

AUDIENCE ANALYSIS WORKSHEET

Intervention Area:	• HIV Care and Treatment
<p>Problem Statement: What is this strategy addressing?</p>	<p>Up to 60% of HIV-positive clients in Rakai district do not seek HIV care and treatment services (RCCS round 13), especially among men. Often times, men hide their HIV-positive status until they are very sick, and refuse care until their relatives or friends literally carry them to the hospital.</p>
<p>Target Audience: What audience are we targeting to address the above problem?</p>	<p>Men 25 – 45 years old in Rakai who are HIV-positive and do not access HIV services</p>
<p>Profile of the target audience: Give a clear description of the target audience. Who are they?</p>	<p>Kisenge, aged 30, is a boda boda cyclist of Sanje village, Kakuuto sub county in Rakai district. He is married with four children with his official wife and one child with an extra marital partner. Kisenge enjoys watching football during his leisure time while drinking alcohol at the nearest bar. He is able to write his name but unable to read or write more. He aspires to be self reliant, self sustainin and to see his children graduating from school and to acquire property for income in the event of his sudden death. He doesn't war to disclose his HIV status to his wife or friends. Kisenge has known he is HIV positive for the last three years and despite all this, continues to indulge in unprotected sex with extra-marital partners. In addition to this, Kisenge doesn't want to be discriminated against based on his HIV status still feels he is not HIV positive. He perceives himself to be in perfect health and sees no reason to visit an HIV clinic for care and treatment.</p>
<p>Desired action/practice: What do we want this audience to do differently?</p>	<p>Seek counseling to understand his current problem and disclose to partners; go for HIV care and treatment services; adopt positive living practices.</p>
<p>Current practice and its benefits: What is this audience currently doing in this regard? And what benefits do they realize from this practice?</p>	<ul style="list-style-type: none"> • He has not sought any form of counseling or HIV care and treatment <ul style="list-style-type: none"> ○ confidence that he is still doing well; ○ does not want to be seen at HIV clinic; ○ can self medicate; ○ can avoid discrimination; ○ Sees himself in perfect health and he is treated as if he is HIV-negative in the community, life is still status quo • He has not disclosed his status to his wife or other partners <ul style="list-style-type: none"> ○ this enables him to continue having multiple partners, with no need to use condoms; ○ avoids blame, tension and break up of his marriage; ○ maintains their reputation in the community as an uninfected couple. • Drinks alcohol <ul style="list-style-type: none"> ○ normal life (just like other people); ○ leisure and socializing; ○ confidence; socialize; ○ drowns his sorrows. • Continues to have multiple sexual partners <ul style="list-style-type: none"> ○ Demonstrates he is a powerful and normal man; ○ commands respect; ○ leisure and sexual satisfaction.

	<ul style="list-style-type: none"> • Does not use condoms with his wife or other partners <ul style="list-style-type: none"> ○ Worried wife or other partners will suspect something if he starts using condoms with them ○ Believes his wife must also be HIV positive so there is no point ○ Believes sex is more pleasurable without condoms • More focused on savings and paying fees for his children <ul style="list-style-type: none"> ○ children will go to school; ○ children will have something when he dies.
<p>Barriers: What is preventing the target audience from taking the desired action? Why is there a gap between the desired practices and the current practices?</p>	<ul style="list-style-type: none"> • Denial: he may be refusing to accept his HIV status • Limited knowledge: does not have important information about life prolonging ARVs, positive living, etc • Self medication, drug abuse (alcohol and marijuana) • Bureaucracy and paper work of the health workers during the provision of services • His identity as a man: men should have multiple sexual partners • Health is not a priority • Poor HIV communication: wrong messages; wrong communication channels; language barrier; poor timing; • Long wait at clinic: not able to spend much time waiting; mistreatment and negative attitude of health workers • Marital disruptions: worried about losing his wife if discloses HIV status, discrimination; • Transport costs to get health care services, • Mistrust of health providers: fear they will share his status with other people.
<p>Benefits/facilitators: What benefit will the target audience get from adopting the desired behavior or action? What would motivate them to adopt the desired practice?</p>	<ul style="list-style-type: none"> • Disclosure will allow him to access medication, love, and support; to better cope with his status, and lead an improved quality of life; live longer and stronger; have less worries; and maintain healthy relationships with his family; • Accessing care and treatment will help to prevent opportunistic infections, stay healthy longer, and access ARVs as soon as he is eligible. • Positive living practices (safe sex, FP, prevention of HIV spread and re-infection, balanced diet and enough resting time, prevention of malaria and diarrheal diseases, frequent medical check ups to treat any new conditions) will improve his quality of life and help him to live longer • Motivators: <ul style="list-style-type: none"> ○ support from partners and other people like role models (certified users); ○ testimonies from HIV positive men who are using care and treatment services and benefiting; ○ shorter waiting times; ○ friendlier health workers who protect client confidentiality; ○ reduced bureaucracy and paperwork at services; ○ provide useful information in an easy to understand manner.
<p>Channels/ activities: In line with the "stylish man" concept what should happen when the "Man Van" visits the community?</p>	<ul style="list-style-type: none"> • Mobilization of the target audience with announcements for details of venue, time, music and who is to provide the talk • Recognize people's presences as they assemble at the venue • IEC material display and distribution- brochures, leaflets, banners, posters. etc • Health services ongoing in a nearby tent; HCT, condom distribution, information, giving care and treatment services on site and reducing bureaucracy and paper work at the site • Drama activities: dramatize current clinic activities to depict the changes in service delivery which include reduced waiting time at the clinic, duration of refills and attitude of health workers, on the Man Van, • Competitions for a stylish guy-compete and the audience chooses; but depending on say HCT, MMC, speech about HIV or any other popular topic such as a football match, sing, dance, etc and the winners get gifts • Issuing prizes for best performers such as a good testimony, someone who tests 1st that day; • Give contacts and referral for those who need additional care/services-Referral card and phone calls to give priority to those

	<p>from this campaign.</p> <ul style="list-style-type: none"> • Connect to a live broadcast with a radio station for other people who may not attend. • Video recording of the activities and showing the videos later on in the evening and in other sites.
<p>Insights: Give us any additional insights how to enable “the stylish man” adopt the desired practice/behavior?</p>	<ul style="list-style-type: none"> • Wrestling, pulling a rope, board games; may have inclusion criteria such as a stylish man who has tested for HIV, is circumcised and knows something general. • May engage whole communities to compete for a prize; use criteria for registration such as village with highest number of circumcised men. • Think about prizes such as airtime competitions, betting, etc. and then choose the best • Engage men in this age group to bring in someone for a present or benefit such as the each man one brings they earn something; or special privileges in the clinics such as no lining up. • We need to integrate our services to places where men are usually found like the cinema and soccer halls. I.e. during the half time or before the match and here we can broadcast a match live with health information, we can live broadcast the match ourselves and during the broadcast we can include brief questions about the match, health tips and so on so as to put them on board to demand for services. • Come up with special male clinics and integrate them with various services like MMC, HCT, EMTCT, Care and Treatment, LABS, family planning services and BCC.
<p>Existing communication materials: Look at the existing campaign materials. Can any of these be used in this campaign? If so, which ones?</p>	<ul style="list-style-type: none"> • Positive Living Client Profiling Counseling tool • Radio diaries and spots from MOH Positive Living campaign • Brochures from MOH positive living campaign