Uganda Joint Behaviour Change Communication Survey

October 2012

Cover photograph: Tine Frank

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Acronyms and Abbreviations

AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
BCC	Behaviour Change Communication
CCP	Center for Communication Programs
CDFU	Communication for Development Foundation Uganda
FP	Family Planning
HCP	Health Communication Partnership
HIV	Human Immunodeficiency Virus
JHU	Johns Hopkins University
MOH	Ministry of Health
OR	Odds Ratio
ORT	Oral Rehydration Therapy
SES	Social Economic Status
SMC	Safe Male Circumcision
SMP	Stop Malaria Project
SMS	Short Message Service
STAR E	Strengthening TB and HIV/AIDS Response in Eastern Uganda
STAR EC	Strengthening TB and HIV/AIDS Response in East Central Uganda
STAR SW	Strengthening TB and HIV/AIDS Response in SW Uganda
STI	Sexually Transmitted Infection
TB	Tuberculosis
UAM	United Against Malaria
UHMG	Uganda Health Marketing Group
USAID	United States Agency for International Development

Acknowledgements

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Executive Summary

In 2012, the United States Agency for International Development (USAID) requested the AFFORD/UHMG Health Marketing Project to coordinate a survey to evaluate the health behavior change communication interventions it had been supporting through the AFFORD project and other implementing partners in Uganda. USAID was particularly interested in the effectiveness of HIV, family planning, and maternal and child health communication at both national and district levels.

In response to this request, AFFORD/UHMG worked with STAR SW and STAR E Projects, VOICES III Project, Stop Malaria Project, and the Health Communication Partnership to design and conduct this household survey of 7,542 men and women between 15 and 54 years of age residing in 27 district of Uganda. Each implementing partner supported data collection in districts where they support activities. All partners had input into the study methodology and questionnaire. The Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, which manages the AFFORD/UHMG Project, provided technical oversight for the survey design, implementation, analysis and reporting.

This is the top line report from the survey conducted in October 2012. It reports on the level of exposure and associated behavioral variables for specific health communication interventions conducted during the 12 months prior to the survey. It also reports on combined effects of HIV communication, family planning communication, malaria communication, and maternal and child health communication efforts. The report does not include district-level analysis of data, nor does it provide comparisons among districts or with the prior comparable 2010 HCP Midterm Evaluation Survey. AFFORD/UHMG has made the entire dataset available to USAID and all implementing partners involved in the study design so they can conduct secondary analyses.

Family Planning Communication

The survey explores the reach and associated behavioral effects of four family planning communication interventions that took place during the 12 months preceding the survey:

- Smart Choices campaign
- Nurse Mildred campaign
- GENEXT campaign
- Marketing of family planning products (Pilplan, Injectaplan, Protector condoms, O condoms, NewFem, Softsure)

Some 78.8% of respondents reported that they had seen or heard communication about family planning from any of these sources during the 12 months preceding the survey. Urban residents were more likely to report exposure (83.4%) than rural residents (77.1%), and exposure levels increased with increasing wealth.

Regardless a respondent's age, sex, rural or urban residence, marital status, educational level or wealth, those who had been exposed to any of these communication interventions were

significantly more likely to currently use a modern family planning (FP) method, discuss FP with their partner, and want an ideal family size of four or less. Using propensity score matching to mimic a case-control study methodology, respondents who were exposed to any of these FP communication interventions were matched with respondents who were not, in order to calculate the net effects of family planning communication on key variables, regardless of age, education, wealth, residence or marital status. Using this methodology, the study found that 11% of women and 7% of men were currently using modern family planning methods; and 5% of women and 3% of men had discussed family planning with their partners due to exposure to family planning communication in the previous 12 months. The report also reports exposure and effects data for each of the four family planning communication interventions separately.

HIV Communication

The survey evaluated three HIV communication efforts that were taking place in the survey districts during the 12 months prior to the survey:

- Sexual Networks Campaign
- Go Together, Know Together Couple HIV Counseling and Testing Campaign
- Stand Proud, Get Circumcised Campaign

Some 84.8% of respondents had been exposed to any of these HIV communication interventions. Exposure was highest among the most educated and lowest among the least educated. Respondents who were fishermen, boda boda drivers, petty traders, hawkers or vendors were more likely than other respondents to have been exposed to these campaigns.

Exposure to any HIV communication was associated with a higher likelihood of condom use at last sex and intentions to circumcise among uncircumcised male respondents. Exposed respondents were also three times more likely than those who were not exposed to know that male circumcision reduces HIV risk, two times more likely to state that male circumcision is beneficial, and two times more likely to discuss male circumcision with others. Men and women exposed to HIV communication (80.2%) also were significantly more likely to intend to test for HIV as a couple in the next 12 months than those not exposed (76.9%).

The report also includes exposure and effects for each of the three HIV communication campaigns.

Malaria Communication

The survey also evaluated the exposure and effects of three malaria communication interventions:

- United Against Malaria
- Power of Day One
- Stop Malaria in Your Community (Mrs. Anopheles)

Some 67% of respondents reported exposure to any of these communication efforts in the preceding 12 months. Urban residents and respondents with higher education levels were

more likely to have been exposed to these communication interventions. Exposure to any of these malaria communication interventions was associated with a net increase in testing before treatment of 4% among women and 8% among men, regardless of age, marital status, educational level, wealth, or urban/rural residence. There were no net effects associated with exposure to malaria communication for other key outcomes such as getting treatment within 24 hours of fever onset, and sleeping under a mosquito net. The report includes exposure and effects data for each of these individual interventions.

Maternal and Child Health Communication

The survey evaluated exposure and effects of three communication interventions:

- Saving Mothers Deliver at a Health Facility campaign
- STAR SW Antenatal Care campaign
- Promotion of Aquasafe water purification tablet for safe water
- Promotion of Restors and Zinkid oral rehydration therapy and zinc supplements for diarrhea management.

Each of these campaigns is analyzed separately in the report.

The Saving Mothers' Lives campaign: Three quarters of respondents in the three campaign districts had seen or heard the campaign messages. Respondents who were exposed to the campaign were 2.67 times more likely to know that they need to go to a health facility for danger signs during pregnancy, and 3 times more likely to have made plans to deliver their babies at a health facility than women not exposed. Respondents who were exposed to the campaign were also more likely than those who were not to believe that *not* delivering at a health facility is very risky.

STAR SW Antenatal Care campaign: Some 69.2% of respondents living in districts where STAR SW operates had seen or heard the Antenatal Campaign. Respondents exposed to the campaign who were pregnant or delivered a baby in the previous 12 months were significantly more likely to attend ANC four or more times than unexposed respondents.

Promotion of Aquasafe, Restors and Zinkid: Only 17.4% of respondents had heard messages about Aquasafe; 25.6% had been exposed to messages about Restors; and 21.1% had been exposed to messages about Zinkid. Among those who were exposed to these messages, 48% reportedly adopted use of the products.

Integrated Health Communication Platforms

The survey also evaluated the Good Life brand and the radio serial drama "Rock Point 256", both of which communicate about a wide variety of health issues.

Good Life brand communication: Some 33.8% of respondents had seen or heard messages about the Good Life in the 12 months preceding the survey. Exposure was much higher among urban than rural residents.

Rock Point 256 Radio Serial Drama: Some 53% of respondents between the ages of 15 and 24 years had listened to Rock Point 256 at least once in the previous 12 months. Some 67% of listeners stated that they listened to the series weekly or more often. Listeners were significantly more likely to report using condoms at last sexual intercourse, having one sexual partner, talking with their partner or spouse about family planning, and knowing the HIV status of their partner or spouse during the 12 months before the survey. Female listeners were 24% more likely than female non-listeners to report current use of a modern family planning method.

Chapter 1: Introduction

1.1 Background

The Joint Behaviour Change Communication (BCC) Survey was conducted to examine the effectiveness of behaviour change interventions implemented by a number of United States Agency for International Development (USAID) implementing partners between November 2010 and November 2012. The AFFORD project was asked by USAID in Uganda to coordinate the survey in collaboration with other health programmes supported by USAID in Uganda. The Bill and Melinda Gates Foundation VOICES III project also joined the effort, supporting data collection in Kampala. The organizations and BCC interventions evaluated by this survey are listed in Table 1 below. Each of these projects contributed funding and logistical support towards implementation of the survey:

Table 1: Campaigns and communication efforts evaluated by implementing organization

Organization	Campaign/Communication Effort Evaluated
AFFORD/UHMG	1. Smart Choices family planning (FP) campaign
	2. GENEXT youth FP advocacy campaign
	3. Pilplan advertising/promotion
	4. Softsure advertising/promotion
	5. NewFem advertising/promotion
	6. Injectaplan advertising/promotion
	7. Protector advertising/promotion
	8. Condom O advertising/promotion
	9. Sexual Networks HIV prevention campaign
	10. Power of Day 1 malaria treatment campaign
	11. Saving Mothers Campaign
	12. Aquasafe advertising/promotion
	13. Restors and Zinkid advertising/promotion
	14. Good Life branding
STAR SW	1. Antenatal Care Campaign
	2. TB communication
Stop Malaria Project (SMP)	1. Stop Malaria in Your Community campaign
VOICES III	United Against Malaria Campaign
HCP	1. Nurse Mildred Family Planning Campaign
	2. Go together, know together couple HIV counseling and testing campaign
	3. Stand Proud, Get Circumcised Campaign
	4. Rock Point 256 radio serial drama
STAR E	1. HIV communication
	2. TB communication

1.2 Purpose of Study

This evauation was conducted to answer the following questions:

- What has been the reach of BCC interventions implemented by the various partners?
- How is exposure to partner BCC interventions associated with adoption of health behaviors and their determinants (knowledge, attitudes and beliefs)?
- How much have partner BCC interventions contributed to adoption of desired health behaviors?
- To what extent have the BCC interventions conducted by the various partners reached and influenced intended audience groups?
- What is the level of exposure (dosage) needed for these interventions to create change in knowledge, attitudes and behaviors?
- What modes of communication are most effective in influencing health knowledge, attitudes and behaviors?

1.3 Research Design

1.3.1 Study Design

This survey employed a cross sectional design, with a data collection period that lasted from October 1st to 31st, 2012. The study targeted individuals aged 15-54 years residing in the 27 districts summarized in Table 2, where participating projects implemented their BCC activities. The villages selected from these districts served as enumeration areas (EAs).

Table 2: Targeted districts for the evaluation by implementing organization

District	UHMG	HCP	STAR SW	SMP	STAR E	VOICES III
Apac	X	X				
Arua	X	X				
Bukwa	X				X	
Bushenyi	X	X	X			
Busia	X				X	
Dokolo	X	X				
Hoima		X		X		
Ibanda			X			
Isingiro			X			
Kabale			X			
Kabarole	X					
Kalangala	X					

District	UHMG	HCP	STAR SW	SMP	STAR E	VOICES III
Kampala	X	X				X
Kamuli	X	X				
Kamwenge	X					
Kasese	X					
Kiruhura			X			
Kumi	X			X		
Kyenjojo	X					
Lira	X	X				
Masaka	X			X		
Mbale	X				X	
Mukono	X			X		
Rukungiri			X			
Sironko	X				X	
Soroti	X	X		X		
Wakiso	X			X		

All respondents were randomly selected from households. Visitors in the households during the day of the survey were included. A household was defined as *a group of people living or sleeping under one roof and eating together*.

1.3.1 Sample size

The study was powered to detect district level change associated with exposure to BCC interventions. The study estimated a sample size of 300 individuals per each of the 26 districts and 250 from Kalangala district after taking into consideration an anticipated 10% non-response rate. Therefore a total of 8,050 individuals were to be interviewed. This sample size was adequate to examine a 15% difference in current use of modern family planning between those who are exposed to a family planning message and those who are not, with a power of 0.80 and alpha of 0.05. This sample size assumed that 19% of those who are not exposed used a modern method compared to 34% of those who are exposed. These proportions were based on data from the Health Communication Partnership (HCP) 2010 Evaluation Survey that looked at differences in use of modern methods by exposure to the Fred and Bernard campaign. Use of a modern family planning method was used to calculate sample size because it is a common outcome for several of the partners and is the least likely indicator of interest to change.

Altogether, 7,542 interviews were completed. Table 3 shows the estimated and realized sample size for each district.

Table 3: Estimated and realized sample size per district

District	Estimated Sample Size	Realized Sample Size	Response Rate (%)
Apac	300	295	98
Arua	300	267	89
Bukwa	300	300	100
Bushenyi	300	294	98
Busia	300	293	98
Dokolo	300	287	96
Hoima	300	261	87
Ibanda	300	299	100
Isingiro	300	293	98
Kabale	300	278	93
Kabarole	300	267	89
Kalangala	250	248	99
Kampala	300	277	92
Kamuli	300	277	92
Kamwenge	300	262	87
Kasese	300	270	90
Kiruhura	300	285	95
Kumi	300	254	85
Kyenjojo	300	256	85
Lira	300	275	92
Masaka	300	264	88
Mbale	300	300	100
Mukono	300	281	94
Rukungiri	300	294	98
Sironko	300	286	95
Soroti	300	300	100
Wakiso	300	279	93
Total	**8,050**	**7542**	**94**

1.4 Survey Implementation

1.4.1 Locating selected households and respondents

Multi-stage sampling was used to select the household sample for the study. The first level of sampling was selection of sub counties from each district followed by selection of parishes from

selected sub counties, then selection of villages from each selected parish. Then, households were selected from selected villages. Finally, respondents were selected from each selected household.

We randomly selected 10 sub counties from each district. Two parishes were then randomly selected from each sub county for a total of 20 parishes. One village was then randomly selected from each selected parish for a total of 20 villages in each district. Fifteen households were selected in each selected village. Households were selected using systematic random selection after listing all households in the village. This ensured that all households in a village (regardless of where they are located) had a chance of participating in the survey. One eligible individual was randomly selected at each selected household. To ensure an equal representation by gender, each team of interviewers had an equal number of males and females and respondents were matched by gender with the interviewer.

The household was substituted for another household if the selected individual refused to be interviewed on that day. During training and in their field manuals, supervisors and field interviewers were availed with examples of problems that their teams might encounter and how to deal with them.

1.4.2 Quality assurance procedures

Supervision and guidance to the field teams was provided by quality controllers and the study coordinator. They ensured regular progress of data collection in all the study EAs. Each team had a quality controller who would closely examine the data collected each day. The following quality control procedures were put in place to ensure the collection of high quality data.

1.4.2.1 Field Interviewer Training

Training of all field interviewers was centrally conducted by AFFORD/UHMG. This lasted five days and consisted of a combination of classroom training and practical experience. Before each training session, interviewers were required to study their manual carefully along with the questionnaire. Interviewers were also given the opportunity to ask questions at any time to avoid mistakes during field work. Additionally, each interviewer was given a copy of the questionnaire and the interviewers' training manual for easy reference and guidance during field work.

During the training, the questionnaire sections, questions, and instructions were discussed in detail. Interviewers participated in demonstration interviews that were conducted in front of the class as examples of the interviewing process. They practiced reading interview questions to each other several times. They also participated in role played interviewing another trainee. After interviewer training, additional specialized training was provided on the specific duties of supervisors and quality controllers. This ensured that all teams followed a uniform set of procedures and also enabled the supervisors and quality controllers to learn how to check the fieldwork and edit completed questionnaires.

1.4.2.2 Data Collection

Partners were responsible for funding and collecting data in their targeted districts. A paper and pencil interviewer administered questionnaire was used to collect data. Instruments were translated in the following languages spoken in the targeted districts: English, Luganda, Ateso, Luo- Langi, Lugbara, Runyankole/Rukiga, Runyoro/Rutoro, Lusamya, Sabinyi, Luswahili, Lumasaba, Lukonjo and Lusoga. Partners organized and financed travel costs for research staff recruited to collect data in their districts. Partners also were responsible for printing instruments used in their specific districts.

1.4.3 Data Processing

The design of data entry screens started shortly after the questionnaire review process. CS Pro software was used to develop data entry screens and this was fitted with the range and consistency checks. Data management and analysis was performed by a qualified statistician who was hired through a competitive bidding process. Stata 11 (StataCorp 2009) software was used to manage the dataset by running consistency checks, and cleaning the data. Ms Excel was also used to produce graphs for visual display in the evaluation report.

Chapter 2: Demographic Characteristics

2.1 Respondent demographic characteristics

The data collection tool captured demographic characteristics of all respondents by asking questions on sex of respondents, age (in completed years), residence (whether urban or rural), highest education level attained, religion, main occupation, marital status and number of children ever born to female respondents (parity). Of all respondents, 82% resided in a rural area and 69% were married.

Table 4 shows distribution of all participants by background characteristics. The gender distribution of participants is categorized into 5-year age groups generated from the questions on age (in complete years) and gender of the respondent. As seen from the table, an almost equal number of male and female participants were interviewed in this survey with 3,886 (52%) females and 3,656 (48%) males. About 30% of the participants in the survey were youth aged 15 to 24 years. Of the respondents, 82% were rural based and 69% were married or currently living together.

Table 4: Distribution of respondents by background characteristics

Background Characteristics	Males Percent	Females Percent	Overall Percent
Number	***3,656***	***3,886***	***7,542***
Age group			
15-24	27.8	31.7	29.9
25-34	33.1	36.8	34.7
35-44	23.8	23	23.5
45-54	15.3	8.5	11.9
Residence			
Urban	15.8	18.4	17.9
Rural	84.2	81.6	82.1
Education			
None	4.0	10.9	8.0
Primary	60.7	65.2	63.0
Secondary	27.4	20.5	23.5
Certificate/Diploma/University	7.9	3.4	5.5
Religion			
Roman/charismatic Catholic	40.9	39.9	39.9
Anglican/Protestant	39.0	35.6	36.3
Moslem	6.4	6.5	6.5
Pentecostal/Born again	9.4	10.7	9.8
Seventh Day Adventist	2.0	1.4	1.7

Background Characteristics	Males Percent	Females Percent	Overall Percent
Other	2.3	5.8	6.0
Marital Status			
Never married	29.2	14.4	21.7
Married/living together	65.7	73.3	69.2
Widowed/divorced/separated	5.1	12.3	9.2
Ever given birth			
No	NA	12.1	NA
Yes	NA	87.9	NA
Parity			
None	NA	16.7	NA
One	NA	27.5	NA
Two	NA	21.8	NA
3-4	NA	24.9	NA
5-6	NA	6.1	NA
More than 6	NA	3.0	NA
Wealth Quintile			
Lowest	19.2	21.5	20.1
Second	28.6	26.8	27.1
Middle	15.4	11.0	12.9
Fourth	21.1	19.6	20.0
Highest	15.7	21.1	20.0

Table 4 also shows the distribution of respondents by the wealth quintile of their households. The survey collected information on household possessions that were used to create an index representing the wealth of the households interviewed. The wealth index is a proxy for long term standard of living of the individual. Household assets used to create the wealth index include radio, television, bicycle, motorcycle, family home, cell phone, landline, computer, an income generating business, an indoor bathroom, running water, electricity, car, generator and solar power.

To construct the wealth index, each household item was assigned a weight or factor score generated through principal components analysis. The scores were standardized in relation to a standard normal distribution with a mean of zero and a standard deviation of one. For each individual, the scores on household possessions were then summed up. Then individuals were ranked and sub-divided into wealth quintiles, depending on their scores, with each quintile containing 20% of the participants. In other words, the wealth index measures the standard of living of an individual relative to other individuals in the survey. The wealth index, generated as above, was then applied to several analyses to understand the differences in social and health behavior of respondents that can be attributed to socio-economic status.

2.2 Respondents from Key Populations

Key Populations most at risk of HIV are those groups that have higher than average HIV prevalence when compared to the general population. These groups are more vulnerable to HIV infection due to a variety of factors such as more frequent exposure to the virus and involvement in risky behaviors. The category of Key Populations most at risk of HIV was comprised of respondents whose main occupation was fishing, boda boda driving, petty traders, hawkers or vendors. Table 5 shows the demographic distribution of respondents from these key populations. About 55% were males and 43% were aged 15-34 years old. The distributions of key population respondents by other demographics are shown in Table 5 below.

Table 5: Distribution of Respondents from Key Populations by Background Characteristics

Background Characteristics	Fishing	Boda boda / Petty trader/Hawker/Vendor	Total
Number	**133**	**472**	**605**
Sex			
Male	77.1	49.7	54.8
Female	22.9	50.3	45.2
Age group			
15-24	25.2	28.9	28.2
25-34	34.2	43.4	41.7
35-44	26.1	21.7	22.5
45-54	14.4	6	7.6
Residence			
Urban	26.1	17.4	19.1
Rural	73.9	82.6	80.9
Education			
No education	8.5	2.6	3.8
Primary education	60.5	61.4	61.2
Secondary education	29.5	33.9	32.9
Certificate/diploma/university	1.6	2.1	2
Religion			
Roman/charismatic Catholic	32.3	41.7	39.7
Anglican/Protestant	18	37.7	33.4
Moslem	12	9.7	10.2
Pentecostal/Born again	5.3	7.6	7.1
Seventh Day Adventist	1.5	1.5	1.5
Other	30.8	1.7	8.1

Background Characteristics	Fishing	Boda boda / Petty trader/Hawker/Vendor	Total
Marital status			
Never married	16.2	18.3	17.9
Married/living together	64	71.7	70.2
Widowed/divorced/separated	19.8	10	11.9
Wealth Quintile			
Lowest	3.8	7.8	6.9
Second	26.3	17.4	19.3
Middle	25.6	15.3	17.5
Fourth	6.0	34.1	27.9
Highest	38.3	25.4	28.3

2.3 Mass Media Listening Habits

Access to information is essential in increasing people's knowledge and awareness of what is happening around them, which influences their health perceptions and behaviors. In the BCC survey, exposure to media was assessed by asking respondents how often they listened to radio, watched television or read a newspaper or magazine in a week.

Table 6: Frequency of Listening to Radio by Background Characteristics

Background Characteristics	Never	1-3 times a week	4-7 times a week	At least once a week	Number (n)
All	18.2	15.3	66.5	81.8	7,542
Sex					
Male	11.7	14.0	74.4	88.4	3,530
Female	24.3	16.5	59.2	75.7	3,741
Age group					
15-24	17.6	17.6	64.8	82.4	2,191
25-34	18.0	14.3	67.8	82.1	2,540
35-44	19.7	12.5	67.7	80.2	1,724
45-54	17.8	18.1	64.1	82.2	869
Residence					
Urban	18.4	15.2	66.4	81.6	1,306
Rural	18.2	15.2	66.6	81.8	6,004

Background Characteristics	Never	1-3 times a week	4-7 times a week	At least once a week	Number (n)
Education					
No education	30.4	15.9	53.8	69.7	593
Primary education	19.2	15.7	65.2	80.9	4,688
Secondary education	12.8	14.7	72.4	87.1	1,751
Certificate/diploma/ university	6.4	12.7	80.9	93.6	408
Religion					
Roman/charismatic Catholic	16.4	16.3	67.3	83.6	3,006
Anglican/Protestant	18.0	14.3	67.7	82.0	2,734
Moslem	19.5	13.6	66.9	80.5	487
Pentecostal/Born again	24.3	16.3	59.4	75.7	736
Seventh Day Adventist	18.1	15.0	66.9	81.9	127
Other	19.9	15.5	64.6	80.1	452
Marital status					
Never married	14.0	17.3	68.7	86.0	1,594
Married/living together	18.3	14.2	67.5	81.7	5,090
widowed/divorced/separated	25.6	18.8	55.6	74.4	676
Wealth Quintile					
Lowest	39.4	20.5	40.1	60.6	1,514
Second	14.4	15.6	70.1	85.7	2,045
Middle	10.7	13.1	76.2	89.3	971
Fourth	11.2	12.9	75.9	88.8	1,507
Highest	14.0	13.8	72.3	86.1	1,505
Key Populations (fishermen, boda bodas, hawkers, petty traders, vendors)					
No	18.7	15.6	65.7	81.3	6,937
Yes	12.9	12.6	74.5	87.1	605

As shown in Table 6, 82% of respondents listen to radio at least once a week, with males (88.4%) more likely to listen than their female counterparts (75.7%). Also, respondents from key populations (87.1%) were more likely to listen to radio than other respondents (81.3%).

Table 7: Frequency of Viewing TV by Background Characteristics

Background Characteristics	Never	1-3 times a week	4-7 times a week	At least once a week	Number (n)
All	81.9	8.9	9.1	18.0	7,542
Sex					
Male	80.7	11.8	7.5	19.3	3,530
Female	86.0	5.8	8.3	14.1	3,741
Age group					
15-24	79.4	11.3	9.3	20.6	2,191
25-34	84.1	8.5	7.4	15.9	2,540
35-44	85.3	6.7	8	14.7	1,724
45-54	86.3	7	6.7	13.7	869
Residence					
Urban	66.5	12.6	20.8	33.4	1,306
Rural	87	7.8	5.2	13.0	6,004
Education					
No education	87.4	4.2	8.4	12.6	593
Primary education	86.8	7.4	5.8	13.2	4,688
Secondary education	74.2	12	13.8	25.8	1,751
Post-Secondary	50.7	20.8	28.4	49.2	408
Religion					
Roman/Charismatic Catholic	83.8	9.3	7	16.3	3,006
Anglican/Protestant	85.9	7.7	6.4	14.1	2,734
Moslem	74.5	10.7	14.8	25.5	487
Pentecostal/Born Again	83.8	8.6	7.6	16.2	736
Seventh Day Adventist	92.9	6.3	0.8	7.1	127
Other	47.3	13.3	39.4	52.7	452
Marital status					
Never married	74.6	13.1	12.3	25.4	1,594
Married/living together	85.5	7.4	7.1	14.5	5,090
Widowed/Divorced/Separated	82.4	9.2	8.4	17.6	676
Wealth Quintile					
Lowest	95.5	3.5	1	4.5	1,514
Second	92.4	5.7	2	7.7	2,045
Middle	89.3	8.5	2.2	10.7	971
Fourth	87.1	10.5	2.5	13.0	1,507
Highest	44.2	17.5	38.3	55.8	1,505
Key Populations (fishermen, boda bodas, hawkers, vendors, petty traders)					
No	82.7	8.6	8.7	17.3	6,937
Yes	73.2	12.4	14.4	26.8	605

As shown in Table 8, 18% of respondents watched TV at least once a week, with males (19.3%) more likely to watch than their female counterparts (14.1%); and urban residents (33.4%) far more likely to watch TV than rural residents (13%). Also, respondents from key populations (26.8%) were more likely to watch TV at least once a week than other respondents (17.3%).

Table 8: Frequency of Reading Newspapers or Magazines by Background Characteristics

Background Characteristics	Never	1-3 times a week	4-7 times a week	At least once a week	Number (n)
All	81.4	13.8	4.8	18.6	7,542
Sex					
Male	79.0	16.7	4.3	21.0	3,530
Female	84.8	11.1	4.0	15.1	3,741
Age group					
15-24	79.6	16.9	3.5	20.4	2,191
25-34	83.0	13.2	3.7	16.9	2,540
35-44	82.9	11.9	5.1	17.0	1,724
45-54	83.8	11.5	4.7	16.2	869
Residence					
Urban	68.4	20	11.6	31.6	1,306
Rural	84.8	12.6	2.6	15.2	6,004
Education					
No education	92.9	5.4	1.7	7.1	593
Primary education	88.3	8.8	2.9	11.7	4,688
Secondary education	67.4	24.7	7.9	32.6	1,751
Certificate/Diploma/University	44.4	38.2	17.4	55.6	408
Religion					
Roman/Charismatic Catholic	83.9	12.7	3.3	16.0	3,006
Anglican/Protestant	80.8	15.3	3.9	19.2	2,734
Moslem	79.1	15.2	5.7	20.9	487
Pentecostal/Born Again	82.9	13.7	3.4	17.1	736
Seventh Day Adventist	87.4	11	1.6	12.6	127
Other	66.6	11.7	21.7	33.4	452
Marital status					
Never married	74.6	21.4	4	25.4	1,594
Married/living together	83.7	12.1	4.3	16.4	5,090
Widowed/Divorced/Separated	84.9	9.3	5.8	15.1	676

Background Characteristics	Never	1-3 times a week	4-7 times a week	At least once a week	Number (n)
Wealth Quintile					
Lowest	92.1	6.5	1.5	8.0	1,514
Second	88.8	10.2	1	11.2	2,045
Middle	87.6	10.3	2.1	12.4	971
Fourth	79.2	18	2.8	20.8	1,507
Highest	58.9	24.1	16.9	41.0	1,505
Key Populations (fishermen, boda bodas, hawkers, vendors, petty traders)					
No	81.5	14.1	4.4	18.5	6,937
Yes	80.7	10.6	8.8	19.4	605

Table 8 shows that 18.6% of respondents read newspapers or magazines at least once a week, with males (21.0%) more likely to read newspapers than their female counterparts (15.1%). Respondents who were more educated, wealthier, and living in urban areas were much more likely to read newspapers or magazines than others.

Chapter 3: Family Planning Communication

3.1 Introduction

During the 12 months before the survey, a number of partners communicated about family planning. Many of these communication efforts took place in the same locations, and reached the same people. This survey evaluated the following family planning communication efforts that were taking place in the survey districts during the 12 months before the survey:

- Smart Choices campaign
- Nurse Mildred campaign
- GENEXT campaign
- Marketing of family planning products (Pilplan, Injectaplan, Protector condoms, O condoms, NewFem, Softsure)

In this chapter, we will first examine the exposure and effects of exposure to any of these family planning communication efforts during the 12 months before the survey. Then, we will examine the exposure and effects of each of these communication efforts individually.

3.2 Combined Effects of Family Planning Communication

The combined effect of exposure to any of these family planning (FP) communication efforts was obtained by considering exposure to messages from the Nurse Mildred, GENEXT, Smart Choices, and UHMG brand marketing campaigns in the 12 months preceding the survey. The survey was not able to measure exposure to the STRIDES for Family Health family planning communication as it was not easily identifiable by unique brand, slogan, or logo. It is important to note that exposure to family planning communication by other programs (e.g., STRIDES for Family Health, PACE, Reproductive Health Uganda, Marie Stopes Uganda, Rock Point 256, and Straight Talk Foundation) was not measured but may have contributed to the overall effects measured in this survey.

3.2.1 Exposure to any FP Communication

Respondents were asked if they had seen or heard messages about GENEXT, Smart Choices, Nurse Mildred, or the UHMG family planning brands listed above in the past 12 months. As shown in

Table 9, 78.8% of respondents reported that they had seen or heard communication about family planning from any of these sources during the 12 months preceding the survey, with urban residents (83.4%) more likely to report exposure than their rural counterparts (77.1%). Respondents with university/diploma/certificate education level (87.5%) were more likely than their un-educated (75.5%) counterparts to report exposure to family planning communication. Also, respondents from key populations (84.3%) were more likely to report that they had seen or heard family planning communication than other respondents (78.3%).

Table 9: Percent of Respondents Who Reported Seeing or Hearing FP Communication in the Previous 12 Months by Selected Characteristics

Background Characteristics	Percent	Number(n)
All	78.8	7,542
Sex		
Male	80.5	3,530
Female	76.2	3,741
Age group		
15-24	77.5	2,191
25-34	79.7	2,540
35-44	77.4	1,724
45-54	79.1	869
Residence		
Urban	83.4	1,306
Rural	77.1	6,004
Education		
No education	75.5	593
Primary education	77.2	4,688
Secondary education	81.6	1,751
Certificate/Diploma/University	87.5	408
Religion		
Roman/Charismatic Catholic	79.1	3,006
Anglican/Protestant	80.9	2,734
Moslem	77.2	487
Pentecostal/Born Again	66.4	736
Seventh Day Adventist	80.3	127
Other	85.2	452
Marital status		
Never married	78.1	1,594
Married/living together	78.3	5,090
Widowed/Divorced/Separated	80.3	676
Wealth Quintile		
Lowest	70.3	1,514
Second	76.9	2,045
Middle	80.1	971
Fourth	81.2	1,507
Highest	86.6	1,505
Key Populations (fishermen, boda bodas, hawkers, vendors, petty traders)		
No	78.3	6,937
Yes	84.3	605

3.2.2 Effects of Exposure to Family Planning Communication on Key Outcomes

To ascertain the effects of exposure to family planning communication, cross tabulations were done for key outcomes and chi–square p-values obtained. Results are summarized in Table 10.

Table 10: Comparison of Key Family Planning Outcomes among Respondents Exposed and Unexposed to Family Planning Communication in the Past 12 Months

	Exposed		Unexposed		
Outcome variable	(%)	N	(%)	N	P-value*
Current use of modern family planning (All Respondents)	34.2	2954	24.7	2410	<0.001
Current use of modern family planning (Males)	30.5	1505	21.7	1151	<0.001
Current use of modern family planning (Females)	27.0	1400	38.6	1218	<0.001
Discussed FP with spouse/partner (All respondents)	60.9	3270	43.8	2342	<0.001
Discussed FP with spouse/partner (Males)	61.1	1498	42.8	1051	<0.001
Discussed FP with spouse/partner (Females)	61.7	1648	44.7	1253	<0.001
Ideal Family is 4 or Less (All respondent)	68.2	2902	57.0	2523	<0.001
Ideal Family is 4 or Less (Males)	63.7	1310	54.1	1089	<0.001
Ideal Family is 4 or Less (Females)	71.0	1470	59.2	1392	<0.001
Thinks spouse / partner approves of FP (All respondent)	60.6	3,455	43.5	2988	<0.001
Thinks spouse / partner approves of FP (Males)	58.5	1586	40.5	1386	<0.001
Thinks spouse / partner approves of FP (Females)	61.5	1691	46.2	1547	<0.001

*Chi-Square Test

As shown in Table 10, current use of modern family planning methods was reported in 34.2% of respondents exposed to FP communication over the 12 months prior to the survey and 24.7% among those unexposed. Couple discussion of family planning was significantly higher in exposed respondents (60.9%) as was an ideal family size of 4 or less (68.2%). These associations were not controlled for socio-demographic characteristics.

3.2.3 Association between exposure to FP communication and key outcomes

In order to control for the effects of socio-demographic characteristics, logistic regressions were used to obtain odds ratios (Table 11). Overall, exposure to FP communication was significantly associated with better outcomes among respondents. For instance, among all respondents, those exposed were 53% more likely to report current use of a modern FP method, 2 times more likely to have discussed FP with their partner, 48% more likely to report an ideal family size of 4 or less, and 89% more likely to state that their spouse/partner approves of FP as compared to unexposed respondents. All odds ratios were controlled for age, sex, rural or urban residence, marital status, education level and wealth index.

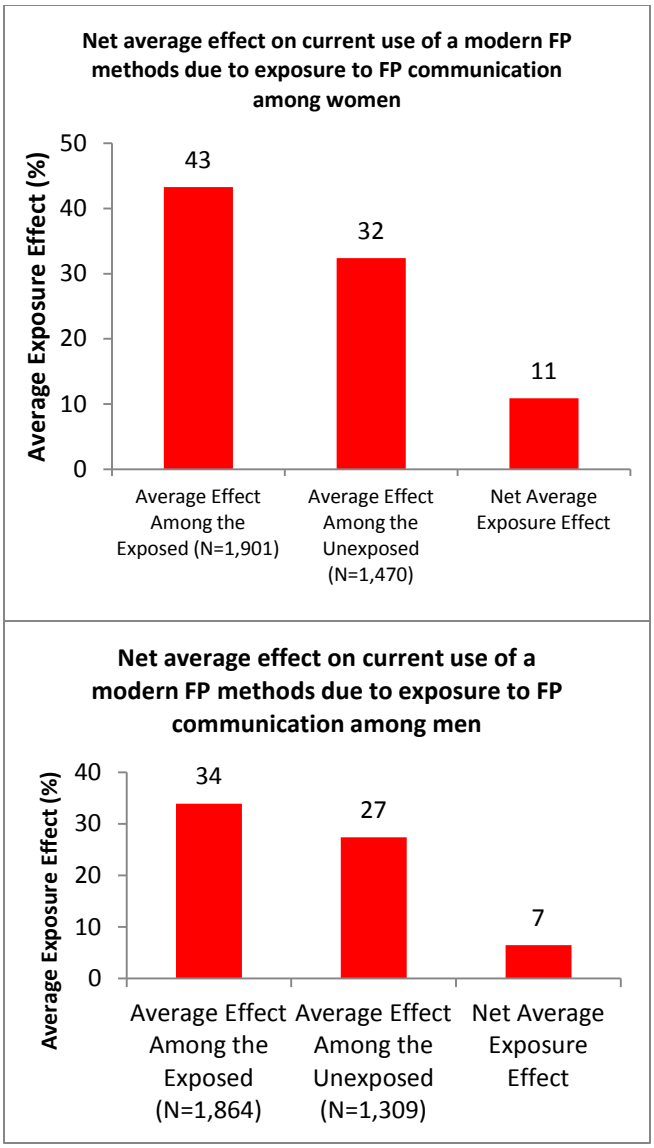
Table 11: Odds Ratios for Key Outcomes by Family Planning Exposure by Gender

Outcome Variable	Category	All respondents	Male	Female
Current use of modern FP method	Unexposed	Referent	Referent	Referent
	Exposed	1.53* (1.30, 1.80)	1.39* (1.07, 1.80)	1.71* (1.39, 2.11)
Discussed FP with spouse/partner	Unexposed	Referent	Referent	Referent
	Exposed	2.03* (1.76, 2.34)	2.07* (1.66, 2.59)	2.01* (1.66, 2.43)
Ideal Family is 4 or Less	Unexposed	Referent	Referent	Referent
	Exposed	1.48* (1.29, 1.71)	1.58* (1.27 1.97)	1.46* (1.21, 1.76)
Thinks spouse / partner approves of FP	Unexposed	Referent	Referent	Referent
	Exposed	1.89* (1.65, 2.16)	1.89* (1.52, 2.33)	1.83* (1.54, 2.19)

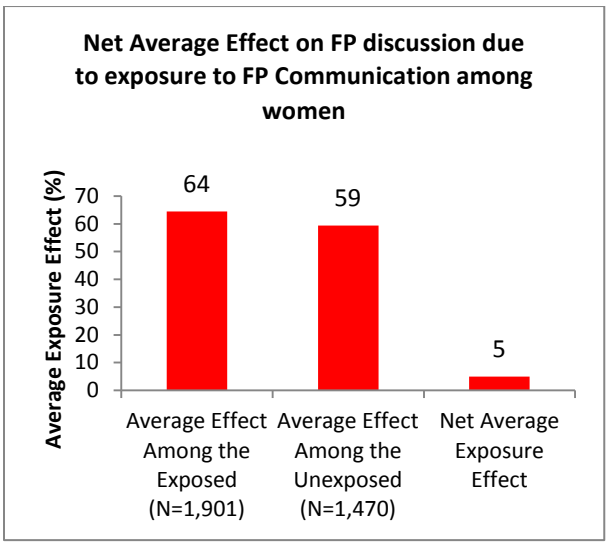
*Statistically Significant ($p<0.05$)

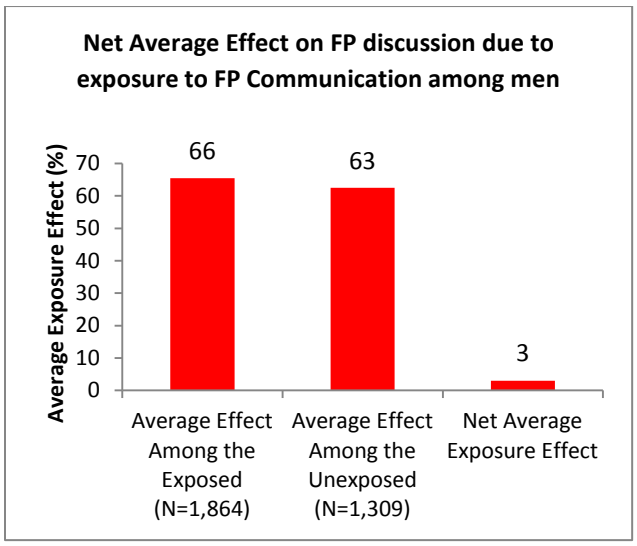
3.2.4 Net Effect of Exposure to FP Communication on Key Outcomes

In this section, we present propensity score matching (PSM) results related to FP communication. Each respondent who was exposed to FP communication in the previous 12 months was matched to an identical unexposed respondent and then the average difference in the outcome variables between the two groups was measured. Respondents were matched on age, gender, education attainment, wealth index, urban or rural residence and marital status. This way, the effects of these variables on outcomes were balanced.

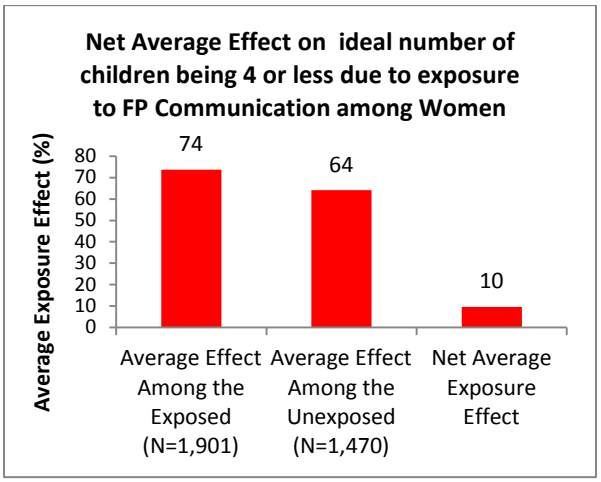


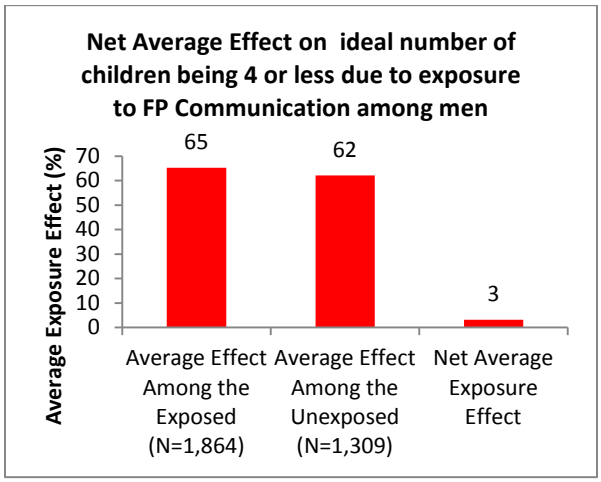
The graphs above show the net effect of exposure to FP communication on the use of modern family planning methods. The difference between the average effects among matched exposed and unexposed respondents indicates that exposure to FP communication is associated with a net increase in FP use of 11% in women and 7% in men, regardless of the respondents' age, educational attainment, wealth, urban or rural residence and marital status.



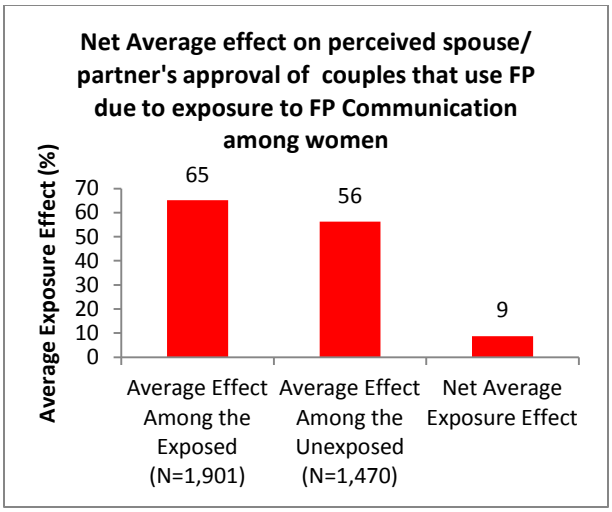


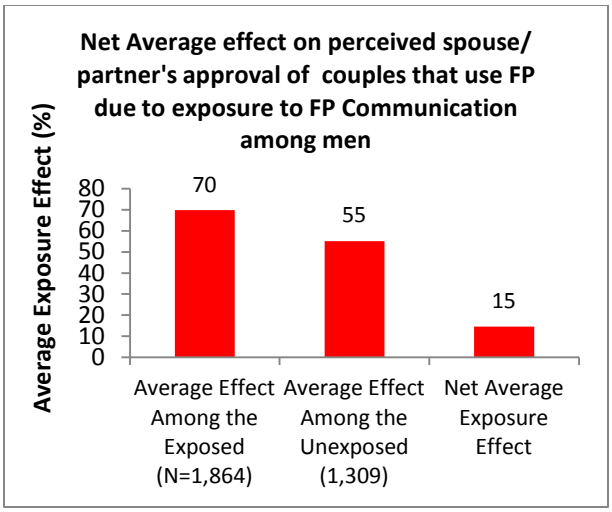
The graphs above show the net effect of exposure to FP communication on couple FP discussion in the past 12 months. The difference between the average effects among matched exposed and unexposed respondents indicates that exposure to FP communication is associated with a net increase in couple FP discussion of 5% in women and 3% in men, regardless of the respondent's age, educational attainment, wealth, urban or rural residence and marital status.





The graphs above show the net effect of exposure to FP communication on having of an ideal family size of 4 or less. The difference between the average effects among matched exposed and unexposed respondents indicates that exposure to FP communication is associated with a net increase in preference of an ideal family size of 4 or less of 10% in women and 3% in men, regardless of the respondent's age, educational attainment, wealth, urban or rural residence and marital status.





The graphs above show the net effect of exposure to FP communication on perception that their spouses/partners approve of family planning. The difference between the average effects among matched exposed and unexposed respondents indicates that exposure to FP communication is associated with a net increase in partner FP approval perception of 9% in women and 15% in men, regardless of the respondent's age, educational attainment, wealth, urban or rural residence and marital status.

3.3 Smart Choices Campaign

The AFFORD/UHMG Project implemented the Smart Choices multi-channel communication campaign from August 2012 until after the BCC Survey took place. This campaign encourages individuals and couples to use modern family planning methods to achieve their life goals. The main message is that there are a variety of family planning options, appropriate for various life stages and reproductive goals. The campaign utilizes radio, television, countrywide billboards, and point of service materials.

3.3.1 Exposure to the Smart Choices Campaign

Exposure to the Smart Choices campaign was determined by asking respondents whether they saw or heard messages about the campaign in the 12 months preceding the survey.

Table **12** shows the distribution of all respondents aged 15 to 54 years who were exposed to the Smart Choices campaign during the 12 months preceding the survey. As shown, 35.7% of respondents reported exposure to the Smart Choices campaign in the 12 months preceding the survey. Exposure to the campaign was higher among respondents with no education (47.8%) and those in the highest wealth quintile (45.6%). Otherwise, it was equally distributed across age groups, educational levels, and gender.

Table 12: Percent of Respondents who Heard or Saw the Smart Choices Campaign in the Past 12 Months by Selected Characteristics

Background Characteristics	Yes	Number of Respondents
Overall	*35.7*	*5,749*
Sex		
Male	31.6	2,663
Female	36.4	2,842
Age group		
15-24	33.0	1,740
25-34	34.9	1,916
35-44	34.6	1,256
45-54	31.6	633
Residence		
Urban	35.0	1,036
Rural	33.3	4,495
Education		
None	47.8	429
Primary	34.9	3,517
Secondary	33.5	1,412
Post-Secondary	35.7	319
Wealth Quintile		
Lowest	33.1	1,243
Second	35.1	1,529
Middle	32.0	663
Fourth	30.4	1,085
Highest	45.6	1,229

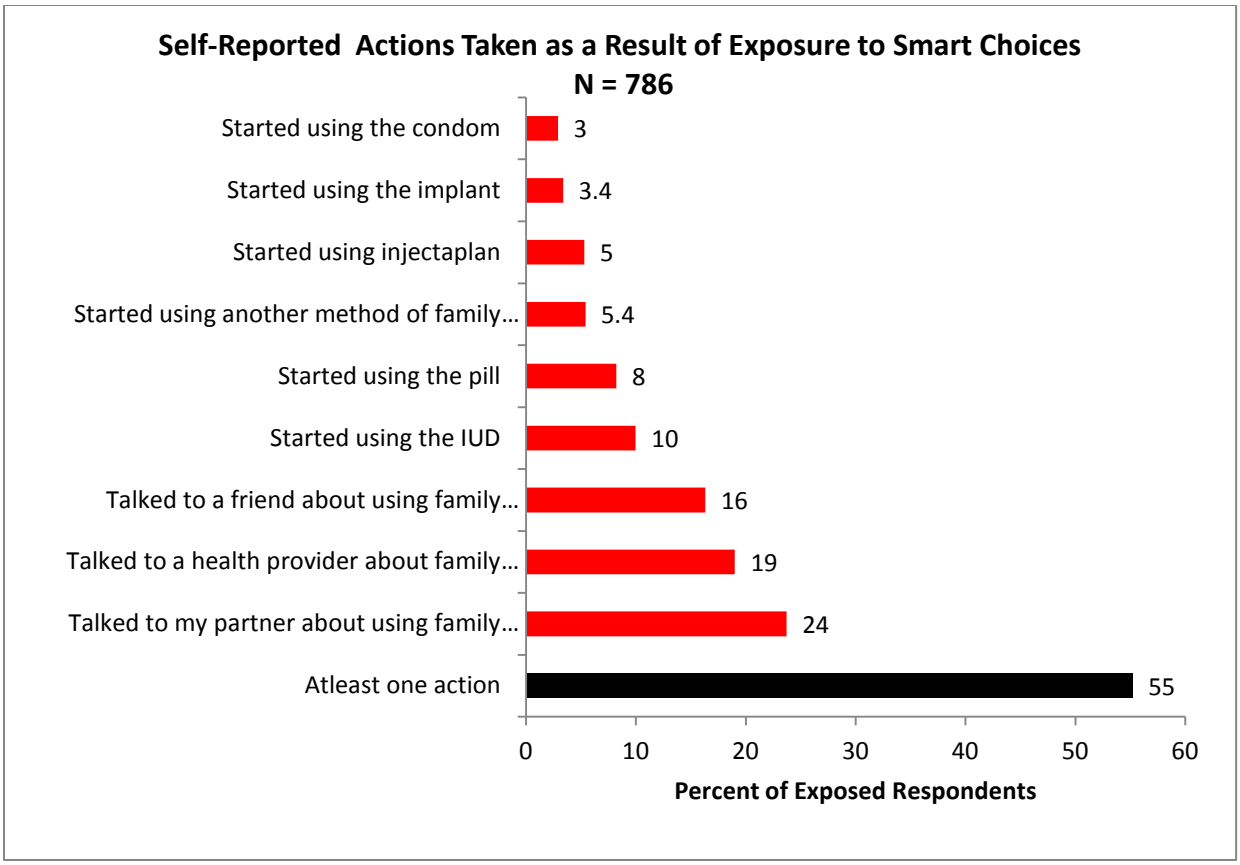
3.3.2 Messages seen and actions taken by those exposed to the Smart Choices campaign

Respondents who had been exposed to the Smart Choices campaign were asked what messages they spontaneously recalled. The table below shows that 56.5% of respondents exposed to the campaign could report at least one message in the campaign. *'A good life starts with making smart choices'* (26%) and *'the smart choice of using a condom'* (29%) were the most commonly reported messages. Distribution of other campaign messages can be seen in Table 13 below.

Table 13: Percent of Exposed Respondents Recalling Smart Choice Campaign Messages

Background Characteristics	At least one message	A Good life Starts with making smart choices	The Smart Choice of using injecta-plan	The Smart Choice of using the Implant	The Smart Choice of using the IUD	The Smart Choice of using pills	The Smart Choice of using the condom	Number (n)
Overall Number	671	590	595	591	588	595	624	671
Overall Percent	57.5	26.3	10.5	10.3	10.2	19.5	28.7	671
Sex								
Male	65.0	24.9	8.5	8.0	10.3	27.2	35.0	343
Female	50.0	28.1	12.6	12.5	10.3	12.0	22.3	322
Age group								
15-24	47.0	18.8	10.7	11.4	10.2	13.8	26.9	185
25-34	61.0	28.0	11.3	10.0	12.0	20.5	26.0	241
35-44	67.2	32.3	10.7	10.0	8.0	26.6	34.4	177
45-54	54.1	23.2	8.8	8.9	10.7	15.8	32.2	61
Residence								
Urban	60.4	35.4	8.2	15.0	11.1	23.5	22.3	106
Rural	58.1	24.4	11.1	9.5	10.4	19.2	30.8	546
Education								
None	43.8	20.0	17.8	10.6	4.4	17.4	13.3	48
Primary	60.8	27.3	10.3	11.1	11.1	20.4	32.1	385
Secondary	55.2	32.4	10.2	10.0	10.0	20.0	24.1	174
Post-Secondary	55.0	8.8	8.6	5.3	10.5	14.0	32.2	60
Wealth Quintile								
Lowest	59.2	35.2	10.1	15.7	8.2	21.8	32.4	120
Second	59.2	24.4	13.5	8.4	10.4	19.7	34.8	174
Middle	65.7	25.6	15.1	16.5	17.6	24.4	26.1	99
Fourth	54.5	22.9	9.6	8.0	8.0	16.5	30.6	132
Highest	51.4	24.6	5.7	5.8	8.7	17.0	18.6	146

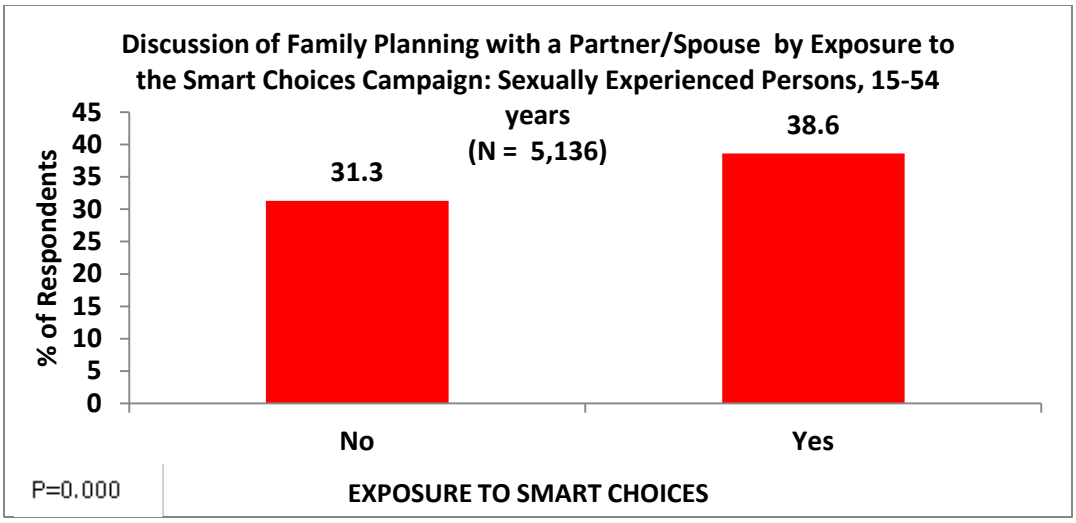
Among respondents who reported exposure to Smart Choices messages, 55% reported that they took action as a result. Of these, 24% talked to their partner about using family planning, 19% talked to a health provider about family planning and 16% talked to a friend about using family planning. Notably, 5% started using another method of family planning. For distribution of other actions taken, refer to figure below.

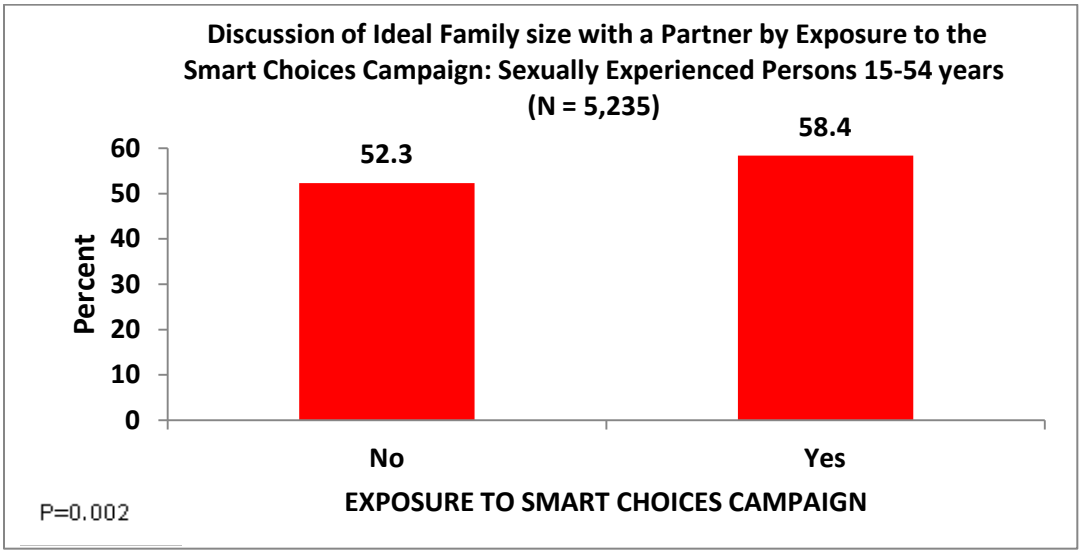


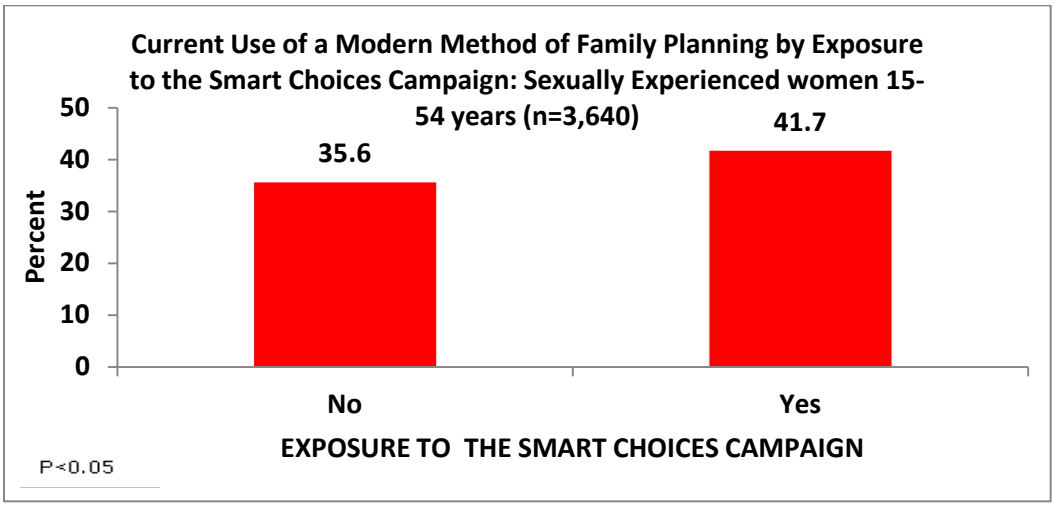
3.3.3 Effect and association of exposure to the Smart Choices Campaign with key outcomes

This section presents cross tabulations of key outcomes by exposure to the Smart Choices Campaign. As shown in all figures below, across the board, significantly better outcomes were seen among individuals exposed to the campaign compared to those not exposed.

In line with campaign objectives, among sexually experienced respondents, those exposed to the campaign were significantly more likely to have discussed family planning with partner/spouse (39%) compared to those who were not exposed (31%). Current use of a modern family planning method was also significantly higher among women exposed to the campaign (41.7%) compared to those who were not exposed (35.6%).


Discussion of Family Planning with a Partner/Spouse by Exposure to the Smart Choices Campaign: Sexually Experienced Persons, 15-54 years
(N = 5,136)
% of Respondents
45
40
35
30
25
20
15
10
5
0
31.3
38.6
No
Yes
P=0.000
EXPOSURE TO SMART CHOICES


Discussion of Ideal Family size with a Partner by Exposure to the Smart Choices Campaign: Sexually Experienced Persons 15-54 years
(N = 5,235)
Percent
60
50
40
30
20
10
0
52.3
58.4
No
Yes
P=0.002
EXPOSURE TO SMART CHOICES CAMPAIGN


Current Use of a Modern Method of Family Planning by Exposure to the Smart Choices Campaign: Sexually Experienced women 15-54 years (n=3,640)
Percent
50
40
30
20
10
0
35.6
41.7
No
Yes
P<0.05
EXPOSURE TO THE SMART CHOICES CAMPAIGN

The association between exposure to campaign messages and key outcomes was determined using the logistic regression controlled for potential confounding variables: age, sex, rural or urban residence, marital status, educational level and wealth quintile.

As shown in Table 14, exposed respondents were 26% more likely to be current users of modern family planning methods than those who were not exposed. By gender, females were 34% and males were 30% more likely to use modern family planning methods than those who were not exposed.

Table 14: Adjusted Odds Ratios between Exposure to the Smart Choices Campaign and Key Outcomes

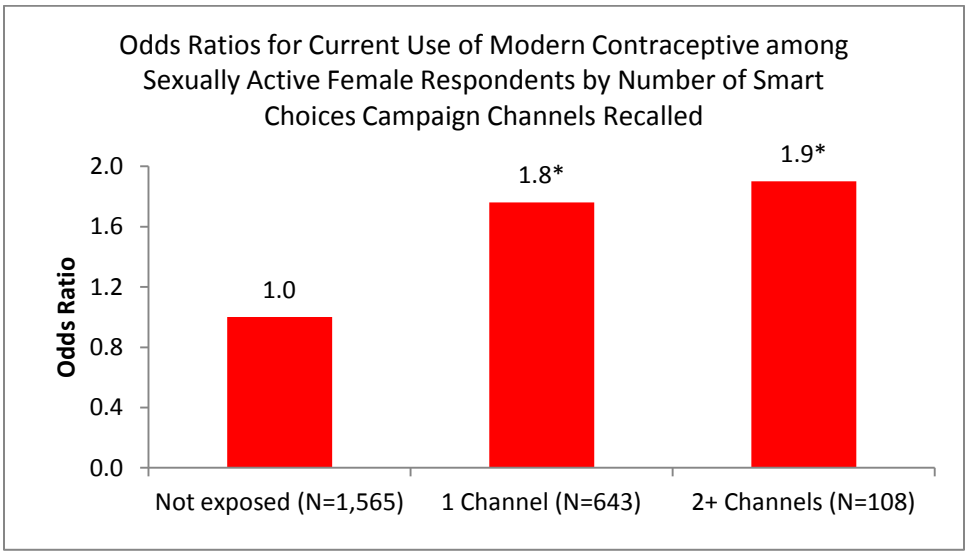
Key outcome	Exposure status	All Respondents	Males	Females
Current use of modern FP method	Unexposed	Referent	Referent	Referent
	Exposed	1.26* (1.09, 1.46)	1.30* (1.06, 1.60)	1.34* (1.08, 1.66)
Discussed FP with spouse/partner	Unexposed	Referent	Referent	Referent
	Exposed	1.12 (0.98, 1.28)	1.40* (1.15, 1.72)	0.98 (0.81, 1.19)
Ideal Family is 4 or Less	Unexposed	Referent	Referent	Referent
	Exposed	1.11 (0.97, 1.27)	1.23* (1.01, 1.49)	0.97 (0.80, 1.18)
Thinks spouse / partner approves of FP	Unexposed	Referent	Referent	Referent
	Exposed	1.15* (1.01, 1.30)	1.42* (1.18, 1.71)	0.95 (0.80, 1.13)

*Statistically significant ($p<0.05$)

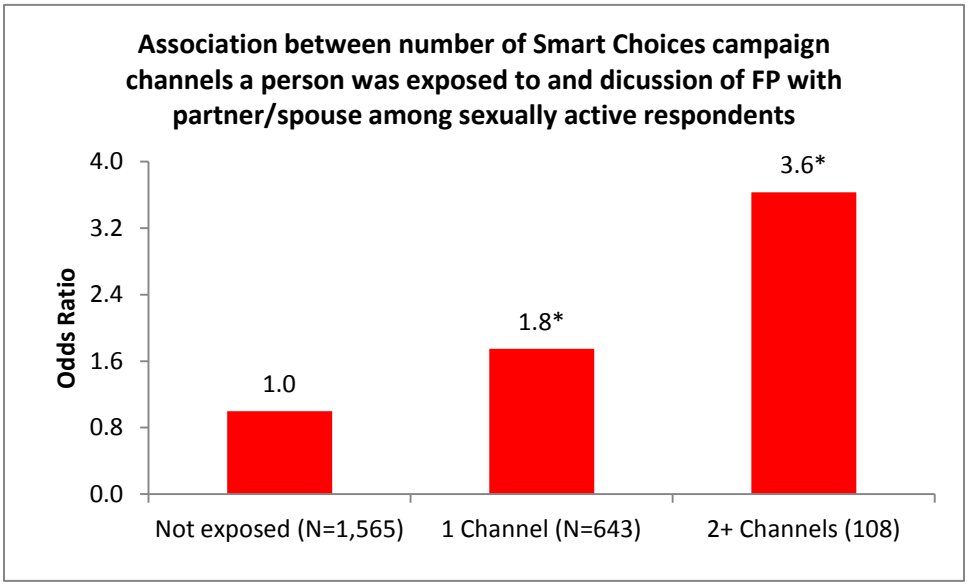
3.3.4 Association between Dosage of the Smart Choices Campaign exposure and Key Outcomes

To explore the relationship between campaign exposure and key outcomes, campaign exposure was categorized according to the number of different channels of communication respondents were exposed to. Logistic regressions were run on key outcomes for three categories of exposure: no exposure, exposure to the campaign through one communication channel, and

exposure to the campaign through two or more different communication channels. Findings are presented in the following three graphs. Asterisks (*) indicate statistical significance.

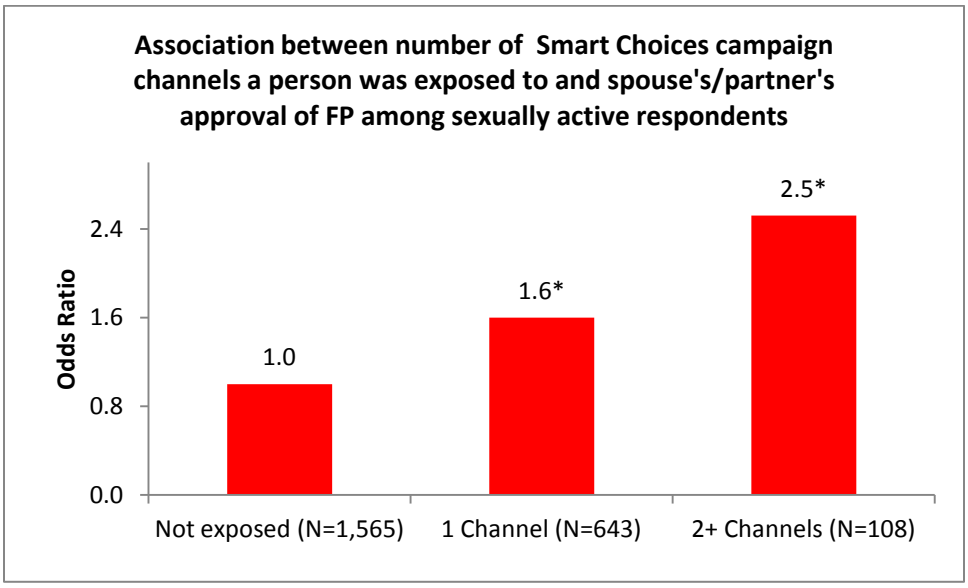


The graph above shows that the likelihood that a sexually active woman uses a modern contraceptive is directly and significantly related to the number of different Smart Choice campaign channels she was exposed to. Those exposed to only one campaign channel were 80% more likely to use modern FP while those exposed to two and more sources were 90% more likely to use modern FP in comparison to those who were not exposed to the campaign at all.



Sexually experienced respondents exposed to one channel of campaign messages were 80% more likely and those exposed to two and more channels were 3.6 times more likely to have

discussed family planning with their partner/spouse than those who were not exposed to the Smart Choices Campaign.



Sexually experienced respondents who recalled hearing or seeing Smart Choices messages through one channel were 1.6 times and those recalling two and more channels were 2.5 times more likely to believe that their spouse/partner approves of family planning than those not exposed to the campaign.

3.4 GENEXT Campaign

The GENEXT Campaign was a nationwide youth advocacy campaign launched in 2010 to mobilize young, urban youth to advocate for smaller family sizes. Implemented by the Uganda Health Marketing Group (UHMG) under the AFFORD Project, the project used the mass media to recruit young people to become "GENEXT" Ambassadors. Young people were directed to Facebook to sign up for training. Once trained, the Ambassadors were expected to talk with community leaders, and members of their communities about the need to slow population growth for a better future in Uganda. In addition to advocacy with community leaders and through the media, the campaign also promoted smaller families through online social media such as Facebook, YouTube, and Twitter.

- Through radio programming, billboards, “Good Life” Ambassadors, and social media, the campaign aimed to: change the mindset of rural communities, political leaders, and the country as whole to value smaller families;
- Create a supportive and enabling environment for people to understand the need for family planning and how it will improve the quality of life;
- Create a wake-up revolution among those who want to adopt family planning;
- Generate demand for family planning services and commodities within communities; and
- Increase the user base for family planning methods and thus increase contraceptive use.

3.4.1 Exposure to the GENEXT Campaign

Table 15 shows GENEXT campaign exposure among respondents aged 15 to 24 years, who were the target group for this campaign, and all respondents aged 15 to 54 years separately. Some 32.1% of respondents aged 15-24 years and 33.8% of respondents aged 15-54 years had seen or heard GENEXT messages during the 12 months preceding the survey. Among 15 – 24 year olds, exposure was higher among men than women and among the highest wealth quintile. For the entire sample, exposure was higher among urban men with post-secondary education, and for the highest wealth quintile.

Table 15: Exposure to the GENEXT Campaign by background characteristics comparing all respondents with respondents aged 15-24 years

Background Characteristics	Respondents aged 15-54 years		Respondents aged 15-24 years	
	%	N	%	N
Overall	*33.8*	*6,717*	*32.1*	*1,928*
Sex				
Male	34.7	3,171	36.4	862
Female	29.9	3,296	26.6	1,005
Residence				
Urban	41.3	1,195	33.8	358
Rural	29.9	5,296	30.3	1,532
Education				
None	35.5	507	46.6	58
Primary	32.4	4,155	29.4	1,136
Secondary	33.8	1,602	33	631
Post-Secondary	46.1	375	47.7	86
Wealth Quintile				
Lowest	21.4	1,385	19.8	404
Second	30.3	1,827	31.5	575
Middle	36.2	812	35.3	224
Fourth	34.7	1,336	34.9	378
Highest	48.6	1,357	42.1	347

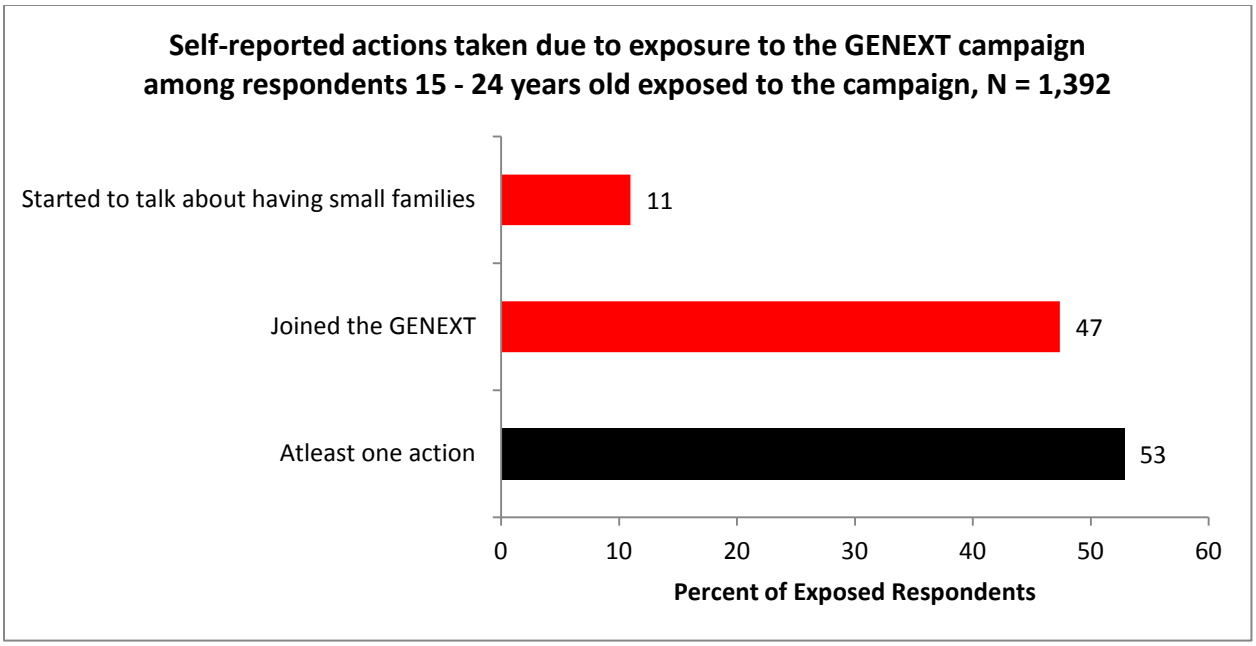
3.4.2 Messages recalled and actions by those exposed to the GENEXT campaign

Respondents aged 15 – 24 years who had heard of the GENEXTcampaign were asked what specific messages they recalled. Table 16 shows that 77.3% of respondents exposed to the campaign could correctly report at least one message. '*How to have small families'* (58%) and *'why one should have a small family'* (46%) were the most commonly reported messages of the campaign.

Table 16: Messages Recalled by 15 –24 year olds exposed to the GENEXT Campaign

Background Characteristics	At least one message	How to join GENEXT	How to have small families	Why one should have a small family	The campaign is going to get jobs if one joins
Overall Number	**619**	**354**	**425**	**341**	**306**
(%)	**77.3**	**15.1**	**57.6**	**46.3**	**5.7**
Sex					
Male	79.3	15.2	61.6	50	3.9
Female	75.9	15.3	54.7	42.3	6.9
Age group					
15-24	80.4	18.3	55.2	45.6	7
25-34	75.4	15.1	63.9	46.1	2.5
35-44	79.5	12.3	59.3	45.9	4.6
45-54	74.5	13.2	49.4	53.3	11.4
Residence					
Urban	75.2	16.5	48.3	42.9	5.5
Rural	78.2	14.9	61.4	47.1	5
Education					
None	80.2	19.5	48.2	38.7	11.8
Primary	75.5	12.8	60.2	52.2	4.1
Secondary	76.8	17.5	53.7	41.6	8.9
Post-Secondary	89.9	21.1	58.9	30.3	3.8
Wealth Quintile					
Lowest	77.4	10.4	58.3	42.4	5.2
Second	79	13.7	60.5	51.8	3.6
Middle	79.6	12.8	61.3	46.3	12.4
Fourth	76.7	17.2	65.3	50.6	5.2
Highest	74.3	19.5	44.4	38.8	5.1

Of 15-24 year old respondents exposed to GENEXT messages, 53% reported that they took action as a result. The graph below describes the actions reportedly taken.



3.4.3 Association between exposure to the GENEXT campaign and key outcomes

In line with the GENEXT campaign objectives, respondents aged 15-54 years who were exposed to the campaign (67%) were significantly more likely to have discussed their desired number of children with their partner/spouse compared to those who were not exposed (54%). Perception that similar people to the respondent prefer 4 or less children was 66% among those exposed compared to 60% among their unexposed counterparts. In addition, exposed respondents (66%) were more likely than unexposed respondents (56%) to believe that their partner/spouse approves of modern family planning.

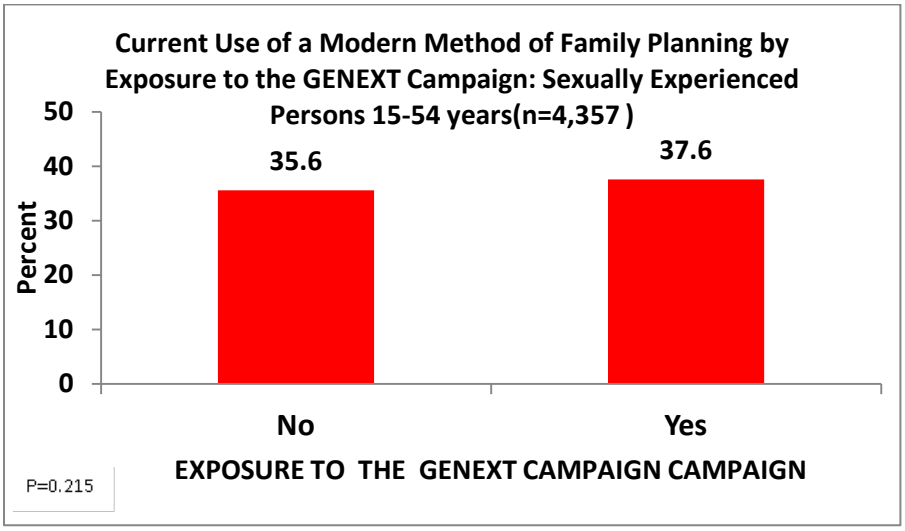
Table 17: Key outcomes among sexually experienced persons 15-54 years by exposure to the GENEXT Campaign in past 12 months

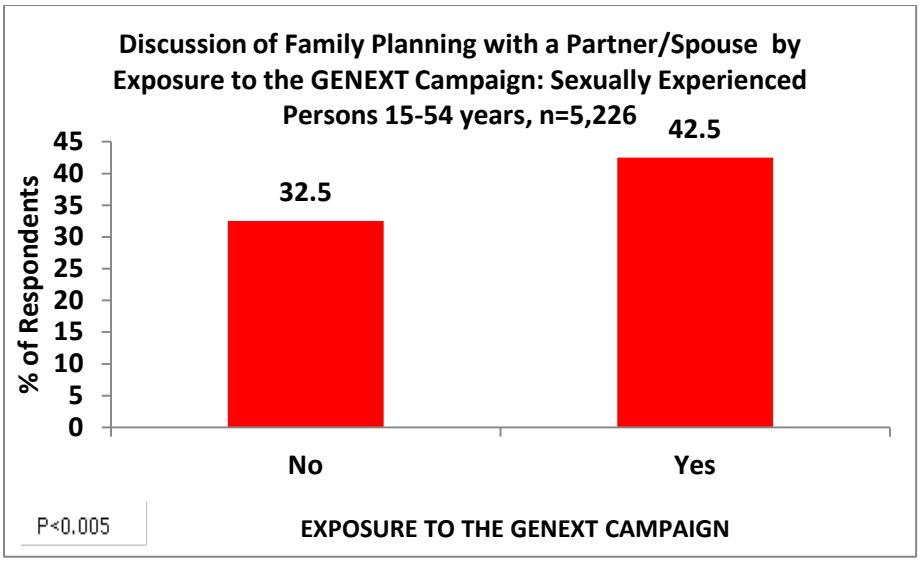
Background Characteristics	Not Exposed %	Not Exposed N	Exposed %	Exposed N	P-value*
Talked to partner/spouse about desired number of children in past 12 months					
No	46.2	1,159	33.3	308	<0.001
Yes	53.8	1,349	66.7	618	
Perception that other people's ideal number of children is similar to respondent's					
Respondent desires 4 or less	59.8	2,241	65.6	905	<0.001
Respondent desires 5+	40.2	1,506	34.4	475	

Background Characteristics	Not Exposed %	Not Exposed N	Exposed %	Exposed N	P-value*
Most people similar to respondent in the community want to have less than 5 children:					
No	28.9	1,083	33.0	470	0.003
Yes	46.1	1,727	42.7	608	
Don't know	25.0	939	24.3	346	
Perception on partners approval of couples that use methods to avoid pregnancy					
Disapproves	21.1	827	16.7	247	
Approves	56.3	2,206	66.1	977	<0.001
Don't know	22.6	885	17.2	255	

* From Chi Square Test

The figures below compare respondents who were exposed to GENEXT with those who were not on key outcomes. Discussion of family planning with partner/spouse was higher among exposed (43%) compared to the unexposed (33%) respondents. Also, exposed respondents (67%) were more likely to have an ideal family size of 4 or less compared to their unexposed counterparts (62%). Exposed and unexposed respondents were not significantly different in their use of family planning.





As shown in Table 18, respondents exposed to GENEXT were 35% more likely to have an ideal family size of 4 or less compared to those who were not exposed. Particularly, females were 44% and males were 38% more likely to have an ideal family size of 4 or less than those who were not exposed to GENEXT. Exposed respondents were also significantly more likely than unexposed respondents to have discussed family planning with their spouse/partner in the 12 months preceding the survey; and more likely than unexposed respondents to think that their spouses/partners approve of family planning.

Table 18: Adjusted Odds Ratios of Key Outcomes by Exposure to the GENEXT Campaign for all Respondents 15 – 54 years of age

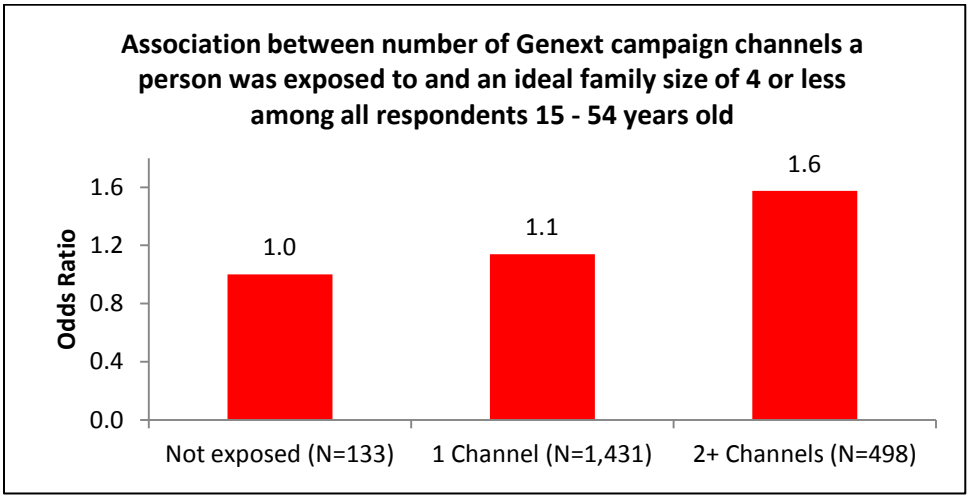
Key outcome	Exposure status	All Respondents	Males	Females
Ideal Family Size is 4 or Less	Unexposed	Referent	Referent	Referent
	Exposed	1.35* (1.15, 1.60)	1.38* (1.10, 1.73)	1.44* (1.13, 1.85)
Current use of modern FP method	Unexposed	Referent	Referent	Referent
	Exposed	1.14 (0.99, 1.31)	1.00 (0.82, 1.22)	1.33* (1.09, 1.63)

Key outcome	Exposure status	All Respondents	Males	Females
Discussed FP with spouse/partner	Unexposed	Referent	Referent	Referent
	Exposed	1.93* (1.69, 2.21)	2.32* (1.91, 2.82)	1.65* (1.35, 2.01)
Thinks spouse / partner approves of FP	Unexposed	Referent	Referent	Referent
	Exposed	1.48* (1.31, 1.68)	1.66* (1.39, 1.99)	1.35* (1.13, 1.63)

*Statistically Significant (P-value<0.05)
The ORs were controlled for age, sex, rural or urban residence, marital status, education level attained and wealth index.

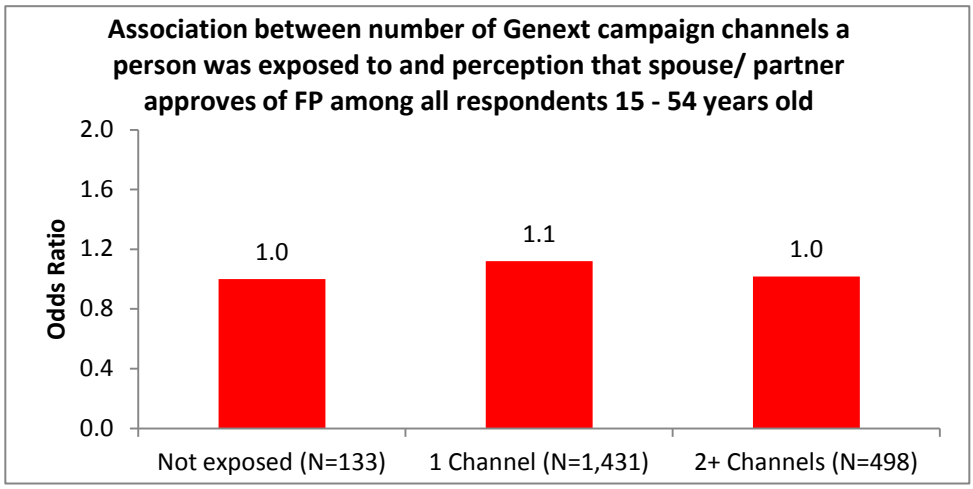
3.4.4 Relationship between GENEXT Campaign Exposure Dose and Odds Ratios for Key Outcomes

The following graphs show the association between the number of GENEXT campaign channels recalled by respondents and the odds of key outcomes. All odds ratios have been controlled for age, sex, level of education, urban/rural residence, marital status and wealth index.



The graph above shows that the more GENEXT campaign channels a respondent was exposed to, the higher the odds are that he/she will want a family size of 4 or less. Respondents exposed to one GENEXT campaign channel were 1.1 times more likely to want four or less

children than those who were not exposed to the campaign at all; those who were exposed to two or more channels were 1.6 times more likely to want a family of four or less than those who were not exposed at all.



The graph above shows that there is no association between exposure to the campaign and the odds that a respondent will believe that their spouse/partner approves of family planning.

3.5 Nurse Mildred Campaign

The Health Communication Partnership (HCP) – Uganda assisted the Ministry of Health and its reproductive health partners to implement the Nurse Mildred Family Planning Campaign. The Nurse Mildred campaign, which ended in April 2012—six months before this survey--was designed to address unmet need with a particular emphasis on reaching rural women who were not using modern family planning methods but did not want to become pregnant and their husbands/partners with correct information about modern family planning. It combined radio, print and interpersonal communication to convince couples to talk with health workers about family planning, speak with one another about their reproductive plans and ultimately adopt and maintain the use of modern family planning methods.

Nurse Mildred, the campaign's icon, spoke out on myths and misconceptions about modern FP methods, encouraged couples to discuss spacing and the number of children they desire and explained the link between family size and poverty. Nurse Mildred appeared on her weekly radio drama series, radio talk shows, radio spots and billboards throughout Uganda in English and six local languages. The campaign also included a range of communication materials and tools for use by health care providers and community health workers when counseling about family planning.

3.5.1 Exposure to the Nurse Mildred Campaign

Exposure to Nurse Mildred was ascertained by asking respondents whether they saw or heard messages from the campaign in the 12 months before the survey. Table 19 shows the distribution of exposure among respondents aged 15 to 54 years. As shown, 35.9% of respondents recalled seeing or hearing the campaign messages during the 12 months preceding the survey. Despite the fact that Nurse Mildred targeted rural women, urban (49.1%) respondents were more exposed to the campaign messages than rural respondents (31.2%). Also, respondents from the highest wealth quintile (48.4%) were more exposed to the campaign than those from the lowest wealth quintile.

Table 19: Percent of Respondents who Heard or Saw Nurse Mildred Campaign Messages in the Past 12 months

Background Characteristics	Yes	Number of Respondents
Overall	35.9	7,344
Sex		
Male	34.4	3,432
Female	34.7	3,653
Age group		
15-24	35.3	2,129
25-34	34.3	2,470
35-44	33.5	1,687
45-54	34.8	847
Residence		
Urban	49.1	1,269
Rural	31.2	5,849
Education		
None	35.6	582
Primary	35.0	4,569
Secondary	36.2	1,701
Certificate/Diploma/University	45.6	401
Wealth Quintile		
Lowest	26.9	1,485
Second	34.2	2,001
Middle	32.6	936
Fourth	36.8	1,471
Highest	48.4	1,451

3.5.2 Messages Recalled from the Nurse Mildred Campaign

Respondents who had heard of the Nurse Mildred campaign were asked what specific messages they recalled. Table 20 shows that 68.1% of exposed respondents could correctly recall at least one message from the campaign. *'FP methods are safe and effective ways to space births'* (40.4%),*'Visit a health facility with the rainbow over the yellow flower for FP information'* (38.7%), and '*Don't believe rumours on FP, get facts from a Health Worker'*(36.8%) were the most commonly recalled messages of the campaign. Interestingly, rural respondents were substantially more likely than urban respondents to recall campaign messages, as were respondents from the three lowest wealth quintiles.

Table 20: Messages Recalled by those Exposed to the Nurse Mildred Campaign

Background Characteristics	At least one message	Don't believe rumours on FP, get facts from a Health Worker	Visit a health facility with rainbow over yellow flower for FP information	FP methods are safe and effective ways to space births	There are millions of satisfied users in Uganda today	The wide range of family planning methods	The importance of couple communication about family size and family planning	Call the National Health Hotline for FP information	Don't Know
Overall									
Number	**1,522**	**1,374**	**1,067**	**1,067**	**979**	**1,018**	**978**	**944**	**977**
%	**68.1**	**36.8**	**38.7**	**40.4**	**8.4**	**24.6**	**16.0**	**3.6**	**13.6**
Sex									
Male	83.2	49.1	44.1	42.8	12.3	26.3	21.7	4.5	15.9
Female	67.0	25.5	32.3	37.3	3.1	23.3	9.1	2.9	11.5
Age group									
15-24	73.4	34.2	35.2	40.4	2.7	26.4	15.5	3.7	16.5
25-34	79.1	37.3	36.9	40.3	11.6	25.5	18.1	4.6	9.0
35-44	69.9	36.7	43.9	45.3	7.9	27.3	15.3	2.4	19.0
45-54	72.7	42.0	45.8	36.3	9.1	16.1	11.3	2.7	12.9
Residence									
Urban	56.8	27.2	40.1	35.2	9.8	18.1	11.8	7.0	15.8
Rural	81.9	40.6	38.4	42.5	7.1	26.8	16.9	2.7	13.4
Education									
None	33.6	16.8	21.4	24.6	7.7	18.2	5.9	0.0	14.8
Primary	68.3	32.4	35.2	41.4	9.9	26.7	18.0	3.9	11.0
Secondary	75.6	42.6	46.0	42.3	5.7	22.2	12.4	1.0	16.0
Post-Secondary	83.3	38.9	48.5	39.2	5.4	17.5	16.0	9.9	21.8

Background Characteristics	At least one message	Don't believe rumours on FP, get facts from a Health Worker	Visit a health facility with rainbow over yellow flower for FP information	FP methods are safe and effective ways to space births	There are millions of satisfied users in Uganda today	The wide range of family planning methods	The importance of couple communication about family size and family planning	Call the National Health Hotline for FP information	Don't Know
Wealth Quintile									
Lowest	83.5	37.2	34.2	43.9	5.2	19.7	10.9	0.7	10.8
Second	80.0	41.6	35.4	43.5	9.8	29.5	15.7	4.6	11.2
Middle	85.6	44.9	47.7	45.4	10.2	33.9	29.8	2.8	17.5
Fourth	74.9	36.7	41.9	37.8	4.3	22.7	12.9	2.7	16.1
Highest	42.4	21.7	35.4	32.9	12.1	17.6	15.0	5.6	13.9

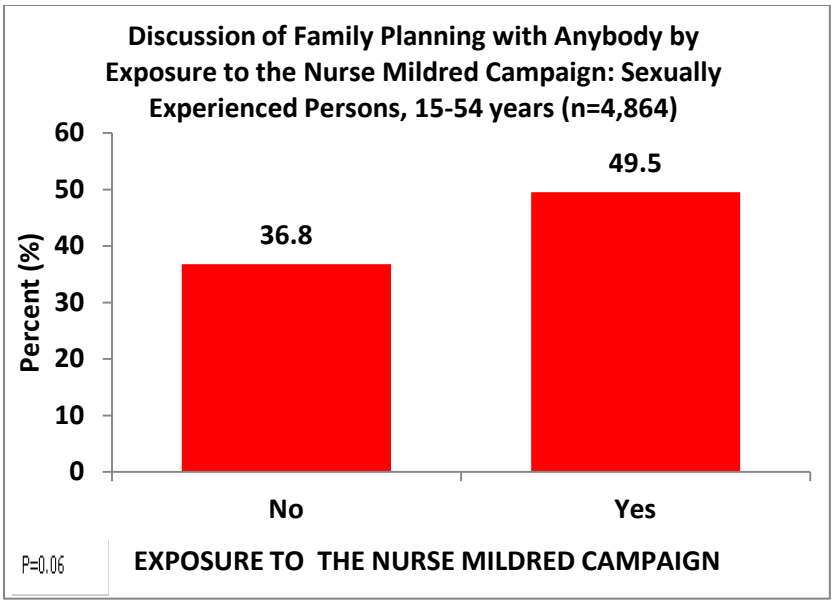
3.5.3 Association between exposure to the Nurse Mildred Campaign and key outcomes

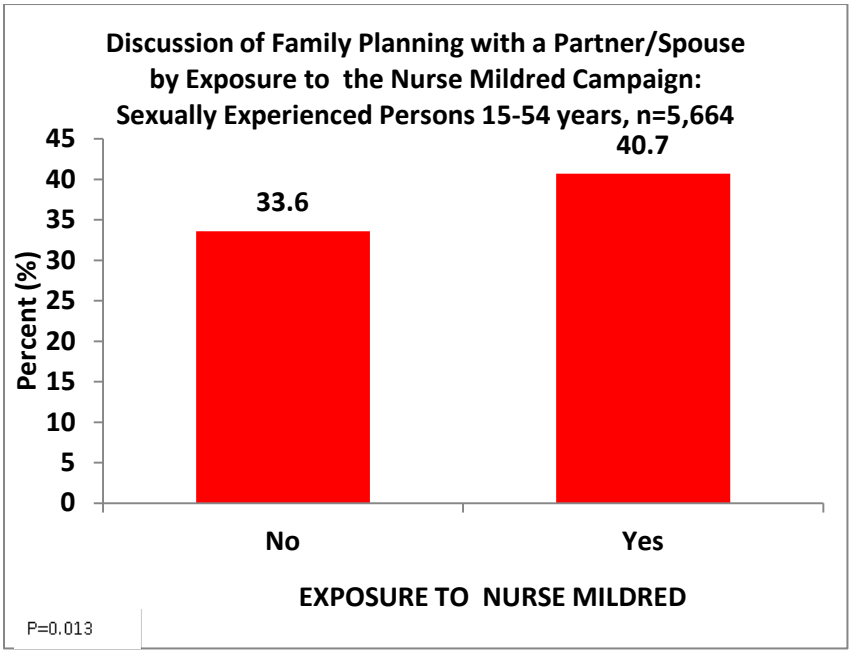
This section presents the association between exposure to the Nurse Mildred campaign and key outcomes. As shown in Table 21, respondents exposed to the campaign (38.0%) were significantly more likely to use modern family planning methods compared to those who were not exposed to the Nurse Mildred campaign (34.3%). The perception among exposed respondents that their partners/spouses approve of modern family planning was significantly higher among those exposed to the campaign (64.1%) than those who were not exposed (35.8%).

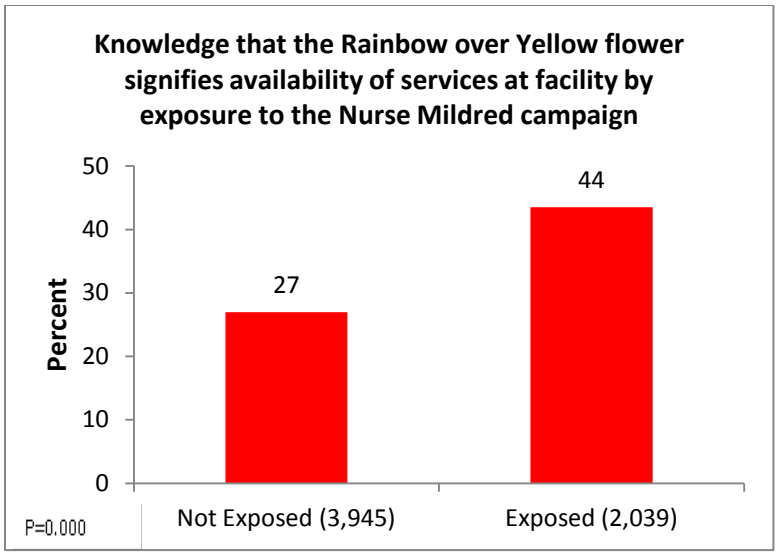
Table 21: Family Planning use and attitudes by exposure to the Nurse Mildred Campaign in Past 12 months

Background characteristics	Not Exposed		Exposed		P-value*
	%	N	%	N	
Current use of any family planning method among sexually experienced respondents	41.7	3,186	44.6	1,543	<0.001
Current use of modern family planning method among sexually experienced respondents	34.3	3,186	38.0	1,543	<0.001
Ideal number of children by respondent is 4 or less	61.7	3,464	72.4	1,928	<0.001
Perception that most people similar to respondent in the community want to have 4 or less children	35.8	3,875	64.1	2,159	<0.001
Perception that partner approves of couples that use methods to avoid pregnancy	48.5	4,075	70.8	2,317	<0.001

* Chi square test


Discussion of Family Planning with Anybody by Exposure to the Nurse Mildred Campaign: Sexually Experienced Persons, 15-54 years (n=4,864)
Percent (%)
60
50
40
30
20
10
0
36.8
49.5
No
Yes
EXPOSURE TO THE NURSE MILDRED CAMPAIGN
P=0.06


Discussion of Family Planning with a Partner/Spouse by Exposure to the Nurse Mildred Campaign: Sexually Experienced Persons 15-54 years, n=5,664
Percent (%)
45
40
35
30
25
20
15
10
5
0
33.6
40.7
No
Yes
EXPOSURE TO NURSE MILDRED
P=0.013



As shown in Table 22 exposed respondents were 23% more likely to report current use of modern family planning compared to their unexposed counterparts. Particularly, females were 58% more likely to report current use of modern family planning compared to their unexposed counterparts. Exposed respondents were also 30% times more likely to have an ideal family size of 4 or less compared to their unexposed counterparts, and exposed female respondents were 23% more likely to discuss FP with their spouse/partner than their unexposed counterparts.

Table 22: Adjusted Odds Ratios of Key Outcomes by Exposure to the Nurse Mildred Campaign

Key outcome	Exposure status	Respondents	Males	Females
Current use of modern FP method	Unexposed	Referent	Referent	Referent
	Exposed	1.23* (1.08, 1.40)	1.01 (0.84, 1.21)	1.58* (1.31, 1.90)
Ideal Family is 4 or Less	Unexposed	Referent	Referent	Referent
	Exposed	1.30 (1.12, 1.51)	1.27* (1.03, 1.57)	1.30* (1.05, 1.62)

Key outcome	Exposure status	Respondents	Males	Females
Discussed FP with spouse/partner	Unexposed	Referent	Referent	Referent
	Exposed	1.09 (0.96, 1.24)	1.03 (0.86, 1.23)	1.23* (1.03, 1.47)
Thinks spouse / partner approves of FP	Unexposed	Referent	Referent	Referent
	Exposed	2.46* (2.17, 2.78)	2.64* (2.21, 3.15)	2.33* (1.95, 2.77)

*Statistically Significant (P-value<0.05)
The ORs were adjusted for age, sex, rural or urban residence, marital status, education level and wealth index.

3.6 Family Planning Brand Messages

During the 12 months prior to the survey, UHMG marketed several branded family planning methods. These methods included: Pilplan Plus, NewFem and SoftSure oral contraceptive pills; Protector and "O" condoms. UHMG advertised these brands through radio and television spots, billboards, and point of purchase materials, and through the Smart Choices family planning campaign.

3.6.1 Exposure to Family Planning Brand Messages

Table 23 shows the distribution of all respondents aged 15 to 54 years who were exposed to UHMG FP brand messages during the 12 months preceding the survey. As shown, more than half (55%) of respondents reported that they had seen or heard at least one FP brand message in the 12 months preceding the survey. Exposure to brand promotions was evenly spread across demographic characteristics as can be seen from table.

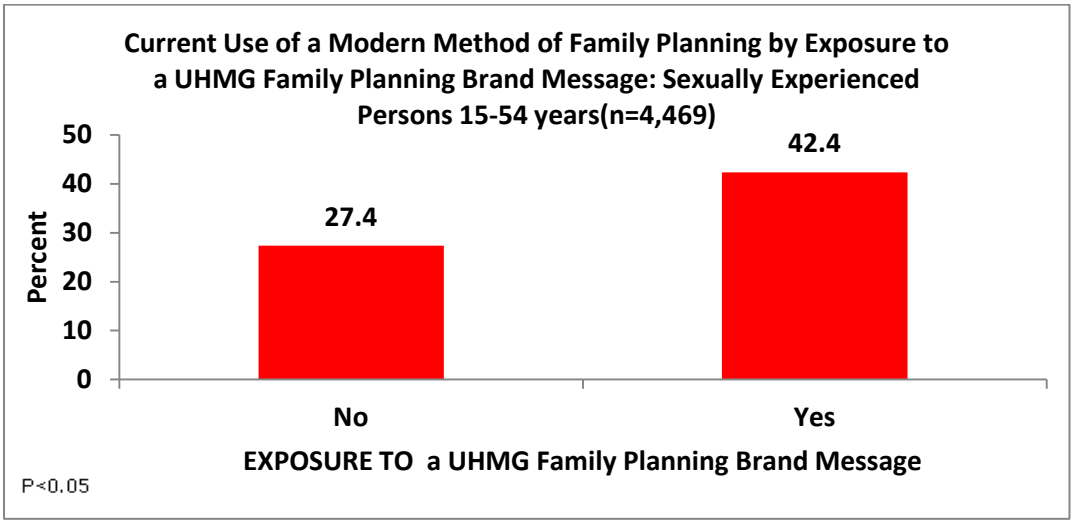
Table 23: Exposure to a UHMG Family Planning Brand Message by Selected Characteristics

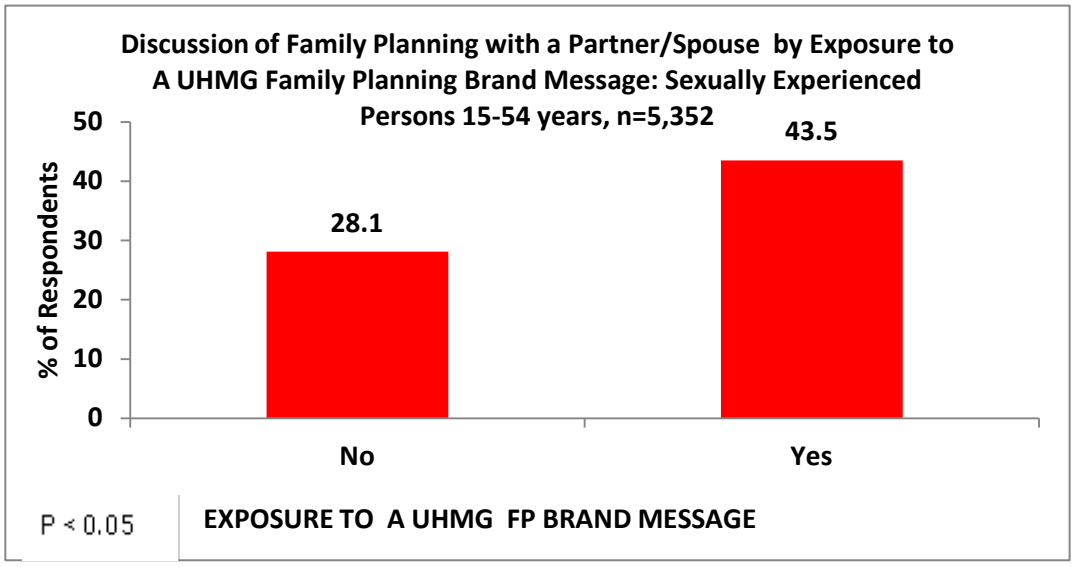
Background Characteristics	At least one FP Brand	FP method (Pilplan Plus, Injectaplan, NewFem, SoftSure)	Condoms only	
			Protector	Condom "O"
Overall Number	**7,063**	**6,983**	**6,141**	**6,141**
%	**55.1**	**42.6**	**21.4**	**3.8**
Sex				
Male	59.0	43.8	28	6.1
Female	52.5	42.7	14.9	1.5
Age group				
15-24	53.7	40.4	23.1	3.7
25-34	59.2	46.3	24.2	4.3
35-44	55.6	44.5	17.8	3.2
45-54	50.1	38.2	15.2	3.4
Residence				
Urban	58.5	44.4	24.3	6.4
Rural	55.2	43	20.6	3.3
Education				
None	47.4	37.7	14.4	1.3
Primary	52.1	41	17.5	2.7
Secondary	62	46.7	28.5	6.1
Certificate/Diploma/ University	70.2	53.1	43.8	10.2
Marital Status				
Never married	54.5	38.4	27.4	5.5
Married/living together	56.7	45.4	19.8	3.7
Widowed/Divorced/ Separated	49.4	38.2	16.9	1.6
Wealth Quintile				
Lowest	44.8	33.5	14.6	1.7
Second	53.3	41.8	22.3	2.5
Middle	59.5	46.1	23.5	4.1
Fourth	62.1	51.3	20.9	4.9
Highest	58	41.8	26.3	6.4

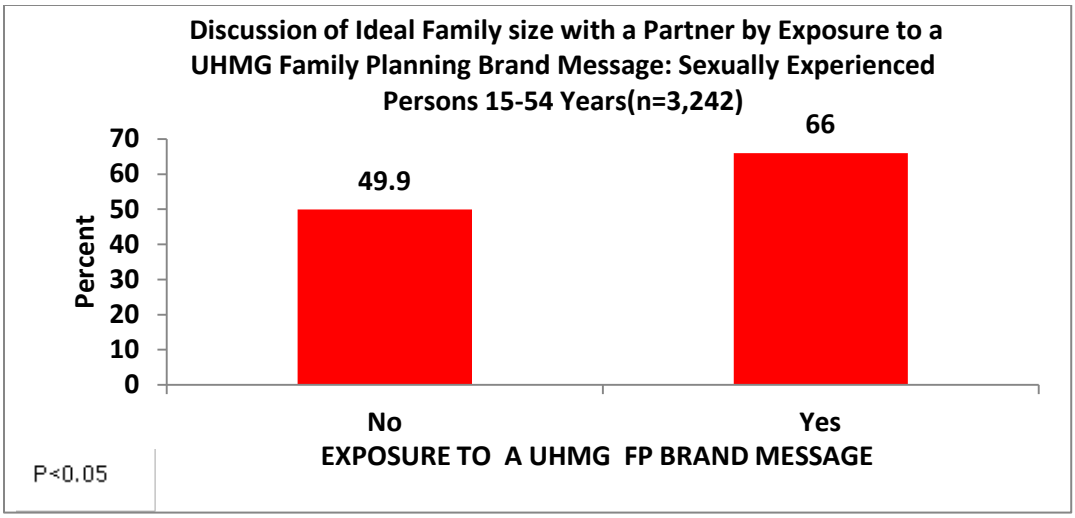
3.6.2 Association between exposure to UHMG family planning brand messages and key outcomes

This section presents cross tabulations of key outcomes by exposure to UHMG family planning brand messages. As shown in the figures below, overall, significantly better outcomes were seen among individuals exposed to brand promotions compared to those who were not exposed.

Respondents exposed to FP brand messages (42%) were significantly more likely to use a modern family planning method compared to their unexposed counterparts (27%). Discussion of family planning with a partner/spouse among sexually experienced persons was higher among exposed respondents (44%) compared to those who were not exposed (28%).







As shown in Table 24, respondents exposed to UHMG FP brand messages were two times more likely to use a modern family planning method than those who were not exposed. Exposed respondents were 2.32 times more likely than their unexposed counterparts to have discussed family planning with their spouse/partner in the 12 months preceding the survey. Exposed respondents were 42% more likely to have an ideal family size of 4 or less than their unexposed counterparts. Also, exposed respondents were 89% more likely to think that their spouses/partners approve of family planning than their unexposed counterparts.

Table 24: Adjusted Odds Ratios of Key Outcomes by Exposure to UHMG Family Planning Brand Messages

Key outcome	Exposure status	All Respondents	Males	Females
Current use of modern FP method	Unexposed	Referent	Referent	Referent
	Exposed	2.00* (1.77, 2.27)	2.04* (1.70, 2.45)	1.95* (1.63, 2.33)
Discussed FP with spouse/partner	Unexposed	Referent	Referent	Referent
	Exposed	2.32* (2.05, 2.63)	2.71* (2.25, 3.25)	1.96* (1.65, 2.33)
Ideal Family is 4 or Less	Unexposed	Referent	Referent	Referent
	Exposed	1.42* (1.22, 1.66)	1.50* (1.21, 1.87)	1.33* (1.07, 1.66)

Key outcome	Exposure status	All Respondents	Males	Females
Thinks spouse / partner approves of FP	Unexposed	Referent	Referent	Referent
	Exposed	1.89* (1.68, 2.14)	2.63* (2.19, 3.16)	1.39* (1.17, 1.64)

*Statistically Significant (P-value<0.05)

The ORs were adjusted for age, sex, rural or urban residence, marital status, education level and wealth index.

Chapter 4: HIV Communication

During the 12 months before the survey, a number of partners communicated about HIV prevention. Many of these communication efforts took place in the same locations, and reached the same people. The HIV communication efforts evaluated by this survey that were taking place in the survey districts during the 12 months before the survey included:

- Sexual Networks Campaign
- Go Together, Know Together Couple HIV Counseling and Testing Campaign
- Stand Proud, Get Circumcised Campaign

In this chapter, we will first examine the exposure and effects of exposure to any HIV communication during the 12 months before the survey. Then, we will examine the exposure and effects of each communication campaign individually.

4.1 Combined effects of HIV communication

The combined effect of exposure to any HIV communication was obtained by considering exposure to messages from the Sexual Networks, Go Together, Know Together Couple HCT, and the Stand Proud, Get Circumcised campaigns during the 12 months preceding the survey. It is important to note that the impact realized could partly be due to the contribution of other programs, whose effects were not investigated, but were operating in the evaluation area at the time such as the Straight Talk Foundation and Rock Point 256 radio serial drama and community based activities organized by the STAR E, EC, and SW Projects.

4.1.1 Exposure to any HIV Communication

As shown in Table 25, exposure to any HIV communication was 84.8% in the 12 months preceding the survey with urban residents (88.1%) more likely to report exposure than their rural counterparts (83.7%). Respondents with university/diploma/certificate education (95.1%) were more exposed than respondents with no education (81.3%). Also, respondents from key populations (90.7%) reported more exposure to HIV communication compared to others (84.3%).

Table 25: Exposure to any HIV communication campaigns by background characteristics

Background Characteristics	%	n
Overall	*84.8*	*7,542*
Sex		
Male	85.9	3,530
Female	83.3	3,741
Age group		
15-24	83.9	2,191
25-34	85.0	2,540
35-44	85.2	1,724
45-54	83.7	869
Residence		
Urban	88.1	1,306
Rural	83.7	6,004
Education		
None	81.3	593
Primary	83.9	4,688
Secondary	86.5	1,751
Certificate/Diploma/University	95.1	408
Marital Status		
Never married	84.4	1,594
Married/living together	85.0	5,090
Widowed/Divorced/Separated	83.1	676
Wealth Quintile		
Lowest	75.2	1,514
Second	86.2	2,045
Middle	84.7	971
Fourth	88.7	1,507
Highest	88.8	1,505
Key Populations (fishermen, boda bodas, hawkers, petty traders, vendors)		
No	84.3	6,937
Yes	90.7	605

4.1.2 Effect and association of exposure to any HIV communication on key outcomes

To ascertain the effect of exposure to HIV communication on key outcomes, cross tabulations were done and chi –square p-values obtained and summarized in Table 26.

Generally, better outcomes were seen among exposed respondents compared to those who were not exposed. Although there was no effect on HIV testing in the last 12 months by exposure, intentions to test for HIV as an individual in the next 12 months was significantly

higher among exposed respondents (83.2%) than unexposed respondents (77.7%). Also, intentions to test for HIV as a couple in the next 12 months was significantly higher among exposed respondents (80.2%) than unexposed respondents (76.9%).

Exposure to any HIV communication was associated with a higher likelihood of condom use at last sex and intentions to circumcise among uncircumcised male respondents as can be seen in Table 26.

Table 26: Effect of exposure to any HIV communication on key outcomes

Key Outcomes	Exposed (%)	Not Exposed (%)	P-value*
Tested for HIV in past 12 months (6,935)	44.5	43.9	0.752
Tested for HIV with partner in past 12 months (6,856)	15.9	14.8	0.376
Intends to test for HIV as an individual in next 12 months (7,255)	83.2	77.7	<0.001
Intends to test for HIV as a couple in next 12 months (6,582)	80.2	76.9	0.023
Used a condom at last sexual intercourse (6,339)	19.4	13.4	<0.001
Had one partner in last 12 months (6,405)	72.4	70.6	0.293
Knowledgeable that male circumcision reduces chances of catching HIV/AIDS (6,581)	86.2	71.9	<0.001
Thinks that male circumcision is beneficial to a man's health (7,141)	89.9	78.6	<0.001
Discussed male circumcision with anyone in last 12 months (7,141)	38.0	20.4	<0.001
Males not circumcised but intend to get circumcised in the next 12 months (2,211)	52.1	39.1	<0.001

* Chi-square test

Table 27 shows odds ratios for key outcomes adjusted for age, sex, marital status, education, urban/rural residence, and wealth index. The survey found no significant association between exposure to HIV communication and HIV testing in last 12 months either as an individual or as a couple. However, intent to test for HIV as an individual was 84% higher among exposed respondents than unexposed respondents. Exposed males were two times more likely while exposed females were 73% more likely to have HIV testing intentions compared to their unexposed counterparts. In addition, couple HIV testing intentions in men were 37% higher among exposed respondents than unexposed respondents.

Exposed respondents were also three times more likely to know that male circumcision reduces HIV, two times more likely to state that male circumcision is beneficial, and two times more likely to discuss male circumcision with others than those who were unexposed. Importantly, uncircumcised males who were exposed to HIV communication were 60% more likely than their unexposed counterparts to intend to get circumcised in the next 12 months.

Table 27: Adjusted Odds Ratios of Key Outcomes by Exposure to HIV Communication in the Preceding 12 Months

		All Respondents	Male	Female
Tested for HIV in past 12 months (6,935)	Unexposed	Referent	Referent	Referent
	Exposed	0.97(0.84, 1.12)	1.01 (0.81, 1.25)	0.98 (0.81, 1.18)
Tested for HIV with partner in past 12 months (6,856)	Unexposed	Referent	Referent	Referent
	Exposed	1.07 (0.88, 1.31)	0.85 (0.64, 1.13)	1.28 (0.97, 1.70)
Intends to test for HIV as an individual in next 12 months (7,255)	Unexposed	Referent	Referent	Referent
	Exposed	1.84*(1.55,2.20)	2.09*(1.64, 2.66)	1.73* (1.33, 2.25)
Intends to test for HIV as a couple in next 12 months (6,582)	Unexposed	Referent	Referent	Referent
	Exposed	1.16(0.97, 1.38)	1.37* (1.06, 1.78)	0.95 (0.74, 1.22)
Used a condom at last sexual intercourse (6,339)	Unexposed	Referent	Referent	Referent
	Exposed	1.24 (0.95, 1.61)	1.32 (0.87, 2.00)	1.15 (0.81, 1.64)
Had one partner in last 12 months (6,405)	Unexposed	Referent	Referent	Referent
	Exposed	1.12(0.93,1.35)	0.97 (0.73, 1.29)	1.45* (1.11, 1.81)
Knowledgeable that male circumcision reduces chances of catching HIV/AIDS (6,581)	Unexposed	Referent	Referent	Referent
	Exposed	2.91* (2.37, 3.57)	2.54* (1.81, 3.56)	3.07* (2.35, 4.00)

		All Respondents	Male	Female
Thinks that male circumcision is beneficial to a man's health (7,141)	Unexposed	Referent	Referent	Referent
	Exposed	2.07*(1.69,2.54)	1.82* (1.32, 2.52)	2.21* (1.68, 2.90)
Discussed male circumcision with anyone in last 12 months (7,141)	Unexposed	Referent	Referent	Referent
	Exposed	2.04*(1.68,2.49)	1.60*(1.21, 2.10)	2.63* (1.95, 3.55)
Males not circumcised but intend to get circumcised in the next 12 months (2,211)	Unexposed		Referent	
	Exposed		1.60* (1.10, 2.33)	

*Statistically Significant (P-value<0.05)
The ORs were adjusted for age, sex, rural or urban residence, marital status, education level and wealth index.

4.1.3 Effect and association of exposure to any HIV communication on key outcomes among key populations

This section presents the effects of exposure to HIV communication on key outcomes among respondents who are fishermen, boda boda drivers, hawkers, vendors or petty traders. It was not possible to analyze separately for fishermen and boda boda drivers, as they were a small proportion of the study population.

Generally, better outcomes were seen among respondents from key populations who were exposed to HIV communication compared to those who were not. Exposed respondents (47.6%) were more likely to report HIV testing in the 12 months before the survey compared to those who were not (43.9%). Intentions to test for HIV as an individual in the next 12 months was significantly higher among exposed respondents (81.7%) than unexposed respondents (66.7%). Also, intentions to test for HIV as a couple in the next 12 months was significantly higher among exposed respondents (80.9%) than unexposed respondents (71.4%).

Exposure to any HIV communication was also associated with a higher likelihood of having one regular sexual partner, knowledge that male circumcision reduces risk of HIV infection and discussion of male circumcision as can be seen in Table 28.

Table 28: Effect of exposure to any HIV communication on key outcomes

Key Outcomes	Exposed		Not Exposed		P-value*
	(%)	N	(%)	N	
Tested for HIV in past 12 months	47.6	5,942	43.9	993	0.646
Tested for HIV with partner in past 12 months	16.6	5,865	7.5	991	0.131
Intends to test for HIV as an individual in next 12 months	81.7	6,240	66.7	1,015	0.018
Intends to test for HIV as a couple in next 12 months	80.9	5,655	71.4	927	0.143
Used a condom at last sexual intercourse	19.4	5,545	13.4	794	0.649
Had one partner in last 12 months	68.3	5,585	57.1	820	0.175
Knowledgeable that male circumcision reduces chances of catching HIV/AIDS	86.0	5,408	80.6	877	0.366
Thinks that male circumcision is beneficial to a man's health	92.9	5,783	87.2	798	0.194
Discussed male circumcision with anyone in last 12 months	44.8	5,929	34.2	981	0.203
Males not circumcised but intend to get circumcised in the next 12 months	56.6	1,986	54.6	225	0.894

* Chi-square test

Table 29 shows associations between exposure to HIV communication and HIV testing in the previous 12 months either as an individual or as a couple among respondents from key populations. Intent to test for HIV as an individual was four times higher among exposed respondents than unexposed respondents. Exposed males were 5.4 times more likely while exposed females were 2.4 times more likely to intend to test for HIV than unexposed respondents.

Table 29: Adjusted Odds Ratios of Key Outcomes by Exposure to HIV Communication in the Preceding 12 Months among Key Populations

		All Respondents	Male	Female
Tested for HIV in past 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.32(0.66, 2.62)	1.31 (0.49, 3.46)	1.31 (0.46, 3.73)
Tested for HIV with partner in past 12 months	Unexposed	Referent	Referent	Referent
	Exposed	2.48 (0.70, 8.76)	4.83 (0.60, 40.27)	1.22 (0.22, 6.83)
Intends to test for HIV as an individual in next 12 months	Unexposed	Referent	Referent	Referent
	Exposed	4.22*(1.92,9.28)	5.36*(1.96, 14.68)	2.43 (0.50, 11.95)
Intends to test for HIV as a couple in next 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.78(0.81, 3.92)	1.28 (0.43, 3.80)	2.75 (0.76, 9.98)
Had one partner in last 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.70(0.70,4.20)	1.43 (0.36, 5.70)	2.86 (0.74, 11.04)
Knowledgeable that male circumcision reduces chances of catching HIV/AIDS	Unexposed	Referent	Referent	Referent
	Exposed	3.03 (0.92, 9.95)	1.69 (0.16, 18.27)	3.59 (0.75, 17.17)
Discussed male circumcision with anyone in last 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.62 (0.65,4.00)	1.12 (0.28, 4.49)	3.53 (0.67, 18.51)

		All Respondents	Male	Female
Males not circumcised but intend to get circumcised in the next 12 months	Unexposed		Referent	
	Exposed		4.52 (0.47, 43.63)	

*Statistically Significant (P-value<0.005)

ORs were adjusted for age, sex, rural or urban residence, marital status, education level and wealth index.

4.2 Sexual Networks Campaign

In Uganda, non-regular or extra-marital partners–-sexual partnerships that often exist concurrently with long-term relationships-–are common. *Get off the Sexual Network!* was the Uganda Health Marketing Group's (UHMG) provocative response.

Launched in September 2009, *Get Off the Sexual Network!* targeted well-educated, urban women (20-29 years) and men (25-39 years) across Uganda who are married or in long-term relationships. The campaign sought to increase monogamous practices by five percent by the end of the three-phased campaign. The first phase of the campaign introduced the concept of the sexual network; the second highlighted the consequences to the individual, the partner, and the individual's family. The final phase, which was underway at the time of the survey, highlighted steps people can take to remove themselves from the network, including HIV testing and counseling, condoms use, and remaining faithful to one faithful partner. The campaign employed TV and radio spots, billboards, local theatre, and call-in radio shows.

A Facebook group called "Get off the Sexual Network: One Love" created by UHMG had over 10,000 followers. Technical experts monitored comments and provided accurate information and guidance when necessary. The campaign also utilized mobile phone technology to reach people through text messaging.

4.2.2 Exposure to the Sexual Networks Campaign

Table 30 shows the distribution of all respondents aged 15 to 54 years who were exposed to the sexual networks campaign during the 12 months prior to the survey. As shown, about half (53%) of the respondents reported having seen or heard campaign messages in the 12 months preceding the survey. Because the campaign used media, web and mobile phone technology as a means of passing on the messages, exposure was higher among respondents with certificate, diploma or university education (72%) and those from urban areas (61.2%) than respondents with no education (51.8%) and from rural areas (49.6%). Also, respondents from key populations (64.1%) were more likely to be exposed to the sexual networks campaign than those who were not (51.9%).

Table 30: Exposure to the Sexual Networks Campaign by background characteristics

Background Characteristics	%	Number (n)
Overall	52.9	7,243
Sex		
Male	54.1	3,374
Female	49.3	3,609
Age group		
15-24	51.7	2,087
25-34	53.9	2,442
35-44	51.9	1,664
45-54	46.5	838
Residence		
Urban	61.2	1,264
Rural	49.6	5,750
Education		
None	51.8	579
Primary	49.8	4,491
Secondary	57.3	1,680
Certificate/Diploma/University	72.3	401
Marital Status		
Never	53.4	1,499
Married / Living Together	51.8	4,921
Widowed /Divorced/Separated	53.3	647
Wealth Quintile		
Lowest	36.3	1,459
Second	46.8	1,967
Middle	58.5	924
Fourth	59	1,457
Highest	68.4	1,436
Key Populations (fishermen, boda bodas, hawkers, vendors, petty traders)		
No	51.9	6,664
Yes	64.1	579

4.2.3 Messages seen and actions taken by those exposed to the Sexual Networks campaign

Respondents who had heard of the sexual networks campaign were asked about the specific messages they recalled.

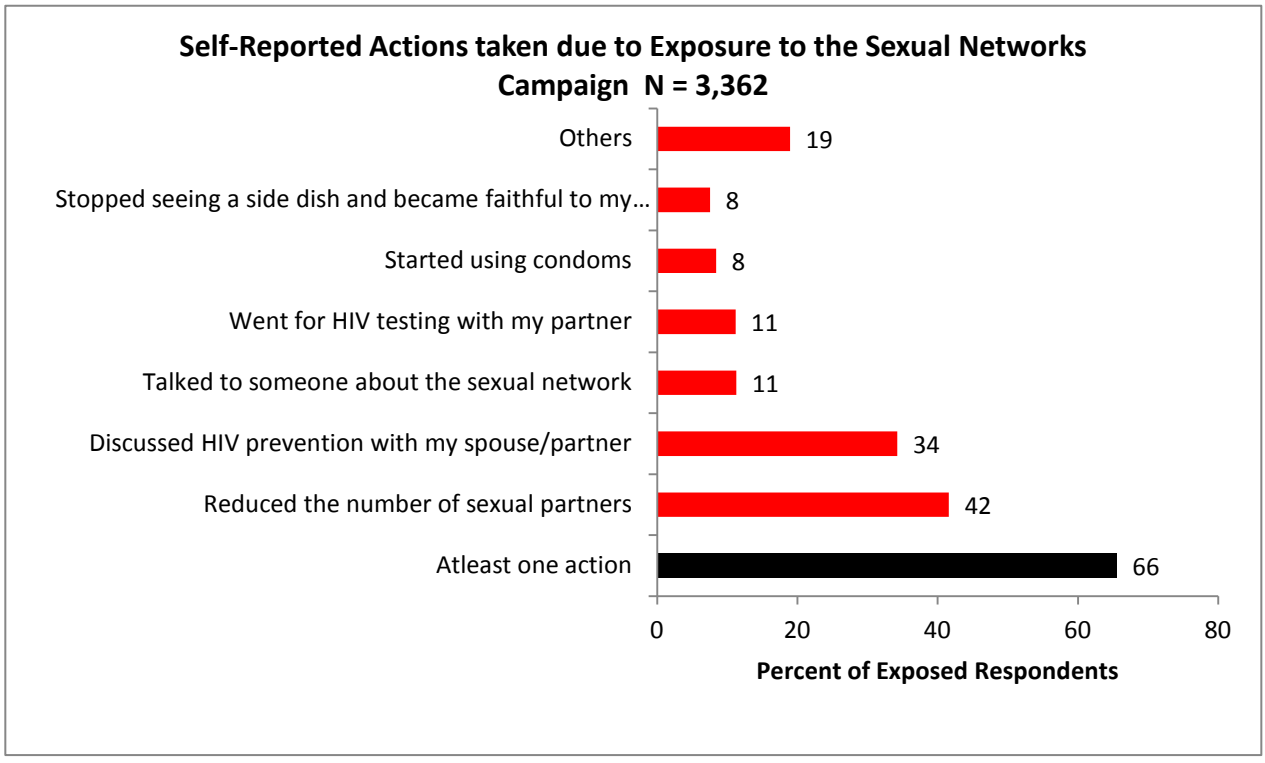
Table 31 below shows that 93% of respondents exposed correctly recalled at least one message. *'Dangers of being on the sexual network'* (46%), *'to get off the sexual network'* (42%) and *'how to get off the sexual network'* (34%) were the most commonly reported messages. Among key populations, 93.8% of those exposed to the campaign could remember at least one message.

Table 31: Reported messages seen by those exposed to the sexual networks campaign

Background Characteristics	At least one message	How to get off the sexual network	To get off the sexual network	Simple steps one can do to get off the sexual network	Dangers of being on the sexual network	Get off the sexual network, get tested for HIV and start a new life
Overall						
Number	*2,987*	*2,427*	*2,584*	*2,313*	*2,499*	*2,311*
Overall Percent	*93.2*	*33.5*	*42.2*	*10.8*	*45.9*	*23.1*
Sex						
Male	94.0	36.7	44.9	11.5	50.9	19.5
Female	92.8	30.5	38.8	9.3	43.3	25.2
Age group						
15-24	94.2	34.4	48.0	10.4	44.3	23.8
25-34	93.7	34.8	41.7	9.8	48.7	19.4
35-44	93.3	31.8	38.4	11.1	47.8	26.0
45-54	92.9	31.1	43.1	11.2	48.5	18.5
Residence						
Urban	92.8	36.1	44.4	10.9	38.5	23.8
Rural	93.6	33.2	41.9	10.1	49.2	21.6
Education						
None	89.8	35.7	27.7	13.2	41.9	28.1
Primary	93.2	31.0	43.0	10.6	47.3	24.4
Secondary	93.0	34.3	42.6	9.3	45.4	22.9
Post-Secondary	96.9	44.7	43.8	15.0	42.2	13.6
Marital Status						
Never	94.0	37.3	43.8	10.4	43.4	21.1
Married / Cohabiting	93.4	33.2	42.7	11.3	48.2	20.8
Widowed / Divorced / Separated	89.3	27.3	36.7	2.5	33.5	32.2

Background Characteristics	At least one message	How to get off the sexual network	To get off the sexual network	Simple steps one can do to get off the sexual network	Dangers of being on the sexual network	Get off the sexual network, get tested for HIV and start a new life
Wealth Quintile						
Lowest	93.1	32.3	45.0	8.9	50.8	19.7
Second	93.0	29.8	39.3	10.2	51.2	26.7
Middle	94.0	35.6	41.6	7.3	54.9	22.3
Fourth	93.2	34.2	49.8	11.3	44.6	18.5
Highest	93.2	36.4	36.8	13.2	35.6	25.4
Key Population (fishermen, boda boda, hawkers, vendors, petty traders)						
No	93.2	34.0	42.6	10.7	46.1	22.2
Yes	93.8	26.6	38.7	11.4	44.3	30.6

Of the respondents exposed to sexual networks messages, 66% reported that they took action due to these messages. Of these, 42% reportedly reduced the number of sexual partners they had and 34% discussed HIV prevention with their spouses/partners.



4.2.4 Associations between exposure to the Sexual Networks Campaign and key outcomes

This section presents cross tabulations of key outcomes by exposure to the sexual networks campaign. As shown in

Table 32, participants exposed to the campaign were more likely to use a condom at last sex (18%) than unexposed respondents (15%). Also, exposed respondents (47%) were slightly more likely to test for HIV in the past 12 months than unexposed respondents (45%). The wrong direction was seen in concurrency of sexual partners and multiple sexual partners.

Table 32: Association between exposure to the sexual networks campaign in past 12 months and key outcomes

Background Characteristics	Not Exposed		Exposed		P-value*
	%	N	%	N	
Had concurrent sexual partners in past 12 months					
No	92.1	2,746	89.5	5,623	0.000
Yes	7.9	237	10.5	575	
Had more than one sexual partner in past 12 months					
No	82.0	2,358	80.1	2,497	0.000
Yes	18.0	516	19.9	620	
Tested for HIV in past 12 months					
No	55.2	1,600	53.5	3,281	0.182
Yes	44.8	1,296	46.5	2,755	
Used a condom the last time					
No	84.1	2,458	81.2	5,033	0.000
Yes	14.7	431	18.3	1,012	
DK / No answer	1.2	36	0.5	50	

* Chi-square test

Regression analysis results are shown in Table 33. As can be seen there was no association between exposure to the Sexual Networks Campaign and HIV testing as an individual. However, exposed respondents were 32% more likely than unexposed respondents to have intentions to test as an individual. Exposed females respondents were also 31% more likely to have had only one sexual partner in the past 12 months compared to those who were not exposed.

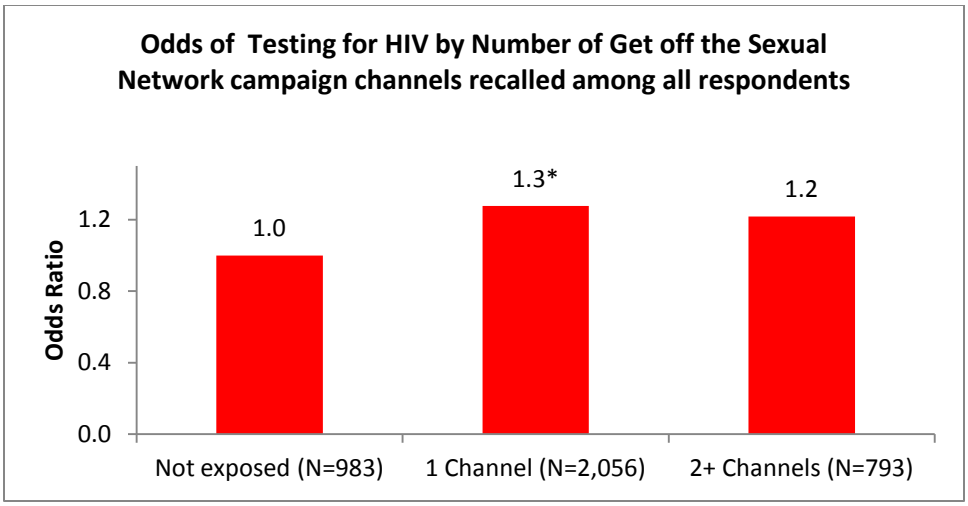
Table 33: Adjusted Odds Ratios of Key Outcomes by Exposure to the Get of the Sexual Network Campaign

Key outcome	Exposure status	Respondents	Males	Females
Tested for HIV in last 12 months	Unexposed	Referent	Referent	Referent
	Exposed	0.99 (0.88, 1.10)	1.10 (0.92, 1.31)	0.96 (0.83, 1.12)
Intentions to test as an individual	Unexposed	Referent	Referent	Referent
	Exposed	1.32* (1.14, 1.52)	1.37* (1.13, 1.66)	1.39* (1.11, 1.75)
Used a condom the last time	Unexposed	Referent	Referent	Referent
	Exposed	1.14 (0.98, 1.32)	1.06 (0.87, 1.29)	1.13 (0.90, 1.41)
Had sex with only one partner in past 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.04 (0.92, 1.17)	0.96 (0.82, 1.13)	1.31* (1.08, 1.59)

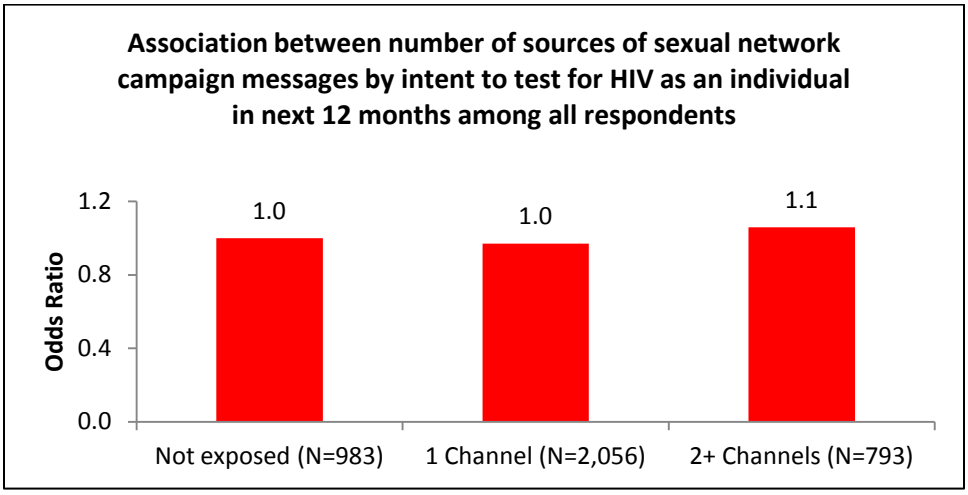
*Statistically Significant (P-value<0.05)
The ORs were adjusted for demographics (age, sex, rural or urban residence, marital status, education level attained and wealth index).

4.2.5 Effect of dosage exposure to the Sexual Networks Campaign on key outcomes

The following graphs show the association between dosages in terms of number of campaign communication channels recalled being exposed to, and key outcomes. The asterisk (*) indicates statistical significance.



The graph above shows that respondents exposed to one or more campaign channels were 1.2 – 1.3 times more likely have tested for HIV in the last 12 months than unexposed respondents. The likelihood of testing for HIV is not directly associated with exposure to increasing numbers of campaign channels.



There was no relationship between the number of campaign channels recalled and the likelihood of intending to test for HIV in the next 12 months.

4.3 Go together, Know together Couple HIV Counseling and Testing Campaign

The Go Together, Know Together couple HIV counseling and testing campaign addressed the recent increase in new HIV infections among married and cohabiting couples and the low rate of disclosure of test results within couples in Uganda. The campaign aimed to empower married and cohabiting couples to assess their risk of HIV infection, test together for HIV, and adopt practices that improve their health. Secondary target audiences included HIV counseling and testing service providers and religious leaders.

The campaign began in September 2009, and ran through March 2012, seven months before the survey. Its activities included branded service delivery sites; training for health care providers on how to counsel couples; provider and client support materials; a telephone hotline for information and referrals; billboards and posters; video and audio testimonials from tested couples; radio spots; and call-in radio and TV programs. District Coordination Committees in eight districts organized community based activities to promote couples counseling and testing. The campaign was led by the Ministry of Health with service delivery support from the AIDS Information Centre (AIC) and other PEPFAR implementing partners with technical assistance from the Health Communication Partnership-Uganda (HCP) and funding from USAID.

4.3.1 Exposure to the Go together, Know together Campaign

Table 34 shows exposure to the Go together, Know together campaign in two categories of respondents (i) currently married/cohabiting respondents aged 15 to 54 years and (ii) all respondents aged 15 to 54 years in the survey. As shown, 58.3% of married/cohabiting respondents had heard or seen campaign messages in the 12 months preceding the survey. Among married/cohabiting respondents from key populations, exposure to the campaign was 69.1% compared to 57.4% among other respondents.

Table 34: Exposure to the Go Together, Know Together Campaign by Background Characteristics

Background Characteristics	Currently married / cohabiting		All respondents	
	%	n	%	n
Overall	*58.3*	*4,561*	*56.8*	6,651
Sex				
Male	60.8	2,112	58.9	3,188
Female	56.3	2,378	55.4	3,295
Age group				
15-24	57.8	880	55.6	1,962
25-34	61.2	1,806	59.8	2,254
35-44	57.9	1,183	57.7	1,533
45-54	53.8	613	52.3	780
Residence				
Urban	59.1	685	58.4	1,140
Rural	58.5	3,811	57.0	5,379
Education				
None	46.3	365	45.1	479
Primary	56.5	2,954	54.7	4,137

Background Characteristics	Currently married / cohabiting		All respondents	
Secondary	63.8	929	62.0	1,579
Certificate/Diploma/University	76.0	258	72.6	376
Wealth Quintile				
Lowest	46.5	936	45.5	1,391
Second	57.6	1,308	57.9	1,826
Middle	62.1	602	59.6	852
Fourth	61.5	960	60.7	1,349
Highest	67.2	755	61.5	1,233
Key Populations (boda bodas, vendors, fishermen, hawkers, petty traders)				
No	57.4	2,414	56.1	6,131
Yes	69.1	246	65.2	520

4.3.2 Messages seen and actions taken by those exposed to the Go Together, Know Together campaign

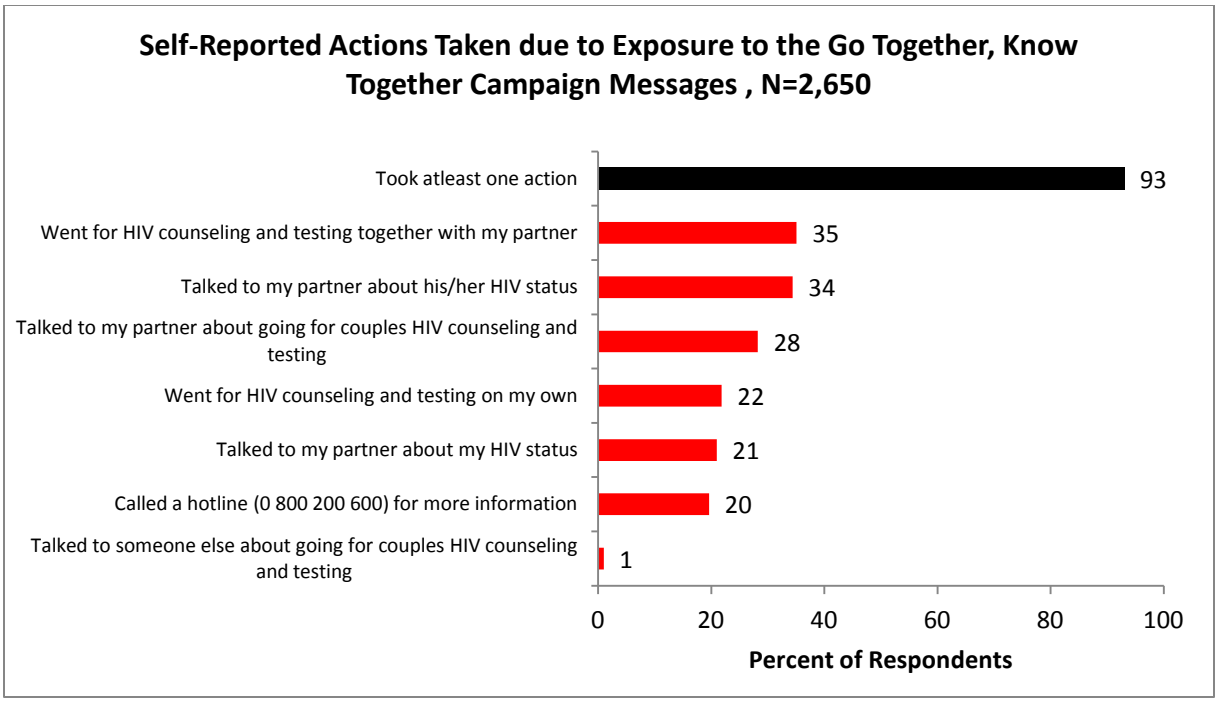
Respondents who had heard or seen the campaign were asked what specific messages they recalled. Table 35 shows that 77.6% of respondents exposed to the campaign could accurately recall at least one message. *'HIV couple testing brought us closer'* (47.5%) and *'Married couples are more likely to have HIV'* (29.4%) were the most commonly reported messages. Among key populations, 75.8% of those exposed to the campaign recalled at least one message compared to 77.8% among other respondents.

Table 35: Percent of Exposed Respondents Recalling Messages from the Go Together, Know Together Campaign

Background Characteristics	At least one message	HIV couple testing brought us closer	Married couples are more likely to have HIV	Just because you are HIV positive does not mean your partner is, too	One out of every 20 couples living together in Uganda has different HIV test results. Do you?	Different HIV test results? Protect your partner from HIV. Start by testing together for HIV
Overall Number	**3,960**	**3,676**	**3,398**	**3,319**	**3,233**	**3,271**
%	**77.6**	**47.5**	**29.4**	**17.7**	**6.9**	**17.6**
Sex						
Male	81.6	53.6	28.9	23.6	10.0	15.5
Female	75.1	41.5	29.7	11.5	4.0	20.2
Age group						
15-24	74.7	45.6	27.7	16.8	6.7	18.6
25-34	80.8	46.4	32.1	17.8	6.6	18.9
35-44	77.7	44.9	28.7	17.7	6.9	18.2
45-54	78.4	55.5	28.6	17.7	9.8	14.0
Residence						
Urban	77.1	49.1	30.4	17.1	5.7	17.5
Rural	78.4	47.0	29.1	17.2	7.2	18.0
Education						
None	64.8	36.8	35.3	10.5	5.8	20.4
Primary	77.7	48.5	29.3	18.1	5.5	16.7
Secondary	79.2	46.9	27.7	17.3	9.4	19.1
Certificate/Diploma/University	81.7	47.8	33.3	19.7	11.0	17.7
Marital Status						
Never married	75.3	46.7	25.2	18.2	6.8	18.0

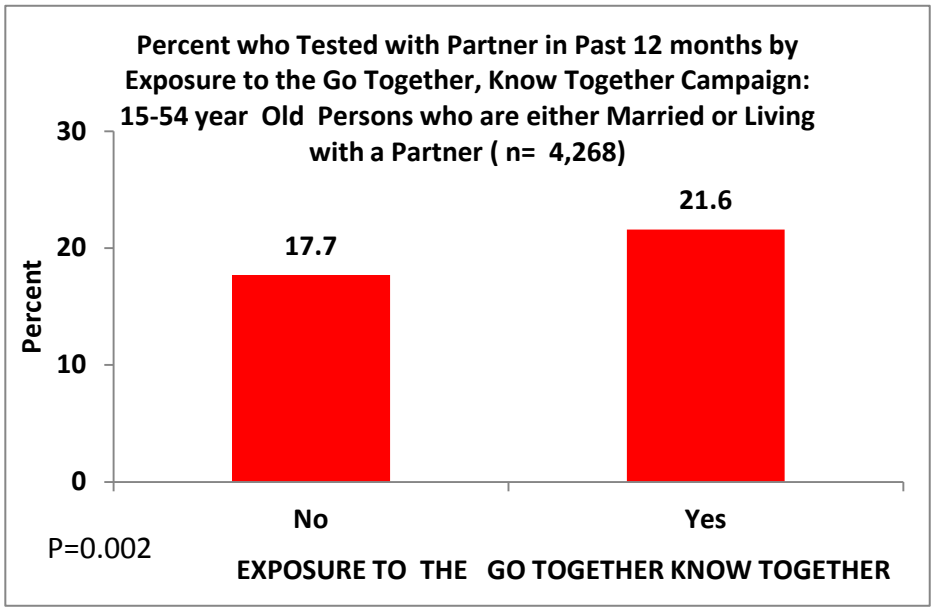
Married/living together	79.5	48.4	30.6	17.3	7.3	17.8
Widowed/Divorced/Separated	73.8	42.3	31.6	17.1	5.6	16.8
Wealth Quintile						
Lowest	77.2	45.3	30.3	16.0	5.5	17.8
Second	76.9	47.4	25.3	20.2	5.9	17.1
Middle	81.7	51.5	34.4	15.1	7.2	16.5
Fourth	81.5	50.9	30.7	19.2	10.4	18.1
Highest	72.8	43.9	29.6	15.8	5.8	18.1
Key Populations (fishermen, boda bodas, hawkers, petty traders, vendors)						
No	77.8	48.2	29.6	17.5	7.2	17.6
Yes	75.8	41.2	28.2	19.1	4.4	17.3

Of respondents exposed to the campaign, 67% reported that they took action as a result. Of these, 35% reportedly went for HIV counseling and testing with their partner/spouse, 34% talked to their partner/spouse about their HIV status and 24% talked to their partner/spouse about going for HIV counseling and testing. For distribution of other actions taken, refer to graph below.

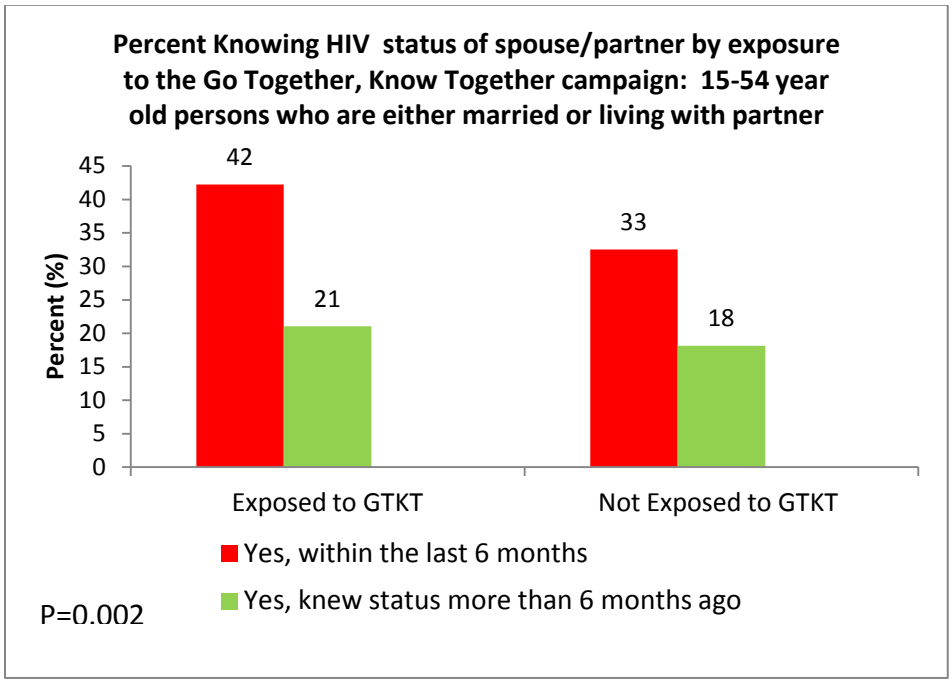


4.3.3 Associations of exposure to the Go together, Know together campaign and key outcomes

This section presents cross tabulations of key outcomes by exposure status to the campaign. As shown in figures below, participants exposed to the campaign were more likely to test with their partner during the 12 months prior to the survey and to know the HIV status of their partner.



As shown in the figure above, married/cohabiting respondents who were exposed to the campaign (21.6%) were significantly more likely to have tested with a spouse or partner in the 12 months before the survey compared to their unexposed counterparts (17.7%).



The figure above shows that married/cohabiting respondents exposed to the campaign (42%) were significantly more likely to know the HIV status of their partners within the last six months compared to their unexposed counterparts (33%). In addition, those exposed to the campaign (21%) were more likely to know the HIV status of their partners more than six months prior to the survey compared to their unexposed counterparts (18%).

From regression results shown in Table 36 exposed respondents were 18% more likely to test for HIV individually than unexposed respondents. Exposed females were 28% more likely to test for HIV individually compared to their unexposed counterparts. Exposed respondents were also 71% more likely to say they intended to test for HIV as individuals in the next 12 months than unexposed respondents; and 60% more likely to say they intended to test for HIV as couples in the next 12 months compared to their unexposed counterparts.

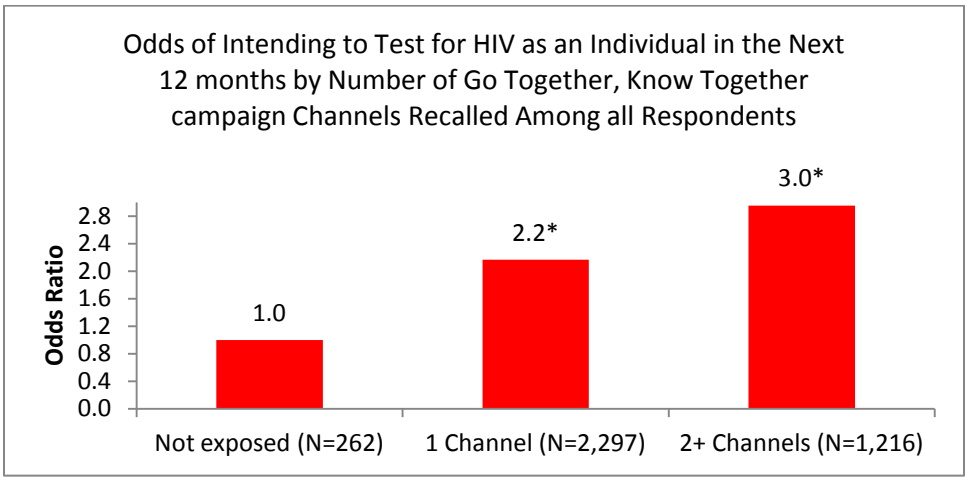
Table 36: Adjusted Odds Ratios of key outcomes by Exposure to the Go Together, Know Together Campaign

Key outcome	Exposure status	Respondents	Males	Females
Tested for HIV in last 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.18*(1.04, 1.33)	1.14 (0.94, 1.38)	1.28*(1.07, 1.52)
Intends to test for HIV as an individual in next 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.71*(1.42, 2.08)	1.73*(1.34, 2.24)	1.78*(1.34, 2.38)
Intends to test for HIV as a couple in next 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.60*(1.34,1.92)	1.83*(1.40, 2.40)	1.41*(1.11, 1.81)
Knows HIV Status of spouse / current partner in 6 months	Unexposed	Referent	Referent	Referent
	Exposed	1.36*(1.19, 1.55)	1.22*(1.01, 1.48)	1.49*(1.23, 1.79)
Tested for HIV with spouse / partner in last 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.25*(1.06, 1.47)	1.03 (0.81, 1.30)	1.53*(1.22, 1.92)

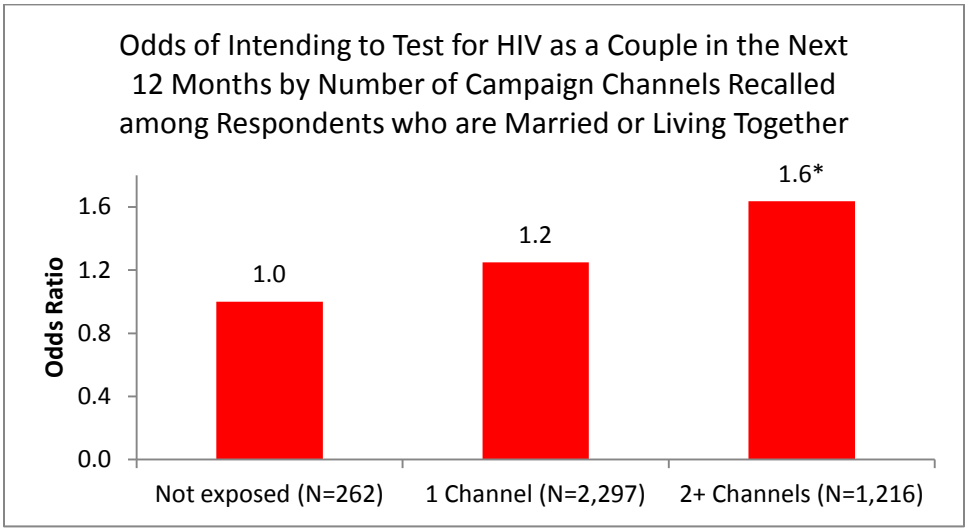
*Statistically Significant (P-value<0.05)
The ORs were adjusted for age, sex, rural or urban residence, marital status, education level and wealth index.

4.3.4 Effect of exposure dosage to the Go Together, Know Together campaign on key outcomes

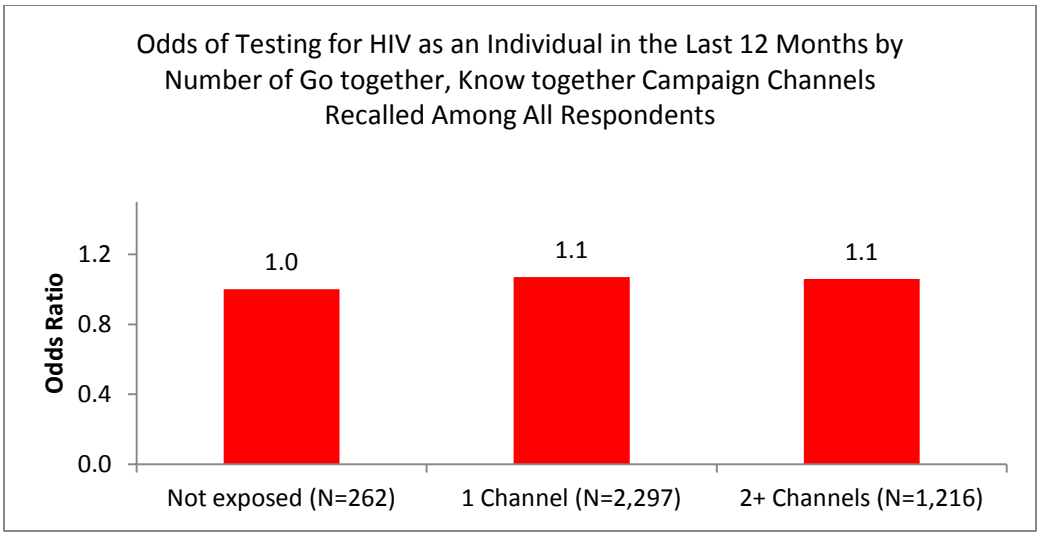
The following graphs show the association between the number of campaign channels recalled by respondents and key outcomes. The asterisk (*) indicates those associations that were statistically significant.



The graph above shows that there was a direct correlation between the number of campaign channels a respondent was exposed to and the intention to test as an individual in the next 12 months. Respondents exposed to the campaign through one channel were 2.2 times more likely, and those exposed through two or more channels were 3.0 times more likely to intend to test as an individual in the next 12 months compared to those who were not exposed to the campaign at all.



Intention to test for HIV as a couple in the next 12 months was also directly correlated with the number of campaign message channels a respondent was exposed to. Respondents exposed to one channel were 1.2 times more likely, and those exposed to two or more sources were 1.6 times more likely to report that they intended to test for HIV as a couple in the next 12 months compared to their unexposed counterparts.



On the contrary, dosage was not significantly associated with testing for HIV as an individual in the 12 months before the survey. Respondents exposed to one, two or more campaign channels were 1.1 times more likely to report testing for HIV in the previous 12 months compared to their unexposed counterparts.

4.4 Stand Proud, Get Circumcised Campaign

In December 2011, the Ministry of Health launched a national multi-channel campaign promoting safe male circumcision (SMC) among men as a means to reduce risk of HIV infection.

Designed primarily for men between the ages of 18 and 35 years of age and their spouses/sexual partners, the Stand Proud, Get Circumcised campaign ran through April, 2012, seven months before the survey, and used a mix of radio, outdoor billboards, posters, TV programming, newspaper advertisements, community mobilization, and support materials for health providers and their clients. Sites providing SMC services were labeled with a logo, and all communication referred the audience to a telephone hotline and SMS service for the location of services.

4.4.2 Exposure to the Stand Proud, Get Circumcised Campaign

Table 37 shows exposure to the Stand Proud, Get Circumcised Campaign among all respondents and separately among men aged 15 to 54 years in the survey. As shown, 72.5% of all men and 65.3% of all respondents reported having seen or heard campaign messages in the 12 months preceding the survey. Also, 74.6% of men from key populations were exposed to Stand Proud, Get Circumcised messages compared to 72.3% among other men.

Table 37: Exposure to the Stand Proud, Get Circumcised campaign by Background Characteristics

Background Characteristics	Men (15-49 yrs)		All Respondents (15-49 yrs)	
	%	N	%	N
Overall	*72.5*	*3,325*	*65.3*	*6,872*
Age group				
15-24	74.7	905	65.4	2,031
25-34	73.3	1,107	66.2	2,356
35-44	69.8	781	65.5	1,585
45-54	70.7	508	65.8	796
Residence				
Urban	75.5	522	65.5	1,172
Rural	71.9	2,775	65.6	5,592
Education				
None	53.9	128	53.5	488
Primary	71.5	2,014	63.6	4,297
Secondary	75.7	883	70.1	1,610
Certificate/Diploma/University	79.5	268	80.5	395
Marital Status				
Never married	75.3	947	69.7	1,479
Married/living together	71.3	2,203	65.1	4,723
Widowed/Divorced/Separated	72.4	152	59.7	573
Wealth Quintile				
Lowest	65.3	643	59.1	1,441
Second	74.6	953	67.0	1,918
Middle	69.3	505	64.1	886
Fourth	73.3	712	69.0	1,397
Highest	79.7	512	66.6	1,230
Key Populations (fishermen, boda bodas, petty trader, hawker, vendor)				
No	72.3	3026	65.1	6,327
Yes	74.6	299	67.3	545

4.4.3 Messages seen and actions taken by those exposed to the Stand Proud, Get Circumcised campaign

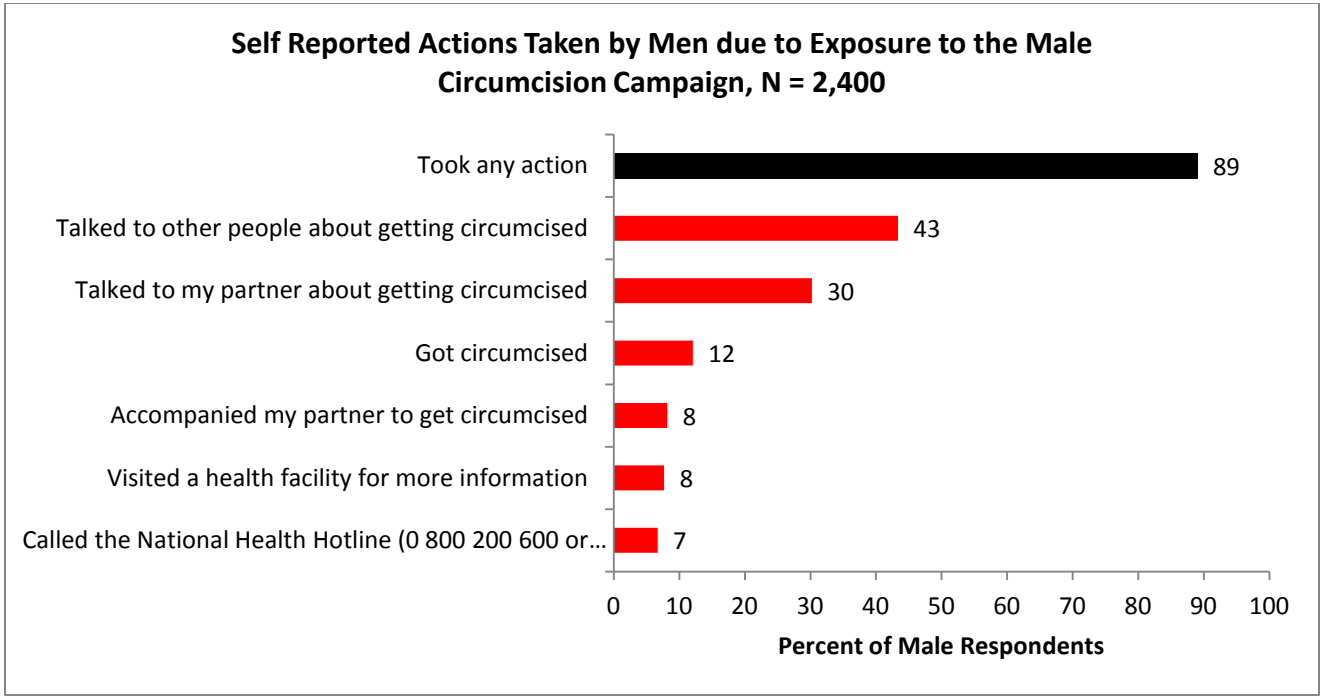
Respondents who had heard of the campaign were asked what messages they recalled. Table 38 shows that 93.0% of respondents exposed to the campaign could report at least one campaign message. '*Safe circumcision reduces the chances of getting the virus that causes AIDS'* (80.1%) and *'Circumcision reduces the risk of other sexually transmitted disease'* (48.4%) were the most commonly recalled messages. Among respondents from key populations, the proportion exposed to the campaign who recalled campaign messages was 92.8% and this was not different from those who were not from these populations.

Table 38: Reported messages seen by those exposed to the Stand Proud, Get Circumcised Campaign

Background Characteristics	At least one message	Safe circumcision reduces the chances of getting the virus that causes AIDS	Circumcision reduces the risk of other sexually transmitted disease	Male circumcision is a quick and simple procedure	I am proud I have a circumcised husband because we have less chances of getting HIV	Male circumcision improves genital hygiene	Stand proud, Get circumcised
Overall Number	**4,775**	**4,407**	**3,916**	**3,575**	**3,682**	**3,730**	**3,628**
%	**93.0**	**80.1**	**48.4**	**11.4**	**11.4**	**19.5**	**8.1**
Sex							
Male	95.3	82.7	46.2	16.2	14.7	24.8	9.8
Female	91.9	77.9	49.7	4.8	7.7	14.0	6.0
Age group							
15-24	93.3	80.6	47.5	10.8	10.9	17.3	9.8
25-34	94.1	81.1	47.2	9.6	9.8	20.0	7.5
35-44	94.0	79.1	51.7	10.5	11.7	20.1	5.5
45-54	93.4	82.7	43.2	14.9	17.4	25.0	10.7
Residence							
Urban	92.0	76.4	47.4	15.2	15.3	17.9	9.8
Rural	94.1	81.4	47.6	9.6	10.8	20.2	7.7
Education							
None	86.4	75.2	46.5	10.8	5.4	17.9	7.6
Primary	92.8	80.3	48.0	12.5	10.5	18.8	8.0
Secondary	94.6	80.8	50.6	10.7	13.8	21.8	8.6
Certificate/Diploma/University	95.9	80.9	46.1	6.5	15.5	17.0	7.9
Marital Status							
Never married	92.8	82.8	41.7	11.4	11.1	19.6	10.0
Married/living together	94.5	80.2	50.1	10.4	11.6	19.2	7.7
Widowed/divorced/separated	89.1	77.3	46.5	13.2	12.1	24.5	6.4

Wealth Quintile							
Lowest	90.4	79.0	41.7	7.2	8.1	15.1	5.5
Second	94.4	81.0	46.8	9.0	10.9	19.4	10.2
Middle	95.3	80.6	54.1	17.5	12.6	27.5	9.8
Fourth	95.2	82.8	50.8	10.9	13.9	24.4	7.9
Highest	89.9	77.2	50.1	14.8	11.4	13.8	6.9
Key Populations (fishermen, boda boda drivers, hawkers, petty traders, vendors)							
No	93.0	80.0	47.4	11.7	11.4	19.8	8.3
Yes	92.8	81.6	59.6	8.5	10.7	15.7	6.5

Among male respondents who were exposed to campaign messages, 89% reported taking at least one action as a result. Of these, 43% talked to other people about getting circumcised while 30% talked to their partner/spouse about getting circumcised. Some 12% of all men reported that they got circumcised. For distribution of other actions taken, refer to the graph below.


Self Reported Actions Taken by Men due to Exposure to the Male Circumcision Campaign, N = 2,400
Took any action
89
Talked to other people about getting circumcised
43
Talked to my partner about getting circumcised
30
Got circumcised
12
Accompanied my partner to get circumcised
8
Visited a health facility for more information
8
Called the National Health Hotline (0 800 200 600 or...
7
0
10
20
30
40
50
60
70
80
90
100
Percent of Male Respondents

4.4.4 Associations between exposure to the male circumcision campaign and key outcomes

This section and Table 39 present cross tabulations of key outcomes by exposure to the campaign. As seen in Table 37, 32.2% of exposed male respondents were circumcised compared to 26.5% of unexposed male respondents. Intentions to get circumcised were also higher among the exposed men (53.6%) compared to unexposed men (45.3%). Exposed male respondents (72.2%) were more likely to report that male circumcision is NOT 100% protective against HIV compared to their unexposed counterparts (62.1%).

Table 39: Results on key outcomes by exposure to the SMC campaign in past 12 months

Background Characteristics	Not Exposed		Exposed		P-value*
	%	N	%	N	
Circumcision reduces chances of catching HIV					
No	19.1	444	9.3	412	
Yes	67.1	1,559	83.2	3,692	<0.001
Don't Know	13.7	319	7.5	334	
Circumcision is 100% in preventing a man from catching HIV					
No	62.1	1,447	72.2	3,206	
Yes	21.5	501	17.8	790	<0.001
Don't Know	16.5	384	10.1	447	
A circumcised man can pass on the HIV to his partner					
No	15.2	351	10.6	461	
Yes	72.1	1,668	82.0	3,583	<0.001
Don't Know	12.8	295	7.5	326	
Discussed male circumcision with someone in past 12 months					
No	70.8	1,594	62.3	2,717	<0.001
Yes	29.2	656	37.7	1,643	
Knows a health facility where men can get circumcised					
No	42.8	960	25.5	1,110	<0.001
Yes	57.2	1,283	74.5	3,249	
Circumcision status					
No	73.6	645	67.7	1,550	
Yes	26.5	232	32.2	736	0.005
No response	0.0	0	0.1	2	
Intends to get circumcised (answered by uncircumcised men only)					
No	54.7	326	46.4	701	0.001
Yes	45.3	270	53.6	809	

* Chi-square test

Table 39a shows odds ratios for key outcomes by exposure to the campaign. Exposed respondents were 2.18 times more likely to think that circumcision is beneficial to a man's health than unexposed respondents. Also, uncircumcised men who were exposed to the campaign were 40% more likely to say they intended to get circumcised than their unexposed counterparts.

Table 39a: Adjusted Odds Ratios for key outcomes by exposure to the Stand Proud, Get Circumcised Campaign

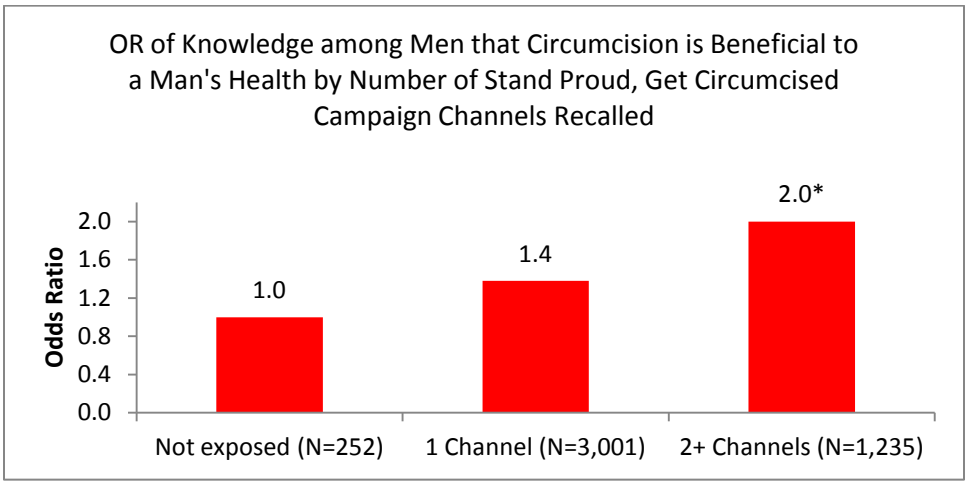
Key outcome	Exposure status	Respondents	Males	Females
Thinks Circumcision is beneficial to a man's health	Unexposed	Referent	Referent	Referent
	Exposed	2.18*(1.86, 2.56)	2.37*(1.88, 2.99)	2.07*(1.64, 2.61)
Thinks People in community approve of male circumcision	Unexposed	Referent	Referent	Referent
	Exposed	1.43*(1.27, 1.62)	1.51*(1.26, 1.80)	1.33*(1.13, 1.58)
Circumcision of men reduces chances of getting HIV	Unexposed	Referent	Referent	Referent
	Exposed	2.32*(1.98, 2.71)	2.27*(1.78, 2.89)	2.21*(1.79, 2.74)
Discussed Male Circumcision with anyone in past 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.52*(1.35, 1.71)	1.28*(1.08, 1.52)	1.59*(1.34, 1.90)
Not Circumcised, intends to get circumcised in next 12 months	Unexposed	Referent	Referent	
	Exposed		1.40*(1.14, 1.71)	

*Statistically Significant (P-value<0.05)

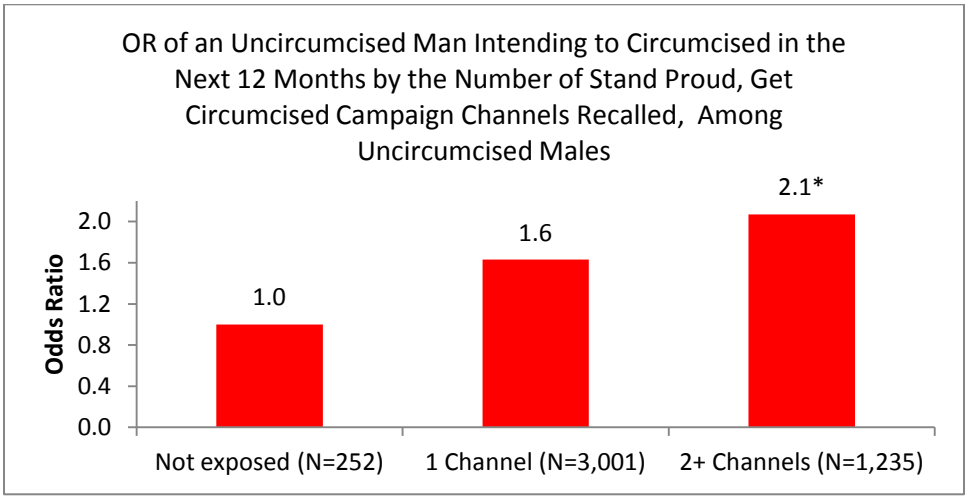
ORs were adjusted for age, sex, rural or urban residence, marital status, education level attained and wealth index.

4.4.5 Effects of dosage of exposure to the Stand Proud, Get Circumcised campaign on key outcomes

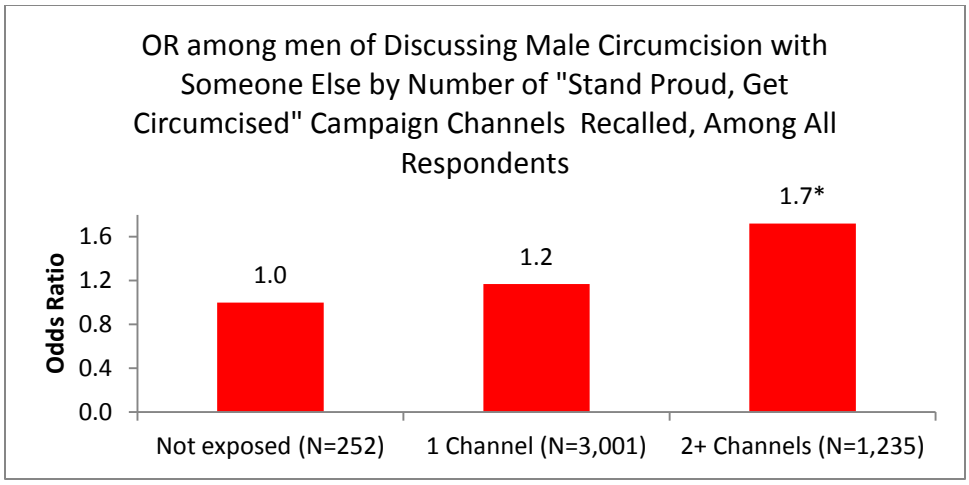
The following graphs show the association between exposure dosages in terms of the number of campaign channels respondents were exposed to and key outcomes. The asterisk (*) on the graph indicates that the odds ratio was statistically significant.



The graph above shows a direct correlation between the number of campaign channels a respondent was exposed to and their knowledge that circumcision is beneficial to a man's health. Respondents exposed to one campaign channel were 1.4 times more likely while those exposed to two or more channels were 2.0 times more likely to report that circumcision is beneficial to a man's health than their unexposed counterparts.



The graph above shows that among uncircumcised males the intention to get circumcised increased as exposure to the campaign increased. Respondents exposed to one campaign channel were 1.6 times while those exposed to two or more campaign channels were 2.1 times more likely to say that they intended to get circumcised than their unexposed counterparts.



The graph above shows that discussion about male circumcision increased as exposure to the campaign increased. Respondents exposed to one campaign channel were 1.2 times while those exposed to two or more campaign channels were 1.7 times more likely to say they had discussed circumcision with others than their unexposed counterparts.

Chapter 5: Malaria Communication

During the 12 months before the survey, a number of partners communicated about malaria control. Some of these communication efforts took place in the same locations, and reached the same people. The malaria communication efforts that were taking place in the survey districts and were evaluated in this survey included:

- United Against Malaria Campaign
- Power of Day One Campaign
- Stop Malaria in Your Community (Mrs. Anopheles) Campaign

In this chapter, we will first examine the exposure and effects of exposure to any of these malaria communication efforts during the 12 months before the survey. Then, we will examine the exposure and effects of each communication campaign individually.

5.1 Malaria communication

Exposure to any malaria communication was obtained by considering exposure to any messages from the United Against Malaria, Power of Day One and Stop Malaria in Your Community campaigns during the 12 months preceding the survey. It is important to note that the effects reported here could partly be due to the contribution of other malaria programs, whose effects were not investigated, that may have been taking place in the evaluation area at the time such as the Village Health Team (VHT) Integrated Community Case Management training implemented by PACE and the Malaria Consortium in some districts.

5.1.1 Exposure to Malaria Communication

Exposure to malaria communication was ascertained by asking respondents whether they heard or saw messages from the United Against Malaria campaign, Power of Day One campaign or the Stop Malaria in Your Community “Mrs. Anopheles” campaign during the 12 months preceding the survey. As shown in Table 40, 67% of respondents reported exposure to any of these malaria communication efforts in the 12 months preceding the survey. Urban residents (72.4%) were more likely to report exposure to any malaria communication than their rural counterparts (65.0%). Also, respondents with university, diploma, or certificate education (82.4%) were more exposed than their counterparts with secondary (71.5%), primary (65.0%) or no education (60.0%). Also, respondents from key populations (74.5%) reported more exposure to malaria communication compared to others (66.3%).

Table 40: Exposure to any malaria communication campaigns by background characteristics

Background Characteristics	%	n
Overall	*67.0*	7,542
Sex		
Male	68.8	3,530
Female	64.4	3,741
Age group		
15-24	67.0	2,191
25-34	67.0	2,540
35-44	65.0	1,724
45-54	66.1	869
Residence		
Urban	72.4	1,306
Rural	65.0	6,004
Education		
None	60.0	593
Primary	65.0	4,688
Secondary	71.5	1,751
Certificate/Diploma/University	82.4	408
Marital Status		
Never married	68.2	1,594
Married/living together	66.1	5,090
Widowed/Divorced/Separated	65.5	676
Wealth Quintile		
Lowest	53.3	1,514
Second	67.3	2,045
Middle	67.5	971
Fourth	69.9	1,507
Highest	77.0	1,505
Key Populations (fishermen, boda bodas, vendors, hawkers, petty traders)		
No	66.3	6,937
Yes	74.5	605

5.1.2 Effect of Exposure to Malaria Communication on key outcomes

To ascertain the effect of exposure to malaria communication on key outcomes, cross tabulations were done and chi–square p-values calculated (See Table 41).

As shown in Table 41, exposed respondents (87.2%) were significantly more likely to have slept under a net the previous night than those who were not exposed (84.2%). Respondents who had seen or heard malaria communication in the preceding 12 months (49.0%) where

significantly more likely to get a family member tested for malaria when they had a fever compared to those who had not seen or heard any of the campaigns (38.0%).

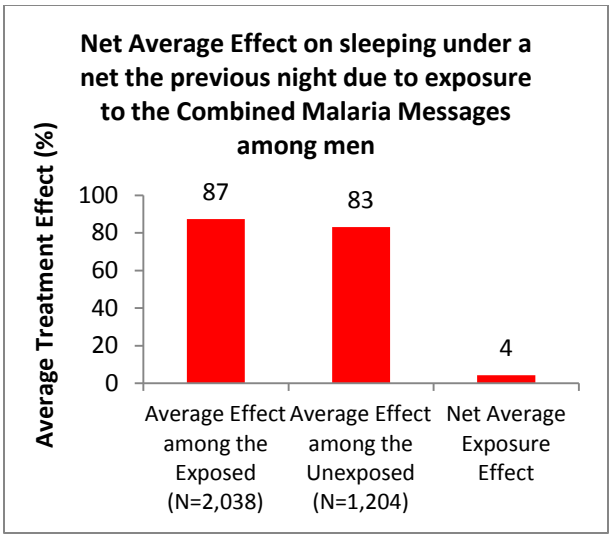
Table 41: Effect of Exposure to Malaria Communication on Key Outcomes

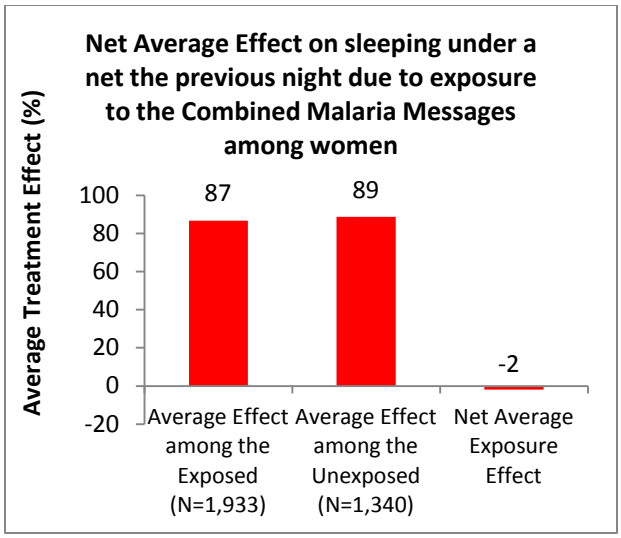
Key Outcomes	Exposed		Not Exposed		P-value*
	(%)	N	(%)	N	
Slept under any mosquito net the previous night	87.2	3,544	84.2	1,643	0.004
Sought treatment for family member who had fever in past 2 weeks	88.4	1,607	86.9	725	0.294
Family member who had fever in past 2 weeks was treated within 24 hours of fever outbreak	74.3	1,292	73.4	561	0.697
Family member who had fever in past 2 weeks was treated within 48 hours of fever outbreak	88.3	1,301	87.4	562	0.562
Blood was taken off heel or finger of sick family member for confirming fever	49.0	1,476	38.0	597	0.000

*Chi Square test used

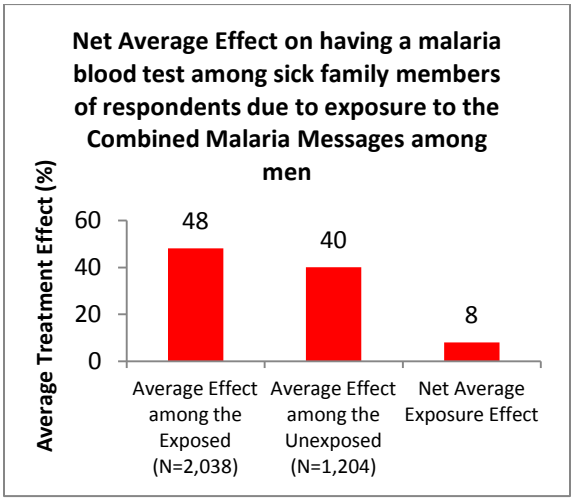
5.1.3 Net Effect of Exposure to Malaria Communication on Key Outcomes

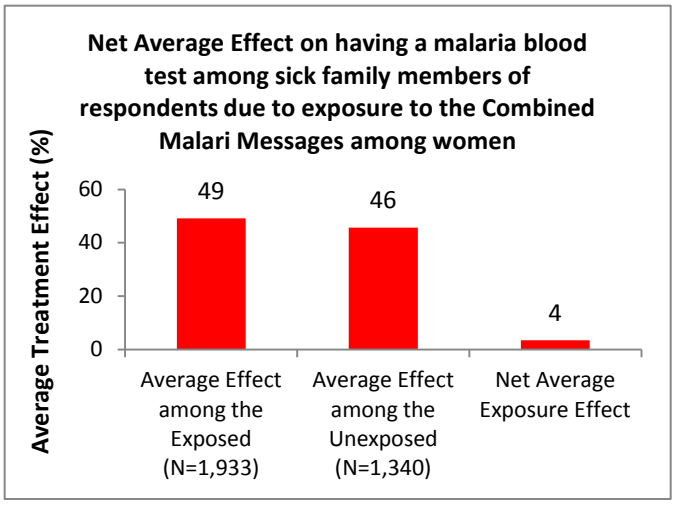
This section presents propensity score matching (PSM) results related to malaria communication. Each respondent who was exposed to malaria communication in the previous 12 months was matched to an identical unexposed respondent and then the average difference in the outcome variables between the two groups was measured. Respondents were matched on age, gender, education level, wealth index, urban or rural residence and marital status. In this way, the effects of these variables were removed.



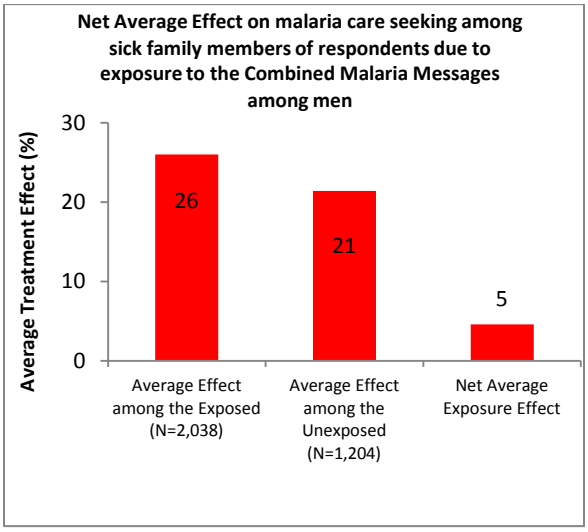


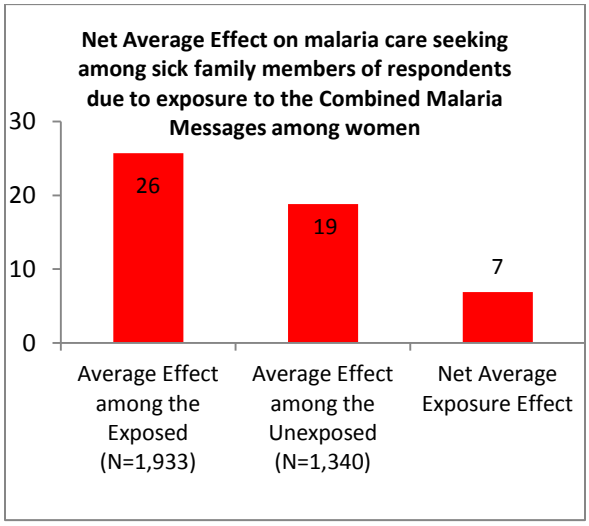
The graphs above show the net effect of exposure to malaria communication on the likelihood of sleeping under a mosquito net the night before the survey. The difference between the average effects among matched exposed and unexposed respondents indicates that exposure to malaria communication is associated with a net increase in sleeping under a net of 4% in men but with a negative effect of 2% in women, regardless of the respondent's age, educational attainment, wealth, urban or rural residence and marital status.





The graphs above show the net effect of exposure to malaria communication on the likelihood of having a blood test done for a sick family member to confirm malaria. The difference between the average effects among matched exposed and unexposed respondents indicates that exposure to malaria communication is associated with a net increase in having a malaria blood test of 8% in men and 4% in women, regardless of the respondent's age, educational attainment, wealth, urban or rural residence and marital status.





The graphs above show the net effect of exposure to malaria communication on the likelihood of malaria care seeking for a sick family member. The difference between the average effects among matched exposed and unexposed respondents indicates that exposure to malaria communication is associated with a net increase in malaria care seeking of 5% in men and 7% in women, regardless of the respondent's age, educational attainment, wealth, urban or rural residence and marital status.

5.2 United Against Malaria Campaign

United Against Malaria (UAM) was founded in advance of the 2010 World Cup in South Africa as an alliance of football (soccer) teams, celebrities, health and advocacy organizations, governments and corporations who have united together against malaria. In Uganda, the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU·CCP) is the founding UAM partner, with funding under the VOICES III Project of the Bill and Melinda Gates Foundation.

The goal of UAM in Uganda is to catalyze support for universal access to mosquito nets and malaria medicine, a crucial first step to reducing deaths to near zero by 2015, through:

- Engaging the private sector to advocate for malaria control among its employees, their families, and government
- Strengthening political commitment by Ugandan leadership to prioritize malaria
- Increasing use of insecticide treated nets and correct and timely treatment of malaria fevers by engaging popular sports and entertainment personalities.

During the 12 months prior to the survey, UAM organized public media events featuring CEOs of large companies and national soccer personalities, organized UAM soccer tournaments at

district level, and produced and placed media materials such as billboards, radio and TV programming during the Africa Cup of Nations. All communication promoted the use of insecticide treated nets, intermittent preventive treatment for malaria in pregnancy, prompt treatment of malaria fevers, and advocated for increased funding support by government and private sector for malaria control. The bulk of communication took place in Kampala as it was targeting private sector and government leadership.

5.2.1 Exposure to the UAM Campaign

Exposure to the UAM campaign was ascertained by asking respondents who watched or listened to African Cup of Nations football matches whether they saw or heard any malaria spots with footballers, coaches or FUFA officials. As shown in

Table 42, 27.8% of Kampala respondents reported exposure to these messages. Importantly, 30.7% of respondents from other urban areas were exposed to these messages. Wealthier and more highly educated respondents were more likely to report seeing or hearing these messages.

Table 42: Percent of respondents who watched or heard the Africa Cup of Nations who saw or heard the United against Malaria Campaign in Kampala and other urban areas

Background Characteristics	Kampala (N=277)	Other Urban Area (N=1,163)
Overall	*27.8*	*30.7*
Sex		
Male	31.8	36.5
Female	23.4	25.3
Age group		
15-24	32.0	37.4
25-34	31.3	31.6
35-44	27.1	22.2
45-54	6.3	23.0
Education		
None	0.0	17.4
Primary	22.1	25.2
Secondary	34.3	39.1
Certificate/Diploma/University	26.9	49.0
Wealth Quintile		
Lowest	0.0	15.3
Second	25.0	32.0
Middle	8.3	25.9
Fourth	17.6	35.0
Highest	30.9	37.1

5.2.2 Messages seen and actions taken by those exposed to the UAM campaign

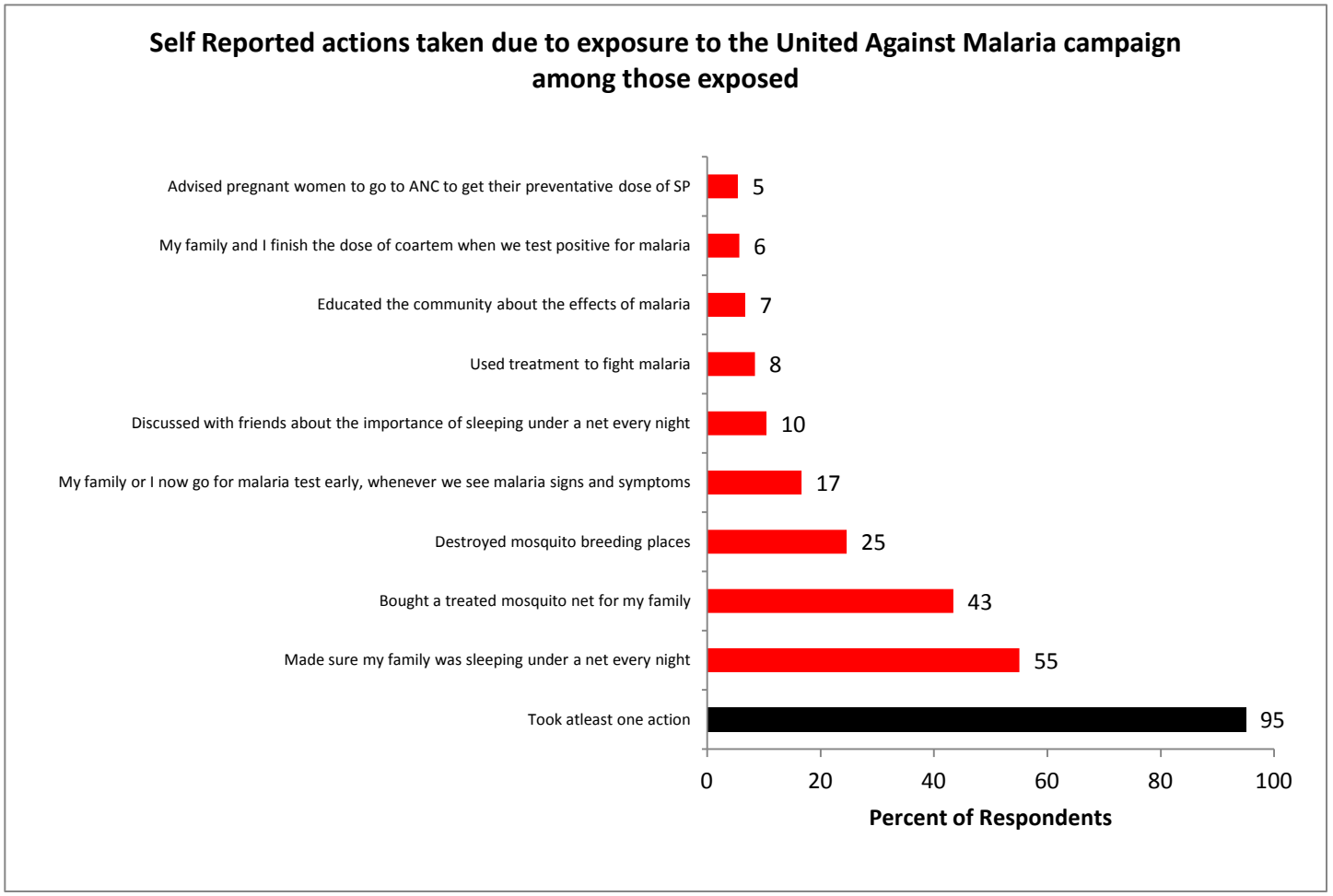
Respondents who had heard of the UAM campaign were asked what specific messages they recalled. Table 43 below shows that 67% of respondents exposed to the UAM campaign could correctly recall at least one message. *'Sleeping under a treated mosquito net everyday'* (54%), *'going to the clinic early when malaria symptoms are present'* (15%) and *'pregnant women getting preventive treatment'* (14%) were the most commonly reported messages.

Table 43: UAM Messages Recalled by Respondents Who Saw or Heard the Campaign

Background Characteristics	At least one message	Sleeping under a treated mosquito net every night	Going to the clinic early when malaria symptoms are present	Completing the malaria dose	Pregnant women getting preventative treatment	Myths about malaria
Overall Number	**860**	**860**	**860**	**860**	**860**	**860**
%	**67.3**	**54.2**	**14.8**	**10.5**	**13.7**	**8.3**
Sex						
Male	80.0	66.9	18.6	13.5	14.6	8.6
Female	54.0	39.4	10.1	7.5	13.8	8.6
Age group						
15-24	71.8	52.1	15.7	8.6	18.9	12.1
25-34	65.8	57.0	15.3	11.7	9.8	4.2
35-44	72.3	60.2	10.8	12.7	12.7	9.6
45-54	64.9	50.6	19.5	9.1	16.9	10.4
Residence						
Urban	67.6	57.0	17.9	8.9	12.3	7.3
Rural	70.1	55.6	14.2	11.5	14.9	9.0
Education						
None	37.1	31.4	11.4	2.9	8.6	2.9
Primary	63.5	50.7	13.0	9.4	14.5	6.6
Secondary	74.5	61.5	15.5	12.9	14.4	11.2
Certificate/Diploma/University	80.8	61.6	24.7	12.3	9.6	11.0
Marital Status						
Never married	73.0	56.7	14.2	11.6	19.7	12.4
Married/living together	68.1	57.5	15.9	11.4	10.1	5.6

Background Characteristics	At least one message	Sleeping under a treated mosquito net every night	Going to the clinic early when malaria symptoms are present	Completing the malaria dose	Pregnant women getting preventative treatment	Myths about malaria
Widowed/Divorced/Separated	57.6	30.3	7.6	1.5	27.3	18.2
Wealth Quintile						
Lowest	67.5	55.3	16.7	4.4	9.6	8.8
Second	75.1	56.9	18.2	15.3	18.2	10.5
Middle	67.3	54.2	11.2	8.4	13.1	9.3
Fourth	74.4	60.8	10.6	8.0	18.1	12.6
Highest	54.1	45.5	16.0	12.1	8.2	1.7

Of the respondents exposed to UAM messages, 75% reported that they took action as a result. Some 55% of those exposed reportedly made sure that their family was sleeping under a treated net every night, 43% bought a treated net for their family, and 25% said they destroyed mosquito breeding places round their homes as a result of exposure to the UAM campaign. For distribution of other actions taken, refer to graph below.


Self Reported actions taken due to exposure to the United Against Malaria campaign among those exposed
Advised pregnant women to go to ANC to get their preventative dose of SP
5
My family and I finish the dose of coartem when we test positive for malaria
6
Educated the community about the effects of malaria
7
Used treatment to fight malaria
8
Discussed with friends about the importance of sleeping under a net every night
10
My family or I now go for malaria test early, whenever we see malaria signs and symptoms
17
Destroyed mosquito breeding places
25
Bought a treated mosquito net for my family
43
Made sure my family was sleeping under a net every night
55
Took atleast one action
95
0
20
40
60
80
100
Percent of Respondents

5.2.3 Associations between exposure to the United Against Malaria campaign and key outcomes

This section presents cross tabulations of key outcomes by exposure to the UAM campaign. As shown in Table 44 below, participants exposed to the campaign were 14% more likely to have slept under a mosquito net the night before the survey than unexposed respondents. Women respondents who were exposed to the UAM campaign were 83% more likely to have slept under a mosquito net the night before the survey than unexposed women. Respondents exposed to the UAM campaign were three times more likely than others to seek treatment within 24 hours among family members who had fevers in the previous two weeks.

Table 44: Adjusted odds ratios for key outcomes by exposure to United Against Malaria Campaign

Key outcome	Exposure status	Respondents	Males	Females
Slept under an ITN	Unexposed	Referent	Referent	Referent
	Exposed	1.14 (0.86, 1.51)	0.98 (0.70, 1.38)	1.83* (1.04, 3.22)
Family Member Treated within 24 hrs of outbreak of fever	Unexposed	Referent	Referent	Referent
	Exposed	1.15 (0.81, 1.64)	1.05 (0.63, 1.74)	1.01 (0.60, 1.72)
Family member who had fever was treated from any source	Unexposed	Referent	Referent	Referent
	Exposed	3.20* (1.39,7.37)	2.89* (1.02, 8.20)	3.57 (0.84, 15.11)

*Statistically significant (P-value<0.05)
ORs were adjusted for age, sex, rural or urban residence, marital status, education level and wealth index.

5.3 Power of Day One Campaign

The Power of Day One campaign is a mass-media campaign launched in June 2011 by the Uganda Health Marketing Group (UHMG) with funding from the USAID-supported AFFORD Project. The campaign objective is two-fold: to create awareness among caretakers of children and pregnant women on the importance of testing and treating malaria within 24 hours of fever onset; and to enhance the capacity of the private health sector in malaria prevention and case management. During the 12 months prior to the survey, the campaign was working in 6 districts, of which 3 (Apac, Kumi, and Soroti) were included in this survey.

The Power of Day One campaign targeted pregnant women and caretakers of children in the campaign districts via radio, community meetings, billboards, posters, and other point of service materials. UHMG labeled all private health facilities trained to provide rapid diagnostic testing and treatment services in the campaign districts. Eight radio spots ran each day on seven radio stations and seven radio talk shows were conducted every week. To support the campaign, a hotline and SMS platform provided callers with resources on malaria prevention and information about where to get testing and treatment for malaria.

Some of the effects on treatment seeking may have been influenced by the Stop Malaria in Your Community Campaign, which also operated in Kumi and Soroti during the twelve-month period prior to the evaluation.

5.3.2 Exposure to the Power of Day One Campaign

Exposure to the Power of Day One campaign was determined by asking respondents whether they saw or heard messages about the campaign in the 12 months preceding the survey. As shown in **Error! Reference source not found.** about 64% of the respondents from the three campaign districts reported having seen or heard campaign messages during the 12 months preceding the survey. Exposure was higher among respondents from urban areas (80%) and those from the highest wealth quintile (72%), and lowest among respondents from rural areas (60%) and the lowest wealth quintile (60%).

Table 45: Exposure to Power of Day One by background characteristics

Background characteristics	Respondents from Apac, Kumi, Soroti		
	% Males Exposed	% Females Exposed	% Total Exposed
Number	433	414	847
Overall %	***64.2***	***63.3***	***63.6***
Age group			
15-24	68.9	69.0	69.0
25-34	68.5	64.1	66.2
35-44	57.3	48.8	53.4
45-54	58.3	69.8	63.1
Residence			
Urban	89.6	71.3	79.9
Rural	58.9	61.1	59.8
Education			
None	83.3	61.2	63.6
Primary	60.2	55.7	57.7
Secondary	68	88.1	74.5
Certificate/Diploma/University	78.4	96.2	84.4

Wealth Quintile			
Lowest	57.7	63.4	60.0
Second	59.5	63.3	61.3
Middle	77.8	58.3	66.7
Fourth	65.2	69.6	67.4
Highest	83.1	57.8	72.1

5.3.3 Messages seen and actions taken by those exposed to the Power of Day One campaign

Respondents in the three campaign districts who had heard of the Power of Day One campaign were asked what specific messages they recalled. Table 46 below shows that 90.4% of all respondents exposed to the campaign correctly recalled at least one message. *'Get tested for malaria within 24 hours of the onset of fever* (74.9%), *'seek testing and treatment for malaria within 24 hours of the onset of fever'* (62.7%) and *'take your child for testing and treatment for malaria within 24 hours of the onset of fever'* (31.1%) were the most commonly reported messages.

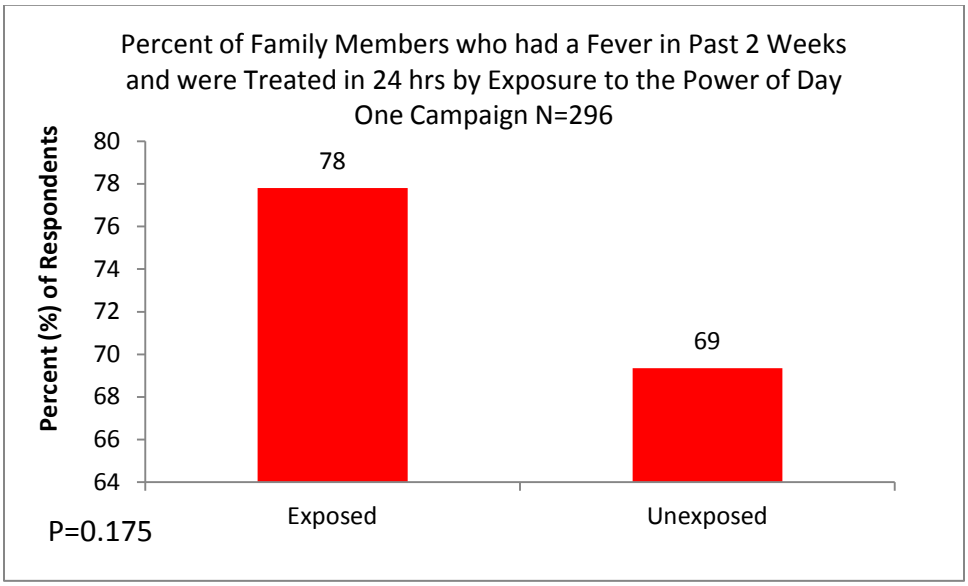
Table 46: Messages recalled by those exposed to the Power of Day One campaign by background characteristics

Background Characteristics	At least one message	Get tested for malaria within 24 hours of the onset of fever	Seek testing and treatment for malaria within 24 hours of the onset of fever	Take your child for testing and treatment for malaria within 24 hours of the onset of fever
Overall Number	481	481	481	481
%	90.4	74.9	62.7	31.1
Sex				
Male	90.3	84.9	57.7	36.2
Female	90.6	63.8	67.5	25.5
Age group				
15-24	94.6	77.5	68.2	33.5
25-34	88.2	74.7	57.4	32.4
35-44	90.9	79.5	56.8	32.9
45-54	82.1	60.7	67.9	18.2
Residence				
Urban	97.5	73.5	74.6	30.6
Rural	88.5	76.2	59.3	31.4
Education				
None	90.9	54.5	56.3	21.9
Primary	87.4	74.2	61.4	23.7
Secondary	93.7	78.4	67.3	46.2
Post-Secondary	100.0	86.3	65.5	35.3
Wealth Quintile				
Lowest	80.4	62.8	57.1	30.9
Second	91.7	79.2	64.6	22.8
Middle	100.0	93.9	53.3	20.0
Fourth	97.3	73.0	69.9	32.4
Highest	95.6	80.9	65.6	51.5

5.3.4 Association between exposure to the Power of Day One campaign and key outcomes

This section presents graphs and odds ratios of key outcomes by exposure status to the Power of Day One campaign. As shown in graphs below, respondents living in the three districts who were exposed to the campaign (78%) were more likely to have their family members with fever treated within 24 hours after onset of fever. Also, respondents who were exposed (74%) and

experienced fever in the previous two weeks were more likely to have blood taken off from their finger or heel for malaria testing than those who were not exposed to the campaign (46%).



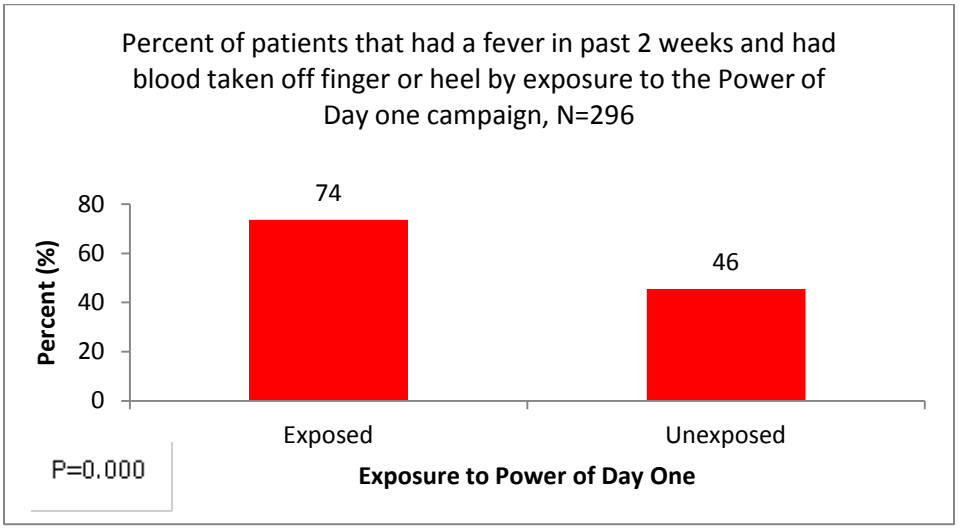


Table 47 shows that although fever treatment seeking within 24 hours of fever onset was not significantly associated with exposure to the campaign, there was a significant association between exposure to Power of Day One campaign and having blood drawn off finger or heal for malaria testing. Family members of exposed respondents were 71% more likely to have blood drawn off finger or heal for malaria testing when they had fever than those who were not exposed to the campaign.

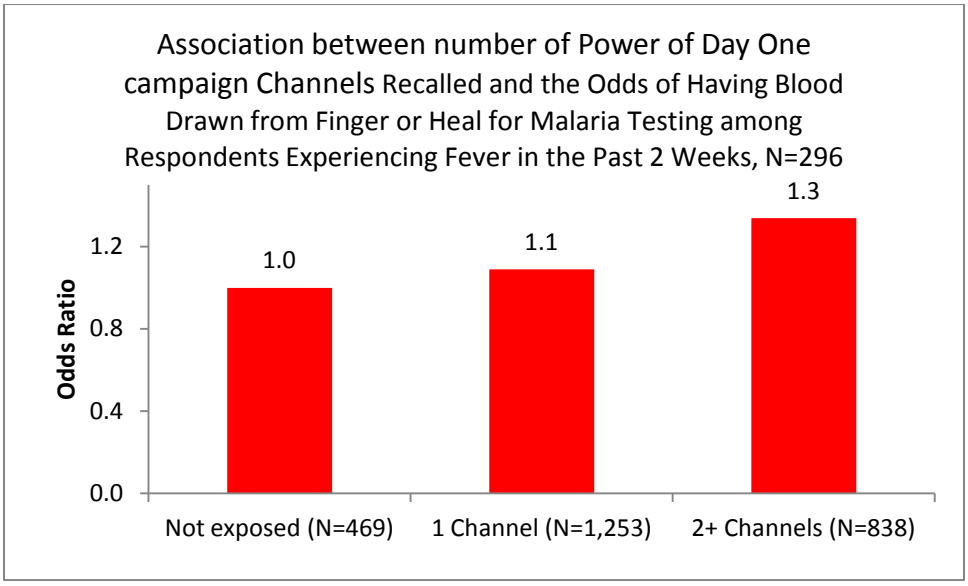
Table 47: Adjusted Odds Ratios of Key Outcomes by Exposure to the Power of Day One Campaign

Key outcome	Exposure status	Respondents	Males	Females
Blood drawn off finger or heal for malaria testing	Unexposed	Referent	Referent	Referent
	Exposed	1.71 (0.73, 4.00)	0.79 (0.11, 5.88)	1.75(0.52, 5.86)
Family Member Treated within 24 hours of Fever onset	Unexposed	Referent	Referent	Referent
	Exposed	1.09 (0.86, 1.39)	1.00 (0.67, 1.50)	1.14 (0.84, 1.55)

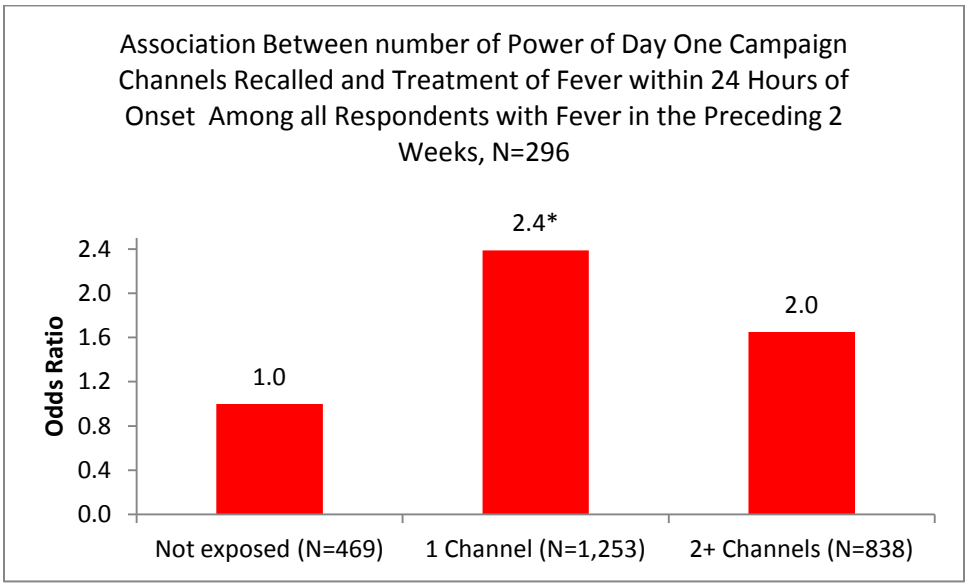
ORs were adjusted for age, sex, rural or urban residence, marital status, education level and wealth index.

5.3.5 Effect of exposure dosage of the Power of Day One campaign on Key Outcomes

The following graphs show the association between exposure dosages in terms of the number of campaign channels respondents were exposed to and key outcomes.



The graph above shows a direct correlation between the number of Power of Day One campaign channels respondents were exposed to and blood draw from finger or heal for malaria testing among those who had fevers in the 2 weeks preceding the survey. Respondents exposed to the campaign through one source were 1.1 times more likely while those exposed to two or more sources were 1.3 times more likely to report blood drawn from finger or heal for malaria testing compared to those who had not been exposed.



The graph above shows a correlation between the number of campaign channels respondents were exposed to and treatment of fever within 24 hours of onset, although the likelihood of treating within 24 hours was not associated with increasing dosages of exposure. Respondents exposed to the campaign through one or more channels were 2 to 2.4 times more likely to report treating fever within 24 hours of onset in the past two weeks than those who were not exposed to the campaign.

5.4 Stop Malaria in Your Community ("Mrs. Anopheles") Campaign

The Stop Malaria in your Community "Mrs. Anopheles" campaign, implemented by the Stop Malaria Project (SMP), is designed to improve the self-efficacy of individuals, households and communities to reduce malaria deaths through simple actions: sleeping under insecticide treated nets, getting intermittent preventive treatment during pregnancy, and getting fevers tested before treatment within 24 hours of onset. Since May 2011, the campaign has implemented community outreach activities aimed at reaching people between the ages of 15–55 years in 34 districts, six of which (Hoima, Kumi, Masaka, Mukono, Soroti, and Wakiso) were included in this survey. The multi-channel campaign includes radio spots and talk shows, billboards, posters and community outreach activities in schools and with community-based groups. The Stop Malaria Project is funded by USAID.

The effects found in this survey may have been influenced by exposure to other partner activities. For example, AFFORD/UHMG was implementing the Power of Day One campaign in Soroti and Kumi during the same time, and the STAR EC and STAR E Projects were active in some of the districts, as was the Malaria Consortium.

5.4.2 Exposure to the Stop Malaria in your Community Campaign

Exposure to the campaign was ascertained by asking respondents from the Stop Malaria Project (SMP) districts of Mukono, Hoima, Masaka, Soroti, Kumi and Wakiso whether they saw or heard campaign messages in the 12 months before the survey. Table 48 shows that 69% of respondents from the SMP districts reported exposure to campaign messages during the 12 months preceding the survey. Exposure to the campaign was higher among respondents with university, diploma or certificate (89%) and secondary education (76%) and those living in urban areas.

Table 48: Percent of Respondents in SMP Areas Exposed to Stop Malaria in Your Community campaign by background characteristics

Background Characteristics	Yes	Number (n)
Overall	68.5	1,589
Sex		
Male	67.2	729
Female	69.7	792
Age group		
15-24	67.8	481
25-34	72.3	495
35-44	62.2	360
45-54	70.1	184
Residence		
Urban	71.3	401
Rural	67.7	1,082
Education		
None	52.8	106
Primary	64.6	975
Secondary	75.8	401
Certificate/Diploma/University	88.8	98
Wealth Quintile		
Lowest	64.2	274
Second	65.7	402
Middle	58.9	197
Fourth	73.8	298
Highest	73.9	418

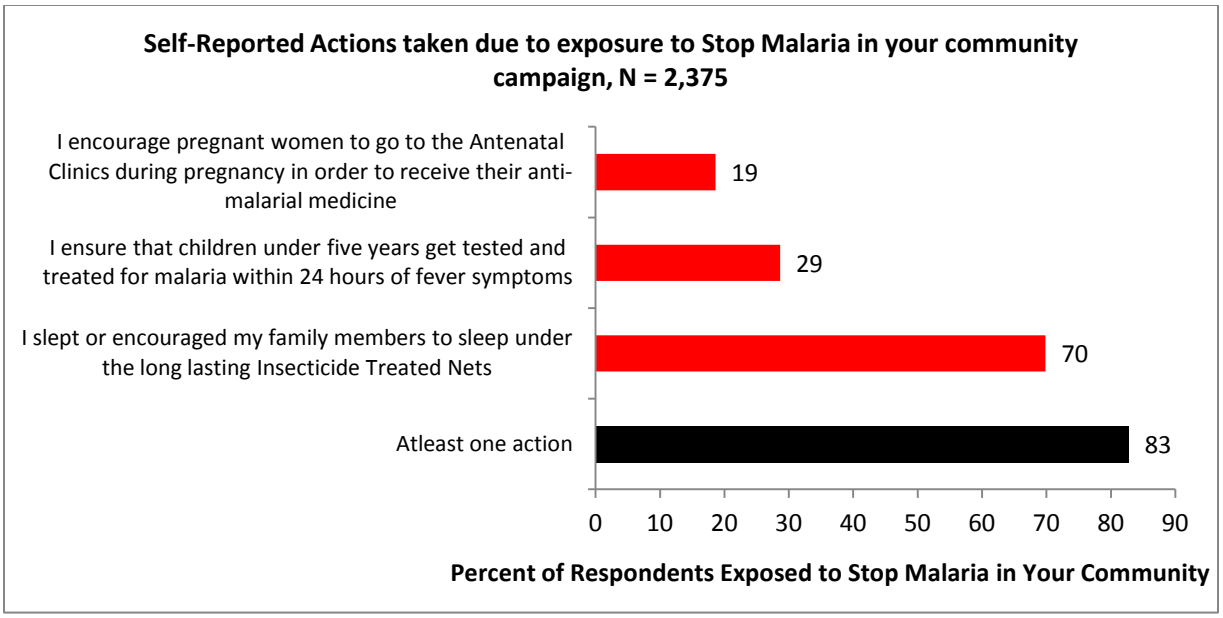
5.4.3 Messages seen and actions taken by those exposed to the Stop Malaria in Your Community campaign

Respondents who had heard or seen the campaign were asked what specific messages they recalled. Table 49 shows that 86.5% of respondents exposed to the campaign could correctly recall at least one message. *'Sleep under the long lasting insecticide treated net every night'* (78.7%) and *'Seek testing and treatment for malaria within 24 hours of onset of fever'* (39.4%) were the most commonly reported messages. Distribution of other campaign messages can be seen in Table 49.

Table 49: Messages recalled by respondents exposed to Stop Malaria in Your Community campaign by background characteristics

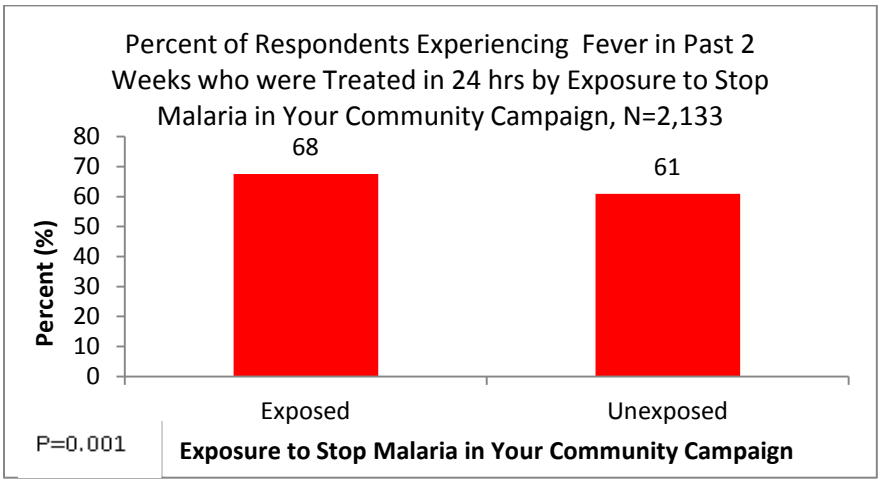
Background Characteristics	At least one message	Sleep under the long lasting Insecticide Net every night	Seek testing and treatment for malaria within 24 hours of onset of fever	Encourage pregnant women to go to ANC at least 4 times to receive anti-malarial medicine	Not sure
Overall Number	**3,261**	**3,063**	**2,932**	**2,835**	**2,785**
%	**86.5**	**78.7**	**39.4**	**16.4**	**10.1**
Sex					
Male	87.9	80.5	39.8	20.7	8.4
Female	84.5	76.3	37.7	11.9	12.2
Age group					
15-24	87.5	80.1	40.5	18.2	7.8
25-34	84.8	77	35.5	16.8	11.8
35-44	87.2	79	39.2	13.6	10
45-54	87	81.8	39.9	18.2	11.7
Residence					
Urban	88.8	78.9	44.6	21	11.2
Rural	85.8	78.6	37.4	15.3	10.1
Education					
None	79.5	69.9	26.3	10.4	12.9
Primary	85.7	78	41.3	14.1	11.4
Secondary	90	82.5	39.7	19.2	6.2
Post-Secondary	84.8	76.4	35.7	29	12
Wealth Quintile					
Lowest	85	77.9	40	17.8	12.1
Second	85.9	77.8	40.8	15.8	9.5
Middle	88.6	81.8	38.1	17	6.9
Fourth	87	79.7	40.2	11.9	10.2
Highest	86.7	77.5	37.3	20.2	11

Of respondents exposed to the campaign, 83% reported that they took action as a result. Of these, 70% reportedly encouraged their family members to sleep under an insecticide treated net (ITN), 29% ensured that children under 5 years get tested and treated for malaria within 24 hours of fever symptoms, and 19% encouraged pregnant women to go to clinics during pregnancy in order to receive anti-malarial medicine.



5.4.4 Associations between exposure to the Stop Malaria in Your Community campaign and key outcomes

This section presents graphs from cross tabulations of key outcomes by exposure to the campaign. As shown in the figure below, participants exposed to the campaign whose family members had fever during the 2 weeks before the survey (68%) were significantly more likely to have received treatment within 24 hours of fever onset compared to their unexposed counterparts (61%).



Respondents exposed to the campaign were not significantly more likely that those who were not exposed to have slept under a mosquito net the night before the survey. However, better fever treatment seeking behaviour was seen among exposed (92%) respondents compared to their unexposed (84%) counterparts (see graph below). Regression results in Table 50 show that respondents exposed to the campaign were 91% more likely to seek treatment for malaria than those who were not exposed. Particularly, males exposed to the campaign were twice as likely and females exposed to the campaign were 72% more likely to seek treatment for malaria than their unexposed counterparts. Respondents with fever who were exposed to the campaign were 32% more likely to report that blood was drawn from heal or finger for malaria testing than their unexposed counterparts.

Table 50: Adjusted Odds Ratios for key outcomes by Exposure to Stop Malaria in Your Community Campaign

Key outcome	Exposure status	Respondents	Males	Females
Family Member Sought Treatment for Fever	Unexposed	Referent	Referent	Referent
	Exposed	1.91*(1.45, 2.51)	2.14*(1.37, 3.34)	1.72*(1.20, 2.47)
Family Member Sought Treatment for Fever within 24 hrs of fever onset	Unexposed	Referent	Referent	Referent
	Exposed	1.06 (0.85, 1.32)	0.88 (0.61, 1.27)	1.11 (0.83, 1.48)
Blood drawn from heal or finger for malaria testing	Unexposed	Referent	Referent	Referent
	Exposed	1.32*(1.10, 1.58)	1.20 (0.91, 1.58)	1.36*(1.04, 1.75)

*Statistically Significant (P-value<0.05)
ORs were adjusted for age, sex, rural or urban residence, marital status, education level and wealth index.

Chapter 6: Maternal and Child Health Communication

This chapter presents findings on campaigns promoting maternal and child health. In order to promote maternal and child health, UHMG supports interventions both at community and service provider level by ensuring delivery at a facility through the Saving Mothers campaign, ready access to safe water by marketing water treatment using chlorine based water purification tablets (Aquasafe tablets); and prevention and management of diarrhea following the Oral Rehydration Therapy (ORT) guidelines. Also during the 12 months before the survey, the STAR SW project implemented a multi-channel campaign promoting antenatal care.

6.1 Saving Mothers Campaign

The Saving Mothers campaign is a five-year effort that intends to help mothers during labor, delivery, and the first 24 hours postpartum – the most vulnerable period for maternal and newborn death. During the 12 months prior to the survey, the Saving Mothers campaign promoted delivery at health facilities in the districts of Kabarole, Kibaale, Kamwenge, and Kyenjojo. Relying heavily on interpersonal communication supplemented with targeted radio messaging, the campaign educated men and women of childbearing age about the dangers of childbirth, the expertise of health workers to save mother's lives, and the necessity of health facility deliveries. The campaign also educated men and women about danger signs during pregnancy and labour that require medical intervention.

6.1.2 Exposure to the Saving Mothers Campaign

Exposure to the campaign was determined by asking respondents from the districts of Kabarole, Kamwenge, and Kyenjojo whether they saw or heard messages about the campaign in the 12 months preceding the survey. Shown in Table 51, 74% of all respondents from the three districts were exposed to the campaign. Exposure to the campaign was higher among urban (79.3%) than rural (72.9%) residents and among married (76.2%) than never married (68.4%) respondents.

Table 51: Exposure to the Saving Mothers Campaign among 15-54 year old men and women in Kyenjojo, Kabarole and Kamwenge

Background Characteristics	%	N
Overall	74.0	785
Sex		
Male	72.8	375
Female	75.4	395
Age group		
15-24	72.1	265
25-34	75.5	294
35-44	75.9	166
45-54	69.5	59

Background Characteristics	%	N
Residence		
Urban	79.3	111
Rural	72.9	660
Education		
None	70.3	64
Primary	74.8	512
Secondary	71.5	165
Certificate/Diploma/University	78.8	33
Marital Status		
Never married	68.4	234
Married/living together	76.2	474
Widowed/Divorced/Separated	78.9	71
Wealth Quintile		
Lowest	71.3	171
Second	72.8	213
Middle	73.5	102
Fourth	77.6	214
Highest	74.1	85

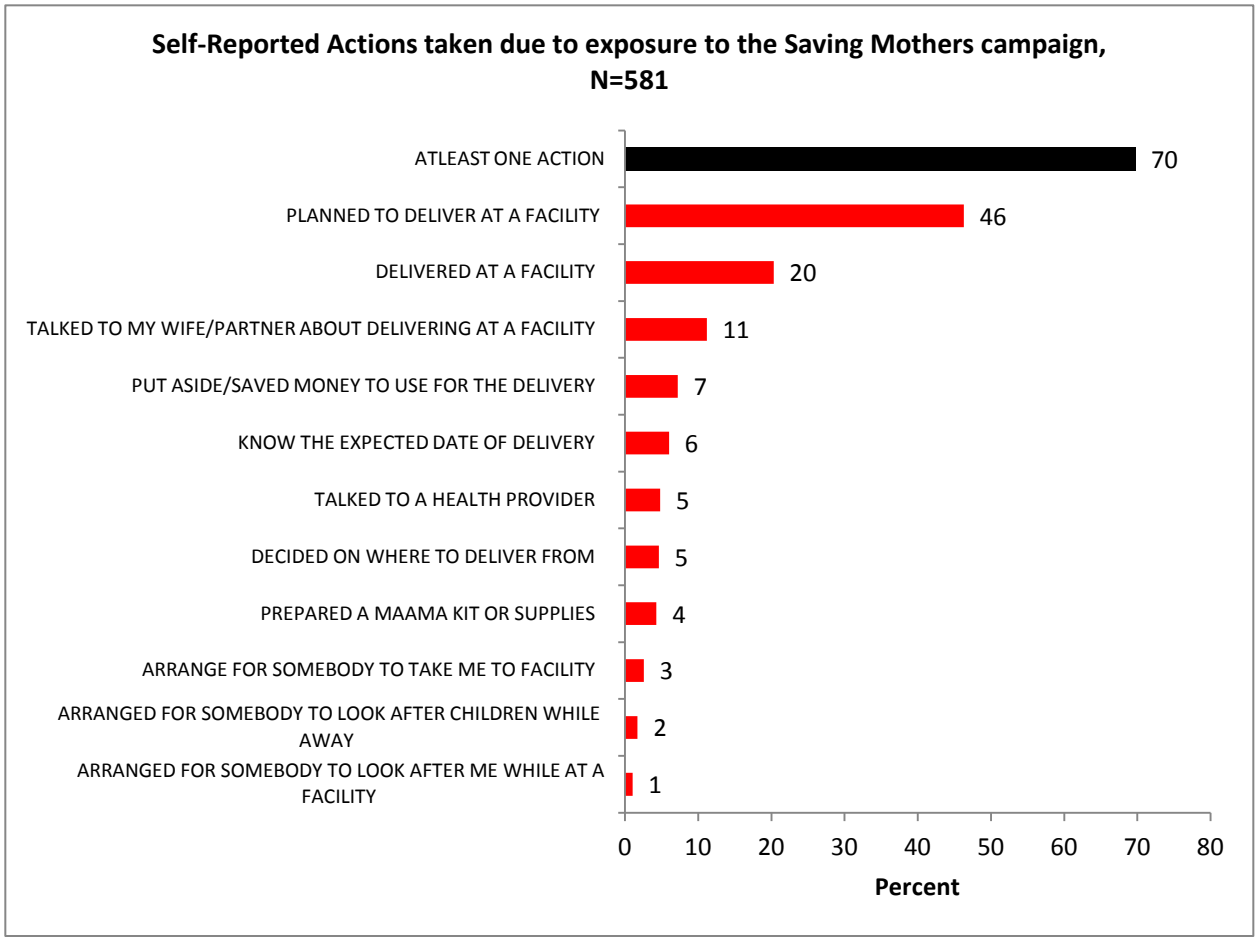
6.1.3 Messages seen and actions taken by those exposed to the Saving Mothers campaign

Respondents who had heard or seen the campaign were asked what specific messages they recalled. Table 52 shows that 90.5% of respondents exposed to the campaign could recall at least one message. *'Delivering at a facility saves the life of the child and mother'* (52.0%), *'every pregnancy is a risk'* (40.4%) and *'health providers are equipped to handle emergencies'* (20.1%) were the most commonly reported messages. Distribution of other campaign messages can be seen in Table 52.

Table 52: Messages seen by those exposed in the Saving Mothers Campaign

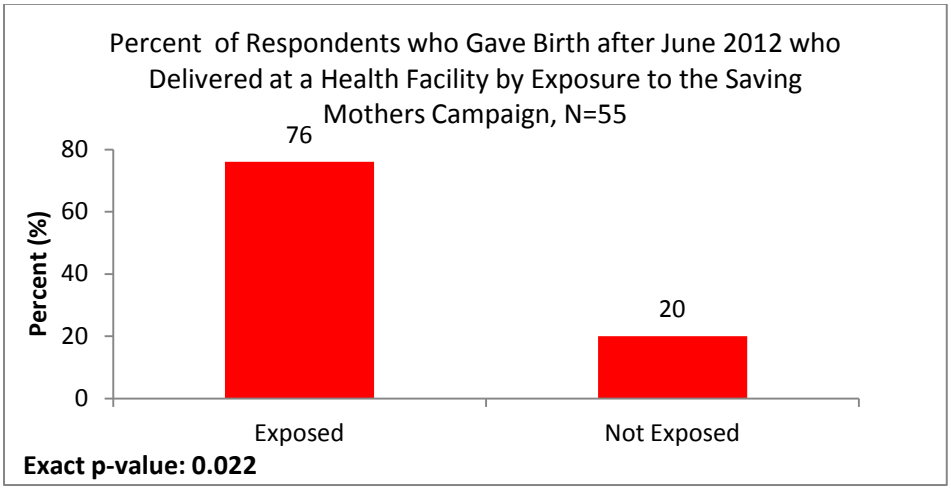
Background Characteristics	At least one message	Every Pregnancy is a risk	Delivering at a facility saves the life of the child and mother	The importance of having a birth plan	Health providers are equipped to handle emergencies
Overall Number	**581**	**581**	**581**	**581**	**581**
%	**90.5**	**40.4**	**52.0**	**16.0**	**20.1**
Sex					
Male	90.1	41.8	50.9	16.8	23.8
Female	90.9	39.3	53.0	15.4	15.8
Age group					
15-24	89.0	36.1	56.0	13.1	16.2
25-34	90.1	40.5	53.6	17.1	20.7
35-44	92.9	43.7	46.0	18.3	23.0
45-54	92.7	48.8	43.9	17.1	26.8
Residence					
Urban	73.9	27.3	44.3	15.9	14.8
Rural	93.8	42.6	54.5	16.2	20.8
Education					
None	93.3	44.4	51.1	17.8	17.8
Primary	89.3	38.6	48.8	15.9	22.5
Secondary	90.7	38.1	57.6	14.4	16.1
Post-Secondary	100.0	57.7	69.2	19.2	15.4
Marital Status					
Never married	85.6	28.7	51.2	8.8	20.0
Married/living together	91.7	44.9	52.6	20.2	20.2
Widowed/Divorced/Separated	96.4	42.9	51.8	8.9	19.6
Wealth Quintile					
Lowest	91.8	45.1	55.7	20.5	21.3
Second	91.0	38.7	52.3	17.4	13.5
Middle	89.3	40.0	50.7	12.0	20.0
Fourth	91.6	41.0	51.8	14.5	24.1
Highest	85.7	34.9	46.0	12.7	23.8

Of respondents exposed to the campaign, 70% reported that they took action as a result. Of these, 46% reportedly planned to deliver at a facility, 20% delivered at a facility, and 11% talked to their spouse/partner about delivering at a facility. For an illustration of other actions taken, refer to graph below.

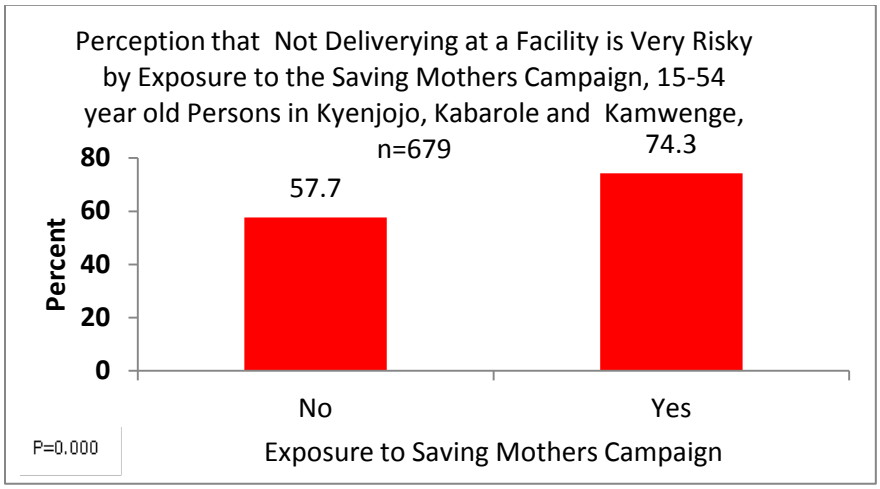


6.1.4 Association between exposure to the Saving Mothers campaign and key outcomes

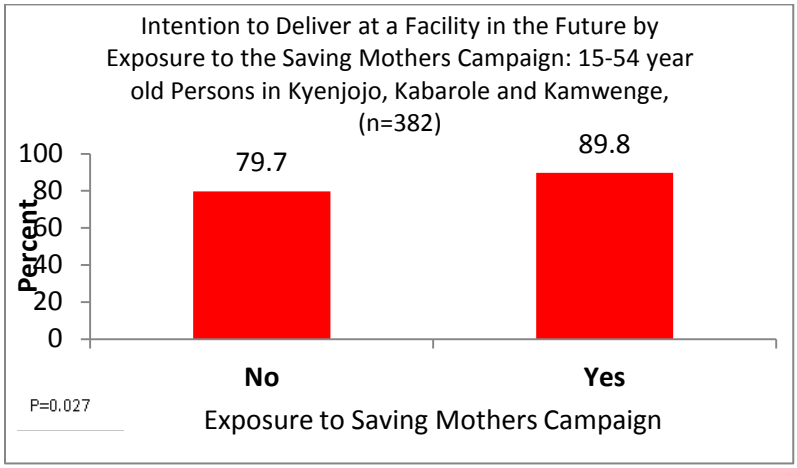
This section presents graphs from cross tabulations of key outcomes by exposure to the campaign.



As shown in the previous graph, among the 55 women who reportedly delivered after June 2012, those who were exposed to the campaign (76%) were more likely to have delivered at a health facility than those who were not exposed to the campaign (20%).



Respondents who were exposed to the campaign (74.3%) were also more likely to perceive that not delivering from a health facility was very risky than those who were not exposed (57.7%).



Respondents exposed to the campaign (89.8%) were more likely to say they intend to deliver at a health facility in future than those who were not exposed (79.7%).

According to logistic regressions in Table 53, respondents who were exposed to the Saving Mothers campaign were 2.67 times more likely to know that they need to go to a health facility for any danger signs during pregnancy than those who were not exposed to the campaign. Also, women exposed to the campaign were more than three times more likely than women not exposed to have made plans to deliver their babies at a health facility.

Table 53: Adjusted Odds Ratios of Key Outcomes by Exposure to the Saving Mothers Campaign

Key outcome	Exposure status	All Respondents	Males	Females
Knowledge of 2 or more danger signs in pregnancy	Unexposed	Referent	Referent	Referent
	Exposed	1.10 (0.66, 1.83)	0.55 (0.23, 1.29)	1.60 (0.77, 3.29)
Knowledge that there's need to go to a Heath Facility in case of any danger signs in pregnancy	Unexposed	Referent	Referent	Referent
	Exposed	2.67* (1.81, 3.93)	3.10* (1.66, 5.77)	2.66* (1.56, 4.52)
Plans were made to deliver child at a health facility	Unexposed	Referent	Referent	Referent
	Exposed	1.98 (0.91, 4.30)	0.65 (0.13, 3.31)	4.31* (1.58, 11.81)
Delivery was assisted by qualified health worker	Unexposed			Referent
	Exposed			2.34* (1.14, 4.78)

*Statistically Significant (P-value<0.05)
ORs were adjusted for age, sex, rural or urban residence, marital status, education level and wealth index.

6.2 STAR SW Antenatal Care Campaign

The Antenatal Care (ANC) Campaign was launched in September 2011 in the South Western part of Uganda under the STAR SW Project, a USAID funded project being implemented by a consortium of partners led by the Elizabeth Glaser Paediatric AIDS Foundation. The ANC campaign was designed with intent to ensure expectant mothers receive early antenatal care. This means that as soon the expectant mother discovers she is pregnant, she should plan to go for early antenatal care. The objective was to ensure pregnant mothers test for HIV and prevent their children from HIV transmission when HIV-positive.

6.2.2 Exposure to the Antenatal Care Campaign

Exposure to the campaign was determined by asking respondents from the districts of Isingiro, Ibanda, Kabale, Kiruhura and Rukungiri, where the campaign was implemented, whether they

saw or heard messages about the campaign in the 12 months preceding the survey. Shown in Table 54, 69% of all respondents from the five districts were exposed to the campaign. Exposure to the campaign was higher among urban (79.0%) than rural (67.9%) residents and among those with certificate, diploma or university (83.3%) education than never educated (68.7%) and lowest wealth quintile (65.7%) respondents.

Table 54: Exposure to the ANC Campaign

Background Characteristics	% Exposed	Number
Overall	***69.2***	1,449
Sex		
Male	73.7	716
Female	64.5	726
Age group		
15-24	69.0	364
25-34	69.4	516
35-44	68.7	380
45-54	70.4	186
Residence		
Urban	79.0	181
Rural	67.9	1,261
Education		
None	68.7	131
Primary	67.2	984
Secondary	73.8	256
Certificate/Diploma/University	83.3	60
Marital Status		
Never Married	76.0	196
Married/living together	68.1	1,143
Divorced/Widowed/Separated	67.6	102
Wealth Quintile		
Lowest	65.7	216
Second	68.5	445
Middle	71.8	266
Fourth	67.8	351
Highest	74.3	171

6.2.3 Messages seen and actions taken by those exposed to the ANC campaign

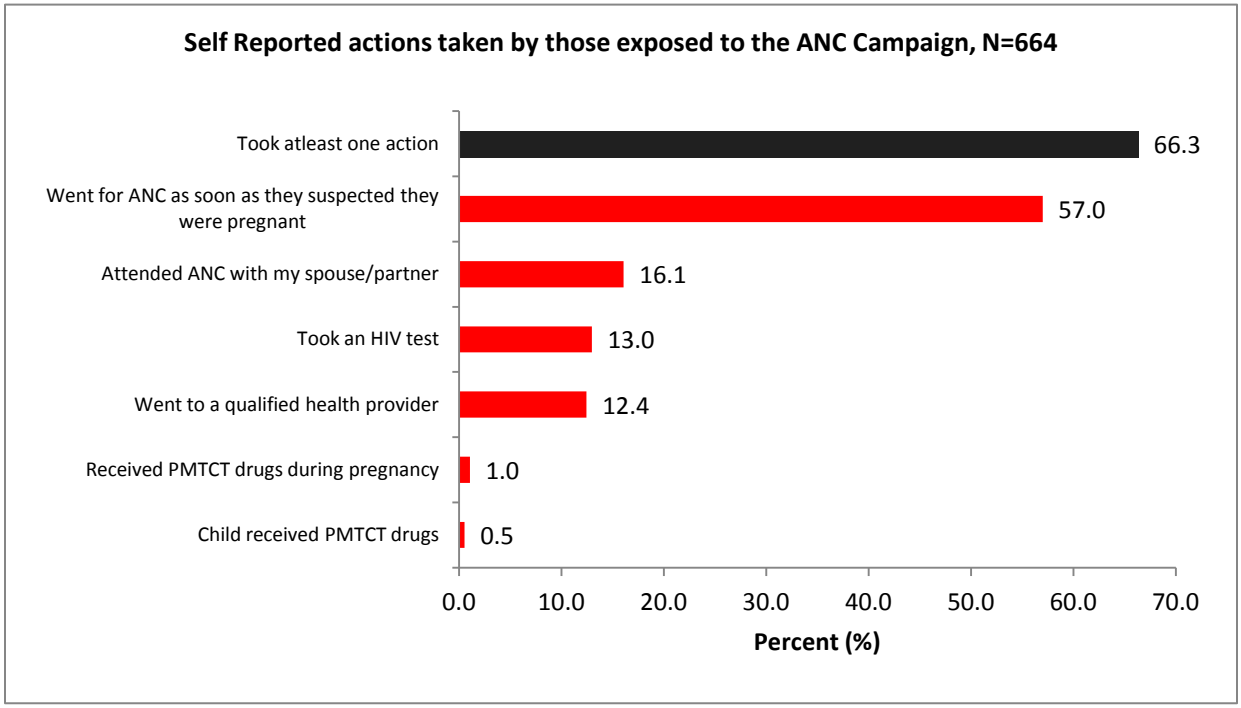
Respondents who had heard or seen the campaign were asked what specific messages they recalledTable **55** shows that 89.0% of respondents exposed to the campaign could recall at least one message. *'Go for ANC early'* (66.7%) and *'Benefits of early ANC attendance'* (42.9%) were the most commonly reported messages.

Table 55: Messages seen by those exposed to the ANC Campaign

Background Characteristics	At least one message	Go for ANC early	Benefits of early ANC attendance	Benefits of taking an HIV test during pregnancy	Importance of mother and baby adhering to treatment for PMTCT	Attending antenatal care with your partner	Seeking services from a qualified health provider
Overall Number	*1,003*	*495*	*458*	*448*	*431*	*439*	*422*
%	*89.0*	*66.7*	*42.9*	*21.3*	*21.7*	*21.0*	*9.0*
Sex							
Male	87.9	62.4	37.4	21.0	24.9	23.2	8.3
Female	90.7	73.3	51.4	21.7	16.7	17.6	10.2
Age group							
15-24	89.1	64.9	44.9	20.4	18.6	20.4	14.3
25-34	87.1	66.7	36.2	19.9	15.9	16.5	7.8
35-44	89.6	69.0	48.7	21.2	27.8	26.4	7.6
45-54	92.4	66.2	45.6	25.7	30.4	23.9	6.2
Residence							
Urban	80.9	58.0	42.2	11.3	18.8	13.4	11.3
Rural	90.6	68.6	43.0	23.4	22.6	22.8	8.5
Education							
None	93.3	63.3	44.4	14.3	11.5	15.4	11.5
Primary	90.1	66.5	41.0	19.8	22.4	21.1	9.8
Secondary	87.7	73.6	51.5	27.0	20.0	22.5	5.3
Certificate/Diploma/University	79.3	48.1	28.0	20.8	30.8	16.7	8.7
Marital Status							
Never Married	83.8	61.1	37.9	19.4	16.9	19.4	10.9
Married/living together	90.6	68.1	43.5	21.3	23.2	21.1	8.5
Divorced/Widowed/Separated	81.8	68.8	45.2	25.0	17.9	24.1	7.1

Background Characteristics	At least one message	Go for ANC early	Benefits of early ANC attendance	Benefits of taking an HIV test during pregnancy	Importance of mother and baby adhering to treatment for PMTCT	Attending antenatal care with your partner	Seeking services from a qualified health provider
Wealth Quintile							
Lowest	91.8	67.1	39.4	19.4	14.5	17.5	7.9
Second	85.4	68.6	38.5	20.0	15.3	22.1	7.6
Middle	94.4	70.0	46.6	22.4	30.8	26.8	15.2
Fourth	91.4	68.9	48.2	22.2	26.9	19.2	7.1
Highest	84.0	55.7	42.4	22.7	24.6	18.5	9.5

Of female respondents exposed to the campaign, 66.3% reported that they took action as a result. Of these, 57% reportedly went to ANC as soon as they suspected they were pregnant, 16.1% attended ANC with their spouse or partner, and 13% took an HIV test.



6.2.4 Association between exposure to the ANC campaign and key outcomes

This section and Table 56 present cross tabulations of key outcomes by exposure to the campaign. As seen in Table 56, respondents exposed to the campaign who were pregnant or delivered a baby in the previous 12 months were significantly more likely to attend ANC four or more times than unexposed respondents. There was no significant difference in knowledge about prevention of mother to child transmission of HIV among exposed and unexposed respondents.

Table 56: Results on key outcomes by exposure to the ANC campaign in past 12 months

	Not Exposed		Exposed		P-value*
	%	N	%	N	
Knows HIV can be transmitted from an infected mother to her child	92.7	440	96.1	1,001	0.020
Knows the risk of HIV transmission from mother to child can be reduced	92.4	406	95.0	961	0.121

	Not Exposed		Exposed		P-value*
	%	N	%	N	
Knows a nearby place where information and services related to reducing risk of mother-to-child transmission of HIV can be found	86.7	375	87.0	901	0.867
Pregnant or delivered in the last one year and attended ANC at least once	94.0	217	95.7	373	0.005
Pregnant or delivered in the last one year and attended ANC 4 times or more	44.1	179	14.1	320	0.000

* Chi-square test

6.3 Aquasafe Water Purification Campaign

In Uganda, 33% of households do not have access to safe drinking water. The Uganda Health Marketing Group (UHMG), through the USAID-funded AFFORD Health Marketing Initiative, is addressing this serious gap and promoting safe water through the distribution and promotion of Aquasafe water purification tablets.

As part of its child health program, UHMG distributes, markets and sells Aquasafe water purification tablets. UHMG supplements its Aquasafe distribution with community education programs on proper usage of the tablets and steps for preventing and treating childhood diarrheal diseases. UHMG uses a variety of avenues to promote Aquasafe. Popular Opinion Leaders–-a network of community health volunteers developed by UHMG–-educate their communities about the importance of treating drinking water at point of use with Aquasafe water purification tablets. UHMG also educates primary and secondary school students about the dangers of unsafe drinking water, and how to treat water using Aquasafe tablets.

These community-based approaches are supplemented with billboards, radio programming, and point of sale promotional items.

6.3.1 Knowledge of water purification products

Knowledge of water purification products was ascertained by asking all respondents in the survey what brands they had ever heard of. As shown in the **Table 57**, 78.4% of respondents had heard about any water purification product. Of all respondents, 63.8% had heard about Waterguard tablets and 38.8% heard about Waterguard liquid. Some 32.9% had heard about Aquasafe.

Table 57: Spontaneous awareness of water purification products

Background Characteristics	Any water purification products	Waterguard Tablets	Waterguard Liquid	Aquasafe	Aquatab	Pur
Overall						
Number	**7,172**	**7,172**	**7,172**	**7,172**	**7,172**	**7,172**
%	**78.4**	**63.8**	**38.8**	**32.9**	**3.5**	**3.1**
Sex						
Male	78.7	66	42.1	31.5	3	3.7
Female	77.1	63.9	38.1	30.6	3.3	2.7
Age group						
15-24	76.9	66.6	39.2	31.6	3.4	3.8
25-34	77.2	64.8	40.8	32.8	3.6	2.7
35-44	80.5	66.2	37.8	29	2.8	3.1
45-54	78.8	58.6	42.1	29.7	3.7	3.8
Residence						
Urban	80.9	56.7	40.7	42	4.5	3.9
Rural	77.3	66.3	39.9	27.9	2.9	3.1
Education						
None	71.3	60.1	34.7	40.3	3.6	3.7
Primary	77.1	64.6	38.7	30.8	3.6	2.5
Secondary	82	63.5	41.2	33.2	3.2	3.3
Post-Secondary	87.4	66	32	42.3	3.9	7.7
Wealth Quintile						
Lowest	67.2	61.5	43.5	25.9	2.8	1.1
Second	77.8	64	42.4	28.5	2.9	3.5
Middle	78.2	72.1	38.6	31.6	5.2	4.7
Fourth	83.4	68.3	39.7	31.8	3.1	4.7
Highest	86	56.8	30.5	43.7	4.2	2.2

6.3.2 Exposure to Aquasafe messages

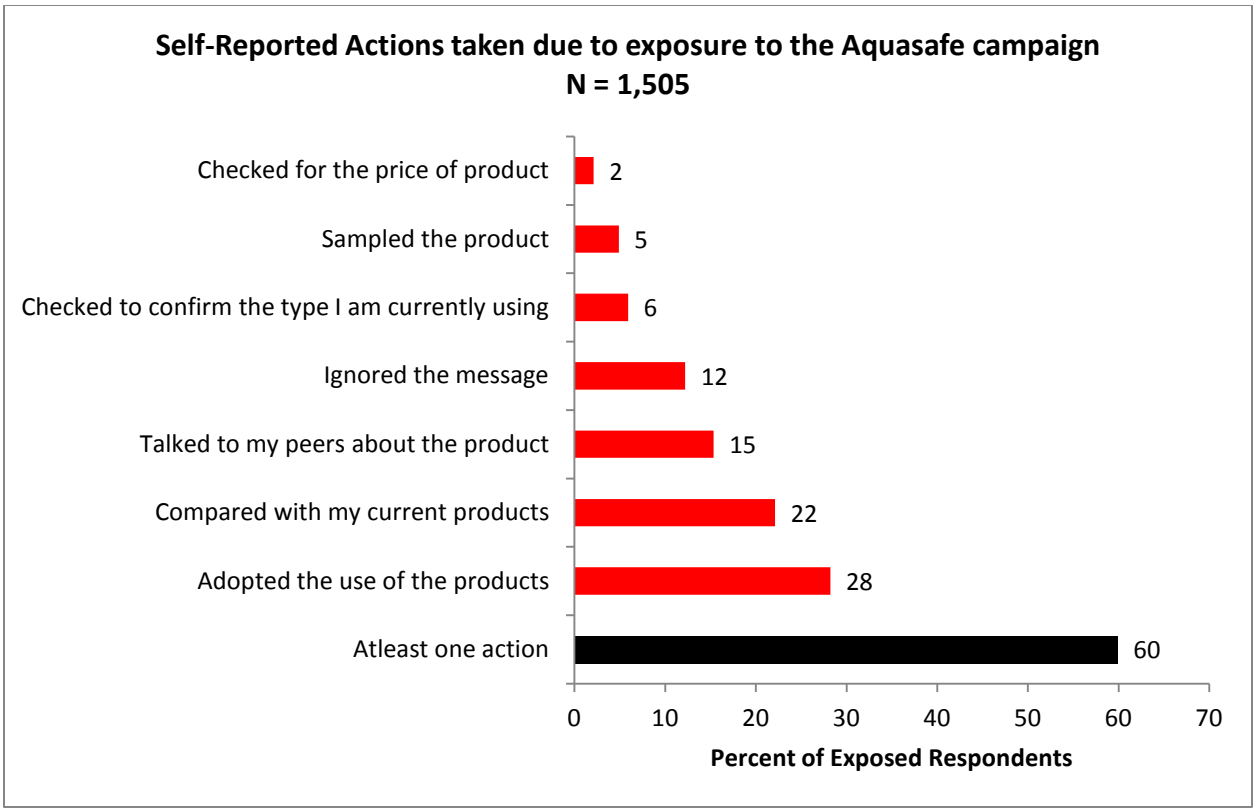
To ascertain exposure, respondents were asked if they had seen or heard Aquasafe messages in the 12 months preceding the survey. As shown in **Table 58**, 17.4% of all respondents were exposed to Aquasafe messages.

Table 58: Exposure to Aquasafe messages in past 12 months among all respondents, by background characteristics

Background Characteristics	%	Number (n)
Overall	*17.4*	*7,542*
Sex		
Male	16.8	3,530
Female	18	3,741
Age group		
15-24	16.2	2,191
25-34	17.8	2,540
35-44	16.9	1,724
45-54	19.7	869
Residence		
Urban	17.7	1,306
Rural	17.4	6,004
Education		
None	17.4	593
Primary	17.2	4,688
Secondary	16.6	1,751
Post-Secondary	20.3	408
Wealth Quintile		
Lowest	11.4	1,514
Second	17.0	2,045
Middle	21.2	971
Fourth	20.4	1,507

6.3.3 Actions taken due to exposure to Aquasafe messages

Of respondents exposed to Aquasafe messages, 60% reported that they took action as a result. Of these, 28% reportedly began using water purification products, 20% compared their current water purification product with Aquasafe, and 15 percent talked with peers about Aquasafe.



6.4 Promoting Diarrhoea Treatment with Restors and Zinkid

UHMG strives to improve child health by marketing Restors oral rehydration salts and Zinkid zinc supplements for management of diarrhoea among children. UHMG promotes Oral Rehydration Therapy (ORT) using Restors and Zinkid through radio, television, countrywide billboards, and point of sale materials.

6.4.1 Knowledge and exposure to Restors and Zinkid messages

Respondents were asked whether they had ever heard about any diarrhoea treatment products. As shown in Table 59, 74.1% had heard about diarrhoea treatment products.

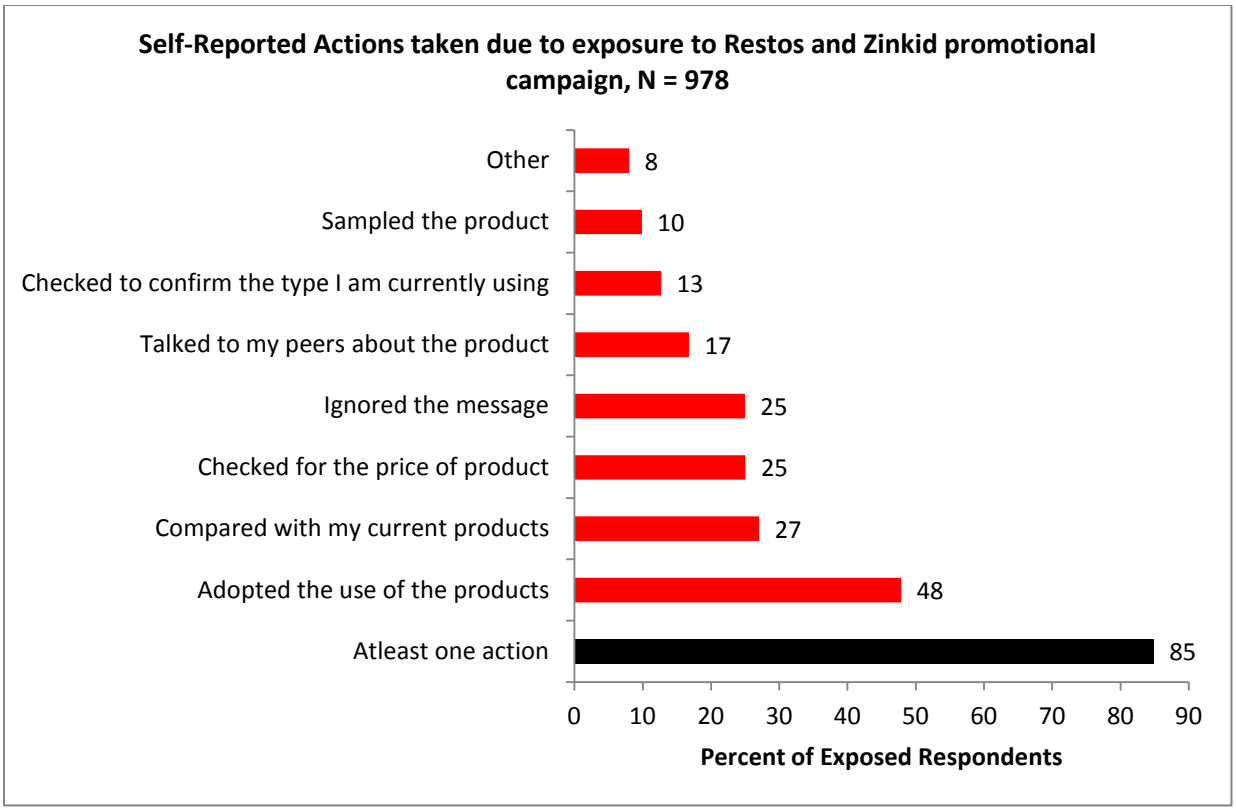
Exposure to diarrhoea treatment messages was ascertained by asking respondents whether they heard or saw messages about Restors and Zinkid in the 12 months before the survey. As shown, 25.6% were exposed to Restors, and 21.1% were exposed to Zinkid. A large proportion (79.2%) of respondents had been exposed to messages about other diarrhoea treatment products.

Table 59: Exposure to Restors and Zinkid diarrhea treatment messages and knowledge of any diarrhea treatment products

Background Characteristics	Knowledge about any diarrhoea treatment products	Exposure in the last 12 months to:		
		Restors	Zinkid	Other
Overall Number	7,542	6,823	6,823	6,823
%	74.1	25.6	21.1	79.2
Sex				
Male	68.5	29.6	26.1	77.9
Female	77.8	22.5	17.3	81.4
Age group				
15-24	67.4	27.3	23.1	77.4
25-34	77.8	26.4	21.7	80.4
35-44	75.3	21.5	17.9	81.8
45-54	72.9	22.3	21.5	80.4
Residence				
Urban	74.8	33	28.9	74.8
Rural	73	22.9	19.5	81.3
Education				
None	75.4	23.4	18.1	76.1
Primary	72.7	24.7	19.4	80.2
Secondary	75.4	22.9	20.1	80.8
Post-Secondary	81.8	41.3	40.9	71.8
Wealth Quintile				
Lowest	70.4	19.7	13.6	82.3
Second	72.7	25.8	20.6	79.5
Middle	73.2	22.8	23.3	86
Fourth	76.1	26.1	24.8	80.9
Highest	77.8	30.5	24.1	69.4

6.4.2 Actions taken due to exposure to Restors and Zinkid messages

Of respondents exposed to communication about Restors and Zinkid, 85% reported that they took action as a result. Of these, 48% reportedly adopted the use of these products, and 25% checked for the price of these products.


Self-Reported Actions taken due to exposure to Restos and Zinkid promotional campaign, N = 978
Other
8
Sampled the product
10
Checked to confirm the type I am currently using
13
Talked to my peers about the product
17
Ignored the message
25
Checked for the price of product
25
Compared with my current products
27
Adopted the use of the products
48
Atleast one action
85
0
10
20
30
40
50
60
70
80
90
Percent of Exposed Respondents

Chapter 7: Integrated Health Communication Platforms

The survey also evaluated two integrated health communication platforms: Rock Point 256 radio serial drama, and the Good Life brand. In this chapter, we will examine the exposure and effects of exposure to each of these communication platforms individually.

7.1 Rock Point 256 Radio Serial Drama

Rock Point 256 is a 30-minute weekly radio serial drama targeting young people aged 15-24 years, which has broadcast since August 2005 in three languages on more than 16 radio stations. Produced by Communication for Development Foundation Uganda (CDFU), the series was designed, based on audience research, to model health behavior change over time through "transitional characters" that are similar to the intended audience. During its first year of broadcasts, the series focused on the issue of transactional sex. In 2006, the series began focusing also on men's gender attitudes and normative practices that increase HIV risk, including multiple sexual partnership, gender based violence, and alcohol abuse.

During the 12 months prior to the survey, Rock Point 256 storylines focused on pregnancy and childbirth, violence against women, family planning and the need for smaller families, transactional sex, youth entrepreneurship, and the need to test before treating for malaria. Until the end of April 2012, the series was fully supported by the Health Communication Partnership with funding from the United States Agency for International Development. Thereafter, Save the Children Uganda, the Stop Malaria Project, UHMG, *Twaweza* and the International Labour Organization supported production of the program and 20 local radio stations provided free airtime for broadcasts. This section examines the exposure and effects of exposure to Rock Point 256 during the 12 months prior to the survey.

7.1.1 Exposure to Rock Point 256 Radio Serial Drama

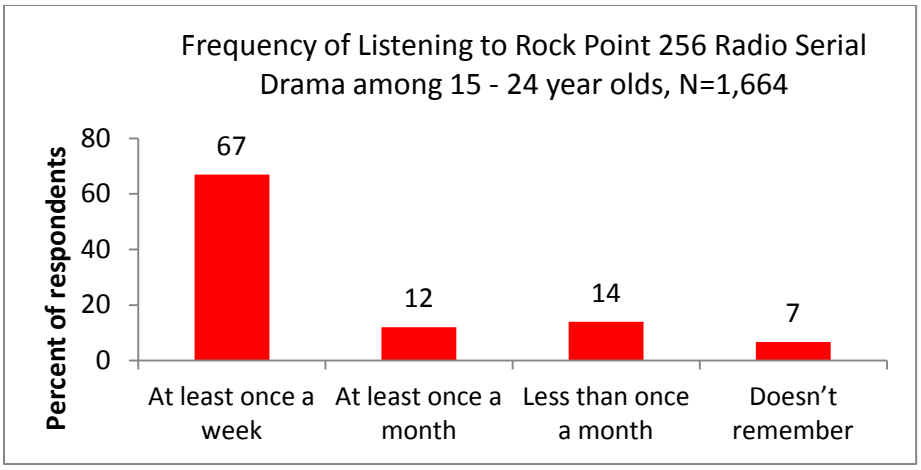
Exposure to Rock Point 256 was determined by asking respondents aged 15-24 years whether they had listened to the series during the 12 months preceding the survey. As shown in Table 57, 53% of young respondents listened to the series. Listenership was higher among educated respondents (75.3%) compared to their uneducated counterparts (35.5%); listenership also increased with increasing wealth quintiles. Respondents from key populations were more likely to listen to Rock Point 256 than other respondents.

Table 60: Exposure to Rock Point 256 among young respondents (15-24 years) by background characteristics

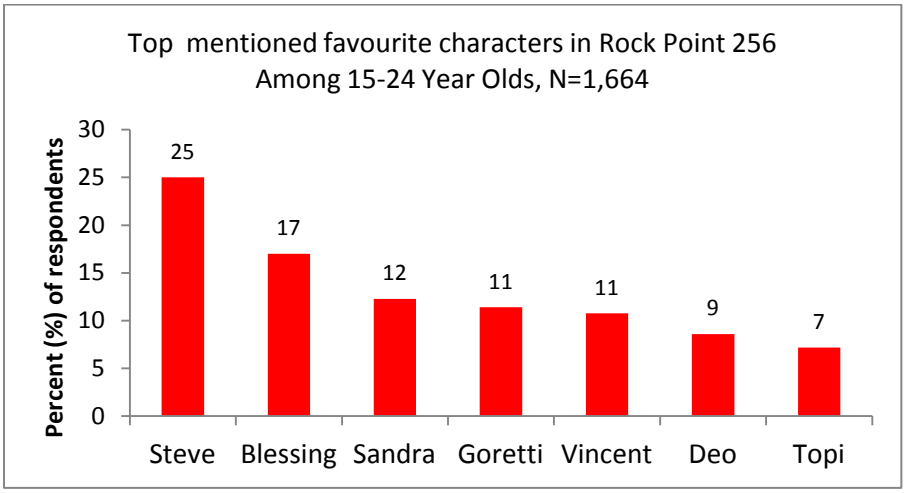
Background characteristics	%	N
Overall	*53.0*	*1,664*
Sex		
Male	55.9	757
Female	51.0	873
Residence		
Urban	53.0	312
Rural	53.2	1,343
Education		
None	35.5	33
Primary	48.4	929
Secondary	57.3	594
Certificate/Diploma/Universi ty	75.3	94
Marital Status		
Never married	55.2	873
Married/living together	51.6	724
Widowed/Divorced/Separat ed	43.8	54
Wealth Quintile		
Lowest	39.1	313
Second	52.0	494
Middle	55.1	213
Fourth	59.7	356
Highest	59.4	288
Key Populations		
No	51.3	1,897
Yes	62.3	151

7.1.2 Frequency of exposure to Rock Point 256

Among respondents who had listened to Rock Point 256 in the past 12 months, 67% reportedly tuned in weekly or more often to listen to the series (see figure below).



Respondents who had listened to the series were asked to name their favourite characters. The top mentioned character was Steve with 25% of respondents reporting that he was their favourite. Steve is a 25 year old fisherman who is married with two children. During the 12 months before the survey, Steve and his wife Blessing wanted to have another child but were struggling economically after the fish industry collapsed due to over-fishing. Steve's behaviour change objective was to realize that it is better to have a smaller family in order to better provide for his family and to slow the social and economic hardships caused by rapid population growth in his community.



7.1.3 Association between exposure to Rock Point 256 and key outcomes

This section presents correlations and associations between Rock Point 256 listenership and key outcomes among respondents 15 – 24 years old.

As shown in Table 61, respondents who listened to Rock Point 256 (31.5%) were more likely to report condom use at last sexual intercourse than those who did not listen (25.2%).

Respondents who listened to Rock Point (75%) were also significantly more likely to have one sexual partner in the 12 months before the survey than respondents who did not listen to the series (70.4%). Respondents who listened to Rock Point 256 were generally more likely to have better outcomes on family planning and HIV testing as shown in Table 61.

Table 61: Effects of exposure to the Rock Point 256 on key outcomes

	Exposed		Not Exposed		P-
Key Outcomes	(%)	N	(%)	N	value*
Sexual Behaviour					
Used a condom at last sexual intercourse	31.5	782	25.2	718	0.007
Had one sexual partner in last 12 months	75.0	763	70.4	730	0.048
Transactional sex					
Gave money, gifts or favours to someone in exchange for sex with this person	9.7	782	11.3	717	0.317
Family Planning					
Current use of modern family planning	27.7	797	22.8	727	0.028
Talked to someone about family planning	39.6	782	24.4	718	<0.001
Intent to use family planning	21.0	782	19.9	718	0.752
Perceives that spouse / partner approves of family planning	50.9	781	41.8	718	<0.001
Ideal family size is 4 or less	82.4	782	79.2	720	0.165
HIV Testing					
Tested for HIV as an individual in past 12 months	49.2	1,036	44.8	919	0.052
Tested for HIV as a couple in past 12 months	15.8	1,025	13.7	920	0.191
Intends to test HIV as an individual in next 12 months	88.2	1,045	79.1	957	<0.001

Key Outcomes	Exposed (%)	N	Not Exposed (%)	N	P-value*
Intends to test HIV with spouse/partner in next 12 months	80.4	982	71.9	874	<0.001
Knows HIV status of partner in last 6 months	40.1	1,020	30.5	873	<0.001

* Chi-Square test

Logistical regression results are shown in Table 62. For instance, condom use at last sex was 27% higher among the respondents who listened to Rock Point 256 than those who did not. Listeners were also 26% more likely to have one sexual partner in the past 12 months than those who did not listen. Family planning outcomes were also better among young respondents who listened to Rock Point 256. Female listeners were 24% more likely to report current use of modern family planning than females who did not listen to the series. In addition, listeners were 94% more likely to report that they had discussed FP with their spouse/partner, 72% more likely to have an ideal family size of 4 or less and 74% more likely to perceive that their spouse or partner approves of FP than respondents who did not listen to Rock Point 256.

HIV testing outcomes were also better among the young respondents who listened to Rock Point 256 than those who did not. Listeners were 18% more likely to report HIV testing as an individual in the 12 months before the survey and 45% more likely to intend to test for HIV in the next 12 months than those who did not listen to Rock Point 256.

Table 62: Adjusted Odds Ratios of Key Outcomes by Exposure to the Rock Point 256

Key outcome	Exposure status	Respondents	Males	Females
Sexual Behaviour				
Condom use at last sex	Unexposed	Referent	Referent	Referent
	Exposed	1.27 (0.89, 1.83)	1.69 (0.81, 3.55)	1.21 (0.77, 1.87)
Had one sexual partner in last 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.26 (0.89, 1.78)	1.01 (0.55, 1.87)	1.49 (0.94, 2.34)

Key outcome	Exposure status	Respondents	Males	Females
Family Planning				
Current use of modern FP method	Unexposed	Referent	Referent	Referent
	Exposed	1.17*(1.03, 1.33)	1.08 (0.90, 1.29)	1.24* (1.04, 1.49)
Discussed FP with spouse/partner	Unexposed	Referent	Referent	Referent
	Exposed	1.94* (1.72, 2.19)	2.47*(2.05, 2.96)	1.61*(1.36, 1.91)
Ideal Family is 4 or Less	Unexposed	Referent	Referent	Referent
	Exposed	1.72*(1.47, 2.00)	1.66*(1.33, 2.06)	1.75*(1.39, 2.20)
Thinks spouse / partner approves of FP	Unexposed	Referent	Referent	Referent
	Exposed	1.74*(1.54, 1.95)	1.88*(1.58, 2.24)	1.56*(1.32, 1.85)
HIV Testing				
Tested for HIV in last 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.18*(1.07, 1.31)	1.32* (1.14, 1.54)	1.10 (0.95, 1.27)
Intends to test for HIV as an individual in next 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.45*(1.27, 1.66)	1.58*(1.30, 1.92)	1.27*(1.05, 1.54)
Intends to test for HIV as a couple in next 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.65*(1.36,2.01)	1.46*(1.15, 1.86)	1.56*(1.34, 1.81)
Knows HIV Status of spouse / current partner in 6 months	Unexposed	Referent	Referent	Referent
	Exposed	1.20*(1.07, 1.35)	1.08 (0.91, 1.28)	1.29*(1.10, 1.54)
Tested for HIV with spouse / partner in last 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.47*(1.28, 1.70)	1.44*(1.17, 1.77)	1.50*(1.23, 1.83)

*Statistically Significant (P-value<0.05)
ORs were adjusted for age, sex, rural or urban residence, marital status, education level and wealth index.

7.2 Good Life Campaign

UHMG's approach to promoting health in Uganda is primarily through social marketing products, services and practices under the Good Life Brand. Taken together, these efforts constitute the Good Life campaign, which promotes the simple things Ugandans can do every day to keep healthy and achieve their dreams, thereby improving overall quality of life. The Good Life platform includes all of the following:

- **Good Life Clinics**: At the heart of all UHMG interventions is the Good Life clinic, a part of the UHMG social franchise aimed at increasing access to affordable quality health services through the private sector.
- **Good Life Promoters**: UHMG works through a network of community based volunteers who are of good standing, to promote healthy lifestyles, recommend health products and support referrals to Good Life clinics.
- **Good Life Brands**: UHMG markets a range of health products under the Good Life brand, which are supplied through wholesalers, large retail outlets, and smaller vendors, such as kiosks and home businesses.
- **Good Life Behaviour Change Campaigns**: All UHMG health communication campaigns come under the Good Life brand. This includes the Sexual Networks, Power of Day One, Saving Mothers, and Smart Choices campaigns evaluated in this survey.

7.2.1 Exposure to the Good Life Brand

In the survey, exposure to the Good Life brand was ascertained by asking respondents whether they had seen or heard messages about the Good Life in the 12 months preceding the survey. As shown in Table 63, 33.8% of respondents had seen or heard about the Good Life brand. Exposure was higher among urban residents (42.5%) than rural residents (29.6%). More educated and wealthy respondents were also more likely to have been exposed.

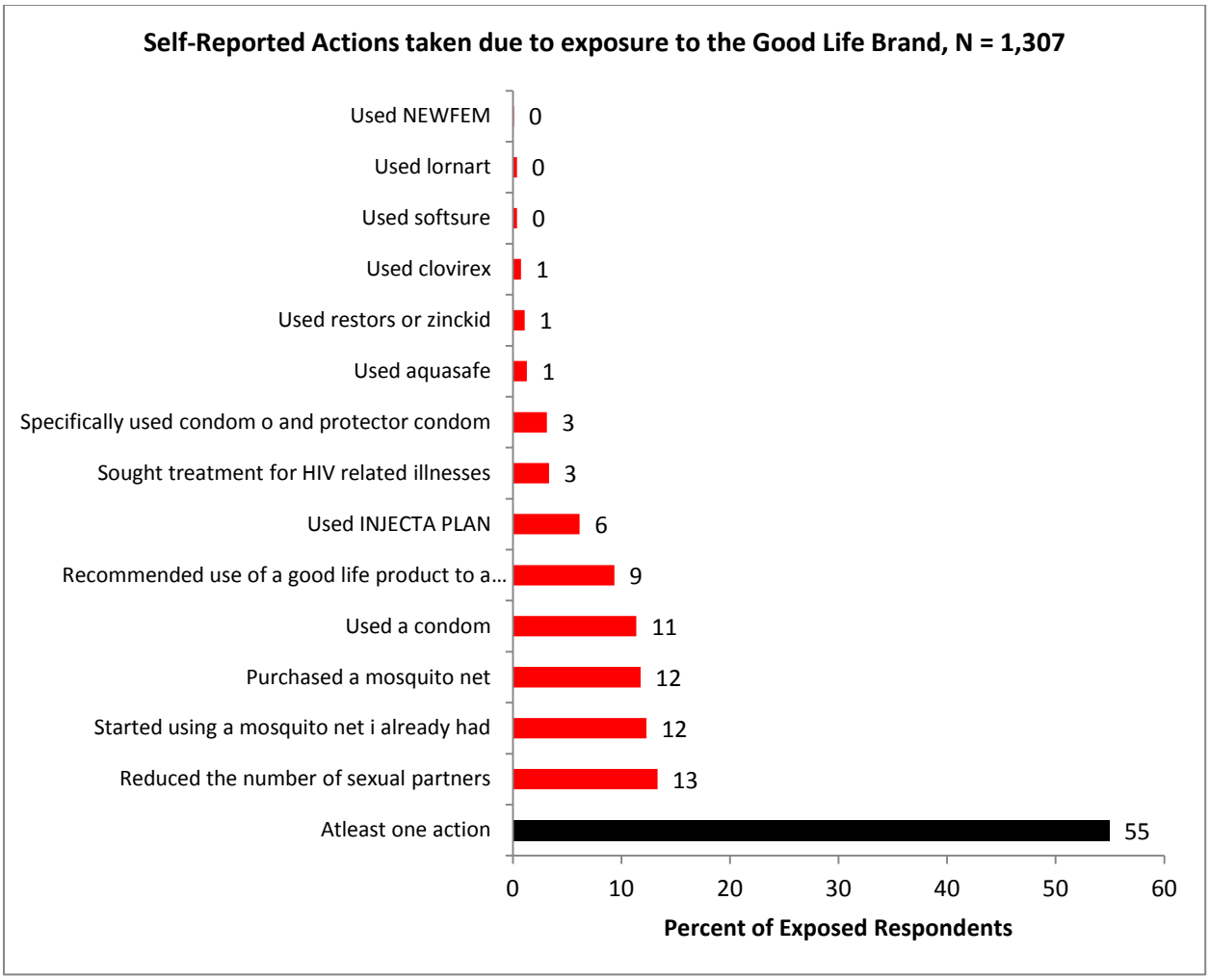
Table 63: Percent exposed to the Good Life Brand in past 12 months, by background characteristics

Background Characteristics	Yes	Number of Respondents
Overall	33.8	6,469
Sex		
Male	30.6	3,002
Female	33.8	3,221
Age group		
15-24	31.9	1,900
25-34	32.3	2,160
35-44	32.0	1,467
45-54	33.8	733
Residence		

Background Characteristics	Yes	Number of Respondents
Urban	42.5	1,153
Rural	29.6	5,094
Education		
None	33.7	492
Primary	32.3	4,029
Secondary	36.2	1,519
Certificate/Diploma/University	42.9	352
Wealth Quintile		
Lowest	23.6	1,354
Second	30.0	1,755
Middle	32.4	778
Fourth	33.5	1,263
Highest	50.3	1,319

7.2.2 Actions taken by those exposed to the Good Life brand

Respondents exposed to Good Life messages were asked whether they took action as a result. As shown, 55% reported taking at least one action due to Good Life messages. Thirteen percent reduced their number of sexual partners, and 12% started using a mosquito net.



7.2.3 Associations between exposure to the Good Life brand and key outcomes

This section presents correlations and associations between exposure to the Good Life brand and key outcomes. As shown in Table 64, respondents who were exposed to the Good Life brand (27.1%) were more likely to report condom use at last sexual intercourse than those who were not exposed (16.1%). Respondents exposed to the Good Life brand (40.1%) were significantly more likely to use a modern family planning method than unexposed respondents (28.9%).

Table 64: Associations between exposure to the Good Life brand and key outcomes

Key Outcomes	Exposed (%)	Exposed N	Not Exposed (%)	Not Exposed N	P-value*
Sexual Behaviour					
Used a condom at last sexual intercourse	27.1	1,793	16.1	3,682	<0.001
Had one sexual partner in last 12 months	70.2	1,868	71.0	3,695	0.185
Transactional sex					
Gave money, gifts or favours to someone in exchange for sex with this person	8.3	1,855	6.9	3,650	0.018
Family Planning					
Current use of modern family planning	40.1	1,397	28.9	3,331	<0.001
Talked to someone about family planning	50.2	1,400	35.4	3,512	<0.001
Intent to use family planning	22.8	1,398	24.6	3,341	0.372
Perceives that spouse / partner approves of family planning	65.3	1,401	52.3	3,345	<0.001
Ideal family size is 4 or less	71.1	1,663	63.1	3,668	<0.001
HIV Testing					
Tested for HIV as an individual in past 12 months	47.7	1,907	43.2	4,109	0.001
Tested for HIV as a couple in past 12 months	16.8	1,956	15.3	3,997	0.121
Intends to test for HIV as an individual in next 12 months	77.3	2,113	83.6	4,119	<0.001
Intends to test for HIV with spouse/partner in next 12 months	82.7	1,746	78.2	3,932	<0.001
Knows HIV status of partner in last 6 months	34.8	1,788	36.7	3,454	0.185

*Chi-Square Test

Logistical regression results, adjusted for socio-economic variables, are shown in Table 65. Most notably, condom use at last sex, current use of modern family planning methods, and HIV counseling and testing during the 12 months prior to the survey were all significantly more likely among respondents exposed to the Good Life Brand than those who were not.

Table 65: Adjusted Odds Ratios of Key Outcomes by Exposure to the Good Life Brand

Key outcome	Exposure status	Respondents	Males	Females
Sexual Behaviour				
Condom use at last sex	Unexposed	Referent	Referent	Referent
	Exposed	1.28*(1.07, 1.53)	1.12 (0.86, 1.45)	1.49* (1.16, 1.91)
Had one sexual partner in last 12 months	Unexposed	Referent	Referent	Referent
	Exposed	0.95 (0.82, 1.10)	0.81 (0.66, 0.99)	1.05 (0.83, 1.32)
Family Planning				
Current use of modern FP method	Unexposed	Referent	Referent	Referent
	Exposed	1.70* (1.48, 1.95)	1.90* (1.56, 2.32)	1.52* (1.25, 145)
Discussed FP with spouse/partner	Unexposed	Referent	Referent	Referent
	Exposed	1.27* (1.11, 1.46)	1.71*(1.40, 2.10)	1.04 (0.86, 1.27)
Ideal Family is 4 or Less	Unexposed	Referent	Referent	Referent
	Exposed	1.19*(1.02, 1.38)	1.39* (1.11, 1.87)	1.05 (0.84, 1.31)
Discussed FP with spouse/partner	Unexposed	Referent	Referent	Referent
	Exposed	1.27*(1.11, 1.46)	1.71* (1.40, 2.10)	1.04 (0.86, 1.27)
Thinks spouse / partner approves of FP	Unexposed	Referent	Referent	Referent
	Exposed	1.49*(1.32, 1.69)	1.65*(1.38, 1.97)	1.45*(1.22, 1.73)

Key outcome	Exposure status	Respondents	Males	Females
HIV Testing				
Tested for HIV in last 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.17*(1.03, 1.33)	1.31*(1.08, 1.60)	1.04 (0.87, 1.23)
Intends to test for HIV as an individual in next 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.40*(1.16, 1.71)	1.74*(1.32, 2.31)	1.15 (0.87, 1.52)
Tested for HIV with spouse / partner in last 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.23*(1.05, 1.45)	1.24 (0.97, 1.58)	1.20 (0.96, 1.52)
Intends to test for HIV as a couple in next 12 months	Unexposed	Referent	Referent	Referent
	Exposed	1.48*(1.23,1.77)	1.81*(1.35, 2.43)	1.30*(1.03, 1.65)
Knows HIV Status of spouse / current partner in 6 months	Unexposed	Referent	Referent	Referent
	Exposed	1.10 (0.96, 1.26)	1.15 (0.94, 1.41)	1.04 (0.86, 1.26)

*Statistically Significant (P-value<0.05)
ORs are adjusted for age, sex, rural or urban residence, marital status, education level and wealth index.

Appendix A: Questionnaire

The survey questionnaire is available as a separate document.