

The Effectiveness of Health Communicators Advocating the Use of Pre-Exposure Prophylaxis (Prep) Among Men Having Sex with Men (MSM) in Windhoek, Namibia

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Abstract

This study assesses the effectiveness of caseworkers working with the Society of Family Health Namibia (SFH-Namibia) as health communicators in advocating the use of Pre-Exposure Prophylaxis (PrEP) among men who have sex with men (MSM). Previous studies have associated PrEP with the prevention of HIV transmission to non-carriers of the virus who are engaged in high-risk activities, and the outreach by SFH-Namibia intended to reduce transmissions among MSM in the Namibian capital city of Windhoek, by advocating the use of the drug. This study assessed the outreach's effectiveness in diffusing information about a medicinal product with HIV-preventative qualities, with urgency for its adoption among HIV-negative men who have sex with men because they are at a high risk of contracting HIV-AIDS. The challenges of reaching such a population are manifold. Firstly, the potential beneficiaries are a marginalised group living in a culturally conservative milieu that largely despises their sexual identity and behaviour. Secondly, how to reach them, since, given who they are and the antagonisms of neighbours and family members, they may be hesitant to seek out health professionals in public. For these two reasons, among others, the ingenuity of health communication professionals in cascading information about PrEP (also known as Truvada) through social media networks helps to connect to the wider constituency through those who are early adopters of the drug and are already confident of seeking person-to-person prescriptions and advice from the SFH-Namibia facility in Windhoek. In-depth interviews were conducted with 12 respondents, of whom six were MSM, and six were caseworkers from SFH-Namibia. An additional 14 MSM respondents participated in a focus group discussion whose purpose was to record an honest exchange of views among MSM themselves on PrEP and its promotion. The general findings were that PrEP is winning cautious acceptance, with most adoptions influenced by the interventions of the SFH caseworkers, but others also benefitting after peer counselling from other MSM, mediated by channels such as WhatsApp. The importance of peer counselling among MSM especially using new media technology was a notable finding.

Keywords: advocacy; adoption; health communication; men who have sex with men; pre-exposure prophylaxis; HIV; high-risk behaviour.

Introduction

Pre-Exposure Prophylaxis (PrEP) is a drug of proven efficacy in restricting HIV infections, particularly among at-risk groups (Amico, et al., 2014; Namhindo, et al., 2018). Its use as a mitigatory if not preventative measure among high-risk groups is fairly established in developed countries, but approval of its use was relatively recent in some less-developed contexts. As a result, for countries like Namibia in southern Africa, the drug is still new on the market, not widely known, and is therefore the subject of health information campaigns by groups such as the Society for Family Health Namibia (SFH-Namibia).

Although approved by the Namibia Medicines Regulatory Council in May 2017 (Namhindo, et al., 2018), potential beneficiaries are not widely aware of the drug's benefits, and often do not feel able to make informed choices on whether to use the drug or not. Those who have used it may still lack

substantive information on the positive effects, especially for those engaged in high-risk activities. This study focuses on the promotion of PrEP among men who have sex with men (MSM) in Windhoek, the capital city of Namibia. It assesses the role of caseworkers with SFH-Namibia as health communicators promoting the adoption of PrEP to prevent HIV transmission. MSM have been identified in previous studies as “being at high objective HIV risk” (Wilton, et al., 2016, p. 2077), hence the work of SFH-Namibia with this stigmatized and scarcely visible constituency bears relevance.

In this research, SFH-Namibia, which is one of the first non-governmental organisations in the country to not only introduce PrEP as an additional HIV-prevention toolkit but to offer it free of charge to high-risk groups (Namibian Sun, 2017), is used case study for determining the effectiveness of health information dissemination via caseworkers in the MSM constituency.

Materials and methods

Evaluating client-centered advocacy in the interactions of health professionals and a high-risk, highly vulnerable constituency involved the capture of professionally assessed needs and advice. The scope of this study, therefore, incorporated user perspectives within a negotiated health advocacy strategy. This aligned the research to a pragmatist paradigm constituting experiential and instrumentalist knowledge of health beliefs, needs, and practices (Guba & Lincoln, 2005; Hatch & Cunliffe, 2013; Pandya-Wood, 2022). In-depth interviews of health communicators (professional caseworkers) and MSM clients who used PrEP gave the researcher access to individual insights of informants from both groups. It was important to ensure that the interviews were conducted in private to minimize any influence from onlookers on how the informants framed their answers. On the other hand, a focus group was conducted in a conversational setting to allow an interactive discussion where informants gave their personal experiences but could also respond to issues raised by other contributors, thereby allowing a broader articulation of issues related to the topic. Moderation of the focus group was such that it encouraged equal participation by all informants, with a convivial atmosphere governing even those expressions of differing opinions.

The fieldwork, incorporating in-depth interviews with six MSM and six caseworkers and a focus group discussion with a different set of 14 MSM, was conducted at the Walvis Bay Corridor Group health facility in Okuryangava, Windhoek on 23 and 24 November 2018. The health centre is where SFH-Namibia caseworkers meet their clients and were settled on as a venue where all the participants would feel comfortable for the conducting of interviews and a focus group. As in many African contexts, Namibian society overall is not comfortable with gay sex and it remains criminalised under the country’s common law (Namibian Sun, 2019). Respondents wanted assurances of their confidentiality and safety in exchange for their cooperation, and the health centre where many of them meet with caseworkers was considered sufficiently unintrusive.

Examining the ways caseworkers share information regarding PrEP, and the efficiency of this diffusion spotlights the information distribution regarding an effective preventative measure for a deadly virus. Distribution of this information among a group of marginalised MSM is of interest to health communication scholars, particularly in a conservative society where the dominant attitudes would make such beneficiaries of intended health interventions reticent and difficult to reach. PrEP’s introduction to the MSM community can be used as a case study of education for social change,

utilization of communication channels, and impact strategies in the diffusion of new health products, particularly those that help to combat the spread of HIV-AIDS.

PrEP is an additional tool for HIV-AIDS prevention. It is not intended as an encouragement for users to have unprotected sex but is a drug that can help to reduce infection risks. Health communication is in the work done by caseworkers to persuade at-risk populations who are not infected to make use of PrEP. Thus, it was important to ensure that the participants in this study self-identified as HIV-negative, with judicious authentication from the caseworkers who introduced the research team to the participants.

Results

In-depth interviews with MSM

All six MSM who agreed to participate in in-depth interviews honoured their commitments. They self-identified as MSM, were all Windhoek residents, and SFH-Namibia clients. The interviews were conducted separately. However, one of the six, in answer to a question, said he had never heard of PrEP, let alone used it.

“I have been receiving health services from SFH through this clinic for about one month now, but I was never told about PrEP,” MSM 6 said, adding that he would like to know more about the drug and its benefits.

The other five respondents said they were aware of the drug, each having received counselling on its use from the SFH-Namibia caseworkers.

“A friend of mine introduced me to this clinic five years ago. I heard about PrEP from my caseworker in 2017 when I came for my check-ups,” MSM 3 said, adding that he had accepted the caseworker’s recommendation that he starts using the drug. He added: “PrEP is a good drug that I recommend to all MSM. I love the fact that you can decide to stop using it and continue whenever it suits you. HIV-AIDS has affected people that I know, and life has not been easy for them. I want to continue protecting myself by taking PrEP to avoid contracting (HIV-AIDS)”.

Most respondents said their adoption of PrEP was motivated by a need to prevent HIV infection. MSM 2 said: “It is important to protect ourselves from getting infected by the virus, especially knowing the high HIV-AIDS prevalence in Namibia. I want to know where I stand all the time, and PrEP will certainly help me”.

Added MSM 4:

“As they say, prevention is better than cure. PrEP is the only way one can be sure that they will not get infected with HIV”. MSM 4 was certain of the drug’s preventative qualities because it was recommended to him by a trustworthy source, that is, an SFH caseworker, who he said he had no reason to disbelieve.

One discordant note among the interviewees was MSM 1, who said he had received information about the drug from caseworkers but wanted to “wait for statistics” which proved how effective it was. He said:

To be honest, I am not sure if PrEP helps people avoid HIV infection. It is very new, and I do not want to decide yet, knowing that research and development of medicines happen every

day. What if they come up with a new drug tomorrow? I will wait for statistics on PrEP's effectiveness in Namibia, then maybe I will decide to use it.

The interviewees were broadly happy with the caseworkers' advocacy and their use of a range of communication channels. They were aware of email and WhatsApp text messaging on health and especially HIV prevention advice, and they also had access to face-to-face counselling. These contacts could be initiated by either the caseworkers or the clients and could be as regular as the clients needed them to be.

All six participants indicated that they were aware of different types of communication tools, how they are used, and how convenient they are from their perspectives. MSMs who received information from caseworkers via WhatsApp felt that it is fast, convenient, and easy to forward the message to other MSMs. Although they use WhatsApp, most of them complained about data bundles which they found expensive, resulting in instances where they missed information when offline.

Respondents who interacted with caseworkers via WhatsApp described it as a fast, easy, and convenient means of sharing information. They could ask questions and receive responses and other specific information which the caseworkers felt was important for them. Not only that the respondents said they could also forward any information they received to other associates who may not be in contact with the caseworkers, but for whom the respondents thought the information would be helpful. For example, MSM respondent number 4 said:

I enjoy getting health information from my caseworker on WhatsApp because I always have my phone with me. When I took time to make my mind up on whether to use PrEP or not, it was helpful to be able to send messages where I had questions or concerns, and the caseworker would reply even as I pondered my options.

MSM 5 was equally happy with the interactive advocacy and dissemination of information he was receiving both from the caseworkers and other MSM beneficiaries using the WhatsApp channel.

"Everyone is on WhatsApp these days. My caseworker created a group on WhatsApp, where we share information. I love the support in that group," said MSM 5.

Although most of the respondents appreciated the use of WhatsApp, some complained that they found data bundles expensive, resulting in instances where they missed information because they were offline. One respondent said he preferred to engage with his caseworker via email, calling it more "authentic and professional".

The opportunities for face-to-face counselling with caseworkers in Okuryangava were deemed the most effective by respondents. Some said the taxi fares to the facility were prohibitive and restricted their visits. Still, the respondents generally agreed there was high value in interpersonal communication and the reassurance and care it afforded. MSM 1 expressed:

When you are talking about a new product like PrEP, and you are telling me about its benefits, I would have a lot of questions. Seeing your comments in text, as opposed to sitting with you and seeing you as you give your assurance and advice, would make a lot of difference when I have doubts.

He added:

Having a caseworker give me information face-to-face is much easier for me because I can ask all the questions, while if I use the other means of communication, it can become complicated because I feel like I do not get my undivided attention.

In-depth interviews with caseworkers

Six SFH-Namibia caseworkers availed themselves for in-depth interviews at the Walvis Bay Corridor Group health facility in Okuryangava, Windhoek on 23 November 2018. All six are based at the facility, having worked for SFH-Namibia for more than two years at the time of the interview and therefore being well acquainted with the outreach advocating the use of PrEP, among other health communication initiatives undertaken. The PrEP initiative was started in 2017, targeting high-risk groups who were already receiving other forms of support from SFH-Namibia. MSM clients were among the high-risk groups engaged. Each caseworker said they were holders of certificates in healthcare and counselling and had been trained under the auspices of SFH-Namibia in conjunction with various tertiary education institutions.

The caseworkers' synopsis of MSM clients

The caseworkers said they worked with a total of 30 clients who self-identified as MSM, offering confidential counselling that included prescription and dietary advice, health behaviour change advocacy, and responding to information needs by their clients. The engagement was not judgemental, respecting the lifestyle choices of the clients while informing them of preventative and treatment options that reduced the risks of illness and other forms of harm.

Between five and 15 MSM clients visited the facility in Okuryangava every week, with many more engaged in consultation by phone, WhatsApp messaging, or e-mail inquiries, the caseworkers said. Clients from this constituency had to be engaged with a high degree of sensitivity, as they were conscious of a broader social hostility towards them, and many still feared being identified and exposed to ridicule by neighbours, associates, and the public. It took time to develop a relationship of trust with each client, but it helped that a growing number of new clients had been influenced by the recommendations of other MSM who had a long association with the caseworkers, and who had found their counselling services beneficial.

The power of client testimonies

Referrals from other clients indicated to the caseworkers the success of their PrEP outreach. The caseworkers felt that referrals among MSM were an effective way of spreading the message about the efficacy of PrEP, with regular clients referring their partners and other MSM to SFH-Namibia. Those referred came to the health facility in person to enquire about PrEP, and in several cases, this marked the start of new regular engagements, meaning that the advocacy of PrEP was drawing more inquiries from the MSM constituency. Caseworker 2 reflected:

Most of the MSM that I assist come with their partners who are already using PrEP. This makes the work easier for me because when they come in on the strength of their partner's recommendation, they are often ready to start on the course, or if they are half-convinced, they just need professional counselling and to have their questions answered. In most cases where referrals occur, partners have done much to persuade new clients already.

Caseworker 6 added:

Ever since we rolled out PrEP in 2017, the number of MSM that receive services from us has increased. One of the questions we ask is how they have heard about us, and the answer is usually from a friend, who is part of the MSM community.

Full care perceptions of PrEP

All the caseworkers interviewed concurred that a large proportion of their MSM clients demonstrated an eagerness to learn more about PrEP, with nine in 10 inquiries about the drug ending in a decision to begin use. As articulated by Caseworker 5,

Only one in 10 decide not to use the drug. The rest (nine out of 10) come back with a decision to start taking it. Most of them take about two to three days to make up their minds before they come back with a decision to take the drug.

Focus group discussion with MSM

A focus group discussion with a different set of 14 MSM respondents was conducted at the Walvis Bay Corridor Group health facility in Okuryangava on 24 November 2018. The respondents self-identified as MSM and received counselling, medical treatment, and other forms of support from SFH-Namibia. All said they were aware of PrEP and its benefits to at-risk individuals who were HIV-negative. They were all made aware of PrEP during counselling by the SFH-Namibia caseworkers. Nine among the 14 participants said they were using the drug, while the other five reported that they were still thinking about whether to start using it or not.

Adoption of PrEP by MSM clients

Contrary to what may have been implied by caseworkers in the in-depth interviews, the adoption of PrEP by users in the focus group was not always a quick resolve. The nine FGD participants who were users reported that it took them some time to start the medication mainly because of misapprehensions, a need to understand any possible side effects, and a reticence to rush into consuming a product at face value. On the other hand, at least four of the nine users, while admitting that they delayed accessing the medication after being referred to it by others, said they started the course almost immediately after counselling by the caseworkers allayed their fears. MSM-FGD1 (the first contributor from the focus group discussion of MSM) said:

When I first heard about PrEP, I was excited but also scared, because my friend told me that it causes diarrhoea which lasts about a week. To my surprise, I did not suffer from diarrhoea when I started taking PrEP. Different people react differently to medicines just like they might react differently to types of food – that's what the caseworker told me, and she proved to be right. Despite my hesitation, I am happy that I took the caseworker's advice and gave PrEP a try. It has taken away a lot of the pressure and anxiety.

MSM-FGD3 said he believed his partner's commendation of the drug and its positive effects, but that he was hesitant to commit himself before hearing professional advice. The conversation he had with caseworkers had set his mind at ease, and he started the course immediately thereafter, he said.

My partner started taking PrEP first. He told me about it, suggested it would be good for me, and I knew then that I also wanted to protect myself. I came to the health centre over a month

later and was assisted by caseworkers who explained to me that PrEP was the best guarantee of protection from HIV. It's true. I am still in the best of health. And PrEP has been the best thing to happen in my life! (MSM-FGD3)

The focus group participants credited their adoption of the medication primarily to two factors: referrals from other MSM, including their partners; and further substantial information about the drug and its merits obtained from the caseworkers at the health facility.

"I trust what my friends tell me because they understand the situations I go through. I confide in the ones close to me, so when we meet, we share information," said MSM-FGD12.

Another participant said, "Whenever I need information about health services, I come to the clinic. Caseworkers have a way of making me understand things better. I do not like messages conveyed through third parties, because they can lead to misinterpretation" (MSM-FGD13).

However, for at least one participant, peer counselling and information sharing between "Yes, I was reassured by the depth of the information I received from the caseworkers on the use of PrEP, as well as their patience, sympathy, and non-judgemental attitude. The SFH caseworkers are well-trained and professional. They are discreet about their clients' details too – that is why I prefer to come back to talk to them. They give good advice." MSM-FGD14 added.

Then the MSM themselves was as effective as consultations with the caseworkers. MSM-FGD6 proffered this view:

"Receiving information from other MSM is the same as getting it from a caseworker. I heard about PrEP and its benefits from my friends. I had no reason to disbelieve them. Peer counselling has been working well for me thus far".

What is clear from these exchanges is that the dissemination of information by the caseworkers remains of primary importance, but that peer counselling has taken root in the solidarity and information-sharing mechanisms of a constituency that shares common behavioural traits and health risks. This has helped to enhance awareness of the benefits of PrEP. But as was also stated by informants in the in-depth interviews, the caseworkers' input was key in validating PrEP's effectiveness.

MSM-FGD2 remarked that the diffusion of information from caseworkers was pervasive once a client was introduced to their services.

Look, we are always receiving updates from caseworkers, especially through WhatsApp. That's how I first became aware of PrEP. WhatsApp is fast and convenient for me. If I need further clarity on anything, I send a voice note to my caseworker, as I did when seeking more information on PrEP. I did not have to go to Okuryangava physically to receive information. So, while we share information with friends, especially other MSM, we cannot underrate the importance of the education and counselling we are receiving from the caseworkers (MSM-FGD2).

Discussion of findings

Social influences

This study intended to examine the effectiveness of caseworkers communicating a health innovation with potentially far-reaching effects on the prevention of HIV transmission. Caseworkers distributing information about the preventative use of PrEP in Windhoek, Namibia, and men actively in same-sex relationships who were the target of that advocacy, were the research subjects.

The six caseworkers who acted as key informants explained how their use of multiple channels of communication, including face-to-face counselling, WhatsApp, and emails, sustained a regular flow of information to frequent and newly referred people at risk. The caseworkers' diffusion of knowledge, starting with information sharing with known clients and the cascading of that knowledge to others at risk through peer counselling, brought about referrals of other potential users in an indication of the power of client testimonies. It was also a validation of Everett Rogers' variation of the channels of diffusion of innovation: new products were not always directly communicated to end users but could also be channelled through third-party recommendations and tiers of influence (Rogers, 2010).

We saw how indirect transmission and reception of health information led some way towards the adoption of PrEP – albeit with many potential users ultimately having recourse to the professional source (i.e. the caseworkers) for validation. In the caseworkers who reported burgeoning feedback and adoption rates as a result of their client's testimonies to others and the end users who were drawn to the drug (and to the caseworkers) because of messages from other users, the effectiveness of user messages was seen to amplify the caseworkers' efforts and showed that adoption of health behaviour can be significantly influenced by early adopters vouching for the qualities of the new product.

However, a significant number of the research informants were beneficiaries only of directly channelled advocacy from the caseworkers themselves. They were regularly engaging other services at the health facility in Okuryangava, during which they encountered and accepted the message that their vulnerability to HIV infection could be substantially reduced by subscribing to PrEP. Whether directly or indirectly, the transmission and reception of health messages were socially constructed. Those exposed to PrEP through direct counselling from the caseworkers reported that their trust in the professionalism and expertise of the health workers made adopters well-disposed to the recommendations that they should use the drug. The esteem in which the adopters held the caseworkers can be inferred as having been transferred to the product, together with the knowledge of medical evidence proving the drug's efficacy. On the other hand, some informants who were influenced by early adopters confirmed the value of both their trusted friends and the validation they eventually sought from the caseworkers themselves.

“I trusted what my friends told me about PrEP”, said MSM-FGD12, while MSM4 said although receptive to the recommendations of friends already using the drug, he had made his mind up after contacting a caseworker: “...Where I had questions or concerns, the caseworker would reply even as I pondered my options”.

The reflections of the research informants lend credence to Everett Rogers' observation that the diffusion of an innovation is usually influenced by the social setting in which it is encountered and interpreted (Rogers, 2010). Since a social setting includes the influences of confidantes and people

with whom there is a shared identity, friends in the MSM community and professional experts (caseworkers) who have credibility as counsellors of this community have been shown in the data as key points of reference in securing the adoption of PrEP. This aligns with the requirement in the existing literature that diffusion and adoption research show “direct empirical evidence of the effects of social networks and interaction” (Reed, et al., 1999, p.8).

As well as the influences of trusted people, social networks, and professional health communicators, this study has indicated factors such as fear appeal – messages which emphasize the need to avoid the deadly HIV – as key to the perceptions that lead to the adoption of PrEP. To the extent that these correlations between message dissemination, multi-layered influences, and adoption of the drug have been demonstrated, this study may have circumvented Everett Rogers’ expectation of difficulty in making visible “the inputs that facilitate diffusion...the multiple interconnected elements that have an effect...” (Reed, Briere, & Casterline, 1999, p. 8).

The research findings also appeared to validate previous conventions that relationships of trust mattered as much, if not more than the stimuli of the advocacy messages. This was borne out by informants’ reference to the following as elements affecting their consciousness and adoption of PrEP: trust in the competence of caseworkers, solidarity from other MSM, their shared interest in the prevention of HIV contraction and relief from the anxieties thereof, and other common interests that unite the MSM as a constituency. In this regard, Carter’s proposition of diffusion and adoption was that the message content “resides in relationships”, for “meaning is always the provisional outcome of the interaction. It resides in relationships rather than linguistic forms or individual minds” (cited in Reed, et al., 1999, p. 7).

Nevertheless, even in aligning with Carter’s thesis and the evidence we found of effective peer counselling among the MSM themselves, the findings of this research do not lose sight of the communicative environment generated by SFH-Namibia caseworkers. The MSM did not, in our findings, stumble upon PrEP by themselves, but were the recipients, directly and indirectly, of effective health innovation messages from a professional source: the SFH-Namibia caseworkers based at the Okuryangava health facility in Windhoek. Even where the information on PrEP might have been indirectly accessed (e.g. through recommendations from associates), the facilitative role of the caseworkers in disseminating the information that was later cascaded by early adopters, and the availability of the caseworkers as experts to validate the peer advice from secondary sources, underlines the effective, if the tactful role that was played by the disseminators.

Andersson and Trygg (2010, online) identify the following qualities, among others, in an ideal communicative environment:

- Professionals who have competence and skills to communicate;
- Friends who use the same way to communicate;
- Communication is central during the whole process;
- Communication is going on in all situations and activities;
- Disseminators give the user “a lot of opportunities to take communicative initiatives;
- Disseminators “are sparing in asking questions;
- Disseminators comment on and confirm receipt of communication from clients;

- Disseminators are not governing and correcting [*sic*], but encourage active communication between users.

If we assess the effectiveness of the outreach to encourage MSM to use PrEP on the eight qualities listed above – and the list was not a conceptual framework for the fieldwork – we could objectively identify five of the qualities, at the very least, in the descriptions by caseworkers and clients that were the subject of our research. In hindsight, we ought to have used Andersson and Trygg (2010) in shaping the research tools so that the eight factors could have been substantive units of analysis in determining the effectiveness of the SFH-Namibia caseworker interventions. However, their absence from the formative lines of inquiry does not, in our opinion, debilitate the qualitative evidence of these five factors in the data reported:

Professionals who have the competence and skills to communicate

The caseworkers interviewed at the Okuryangava health facility all reported having undergone college-certified training in healthcare and counselling. Their paper qualifications appeared validated by positive feedback from their clients about their professionalism and effective communication, including quality advice on sexual health matters and remedies. Focus group participant MSM-FGD14 summed up the positive sentiments of the caseworkers' communication competence when he said that he was "reassured by the depth of the information received from the caseworkers on the use of PrEP". He also valued the caseworkers' "patience, sympathy, and non-judgmental attitude. The SFH care workers are well-trained and are professional. They are discreet about their clients..."

MSM-FGD13 was similarly confident of the caseworkers' professional competence: "Caseworkers have a way of making me understand things better", he said. The testimony from MSM 4 in the in-depth interviews told of the caseworkers' availability and patience as he anguished over whether to try out PrEP or not: "It was helpful to be able to message my caseworker on WhatsApp whenever I had questions or concerns, and the caseworker would reply even as I pondered my options".

The data shows an overall positive impression of professionalism and competence in the SFH-Namibia advocacy, confirming the first variable's existence, and the first step towards a communicative environment.

Friends who use the same way to communicate

The evidence has illustrated a strong peer influence on the adoption of health innovations among the MSM subjects of this research, primarily through interpersonal and WhatsApp group interactions that originate in the advocacy outreaches of the SFH-Namibia caseworkers. Informants shared a mutual respect for their interactions as MSM, whether as romantic partners, friends, or members of WhatsApp networks created by caseworkers to facilitate interaction beyond the personalised consultations at the Okuryangava health facility. Caseworkers reported that phone, WhatsApp, or email messaging facilitated not just more regular contact between health workers and clients, but also interactions among the MSM themselves. Likewise, clients like MSM 4 and MSM 5 who had wrestled with indecision over whether or not to adopt PrEP said they appreciated being able to ask questions or to share their inhibitions with the caseworkers and with other MSM. The common modes of communication used by the clients, who either knew each other or became acquainted as a result of the networks, strengthened the communicative environment, even though most informants still

looked to the caseworkers for validation of the experiences and opinions that they exchanged.

Communication is central during the whole process

Whether in confidential sessions at the Okuryangava health facility, in confidential phone calls or text messages, or interactive group discussions on WhatsApp, the client engagement in the use of PrEP and its benefits, among other health information, has been shown to rely on competent and multi-layered communication processes based on trust, friendship, the expertise of the caseworkers, and the timely and adequate diffusion of content that kept clients informed and reassured. Indeed, comments like the following suggest that caseworkers have cultivated a professional relationship where ease of communication has enhanced the uptake of PrEP:

“We are always receiving updates from the caseworkers...” (MSM-FGD2);

“...I was reassured by the depth of the information I received from the caseworkers on the use of PrEP, as well as their patience, sympathy, and non-judgmental attitude...They give good advice!” (MSM-FGD14);

“Whenever I need information about health services, I come to the clinic. Caseworkers have a way of making me understand things better” (MSM-FGD13).

The attribution by users of their adoption of PrEP to the competence of the health workers and the adequacy of their messages seems to underscore the centrality and success of the communication methods, and therefore the “ideal communicative environment” which Andersson and Trygg (2010) prescribed for an effective campaign.

Communication is going on in all situations and activities

As the data has shown, PrEP and its uptake by the MSM constituency has depended on multi-faceted vertical engagements (between clients and caseworkers, face-to-face and via media technologies) and horizontal networking, chiefly among MSM, but supported by the judicious expert advice of caseworkers. The architecture of this interpersonal and group interactivity has been shown to pervade the promotion of PrEP, among other health services, in a way that is beneficial to the MSM community.

The research has identified informal communication between intimate partners (see comment by MSM-FGD 3 and Caseworker 2), personal acquaintances (MSM-FGD12), WhatsApp group membership, and direct counselling from the SFH caseworkers as primary sources of information and encouragement regarding the use of PrEP. What is clear is that the MSM do not only access information and other forms of support by making formal appointments and visits to the Okuryangava health facility, but that caseworkers have facilitated a collaborative network that makes peer counselling and one-on-one interactions, including expert counselling, possible outside the regular health visits. This seems to fulfil the condition in Andersson and Trygg (2010) of communication happening “in all situations and activities”.

Disseminators give the user “a lot of opportunities to take communicative initiatives”

In evaluating the health information campaign on the use of PrEP by SFH Namibia caseworkers, we have noted, with support from the data collected, that the disseminators have been careful to respect

the lifestyle and opinions of users. There was no indication in the interviews and focus groups that any user was coerced into accepting the merits of using PrEP. On the contrary, the MSM felt free to take their time choosing whether to follow the advice given, or not.

In this respect, caseworkers not only encouraged discussion between themselves and their clients but also facilitated and relied on peer discussions among the MSM to promote and reinforce health messages. As such, there existed plural lines of communication which allowed both clients and caseworkers to initiate the discussions, as well as other channels for interaction between the MSM themselves, outside the realm of caseworker participation (for example, between intimate partners). The diversity of interactions points to a positive attitude by the caseworkers that facilitated rather than controlled the exchange of information on the use of PrEP.

Conclusions

This study undertook a qualitative evaluation of how new health information was disseminated to men having sex with men in Namibia. The health workers (caseworkers) from the Society for Family Health and their promotion of PrEP as an HIV prevention medication to a constituency of MSM clients in Windhoek were used as a case study. The study showed that the nurturing of trust, empathy and a non-judgmental attitude by the caseworkers was the key to a successful roll-out of information across face-to-face and new media channels. The adoption was influenced by the testimonies of known HIV-negative men who had used the drug and could vouch for its effectiveness in preventing HIV infection. Peer counselling among the MSM seemed to complement the caseworkers' counselling and information dissemination. With many respondents reporting initial anxieties about possible side effects and other uncertainties, the complementarity of expert advice from the caseworkers and empathetic testimonies from users with experience with the drug assisted the men in choosing to use it. The research showed that while social media interaction had obvious value in the adoption process, direct and confidential engagement with the caseworkers continued to be a significant, and often deciding factor in the choices of MSM, based on the resolve to make informed choices, understand long-term effects, and follow the conventional model of face-to-face medical consultation that brings an authoritative presence, relationship, and reassurance.

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