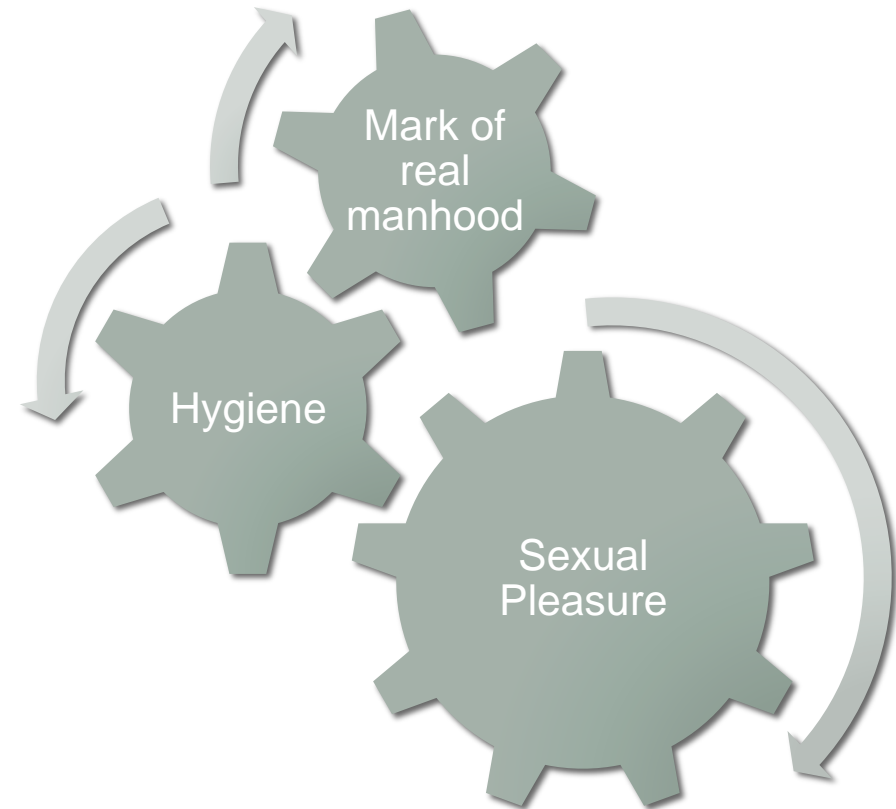
*The comprehensive VMMC package is complex and underpinned by behaviors at every stage.*

# Framework for Behavioral Analysis and Planning



# Early Adopters

- The young men (mostly adolescents) 12 – 20 yrs old are ready and willing to get circumcised—over 75% of all circumcisions in every country
- Their reasons are often not for prevention of HIV, but for expected increased sexual pleasure and prowess
- However, they are not coming for post operative checkups
- Resume early sex
- Some reportedly refuse HIV test



- Mass campaigns work for young men : It reinforces the positive peer dynamics, peer support, and “concept of a new trend”
- For young men, it is key to reinforce post op messages before they get through the door, to reduce post op risks of early sex and ensure proper wound healing, long term risk reduction

# Late Adopters

- **Older men are not attending.** Fewer than 12% are in the highest prevalence age categories
- **The model for reduction of HIV at population level will not work** until those men get circumcised

# Other Key Audiences To Reach

- **Reaching female partners** is now seen as crucial to increasing men's adherence to post-op protocols
- **Community leaders** need to be fully engaged in promoting VMMC
- **Providers** need to know more about it and have **better client skills**





# Men 25 and Older: Why don't they come?

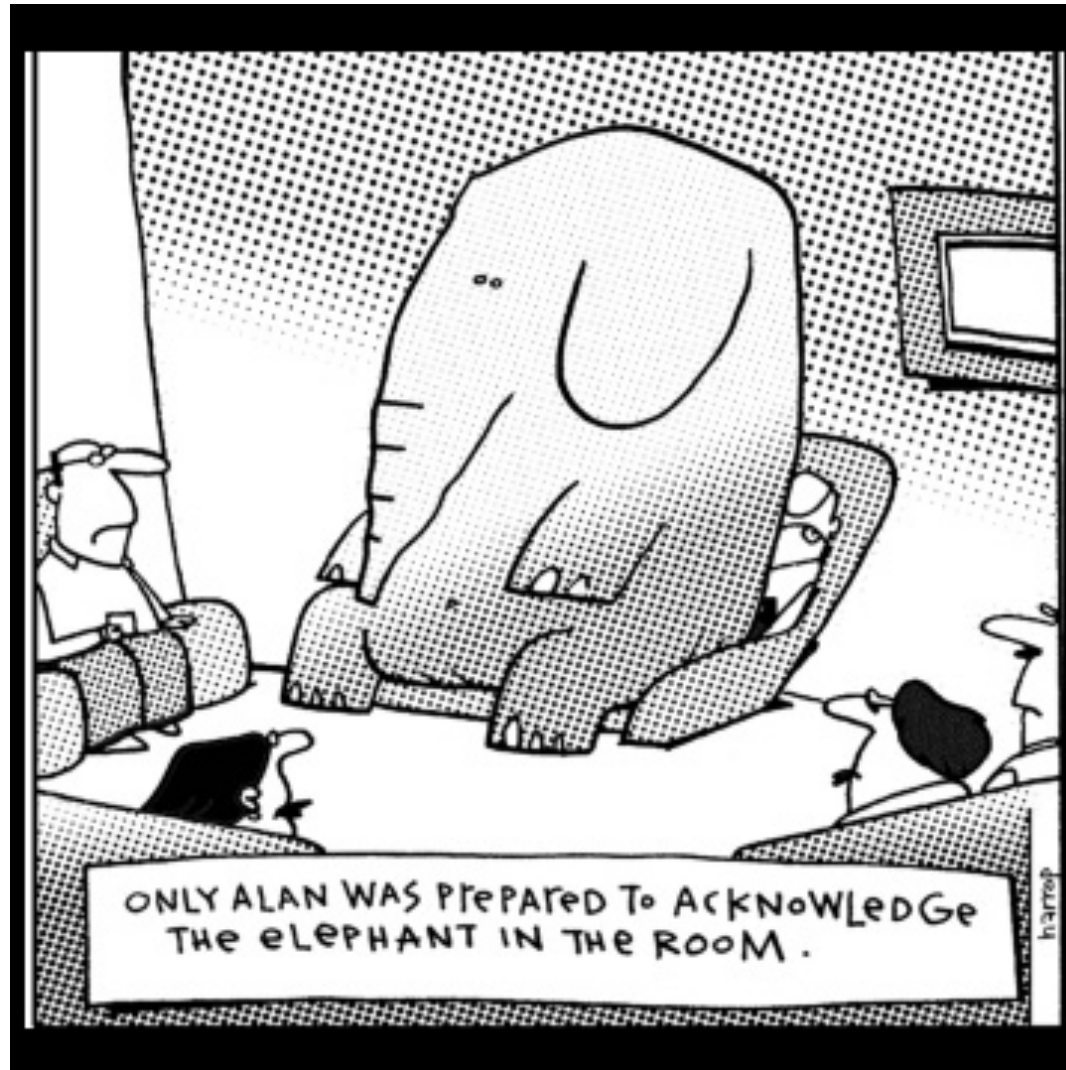


## Reported Challenges (post campaign rapid assessment)

- Older married men don't see the value of VMMC
- Feel they have inadequate info on benefit
- Low perception of risk : Not as sexually active as the young men
- Fear of procedure/pain
- Denial: rationalize risk of HIV: my behavior is safe (I choose safe partners)
- Shyness (reported): some come from traditionally circumcising communities and were never circumcised



# The Dilemma for Couples

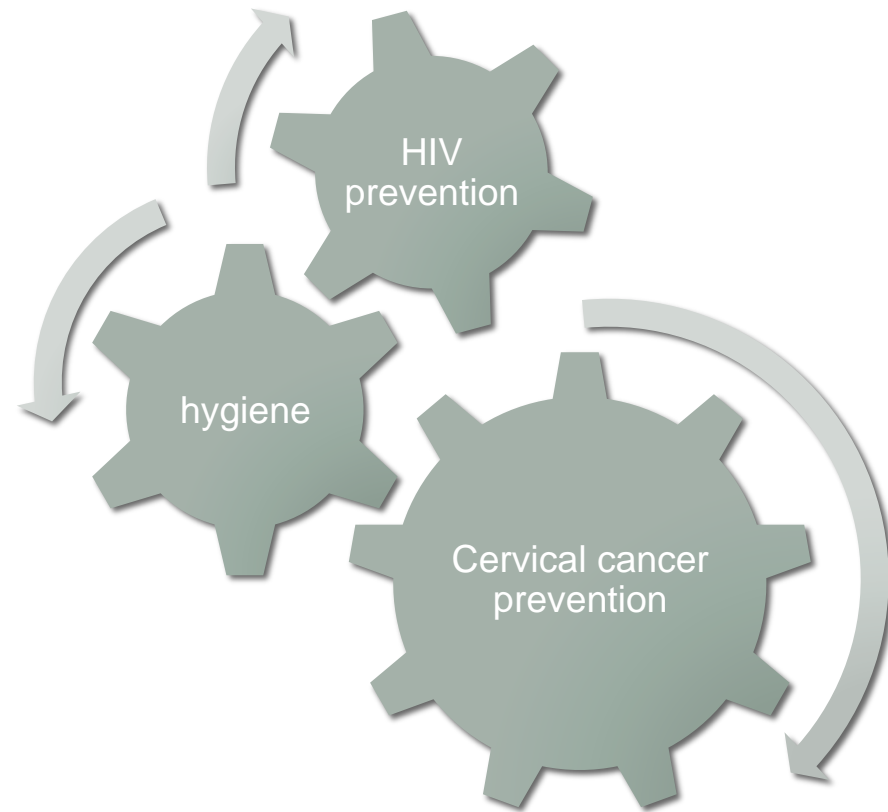


# How do you start the VMMC discussion with a long term partner?

- VMMC association with HIV prevention and risk behavior
- Just as we have experienced with condoms and long term relationships, issues of trust resurface when this HIV prevention method is suggested.
- Men fear marital misunderstanding as it could imply previous or planned infidelity.
- Despite the fact that most key interventions rely on couples making decisions together (HTC, PMTCT/treatment, condoms, positive prevention) communication between couples is already a challenge which countries like Malawi are focusing efforts to improve.

# What Do Women Bring To the Table?

- Communications need to bring in their female partners as key decision-makers and help men and women communicate with each other.
- Their engagement is an asset if men can position VMMC as as much a partner decision as his own



# Fitting Key Messages with Effective Strategies to reach Adult Men

- **Draw on lessons learned from reproductive health:** bringing them in as couples, IPC, use of satisfied clients to mobilize others, use of frontline health workers for referrals
- **Build on existing investments through the broader SBCC platform** (ie. focusing on couples communication, sexual satisfaction, broader risk reduction)
- **Package VMMC as part of a comprehensive prevention response**
  - Reassures women, communities and leaders that prevention efforts made to date are not undermined by “magic bullet” thinking
  - Creates a wider platform to engage in discussions about choices for safer health of men, women and families
  - Counteracts potential stigma around VMMC

***Packaging VMMC as protection and a reproductive health choice for both men and women can help them negotiate around the elephant in the room.***

# SBCC Quality Process

- Utilize best practices around SBCC quality processes:
  - Guides for community dialogue that foster participation and problem solving
  - Clear articulation of benefits for men, women and communities
  - Peer driven IPC opportunities (eg. door to door, places where men meet)
- Remove stigma around VMMC
  - Find opportunities to make VMMC routine/normalized
  - Integrate within comprehensive HIV prevention
  - Integration with broader SRH
  - Bring to the forefront credible role models who help to strengthen self efficacy for men, women, and communities that action is possible.

# Service Delivery Considerations: What Works for Young Men Doesn't Necessarily Work for Men 25 and Older

- Older men don't want to stand in line with their friend's sons doing it to be cool.....
- Older men need to be able to inform when and how they want services
- They also often need more time to make this decision.
- Special days and bookings for couples is having an impact on older men's uptake in Malawi.



# SBCC Package in Malawi

- Integration of VMMC into existing multi level SBCC interventions (emphasis on Interactive sessions where people can ask questions and discuss, use of positive role models )
- Advocacy for leaders through Traditional leaders Forum activities
- Village Discussion Groups (Tasankha Guide)
- Couples Counseling Guide for Faith based Organizations
- Open Days (includes links to community HTC)
- Community Referral Agents activities (door to door to reach couples)
- Interactive Community Theatre.
- Support to workplace interventions.



# Other VMMC mobilization activities

- Strategically get men at their social points

*market, church, football ground, liquor point, workplace, bicycle taxi rank*

- Individual or group peer or role model session
- Targeted posters and fliers
- VMMC/FP community mobilizers go door to door before outreach dates.
- Road shows
- HEU band
- Moonlight videos about personal stories
- Consider SMS to strengthen post op communication messages, reminders for checkups, abstinence, condoms, etc., bookings (successfully used in Namibia)



# Greater Emphasis on Critical Issues Before VMMCs are Delivered

1. **Providing better and more in-depth information** that people need about VMMC **well in advance** of the service delivery
2. **Engaging women** in the discussion around VMMC.
3. **Ensuring the quality of the medical pre-op counseling and post-op follow-up.** Unless campaigns can successfully get across to the men (and women) **BEFORE** they get circumcised, that they absolutely need to abstain for 6 weeks (and also go for all 3 checkups) then the campaigns pose risks.
4. **Ensuring easy and continuous access to free condoms** in all communities. Condoms were an integral part of all the RCTs.
5. **Balancing demand creation with supply** to ensure client satisfaction with services.

# Final Message: No Magic Bullet

- Contextualizing demand creation activities to the needs of specific audiences is key to meeting communication needs and encouraging service uptake and post operative risk reduction behaviors.
- Countries have unique characteristics that act to support or challenge rapid scale up.
- Countries are at different stages of their VMMC program and need to assess gains made to date through further analysis with the audiences they seek to reach.
- Human behavior is complex: In this new frontier in prevention– only lessons learned that help to inform our understanding of what will motivate men, and their partners to seek new strategies.

*Multi-level SBCC approaches need to be dynamic: They should always speak to the needs, concerns and experiences of men and women – strengthening efficacy to take action .*

# Acknowledgements

- BRIDGE II Project for use of their slides, photos, and research findings
- Communication Experts within the Region

Thank you!