

**Brief Report on messages and campaign designs for Mulanje MC campaign**

## Message design matrix for Campaigns

	<b>Participant Analysis</b>		
<b>Participant &amp; Behaviour Analysis</b>	<b>Primary audience</b> Individual level: sexually active young men (15-49)	<b>Secondary audience</b> Family and relative's level: wife, girlfriend, friends, peers	<b>Tertiary audiences</b> Representatives of locally relevant institutions: village headman, religious leader, traditional leader, leader of socio-cultural organizations
Who are the participant/target group(s)?	<p>15 – 24 unmarried and married men with no or little sexual experience. These are the men that are Bicycle workers, tour guides, some vendors, plantation workers and others still go to school. Some of these men are partially circumcised</p> <p>25 – 49 married people with vast sexual experience e.g (office workers, plantation workers, vendors, peasant farmers, tour guides, bicycle workers). Some of these men are partially circumcised</p>	<p>Wives: middle-aged in rural setting, semi-educated with atleast 4 children, having a small scale business, semi-open to discuss sexual issues with husband</p> <p>Secondary audience (girlfriend, friends, peers, parents, guardians – grandparents, sisters)</p>	<ul style="list-style-type: none"> <li>• Religious leaders: Islamic &amp; Christian leaders</li> <li>• Initiation leaders (Anankungwi)</li> <li>• Health workers – clinicians</li> <li>• Health workers – CHW</li> </ul>
What are the current KAP?	<p>Most of the people in this community believe that MC should be done to young men (5-10) and in special cases older men</p> <p>Some men are partially circumcised</p> <p>Knowledge on the link between MC and HIV prevention is still minimal</p> <p>Only the educated ones amongst the un circumcising communities are perceived to have access to literature and they are the ones seeking MC for HIV prevention</p> <p>There is low knowledge on the correct definition of MC (in Mulanje 37.3) where as removal of foreskin but not entirety features high (54.5%)</p> <p>Perceived consequences of excessive bleeding and infection prevail within this community. Fear that the procedure itself is very painful</p> <p>Skepticism still exist on the effectiveness of MC in HIV prevention</p> <p>Most people are not aware of the minimum package of MC service especially HTC</p>	<p>Limited knowledge on MMC</p> <p>MC still being traditionally done to some populations at the Thedzo</p> <p>MC uptake has increased due to religious reasons</p> <p>Women participation in promoting MC is very low</p> <p>Circumcised men are clean than uncircumcised men</p> <p>A circumcised men have better sexual performance than uncircumcised men</p> <p>Knowledge on link between MC and HIV infection is minimal</p> <p>Others believe traditional MC is adequate</p> <p>Common belief that men always have multiple sexual partners</p> <p style="text-align: center;"><b>2</b></p>	<ul style="list-style-type: none"> <li>• MC is culturally done and not linked to HIV prevention</li> <li>• Only targets young men under the age of 15</li> <li>• It is culturally acceptable – but non-medical</li> <li>• Both religions (Islamic and Christianity) accept/recognize the practice</li> </ul>

<p>What should change to promote adoption of the recommended behaviour?</p>	<p>Provide more and adequate information on the benefits of undergoing MC. These should begin with personal benefits and those also associated with their immediate relations such as wives and girlfriends.</p>	<p>Women should be actively involved in MC          Women should be open to discuss sexual issues i.e. couple communication, VMMC with their spouses          Encourage husbands to go for VMMC          Women to encourage spouses to remain faithful</p>	<ul style="list-style-type: none"> <li>• Need to link traditional circumcision to MMC and not as a religious ritual</li> <li>• Need to link health workers to religious and traditional leaders</li> <li>• Must change from traditional MC to MMC</li> <li>• Must be conducted by trained health personnel</li> <li>• Should target age beyond 15 years</li> <li>• Initiation counselor must work hand in hand with trained health personnel</li> </ul>
<p>What are the benefits of adoption of the recommended behaviour?</p>	<p>Reduction of HIV transmission risk by almost 60%</p> <p>Reduced risk of cervical cancer and also other sexually transmitted diseases</p> <p>Cleanliness</p> <p><i><u>Sexual satisfaction-while this remains to be agreed upon</u></i></p>	<p>Increased sexual satisfaction          Reduces infection risk of HIV and other STI's          Improves cleanliness          Reduced risk of having cervical cancer          Protects the women from HIV infection</p>	<ul style="list-style-type: none"> <li>• Reduces one's chances of acquiring HIV – reduced HIV infections at community level</li> <li>• Improves personal hygiene</li> <li>• It is safer – done by trained clinicians</li> <li>• More people will be recommended to go for MMC</li> </ul>

<b>Participant &amp; Behaviour Analysis</b>	<b>Primary audience</b> Individual level: sexually active young men (15-49)	<b>Secondary audience</b> Family and relative's level: wife, girlfriend, friends, peers	<b>Tertiary audiences</b> Representatives of locally relevant institutions: village headman, religious leader, traditional leader, leader of socio-cultural organizations
What are the existing barriers to the recommended change?	<p>Cost- access to MC in other facilities other than government hospital requires payment for the service</p> <p>Distance. Need to bring the services closer especially to those in the remotest of areas</p> <p>Perceived worries of not having sex for a period of 6 weeks to give time to the wound to heal</p> <p>Perceived fear of excessive bleeding</p> <p>Fearing nurses are going to be involved in the minor operation</p>	<p>Inadequate knowledge on benefits of MC</p> <p>Fear of complications of surgery i.e. bleeding, pain</p> <p>Fear that the whole penis will be cut off</p> <p>Fears that it might promote multiple sexual partners in their spouses</p> <p>Little clarity in its definition to the local masses</p> <p>Less participation of women in MC</p>	<ul style="list-style-type: none"> <li>Distance to the nearest health facility where MMC is provided</li> <li>Low knowledge levels on the link between MMC and HIV prevention</li> <li>Little collaboration between traditional and religious leadership</li> <li>Perception that MC is for under 15s only</li> <li>Time factor regarding when MMC will be conducted following traditional initiation</li> </ul>
What are the risks?	Behaviour dishibition- the belief that once circumcised, one is fully protected from catching HIV	Belief that MC is the only preventive method for HIV is a risk Prolonged waiting time for sexual intercourse (6wks) post MC	<ul style="list-style-type: none"> <li>Dilution of culture – some aspects of culture have to be abandoned</li> </ul>
What are the main existing facilitating factors for adopting the recommended behavior?	Availability of structures and already existing services e.g. HTC,STI Availability of skilled personnel to offer effective counselling and the surgery	Availability of trained personnel in MC Reassurance of safety during procedure Availability of support from the community i.e. chiefs MC is already offered in this area as part of the cultural practices	<ul style="list-style-type: none"> <li>It is culturally and religiously acceptable e.g. CCAP promoting/committed to MMC not TMC</li> <li>Commitment from senior chiefs</li> </ul>

Communication Strategy	Primary audience Individual level: sexually active young men (15-49)	Secondary audience Family and relative's level: wife, girlfriend, friends, peers	Tertiary audiences Representatives of locally relevant institutions: village headman, religious leader, traditional leader, leader of socio-cultural organizations
<p>What are key messages to address the barriers and risks</p>	<p>Getting circumcised reduces your risk of contracting HIV by 60%. Continue to practice safe sex by using a condom, reduce the number of sexual partners and also abstain to stay HIV free</p> <p>Circumcision can help one protect themselves from the risk of contracting other sexually transmitted diseases.</p> <p>Circumcision protects your partner from the risk of cervical cancer</p> <p>After undergoing an MC, you are required to abstain from any sexual intercourse so as to give time for the wound to heal.</p>	<ul style="list-style-type: none"> <li>• MC protects from acquiring HIV and other STI's- women encourage your husbands to go for it</li> <li>• <u>Mdulidwe wa mpala</u> ndiyo njira yodalilika pakuchepeta kutenga matenda a HIV ndi matenda opatsirana pogonana</li> <li>• Ine ndinalimbikitsa amuna anga kukadulidwa ku chipatala, awzeninso amuna anu kuti apite kuchipatala kukalandira mdulidwewu</li> <li>• Support your partner to abstain for 6 wks after MC and encourage him to go for checkup after 2 days of surgery</li> <li>• Azimayi onesetsani kuti mukuthandiza abambo amene adulidwa kwa milungu 6 kuti bala lipole musanayambe kugonana</li> <li>• Mdulidwe sinjira yokhayo imene ingathetse vuto la HIV mdziko muno, amayi amene amuna awo adulidwa tengani mbali pogwiritsa ntchito njira zina zodziteteza monga kugwiritsa ntchito kondomu nthawi zonse</li> <li>• Musakhale ndi mantha, mdulidwe ndikuchotsa chikopa chakutsogolo chokha</li> <li>• Abambo amene apita ku mdulidwe wa kuchipatala, ayenera kukhala masabata asanu ndi imodzi asanakhale limodzi ndi amayi. Mayi thandizani bambo munjira zina zokwaniritsa chilakolako cha inu nonse</li> <li>• Kutu mdulidwe wa kuchipatala ogwire moyenera, amayi ndi abambo asakhale pamodzi kwa masabata asanu ndi imodzi</li> </ul>	<p>MMC has the potential to reduce by 60% the likelihood of contracting HIV:</p> <ul style="list-style-type: none"> <li>• Talk to your junior chiefs about medical male circumcision</li> <li>• Change community initiation practices to MMC</li> <li>• Reduce HIV transmission in your community; always promote MMC among your initiation councilors</li> </ul>

Channels of communications	<p>Leaflets</p> <p>Posters</p> <p>Drama Groups</p> <p>Radio (Drama and programmes)</p> <p>Mobile Video Van</p> <p>Roadshows</p> <p>Teaching Aids e.g Pictorial Flipcharts</p>	Leaflets, posters, stickers, fliers, billboards, radio, drama, jingles, videos	<p>MMC has the potential to reduce by 60% the likelihood of contracting HIV:</p> <ul style="list-style-type: none"> <li>• Talk to your faithful about MMC and its advantages/benefits</li> <li>• Work in liaison with traditional leaders in promoting MMC when conducting initiation ceremonies</li> <li>• MMC is not a religious ritual: it helps to reduce the risk of HIV infection among your faithfuls</li> </ul> <p>MMC has the potential to reduce by 60% the likelihood of contracting HIV:</p> <ul style="list-style-type: none"> <li>• MMC is both cultural and medical. It reduces a man's chances of contracting HIV.</li> <li>• MMC promotes hygiene and safety among men and initiates.</li> <li>• Always conduct circumcision through a trained medical personnel</li> </ul>
What are the support messages	<p>Circumcision helps maximise sexual pleasure with your partner. Seek safe MC at your nearest health facility.</p> <p>Circumcised men are preferred by women as they are cleaner. Get MC services today.</p> <p>HIV will not consider your age.</p>	<ul style="list-style-type: none"> <li>• Kudziwa ngati uli ndi kachiroambo ka HIV kapena ayi, ndi maziko abwino kuti mdulidwe ukhale odalilika. Kayezetseni HIV lero.</li> <li>• Mdulidwe umabweretsa khalidwe la ukhondo wapadera, amayi limbikitsani amuna anu kukatenga mdulidwe kuchipatala</li> <li>• Mu mdulidwe muli tseketeke, pitani kuchipatala mukachite mdulidwe</li> </ul>	

	<p>Your not too old to get circumcised. Reduce the risk by getting circumcised</p> <p>MC will not change your culture but rather will help protect you from acquiring HIV. Seek safe MC at your nearest health facility.</p> <p>Before going for an MC, you will be required to go for HTC.</p> <p>MC offered at a health facility is very safe.</p>		
Channels of communication	<p>Drama Groups</p> <p>Mobile Video Van</p>	<p>Leaflets, posters, stickers, fliers, billboards, radio, drama, jingles, videos</p>	

## Campaign strategies

Having looked at the messages that will be disseminated during the MC program campaign in Mulanje, the following campaign strategies were identified to be significant in creating demand for MC

**Overall objective:** Increase the number of young men aged 15 to 49 from Mulanje district seeking voluntary male medical circumcision in Mulanje

Audience	Campaign strategy	Responsible institution	Estimated cost	Time line
<b>Primary audience:</b> Sexually active young men aged 15 to 49 living in the traditional areas of Mthiramanja,	Conduct drama briefing session on MC key messages			
	Conduct community interactive drama sessions			
	Develop a community education video			
	Conduct interactive community film sessions using mobile vans			
	Conduct IPC session using expert MC men-role modelling			
	Develop and print IEC materials (posters and leaflets)			
	Write letters to the community to be read in churches and other gatherings			
<b>Secondary audience:</b> Family and relative's level: wife, girlfriend, friends, peers	Conduct briefing sessions with community health workers (HSAs) and HTC counsellors			
	Conduct routine health education session on MC at Opd's, U5 clinics and antenatal			
	Conduct interactive village group discussions with women			
<b>Tertiary audience:</b> Representatives of locally relevant institutions: village headman, religious leader, traditional leader, leader of socio-cultural organizations	Conduct one district stakeholders meetings			
	Conduct DACC (District Aids Coordinating Committee) briefing session			
	Conduct VDC briefing sessions in each T/A			
	Conduct ADC briefing sessions in each T/A			
	Advocacy meetings with Tea estate owners			

## **Proposed campaign theme/slogan**

**“mdulidwe wa mpala”** – meaning complete removal of the foreskin

**‘Mdulidwe wa mkhosi’** – same as above