DAY 2

◎ A framework for HIV/AIDS interventions

◎ Behavior Change Communication

Day 2 begins by presenting a framework for interventions, based on the vulnerability areas identified on Day 1. Participants use the framework to identify interventions and gaps in their own work contexts. This course addresses two key intervention areas: behavior change communication and health services provision. Day 2 focuses on behavior change communication. We begin by examining the background to the behavior change process and proceed to the communication process and its various components. Behavior change and communication concepts are applied using a variety of communication channels.

Learning objectives

By the end of Day 2, participants will be able to:

- ◎ Understand the need for a multidimensional approach to HIV/AIDS
- ◎ Relate risk and vulnerability factors to interventions
- ◎ Have an awareness of the processes underlying behavior change
- ◎ Understand principles of communication
- ◎ Assess the role of specific types of communication in behavior change communication strategies
- ◎ Design and evaluate a poster
- ◎ Develop participatory activities
- ◎ Have an awareness of strengths and challenges of peer education

Resource materials

Manual:

- International Rescue Committee. (2003) Protecting the Future: HIV Prevention, Care and Support Among Displaced and War-Affected Populations. Chapters 5, 6 and 8.

Handouts:

- World Bank. (2001) HIV/AIDS at a glance. www.worldbank.org
- Matrix from: Inter-Agency Standing Committee. (2004). Guidelines for HIV/AIDS Interventions in Emergency Settings. www.unhcr.ch
- Course notes: Introduction to behavior change communication.
- Course notes: Introduction to communication.
- Course notes: Poster design form.
- Extract from: Family Health International. (2002) Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences. www.fhi.org/en/HIVAIDS/Publications/manualsguidebooks/lowliteracyquide.htm
- Course notes: Using codes.
- Example for analysis: Commercial sex worker peer educators. From: Singhal, A & Rogers EM. (2003) Combating AIDS .
- Example for analysis: Adolescent peer educators. Adapted from: Campbell,C. & McPhail,C. (2002). Peer education, gender and the development of critical consciousness: participatory HIV prevention by South African youth. Social Science and Medicine. 55. pp331-345.

Additional resources:

- Inter-Agency Standing Committee. (2004) Guidelines for HIV/AIDS Interventions in Emergency Settings. www.unhcr.ch
- Family Health International. (2003) Control of Sexually Transmitted Diseases: A handbook for the design and management of programs. Chapter 4: An approach to effective communication. www.fhi.org/en/HIVAIDS/Publications/manualsguidebooks/stdhandbook/
- FHI/AIDSCAP. (2003) How to create an effective communication project. www.fhi.org/en/HIVAIDS/Publications/manualsguidebooks/BCC+Handbooks/effectivecommunication.htm
- FHI/AIDSCAP. (2003) How to create an effective peer education project. www.fhi.org/en/HIVAIDS/Publications/manualsguidebooks/BCC+Handbooks/peereducation.htm
- The International HIV/AIDS Alliance. (2003) Working with men, responding to AIDS: Gender, sexuality, and HIV - A case study collection. www.aidsalliance.org
- Family Health International. (2002) Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences. www.fhi.org/en/HIVAIDS/Publications/manualsguidebooks/lowliteracyquide.htm

Teaching materials

PowerPoint:

2.3a Behavior change
2.4a BCC
2.5a Posters for analysis
2.5b Introduction to communication
2.6a Participatory approaches
2.8a BCC in conflict setting
Teaching aids Day 2

Posters:

- Intervention areas (In PowerPoint: Teaching aids for Day 2)
- ABCD (Make from text: 2.3a)
- Stages of change model (In PowerPoint 2.3 & 2.4)
- Diffusion of ideas model (In PowerPoint 2.3 & 2.4)
- Target group assessment (Make from text in 2.4a)
- Posters for analysis (In PowerPoint: Posters for analysis)
- Communicator and receiver: two way (In PowerPoint: Teaching aids Day 2; show with 2.5b)
- Communicator and receivers: one way (In PowerPoint: Teaching aids Day 2; show with 2.5b)
- Building blocks of communication (Make from text: diagram in 2.5b)

DAY 2 - Session plan

Time	Topic		Materials
30 min	**2.1 Introduction**		
	2.2 A framework for HIV/AIDS interventions		
10 min	2.2a	Presentation: **Relating vulnerability areas to interventions**	Poster: Intervention areas
50 min	2.2b	Activity: **Agency interventions**	Flipcharts
	2.3 Understanding behavior		
10 min	2.3a	Presentation: **Introduction to behavior change**	PowerPoint; Posters: ABCD, Stages of Change
10 min	2.3b	Activity: **Applying the Stages of Change model**	
10 min	2.3c	Activity: **Applying the Diffusion of Ideas model**	PowerPoint (cont'd from 2.3a) Poster: Diffusion of ideas
30 min	Break		
	2.4 Understanding Behavior Change Communication		
15 min	2.4a	Presentation: **What is BCC?**	PowerPoint; Poster: Target group assessment
	2.5 Understanding communication		
35 min	2.5a	Activity: **Analyzing posters**	Posters and/or PowerPoint
40 min	2.5b	Presentation: **Introduction to communication**	PowerPoint; Posters: one-way and two-way communication; building blocks of communication process
30 min	2.5c	Activity: **Designing a poster**	Flipcharts, colored markers, crayons
60 min	Lunch		
20 min	Designing a poster – feedback		
	2.6 Using participatory approaches		
15 min	2.6a	Presentation: **Introduction to participatory approaches**	PowerPoint
45 min	2.6b	Activity: **Using "sculptures"**	
	2.7 Peer education		
10 min	2.7a	Presentation: **Peer education**	Flipchart
30 min	Break		
50 min	2.7b	Activity: **Strengths & challenges of peer education**	Flipchart
	2.8 Field example		
10 min	2.8a	Presentation: **BCC project in conflict-affected setting**	PowerPoint
30 min	**2.9 Conclusion**		

2.1 Introduction

- Brief overview of previous day with review of wall displays. Feedback on pre- and post-tests and evaluations
- Select host team for the day
- Pre-test
- Overview of the day

2.2 A framework for HIV/AIDS interventions

2.2a PRESENTATION: *Relating vulnerability areas to interventions*

Presentation – 10 minutes.
Materials: Vulnerability and intervention areas poster (Example in PowerPoint: Teaching aids Day 2)

Day 1 looked at how and why people get HIV. Today looks at what can be done about it. We said that if we want to address a problem, we need to understand where it is coming from.

Ask participants. Refer to AIDS tree:

A. What are the routes through which HIV gets into the body?

- sex
- blood
- MTCT

B. What are the biological risk factors that make it easier for HIV to get into the body through the sexual route?

- viral load
- being the receptive partner
- being a young female
- being an uncircumcised male
- damage to the genital skin/mucous membranes (e.g., female genital cutting)
- having an STI
- having sex during menstruation

C. What are the three socio-economic vulnerability areas that make people more vulnerable to getting into situations where transmission could take place?

- unsafe behavior
- power issues
- health service issues

D. What are the three levels of influence that can affect a person's vulnerability to getting HIV?

- individual level
- community level
- societal level

We can group the transmission routes, the biological risk factors, the socio-economic vulnerability factors and the levels of influence all together and call them the "**determinants**" of the epidemic.

If we are going to do something about HIV/AIDS, we need to look at all of these determinants and also at the ways in which they interact with each other. We need a multidimensional approach to a multidimensional problem. Addressing HIV/AIDS is complex. To help us get started, we can think about interventions according to the three vulnerability areas. We need to:

1. Change behavior

We need to help people to get to **know** about HIV, to **recognize** the fact that it could affect them personally, to **want** to do something about it, to have the **skills** to do it and then actually **do it.** A different way of saying this is that we want to bring about behavior change.

2. Address power issues

We need to address the problem of lack of resources through improving the general socio-economic environment. This requires long-term, multi-sectoral involvement.

We need to address issues of power in relationships. This is not easy and will take time. Power issues are often deeply entrenched in cultures, in gender relations and in people's view of themselves. Feelings of disempowerment can be the result of a lifetime of being made to feel powerless and therefore passive. Challenging those who have power will probably meet with resistance. We need to find ways of approaching these issues effectively.

3. Address health services issues

This includes clinical services, counseling services, provision of condoms, etc.

If we relate the needs in the HIV/AIDS vulnerability areas to interventions, we can group them into **three main intervention areas**:

1. Behavior change communication interventions
   e.g., mass media, counseling, peer education.

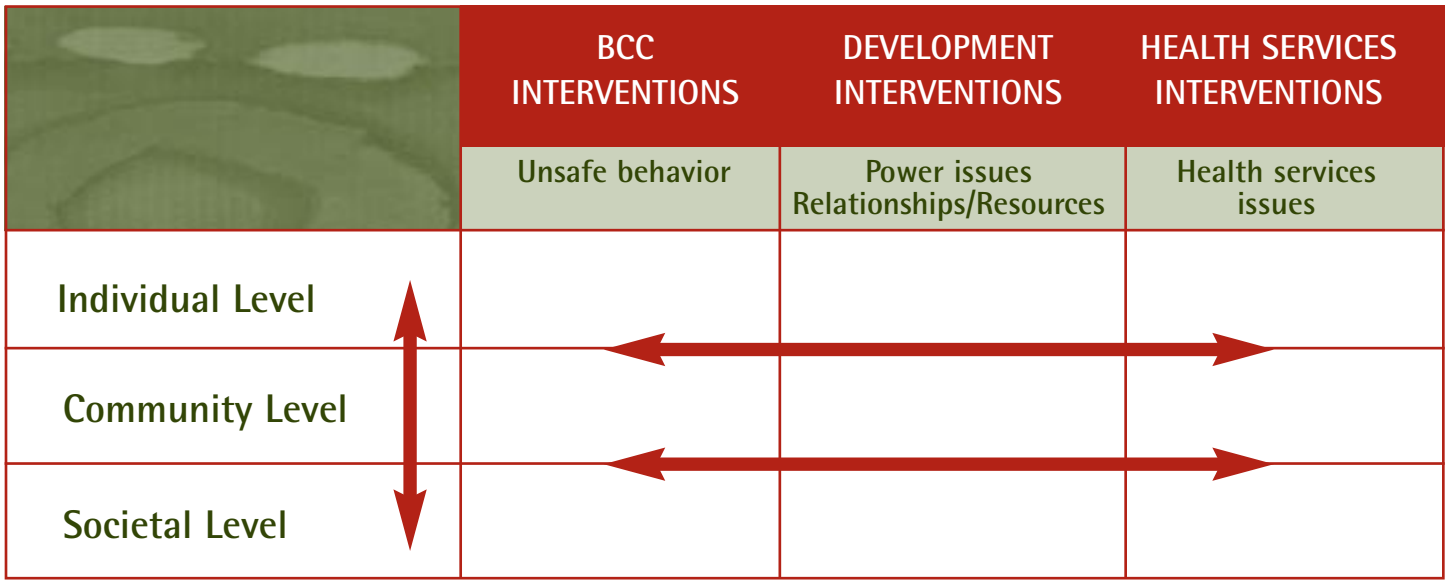
2. Development (empowerment) interventions which improve general living conditions.
   e.g., infrastructure, income generation, education, programs to address gender issues.

3. Health services interventions.
   e.g., condom distribution, management of STIs, provision of VCT services, care of PLWA, etc.

These three intervention areas all affect each other - they are interdependent.

Because vulnerability is further affected by three levels of influence, we must ensure that interventions address the three different levels appropriately.

HIV/AIDS interventions framework



We have seen that the determinants of HIV/AIDS are complex. Therefore, it is necessary to approach the problem from different angles and on multiple levels. Such a multidimensional approach is reflected in multi-sectoral interventions addressing HIV/AIDS.

On Day 1, we identified some vulnerability factors associated with conflict and displacement. Addressing HIV in conflict-affected settings also requires a multi-sectoral approach, with recognition of the specific vulnerabilities related to conflict. Such an approach is presented in the IASC "Guidelines on HIV interventions in emergency settings." (Show copy and refer to handout and additional resources.) Despite the vulnerabilities associated with conflict and the challenges of working in conflict-affected settings, humanitarian interventions can bring new opportunities for addressing HIV that the affected populations may not otherwise have had, e.g., access to information and health services. For example, UNHCR found that returning Angolan refugees had more knowledge about HIV than non-displaced Angolans. It is essential for humanitarian workers to recognize the vulnerabilities of conflict-affected populations and to capitalize on opportunities to address HIV/AIDS.

Activity

2.2b *Agency interventions*

Work in small groups (by organization)
Discussion - 20 minutes. Feedback in plenary – 30 minutes.
Materials: Example of HIV/AIDS interventions framework on flipchart

Facilitator...

...introduces:

A multidimensional approach is essential to effectively address HIV. A supportive environment is required to assist individuals in making positive behavior changes and sustaining them. Therefore, it is necessary to address all three vulnerability areas, cutting through all three levels of influence. Different interventions at different levels support and strengthen each other. Although your organization may not be in a position to intervene in all areas and at all levels, the organization should coordinate with other organizations and together build a comprehensive, multidimensional approach to HIV/AIDS.

Examples of how various interventions on different levels strengthen each other: (Use examples to illustrate how different levels and interventions fit into the HIV/AIDS interventions framework.)

1. Teaching adolescent girls about the need to use condoms (safe behavior) is of limited value if they are unable to negotiate use of condoms (power issues) with their partners and/or they do not have access to condoms (health services issues). Creating awareness of the need to use condoms for protection should be done on a national scale (societal level); acceptability of condom use should be endorsed by peers (community level); individuals need to know how to use condoms and where to get them (individual level). Condoms must be readily available and affordable.

2. Voluntary counseling and testing (VCT) services. There must be general awareness and acceptance in the community about the idea of testing so services will be used; VCT services must be accessible to individuals; support services must be in place to help individuals cope with results; national guidelines and standards must be created to ensure quality of services.

Apply the HIV/AIDS interventions framework to your work context, identifying activities in different intervention areas (BCC, development, health services) and at different levels (society, community, individual):

a) Summarize interventions through which your organization is already making a contribution to address HIV/AIDS

b) Identify any gaps. (Refer to IASC matrix and World Bank table for examples of interventions.)

Each organization presents its framework. (5 minutes each)

Activity 2.2b cont'd

...concludes:

There is a wide range of potential interventions to address HIV/AIDS. Over the next few days, we will focus on selected interventions within the BCC and health services intervention areas. Development interventions will not be covered in this course, but it is important to be aware of the need for development interventions as a vital component in fighting HIV/AIDS.

When considering interventions to address HIV/AIDS comprehensively, there are two aims:

1. Prevention: preventing new infections of HIV.

2. Care: helping people who are infected and/or affected by HIV/AIDS.

While prevention and care are closely linked, we begin this course with a focus on prevention and follow with aspects of care.

We are now going to look at the first intervention area: behavior change communication. BCC is a wide subject and we cannot adequately cover it in this course. However, we are going to provide an overview of some important issues which you may be able to apply in your program and even in conversations with colleagues, friends and family.

2.3 Understanding behavior

2.3a PRESENTATION: *Introduction to behavior change*

Presentation – 30 minutes total.
Materials: PowerPoint 2.3a Behavior change
Posters: ABCD; Stages of change (Example in PowerPoint 2.3a)

How can people avoid getting HIV through sex? (Ask participants – Flipchart)

A: Abstain
or
B: Be faithful to one uninfected partner
or
C: Use Condoms
and
D: Damage and Disease control:
- Diagnosis and Drugs for STIs
- Don't have sex while you have a STI (alternately, use a condom)
- Avoid damage to genital skin/mucous membranes: address behaviors that can cause damage (*ask participants what these could be: e.g., practices such as dry sex; female genital cutting; sexual violence; sex with very young girls*)
- Don't have sex while there is damage to genital skin/mucous membranes

These four factors (A,B,C and D) represent safer sexual behavior and if people followed these recommendations, the problem of transmitting HIV through sex would be significantly reduced. However, people are not behaving in these ways. Therefore, if the battle against HIV/AIDS is to be won, people must adjust their behaviors. In fact, the single most effective way of stopping the spread of HIV is for people to change their sexual behavior. Thus, we need to look at ways of helping individuals, communities and societies to start adopting safer sexual behaviors.

However, behavior change is a very complex process: People tend to be generally resistant to changing their behavior, even when given the right information. For example, people are warned about the negative effects of alcohol, drugs, smoking, eating unhealthy foods, etc, but they continue to smoke, drink, eat, etc. This is sometimes called the "knowledge-behavior gap." Why does this gap exist?

There could be several reasons:
(Ask participants)
Examples:
1. People may not understand the message.
2. People may not see themselves as vulnerable (particularly young people – "it won't happen to me").
3. People are prepared to take the risk now and to deal with the consequences later.
4. Life is so hard anyway that one more risk does not make much difference (e.g., soldiers).
5. Behavior is not necessarily based on rational thought. Humans are human. People sometimes prioritize according to their immediate desires rather than in terms of what would objectively be best for them. And often they don't even think about prioritizing – they simply don't think.

So what does make people change their behavior?
Because behavior change is a complex process, researchers have developed theories (also called models) to help us understand behavior change. These models cannot explain every aspect of behavior change in every situation but they do provide a framework to help us think about the factors involved. We are going to look briefly at two such models:

1. The Stages of Change Model

2. The Diffusion of Ideas Model

Researchers suggest that behavior change is not a one-time event, but rather a process consisting of different stages through which a person moves. (Poster: stages of change)

Think about your own awareness of HIV/AIDS. Did you go through these stages?

Stages of change:

- Pre-contemplation: Individual is unaware of the problem
- Contemplation: Becomes aware of the problem
  Becomes concerned that his/her behavior places him/her at risk
- Preparation: Acquires knowledge about the problem and what can be done about it
  Considers costs and benefits of current behavior versus costs and benefits of alternate behaviors
  Prepares for action through acquiring skills and resources necessary for change
- Action: Tries out the new behavior
  Assesses how well the new behavior works, and if successful,
- Maintenance: Maintains the behavior change.

Behavior change may take a long time. Different people go through these stages at different speeds; they may become "stuck" at any stage. Although a person may intend to maintain a new behavior, s/he might find it difficult. For a range of reasons, people might move back to the earlier stages, e.g., a person may stop using condoms because a new partner won't accept them or because a supportive counselor moves away or because their sense of vulnerability decreases over time. Just because someone reverts to an earlier pattern of behavior, this does not mean that s/he has "failed to change." Many people who eventually adopt a new habit make several attempts before the behavior is maintained in the long term.

Activity

2.3b *Applying the Stages of Change model*

Work in pairs.

Discussion – 5 minutes. Feedback – 5 minutes.

Facilitator...

...introduces:

Imagine that you are working with a youth group. Your aim is to increase safer sex among the members of this group. How could the stages of change model help you to design and implement your program? Think in terms of interventions relevant to the different stages.

...notes:

Ways to help the youth move through the stages could include:

Pre-contemplation stage:

- Posters and leaflets designed by and for youth promoting safer sex and suggesting the various options
- Information on where to access STI care, family planning services and condoms

Contemplation stage:

- Dramas showing adolescents in high-risk situations
- Peer education
- Role models addressing youth group
- PLWA addressing the group

Preparation stage:

- Pamphlets/books with detailed information on HIV/AIDS and other STIs
- Workshop on basic facts about HIV/AIDS
- Condom demonstrations and games
- Role plays on condom negotiation
- Provision of condoms
- Confidential assistance/support in accessing STI care and family planning services
- Confidential advice/counseling

Action and maintenance stages:

- All of the above
- Counseling services available for ongoing support
- Ongoing support of peer educators
- Education, skills training and income generation opportunities

Facilitator concludes: This model helps us to understand the need for different types of support to people at different stages of the behavior change process. It also illustrates that providing information alone is not enough to bring about behavior change.

Activity

2.3c *Applying the Diffusion of Ideas model*


Work in pairs.
Discussion – 5 minutes. Feedback 5 minutes.
Materials: PowerPoint 2.3a Behavior change (cont.)
Poster: Diffusion of ideas (example in PowerPoint 2.3a)

Facilitator...

...introduces: (with PowerPoint and poster)

The Stages of Change model addresses the behavior change process at the level of the individual. Behavior change can also be addressed at community level.

Researchers suggest that people are most likely to adopt a new behavior if people whom they respect or admire endorse the behavior, e.g., a movie star, a sports star, a politician, a community leader, a religious leader. These people are opinion leaders. Opinion leaders can influence an initial group of followers who adopt the behavior and thus establish a new social norm. The rest of the community is subsequently influenced by what they perceive to be the norm, and begin to adopt the new behavior. (Ask group if they can think of examples. e.g., fashionable clothing styles, brand names, music, places of entertainment.)

How could you use this theory to increase condom use among the youth in your community?

...notes:

For example:

- Invite people respected by the youth to address schools/youth groups.
- Involve local youth leaders in communication campaigns.
- Expose youth to media, e.g., videos or music, where role models endorse condom use.

...concludes:

There is no "magic formula" for getting people to change their behavior and behavioral theories cannot explain the process of behavior change completely. However, they do highlight important issues to consider when designing behavior change communication projects and they also provide a framework to help shape interventions.

2.4 Behavior Change Communication (BCC)

2.4a PRESENTATION: *What is BCC?*


Presentation: 15 minutes.
Materials: PowerPoint 2.4a: BCC
Poster: Target group assessment

The terms BCC and IEC are commonly used. What exactly do they mean and what is the difference between BCC and IEC? (*Ask participants?*)

Information, Education and Communication:
IEC is a process of working with individuals, communities and societies to:
- develop communication strategies to promote positive behaviors that are appropriate to their settings.

Behavior Change Communication:
BCC is a process of working with individuals, communities and societies to:
- develop communication strategies to promote positive behaviors that are appropriate to their settings; AND
- provide a supportive environment that will enable people to initiate and sustain positive behaviors.

What is the difference between BCC and IEC?
Show cartoon: "Teaching Spot to whistle."
Experience has shown that providing people with information and telling them how they should behave ("teaching" them) is not enough to bring about behavior change. While providing information to help people to make a personal decision is a necessary part of behavior change, BCC recognizes that behavior is not only a matter of having information and making a personal choice. Behavior change also requires a supportive environment. Recalling the interventions model, we learned that "behavior change communication" is influenced by "development" and " health services provision" and that the individual is influenced by community and society. Community and society provide the supportive environment necessary for behavior change. IEC is thus part of BCC while BCC builds on IEC.

An introduction to BCC programs
Before designing a BCC intervention, it is important to be clear about exactly whose behavior is to be influenced and which aspect of their behavior should be the focus for change. Communities are made up of different groups with different risk and vulnerability factors. Even within the same broad group, there may be subgroups with distinct characteristics. Different target groups will require different approaches. Therefore, when making decisions about which target groups and which factors to address, it is necessary to consider: (*Make poster of following list*)

- which target groups are most vulnerable;
- which risk/vulnerability factors are most important;
- which factors may be related to the impact of conflict and displacement;
- which target groups and risk/vulnerability factors the community wants to address;
- which services/resources are accessible to the target group;
- which target groups and risk/vulnerability factors are feasible in terms of expertise, resources and time.

A successful BCC program requires careful research and thorough pre-testing of communication materials. It is important not to underestimate the effort that is needed to carry out good quality behavioral research that yields findings that are accurate and useful. A recent analysis by UNHCR of behavioral studies in a number of refugee camps found that the methodology often needed improvement.

"...Research and proper planning form the foundation of an effective communication campaign. Knowing the needs of the population and the best means of reaching that audience are crucial in achieving the goal of raising awareness and, ultimately, changing attitudes and behaviors. The key is to determine the needs and desires of the audience, then deliver messages and products that offer real benefits. Many social change campaigns fail because the message is not meaningful or relevant and consequently not motivating to members of the target audience..." (AIDSCAP/FHI. Control of Sexually Transmitted Diseases. Chapter 4: An approach to effective communication. Undated: AIDSCAP Electronic library.)

Family Health International (through the AIDSCAP project) has made available a series of helpful booklets on BCC projects. (Refer to additional resources: "How to create an effective communication project")

In the next section we are going to examine the communication process.

2.5 Understanding communication

Activity

2.5a *Analyzing posters*

Individual. Analysis – 15 minutes. Feedback – 20 minutes.
Materials: Posters for analysis obtained locally and/or PowerPoint examples.

A selection of posters may be arranged around the room and participants are given an opportunity to study them. Try to obtain a variety of local HIV/AIDS/STI posters. Alternately, use the PowerPoint sequence of poster examples.

Facilitator...

...introduces:

As you study the posters, think about:
a) Which ones do you like or dislike and why? (Think about: colors, writing style and size, words, pictures, messages.)
b) Are there any that you don't understand?
c) How do you think these posters would be received by the communities in which you work?

...notes:

During the feedback session, participants are invited to comment. The facilitator should draw out details such as the use of images, color and font. (Refer to handout on poster design.)

Some possible reasons for a target group to reject a poster include: the poster does not fulfill message "criteria" (will cover in next session, but introduce the idea here); saturation with a message (after people have seen or heard a message too many times); changing norms, so the message may no longer be appropriate.

...concludes:

Different poster styles will appeal to different target groups and different individuals, but there are some features which generally make a poster eye-catching, appealing, easy to understand and useful in getting a message across.

2.5b PRESENTATION: *Introduction to communication*

Presentation – 40 minutes.
Materials: PowerPoint: 2.5b Introduction to communication
Posters: Communicator and receiver: two way;
Communicator and audience: one way; (Examples in PowerPoint: Teaching aids Day 2);
Building blocks of communication process

Developing effective communication programs has been described as both an art and a science.

What is communication? *(Ask participants for a definition.)*

Communication is part of our everyday lives. It is an exchange of information that can be about knowledge and beliefs, or about feelings and attitudes. Communication can be a one-way or two-way process. In two-way communication, the communicator intentionally sends a message to the receiver and the receiver responds with feedback. This is usually what happens in interpersonal communication. *(Poster)*

TWO-WAY COMMUNICATION:

However, a significant proportion of communication happens through one-way processes, such as television, radio, billboards and print media, where there is no immediate feedback. (Poster)

It is important to think about communication from the receiver's point of view. While the communicator creates the **message**, it is the receiver who creates the **meaning**.

ONE-WAY COMMUNICATION:

Messages may not be understood in exactly the way the communicator intended. If the message comes across in the wrong way, this can create misconceptions. Both the communicator and the receiver are subject to a variety of past and present experiences that influence each person's understanding of the world they live in. These experiences affect how each person will send out and receive information.

In two-way communication, it is possible to avoid misunderstandings because the receiver has the opportunity to ask for clarification and the communicator and receiver can together establish the meaning of the message through their interaction.

In the case of one-way communication (as in mass media), the messages are developed by teams of communicators working together, e.g., television commercials or advertisements in magazines. These communicators do not get immediate feedback from their receivers (audiences). Therefore they must find ways of developing an understanding of their mass audiences. This can be accomplished in a number of ways:

- thorough situation analysis of the target audience
- involving the target audience in developing the messages
- careful pre-testing of the messages
- ongoing research to find out how the messages are received

The following provides information on the communication process in more detail.

Building blocks of the communication process

The communication process contains four components or building blocks:

- the communicator
- the receiver (or audience)
- the channel (or medium)
- the message

It is important to examine the characteristics of each individual building block and to understand how the blocks fit together. Depending on the purpose of the communication, these building blocks can be used in different ways, but they must fit together in whatever setting they are used. Firstly, the message, the channel and the communicator must be appropriate to the audience. For example, in some cultural settings, it may be inappropriate to have posters displaying pictures of genitals, or of people having sex. Secondly, not all messages are appropriate to all channels, for example, it is difficult to convey the message of abstinence to an illiterate audience using posters. Radio programs or community theatre may be more appropriate channels in these circumstances.

1. The communicator:

The source of the message is very important. The communicator could be either the actual person conveying the message or the organization responsible for producing the message, or both.

Ask participants: What sort of characteristic should the communicator have? (What kind of person would gain your attention? – Think about commercial advertising.)

A communicator should have at least one of the following characteristics:

- Attractiveness: Men and women who are physically attractive or have appealing characteristics; "cute" children.
- Similarity to audience: (audience is able to identify with communicator), e.g., peer educators.
- Inspire emotional involvement: (engage the heart as well as the mind) e.g., children; pregnant women.
- Credibility: (expertise and trustworthiness) Individuals or institutions, e.g., elders of a community; the Centers for Disease Control (CDC); the Ministry of Health or a government official.
- Power: (perceived as successful) e.g., statesmen/women, athletes, musicians, businessmen/women. Both credibility and power inspire respect.

(Ask participants to give examples of communicators in their contexts.) Try to illustrate with locally obtained examples if possible. Ask participants to bring any examples of locally developed HIV/STI communication materials.

2. The receiver (audience):

It is important to understand the audience:

- Who are they?
- What are their circumstances?
- What kinds of issues impact on their behavior?
- What could be motivators for and barriers to behavior change?
- What kinds of media would reach them?
- What kinds of messages would be meaningful to them?

This involves a thorough situation analysis and ongoing research. Please refer to the handouts for comprehensive guidelines on a situation analysis.

3. The message:

Ask participants: What are the characteristics of an effective message? (Think back to the posters)

Must catch attention:

- Shock, humor, emotion, authority.
- Eye-catching colors and images.

(Be careful about using fear. Studies have shown that a message which is too frightening can create psychological barriers. People may laugh it off or deny the danger. Fear mixed with ignorance can also lead to misunderstandings and stigma.)

Must be appropriate to audience:

- Use local languages.
- Conform to cultural norms to ensure it is culturally appropriate/acceptable to audience.
- Make sure audience can relate to it.

Must be easy to understand:

- Simple, precise words
- Short sentences
- Unambiguous (no double meanings)

Must be informative and accurate:

- Should contain information that target groups require, but do not currently have
- Facts must be correct
- Should stimulate thought and the need for more information
- Should encourage actions that the target groups need to take (but are not yet taking)
- Should highlight the benefits of the actions
- Should include information on where to get detailed information and advice
- May include suggestions for overcoming potential obstacles

Must be appropriate to the channel:

- Posters and billboards usually work best to convey simple key messages – ideally a single concept supported by a strong visual image.
- Radio jingles can also be used to convey a simple key message and can be reinforced through repetition.
- Sometimes posters are also used to convey complex information, such as how to use a condom, or how HIV is spread, but this is in specific environments where people have time to read them, e.g., health facility, school, workplace.
- Stickers are small, so need to have a simple strong slogan and/or simple design.
- T shirts: simple strong message.
- Leaflets and booklets are usually aimed at people with a fairly high level of literacy, so can be more detailed, but should include diagrams to make the information user-friendly.
- Some messages work better in some media than in others, e.g., condom negotiation would be more easily communicated through radio or drama than through posters.

4. The channel (medium):

The channel is the way through which a message is sent out. It is also called the medium of communication. We can loosely group channels into four categories. (Poster)

- Mass media (one-way)
- Small media (one-way)
- Dialogue-oriented media (two-way)
- Participatory media (two-way)

Present as a table on a flipchart or overhead projector. Ask participants to give an example of each media type, how the various media are used, advantages and disadvantages.

	Mass media	Small media	Dialogue-oriented approaches	Participatory approaches
Examples:				
How the channel is used (purpose):				
Advantages:				
Disadvantages:				

Facilitator's notes:

	Mass media	Small media	Dialogue-oriented approaches	Participatory approaches
Examples:	Print: newspapers, magazines; Radio; Television; Theatre. Outdoor media: billboards, advertisements on vehicles	Can imitate mass media: billboards in a limited area Print media: posters, stickers, leaflets, brochures Audio media: tapes, CDs Visual media: slides, photographs Audiovisual: videos Utility items: key rings, pens, T-shirts, badges Internet	Counseling services, e.g., in health centers Telephone helplines Radio and television: call-in shows, write-in shows Workshops and events that include dialogue at community level	Peer counseling Role plays Marches, parades, events Community theatre Folk/traditional media: songs, poetry, dance Clubs, special interest groups
How the channel is used (Purpose):	To raise awareness or serve as reminders. Communicate basic info: Simple, short key messages. E.g., slogans, logos, jingles. Allow people to internalize messages over time through repetition. To provide more in-depth information or to evoke emotions which get people thinking. e.g., newspaper articles; television or radio documentaries or dramas. Play an important role in background communication. Help to reinforce one-to-one communication.	They are often used as a supplement to dialogue and participatory approaches. For example, brochures in a health facility; T-shirts given to students at a workshop; slides to aid health worker training.	Even if people have received basic information, they often have not absorbed or understood everything or may have questions relating to their personal situation. Dialogue-oriented approaches are used to address individual needs.	Representatives of target audiences are drawn into the message-development process.
Advantages:	Make use of an established distribution system; can reach a wide audience.	Can be tailored to suit the audience; Costs are relatively low.	Allow direct interaction between communicator and audience. Tailored to individual's needs. Telephone helplines and call-in shows have the advantage in that people can remain anonymous. Counseling services provide a safe environment in which people can ask questions.	Allow interaction between communicator and audience. Participatory approaches are very good for overcoming language and cultural barriers, because the people doing the communicating are part of the target audience. People drawn into these communication activities often make changes in their own behavior and serve as catalysts for change in their communities.
Disadvantages:	No interaction between the communicator and the receiver, therefore no feedback and no opportunity for establishing the meaning of the message together. A high degree of expertise is often required; Costs are often high.	No interaction between the communicator and the receiver. Need to set up a distribution system and ensure the materials are reaching the target population.	Labor-intensive; Requires staff with counseling expertise. May have a limited audience	Requires particular expertise: participatory methods plus technical knowledge plus in-depth understanding of context, e.g., cultural issues. Limited audience.

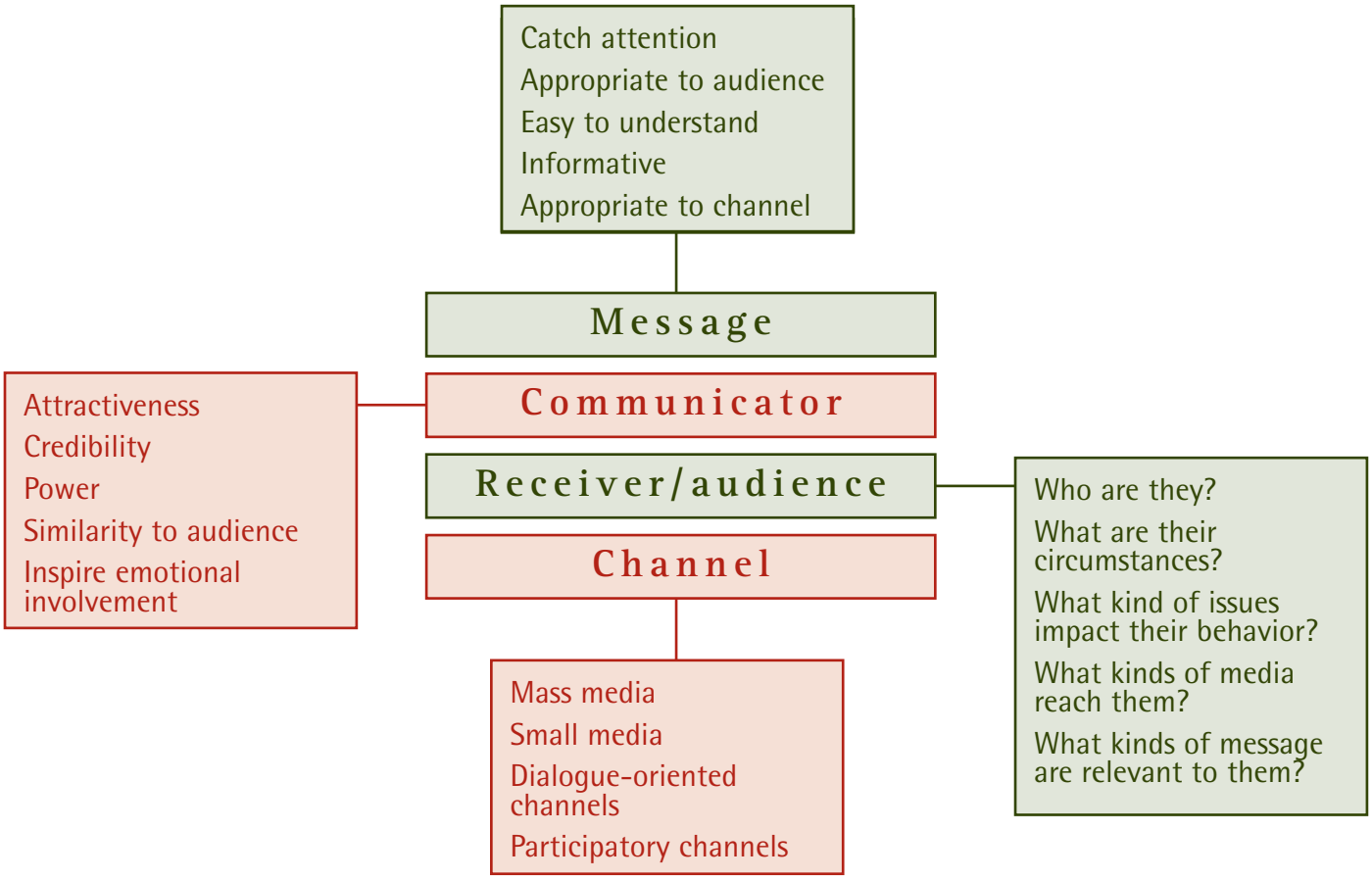
In summary:

Mass media are important in raising initial awareness and promoting a general understanding of an issue, e.g., at the pre-contemplation/contemplation stages in the "Stages of Change" model. Mass media often provide the background for other communication activities. The other three channels may be more important further along in the behavior change process, when people need more detailed or personalized information and support in implementing change. The choice of communication channels will depend on many factors, including the target audience's access to and preference for particular channels.

Different media types reinforce each other, so a communication program should try to use more than one channel. If the same message or complementary messages along the same theme are presented through a variety of channels, there is a greater chance that one of the messages may impact an individual.

Make wall display using different colored posters:

Building blocks of the communication process



The next activity involves the practice of designing posters, as an example of applying some of the principles relevant to small and mass media. We will follow this with two examples of participatory approaches. Dialogue-oriented approaches will be addressed tomorrow during the VCT session.

Activity

2.5c *Designing a poster*

Work in small groups.
Poster design - 30 minutes. Feedback in plenary – 30 minutes.
Materials: Flipchart sheets; colored markers; crayons.

Facilitator...

...introduces:

Refer to the following handouts:

- Introduction to communication;
- Poster design form;
- Extract from: Family Health International. (2002) Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences.

Decide on an HIV/AIDS-related message you want to convey using a poster. Design an outline of a poster and use the form in the handout to draw up an instruction sheet for an artist who will make the poster.

Half the class designs a poster for a literate audience, the other half for an illiterate or low-literacy audience.

Participants vote on the two best posters. Qualities of winning posters are then discussed in plenary.

2.6 Using participatory approaches

2.6a PRESENTATION: *Introduction to participatory approaches*

Presentation – 15 minutes.
Materials: PowerPoint 2.6a: Participatory approaches

We are now going to discuss some participatory communication methods that can be used in workshops or small group meetings, e.g., youth groups.

We have discussed methods of communication that can facilitate the process of behavior change. For behavior change to take place, people must **learn** a new behavior. The process of learning happens more easily when there is a form of interaction which involves the learners, rather than simply presenting them with information and expecting them to absorb it. For example:

A. People learn more easily when the new idea is linked with what they already know: their existing knowledge and experience. The new idea then has a "hook to hang on."

B. People learn more easily when they identify problems themselves and find solutions themselves.

C. People learn more easily when they go through a process of critical analysis and reflection: they examine the new idea carefully, consider its pros and cons, and then reflect on how it could apply to their situation.

When working with adults, it is also helpful to be aware of some of the principles of adult learning:

- Respect: Adults have experience and opinions that need to be respected.
- Safety: People should feel secure enough in the learning environment to experiment and ask questions without fear of ridicule.
- Immediate use: Adults learn more easily when they can see the immediate usefulness of what they are learning.
- Experience: Adults should be given the opportunity to put into practice what they have learned as soon as possible.

Codes:

As facilitators in workshops or meetings, we need to find ways of getting people to interact with information in order to help them learn. One way of doing this is through the use of "codes." A code is a starting point that provides a link to people's experience. A code could be a photograph, a drawing, a cartoon, a story, a poem, a role play, a video, etc. The choice of code is important as it is used to get people thinking and talking and to arouse emotions. Hopefully this process will then bring about debate and ultimately problem solving.

The spontaneous discussion generated by a code is in itself useful, but in order to get the most out of such a discussion, the facilitator can use a set of questions to prompt the analysis process. The following set of questions can guide participants to delve deeper into the meanings they identify from the code:

Show a photograph (e.g., refugee camp scene/gender violence) as an example and go through analysis process:

Analysis of a code:

Step 1: Describe what is happening here.
Step 2: How does it make you feel?
Step 3: Have you seen anything like this in your own community? (If not relevant, move on to next question.)
Step 4: Why is it happening? (Use the "But why?" process)
Step 5: What can we do to stop it from happening or to change the situation? (Participants work in groups to come up with ideas.)
Step 6: Who will do what? (If appropriate, plan actions to address the situation and set dates by when it should happen.)
Step 7: If relevant, participants commit to report back, reflect on and evaluate what has been achieved at a point in the future. More planning will be necessary to further develop the process.

While discussion of the problem can be interesting and beneficial, it is important to work through all of the steps to promote the idea that talking is followed by action.

A further example of a code is a "sculpture." A sculpture is a "frozen" role play. For example, at a women's group meeting, a few of the women are asked to make a sculpture representing a community problem which concerns them. They make a sculpture showing a man beating a woman and bystanders looking the other way. Now the facilitator has a starting point for discussion. The facilitator then takes the group through the step-by-step analysis process, ending up with a plan for developing strategies of what the women's group will do to begin addressing gender-based violence in their community. The women have thus identified a problem themselves, critically analysed and reflected upon the problem themselves, and come up with solutions themselves. (Refer to earlier three points which facilitate learning.) Members of the target audience were involved in creating the message, thus illustrating how a participatory channel/medium is used. (Refer to table of channels/media.)

Activity

2.6b *Using "sculptures"*

Work in small groups.
Preparation – 20 minutes. Feedback - 25 minutes.

Facilitator...

...introduces:

Imagine that you are members of a community group committed to fighting HIV. Make a sculpture illustrating an issue relevant to HIV and then go through the seven-step analysis process.

Scenarios:
Group 1: a married woman
Group 2: group of soldiers
Group 3: an adolescent girl
Group 4: group of adolescent boys
Group 5: a person living with HIV

(The facilitator may adapt scenarios to have relevance to settings in which participants work.)

...takes feedback:

Each group demonstrates their sculpture. One person presents a summary of the analysis process his/her group used on a flipchart sheet.

...concludes:

What did you learn from this activity?

Making sculptures is a quick, fun and perhaps less intimidating alternative to role play. However, it is important to focus not only on the fun of creating the sculpture, but also on the process of analysis and problem-solving.

We will now look at another participatory channel of communication:

2.7 Peer education

2.7a PRESENTATION: *What is peer education?*

Presentation – 10 minutes.
Materials: Flipchart

Ask participants for a definition of peer education.
Peer education involves non-professional teachers (peer educators) talking to, working with, motivating and supporting their peers. Trained people are used to assist others in their peer group to make decisions about STIs/HIV/AIDS through activities undertaken in one-to-one or small group settings.

Ask participants for examples/their experience of peer education programs.
Peer education has been used successfully in some settings. However, it is not necessarily an effective BCC strategy in all situations. There may be challenges for peer educators and program managers.

Activity

2.7b *Examining the strengths and challenges of peer counseling*

Work in small groups.
Discussion - 20 minutes. Feedback - 30 minutes.
Materials: Flipchart

Refer to peer education examples in handouts.

Group 1: List advantages of using peer education as a BCC technique. (Use the commercial sex worker example and draw on own experience.)
Group 2: List challenges to peer education programs. (Use adolescent example and draw on own experience.)
Group 3: List the qualities a peer educator should have.

Facilitator...

...notes:

Advantages include:

- Peer educators can present information in culturally appropriate ways.
- Peer education is community-based and can be linked to other community- based activities.
- Peer education can be more cost-effective than other methods of BCC.
- Peer educators may be more readily accepted by target audience than outsiders.
- Peer education can be empowering for the peer educators.
- Peer education makes use of an already established means of sharing information and advice.
- Peer educators can act as positive role models.
- Peer education has been shown to bring about behavior change among those involved in providing it.
- Peer education can be used to educate those who are hard to reach through conventional methods, e.g., out-of-school young people, CSWs.
- Peers can reinforce learning through ongoing contact.

Challenges include:

- Some people may be shy about talking about sex and HIV.
- Issues of age and gender may undermine the credibility of the peer educators.
- Peer educators may be ridiculed or intimidated by their peers.
- Confidentiality may be an issue.
- Peer educators may display behavior contrary to the messages they are attempting to send.
- Lack of time may be an issue in some groups.
- The question of incentives may be a problem.
- Intensive monitoring and supervision are needed to ensure that accurate information is conveyed and to determine program effectiveness.
- Peer educators may lose interest and drop out of the program.

Qualities of a peer educator working to promote HIV prevention: (From: Family Health international. *How to Create an Effective Peer Education Project*)

Peer educators should:

- have the ability to communicate clearly and persuasively with their peers;
- have good interpersonal skills, including listening skills;
- have a socio-cultural background similar to that of the target audience (this may include age, sex and social class);
- be accepted and respected by the target group (their peers);
- have a nonjudgmental attitude;
- be strongly motivated to work toward HIV risk reduction;

Activity 2.7b cont'd

- demonstrate care, compassion and respect for people affected by HIV/AIDS;
- be self-confident and show potential for leadership;
- be able to pass a practical, knowledge-based exam at the end of the training;
- have the time and energy to devote to this work;
- have the potential to be a "safer-sex" role model for their peers;
- be able to get to the location of the target audience;
- be able to work irregular hours.

...concludes:

Peer education programs can be effective but need careful planning and ongoing support. To meaningfully involve adolescents, young people must be involved as more than peer educators and should participate in the design, monitoring and evaluations of programs that affect them. It is essential that peer educators receive adequate training and supervision. Some programs have found that it is more cost effective to provide very thorough initial training, as fewer peer educators will then drop out and less supervision and retraining are needed. It is also helpful to provide peer educators with teaching aids such as posters and leaflets.

2.8 Field example

2.8a PRESENTATION: *Example of a BCC project in a conflict-affected setting*

Presentation – 10 minutes.
Materials: PowerPoint 2.8a: BCC in a conflict setting

In South Sudan the Reproductive Health Response in Conflict (RHRC) Consortium worked with community members, government representatives and other stakeholders to design and implement a BCC strategy as part of a project to reduce HIV/AIDS transmission and improve related RH practices.

The initial phase of the project included a rapid assessment, a behavioral and sero-prevalence survey conducted by the CDC and a BCC formative assessment using focus groups and key informant interviews. Target audiences were identified: in- and out-of-school youth, military and women. A number of behavior change objectives were identified, e.g., to promote safer sex practices, to promote improved STI care-seeking behavior, and to promote the use of voluntary counseling and testing (VCT) services. A BCC strategy development workshop was held, involving community leaders and members of the target audiences. At the workshop a theme, key messages and channels of communication were identified.

The theme chosen was "New weapons for a new enemy."
Communication channels included:

- peer education;
- community events, such as drama and music performances, quizzes and video shows;
- small media, such as posters, caps, T-shirts and brochures;
- community sensitization workshops for community leaders;
- HIV/AIDS/STI training for traditional healers, traditional birth attendants, drug vendors and maternal and child health care workers.

Pre-testing of various versions of materials was done with various members of the target audiences. Key stakeholders were also involved in pre-testing and message selection. (Examples in PowerPoint)

Lessons learned from this project include:

- Incentives are necessary to motivate peer educators.
- Adequate initial and refresher training is needed for peer educators.
- Materials should be developed in local languages.
- Ensure a supply of condoms before creating a demand.
- Collaboration and involvement of community leaders in monitoring of peer education activities should be strengthened for ownership, accountability and sustainability of activities.

2.9 Conclusion

- Overview of the day with link to Day 3
- Suggested reading
- Post-test
- Daily evaluation