GENERATING DEMAND FOR VMMC AMONG THE 20-29 YEAR-OLDS

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INFLUENCES AND STAGES OF JOURNEY TO VMMC

User-Centric Behavioral Framework

- Unaware
  - Knowledge barriers
- Aware, Opposition/Apathy
  - Cognitive/Emotional/Cultural (CEC) barriers and facilitators
- Pre-intention
  - CEC + structural barriers and facilitators
- Intention
  - CEC + structural barriers and facilitators
- Action
  - Relief
WHAT DO WE KNOW ABOUT THE 20-29 YEAR-OLDS?

Age-specific barriers from the research & literature:

- Fear of:
  - Pain
  - HIV test
  - Complications leading to infertility or decreased sexual performance
- Reluctance to abstain from sex during healing period
- Older males reluctant/embarrassed to mix with younger boys - *in transport and services
- Inconvenient operating hours require time off from work, lost wages

- Perception that health facilities are for women
- Female providers (context-specific)
- HIV stigma
- Do not self-identify as at risk for HIV
- MC associated with other religions or ethnic groups
Age-specific motivators from the research & literature:

- Female partner engagement and support
- Peer & community leader support/referral
- Fixed incentives
- VMMC benefits: improved hygiene, enhanced sex appeal and sexual performance/preferred by women, HIV/STI prevention
- Partner support
- Leadership/recognition as a role model (setting good example for community/family)

Anecdotal:

- Other health services for men: weight, blood pressure (and STI treatment)
Assessments in several countries reveal common constraints to increased uptake by older men:

- Current communication not consistently addressing critical barriers and motivators (e.g., pain)
- Reliance on old formative research that may not be in line with the current landscape (remaining, uncircumcised men, current context)
- Mobilizers need refresher training/reorientation to address older age group (strengthen IPC)
- Lack of understanding of site capacity by partners and site managers
- Site-level data to inform demand not being routinely collected/analyzed
- HTS not systematically referring HIV-negative men to VMMC
PROMISING APPROACHES: SUPPLY SIDE INTERVENTIONS

- Separate waiting and group education areas at sites
- Special extended hours/days for older male services (*Saturdays)
- Separate transport for older clients
- Mobile services at workplaces and marketplaces – to bring services to the men
- Reduced waiting time
  - VMMC by appointment
  - Strategic use of low season
  - Efficient client flow
- Customer service – happy clients make the best mobilizers
**Individualized, Tailored IPC** (through outreach)

- Requires different skills set (mobilizer selection & training)
- Requires different tools to work effectively (FAQs, “pain-o-meter”)
- Addresses concerns & troubleshoot barriers

**Use two-way communication formats**
hear target audience perspectives and demystify misunderstandings (call in radio, panel discussions, testimonials, etc)

**Promote non-HIV benefits**

- Personal hygiene
- Enhances sex appeal
- Reduces risk of cervical cancer for partner
- Benefits to the relationship

**Leverage institutional partnerships for structured mobilization**

- Secondary and tertiary schools: Engage teachers for their buy-in; recruit circumcised students as champions
- Workplace: collaborate with employer to arrange service schedule to minimize workforce disruption and while incorporating key messages into workplace wellness
• Understand and address age-specific barriers and motivators in your local context (update commun. strategy)

• Address key questions pro-actively and early on
  o Be open about pain and address concerns
  o Clarify up front that HIV test not mandatory
  o Discuss abstinence during healing; involve partners to facilitate this
  o Actively promote multiple benefits of VMMC, including non-HIV advantages
  o **Use time-bound triggers to help move men to action**
    o compress decision-making time
    o too much time to think brings anxiety

• Maximize use of channels that foster dialogue and address older males’ specific needs
  o IPC/C (mobilizers and service providers – selection, training, supervision, tools)
  o Two-way radio formats (call-in shows, panels, man-on-the-street interviews, testimonials)
  o Call center or call-in numbers
  o WhatsApp, SMS
  o **Strengthen monitoring and use of data to inform demand generation**
    o GIS
    o Electronic tracking of conversions and referrals
  o **Continuously coordinate demand and supply activities, especially when they are led by different organizations**

KEY LESSONS TO DATE