

Step 3: Choose the Intended Audiences

Primary and Secondary Audience Segments

PRIMARY AUDIENCES

Primary audience 1: Caregivers of children under five

Primary audience 2: Non-clinical providers such as owners and employees in pharmacies and local shops (public and private)

Primary audience 3: Community health workers

INFLUENCING AUDIENCES

Influencing audience 1: Clinical providers (public and private) – Depending on the country, clinical providers may be a primary audience.

Influencing audience 2: Fathers / Male partners of caregivers.

Influencing audience 3: Extended family / Mothers-in-law

Audience Profiles

PRIMARY AUDIENCE 1: CAREGIVERS OF CHILDREN UNDER FIVE

Primary Audience 1: Caregivers of children under five

Preeti, 22, a young mother in Lucknow, Uttar Pradesh, India.



Preeti, 22, is married with two young children, ages 6 months and 2 years. She and her family live with her mother-in-law, whose opinions are highly influential on how she cares for her children's health. Preeti aspires to be a good mother and wife and prides herself on her clean home. She does not have running water or a latrine in her home, and she fetches water twice a day for cooking and washing. Preeti went to school for several years, and she can read and write. She does not work outside her home, so she must ask her mother-in-law and husband for any money she needs for medicines or doctors visits. She has a basic knowledge of diarrhea treatment from a community drama troupe, but if she needs healthcare, she will visit the local "doctor" on the corner.

Sara, 29, a mother of three in Nyanza, Kenya.



Sara, her husband and three children, ages 6, 3 and 1, live in rural Nyanza, Kenya. Sara keeps a small vegetable plot and owns a few chickens; she earns extra money selling her vegetables and eggs. She wants her children to attend school so she saves her money carefully. Her husband has gone to Nairobi to look for better work, and he comes home every few months. He sends money when he can, to her mobile phone. Sara's house has an old latrine, and she gets water from a nearby stream. If her children are sick, she has to walk a long way to the health center. Often she must borrow money to pay for medicines, so she regularly consults her neighbors and family for advice and home remedies. Sara attends the community health talks when the health worker comes several times a year.

PRIMARY AUDIENCE 2: NON-CLINICAL PROVIDERS**Sam Mussa, 29, a shop-owner outside Kano, Nigeria.**

Sam Mussa manages a small pharmacy and shop in rural, northern Nigeria. His brother is a trained pharmacist and owns several pharmacies in the region. Sam prides himself on having learned about medicine and treatment of common illnesses [from/by] working with his brother. He knows that the community respects his knowledge and that he is often the first place families come for medical advice. He was trained on treatment of childhood illnesses by several NGO programs, including prescribing ACT for malaria and ORS for diarrhea, and he appreciates the job aides that the NGOs give him to help explain dosages to parents. He recently learned that zinc is effective in treating diarrhea but his brother told him that zinc is not a medicine, and he does not want to damage his reputation by selling medicine that may not work. Also, ORS and zinc are sold at a very low price and he earns more money for the shop and is more confident when he prescribes antibiotics and anti-diarrheal medicines. Caregivers come to him for medicine to stop the diarrhea, and since many struggle to pay for the medicines, he wants to be sure he prescribes what he knows has been effective in the past. When caregivers come with prescriptions from doctors or when they know what medicine they want, he will just sell them what they ask for, but if they ask his advice, he will offer several medicines to be sure the treatment works. Representatives from pharmacy companies also provide training, as well as gifts such as promotional materials to decorate his shop, pens and notepads. These representatives are knowledgeable, friendly and they offer him incentives to prescribe the medicines they promote, so he regularly follows their advice.

PRIMARY AUDIENCE 3: COMMUNITY HEALTH WORKERS**Ando, 33, a community health worker outside Toamasina, Madagascar.**

Ando is a mother with two children, ages 7 and 10, and after attending several health education sessions, she was invited to be a community health worker. Ando was trained by an NGO to distribute ACT and mosquito nets several years ago, and recently received training [from/by] a different NGO for diarrhea treatment. She visits households and gives talks in the communities to educate young mothers. Ando is proud that women consult her on their children's health and she is now recognized and welcomed in all the villages she visits. She earns a small profit selling ACT and ORS and zinc combination kits which helps to pay

for her children's education. Ando enjoys her work even though she has to travel in the hot sun or the rain, and she only earns a small amount from each product. Mothers are often reluctant to buy ORS and zinc, saying that traditional treatments are less expensive, so Ando spends a lot of time trying to convince community leaders and others that ORS and zinc are the right treatment. She would like more information to explain why ORS and zinc are better, and she would like new job aides because people are tired of seeing the same materials every time she gives a talk.

INFLUENCING AUDIENCE 1: CLINICAL PROVIDERS

Dr. Indira Khan, 34, doctor in Lahore, Pakistan.



Dr. Indira Khan, MBBS, is proud of what she has accomplished in life, including her education and her position as a doctor in one of the busiest health facilities in Lahore, Pakistan and a small private clinic she operates during the evenings and weekends. She stays updated in medical education by attending conferences and government trainings, and she is a member of the local medical doctors association. She cares about her patients, especially the young mothers, and she wants to give them the best possible care. However, Dr. Khan sees more than 50 patients a day, and she may not spend as much time as she would like educating her patients about the medicine she prescribes or how to prevent illnesses in the future.

Diarrhea is one of the most common illnesses and mothers tend to bring in their children when they are already very ill. She wonders why the CHWs do not do a better job educating mothers about diarrhea prevention. Given that most of the children present with moderate to severe dehydration, and that the mothers may not come back, she often prescribes antibiotics as well as ORS just in case the child has a bacterial infection. Often, the clinic is out of stock of ORS, so she sends patients to the local pharmacy with a prescription. She recently learned that the new guidelines call for zinc as treatment for diarrhea, but she is skeptical, since she remembers that zinc really is just a supplement, and antibiotics are the kind of real medicine patients are used to receiving after waiting so long to see her. She also worries that if she does not fully heal the children, her reputation will suffer and she may lose patients who come to her private clinic.

INFLUENCING AUDIENCE 2: FATHERS/MALE PARTNERS OF CAREGIVERS**John, 23, father living in Eldoret, Kenya.**

John is a young father with two children, ages 3 years and 18 months. He works in construction, and has been working consistently during the past few years. He is proud that his children are healthy and that he is able to support his wife so she can be dedicated to managing the home and taking care of the children. John gives his wife money for food and supplies when she asks for it, and he wants to know how she is spending their income. John relies on his wife to know how to take care of their children's healthcare but he worries that she spends too much money on medicines, since his own mother used home remedies to care for him and his siblings. John's wife does not like to go to the public clinic because she has to wait all morning and they rarely have medicines, but private clinics are expensive. His friends and neighbors consult the pharmacist when they need health care. He is not convinced that his wife should spend money treating diarrhea, an illness young children get all the time, so he is not always supportive of her when she wants to seek diarrhea treatment.

INFLUENCING AUDIENCE 3: EXTENDED FAMILY/MOTHERS-IN-LAW**Elira, 52, a grandmother living in Elbasan, Albania.**

Elira is very proud that her son is married and has two children and that he has a job to provide for his family. Her daughter-in-law is respectful and is good at keeping the home, and they get along well. Elira raised four healthy children by asking her own mother-in-law for advice and remedies, and she expects her daughter-in-law to now consult with her instead of spending money going to a doctor. She remembers that diarrhea is a very common illness and that she used traditional remedies with her own children. Elira cares about her family's reputation and does not want her daughter-in-law to go out of the house more than necessary. Elira listens to the radio and speaks to her friends at the market each morning, and they share stories about their families.