

Category: Research

**Promising Practice: Identifying the optimal messages to promote demand for VMMC (Battelle Health and Analytics, Zimbabwe)**

**INTRODUCTION**

**Key Promising Practices:**

- “Action oriented” research to identify the optimal messages to overcome barriers and motivate men to seek VMMC.
- Use of both qualitative and quantitative elements. Quantitative methods (a questionnaire) are used to assess the extent to which the qualitative findings can be attributed to a wider population.

**Introduction**

Battelle Health and Analytics is a US based research organisation focusing on behavioural research. It works in partnership with the Zimbabwe Community Health Intervention Research Project (Zichire) with the University of Zimbabwe. Battelle, in partnership with Zichire, has carried out a research project in Zimbabwe, incorporating both qualitative and quantitative elements, which seeks to identify the optimal messages to overcome barriers and motivate men to seek a circumcision. The research methodology makes use of in-depth interviews to identify barriers and facilitators to change, which are then incorporated into a questionnaire which is administered to a random sample in order to assess the importance of key messages. This research is “action oriented” in that it seeks to formulate messages that either a clinical or a social mobiliser can use in their interpersonal communication with potential clients as well as for use in electronic or print media.

**Target Population**

The research project that Battelle conducted in Zimbabwe featured the following participants:

- Males, aged 18 – 30
- Females, in their role as female partners, age 18–30
- Adolescent boys aged 13–17, and their parents

## **Scale and scope**

- 40 wards in 4 different locations in Zimbabwe (2 urban and 2 rural) with a sample of:
  - 1,085 male participants,
  - 1,042 female participants,
  - 775 adolescent boys, and 736 mothers and 717 fathers of adolescent boys, and
  - 1,005 clinicians.

## **Organisations Involved**

### **Lead**

- Battelle Health and Analytics

### **Funding**

- National Institute of Mental Health, of the National Institutes of Health

### **Other partners**

- Zimbabwe Community Health Intervention Research Project (Zichire)
- University of Zimbabwe

### **Who is carrying out demand generation activities?**

N/A

### **Management of demand creation**

N/A

### **Type of Intervention**

A multi-stage qualitative and quantitative research study featuring in-depth interviews and questionnaires.

## **THE APPROACH TO DEMAND CREATION**

### **The Approach to Demand Creation**

#### **Rationale**

Battelle launched this initiative after observing that messages promoting demand creation in many cases were not leading to substantial uptake. Battelle sought to gain more insight into the message development process, and to ensure that the optimal messages were used to overcome barriers and spur on the motivating beliefs related to VMMC uptake.

Battelle has developed an Integrated Behavioural Model that draws on a number of behavioural models and theories. The model maintains that a person is most likely to adopt a new behaviour if he/she has an intention to perform it, has the knowledge and skill to do so, faces no serious environmental constraints, and if the behaviour is salient. The model also asserts that a person is more likely to engage in a behaviour if it has been performed previously, but this is not relevant to VMMC. A man's intention to seek a circumcision is shaped by whether or not he has a favourable emotional reaction to the idea, whether the positive outcomes he believes are associated with the behaviour outweigh potential negative outcomes, whether he feels that his social and personal networks are supportive of it and also engage in the behaviour, and whether he feels confident in his ability to carry it out. In practice, once intention is established, then a man is most likely to seek a circumcision if he has sufficient knowledge about the location and opening hours of the nearest service delivery point, no environmental barriers such as transport problems or long waiting times, and if the procedure is felt to be timely and needed now. The model stresses that different population groups often have different beliefs associated with the behaviour. It is essential, when applying the theory within an intervention, to conduct research to elicit information about the behavioural, normative, control and self-efficacy beliefs for each particular behaviour and population.

### **Research Methodology and Activities**

In order to inform the development of messages encouraging uptake of VMMC, Battelle recommends conducting formative research, ideally at the start of an intervention, consisting of in-depth interviews with the main target groups of the project or intervention. The purpose of these interviews is to identify relevant attitudes, norms, referents (key influencers of opinion), and environmental barriers and facilitators for each particular behaviour and population under investigation. Battelle recommends that interviews should be conducted with a sample of at least 15 to 20 individuals from each target group, about half of whom have performed or intend to perform the behaviour under investigation and half of whom have not performed the behaviour. Battelle conducted this research by randomly selecting households in 4 different locations in Zimbabwe (2 urban and 2 rural), and

randomly selecting individuals aged 18–30 from within those households. Battelle also carried out interviews with clinicians also randomly selected, and locally identified opinion-leaders, who were selected purposively.

Battelle recommends that people should be asked to provide four types of information when conducting in-depth-interviews:

- Positive and negative feelings about performing the behavior.
- Positive and negative attributes or outcomes of performing the behavior.
- Individuals and groups to whom they might listen who are in favor of or opposed to their performing the behavior.
- Situational/environmental facilitators and barriers that makes the behavior easy or difficult to perform.

Battelle indicates that interviewing 15 to 20 individuals is a minimum but states that ideally interviews should be continued until the point of “saturation,” when no new responses are elicited. The content of the interviews is then analysed to identify and code relevant behaviours, individual or group “referents”, attitudes, beliefs, norms and facilitators and barriers. Coding schemes are also used to capture general beliefs and stereotypes around VMMC. This information is then used to provide content for the next stage of the process – the development of a quantitative questionnaire.

The purpose of using a quantitative methodology like a questionnaire is to assess the degree to which the qualitative findings can be attributed to the wider population by testing how widespread the barriers, facilitators and other variables are, enabling Battelle to determine which are more important. To develop the questionnaire, Battelle compared the lists of beliefs extracted with previous research to check validity and then developed questions on the basis of the extracted lists. The questionnaire asks respondents how strongly they agree or disagree with statements based on a five-point scale, exploring behavioural intentions, attitudes, behavioural beliefs, self-efficacy, norms and environmental factors relevant to VMMC. The questionnaire was administered to 1,085 randomly selected men, aged 18–30 in 40 wards, in 4 areas of Zimbabwe. Battelle emphasizes that for practical purposes, the sample could half of this size and still remain statistically robust in most cases.

Following the fieldwork, Battelle analysed the data and modelled the factors that differentiate men who are motivated to get circumcised, compared to those who are not. This process was also used to contrast women who are and who are not motivated to encourage their partners to get a circumcision. Battelle conducted

regression analyses to confirm models for different sub-groups and beliefs, but they stress that the sub-group analyses are not essential for operational research. Following this process, Battelle designed messages that focused on the issues that differentiated motivated from unmotivated men. For example, messages which focused on some of these beliefs included: “Get circumcised – You and your partner will be healthier, safer and happier”; “I did it, my son did it, 26,000 men did it last year, so should you; Get circumcised”. Note these messages do not focus on the HIV prevention benefits of VMMC.

Battelle then produced a number of very basic posters, each of which featured one of the different key messages (N=28) that they had developed. They then selected a group of 78 men and briefly exposed them (30 seconds only) to the messages in the posters. Each group of men was exposed to 8 posters, in random order. The men’s intentions, attitudes, norms, self-efficacy, and control beliefs relating to VMMC were measured prior to exposure and again eight weeks later. Men also came back in three days to do a recall exercise. The post-exposure measures established what messages were retained by men’s long term memories, as well as any changes to intentions to get circumcised, attitudes, norms, self efficacy and control beliefs. Battelle’s research indicated that in addition to message retention, there was a significant increase in the intention to get circumcised among men, and in their positive attitudes and self-efficacy towards VMMC from these brief exposures.

## **EVIDENCE BASE**

### **Key Findings**

Battelle feels that evidence-based demand creation cannot rely on qualitative data alone. Issues mentioned most frequently during qualitative data collection are proven by quantitative survey results to not be the drivers of men’s intentions to get VMMC. Motivations towards VMMC are complicated, but most of the Integrated Behavioural Model constructs predict motivation for VMMC, allowing a broad category of factors to be addressed in messages. Battelle’s research indicates that messages explicitly touting HIV prevention effects of VMMC do not adequately ‘sell’ VMMC to men in Zimbabwe. The process of discerning messages that significantly impact attitudes, norms, and self-efficacy can be tailored to different sub-groups (age-based, gender-based, etc.) and can be applied in different countries and cultures. The importance of the issues should be empirically derived for each target group, through surveys of the issues, and confirmatory modelling. Messages designed using this system must be tested for their effect before campaigns are

rolled out. Even brief exposures to evidence-based messages can change beliefs, attitudes, motivation, and VMMC behaviour.