

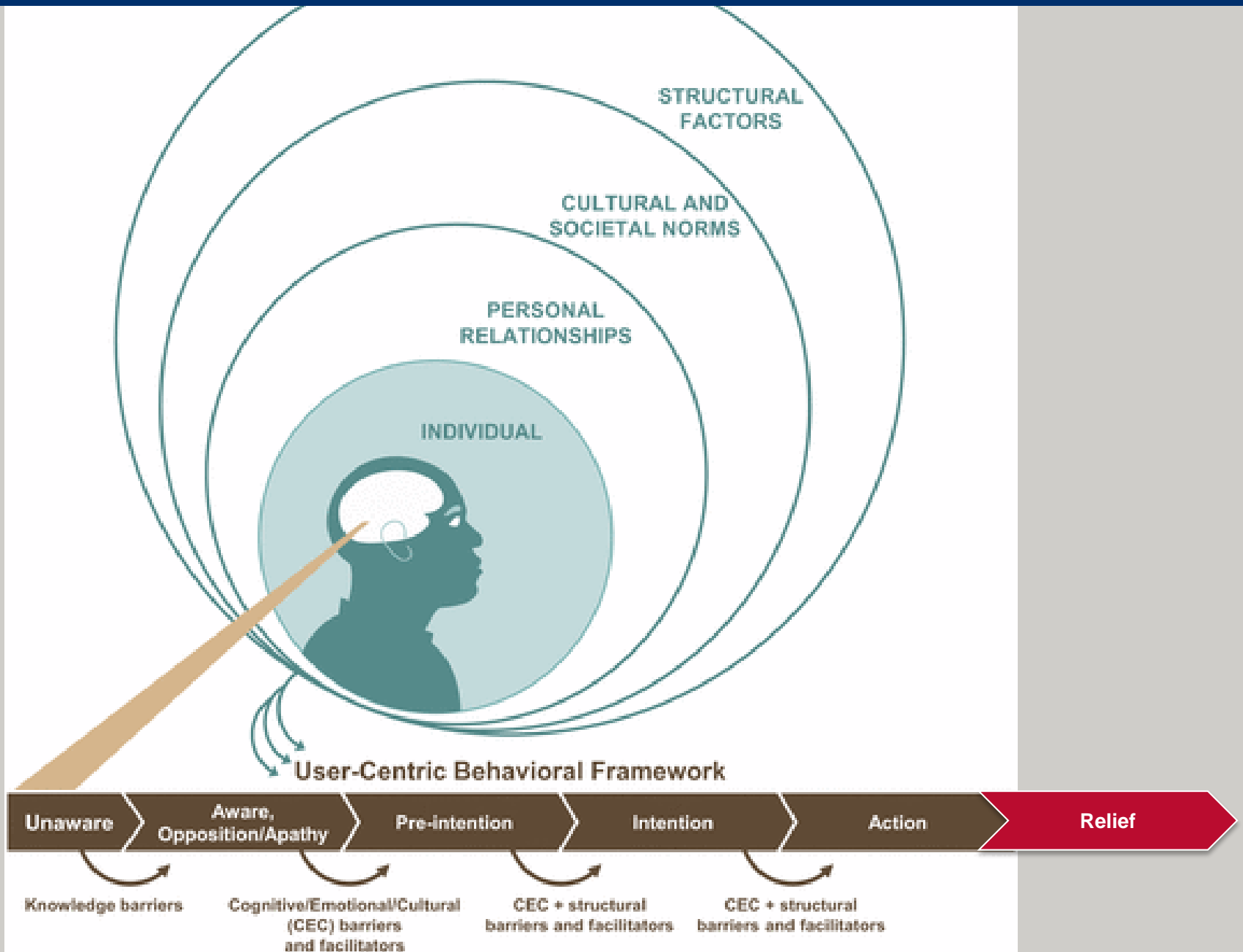


GENERATING DEMAND FOR VMMC AMONG THE 20-29 YEAR- OLDS

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INFLUENCES AND STAGES OF JOURNEY TO VMMC



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

WHAT DO WE KNOW ABOUT THE 20-29 YEAR OLDS?

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



PROMISING APPROACHES: COMMUNICATION INTERVENTIONS

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



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KEY LESSONS TO DATE

- **Understand and address age-specific barriers and motivators in your local context** (update commun. strategy)
- **Address key questions pro-actively and early on**
 - Be open about pain and address concerns
 - Clarify up front that HIV test not mandatory
 - Discuss abstinence during healing; involve partners to facilitate this
 - Actively promote multiple benefits of VMMC, including non-HIV advantages
- **Use time-bound triggers to help move men to action**
 - compress decision-making time
 - too much time to think brings anxiety
- **Maximize use of channels that foster dialogue and address older males' specific needs**
 - IPC/C (mobilizers and service providers – selection, training, supervision, tools)
 - Two-way radio formats (call-in shows, panels, man-on-the-street interviews, testimonials)
 - Call center or call-in numbers
 - WhatsApp, SMS
- **Strengthen monitoring and use of data to inform demand generation**
 - GIS
 - Electronic tracking of conversions and referrals
- **Continuously coordinate demand and supply activities, especially when they are led by different organizations**