

Engaging the Kenyan Media to Inform the Public about Male Circumcision for HIV Prevention



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The Male Circumcision Consortium works with the Government of Kenya and other partners — including the US President's Emergency Plan for AIDS Relief (PEPFAR), which supports service delivery — to prevent HIV and save lives by expanding access to safe and voluntary male circumcision services. FHI 360 received a grant from the Bill & Melinda Gates Foundation to collaborate on the consortium with EngenderHealth and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society.

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Introduction

The Male Circumcision Consortium (MCC) was established after three clinical trials among uncircumcised men showed that becoming circumcised dramatically reduced the men's chances of becoming infected with HIV through vaginal sex. Male circumcision lowered the risk of HIV infection by about 60 percent.

In September 2007, FHI 360 partnered with EngenderHealth and the University of Illinois at Chicago, working closely with the Nyanza Reproductive Health Society, to form the consortium, which is funded by a grant to FHI 360 from the Bill & Melinda Gates Foundation.

The MCC's main goal is to generate evidence to guide national efforts to expand voluntary medical male circumcision (VMMC) services in support of the Government of Kenya. The consortium works in close collaboration with the Ministry of Health* at all levels and with other partners supporting the national program. The MCC's core activities are concentrated in six sub-counties in the Nyanza region: Kisumu East, Kisumu West, Nyando, Homa Bay, Rachuonyo and Rongo.

The four objectives of the MCC are to:

1. Support the Government of Kenya and other local partners to develop and implement a national male circumcision strategy.
2. Expand a male circumcision research and training center in Kisumu to train providers, build the capacity of health facilities and monitor clinical outcomes.

3. Proactively address any controversy or misunderstandings about male circumcision.
4. Generate evidence to inform the rollout and scale-up of male circumcision.

This report describes the media engagement activities undertaken to meet objective 3 from 2008 to 2013.

Background

Public perceptions of the VMMC program

The VMMC program began in the Nyanza region because it had the highest HIV prevalence rate and the lowest prevalence of male circumcision in Kenya. But in 2008, most people in Nyanza and other non-circumcising communities considered the procedure alien to their culture. Quantitative and qualitative research conducted by Infotrak Research & Consulting among non-circumcising groups in Kenya showed that the majority were aware of male circumcision as a procedure, but associated it with initiation rites.¹

Initially, the introduction of male circumcision met with resistance, mainly from the Luo Council of Elders, who are considered the custodians of culture for the Luos, the majority ethnic group in Nyanza region. The elders questioned the government's intentions and the implications for their culture. Male circumcision was also a sensitive topic because it had been used to stigmatize the Luos politically during the 2007 national elections that resulted in post-election violence.

The government had formed national and provincial task forces composed of government officials and their development partners to coordinate the rollout of voluntary medical male circumcision in Kenya. The MCC and other members of the task forces addressed the concerns about the VMMC program in a series

* After the general elections held in March 2013, counties and sub-counties replaced the provinces and districts, and the two ministries of health—the Ministry of Public Health and the Ministry of Medical Services—were combined into one Ministry of Health.

of meetings with the elders and other stakeholders. They explained that male circumcision would be provided as a medical intervention to prevent HIV and that the procedure would be offered as part of a comprehensive package of HIV prevention services. It would be voluntary, free and performed by trained health providers.

The task forces organized a major stakeholders' meeting, held on 22 September 2008. The prime minister and all the Luo Nyanza legislators participated in this meeting, at which VMMC was endorsed and the prime minister urged men in the community to get circumcised. The culmination of a series of consultations with the Luo Council of Elders and other stakeholders, the meeting was a turning point for this program. Shortly afterwards, the chairman of the council signed the report of the meeting as an official statement of the elders' support for the program.



PHOTO: SILAS ACHAR/FHI 360

Members of the Nyanza Provincial Task Force on Male Circumcision met at the Kisumu East District Hospital in July 2008.

Nevertheless, resistance to VMMC persisted in the broader community. Fear of pain, the cost of the procedure (free of charge, however, once the VMMC program began), lack of education, and concerns about the required period of post-operative sexual abstinence until complete healing and the potential for post-operative complications were identified as the greatest barriers to VMMC services among traditionally non-circumcising communities.² Many of these barriers were based on misconceptions about the procedure.

Media environment

Media coverage can influence people's attitudes toward and adoption of health interventions such as voluntary medical male circumcision for HIV prevention. In Kenya, mass media has been one of the most effective means of disseminating information on male circumcision.³

In a media analysis of global coverage of male circumcision in the 16 months after the results of the clinical trials were released, FHI 360 examined 165 English-language articles published in newspapers or on websites from December 2006 to March 2008. Most of this coverage was positive in tone and focused on the logistics of expanding access to male circumcision and the effectiveness of the procedure in preventing HIV infection. In Kenya, 19 of the 24 articles were either positive or neutral. Nevertheless, the negative coverage found in this study was highly concentrated in the opinion pages of Kenyan and Ugandan media outlets. More than half of all the negative articles argued against male circumcision as a worthwhile intervention, and one-quarter of the articles from Kenya expressed concerns about disruption of culture.⁴

A less extensive analysis of media coverage of VMMC in Kenya from late 2008 to early 2009 revealed concerns about the potential for increased HIV-risk behavior after male circumcision, questions about the effectiveness of male circumcision for HIV prevention, misconceptions about the meaning of a 60-percent protective effect, and misinformation about female genital mutilation ("female circumcision"), claiming that it also reduces the risk of HIV infection.⁵

As the government prepared to introduce male circumcision as part of its HIV prevention package, the MCC began monitoring media coverage of the topic and found few serious inaccuracies in the coverage. Nevertheless, journalists tended to focus on controversy and opposition to the program, while their stories revealed uncertainties and misconceptions about the scientific evidence behind the intervention. It was evident that journalists needed to learn more about the VMMC program and its expected impact in the community. This knowledge would enable them to communicate accurate information to the public.

Media Outreach Strategies

The MCC identified journalists as a core group of stakeholders. To improve the quality and increase the frequency of media coverage of VMMC, the team developed a media outreach strategy to strengthen the capacity of 1) journalists to report on the VMMC program and 2) program managers and implementers to communicate with the media. Capacity building was supported by media monitoring, issues management, and the development of messages and materials about VMMC for HIV prevention and the Kenyan VMMC program.

Enhancing journalists' capacity to cover VMMC

Journalists' workshops

The MCC conducted the first training workshop on VMMC for Kenyan journalists in Kisumu in September 2008, working in collaboration with the Kisumu-based Health and Environmental Media Network (HEMNET). Fifteen local journalists participated in the workshop, which included briefings from representatives of the national and provincial male circumcision task forces and a visit to a site that offered circumcision to men.

The workshop sought to enhance understanding among journalists of the concept of medical male circumcision as part of a comprehensive HIV prevention strategy and to identify ways of improving the quality of coverage of VMMC and other HIV-prevention issues. It was also designed to build the

capacity of journalists to convey complex scientific information to the public and to create linkages between the media and authoritative sources of information about male circumcision.

In September 2010, the MCC partnered with Internews Kenya to train 15 journalists and 11 radio presenters from Nyanza Province. A similar workshop was conducted in Lodwar in May 2011, providing training to 13 journalists and correspondents covering the VMMC program in the Turkana region.

These workshops were participatory, employing group work, case studies, interactive plenary sessions, exercises and short presentations followed by question and answer sessions. Participants were given opportunities to interview VMMC clients and providers, tour a program site, and draft and receive feedback on stories about VMMC. The majority of these stories were published or broadcast in the weeks following the workshops.

During the workshops, participants received contact lists to encourage them to consult knowledgeable sources when they write about VMMC. They were also given flash drives that contained the contents of the Clearinghouse on Male Circumcision for HIV Prevention (www.malecircumcision.org), a website that serves as a global resource on VMMC.

Proactive follow-up to the workshops included briefings organized by the task forces to update editors and senior reporters in Nyanza and at the national level, sending journalists periodic updates, organizing tours of health facilities and other sites where VMMC services are provided, and maintaining contact by email and phone. The journalists also received the MCC's monthly e-newsletter, and the MCC's senior communications officer followed up with them to ask if they needed additional information.

Updates and roundtables

On behalf of the task forces on male circumcision, the MCC organized briefings for journalists about the progress of the VMMC programme in Nyanza and nationally. These briefings included breakfast and dinner meetings with editors and senior reporters—a format preferred by the Nyanza journalists because it creates an informal environment that stimulates open discussion.



PHOTO: SILAS ACHAR/FHI 360

Mr. Gatonye Gathura, health editor at The Standard and formerly at the Nation Media Group, asks a question during a roundtable session at the Internews offices in Nairobi.

In Nyanza the MCC facilitated media briefings before and after major activities, such as the program launch and the Rapid Results Initiative (RRI) campaigns for VMMC. During these briefings, members of the provincial task force informed the journalists about program plans and reported the outcomes. The journalists asked questions, provided feedback, expressed concerns and sought clarification of various issues. There was a surge in media coverage after each of these events.

Media roundtables were conducted at the national level in partnership with Internews Kenya, giving national task force members opportunities to engage with journalists. Each roundtable was organized to address a newsworthy topic that participants could report on, such as women's involvement in the VMMC program or reaching older men with VMMC services. The MCC provided the experts, case studies and background materials for these events. Internews' relationships with national journalists trained in reporting about health through its regular programs ensured good participation by qualified journalists, and its proven format for these roundtables generated substantial media coverage.

Publications and video documentary

The MCC produced several resources to provide journalists and other stakeholders with information about VMMC for HIV prevention. An e-newsletter, the MCC News, was published monthly from December 2008 to October 2012, when it moved to a periodic schedule. Featuring articles and news briefs about the VMMC program in Kenya, summaries of news coverage of VMMC and links to resources for program implementers, this newsletter was distributed to about 116 journalists and other stakeholders, primarily in Kenya. Journalists regularly use the MCC e-newsletter for story ideas or background.

The MCC also published five issues of a newsletter on behalf of the Nyanza Provincial Task Force on Male Circumcision, the Nyanza Update. From 2009 to 2012, this newsletter updated stakeholders, including district health officials, members of Parliament from Nyanza and local leaders, on the progress of the VMMC program.

In 2010, the MCC produced the first informational documentary on the Kenya VMMC program for the

Samples of the VMMC documentary and monthly newsletter that were circulated to journalists and other stakeholders.



Government of Kenya. Developed in collaboration with the government and other members of the provincial and national task forces, this 15-minute documentary describes the role that VMMC plays in Kenya's efforts to prevent the spread of HIV infection and save lives. Men and their wives who were interviewed for the video explain why they chose male circumcision to help protect themselves from HIV. The video was launched at the annual VMMC stakeholders' meeting in 2010 to an audience that included numerous journalists and was subsequently distributed to journalists who report on the VMMC program.

Site tours

The MCC organized periodic site visits for journalists from local, national and international news outlets. The senior communications officer worked with the partners implementing the VMMC program in Nyanza to identify interesting activities and people to interview and to organize the logistics for the journalists' visits. In addition, through the MCC's partnership with Internews Kenya, journalists from the national level were linked with the MCC team in Nyanza, who facilitated visits to program sites and interviews with VMMC clients, providers and experts. The MCC team also helped visiting journalists brainstorm about story angles and ideas and provided background information.



PHOTO: SILAS ACHARY/FHI 360

Journalists film a male circumcision procedure during a site tour organized by the MCC at the UNIM Research and Training Centre in Kisumu.

Individual follow-up

The MCC team built personal relationships with the reporters covering VMMC in Nyanza and their editors. Informal meetings over coffee, dinner and lunch encouraged dialogue and provided useful feedback about the programme. These meetings helped the MCC monitor community perceptions of the program and identify and correct rumors and myths about VMMC. Story ideas were also discussed.

Journalist's award

The MCC established a VMMC journalist of the year award in August 2012, in partnership with Internews Kenya. The award seeks to motivate journalists to provide accurate coverage of VMMC in the print and electronic media. The first ever VMMC journalist's award in Kenya, it was incorporated as a new category in Storyfest, Internews Kenya's annual health reporting awards. Stories written during the 2008 to 2012 period were considered for this first award, and three journalist received prizes. The VMMC award will be given annually to encourage more quality coverage on VMMC.

Assistance to Internews mentorship program

In July 2012, Internews liaised with MCC to provide a six-week mentorship program for journalists. Twenty journalists from various media houses in Nyanza were trained for one week, then spent the next five weeks identifying, writing and refining stories about VMMC. The MCC arranged for experts to brief the journalists and organized site visits for them.

Enhancing the capacity of spokespeople to communicate with the media

The MCC identified experts on VMMC and helped prepare them to communicate effectively with journalists. These individuals, drawn from the national and provincial task forces on male circumcision, were primarily government officials and program managers for implementing partners.

To strengthen the capacity of the spokespeople to communicate clearly and effectively with the media, the MCC facilitated two one-day media training sessions in September 2009 and September 2011 for a total of 30 members of the Nyanza provincial task force. It also facilitated a one-day session in September 2010 for 20 representatives of the district health management teams from the Nyanza districts implementing VMMC services. The training included practice in developing and conveying key messages and conducting effective interviews.

Through the MCC's partnership with Internews Kenya, 20 members of the national task force received training in strategic communication in week-long workshops conducted in April and August 2012.

The MCC team also helped the task forces and some partners develop protocols to ensure timely and effective responses to media inquiries. These protocols enabled staff to gather the necessary information (including a journalist's deadline) and refer requests to the most appropriate and knowledgeable spokespeople.

Media monitoring and issues management

Monitoring media coverage was a critical part of the strategy. The MCC engaged a firm that monitored local and international print, online and broadcast media coverage of the VMMC program. Through this monitoring, the MCC was able to quickly identify inaccuracies and work with journalists to provide accurate information. These efforts included helping draft letters to the editor and, for online stories, contacting the reporters or editors to effect the necessary revisions.

As a result, corrections were made or clarifications published in online articles or subsequent issues of a number of publications. An early example is an inaccurate story broadcast on radio and published



PHOTO: SILAS ACHAR/FHI 360

Dr. Athanasius Ochieng, the VMMC programme manager at NASCOP, responds to questions from journalists during a roundtable held at the end of one week of training in media relations and strategic communications.

online by the BBC on 18 July 2008, indicating that male circumcision had been rejected by the Luo Council of Elders. As a result of the MCC's follow-up with the journalist, he subsequently aired and published a more comprehensive story that was accurate. In other examples, the MCC team worked with health officials to publish letters to editor in *The Star* (February 2012), the *Daily Nation* (October 2013) and other publications in response to inaccurate information in articles and opinion pieces on topics such as the prevalence of risky sexual behavior after male circumcision and the impact of male circumcision on HIV prevalence over time.

The MCC also monitored perceptions of the VMMC program in communities. In collaboration with the Nyanza provincial task force, the consortium facilitated regular meetings with key stakeholders to identify information needs and gaps. The team participated in site assessments in various districts and in the meetings of the district steering committees for VMMC. This engagement helped the team identify and address concerns and misconceptions.

Materials development support

Journalists need simple, concrete, concise and accurate background information. Access to such information supports their work and increases the chances of accurate coverage. The MCC team ensured that information given to journalists by the provincial and national task forces was clear and accurate. Team

members wrote fact sheets and research summaries and helped draft messages and speeches for the provincial director of public health and sanitation, the provincial commissioner, the minister for medical services and others. The speeches and background materials were shared with journalists electronically and in hard copies, and their content often appeared in coverage of the program. The MCC also wrote news releases that informed coverage and, in some instances, were republished.

Impact of Media Outreach

Increased knowledge and interest among journalists

Feedback from journalists indicates that the MCC's media engagement efforts improved their knowledge and understanding of VMMC for HIV prevention. For example, evaluation questionnaires distributed at the first journalists' workshop found that some of the journalists initially were "not convinced" that VMMC reduces the risk of HIV infection. At the end of the training, all respondents believed that the procedure was effective for HIV prevention. After the second workshop, one participant said that he understood the topic and "felt like an expert on MC."

Journalists who have worked with the MCC say the project's media engagement efforts helped them report on VMMC for HIV prevention and influenced the quality of the coverage, as illustrated by the following quotes:

In March 2012, I received another travel grant from Internews and Mr. Achar offered me the necessary linkages and even accompanied me to various centres to introduce me to pertinent persons such as doctors, clinical officers or nurses for interviews analyzing progress reports on VMMC. I have personally been receiving updates on the information that I seek for on behalf of Kenya News Agency in Nairobi and Kisumu and these have enhanced the quality of our stories.

— William Inganga, journalist at KNA

Since the inception of the voluntary medical male circumcision (VMMC) in Nyanza region in November 2008, I have had the privilege

to report on the issue on several occasions after being one of the very first journalists who received training in September 2008 on reporting about the new intervention.

— Dickson Odhiambo, Nyanza reporter for The People Daily

As a journalist writing on health issues, my relationship with the Male Circumcision Consortium over the years has been very fruitful. They have been extremely supportive in getting information related to medical male circumcision, setting up interviews with relevant experts on this area and putting me in touch with the beneficiaries of the various VMMC programs. As a result of this close collaboration with them, I have been able to accomplish my mission of putting insightful and informative stories on medical male circumcision and through this, our readers have been able to understand the various aspects of the procedure.

— Kenneth Oduor, humanitarian reporter, IRIN

We have worked with Silas Achar in Kisumu when he coordinated communication programmes for the Male Circumcision Consortium. He kept the lines of communication flowing by providing timely and newsworthy items to journalists at the Nation Media group and gave feedback on time. He also facilitated site visits, interviews, photo opportunities and health training for our journalist.

— Daniel Otieno, provincial news editor, Nation Media Group, Kisumu Bureau

Improved media coverage

Since the media outreach began in September 2008, coverage of VMMC has largely been balanced and accurate. An analysis of VMMC stories in print media found that over nine months in 2012, Kenya was the only country in eastern and southern Africa (ESA) where none of the coverage was negative.⁶



Examples of the positive media coverage the VMMC programme received

The project’s media monitoring found that the MCC’s media engagement efforts — including dissemination of newsletters and other materials, briefings, informal meetings, site tours and workshops — generated more than 266 articles published in the local and international print and online media from September 2008 to October 2013, including 41 articles based on articles in the MCC News.

Enhanced working relationships between experts and journalists

The MCC’s media engagement efforts also enhanced the working relationships between experts and journalists, building understanding and trust. Some of the participants in the media training workshops noted the following:

Before the media training, I used to treat every journalist with suspicion. Nowadays, I look forward to engaging them to ensure that their stories are accurate.

— Dr. Athanasius Ochieng’, male circumcision program manager at NASCOP

I have come to understand how the media work and how I can convince them to come up with a story.

— Geoffrey Onchiri, Nairobi district coordinator, Nyanza Reproductive Health Society

Equipped with a better understanding of the media and enhanced communication skills, these experts feel more confident about serving as a resource for journalists. They have provided effective quotes and information that journalists have used in their articles.

Lessons Learned

Having staff and resources dedicated to media engagement makes it possible to build and maintain relationships with journalists, influence media coverage, proactively address issues and respond quickly to misinformation. These efforts by the MCC contributed to largely positive and accurate coverage of VMMC in the Kenyan media: a nine-month media content analysis found that Kenya was the only ESA country with no negative coverage of VMMC.

Consistent attention to interpersonal relations with journalists and Government of Kenya (GOK) officials helps defuse the potential escalation of issues and allows for rapid outreach to allies who can provide accurate information when necessary. As a result of their ongoing engagement with the media, the MCC and Internews are considered trusted sources of information, and journalists turned to them when an Australian journal published false claims about VMMC for HIV prevention (Boyle and Hill 2011). Internews organized a briefing, with MCC support, by GOK, MCC and Nyanza Reproductive Health Society staff. Afterwards, most media outlets in Kenya (unlike their counterparts in other countries) decided not to cover the Boyle and Hill claims or published more balanced accounts of the controversy.

Disseminating newsworthy articles about VMMC written in a journalistic style can influence the content, tone and frequency of media coverage. Many Kenyan journalists use the MCC e-newsletter as the basis for their stories. Dozens of stories from the MCC News have been reprinted or formed the basis for articles in local, national and regional publications.

Partnerships are essential to proactively and effectively address misunderstandings and controversy. The MCC partnered with NASCOP, other government officials and VMMC implementing partners to provide accurate information and address misunderstandings. The MCC also has a very productive partnership with

Internews. Internews brought to the partnership an established training program and strong relationships with many national journalists. The MCC contributed its own strong relationships with Nyanza journalists and VMMC implementing partners, knowledge of the VMMC program and the addition of practice interviews and the development of key messages to media training workshops for task force members.

Building the capacity of journalists to report on VMMC is not a one-off activity. Journalists and editors who have participated in MCC capacity-building workshops need periodic refresher training to keep abreast of new issues and research. And, as trained journalists move on to other jobs, their replacements often know little about VMMC for HIV prevention. Conducting workshops, briefings and site visits helps keep journalists up-to-date on VMMC, despite staff turnover. Nevertheless, even the best informed journalists can make mistakes under deadline pressure, so ongoing support is also essential. The MCC's strong and consistent interpersonal communication and follow-up with journalists has made the project a trusted source on VMMC and has enabled it to influence the accuracy and tone of the coverage.

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