

The communication channel which generates the most demand for Voluntary Medical Male Circumcision at Ndola Central Hospital.

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Background and Purpose: It has been demonstrated that male circumcision has numerous health benefits. Various channels of communication are used to disseminate information about male circumcision. The objective of this study was to identify the communication channels which generate the most demand for voluntary medical male circumcision (VMMC) at Ndola Central Hospital (NCH).

Methods: All clients aged 16 years or older who came for VMMC at NCH in a period of 3 months (01/02/15 to 01/05/15) were captured in the study. A structured questionnaire was used to collect data. Data entry and analysis were conducted using Epi Data version 3.1 and SPSS version 16.0, respectively. The Pearson's Chi-square and the Fisher's exact tests were used to establish associations. The cut off point for statistical significance was set at the 5% level.

Results: A total of 94 individuals participated in this study. Participants who were 16-24 years were motivated by Community leaders (22.3%), Television (22.3%) and Friends (20.2%). The 25+ age group cited Television (18.1%), Radio (18.1%) and Friends (18.1%) as the channels that generated most of their interest for VMMC. Overall, the highest demand to undergo VMMC was generated by Television (40.4%). 66% of participants believed that women are better promoters of VMMC. About 3 in 4 (78%) of the participants had to seek second opinion before undergoing VMMC.

Conclusions: Television as a channel that generated most of the interest for VMMC should be used in order to increase uptake of VMMC.

Keywords: male circumcision, communication strategy, Zambia.

1 Introduction

There is a low level of circumcision in Zambia. Only 13% of men are circumcised.[1] Most (71%) of circumcised men are from North-Western province, 40% from Western Province while all other provinces have 14% or less of circumcised men.[2] Creating demand for VMMC involves several activities aimed at increasing awareness of VMMC among men and women, provide concise information on VMMC benefits, inform and encourage the public where they can access VMMC services as well as to dispel myths from the public.[3] Knowing the best communication channel which would generate the most response is critical in effectively scaling up MC.

It was the aim of this research therefore, to identify the communication channel which generates the most demand for male circumcision at Ndola Central Hospital.

2 Materials and methods

2.1 Study site

The study was conducted at the Male Circumcision clinic of NCH. NCH is a government hospital in Ndola town of the Copperbelt, located along Nkana Road.

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2.2 Study design, sample size and sampling

All clients aged 16 years or older who came for VMMC at NCH in a period of 3 months (01/02/15 to 01/05/15) were captured in the study. A structured questionnaire was used to collect data. Data entry and analysis were conducted using Epi Data version 3.1 and SPSS version 16.0, respectively. The Pearson’s Chi-square and the Fisher’s exact tests were used to establish associations. The cut off point for statistical significance was set at the 5% level.

2.3 Ethical considerations

The research protocol was approved by the Copperbelt University, Public Health Department. Permission to conduct the study was given by NCH administration. Verbal consent was obtained from each study participant.

2.4 Data collection

A structured questionnaire was used to collect data from the VMMC clients. The questionnaire included questions on age, adequacy of VMMC information the first time it was received, the communication channel which made them decide to have VMMC, and whether women are better promoters of MC than men. Participants were requested to circle/tick the appropriate communication channels in each category: (i) Targeted advocacy: Politicians, Celebrities and Community leaders; (ii) Mass media: Radio, Television, SMS, Newspapers, Magazines and Billboards; (iii) Mid-Media: Public announcements using loud speakers, Speeches, Special promotion events, Posters and Drama group presentations; (iv) Interpersonal Relationships: Parents, Spouse, Girlfriend, Friends, Workmates and Counseling; (v) Other: here, participants were required to specify.

3 Results

A total of 94 individuals participated in this study. Over half (53.2%) of the participants were of age 16-24 years.

3.1 Information channels generating demand for VMMC

Table 1 describes the various communication channels that generated VMMC demand at NCH. Participants who were 16-24 years were mainly motivated by Community leaders (22.3%), Television (22.3%) and Friends (20.2%). The 25+ year’s age group cited Television (18.1%), Radio (18.1%) and Friends (18.1%) as the channels that generated most of their interest. Overall, the highest demand to undergo VMMV was generated by Television (40.4%), and this was followed by community leaders (38.3%) and radio (33%).

Table1. Communication channels that generated VMMC demand and their association with age group

Communication channels	Response	Age group		Total n (%)	Overall Ranking	p-value
		16-24 n (%)	25+ n (%)			
TARGETED ADVOCACY						
Politicians	Yes	1 (1.1)	4 (4.3)	5 (5.3)	11	0.14*
	No	49 (52.1)	40 (42.6)	89 (94.7)		
Celebrities	Yes	7 (7.4)	2 (2.1)	9 (9.6)	8	0.11*
	No	43 (45.7)	42 (44.7)	85 (90.4)		
Community leaders	Yes	21 (22.3)	15 (16.0)	36 (38.3)	2	0.431
	No	29 (30.9)	29 (30.9)	58 (61.7)		
MASS MEDIA						
Radio	Yes	14 (14.9)	17 (18.1)	31 (33.0)	3	0.270

	No	36 (38.3)	27 (28.7)	63 (67.0)		
Television	Yes	21 (22.3)	17 (18.1)	38 (40.4)	1	0.740
	No	29 (30.9)	27 (28.7)	56 (59.6)		
SMS	Yes	0 (0)	4 (4.3)	4 (4.3)	12	0.450*
	No	50 (53.2)	40 (42.6)	90 (95.7)		
Newspapers	Yes	2 (2.1)	6 (6.4)	8 (8.5)	9	0.141*
	No	48 (51.1)	38 (40.4)	86 (91.5)		
Magazines	Yes	2 (2.1)	5 (5.3)	7 (7.4)	10	0.246*
	No	48 (51.1)	39 (4.5)	87 (92.6)		
Billboards	Yes	4 (4.3)	6 (6.4)	10 (10.6)	7	0.507*
	No	46 (48.9)	38 (40.4)	84 (89.4)		
MID-MEDIA						
Public announcements using loud speakers	Yes	15 (16.0)	10 (10.6)	25 (26.6)	4	0.426
	No	35 (37.2)	34 (36.2)	69 (73.4)		
Speeches	Yes	3 (3.2)	2 (2.1)	5 (5.3)	11	1.000
	No	47 (50.0)	42 (44.7)	89 (94.7)		
Special promotion events	Yes	1 (1.1)	8 (8.5)	9 (9.6)	8	0.011*
	No	49 (52.1)	36 (38.3)	85 (90.4)		
Posters	Yes	12 (12.8)	9 (9.6)	21 (22.3)	5	0.680
	No	38 (40.4)	35 (37.2)	73 (77.7)		
Drama group presentations	Yes	8 (8.5)	1 (1.1)	9 (9.6)	8	0.034*
	No	42 (44.7)	43 (44.7)	85 (90.4)		
INTERPERSONAL RELATIONSHIPS						
Parents	Yes	14 (14.9)	5 (5.3)	19 (20.2)	6	0.045
	No	36 (38.3)	39 (4.5)	75 (79.8)		
Spouse	Yes	0 (0.0)	3 (3.2)	3 (3.2)	13	0.099*
	No	50 (53.2)	41 (43.6)	91 (96.8)		
Girlfriend	Yes	3 (3.2)	4 (4.3)	7 (7.4)	10	0.702*
	No	47 (50.0)	40 (42.6)	87 (92.6)		
Friends	Yes	19 (20.2)	17 (18.1)	36 (38.3)	2	0.950
	No	31 (33.0)	27(28.7))	58 (61.7)		
Workmates	Yes	4 (4.3)	6 (6.4)	10 (10.6)	7	0.507*
	No	46 (48.9)	38 (40.4)	84 (89.4)		
Counseling	Yes	4 (4.3)	4 (4.3)	8 (8.5)	9	1.000*
	No	46 (48.9)	40 (42.6)	86 (91.5)		
OTHERS						
Internet, Family members, Medical personnel	Yes	1 (1.1)	2 (2.1)	3 (3.2)	14	0.452*
	No	49 (52.1)	42 (44.7)	91 (96.8)		
Number of respondents		50 (53.2)	44 (46.8)	94 (100)		

Note: (*) represent P-value calculated from Fishers Exact Test

3.2 Association between age and communication channels

Special promotion events ($p=0.011$), drama group presentations ($p=0.034$) and parents ($p=0.045$) were significantly associated with the age (Table 1). Parents and drama group presentations were significantly associated with the 16-24 year age group while Special promotion events were significantly associated with those who were 25 years and above.

3.3 Adequacy of first time information in generating demand

The majority (78%) of the participants said they had to seek second opinion before they decided to undergo VMMC (Table 2).

Table 2. Adequacy of first time information to generate demand for VMMC

Response	Frequency	Percentage (%)
Yes	21	22.0
No	73	78.0
Total	94	100

3.4 Better promoters of VMMC (men or women).

As shown in Table 3, 66% of the participants believe women are better promoters of VMMC than men.

Table 3. Assessment of whether women are better promoters of VMMC than men

Response	Frequency	Percentage (%)
Yes	62	66.0
No	32	34.0
Total	94	100.0

4 Discussion

The current study revealed that Television (40.4%) was the channel of communication through which the majority received information that made them seek VMMC. Television was followed by community leaders (38.3%) and radio (33%). This shows that mass media channels, particularly television and to a lesser extent, radio are cardinal in communicating concise messages that encourages men to seek VMMC at NCH. In a study [4] done in Zimbabwe, participants had mostly learned of VMMC from radio (71.4%) and television (40.4%) campaigns. Another study [5], done in Tanzania indicated that the best mode of communication channel for VMMC messages was the radio. The difference in the findings of this study with those from the previous studies is most probably due to the different community setups in which the studies were conducted. It is likely that there were more televisions in the current study area than in the previous study areas. It's imperative, therefore, that both television and radio campaigns are intensified so that many more people can learn of the benefits of male circumcision and therefore seek to undergo the procedure. Community leaders under the targeted advocacy, was the second most frequently mentioned communication channel. It is interesting to learn that leaders in the community also have a big role to play in encouraging men to go for VMMC. Many young people regard elders in the community to be full of wisdom and insight, and this is probably the main reason why they have a large influence on the men's desire to undergo VMMC. The leaders of our communities should be encouraged to acquire more knowledge on VMMC so that many young people who are skeptical about the procedure can have clear understanding. It would be beneficial for the government to come up with training programs to equip the elders/leaders in the community with enough information about VMMC so that they may disseminate this information to the public.

The majority of communication channels had no association with the age group except for special promotion events, drama group presentations and parents. Special promotion events were mostly associated with participants who were of age 25 years or older while parents and drama group presentations had an association with the younger age group (16-24 years). This is consisted with what was reported [3] in South Africa that demand creation for VMMC services in men over the age of 25 is more difficult in some settings than for the younger men.

Another important revelation that this survey brings forth is that the majority of clients (78%) believed that the information they received the first time they heard about VMMC wasn't enough to stimulate their desire to seek undergoing the procedure. Only 22% had interest in VMMC the first time they heard it.

This finding raises a question; could it be that most of the messages in the communication channels currently in use are not concise and precise enough to communicate adequately or could it just be that people are always skeptical about something until they hear it multiple times and from different sources? This question may remain a subject of further research. However, this study helps to establish that it may be important to use several channels of communication so that VMMC can be heard on different platforms thereby enhancing the effective communication of the VMMC messages.

It is encouraging to learn that women are an important factor in driving men to seek VMMC. Though this study did not establish which category of women (girlfriends, wives, sisters, mothers, etc) influence men to undergo the procedure, it did underscore the fact that they have a great role to play in the scale up of VMMC campaigns. About two thirds (66%) of participants believed that women are better promoters of VMMC than men. This is concurrent with a study [6] which revealed that the majority of women (69%) were willing to have their partners circumcised while 81% were willing to have circumcision done on their sons. The Zambian government desire to involve female partners of uncircumcised men to play a crucial role in encouraging men to seek VMMC services. The government has made it a priority to involve women in all communication and advocacy activities that can help in generation demand for VMMC services. [7] The study therefore helps to emphasize the necessity of involving women in the various communication channels that are to be used in accelerating VMMC campaigns.

The limitation of this study is that the results cannot be generalized because everyone was captured. We don't know if there could be differences from others who didn't take part in the study. We are unable to establish the extent of bias and its direction.

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