



ACTION CATALYST TOOLS

VMMC BEHAVIORAL FRAMEWORK

Lessons from Qualitative & Quantitative Market Research

This document is designed to help implementing partners in (15 sub-Saharan) countries understand men's attitudes to VMMC and to equip Implementing Partners with the means to convert intent to circumcise into action, and how they can go about converting those that haven't taken action. This document has three key purposes:

Content & knowledge required to use the accompanying demand generation tool kit

This document is organized into 2 sections - context and framework, each with their own navigation on the right side of the page. This entire document is intended to be read prior to using the demand generation tool kit. Initially it is best read in linear fashion from start to finish. Subsequently it may be used as a quick reference guide while using the demand generation tool kit.

Background on methodology and behavior change framework

The context section provides a single comprehensive view of men's VMMC experience generated from multiple research efforts. It provide an overview of context, research methodologies and behavior change framework objectives that feed into this view.

Holistic view of demand generation and VMMC conversion

The framework section frames the challenge of demand generation and VMMC conversion holistically. By framing a man's experience from becoming aware of VMMC, to believing that it is beneficial for him and actually becoming circumcised, IPs will transition from singular strategies such as campaigns to holistic, coordinated interventions across mass media, IPC, services, etc. No single intervention will trigger a man to circumcise, but rather a series of interventions that help him move through his experience.



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SUCCESS BUT CHALLENGE WITH OLDER MALES

There has been relative strong success in generating demand and circumcising boys between the age of 10 and 14.

However, demand generation remains a challenge with older males (15-29)

- There is shift in focus to older men to achieve a more immediate impact on the HIV epidemic
- Yet, older males are traditionally the most challenging population to embrace VMMC
- Existing demand generation system of approaches are largely built for younger boys and aren't working for this newly targeted group (e.g. classroom circumcision education)

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Whilst there are many studies describing singular attitudes and behaviors to VMMC, this text is designed to give a readily accessibly and holistic picture, taking into account a man's influences, beliefs and attitudes to VMMC at different stages of the journey

And none of this information exists as an accessible, holistic, big picture view of the situation

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In absence of a complete understanding of why men behave the way they do, our demand generation approaches have not been able to leverage:

- An evidence based behavioral framework
- A holistic perspective that aligns goals across donors, IPs and Ministries
- Solutions tailored to specific barriers and groups of older men
- Organizational tools built to help generate / evaluate interventions



Time is limited to impact this group and we need to explore new approaches to scale up demand

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INDEPENDENTLY FUNDED

UPSTREAM

consultants to help give the human voice to program design

FINAL MILE

behavioral experts

IPSOS

market research experts

This consortium was independently funded by the BMGF, and includes Upstream, Final Mile, and IPSOS Healthcare, to offer evidence based guidance using successful research and consulting methodologies used commonly in the commercial sector. This was done in collaboration with the Ministries of Health in Zambia and Zimbabwe to better understand why men are/are not circumcising and what can be done about it.

While this effort was focused on situations specific to Zim/Zam, this effort also produced 3 concepts relevant to all 15 countries:

- The basis for a new framework to understand why men do/don't get circumcised
- A subset of insight that is applicable to all 15 target countries
- A foundational roadmap/approach for other countries to follow

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Focused on Scaling up to 15 Sub Saharan Countries

- ▶ In 2017 this consortium was funded by the BMGF to organize the body of insight to be easily understood and applied by IPs across the 15 countries.
- ▶ Additionally, the Action Catalyst Tool (ACT) kit has been produced to help IPs in these countries increase VMMC conversion.

- ▶ Portfolio Mapping Tool
- ▶ Intervention Design Tool
- ▶ Persona Tool
- ▶ Intervention Improvement Tool

- ▶ This document communicates the body of insight and provides reference material when using associated tools.

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The approach arose out of the need to understand why men do/don't get circumcised and what can be done about it

The Behavior Framework is the result of a process comprised of 3 proven methods often employed by the commercial sector to drive demand for products and services.

- ▶ The individual findings of each method are not enough to disproportionately drive demand
- ▶ The approach must be taken and understood holistically. If not, the likely result will be disconnected insights making the outputs difficult to use and possibly misleading.

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The Methods we chose are all commonly used in the private sector and customized for this context and challenge.

Captures stories from men and their influencers of their real experiences undergoing the decision making process and related actions to becoming circumcised.

- ▶ These interactions included men and their influences at every step of the process and uncovered the experiences, beliefs, and influences as men move from awareness to intent to action to advocacy
- ▶ Identifies and frames the scenarios where men get stuck in their journey by defining the inhibiting forces and encouraging forces in the system

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A customized variation of Ethnography and Contextual Inquiry of both men and influencers

- ▶ Enables unbiased observation and inquiry of behavior in a controlled setting that simulates decision making (in the absence of viewing decision making in real time)
- ▶ Determines why men behave the way they do in scenarios where they get stuck by testing behavioral principles and their impact on business as usual behavior

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Leveraging the qualitative insights generated by Journey and EthnoLab to identify refined intervention opportunities

- ▶ Quantifies proportions and patterns of qualitative insights (where men are in the journey, strength of a barrier relative to others, etc)
- ▶ Divides a heterogeneous group into homogeneous segments of men who are likely to respond in the same way to an intervention based on their underlying attitudes and behaviors as identified in the qualitative work

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To articulate why men do what they do and understand what to do about it, new approaches need to adopt several principals outlined in this section.

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HUMAN CENTERED

The resulting framework is User Centered (from the man's perspective) and is divided into 3 stages

1 RELATE COMMITMENT 2 ANTICIPATE PROCEDURE 3 RELIEVE ADVOCACY

Understanding how and why they do/don't move from Awareness of Circumcision

INTENT TO CIRCUMCISE FROM THEIR POV

Understanding how and why they do/don't move from Intent to Circumcise

ACTION OF PROCEDURE FROM THEIR POV

Understanding how and why they do/don't move from Action of Procedure

ADVOCACY OF VMMC FROM THEIR POV

In the context of Zim/Zam, both countries had great success building intent but are experiencing difficulty driving action and advocacy among older males

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What men do /don't do:

REPORTED BEHAVIORS

what men are rationally aware of

OBSERVED BEHAVIORS

decision making factors which men are unconscious of

Why they do /don't do:

Influences/norms external

Motivations Internal

Self-efficacy permission

Man's perception of tradeoffs between anticipated benefits and consequences appraisal

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It should be Systemic (supply & demand)

- ▶ Inclusive of perceptions around government / government sponsored initiatives
- ▶ Inclusive of experiences with supply side services (long waits, long lines, poor treatment, etc)
- ▶ Inclusive of experiences with community mobilizers, friends, family, and others in the community
- ▶ Inclusive of influence from mass media and social media

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QUALITATIVE

What they say:

Open ended story telling followed by closed end probes journey

What they do:

Observation without influence, ethnography

Why they do:

Conversations when the respondent is in a situation where he is actively thinking about a decision - leveraging behavioral science principles and expertise

QUANTITATIVE

Proportions & Patterns of qualitative insights across men



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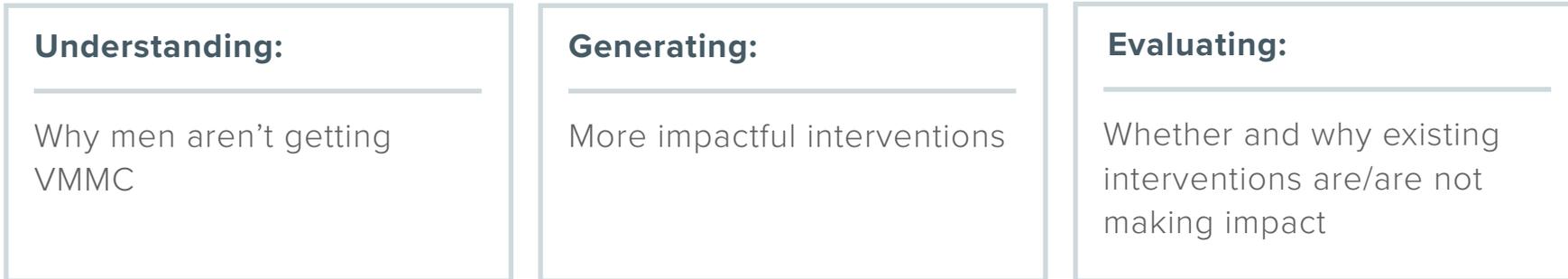
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Leveraging a single coherent set of findings, the framework needs to produce materials to help IPs, Donors and Ministries do specific tasks



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FOUNDATIONAL /EXPANDABLE

It is foundational in the sense that it can be expanded and built upon

- ▶ Can add market specific context
- ▶ Can respond to changes in market over time
- ▶ Can add depth /dimensionalize

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To better understand decision making as it relates to VMMC, and its impact on men's behavior over time, we will introduce three frameworks that combine to form a singular view.

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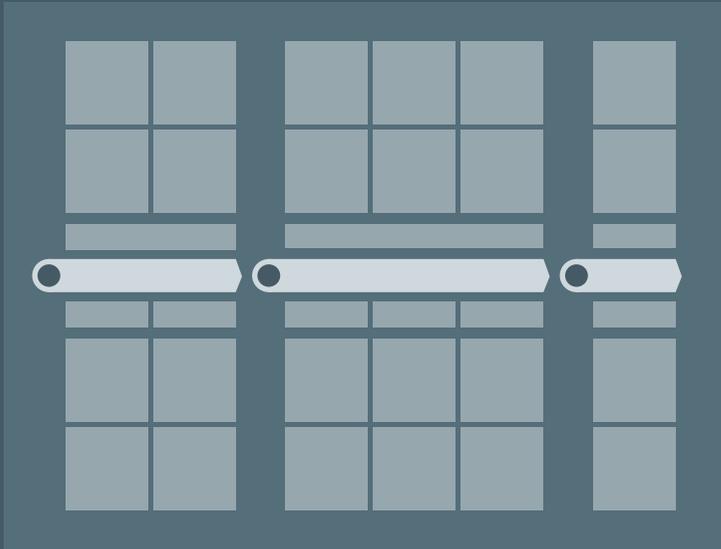
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3 FRAMEWORKS

EXPERIENCE FRAMEWORK



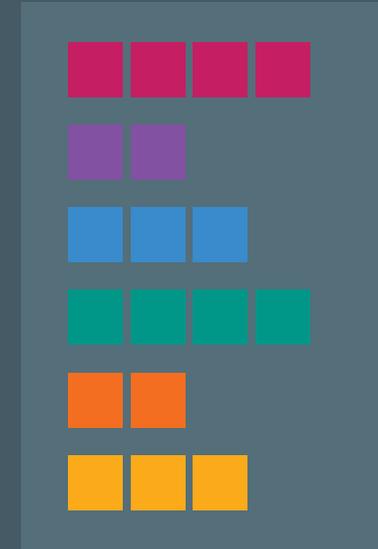
Describes 3 stages that a man goes through relative to VMMC, from the man's perspective.

DECISION-MAKING FRAMEWORK



Describes the components, and the interactions of those components, of a man's decision making process.

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Identify the most critical areas to address when facilitating men's decisions regarding VMMC.

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OVERALL STRUCTURE

These frameworks combine to form our singular view of the dynamics of a man's progression through VMMC and establish our overall framework.

Over the course of the 3 STAGE JOURNEY men form, and update, beliefs about the options that are available to them, potential actions they may take, the actions taken by other people around them, and the various implications regarding outcomes. The final decision to undergo VMMC is a result, ultimately, of an evolution in belief formation of these over time.

The process of belief formation, updating, and ultimate decision making can be understood through the DECISION MAKING FRAMEWORK. Understanding how men are currently forming beliefs and taking decisions, and the relevant influencers on that process, will ultimately help us to design effective interventions for increasing rates of VMMC.

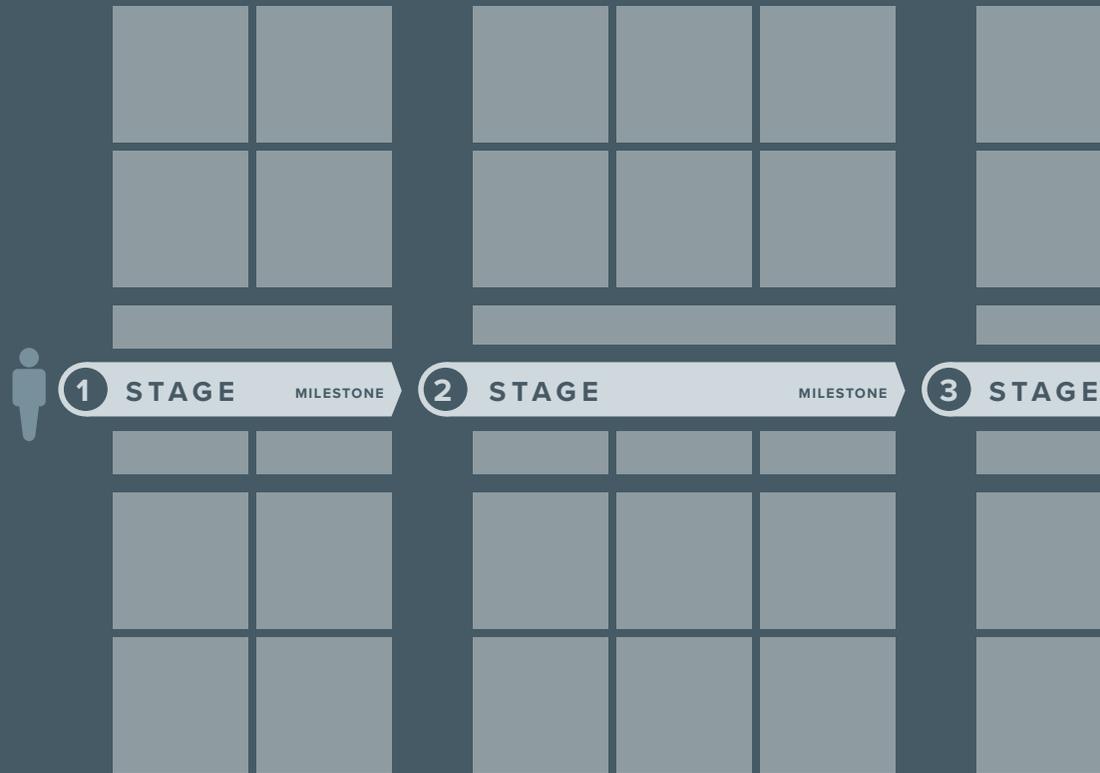


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STAGES

The overall framework can be understood as layers of information, intended to help drive action.

The first layer of information is the introduction of stages of the man’s VMMC journey. A stage defines a section of this journey and is defined by the milestone at each end and described from the perspective of the man. He makes progress through this journey by achieving the milestone at the end of each stage.

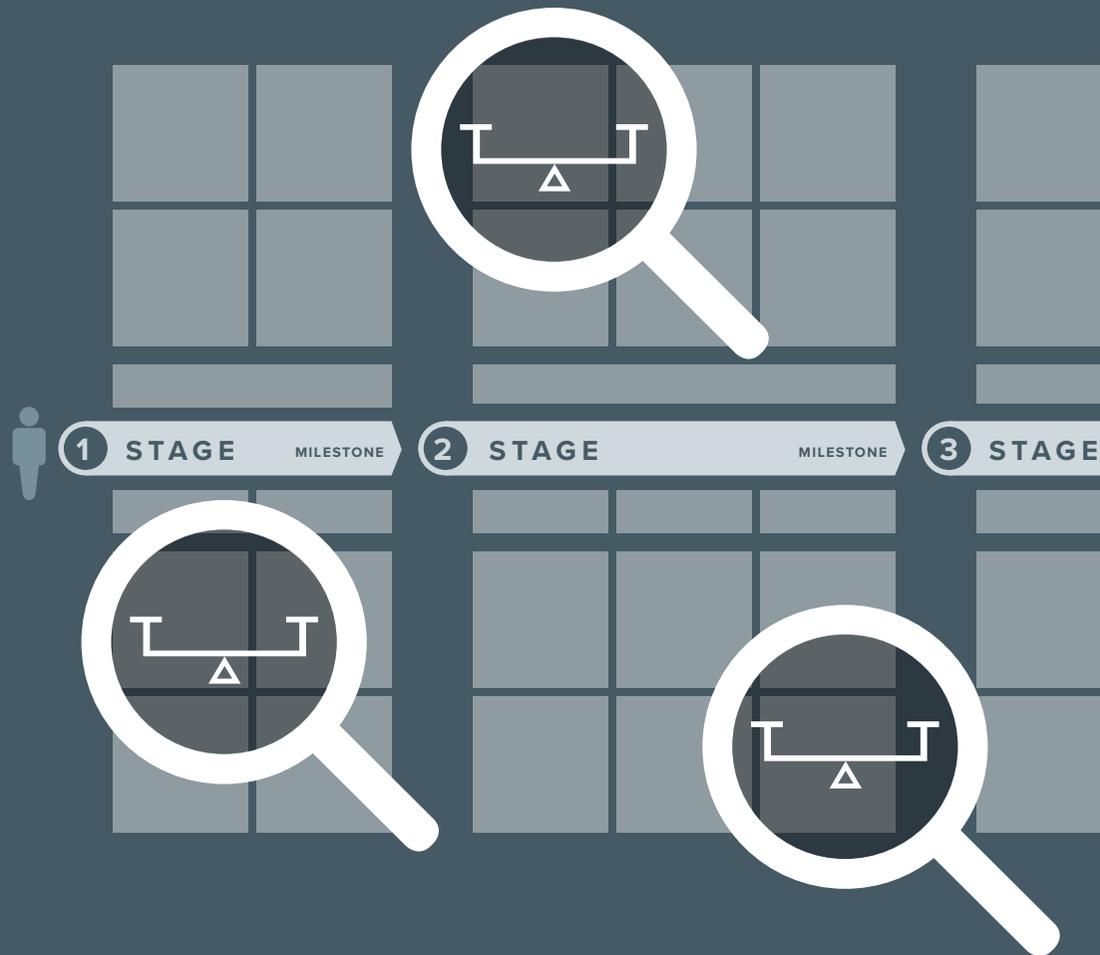


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DECISIONS

Within the landscape of a stage, multiple decisions are taken by the man. Ultimately, the collection of these decisions determine whether the man progresses through the stage to achieve the milestone.



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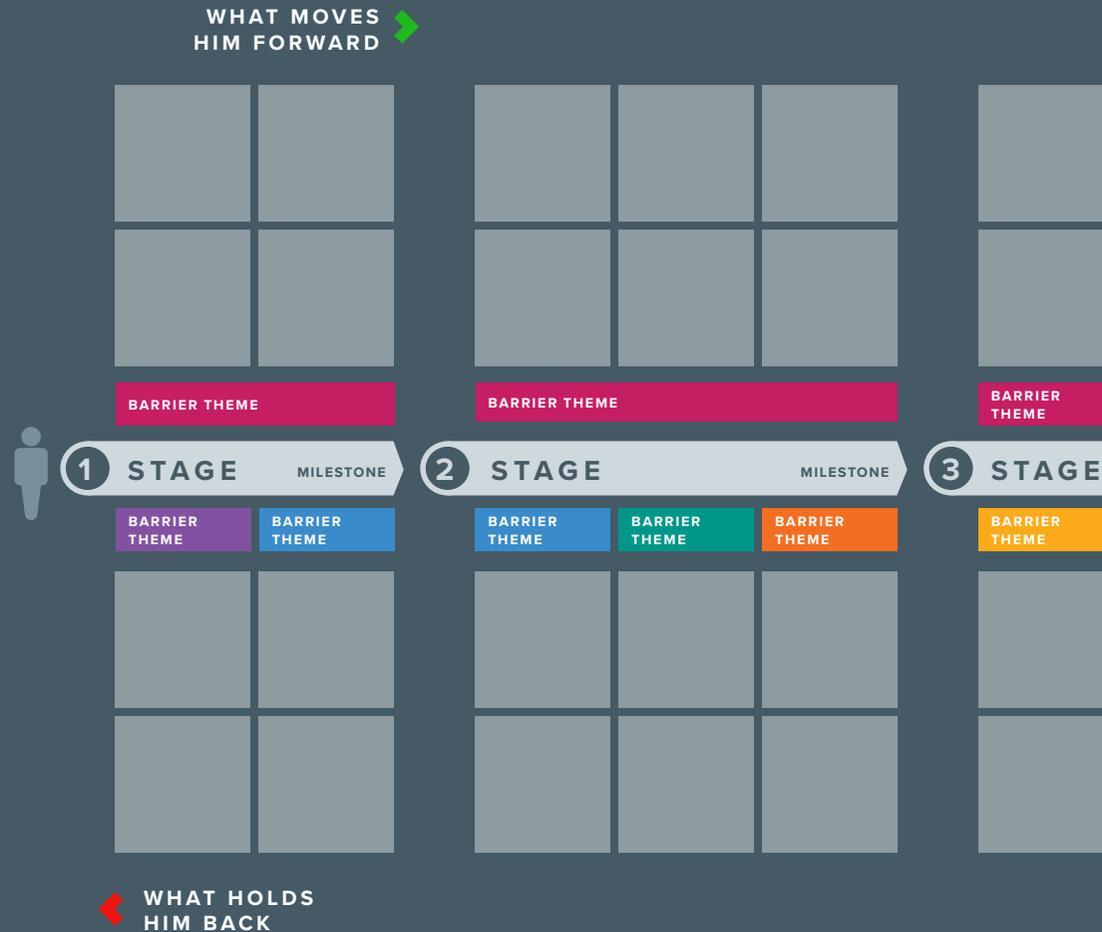
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BARRIERS THEMES

Across the stages of a man's journey, different types of barriers prevent him from achieving the milestones. These different categories of barriers are referred to as 'barrier themes.' They are defined from a behavioral perspective, and help inform why a man isn't making progress.

These barriers align with two realms of the man's perspective - things that could move him forward, and things that hold him back.



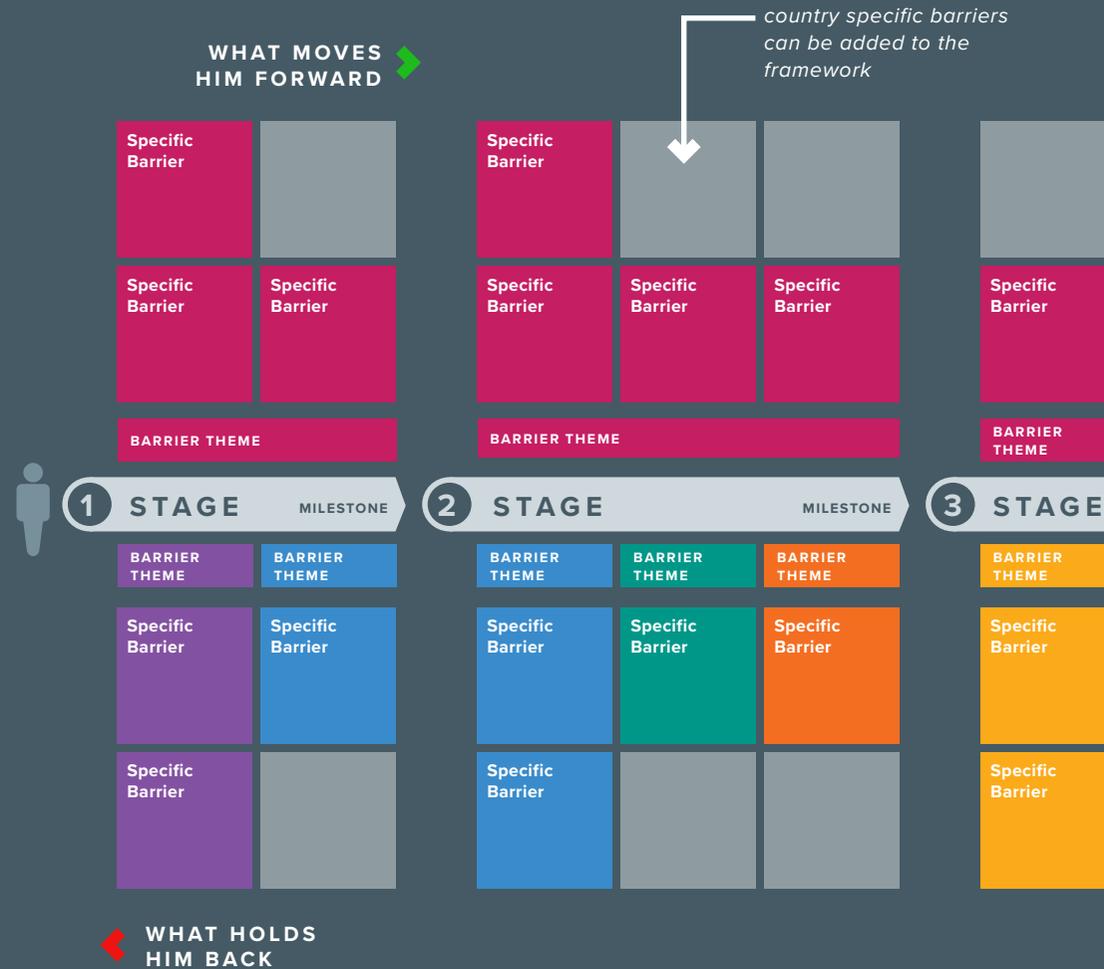
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SPECIFIC BARRIERS

Within each barrier theme, we can define the ‘specific barriers’ that are at play in the VMMC journey. A specific barrier is a detailed expression of a barrier within one of the barrier themes. A specific barrier adds the context to the situation of the man clearly defines what’s inhibiting his progress.

While the overall framework defines a general landscape that a man may encounter in any country, the framework allows for a country to add new specific barriers that are unique to that culture or population.



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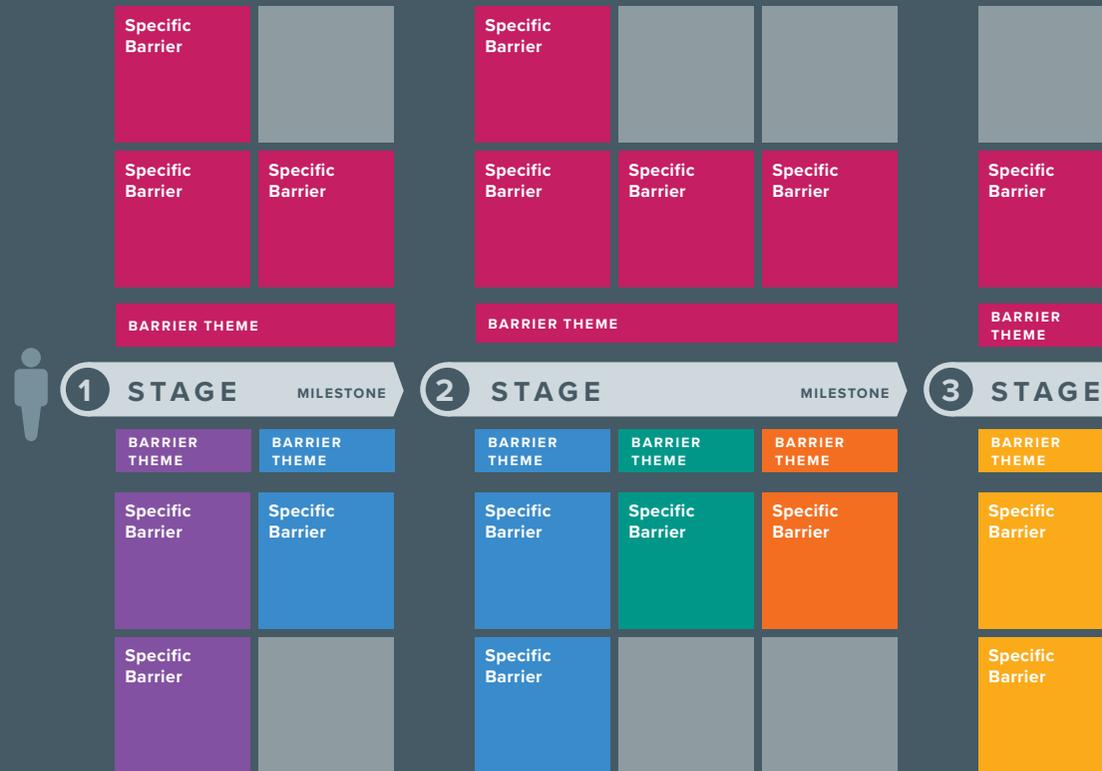
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INFLUENCERS

People with whom the man comes into contact can influence and update his beliefs about VMMC through multiple dynamics. These influencers align with the barriers and can thus play strong roles in the design of new interventions.



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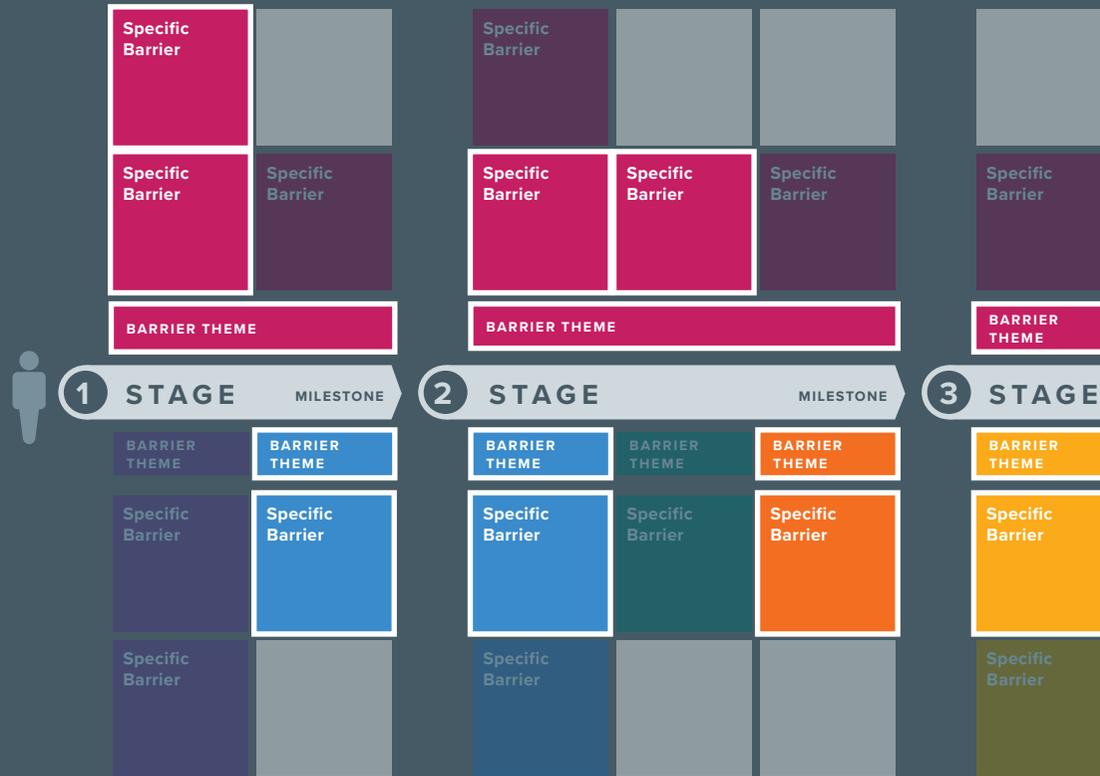
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SEGMENTS

By understanding unique groups of men, we can understand the decisions that they are weighing. These highlighted barriers represent a specific journey of a segment. By understanding the collection of these barriers, we can explore portfolios of interventions that could be targeted to different groups.



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The first phase of a man’s journey is the RELATE phase. Awareness of VMMC is assumed to have already been established prior to the beginning of this phase. Progression through this phase is marked by the evolution from awareness of VMMC, to aligning one’s values with VMMC, and finally to a personal commitment to VMMC. This commitment marks one’s intent to follow through on VMMC. For a commitment to be established a man must move beyond simple awareness of information about VMMC. He must internalize the value VMMC may provide for himself (and his family) and determine that this value is necessary to obtain.

It is possible to relate positively, or negatively, with VMMC in this phase. Men who relate positively, and internalize the benefits, are most likely to commit to VMMC and move onto the next phase. Men who relate neutrally or negatively may remain in the RELATE phase indefinitely as the value of VMMC is not yet relevant.

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The second phase of the man’s journey is the ANTICIPATE phase. Progression in this phase is marked by evolution from the INTENTION to follow through on VMMC, to the scheduling of the procedure, through to final ACTION /completion of the surgery.

As we will see in discussion of the decision making framework, as time-to-procedure draws near, pressure and concerns regarding the decision intensify. Men who have the intent to circumcise and ability to manage their concerns follow-through on the decision and move successfully onto the next phase. Other men, however, will be prevented from completion of the surgery by either personal concerns or situational constraints and may remain in the anticipate phase indefinitely.

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2 ANTICIPATE



3 RELIEVE ADVOCACY

The third phase of the man’s journey is the RELIEVE phase. A man in the relieve phase has completed the VMMC procedure and experiences a lifting of the intense pre-operation pressures and post-operation concerns.

A man in the RELIEVE phase has a choice between becoming a vocal ADVOCATE for VMMC or, out of unresolved concerns from previous phases, he may hide his participation and status as a circumcised man from others. Those men that are intrinsically proud of their status, and value VMMC for others, offer a valuable ADVOCACY resource as potential peer influencers for other men who may be lingering in one of the first two phases. Alternatively, men who reach the RELIEVE phase and are inclined to hide their status highlight needs or concerns that were left unmet somewhere in the previous two phases, and hence suggest a need to intervene upstream.



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A decision making framework provides better insight into how ‘what men say’ relates to ‘how they think’ and, ultimately, ‘how they behave.’

The decision framework gives us a better foundation for designing effective interventions and for evaluating why an intervention is likely working, or not.

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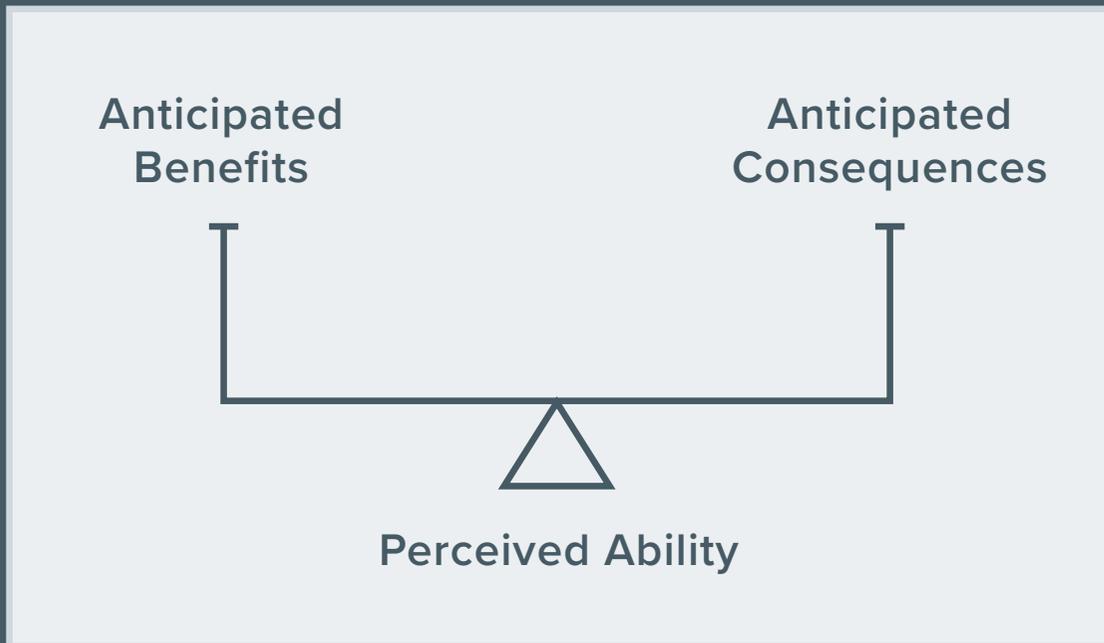
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A GENERALIZED DECISION MAKING FRAMEWORK

Decisions are a matter of trade-offs.

These trade-offs are between benefits, on the one hand, that may accrue either today or at some point in the future, and consequences, on the other hand, that one may face either today or at some point in the future.



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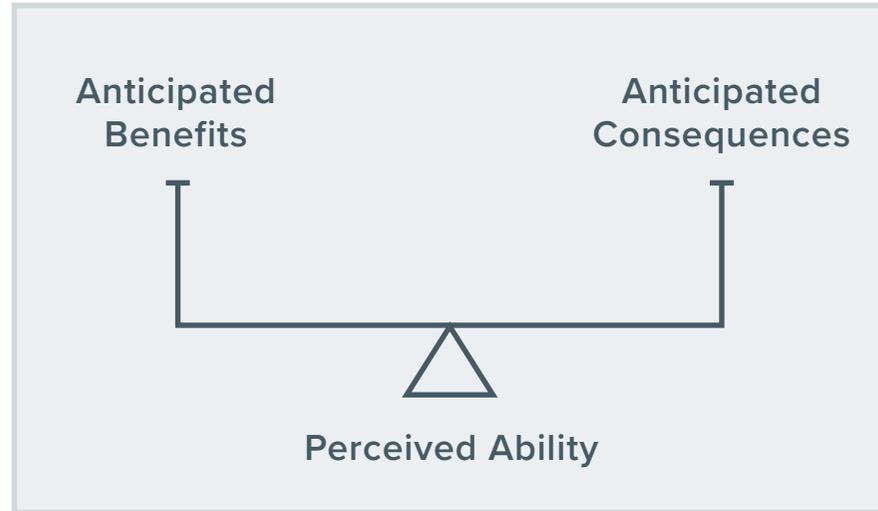
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Four aspects of these trade-offs that have particular impact on decision making are:

- ▶ The perceived likelihood that a given benefit or consequence will occur
- ▶ The relative impact/severity of a given benefit or consequence
- ▶ The proximity in time of a given benefit or consequence
- ▶ One's perceived ability to control outcomes or adapt to them.



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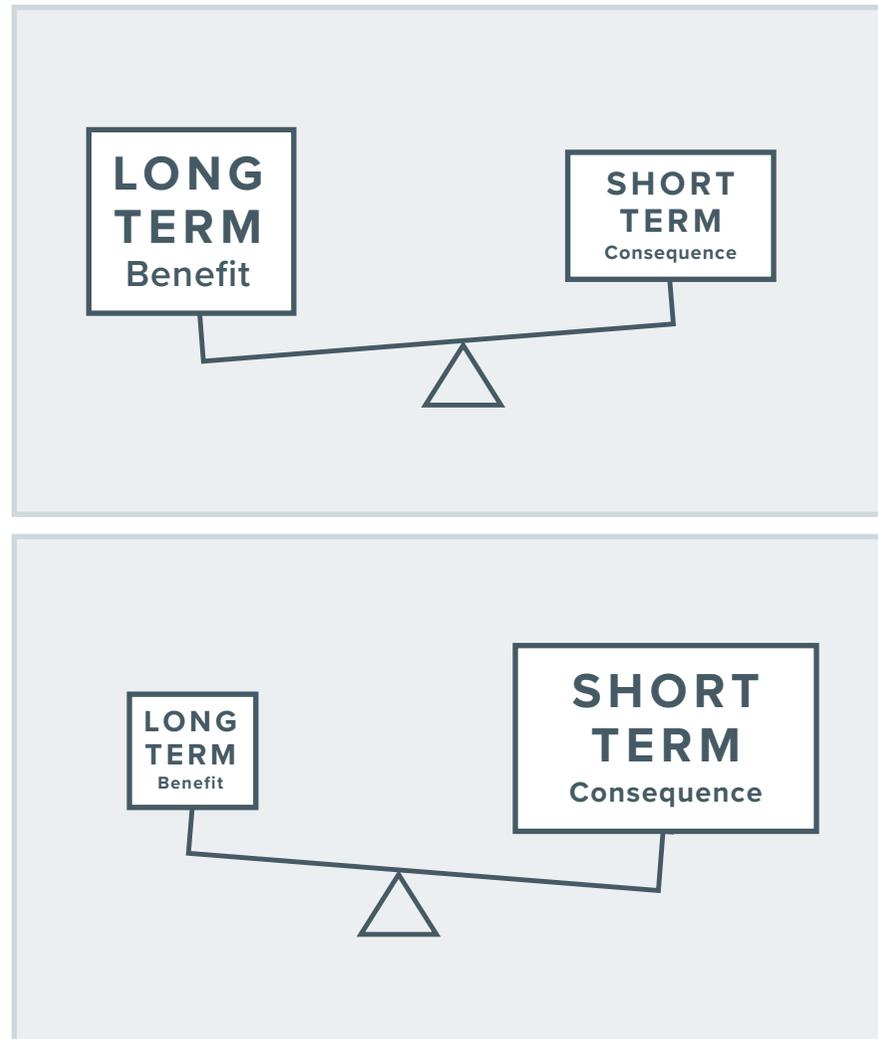
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For example, let's take a man who is talking about VMMC with a mobilizer on the street and is casually contemplating the possibility of being circumcised. He may relate strongly with the health benefits of VMMC and say that he intends to go through with the procedure.

One month later, however, when he is at the clinic to sign up, he begins to have second thoughts. At this point, the surgery itself looms large and he is concerned about the pain and uncertainty of the procedure. Suddenly he's not so sure that VMMC is such a great idea and he backs out of his commitment.



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This kind of behavior arises from the dynamic of trade-offs. When there is no urgency to act (as in the case of talking with a mobilizer on the street) possible benefits in the distant future can appear valuable and the man may state that he intends to follow through to achieve those benefits. As the consequences of action get closer, however, the relative weight of these consequences can overpower any perceived benefit.

This is why we see such discrepancy between men who are aware of the benefits of VMMC and state their intention to follow through on the procedure, and the relatively low numbers of those who actually follow through.

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There are many strategies for moving beyond the imbalance between SHORT-TERM CONSEQUENCES and LONG-TERM BENEFITS.

Some possible strategies include:

- ▶ Motivating with alternative short-term consequences for failing to move towards the long-term benefits,
- ▶ Providing coping strategies to reduce the relative impact of the short-term consequence
- ▶ Reduce the perceived impact of the short-term consequence through comparison/contrast with other, manageable, consequences,
- ▶ Provide short-term benefits that outweigh the short-term consequences
- ▶ Remove the perception of the consequence altogether.

e.g. In the case of men who are committed to VMMC, but are concerned about complications and pain during healing, men often wonder what will happen in the case of an occasional erection. Without a coping strategy in place for dealing with this concern, many men are inhibited by the fear of this short-term consequence and hence, devalue the long-term benefit of VMMC. One way this has been effectively addressed is by providing messages to men: 1. The pain of erection during healing is mild and tolerable and 2. You can mostly prevent it by drinking plenty of water during the healing phase; this reduces the chance that you'll have an erection, thus avoiding the problem entirely. This is just one example of using these strategies to dissolve the potential for short-term consequences to overpower long-term benefits.

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There are some key challenges that present themselves along the VMMC Journey that often lead to undesirable trade-offs.

LACK OF BENEFIT RELEVANCE

ANTICIPATED PAIN

ANTICIPATED LOSS

DISTRUST

UNCERTAINTY

ANTICIPATED SHAME

We can better understand these challenges as six barrier themes that men face across the VMMC Journey. In some cases, these may overlap with each other. These barriers present themselves across the age range of adult men and appear common across markets.

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The behavior framework outlined in the narrative provides a human centered lens in which to design programmatic interventions which work for men on a deeply personalized level. Whilst some of the principles to specific barriers (i.e. pain is a barrier theme), the extent to which the principles should be prioritized and addressed depends on country specific factors. Also, there may be additional principles in other countries which are not accounted for within this model as they were not evident within Zimbabwe and Zambia (e.g. loss of tribal identity if one dominant tribe traditionally circumcises like the Xhosa and another large tribe traditionally does not like the Zulus)



The following section outlines considerations each country and implementing partner should take into account before determining how best to use the framework within their VMMC programs.

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Supply and demand factors need to align

(i.e. there should not be an imbalance between the number of men who desire VMMC and the system’s ability to provide VMMC.

Programmers should be able to assess whether there is under supply, adequate supply or oversupply of VMMC to help understand the demand generation challenge:

Under supply of VMMC services:- supply factors should take priority in training and bringing services where men need them. Demand should be sustained by ensuring programs maintain contact with men who desire VMMC and ensuring barriers to VMMC (physical and mental) continue to be addressed.

Adequate supply of VMMC services:- Programs should focus on demand whilst being mindful of the capacity of supply service providers. The behavioral framework identifies time spent deliberating VMMC as a critical factor in whether a man circumcises or not. The system must be able to circumcise rapidly once a man makes the decision to go for VMMC.

- As well as supply coverage, quality of service must also be active as an enabler to demand generation rather than an inhibitor
- Along the same lines, service design should also be appealing rather than discouraging

Over supply of VMMC services - The implication of an oversupply of VMMC services is that demand side factors must urgently be addressed. A country should prioritize its understanding of where the main challenges lie in generating demand. As a starting point, a country should assess which phase to prioritize.

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IDENTIFY PHASE PRIORITIZATION

A country should have a solid understanding of where the demand generation challenges lie along the journey to VMMC. There are 3 distinct phases (outlined below) identified in the behavioral framework and understanding where target men fall out along these phases will enable programmatic and policy decisions aimed at addressing key issues. An assessment can potentially be carried out through the medium of a nationally representative survey to assess awareness of, desire to and actual steps taken to be circumcised.

1 RELATE

COMMITMENT

Target man is aware of VMMC, believes in the benefits and feels it is something that would be good for them (HIV/STI protection, hygiene, sexual benefits, social proofing, etc.)

2 ANTICIPATE

PROCEDURE

Target man is actively looking to schedule the procedure, seeking out providers and establishing the right time to be circumcised

3 RELIEVE

ADVOCACY

Target man has been circumcised and now helping other men make the decision to become circumcised by sharing his personal experiences and advocating

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Each country should build a solid understanding of where large groups of target men fall out along the behavioral framework phases and seek to prioritize known challenges it wishes to address through each phase.

1 RELATE

COMMITMENT

Should a large group of target uncircumcised men be stuck in the relate phase, IPs should address its reach of campaigning (via mass media, community mobilizers etc.) and the content of its campaigns to ensure they are resonating with target men. IPs should also address any potential myths and blocks in the community which are stopping men at the relate phase.

2 ANTICIPATE

PROCEDURE

We know that within the anticipate phase, a man is likely to be experiencing cognitive dissonance, caused by a belief in the long term advantages of VMMC but stressed by the short term consequences (pain, loss of earnings, abstinence from sex etc.) It is crucial for IPs to build strategies to manage this dissonance by preserving the benefits in a man's mind and addressing the barriers in a timely fashion.

The longer a man's dissonance is unmanaged, the less likely he is to circumcise. IPs should not shy away from addressing pertinent short term barriers such as pain of procedure but should manage them and address them with target men.

3 RELIEVE

ADVOCACY

When a man has undergone the procedure, this is an opportunity to enlist his support in advocating for VMMC and supporting other target men in getting the procedure. At this stage, newly circumcised men may be feeling some embarrassment and shame to be talking about intimate details with other men. Newly circumcised men should be supported and incentivized (financially or non financially) to advocate VMMC.

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COUNTRY SPECIFIC BARRIERS

Whilst many pillars of the behavioral framework are universal, there are likely to be local issues which could be impacting on the ability to generate demand for circumcision and provide an efficient service for those who desire it. Within each barrier theme, countries need to hypothesize what unique and country specific barriers they may be facing (e.g. strong local tribal opposition to VMMC) and understand how much of an effect it is having.

Since barrier themes are based on human nature (e.g. all humans crave certainty), we anticipate that the universal strategy, as outlined, should address 80% of potential barriers across all countries. The other 20% will be a result of any market specific nuance.

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WHICH CHALLENGES ARE MOST RELEVANT TO CAPACITY

An IP must first agree with other country partners (likely the Ministry of Health) on the state of the demand generation system before establishing where the IP is best equipped to have programmatic input

Product

Is the IP a device manufacturer or distributor? Does it understand what support it should be offering for men alongside the product and how to deliver this? (e.g. patient literature, photograph instructions of wound care etc)

Service

Is the IP a service provider? How can an IP best ensure that service delivery is tuned to the underlying needs of target men. Does the IP have a checklist in place to ensure each time there is a revision to the service delivery it takes into account the behavioral framework?

Communication

Is the IP a communication partner? What channels of communication does it use? Can the IP assess which messages are best suited to mass communication, community mobilizers etc. How can IPs ensure that mobilizers are trained in order to effectively deliver the communication goals (e.g. having an honest conversation about pain with target men)

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WHAT IS ATTITUDINAL SEGMENTATION?

If all of the target men in each country had similar needs and desires, segmentation would be unnecessary. In other words, a single demand generation campaign would satisfy everyone. In reality, different groups of men have different needs from VMMC programs and therefore, we divide target men into clear identifiable segments with common needs who will respond similarly to a demand generation action. Segmentation enables IPs to efficiently target different categories of target men who perceive the full value of VMMC differently from one another.

Four criteria are often used to identify different market segments and determine if they are viable :

- ▶ Large enough to justify a unique marketing mix
- ▶ Homogeneity (common needs, attitudes, or behaviors within a segment)
- ▶ Distinct and Identifiable (unique from other groups)
- ▶ Reaction to changes in the marketing mix distinct from other segments

Many countries already segment but usually based on broad criteria such as rural vs urban or age. Attitudinal segmentation gives another lens in which to view men at a deeper emotional level as for example, one man's dissonance is not the same as every man's dissonance and this is regardless of age, geographic location etc.

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DRIVERS OF SEGMENTATION

A range of attitudes, drivers, barriers and motivations was determined from qualitative research and a questionnaire created to test the varying attitudes.

The studies found that variance across 5 main factors determined segmentation in each country:

➤ MOTIVATION

Motivation to go through with the procedure determined by the time frame they are looking at, whether they would recommend a family member be circumcised etc.

➤ REJECTION DUE TO COGNITIVE DISSONANCE

A client believes in the benefits of VMMC and wants to have it done but is held back by conflicting short term beliefs

➤ PERCEIVED LACK OF ABILITY

Knowledge and understanding of the procedure

➤ ACCEPTANCE OF SOCIAL SUPPORT

Are his friends having circumcision? Or his community?

➤ PERSONAL FEARS

Bleeding risk, pain, promiscuity etc.

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Understanding the importance of specific barriers to each segment

This enables IPs to prioritize and focus on a narrower set of challenges to maximize return on investment through better resource allocation and ensuring demand generation spend is focused on the core behavioral issues which can guide a man through the phases of the framework.

A dimensionalized view /quality of barriers relevant to segment

This enables us to tailor interventions to each segment resulting in greater impact. E.g. If we know a segment of men are motivated by hygiene, worried about pain, don't feel they have enough knowledge of the procedure, do not feel in control of the decision, we can ensure that every encounter with that man tackles issues that they are actually concerned with rather than wasting opportunities by talking to them about issues which are unlikely to have an impact on their decision to circumcise.

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EXAMPLES OF VALUE

Mass Communications

ADVERTISING ROI

In absence of segmentation: message against all barriers without an understanding of whether messages are appealing to men likely to circumcise or not

With: can prioritize audience (low hanging fruit- men likely to circumcise) and the messages which best appeal to them

One-to-One/In-Field

IPC ROI

In absence: treat all men the same and have little tailoring of interventions which resonate with man's underlying motivators and concerns

With: can identify which segment a man belongs to in the community and tailor messaging and support to his underlying needs

Structural/Policy

DIRECTION AND TRACKING IMPACT

In absence: unprioritized policy decisions

With: can prioritize policies in alignment with annual segment focus

Service Delivery

SERVICE DESIGN ROI

In absence of segmentation: design one model of service delivery without an understanding of which type of men are likely to take up that service

With: Can tailor service to specific segments, also within the same clinical setting

Product Positioning & Marketing Strategy

POSITIONING ROI

In absence: position against all men and barriers

With: can prioritize audience and message

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THE FRAMEWORK

Visual tiles/components are clickable and will take the user directly to those content sections of the document



Protection from STIs 	Protect partner (from HPV, STIs) 	Sex lasts longer 		Protection from STIs 	Protects the community 				
Protection from HIV 	Believe there is no risk in monogamy 	Improved perception by women 	Improved hygiene 	Believe there is no risk in monogamy 	Improved perception by women 	Improved hygiene 			Protects the community

Anticipated pain of procedure 	Anticipation of lost wages 	Distrust of circumcised men under-representing pain 	Uncertainty of procedure steps & timelines 	Anticipated pain of procedure 	Anticipated loss of sex 	Distrust of circumcised men under-representing pain 	Uncertainty of procedure steps & timelines 	Anticipated shame at time of service 	Anticipated shame when telling others
	Anticipated loss of religious alignment 	Distrust of intent of women making request 		Anticipated pain of healing 	Anticipated loss of pleasure 	Distrust of intent of women making request 	Uncertainty of surgical complications 		
					Anticipation of lost wages 	Partner distrusting man in monogamy 	Uncertainty of surgical implications 		

USING THE FRAMEWORK SECTION

This section provides detailed information about each part of the overall framework. It is organized across the 6 barrier themes each, represented with a differ and includes the following information in each theme:

BARRIER THEME OVERVIEW	An overall explanation of the barrier theme in terms of human nature
BARRIER THEME IN VMMC	An explanation of how this barrier theme exists in VMMC
WAYS TO APPROACH THE BARRIER	An overview of general ways to overcome the barrier theme
CHANNELS	Information on how key channels may be deployed in the barrier theme
INFLUENCERS	Information on how key influencers may be leveraged in the barrier theme
SPECIFIC BARRIERS IN THE THEME	A description of each specific barrier within the barrier theme that explains the detailed challenge for a man, and some tips on how to approach overcoming it. Each specific barrier is described on a single page.



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BARRIERS LACK OF BENEFIT RELEVANCE

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Lack of benefit relevance is unique among the 6 barriers as it presents an opportunity to address rather than a barrier to overcome.

Moving a man to commitment, to action, and ultimately advocacy involves addressing both sides of the trade-off consideration: anticipated benefits and anticipated consequences. The relevancy of benefits is applicable to all three phases of the journey, but the quality of relevancy evolves for each phase.

If we don't find something relevant, we avoid the task. Lack of relevance can be felt in multiple ways

- I don't need this benefit
- I already have this benefit
- I don't believe that a particular act/step can deliver the benefit.

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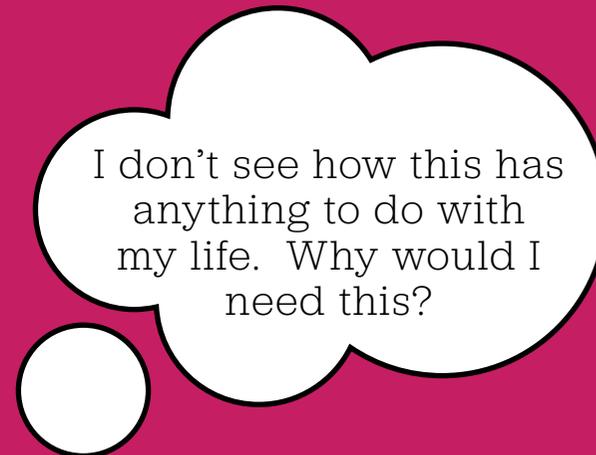
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Certain men might believe that they are not at risk for HIV and hence not find VMMC relevant.

In other cases, they might not find the benefits relevant to their present context: In a monogamous relationship, married etc.

Avoiding HIV is not the goal that men are actively pursuing and if benefits are not in line with men’s goals, they immediately switch off.

Unlike other barriers, lack of benefit relevance is unique in the sense that it addresses men who have no intent to circumcise. They are not therefore concerned about other barriers like shame, pain or uncertainty. They do not relate to VMMC to start with.



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WAYS TO APPROACH

In a situation where men do not find the benefits relevant, there is a need to reframe the benefits or communicate benefits that are relevant to this particular set of men.

Here the task is to advance men to Stage 1 and Stage 2. This can be achieved by focusing on benefits other than protection from HIV. These could be hygiene benefits for example.

Another effective way to make the benefit relevant is to use social norms: Sometimes we may do a particular act just because others are doing it. This can be particularly effective where VMMC uptake at a country level is sizable (Ballpark of 40-50%)

- ▶ If men don't find the benefits relevant, focus on secondary benefits of VMMC
- ▶ Norms can be an effective way to overcome this barrier where VMMC uptake in the country is significant.

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CHANNELS

Mass Media

Different segments of men find different benefits relevant. Targeting segments with specific benefits, where possible can be an effective strategy.

Community

Low channel relevance. From an intervention perspective, it is difficult to instantly segment and target

Interpersonal Communication

Targeted messaging on specific benefits can be achieved in this channel through the help of Q&A tools that have a simple set of questions on whether aware of benefits and which benefits they find relevant.

Service

Low channel relevance

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INFLUENCERS



Circumcised Men

Encourage circumcised men to talk about the multitude of benefits, especially the short term benefits like clean penis, reduced STIs or better sexual performance

Partner

While partner can talk of associated benefits, balance is required as excessive talk of partners' benefits could build distrust

Family

Communicate to Man about the benefits of his health to the larger family, akin to messaging in insurance. Communicate that VMMC benefits the entire family. Expanding those who benefit can be an effective way to build relevance

Women

Low relevance

Friends

Friends can invoke a sense of community norms and that VMMC has multiple benefits.

Healthcare Worker

Use tools to identify the specific segment a candidate falls into and communicate relevant benefits.

Use testimonials where credibility is required. e.g: Men in monogamous relationships who can talk of VMMC benefits

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DON'T KNOW HOW IT WILL PROTECT THEM FROM STIS

LIKELY INFLUENCERS:

 HEALTHCARE WORKERS

The main messaging regarding VMMC is about protection from HIV. Men generally do not doubt these benefits, although they do not precisely understand the science behind it.

- Persuade men about the short-term benefits like protection from STIs.
- Communicate the benefits in mass media using authority figures
- Build credibility of the claim through testimonials of recently circumcised men.

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STAGE
1

PROTECTION FROM HIV

LIKELY INFLUENCERS:

 HEALTHCARE WORKERS

HIV protection is the main benefit. While most men are persuaded by this benefit, some men in monogamous relationships may have issues with its relevance. Some may have concerns that it is not a 100% guarantee against HIV.

- Tone down benefit based communication once men are convinced about the main benefit of HIV protection.
- Confirm a man is still in Stage 1 by assessing his commitment to VMMC



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STAGE
1

PROTECTION OF THEIR PARTNER FROM HPV OR STIS

LIKELY INFLUENCERS:

 HEALTHCARE WORKERS

When men relate to circumcision in Stage 1, they see a value in several benefits. The short-term concerns such as pain, or loss of wages are not salient to them.

- To move a potential client from Stage 1 to Stage 2, there is a need to move to more immediate benefits.
- While protecting the partner is a message that resonates in stage 1, as clients start anticipating the procedure, this very benefit is not very effective.
- At this stage, focus on benefits to the man with a special emphasis on short term benefits.

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STAGE
1

DON'T FEEL THEY ARE AT RISK OF STI IN MONOGAMY

LIKELY INFLUENCERS:



Men tend to believe that monogamy means zero risk, so any talk of risk is an attack on their trusted relationship. “We are loyal to each other. Why would we get STIs?”

- This is a slow process of education using other men in monogamous relationships as advocates.
- Personal stories are needed of other men who have contracted STIs despite being in monogamous relationships. This will help to reinforce the credibility of the claims.



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DOESN'T UNDERSTAND THAT SEX LASTS LONGER

LIKELY INFLUENCERS:

 FRIENDS

When people are relating to the benefits of VMMC in stage 1, men are focused on HIV benefits, which is a long-term benefit. Men often tend to take longer to go through with the procedure. By communicating near term benefits, we may reduce delays before the procedure.

- Communicate secondary messages early in the conversation such as:
 - Better/longer sex
 - Protection from STIs.
- This will help men overcome barriers that will show up in stage 2.



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STAGE
1

DOESN'T UNDERSTAND IMPROVED PERCEPTION BY WOMEN

LIKELY INFLUENCERS:

 FRIENDS

The entire focus of VMMC benefits is around protection from serious conditions like HIV and HPV in stage 1. Some of the associated / collateral benefits are lost on people. Once men relate to VMMC, it is useful to move on to other benefits.

➤ Communicate secondary benefits like women appreciate clean men and that circumcised men are perceived to be socially and responsible with their health. This might reduce distrust issue that may come up during stage 2.



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STAGE
1

DOESN'T UNDERSTAND GOOD HYGIENE BENEFITS

LIKELY INFLUENCERS:

 FRIENDS

The most salient benefit in stage 1 is protection from HIV. This is a long-term benefit without immediate gratification, so it leads to procrastination. Secondary benefits are not very salient.

- Communicate a range of benefits to improve the relevance of VMMC.
- Highlight the immediate nature of hygiene related benefits to help men move faster through the journey.

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DON'T FEEL THEY ARE AT RISK OF STI IN MONOGAMY

LIKELY INFLUENCERS:



Fear of transmitted diseases reduces to near zero in monogamous relationships.

- Focus on infections that are associated with general cleanliness and not transmission.
- Communicate that a clean penis makes sex more enjoyable.



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DOESN'T UNDERSTAND HOW IT PROTECTS THE COMMUNITY

LIKELY INFLUENCERS:

 HEALTHCARE WORKERS

As men start anticipating the procedure, the focus is on short term concerns, which are mostly personal in nature, such as: fear of pain and uncertainty of procedure. Protection of the community is not a prime concern.

- A higher purpose can sometimes help people overcome fear of shame.
- Positioning circumcised men as those who care for the community can help them overcome shame.



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LIKELY INFLUENCERS:

 HEALTHCARE WORKERS

As men enter stage 2, their main concerns are around short term negative consequences. While long term benefits like HIV are salient, secondary benefits are not.

- Persuade men regarding the short-term benefits such as protection from STIs.
- Communicate the STI related benefits in mass media using authority figures.
- Build credibility through testimonials of recently circumcised men.

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DOESN'T UNDERSTAND IMPROVED PERCEPTION BY WOMEN

LIKELY INFLUENCERS:

 FRIENDS

Understanding women's perceptions of VMMC can overcome men's near-term barriers.

Link VMMC to improved perception by women due to:

- Better sexual performance.
- A cleaner penis as a signal of a healthy person.

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LIKELY INFLUENCERS:

 FRIENDS

Some men do not fully understand the link between VMMC and hygiene related benefits as protection from HIV is so strong of a message. This lack of understanding can result in procrastination as HIV benefits are seen as long term. Some men tend to get stuck between Stage 1 and Stage 2 for 1 - 2 years.

➤ Communicate secondary benefits such as hygiene that accrue immediately, to advance men faster through the journey



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DOESN'T UNDERSTAND HOW IT PROTECTS COMMUNITY

LIKELY INFLUENCERS:

 HEALTHCARE WORKERS

Once circumcised, many men are not sure whether to publicly admit their status. This is on account of fear of shame. They tend to believe that they have the required protection and promoting VMMC may carry some potential for being rejected / shamed.

- Communicate the benefits of VMMC to the larger community once the procedure is completed.
- Demonstrate how epidemics work and that it is his responsibility that the community of circumcised men increases.
- Address fear of shame by highlighting the number of people already circumcised.



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BARRIERS ANTICIPATED PAIN

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There are 2 key characteristics of pain that are relevant here.

- Pain is highly subjective. Different people have different tolerances for a similar amount of pain. There is no objective score for pain like there is for blood pressure, for example.
- The way we think about pain in the current moment is very different to how we think about future pain. It is human nature to overestimate future pain.

However, when we think of past pain, we always underestimate it. So, the same amount of pain seems more if it is in future and less if it is in the past.

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In the VMMC context, anticipated pain is a key barrier stopping men from circumcising. Most men have no experience of any similar procedure. They typically think the procedure and healing pain can be severe. Promoters typically avoid the conversation on pain and when brought up by potential clients pain is totally dismissed (“Oh, it is not painful at all”) Those who have been circumcised have forgotten the pain and those who are wanting to be circumcised are overthinking the pain. And when these two types of people discuss pain, there is a disconnect. This wide gap in pain perception creates disbelief and distrust among potential clients about circumcised men /promoters.



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WAYS TO APPROACH

We can overcome distrust and the disconnect by being honest and acknowledging that there will be some pain.

By saying that there is pain, the client is likely to overestimate it. We can correct it by providing reference points (e.g. “As painful as...”). We also need to provide testimonials which empathize with his situation. “I, too, thought that the procedure was going to be very painful but when I went through it, I realized that it was not as bad as I thought it would be. It was not painless, but something that I could cope with, without too much difficulty.”

Another lever is to provide pre and post estimates of pain by several people who have previously gone through the surgery. They thought it was going to be as painful as 9/10 but it was only 4/10 when they actually experienced it.

It is also important to address specific pain and not pain in general. People are imagining scenarios and constructing potential experiences. Pain of injection, pain of process, pain of healing are potential sources of pain. Research suggests that pain of healing, followed by pain of injection (anesthesia) were the most significant concerns.

Finally, provide coping strategies to manage moments of anticipated pain before they arise. E.g. “Painful erections can be avoided by drinking a lot of water.”

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Mass Media

Pain in general can be talked about in mass media. Testimonials can be used to honestly talk about pain and establish that the pain isn't as bad as one imagines it to be.

Community

Groups can overcome pain together more easily. A large community gathering can be a very effective channel to build confidence in men's ability to deal with pain. In group settings, men tend to overestimate their ability to tolerate pain.

Interpersonal Communication

When it comes to specifics like source of pain, providing anchors for specific source of pain, one to one communication is best. This medium also allows for empathy where a circumcised man can talk about his own experience.

Service

Once at the clinic, do a simple survey? On how much pain people anticipate. Then do a survey after the procedure to see how they rate the actual pain. This might help them tell their 'pain' story better.



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STAGE
1

ANTICIPATED PAIN OF PROCEDURE

LIKELY INFLUENCERS:

 FRIENDS

In stage 1, men are not too concerned about the short-term consequences like pain or shame. They have had no experience that is similar to VMMC and hence may not relate to a lot of detail. While they have heard stories about pain and anticipate pain, it is not a concern simply because it is not in the immediate future.

- At this stage, it is not advisable to provide a lot of information regarding pain.
- To make sure that men advance to the next stage, simple heuristic based messages around pain at a broad level can be used. For example: “Most men who undergo VMMC tolerate the pain well”. Or: “The pain of procedure and healing pain is not as bad as people imagine it to be”.



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LIKELY INFLUENCERS:

 FRIENDS

In the context of the VMMC procedure, there are two main concerns expressed by men. One is the pain of an injection in a sensitive area. The second is the pain of the surgery itself though this concern is more about bleeding. The injection pain is overestimated in part because men tend to believe there are multiple injections given.

- Provide testimonials that address concerns about procedure pain and talk about how people undergo more complex surgeries under anesthesia and have negligible bleeding.
- Clarify how many injections are given and that it is given by an expert. Again, providing a testimonial would help.



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LIKELY INFLUENCERS:

FRIENDS

In the context of healing pain, there is a lot of focus on two aspects:

- The duration of healing. When it comes to pain, duration is less of a problem. Behaviorally 4 weeks or 6 weeks makes minor difference.
- The specific events such as erections, sleeping in the wrong position by mistake, and passing urine.

- Give them confidence that they can cope with this pain. This can be done through either testimonials or through norms: “Many people like you have tolerated this pain well”.
- Provide coping strategies for the events related pain such as drinking water to deal with erection related pain or taking painkillers.

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Anticipated Pain 80



Anticipated Loss 89



Distrust 100



Uncertainty 111



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A loss is not always a financial loss. It could be loss of time, money, pleasure, opportunity etc. We all hate losses. We hate them more if we have to incur losses in the present. There could be a potential future gain because of this loss but we tend to discount the value of these future gains. E.g: We might lose today's pleasure and eat less so that we have a healthy future. We tend to discount the value of better health.

It is human nature to fight hard to avoid losses.

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The losses they attribute to VMMC are in the present. There are 2 types of losses that men are concerned about.

- ▶ **Financial loss:** Loss of money and wages that men will incur as a result of the travel, procedure and healing time. It is a significant expense that will have impact on their ability to provide for themselves and their families.
- ▶ **Reduced sexual pleasure.** Men feel circumcision reduces the sensitivity and therefore reduces sexual pleasure.

These two losses are in the immediate and certain where the benefits of VMMC are in the future.



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Managing the loss of wages appears to be a policy level concern. Paid time off and vouchers of some sort would most likely be necessary to offset the direct costs of transportation and time away from work. This economic loss is unlikely to be effectively managed at the individual level.

As for reduced sensitivity, this can be countered with positive framing. Reduced sensitivity is a fact, but it comes with some benefits, such as:

- Increased sexual endurance/longevity
- Perceived status (by women) as a better lover (more endurance)
- Perceived status (by women) as a more attractive partner (cleaner, healthier, etc)
- Perceived status (by women) as a man that cares for others /reflects positive social values

As may be apparent, many of these counter-benefits play to the man’s sense of pride as it relates to his attractiveness and performance. Reduced sensitivity may not be such a bad thing, after all.



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Mass Media

Useful to communicate any policy level interventions aimed at dealing with financial loss. If there are voucher or incentive programs, credibility and certainty of payment is important and mass media can lend that credibility.

Mass media can also be effective in communicated short term benefits.

Community

This can be a channel to share testimonials. Other people in the community can communicate how they coped with the financial loss.

Interpersonal Communication

Effective channel to communicate the issue of loss of pleasure: Flip this into a positive benefit of ‘lasting longer in bed - Better sexual performance’

This channel plays a vital role in communicating any policy level interventions, especially the details and the process /paperwork to avail the financial benefit

This channel can also be effective in addressing a particular aspect where some men overestimate the financial loss

Service

Not relevant to the barrier.

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Circumcised Men

Testimonials on how they prepared and coped with financial loss

In one to one settings, circumcised men can talk about improved sexual performance.

Partner

Low relevance

Family

Low relevance unless other family members have a source of income

Women

Low relevance

Friends

Talk about personal experience how they coped with loss of wages. This can help men develop some coping strategies of their own

Healthcare Worker

Highly relevant to communicate any policy intervention on financial compensation

Help men be more realistic on the extent of loss - Men tend to overestimate the loss

Address loss of pleasure by communicating improved sexual performance.

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ANTICIPATED LOSS OF WAGES

LIKELY INFLUENCERS:

 FRIENDS

Certain and immediate economic/financial loss can make people avoid the procedure.

- No amount of information regarding the benefits of VMMC can help people overcome this barrier.
- Minimize their costs through vouchers/incentives.
- Communicate exactly how many days one must stay away from work as many men overestimate loss of wages.
- Discuss saving a small amount of money before the procedure to alleviate the financial burden of a break from work.



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STAGE
1

ANTICIPATION OF LOSS OF RELIGIOUS ALIGNMENT

LIKELY INFLUENCERS:

 FAMILY

For some men who identify strongly with the tribe, going against community norms means loss of religious alignment. They believe one should not change the way God created a man.

➤ Where such a segment is present in significant numbers, using religious leaders and community heads to change such beliefs can be effective.



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ANTICIPATED LOSS OF SEX

LIKELY INFLUENCERS:

 FRIENDS
  PARTNER

For sexually active men, abstaining from sex for 6-7 weeks can seem like a lot. This will be seen as an immediate loss. This has many parallels like dieting for weight loss, saving money by foregoing today's consumption.

➤ This is an immediate loss and best overcome by talking about VMMC benefits that can accrue immediately like a clean penis, reduction of STIs, or better sexual performance.



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LIKELY INFLUENCERS:

 FRIENDS

Some men express concern that their penis might lose sensitivity and that the pleasure from sex may be reduced. This is a loss that is not just felt immediately but also one that sustains over a long period of time.

- Promote benefits that appeal to the man's sense of pride:
- Increased sexual endurance/ longevity.
 - Perceived status by women as a better lover (last longer in bed).
 - Perceived status as a more attractive partner (cleaner and healthier).
 - Perceived status (by women) as a man that cares for others and demonstrates positive social values. Reduced sensitivity may not be such a bad thing, after all.



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LIKELY INFLUENCERS:

 FRIENDS

As men start thinking about the time for procedure, an immediate concern is loss of wages during the procedure and healing time. In some cases, men overestimate the number of days they will be off work. This is obviously a bigger concern for lower income populations. This certain and immediate loss can often lead to procrastination.

- The most effective way is a policy intervention to offer financial incentives to cover for loss in wages.
- Another possible intervention is to help people prepare for circumcision by promoting small savings so that they can use those savings during healing time.

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BARRIERS DISTRUST

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Trust is a necessary condition for us to initiate any behavior.

Lack of trust or Distrust can stop us in our tracks. Distrust could be triggered by lack of empathy (The other person doesn't understand me) or when you doubt the intention of the other person. ("I know VMMC has benefits but WHY is my partner aggressively pushing for it?")

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Previous demand generation efforts made some assumptions that the partner could be leveraged as an effective influencer.

When women attempt to sell the benefits of VMMC to their male partners, there is often a distrust of the women’s motive. This is due to assumptions regarding to whom the benefits of VMMC accrue. Sometimes women focus on benefits that are not male partner centric, hence the men doubt the women’s intent, for example when a female partner discusses VMMC as a way to decrease cervical cancer.

Men also sense a lack of fairness. They feel the risk of the VMMC procedure is all theirs while the benefits are enjoyed by their partner.

Also, when men communicate their intention or consideration of VMMC, doubts arise in the minds of women regarding the motives of the man. She is likely to ask herself: “why do you need VMMC? I’m your only partner. What are you trying to hide?”



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The best strategy to manage distrust between partners may be to avoid forcing the issue altogether. We may not be able to do much about the distrust that occurs between partners, but we can prevent ourselves from making it worse.

Rather than dialing up partner conversations and expecting partner influence to drive demand, we recommend focusing on peer male advocates as a prime source of demand influence. Encourage peer males to discuss their VMMC experience. This advocacy can be strengthened by training the peer males to discuss how they managed their short-term concerns (as articulated under the challenge of uncertainty), not just the value they derive from the long-term benefits

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Mass Media

Distrust associated with pain can be addressed through mass media. The core principle that most men overestimate pain but can eventually tolerate the procedure well can be communicated through mass media.

It is not recommended to use mass media to address distrust associated with partners.

Community

Low channel relevance other than to establish the core principle of how men overestimate pain. This can be an effective channel for people in public setting to provide other examples from their life when they overestimated pain

Interpersonal Communication

For men in stage 2, pain related distrust can be addressed through this channel.

Service

Low channel relevance

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INFLUENCERS



Circumcised Men

Instead of downplaying pain, talk through personal journey as to how they too anticipated higher pain than actual and that they could tolerate the pain well.

Partner

While partner can talk of associated benefits, balance is required as excessive talk of partners' benefits could build distrust

Family

Communicate to Man about the benefits of his health to the larger family, akin to messaging in insurance. Communicate that VMMC benefits the entire family. Expanding those who benefit can be an effective way to build relevance

Women

Low relevance

Friends

Friends can invoke a sense of community norms and that VMMC has multiple benefits.

Healthcare Worker

Use tools to identify the specific segment a candidate falls into and communicate relevant benefits.

Use testimonials where credibility is required. E.g: Men in monogamous relationships who can talk of VMMC benefits

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LIKELY INFLUENCERS:

 FRIENDS

We underestimate past pain, so when circumcised men say that the pain was low, they are not lying, they have just forgotten.

- Encourage promoters and circumcised men to talk about pain and narrate their own journey, where they too overestimated the pain, and eventually the procedure was tolerable.
- They should never say that the procedure is not painful.

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STAGE
1

MAN DISTRUSTING INTENT OF WOMAN WHEN MAKING REQUEST

LIKELY INFLUENCERS:

 PARTNER

When women initiate the conversation regarding VMMC, they tend to focus on HPV and other benefits for women.

- Reduce focus on partner driven messaging.
- Friends are a bigger influence on men, especially those who are circumcised, as they have the experience and credibility.



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LIKELY INFLUENCERS:

 FRIENDS

As men get to stage 2, the concerns around pain gets very specific: pain of procedure and pain of healing. Circumcised men often look at pain and dismiss it. This creates distrust.

- Address the specific pain that men are concerned about and not pain in general.
- Provide reference points for the pain. For example: “It’s as painful as..... “
- Talk about personal experience that there was some pain but not as bad as they expected it to be.

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LIKELY INFLUENCERS:

 PARTNER

When the man initiates the conversation regarding VMMC, women in monogamous relationships immediately develop doubts. Their main suspicion is of sexually promiscuous behavior or lack of trust.

- Provide language to men in this segment that helps them persuade their partner.
- Focus on mutual benefits such as a cleaner penis and better sexual performance.



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MAN DISTRUSTING INTENT OF WOMAN WHEN MAKING REQUEST



LIKELY INFLUENCERS:

 PARTNER

Men feel that women partners cannot empathize with their plight, feel the man's fear of pain or shame.

- Partners generally do not seem to have significant influence.
- If women must have this conversation, programs need to educate women on ways they can help men deal with pain and shame and not just focus on the benefits of VMMC.

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BARRIERS UNCERTAINTY

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There are very few things that are certain.

Most of us deal with uncertainty on a daily basis: Information is not perfect, events may not go according to plan. In the context of health, there is more uncertainty. We do not know the exact probability of us developing a health condition. Naturally, we all hate uncertainty. We want to be sure of what exactly will happen so that we stay in control. When information is not available, people tend to either fear the worst or believe one-off stories as truth



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While there is a lot of understanding of VMMC benefits, there are a lot of uncertainties around the procedure and outcomes. While some men are uncertain about the benefits, in the majority of cases, the uncertainty is with respect to the procedure.

Some of the key uncertainties we heard from men:

- “I don’t know how the procedure will be carried out.”

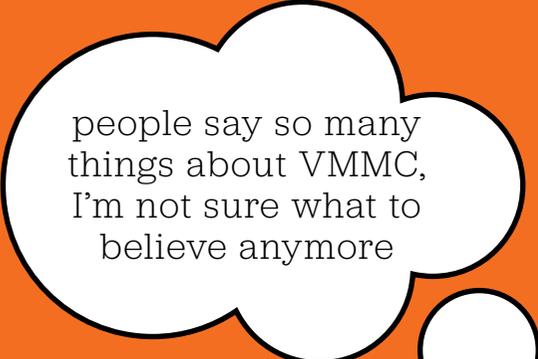
MANAGING LOST TIME AND TRANSPORTATION COSTS
- “How long will it take to heal? How do I manage during the healing time?”

MANAGING LOST TIME
- “How long will I have to stay at the clinic?”

MANAGING LOST TIME
- “How many times will I have to visit the clinic?”

MANAGING LOST TIME AND TRANSPORTATION COSTS
- “What happens if I bleed too much? /Can I die from the surgery?”

MANAGING THE FEAR OF PAIN



If uncertainty is not addressed, people typically imagine worse consequences



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WAYS TO APPROACH

When thinking about managing the uncertainty that men feel, it is worthwhile to remember the context of the men's relationship with VMMC as a procedure. These are men that are unlikely to have significant experience with health clinics. The prospect of any kind of surgery weighs heavily. They have never had any personal experience with circumcision, this is a one-time thing. Therefore they have no experiences to draw from regarding expectations and management of its implications and possible outcomes.

Much of the current messaging regarding VMMC is solely focused on broadcasting the benefits, which is good in-and-of-itself. But it is insufficient. By solely focusing on the benefits, uncertainties of procedure, management of worst-case scenarios, potential and certain implications, etc are left to be addressed by the man's imagination (which will skew negative), or word-of-mouth from others in the community - which is unlikely to be much better informed than the man's imagination.

Therefore, the key lever for managing uncertainty as a contributor to dissonance, is to "talk process, not just benefits" when messaging on VMMC. It is insufficient to wait until men are in the clinic, already scheduled for the surgery, to begin discussing these details. The men will have played out these concerns many times in their imagination well before ever signing up.

Be proactive about providing as much clarity on what to expect and how to manage both the expected and the unexpected.

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CHANNELS



Mass Media

Shift focus from benefits to procedure. Mass media DOES NOT lend itself to explaining finer details of the procedure but can be effective in establishing the simple nature of the procedure and the low risks associated with it.



Community

These channels can be effective to crowd source the nature of uncertainties people are concerned about. A comprehensive FAQs set can be created once we know the exact nature of concerns people have in a given context.



Interpersonal Communication

Lead channel to describe various steps and time taken.



Service

This is an effective channel that impacts advocacy efforts. If men are provided precise information on the steps, what to expect etc, it in turn helps them support other men to reduce uncertainty.

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INFLUENCERS



Circumcised Men

Most effective influencer. Provide information from personal experience on various steps, time taken and address specific question.

Partner

Similar role as a friend, though less impactful

Family

Family and friends can source the information regarding VMMC procedure and communicate to the man. It is hard for one person to make sense of all the information. Family and Friends can make sense of this information.

Women

Low relevance

Friends

Friends can source information on VMMC procedure through formal and informal channels. They can make sense of this information as the man has a lot going on his mind.

Healthcare Worker

Focus significantly on reducing uncertainty during conversations. Provide precise information on the procedure and the risks. Carry tools like FAQs, Illustrations of the process with detailed steps, time taken and potential risks



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UNCERTAINTY AROUND PROCEDURE STEPS & TIMELINES

LIKELY INFLUENCERS:



FRIENDS



HEALTHCARE WORKERS

Men have had no experience that is similar to VMMC. Many of them may have never visited the clinic. They may not know what they need to do to schedule a visit to the clinic. Here the concerns could be: “How to fix an appointment” “Where is the Clinic” “How much will it cost me”

- Provide confidence that the entire process is simple and many people do it.
- Explain the various steps involved. Provide information that is precise and localized.
- Develop a set of FAQs that are exclusively about the procedure.



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UNCERTAINTY AROUND PROCEDURE STEPS & TIMELINES

LIKELY INFLUENCERS:



FRIENDS



HEALTHCARE WORKERS

As they get closer to the surgery, the quality of uncertainty changes. Here the concerns are around the surgical procedure, how long the procedure might take, and how many visits to the clinic will be required.

- Provide precise information regarding all the steps with the help of pictures and mention the time required for each step. For example, state that Anesthesia may take 5 minutes.
- Describe the injection at the base of the penis which causes slight pain but that many people tolerate it well.



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UNCERTAINTY OF PROCEDURE IMPLICATIONS (LOSS OF FEELING)



LIKELY INFLUENCERS:



FRIENDS



HEALTHCARE WORKERS

One of the beliefs men have is that circumcision leads to loss of feeling once the foreskin is gone and that it leads to reduced sexual pleasure.

➤ Communicate that the loss of feeling is not total and that it has some immediate advantages like increased sexual pleasure.

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UNCERTAINTY OF SURGICAL COMPLICATIONS

LIKELY INFLUENCERS:

 FRIENDS
  HEALTHCARE WORKERS

Some men have concerns around excessive bleeding and post-surgery complications. This is a concern about the wound not healing. Many men hear stories and have an exaggerated fear.

- Present the most recent and localized information regarding adverse events.
- Use norms to demonstrate that complications are very rare and not life threatening.
- Communicate coping strategies such as: "Proper wound care is easily done by many men."



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BARRIERS ANTICIPATED SHAME

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Shame is a social emotion which can make you feel inadequate, dishonorable, unworthy.

Often times, shame is imagined. E.g: A person who has put on a lot of weight imagines social rejection and stays put in the house. It is human nature to avoid being shamed or feeling ashamed. So, We either stop doing what we fear is a shameful activity or avoid people altogether. It is human nature to keep imagining the future and how different events make us feel. We naturally want to do things that make us feel good and avoid those that make us feel uncomfortable. So, even if there are some benefits, if an activity doesn't make us feel good, we end up avoiding that activity.

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Men expressed concern about exposure to other people they know at the clinic at the time of procedure

“Who might see me at the clinic when I go for the procedure, or for follow-ups? What do I say to people about my reason for being there?”

They’ve seen others become the center of attention as they must dress differently or walk differently during that time. “I can live with the physical pain, but the pain of embarrassment is too much.” Men have an image of having to explain themselves, being the center of (negative) attention, and of not having a strategy for dealing with these moments. It’s not a topic that people generally feel comfortable talking about to begin with. This only adds to the discomfort and anticipated shame.

Shame is first a concern in phase 2 (anticipate) and if left unaddressed and unresolved, shame will continue into phase 3, ultimately preventing advocacy opportunities.



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WAYS TO APPROACH

Model social norms that VMMC is a source of individual and social pride and that recovering from VMMC requires certain behaviors. Are there analogous examples of people recovering from surgeries, sickness, or other life events - and the value that the event provides the individual and society - which can serve as a comparative model for men recovering from VMMC? Don't hide the necessary recovery efforts. Applaud them.

Model how others deal effectively with the social interactions. Model specific verbal exchanges that illustrate the anticipated, undesirable responses by others with desirable and effective responses by recovering men.

Illustrate that those people who laugh at you are ignorant; that they don't know what they're talking about. Diminish the status of those that would poke fun.

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CHANNELS

Mass Media

Mass media can be a tool to mainstream what is otherwise considered unacceptable.

Community

There is no shame if a large group does an activity. If men see other men committing to VMMC, it could address the barrier in a significant way. A community conversation normalizes VMMC. A public commitment to circumcise is key to reducing fear of shame.

Interpersonal Communication

Here IPC agents can help men in three specific ways

- ▶ Help men avoid trigger events: Where to go and not go during the healing period
- ▶ Help men make new connections so that their interactions during the healing process are with other circumcised men
- ▶ Reinforce group status: That circumcised men are one group and more informed group vis-a-vis uncircumcised men

Service

This channel can be used to provide coping strategies to deal with shame. E.g: Identify and avoid trigger events. Find other circumcised men as friends.

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INFLUENCERS



Circumcised Men

Circumcised men can be leveraged in three ways

- To create a norm in favor of circumcision. Talking openly helps overcome shame
- They can also help communicate how they managed shame. How they avoided trigger events
- Be the new group for circumcised men to identify and relate with.

Partner

The source of shame is not the partner. This is not a conversation that can be initiated by man’s partner as it might lead to more distrust

Family

Often times, the source of shame could be a family member; a little brother. Family can play a vital role in helping the man avoid trigger events. E.g: Limiting social events during healing period. Not inviting too many guest home during healing period

Women

Low relevance

Friends

Friends are the single biggest influencers and one significant cause for dissonance is the anticipation that friends may not approve of the man’s decision to circumcise. Encouraging man to talk more to his friends who have been circumcised is a simple nudge that can work. The less they talk to those who don’t approve of it during the process, the better it is. This is also an opportunity for men to seek and make new connections(read friends)

Healthcare Worker

Can be effective in providing coping strategies



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LIKELY INFLUENCERS:

 FRIENDS

Shame is a social emotion and at the clinic, men are concerned about meeting acquaintances. There is also shame felt in exposing your sensitive parts to strangers, especially if female nurses or doctors are involved.

- Certain supply side interventions are required to provide more private settings. Creating spaces with less common areas for interactions can help overcome this anticipation of shame.
- Invoking norms will help overcome this barrier. For example: “Last year, 1000 men from your province/district went through the VMMC procedure.”



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ANTICIPATED SHAME WHILE HEALING

LIKELY INFLUENCERS:

 FRIENDS

There are two triggers for shame:

- What many men refer to as the ‘funny walk.’ Men talk about how people walk differently during the healing period and that triggers laughs in the community.
- People making fun of circumcised man’s reactions to pain. Comments such as “Stop acting like a baby” indicate that men make too much of the pain.

- Provide coping strategies to men, such as: “Avoid trigger events during the healing period.”
- Encourage men to seek out other circumcised men as friends. Create a group identity of circumcised men and highlight the vast number of men who have been circumcised. Shame can be reduced if a large group is undertaking an activity.

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ANTICIPATED SHAME WHEN TELLING OTHERS

LIKELY INFLUENCERS:

 FRIENDS

This is where, depending on the context, circumcised men either express pride or they hide their status.

Their fear is that they might not be accepted by the group.

- Talk about male circumcision in public.
- Invoke norms, that many men are circumcised and there is a good chance that the stranger you are about to meet could be circumcised. The current default in people’s mind is that the stranger they are meeting is uncircumcised.



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