PROMISING PRACTICE: "Stand Proud, Get Circumcised" National Behaviour Change Communication Campaign by the Health Communication Partnership in Uganda

(The Health Communication Partnership (HCP) project ended on June 30, 2012, but campaign materials continue to be utilised by the Ministry of Health and implementing partners in Uganda).

INTRODUCTION

Key Promising Practices:

- The role of research in informing communication strategy development and implementation.
- National tools with standardised branding and information to ensure consistency and recognition of SMC.
- Standardised tools that can be tailored by implementing partners to specific communities and contexts.

Introduction

The Health Communication Partnership (HCP), led by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, provided technical assistance to the Uganda Ministry of Health (MoH) to develop, finalise and disseminate its Safe Medical Circumcision (SMC) Policy and Communication Strategy. For three years prior to the SMC Policy launch in 2010, HCP led a public education campaign utilising public debates, live radio and TV talk shows, and newspaper columns answering questions about SMC. HCP also assisted the MoH to produce a flip-chart, a question and answer book for health workers, and brochures for men about the procedure and its benefits. After the policy was launched, HCP assisted the MoH in disseminating the policy and communication strategy across the country, to over 1,000 leaders, health workers, civil society organisations and influential members of the public in 66 districts countrywide.

Qualitative and quantitative research conducted by HCP in 2010 showed that 44% of uncircumcised men said they intended to get circumcised, and most men (75%) said their reason was to lower their risk of HIV. The majority were 15-24 years old and single. The main reason these men gave for not getting circumcised was that they did not know where to get the procedure or they were worried that the procedure would be painful. The majority of women who were interviewed wanted their men to be circumcised, and their main reasons

were that they thought circumcised men were cleaner hygienically, and less likely to spread HIV.

Based on these findings, HCP worked with the MoH and its partners to develop a multimedia demand creation campaign called "Stand Proud, Get Circumcised" to increase uptake of SMC services among young men aged 15-35in areas where services were available. The key objectives of this campaign were to increase the proportion of young men and their parents who know the health benefits of and make informed decisions about SMC, especially its link to HIV prevention, and who access SMC services. The campaign strategy took a creative and provocative approach to demand creation by speaking to men through women to reshape social norms. It was designed to convince men who already intend to circumcise to get SMC services, while encouraging women to support their men to get circumcised and for both men and their partners to adhere to post-circumcision practices that promote healing and HIV prevention.

The "Stand Proud, Get Circumcised" Campaign used brochures, posters, billboards, and radio and television programming to promote SMC as a way men could reduce their risk of getting HIV. It reassured men that the procedure is not painful, and directed men to locations where services were available. The MoH and partners posted the SMC logo outside health facilities that offer SMC services, and campaign materials directed men and women to those services and to a national toll-free health hotline for more information. The campaign also included educational materials for use by service providers when educating and counselling clients about SMC, mobilisation and education materials for community mobilizers such as village health teams, and fact sheets to sensitise political, cultural, and religious leaders. HCP trained trainers from the MoH and implementing partners in the use of these materials.

Target groups

Primary Audiences

- Uncircumcised men 15 – 35 years old in traditionally non-circumcising communities, especially those who intend to get circumcised but have not acted on this intention.
- Men who have been medically circumcised (wound care and long-term HIV risk reduction).

Secondary Audiences

- Wives & partners of circumcised men
- Health care providers and community volunteers
- Leaders
- Media representatives

Scale and scope

- Nationwide campaign designed to reach more than 2 million uncircumcised Ugandan men in the target groups.

Organisations involved

Lead

- HCP (Partnership between Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHUCCP), The Makerere University School of Public Health, Communication for Development Foundation Uganda, and Media for Development International.

Funding

- U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) (in collaboration with CDC the Department of Defence)

Implementing partners

- Uganda Ministry of Health (MOH)
- Uganda AIDS Commission (UAC)
- African Medical Research Education Foundation (AMREF)
- AIDS Information Centre (AIC)
- Baylor-Uganda
- Health Initiatives for Private Sector (HIPS)
- Infectious Diseases Institute (IDI)
- Inter Religious Council of Uganda (IRCU)
- Makerere Mbarara University Joint AIDS Program (MJAP)
- Makerere University Walter Reed Project (MUWRP)
- Northern Uganda Malarial AIDS and Tuberculosis Program (NUMAT)
- Rakai Health Sciences Programme (RHSP)
- Strengthening TB and HIV and AIDs Responses in Eastern Uganda (STAR-E),
- Strengthening TB and HIV and AIDs Responses in Eastern Central Uganda (STAR-EC)
- Strengthening TB and HIV and AIDs Responses in South Western Uganda (STAR-SW)
- Supporting Public Sector Workplaces to Expand Action and Responses (Spear) Against HIV and AIDS Project

- The AIDS Support Organisation (TASO)

Management of demand creation

- Each of the implementing partners mentioned above were strengthening and expanding availability of SMC services and overseeing demand creation activities for those services.
- Community mobilizers carrying out on-the-ground mobilisation activities are made up of village health teams (VHTs), public sector health workers, drama teams, community and religious leaders and the implementing partners themselves.

VMMC ACTIVITIES

SMC activities

- Research
- SMC mass media campaign and mobilisation materials development and coordination of roll out
- Advice and technical support on strategy, policy, tools and materials to policy makers and implementing partners

APPROACH TO DEMAND CREATION

Approach to Demand Creation

HCP worked with the Ministry of Health to produce national communication tools and materials on SMC for use by implementing partners for a variety of audiences.

Key messages

Several messages were developed for specific communities based around:

- Being a man means undergoing safe medical circumcision.
- Men desire to be attractive to women, and women want their men to be circumcised.

Types of intervention

- Multi-channel campaign employing community mobilisation, mass media, and interpersonal communication

- Entertainment-education approach

Rationale

A combination of mass media and community-based, interpersonal communication approaches are needed to create an enabling environment in which SMC is widely adopted. Demand creation activities use drama, discussion, entertainment, advertising approaches and education to promote public dialogue, support and uptake of SMC. Counselling and client education help couples to make informed decisions about SMC and to adhere to post-SMC care and prevention.

EVIDENCE BASE

Evidence base

HCP carried out extensive quantitative and qualitative research as well as learning from the experiences of implementing partners. Findings were shared and disseminated amongst policy makers and implementing partners and used to develop the "Stand Proud, Get Circumcised" demand creation campaign.

DEMAND CREATION ACTIVITIES

Demand Creation Activities

HCP facilitated demand creation and community mobilisation activities. They carried out research to develop demand creation strategies, tools and materials for the Ministry of Health and implementing partners to use during their SMC demand creation activities. HCP also led a national campaign, utilising multiple mass media platforms and formats to support SMC uptake.

1. Research (ongoing throughout the project period)
   Research was used to understand the SMC demand creation and service provision needs in Uganda, and to develop and test broadcasts, materials, tools and branding for all communication outputs. Research amongst health workers was also undertaken to understand their training needs.
   a. *Quantitative*: to understand the extent of risks, behaviours and attitudes towards HIV, SMC and media consumption.

b. *Qualitative*: to gain detailed understanding of the influencers and drivers relating to HIV, SMC, media consumption and branding. Also included pre-testing of materials and media outputs and toolkits for health workers.

2. Community entry

   HCP activities were focussed at the national level. Religious leaders and community leaders were identified through the research stages. HCP worked with implementing partners to mobilise men and women for SMC services.

3. Community mapping

   HCP assisted the MoH to identify the locations of SMC services as they became available through a mapping exercise, with regular updates. Working with implementing partners to map communities also supported the planning of effective community-based activities to reach target audiences.

4. Community sensitisation

   HCP supported the Ministry of Health and implementing partners in developing training and job aids for community mobilizers and health workers, including a sessions during a radio distance learning program for village health teams.

Village health teams during radio distance learning

5. Community mobilisation

   HCP's direct mobilisation activities were focussed on mass media and raising national level awareness and uptake of SMC. HCP shared research findings with implementing partners to support their on-the ground mobilisation and demand creation activities.

   a. *Village meetings:* HCP produced materials such as flip-charts to aid health education and community discussion sessions.

b. *Films and drama:* HCP supported the development of films, TV and radio dramas for mass markets.

c. *Interpersonal communication (IPC):* tools and materials such as job aids were developed to support counselling and client education by health workers and telephone hotline counsellors.

a. Mass media: used TV, radio, website, video and printed materials.

A leading religious figure during a radio discussion

i. Video: Informational 15-minute video (commissioned by MoH AIDS Control Program) for use in waiting rooms at health facilities and by Village Health Teams.
ii. Radio spots (in 7 languages):
http://www.k4health.org/sites/default/files/videos/SMC_20Woman_Spot.mp3
http://www.k4health.org/sites/default/files/videos/SMC_Man_Spot.mp3
iii. Song:
http://www.k4health.org/sites/default/files/videos/SMC_song.mp3

In addition to original formats developed specifically for the Ministry of Health and implementing partners, HCP sponsored:

iv. In partnership with Fast Track Productions, the production and broadcast of 3 episodes of a TV drama series called *The Hostel* on national Ugandan

television, for which SMC was a key element of the storyline. They produced an accompanying discussion guide as well. Listen: http://www.k4health.org/sites/default/files/videos/SMC_Hostel_S1_E19.mp4 http://www.k4health.org/sites/default/files/videos/SMC_Hostel_S1_E20.mp4

v. 39 episodes of the popular radio serial drama *Rock Point 256* focusing on medical male circumcision.
vi. Incorporation of SMC into the *Nurse Mildred* radio dramas
vii. Incorporation of SMC communication into HCP's Young Empowered and Healthy (Y.E.A.H.) initiative's *True Manhood* campaign.

HCP also supported the integrated campaign materials with accreditation and branding efforts for SMC facilities:

i. The mass media campaign effort went hand in hand with a branding campaign to promote certified SMC facilities.

d. *Technology*: Internet and telephone.
   i. Website banners with the SMC logo.
   ii. Supporting the National Health Hotline: HCP used the SMC counselling manual developed by TASO to train hotline counsellors on SMC in order that they will be better able to provide accurate information to hotline callers about SMC. All campaign materials directed men and women to the hotline numbers for information and locations of services.

e. *Communication materials and tools for demand creation:*
   i. Tools for community mobilizers and health workers included:
      1. Community mobilisation toolkit: HCP worked with partners to design a community mobilisation toolkit to create demand for existing SMC services in communities surrounding services. HCP worked with SPH and partners such as IRCU, STAR E, STAR EC, STAR SW, HIPS and NUMAT to develop community mobilisation and sensitisation tools based on their experiences and experiences

from other countries. Some of these included: drama skits, quizzes, discussion guides and a training curriculum. Through district-based partners, HCP conducted training of trainers who in turn trained head teachers, religious leaders, drama groups, opinion leaders and journalists on the use of these tools to disseminate accurate information about SMC, and create demand for existing services.

2. Community mobilisation materials:
   - 1,500 flip charts made from grain sacks with accompanying discussion guides
   - Training guide for community mobilizers
   - Radio distance learning for Village Health Teams (VHTs)
   - 20,000 fact sheets for religious leaders
   - 20,000 fact sheets for political leaders
   - 20,000 fact sheets for cultural leaders
   - Media training module on SMC for key media house representatives
3. Health worker job aids
   - 2,000 SMC flip charts
   - 2,000 FAQ booklets

ii. Printed materials included:

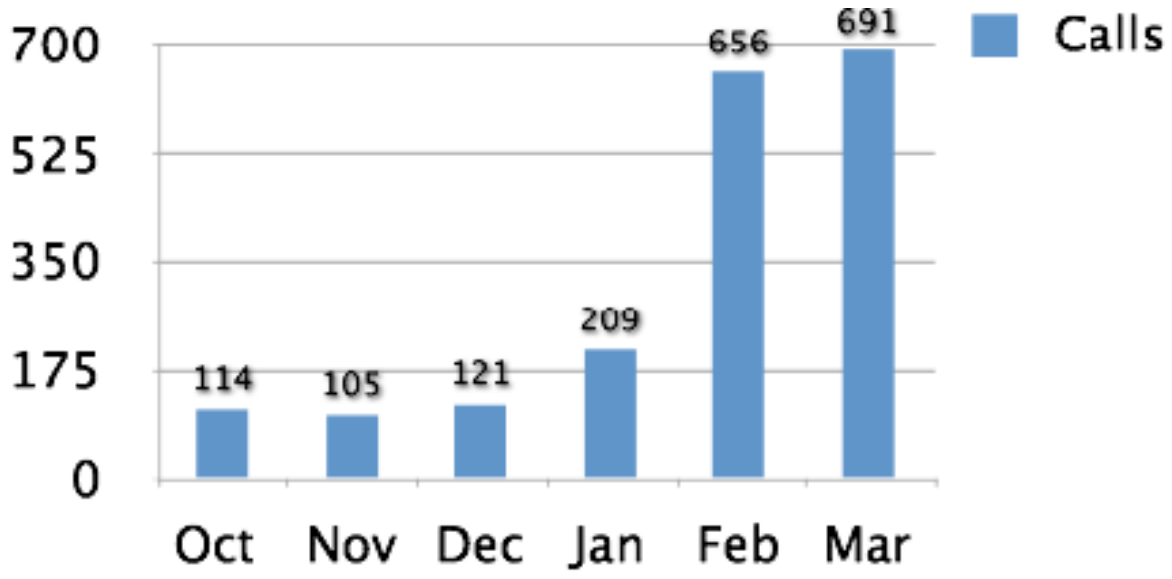
1. Posters (N=15,000)
   - *Disruptive poster:* This poster was placed in urinals/men's restrooms and designed to provoke discussion. A woman with a surprised expression announces, "You mean you're not circumcised? Stand proud. Get circumcised."
   - *Rural poster (in 6 languages):* "I am proud I have a circumcised husband because we have less chances of getting HIV"
   - *Urban poster (in 2 languages):* "I am proud I have a circumcised husband because we have less chances of getting HIV." Also included brief text about the use of condoms, the simplicity of the procedure, and healing time including 6 weeks of abstinence.
2. Billboards: these were tailored to local languages and placed in areas where SMC was a new or unfamiliar service, advertising nearby locations where the service was available (English, Luganda, Luo, Rukiga/Runyankole, Swahili).

3. Leaflets (3 different brochures, each in 7 languages): one for men, one for couples, one for postoperative care (N=150,000).
4. Newspaper informational inserts by a doctor at Makerere University answering frequently asked questions about SMC.

EVALUATION OF DEMAND CREATION

Evaluation of demand creation

Following the campaign launch in January 2012, the National Health Hotline experienced a dramatic increase in calls from individuals seeking SMC information. The Hotline received over seven times the number of calls it had received prior to the campaign.



Hotline Calls by Month (2011-2012)

In November 2012, the AFFORD Project in cooperation with the Uganda Health Marketing Group (UHMG), conducted a population-based survey that evaluated the reach and effects of the Stand Proud, Get Circumcised SMC campaign. The survey was conducted in 27 districts where US government-funded partners operate, and sampled women aged 15-49 and men aged 15-54. Selected results on the broad exposure of the population to the campaign and its statistically significant impact on attitudes and behaviour are displayed below.

Profile of survey respondents

Total Number of Respondents	N=7,542
Characteristics	Per cent
Sex	
Male	48.5
Female	51.5
Age group	
15-24	29.9
25-34	34.7
35-44	23.5
45-54	11.9
Residence	

Urban	17.9
Rural	82.1

Exposure to SMC Campaign by Background Characteristics (N=6,872)

Background X-ristics	%
Overall	***65.3***
Sex	
Male	72.5
Female	59.0
Agegroup	
15-24	65.4
25-34	66.2
35-44	65.5
45-54	65.8
Residence	
Urban	65.5
Rural	65.6
Education	
None	53.5
Primary	63.6
Secondary	70.1
Cert/Dipl/Univ	80.5
Marital Status	
Never married	69.7
Married/living together	65.1
widowed/divorced/separated	59.7
Wealth Quintile	
Lowest	59.1
Second	67.0
Middle	64.1
Fourth	69.0
Highest	66.6

Overall, 65.3% of the survey population had been exposed to the "Stand Proud, Get Circumcised" campaign. There were no big variations in campaign exposure by key demographic characteristics.

Reported Messages Seen by Those Exposed to SMC Campaign (N=4,775)

93% of those exposed to the campaign recalled at least one campaign message.

The campaign generated a lot of discussion on circumcision. In addition, a good number of people reported getting circumcised as a result of hearing or seeing campaign messages.

Effect on Key Outcomes by Exposure to the SMC campaign in Past 12 months

Key Outcomes	Exposed (%)	Not Exposed (%)	P-value
Currently Circumcised (2,288)	32.2	26.5	0.005
Intends to get circumcised (1,510)	53.6	45.3	0.001
Circumcision reduces chances of catching HIV (N=4,438)	83.2	67.1	0.000
Circumcision is not 100% in preventing a man from catching HIV (N=2,332)	72.2	62.1	0.000
A circumcised man can pass on the HIV to his partner (4,370)	82	72.1	0.000
Discussed male circumcision with someone in past 12 months (N=2,250)	37.7	29.2	0.000
Knows a health facility where men can get circumcised (N=2,243)	74.5	57.2	0.000

There were significant differences between respondents who were exposed and those not exposed to the campaign. Overall persons exposed to the campaign were more knowledgeable about SMC than those not exposed to the campaign. A higher proportion of those exposed to the campaign also intended to circumcise compared to those not exposed.

Adjusted Odds Ratios for key outcomes by exposure to the Stand Proud, Get Circumcised Campaign

Key outcome	Exposure status	Respondents	Males	Females
Thinks Circumcision is beneficial to a man's health	Unexposed	Referent	Referent	Referent
	Exposed	2.18**	2.37**	2.07**
Thinks People in community approve of male circumcision	Unexposed	Referent	Referent	Referent
	Exposed	1.43**	1.51**	1.33**
Circumcision of men reduces chances of getting HIV	Unexposed	Referent	Referent	Referent
	Exposed	2.32**	2.27**	2.21**
Discussed Male Circumcision with anyone in past 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.52**	1.28**	1.59**
Not Circumcised, intends to get circumcised in next 12 months	Unexposed	Referent	Referent	
	Exposed	1.40**	1.40**	

** Statistically Significant at 5% level

* Statistically Significant at 10% level

The ORs were adjusted for demographics, socio-economic status and other confounding variables

Controlling for other factors, exposure to the campaign was associated with a higher likelihood of circumcision related discussion, intention to circumcise, the understanding that male circumcision reduces chances of getting HIV and the perception that other people in the community approve of male circumcision.

LEARNING AND SCALE UP

Successes / Challenges

Overall, campaign exposure was significantly associated with men knowing about, understanding, intending to and taking up SMC. Specific successes and challenges are dealt with further in write ups for specific implementing partners.

Scale up opportunities

The mass media campaign was implemented at scale. The Ministry of Health is rolling out national standardised policies, strategies and materials for implementing partners and implementing partners are generally using a combination of mass media and community-based mobilisation to raise demand and uptake of SMC in the areas of Uganda where they operate.