



# USAID TULONGGE AFYA

## Test and Treat Audience Insights | Summary Report

November, 2017

USAID Cooperative Agreement: AID-621-A-17-00002

*This summary report is made possible by the support of the American People through the United States Agency for International Development (USAID) under Cooperative*



*Agreement No. AID-621-A-17-00002, with FHI 360 as the prime recipient. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.*

## **Test and Treat Insights Activity Overview**

Behavior change campaigns always start with listening to the hearts and minds of the target audiences. Without knowing what audiences feel, think and believe, it is a challenge to create impactful behavior change messages or strategies. However, asking straightforward questions often leads to straightforward lies. The “lies” audiences may tell in traditional focus group settings may be a deliberate attempt to role play for the moderator or group, with the intent to look better or smarter, or may be to protect their most intimate fears. Research suggests that 95% of decisions are based on subconscious or unconscious motivators and not logic and facts, so respondents may also simply be unaware of how they really feel about an issue.

### ***Projective techniques***

For years, researchers have relied on straightforward questions to gather data. Creating messages and programs on data that didn't represent respondents' truth rarely led to desired behavior changes or effective campaigns.

Projective techniques are questions that have no obvious answer. No one knows the correct answer to questions like “if behavior change were a car, what kind would it be.” Because respondents don't know the “correct” answer, they project from their truth. This results in rare insights into the deepest desire of the heart, rather than superficial and often untrue data. This also provides program and message developers fresh and unique insights to inform message and campaign strategies.

### ***Audience Insights Objectives***

The goal of the Test and Treat audience insight gathering was to determine the emotional drivers of target audiences related to HIV testing and initiation of ART, as well as barriers and enablers to taking action. In order to achieve this goal, the insight gathering activity aimed to understand the following for target audiences:

- Hopes and dreams for their lives
- Feelings related to current HIV testing and counseling practices
- Awareness of Test and Treat, a program that features immediate ART enrollment upon testing positive for HIV
- Feelings, perceptions, and beliefs about ART and the option to start it immediately after testing positive for HIV
- Perceptions of “what's in it for me” to take ART
- Perceptions of HIV information providers e.g. community- and facility-based health providers and other influencers

## Approach

### ***Design and Planning***

An expert consultant in the use of projective techniques was contracted by USAID Tulongge Afya to support and lead the audience insight gathering. The consultant was provided with an overview of the Test and Treat audience insights objectives, background on the HIV context in Tanzania, and priority HIV behaviors which the project aims to address. From that key information, the consultant developed discussion guides for each target audience segment (see below), which were then reviewed and revised before being submitted to FHI 360's Office of International Research Ethics (OIRE) for review and non-research determination, which was approved.

### ***Participants***

Participants were selected from primary and secondary target audiences for the Test and Treat campaign: adults unaware of their HIV status, PLHIV (age 18-35) who have not yet initiated ART (sub-groups: those who tested positive <6 months ago, and those who tested positive more than 1 year ago), PLHIV (age 18-35) who have been adherent to their HIV regimen for at least 6 months, facility-based health workers, and community health workers (CHWs).

### ***Recruitment***

Prior to recruitment of participants, the USAID Tulongge Afya team introduced the insight gathering activities to Government of Tanzania partners, and secured an approval letter that was used with Regional, District, and community leaders. USAID Tulongge Afya staff developed a recruitment guide that was used by all recruiters. Recruitment of participants took place in coordination with the RHMT and CHMT, USAID Tulongge Afya project staff, and the USAID-funded SAUTI project. Recruiters asked potential participants for verbal agreement to participate in the activity but collected no demographic information in order to maintain confidentiality.

### ***Insight Gathering Process***

Facilitators led 26 "best friend" interviews<sup>1</sup>, one solo interview, and 13 group interviews with a total of 54 respondents in Kigamboni District. Interviews ranged from 45 to 90 minutes, with a total of 42 hours and 20 minutes in interview time. In all cases, conversations were directed by a trained facilitator in Kiswahili using audience-specific projective discussion guides. All interviews and discussions were audio recorded for later reference. After the interviews, moderators participated in an in-depth debrief with the consultant to tease out key information and insights.

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<sup>1</sup> Interviews in which a participant that meets recruitment requirements is invited to come to the interview with a trusted friend who knows his/her HIV status. This allows for a more natural, honest conversation than one alone with a moderator. For this activity, the best friend could be of any gender and their HIV status was not collected.

## **Analysis**

The traditional approach to analysis is logic based. Behavior change analysis is emotion based. To start the analysis in an emotion-based arena, the following springboard questions were used to gather information from the facilitators about each interview or discussion:

- What surprised you about this group conversation?
- What was upsetting to you about the group conversation?
- What about this group conversation made you happy or gave you hope?
- What did someone in the group say that you will never forget?
- Was there an emotional reaction to any of the conversation topics? Tears? Anger? Surprise? Disbelief? (Positive or negative)
- What are three key findings that were uncovered in this group?
- How were the key findings from this group different from the key findings of groups like this?
- How were the key findings the same as the key findings from other groups like this?
- What was the most powerful emotional “heart buttons” for this group? Help me understand that choice.
- What other emotional “heart buttons” were important? Help me understand those choices.
- If you were in charge of creating a program that would move every person to be tested for HIV, what would you do? (Based on what you heard in this group.)
- If you were in charge of creating a program that would move every person to take ART, what would you do? (Based on what you heard in this group.)
- Please share other important thoughts or comments that would help me understand this group conversation.

While these questions helped to target emotional responses, the consultant followed up these questions with targeted probes and logic-based questions as needed. The consultant then used the findings to develop creative briefs for each target audience.

## **Findings**

When presented with a behavior change opportunity, people ask themselves these three questions when considering the change:

- What’s in it for me to change?
- Why should I believe you?
- How will taking action solve a problem in my life?

This activity provided insights into these questions so behavior change messages and strategies can provide answers to these questions in subtle yet effective ways.

### ***What's in it for me to change?***

The Test and Treat campaign targets two primary behavior changes: Get tested for HIV, and start ART if you test positive. The insight findings suggests these are the primary reasons why they might consider these actions:

- **Belonging:** People want to feel accepted by their family and community. They need and want to belong, not be ostracized by those they love. HIV threatens their deep desire and need to belong. HIV testing and immediate ART initiation allows their symptoms to lessen/disappear, allowing them to feel accepted and loved by their family and community.

Findings that suggest “belonging” is a powerful emotional driver:

- Many respondents shared the “buzz” that community members generated when gossiping about those they felt might be HIV+. They hated the fact that they were the target of these people because they knew that the “buzz” would lead to stigma and being left out of community gatherings.
- Respondents talked about treatment as a way to prove to others they were not HIV+, even though they were, so they could continue to be included in community events.
- **Control:** Community people are always watching, guessing, discussing, and gossiping about those who may be HIV+. Getting tested and immediately taking medication allows HIV+ people to stop/lessen symptoms, and put a stop to the gossip and innuendo. Messages that frame testing and ART as a way to control their status until they are ready to disclose, and remain an accepted community member (belonging) will likely be very effective.

Findings that suggest “control” is a powerful emotional driver:

- HIV+ respondents were asked to bring a “best friend” who knew their HIV status to the interviews. Many shared that the person that accompanied them was the only person who knew their status. One person had not told *anyone* his status so his HIV community worker accompanied him.
- An HIV+ couple went to great lengths to hide their ART in a locked bedroom in a basket suspended from the ceiling. They had not told anyone in their family, and pledged to each other not to share their HIV news with others.
- **Reinvention:** People fear knowing their HIV status because they know their lives will change. They fear not feeling accepted by their family and community and losing the sense of control all people want over their lives. They prefer not knowing because lack of confirmation allows their life to continue in the same way, although the nagging possibility of being HIV+ adds stress. To help people move from fear to action, HIV testing and immediate ART needs to be framed as a time of reinvention, a time when hopes and dreams can still come true. It needs to promise people that their lives will still be filled with the happiness and success, even though their life may look different because of their HIV status.

Findings that suggest “reinvention” is a powerful emotional driver:

- HIV+ people on ART for a long time are reinvention experts. All respondents were thankful they left their previous lonely life and slow slide toward death to reinventing a new, better life. They reported a feeling of regaining their lives, and are grateful they can work, spend time with friends, fulfill their dreams and remain an accepted member of their family and community.

### ***Why should I believe you?***

The audience insights suggest these groups are the most frequent providers of HIV-related messages:

- Community- and facility-based health providers
- Traditional medicine/ healers (referred to as “witch doctors” by some respondents)
- Religious leaders
- People who “walk in their shoes” (e.g. those who are like them, peers)

Participants report that facility-based health providers have limited influence with patients because they are unlikeable. They are viewed as lacking in empathy, compassion, and tact, and are viewed as untrustworthy and judgmental. In addition, the health clinic process was felt to be lengthy and did not take into account the competing time demands of the clients. Because of these issues, the target audience is unlikely to attend to health workers’ messages, believe what they say, or act on their advice.

Influence is greater when people share areas of similarity. This suggests that PLHIV are more likely to be influential with patients who are concerned about being HIV+. Additionally, community health workers appear to be more influential than facility health providers because they are perceived to more closely “walk in the shoes” of the patient.

Some view traditional healers as credible. They tell people what they want to hear and assure PLHIV they did nothing wrong, often assigning responsibility for their HIV status to “jealous neighbors who cast a spell on you” and suggesting easy treatment solutions. Although the findings were not conclusive in how many people find traditional healers credible, they were mentioned several times as a source of HIV advice.

Religious leaders also provide influential messaging, especially to PLHIV who may be attending services as part of a life reinvention. These leaders suggest that PLHIV need prayer, faith, and trust in God rather than medications. Taking medications is often framed as a failure of faith. Religious leaders also reach a wide audience through television and radio.

Although PLHIV participants shared their HIV news with only a few people, those trusted friends or family members provided support and encouragement, as well as supporting them to remain adherent by reminding them of their daily medication time.

***How will taking action solve a problem in my life?***

People only change when they feel it will solve a problem in their lives. Testing for HIV and taking ART will relieve emotional and physical fears, including the following fears:

- Not being accepted by community
- Seeing/hearing people gossiping about them
- Having people see their HIV symptoms
- Not achieving their hopes and dreams
- Losing their marriage and family
- Not having children
- Not finding/keeping a spouse or lover
- Not being able to work
- Feeling so tired they give up

Taking the desired actions of being tested for HIV and immediately taking ART allow their fears to be replaced by positive hopes like these:

- Being accepted by community
- Not seeing people gossiping about them
- Eliminating/lessening HIV symptoms
- Achieving their hopes and dreams
- Keeping and strengthening their marriage and family
- Having children
- Finding/keeping a spouse or lover
- Being able to work
- Feeling energized and hopeful

Although it doesn't make logical sense that PLHIV would reject a life-saving medication, it does make emotional sense. Taking ART requires acceptance. People who are told they are HIV+ find many reasons/excuses to reject their results. Being HIV+ threatens their sense of belonging and control – powerful emotional drivers – so they struggle to believe and accept the results. They question the testing process and seek confirmation from multiple sites. The need for multiple result confirmations may take months or years as people travel to other facilities, postponing their acceptance and delaying ART. Therefore, it may be effective to position immediate ART as an action that will give them control – control over their health, their future hopes and dreams, and when and to whom they



disclose their status – and allow them to remain a member of their community, preserving their ability to belong.

Also, some PLHIV continue to feel healthy and they question why medications are needed if they are not sick. While strength may be part of their reason for resisting ART, this may also suggest denial of their HIV status. The key message here is that taking ART will help to keep them strong, allowing them to maintain their current healthy appearance and continue doing the activities that are important to them, which also has important implications for their sense of belonging.

The following chart identifies how HIV testing and immediate ART will solve a problem in the lives of the target audience.

<b>With HIV testing and ART</b>	<b>Without HIV testing and ART</b>
ART allows people to feel accepted because ART allows them to control their HIV news Emotional benefit: Belonging and acceptance	Risk feeling alienated from family, friends and community Emotional risk: Loss of belonging and acceptance
ART brings peace of mind that eliminates fear and dread because patient can live a longer life with their community Emotional benefit: Peace of mind that comes with knowing the truth AND controlling that truth	Risk confirmation of HIV, something they fear and dread because it leads to loss of hopes and dreams, alienation and death Emotional risk: Fear of finding out they are HIV+
With ART, they can protect their partner and keep their dreams of love, sex and romance alive Emotional benefit: honesty wrapped in love, along with the assurance they can protect their partner with ART can reinvent a new and even better relationship	Risk losing their partner Emotional risk: rejection of partner
Reinvention begins with the first ART pill. Emotional benefit: Believing hopes and dreams can come true. ART starts the process of reinvention that includes control over HIV	Risk remaining stagnant because they don't feel they can move ahead with their life, especially when dealing with HIV symptoms Emotional risk: Giving up on hopes and dreams and life. With HIV symptoms, resigned to dying
With ART, they can stay healthy and avoid showing physical symptoms Emotional benefit: Belonging and control	Risk progression of disease, with symptoms that are visible and prevent them from living their normal life

	Emotional risk: Unable to achieve hopes and dreams, people gossiping about them and loss of belonging
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**Next Steps**

Based on these audience insights, the consultant developed creative briefs which the project used to inform development of Test and Treat messages, SBCC tools, and materials.