PANOS

Communication challenges in HIV prevention: multiple concurrent partnerships and medical male circumcision

Pilot Study, Uganda

This briefing note presents a summary of findings from a pilot research project in Uganda in 2009. The broad objectives of the research were: to examine how contemporary communication approaches on HIV prevention specifically, multiple concurrent partnerships (MCP) and medical male circumcision (MMC) address social and structural drivers; and to stimulate debate on some of the key communication challenges around HIV prevention.

Billboard advertising the dangers of having multiple concurrent partners in Uganda. Most of them have been put down in June 2010. Spot messages continue to run on radio and television stations.

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Rationale

At the global level there is a renewed focus on prevention, as the rate of new HIV infections continues to outpace the number of people initiated on treatment. The past three years have led to major advances in prevention, including results confirming medical male circumcision (MMC) as an effective method to reduce transmission. In Uganda, the Government has drafted a policy on male circumcision and is due to launch a nationwide male circumcision programme as part of its HIV prevention strategy.

In addition, there is a renewed thrust on multiple concurrent partnerships (MCP) as one of the key factors behind high transmission rates. In Uganda too, alarmed by data from recent demographic and health surveys which shows considerable increase in the number of sexually active adults reporting multiple partners, the government has initiated new programmes and communication initiatives.

To be effective it is important that these initiatives should address the complex social and structural factors that drive the epidemic. Participatory, inclusive communication which empowers the communities, engages them in a process of debate and dialogue and helps them think of realistic solutions to their problems can be an effective tool in addressing social dimensions of HIV.

This pilot study was an initial exploration to highlight likely key areas of concern on HIV prevention communication, specifically MMC and MCP in Uganda.

Specific objectives of the study were to:

- assess the extent to which current interventions on MCP and MC help reduce multiple concurrent partnerships and increase uptake of male circumcision
- assess the extent to which current interventions on MCP and MC address social drivers that shape people's behaviour and attitudes towards medical male circumcision and concurrent sexual partnerships
- highlight needs for further work addressing the social dimensions of concurrent partnerships and male circumcision

Methodology

The qualitative, cross-sectional survey was implemented in Rakai and Kampala Districts of Uganda. Data was collected through:

- Focus group discussions (FGD) with community members in each district (male, female and mixed groups) about their attitudes and perceptions to male circumcision. Discussions also focussed on MCP, its magnitude, why people engage in it, and whether they understood the risks associated with it.
- Interviews with community and opinion leaders who were likely to influence the decision-making process in the community, such as district political leaders, health service providers and other stakeholders from the Ministry of Health, the World Health Organisation, UNAIDS, and Makerere University's School of Public Health.
- Review of existing documents on MC and MCP including national policies and programmes if any.

Study findings on multiple concurrent partnerships

- **Information on MCP:** Most respondents were able to articulate clearly what they understood by MCP. *"Engaging in more than one sexual relationship at the same time, commonly referred to as the sexual network or side dish"*, mixed FGD.
- **MCP and HIV:** Study respondents generally recognised the role that MCP play in driving the spread of HIV. *"I think HIV transmission is on the increase because polygamy that allows 'side-dish' relationships is acceptable and widely practised"*, female FGD.
- **Why do people engage in MCP?** Respondents gave some of the following reasons:
  - It is a sign of masculinity. *"A man with more than one wife and the ability to look after all of them is regarded of high status and reputation"*, mixed FGD.
  - It is part of the culture. *"Some people engage in MCP because they are following in the steps of their parents or close relatives who did the same"*, male FGD.
  - It is retaliation to a partner's infidelity or violent abuse. *"Both women and men resort to alternative relationships in attempts to revenge to partners who violate them"*, mixed FGD.
  - Poverty may make women turn to commercial sex. *"Poor girls and women who may have sex with men willing to pay for their needs"*, male FGD.
  - Women and girls seek higher economic status sometimes leading to cross-generational sex.
  - Complacency about HIV, specifically in the younger generation. *"Antiretroviral treatment (ART) is good but masks the disease, leading people to behave*

recklessly sexually and continue transmitting HIV", mixed FGD.

- **Current communication initiatives about multiple concurrent partnerships.** Several national campaigns have encouraged young people to abstain from sex, and for married couples to be faithful but little addresses multiple concurrent partnerships head on. The only campaign that directly seeks people to reduce their number of partners is a mass media campaign by the Uganda Health Marketing Group (UHMG). It uses community mobilisation, radio and television, and printed materials. The bill boards in the campaign are the most well known. *"The Bill Board is very colourful and attractive but you understand it best after you read the message"*, national key informant.

- **Communication in rural areas.** Most of the campaign, however, is limited to Kampala city and urban areas. For rural people, there are very few communication materials, and nothing is translated into the major local languages. People in rural areas had not seen the bill board campaign. Radio slots were more effective in sparking discussion about the issues and got people to reflect on their own behaviour. However, the two radio spots in local languages focus on fidelity and not partner reduction as emphasised in the broader UHMG campaign.

- **Challenges to prevention of MCP.** Addressing practices that are deeply rooted in people's culture is challenging and many respondents were pessimistic about whether changes in people's attitudes would be long lasting. *"MCPs have existed even before HIV. It is a big challenge in society because of cultural acceptance,"* District key informant. *"People will be scared for a short time, and will slip back to misbehave,"* national informant. *"The Muslim communities have rejected the UHMG 'sexual network' campaign and have requested MOH to interject. They feel the message is against the Muslim doctrine of having more than wife"*, national key informant.

Study findings on male circumcision

- **Knowledge and awareness about medical male circumcision.** All respondents knew of the importance of MMC in HIV prevention.Most understood that it offers up to 60% protection against HIV. *"Circumcision protects five out of 10 men from getting and transmitting HIV. But if the man is already infected with HIV, circumcision does not protect the female partner"*, male FGD.

- **Popularity of medical male circumcision in Uganda.** Male circumcision is gaining popularity in Uganda. *"The level of male circumcision acceptability is at 90%. We get overwhelming numbers of people demanding the services"*, health service provider, Rakai.

- **Reasons for male circumcision:** Other reasons for circumcision were: to fulfil religious prescription, to increase sexual pleasure, for hygiene reasons and to prevent or cure sexually transmitted diseases. Circumcision for cosmetic reasons – to have a 'smart' penis – was also cited as a reason.

- **Current communication initiatives about male circumcision.** Most rural community members had received information about circumcision through community outreach efforts, community films and theatre, radio programmes, health workers and health centres. *"We get a lot of information about circumcision from radio health programmes"*, female FGD.
  A 'Safe Male Circumcision Communication Strategy' has been created in partnership with the Health Communication Partnership, the Ugandan Ministry of Health and the World Health Organisation. It is not yet implemented, but it aims to ensure clarity and focus on the relationship between circumcision and HIV prevention.

- **Challenges:** Despite the acceptance of MMC by large numbers some challenges remain in ensuring further increase in uptake of MMC services as well as HIV prevention.

- **Myths and misconceptions:** Some respondents falsely believed that male circumcision fully protects against HIV. *"I think circumcision offers full protection against HIV transmission, but because our leaders want to control promiscuity, they say it protects only up to fifty percent"*, male FGD.

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  - **Fears:** There were general fears about the medical procedure itself, including concerns about safety and pain. *"The circumcised men may acquire HIV especially if the procedure is done by the less qualified health personnel"*, male FGD. Other concerns included where to have it carried out, worries about impotency, infertility and loss of

libido. *"People think that circumcised men are impotent with decreased libido and therefore not able to father children"*, mixed FGD.

- **Inadequate services and supplies:** Poor health systems and lack of human resources are a challenge to effective service delivery. Already, unofficial clinics are springing up to deal with the demand. *"One of the biggest challenges is the inadequacy in the health system to provide for the demand created in terms of human resources, supplies, drugs and equipment"*, national key informant.

Lessons emerging from the study

- Respondents felt the current messages on MCP are not very effective in changing behaviour. *"Getting people to change behaviour is the missing link in current HIV prevention communication. For example, the HIV prevention messages encouraging reduction in numbers of partners is not effective practically"*, national key informant.
- Messages on MCP are not reaching rural areas in languages and formats which can be easily understood by illiterate communities.
- MCP and MMC policies, programmes and communication do not take into account the traditional norms and perceptions surrounding masculinity that shape individual attitudes towards both issues. Messages about MCP are ineffective unless issues like domestic violence and stigma related to condom use and HIV testing are addressed.
- Campaigns and communication need to be accompanied by adequate services and supplies for MMC, including counselling services to address myths and misconceptions.

Next steps

This pilot study signals some important areas for further understanding as a matter of urgency, specifically since MMC is on the verge of being rolled out in Uganda.

- It is important to address prevailing myths and misconceptions. Some such as MMC is completely effective in HIV prevention require urgent attention. More research is needed to understand community's perceptions of communication campaigns on MCP and MMC.
- More research is needed to understand the complex social and structural drivers of HIV, including culture, masculinity and gender, with particular reference to MCP.
- More research is needed to explore how participatory approaches could best address MCP and MMC, particularly with people who have less power and access to information. Approaches which can facilitate debate on how people can take small practical steps in their own contexts to reduce harm can be one area for exploration.
- More attention needs to be paid to communication campaigns in rural communities (specifically those who do not speak English) and how they prefer to communicate.

In conclusion, the findings from this pilot study highlight the need to complement any roll-out of programmes on MCP and MMC with social communication programming that addresses the structural and social drivers of HIV. Technical interventions which do not take into account these social dimensions of HIV may not be very effective. It is important to find ways to help surface and promote community dialogue on both issues of MMC and MCP, and support community-generated solutions to any emerging issues.

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