AIDS
Community

AIDS COMMUNITY
Consolidated Reply

Query: Behaviour Change Communication for prevention of HIV, from Christian Medical College, Vellore (Comparative Experiences; Examples.)

Compiled by E. Mohamed Rafique, Resource Person; research provided by Seema Kochhar
15 November 2005

Original Query: Dr. Rajaratnam Abel (Retd.), Christian Medical College, Vellore.

Posted: 31 October 2005

I worked as the head of Rural Unit for Health and Social Affairs (RUHSA) Department of Christian Medical College, Vellore in Tamil Nadu. RUHSA is involved in comprehensive Rural Health and Development Programs in Vellore District of Tamil Nadu along with extension activities in other parts of India.

I find that there is a need to provide a balanced focus on all strategies that can prevent HIV, including condoms. This is apart from the need for adapting the strategies to India-specific approaches. I would like to know if there are well done studies from different parts of India on behavioural practices beyond what is carried out through Behaviour Surveillance Surveys (BSS). Has anyone carried out a Behaviour Change Communication (BCC) Need Assessment, and what are the lessons learned? Can I have some examples of using traditional folklore and songs to get the BCC message across? Does anyone have BCC material in simple Indian languages that have been well received by the general public?

Responses were received, with thanks, from:

1. Deepak Mehra, Rosetta Stone Media, New Delhi. Jharkhand. Responses: 1, 2.
2. Mallika Jalan, Xanthus Productions Pvt. Ltd., Kolkata, West Bengal. Responses: 1, 2, 3.
3. Dr. Anjana Das, Mumbai, Maharashtra.
4. Augustine Veliath, UNICEF, New Delhi.
5. Dr. Harikumar, Kerala PSU, Thiruvananthapuram.
6. C. Rajan Babu, Global Tamil Telungu People Foundation (GTPF), Chennai, Tamil Nadu.
7. Ananya Bhattacharya, banglanatak.com, Kolkata.

8. Prakash V. Kotecha, Government Medical College, Vadodara-390001, Gujarat.
9. Ms. Ishdeep Kohli, Public Health Consultant, Mumbai, India.
10. Xavier Raj, Synovate Ltd. Chennai, Delhi and Mumbai, India.
11. Dr. Koen Van Rompay, University of California & Sahaya International (USA)
12. P. Sreenuvasa, NRITYANJALI ACADEMY, Secunderabad, Andhra Pradesh.
13. Col (Dr.) B. S. Deswal, AFMC, Pune, India.
14. Shankar Talwar, Action Research Centre, Mumbai.
15. Amita Abichandani, Mumbai, India.
16. Dr. Amitrajit Saha, DMSC, Kolkata, India
17. P. Sham, YMCA Gandhidham, Gandhidham, Kutch District, Gujarat.
18. Amrik Singh Kapoor, Freelance media consultant, New Delhi. Responses: 1, 2.
19. Dr. Homyar K. Gardin, Convener Core Group – AIDS, Tata Steel, Jamshedpur.
20. Sonali Mukherjee, John Hopkins University, Mumbai.
21. Chandrasekhar S., APAC, VHS, Adyar, Chennai, Tamil Nadu.
22. Dr. Sanjeev Kumar, HLFPPT, New Delhi
23. Ashok kumar Paikaray, Mahavir Yubak Sangh, Orissa
24. Nobel Thalari, UNAIDS, Delhi *

**Offline Contribution*

Summary of Responses

Individual behaviour plays an important role in all efforts to prevent and control the spread of HIV and AIDS, hence making Behaviour Change Communication (BCC) an integral part of all intervention efforts, be they prevention or care and support. There are different innovative ways to design a BCC campaign, however use of local, traditional media such a folklore, docudrama, songs etc is more effective because it can reach the poor and illiterate, it's a direct medium and captivates attention, it promotes audience participation and people easily identify with the situations depicted. However, it must be remembered that any health development programme, including BCC, must have research, strategic planning and implementation plans for it to be successful on the ground.

Responses by members to the query have been grouped under four sections:

- **Studies on behavioural practices beyond BSS:** A study has been done by SWACH of Yamuna Nagar District under leadership of Dr. Vijay Kumar. Not many studies on behavioural practices have been citied by members indicating a need to have more initiatives to study individual and group behaviour beyond what is carried out by Behaviour Surveillance Studies (BSS).

- **Examples of BCC needs assessment and lessons learnt:** A BCC Needs Assessment paves the way for formulating communication approaches tailored to area needs which are expected to meet with least resistance, are culturally sensitive and easy to understand. In India NACO and respective SACS have done 38 separate communication needs assessments, which have been referred to in the compilation "Rewind for Fast Forward". Synovate conducted a need assessment in Maharashtra in association with Maharashtra State AIDS Control Society, FHI and AVERT. The findings of the study revealed widespread fear with respect to AIDS, shame and moralistic connotations attached with it due to sexual nature of its transmission. It was recommended to have a long term communication strategy using a mix of media in particular folk media based on docudrama format, keeping in mind local preferences. Population Services International carried out a BCC needs assessment prior to Operation Lighthouse, the findings of which were used in creation of fictional character, 'Balbir Pasha' in Mumbai and 'Puli Raja' in

Andhra Pradesh to bring about behaviour change among men. Zambian Ministry of Education carried a Needs Assessment for preparation of 16 short stories on HIV and AIDS. Some of the key findings of the assessment showed the areas, which needed to be addressed through BCC. For instance, the fact that people felt that AIDS is someone else's problem shows the need to address the careless attitude or sense of denial through BCC messages. Other important findings of the study showed that people were in denial of AIDS, had myths and misconception, faced peer pressure, women did not have the power to refuse sex, among others.

- **Examples of traditional folklore and songs as BCC:** Folklore and Folkdances, music videos, docudramas, feature films, puppet shows have been very useful in bringing about changes in behaviour among the rural masses and the urban poor. Nrityanjali Academy has prepared a set of **music videos in Telugu** on HIV and AIDS, condoms, STI and persons living with AIDS. The catchy tune of the song has worked well with the rural masses. Armed forces Medical College (AFMS) has also brought out CDs and Cassettes on HIV and AIDS. BBC World Service Trust used public service announcement designed around a local women festival **'KAJRI'**, folklore of **'Vikram-Betal'** as well as popular folk form **'Nautanki'** (a form of street play) in their HIV prevention campaign. UNICEF and UPSACS used the breaks between **Ram Lilas**, a traditional docu-drama, to get BCC messages across. Global Tamil Telungu People Foundation (GTTPF) uses dance drama with various classical dance forms while Banglanatak.com uses **theatre and folk media** as communication tools. Tata Steel uses popular dance form **'Chau'** in districts of Singhbhum and Sareikela-Kharswan. INP+ has also used videos with songs in Telugu to reach out to the masses in Andhra Pradesh. The animations used in the videos make it easy to understand even by those whose do not understand the language. Traditional folktales like Pala, Daskathia, Gotipua dances on HIV and AIDS have also been well received in Orissa.

- **Examples of BCC material in Indian Languages:** Picture based flipcharts on HIV and AIDS, which rely on storytelling to convey messages, have been commonly used by different organisations such as African Comprehensive HIV/AIDS Partnership (ACHAP), Armed forces Medical College (AFMS), Durbar Mahila Sammannay Committee (DMSC) and Sahaya International. NACO and UNESCO have brought out a book targeting the youth on HIV "Chalo Khatre ko Vardan Banayen". UNICEF, along with government of Andhra Pradesh has compiled exhaustive sets of information, in Telugu, on STI and HIV. Also, Nehru Yuva Kendra has well done scripts on HIV, which were prepared for the Red Ribbon Express. Hindustan Latex Family Planning Promotion Trust (HLFPPT) provides BCC training modules for various groups. NGOs such as Open learning System, Swabhiman in Bhubaneshwar have posters on AIDS in vernacular languages.

There is a need to have in-depth Knowledge, Attitude, Behaviour, Practice (KABP) and Need Assessment studies to identify ground realities and evolve communication strategies. While members expressed the importance of BCC, they also cautioned that BCC in itself cannot achieve the desired results; rather, it works best as part of a larger structural intervention. Additionally, BCC cannot be a one-time event. Rather, it requires sustained exposure to bring about behaviour change. Also, it has been highlighted that BCC requires specifically trained professionals with special training, education and skill development. Hence, it would be useful to have a long term communication campaign with intermediary goals on the basis of careful analysis of current situation across country taking into account norms, values and emotions to create the desired behaviour change.

Comparative Experiences

Jharkand

Tata Steel Rural Development Society & Tribal Cultural Society, Jamshedpur *(From Dr. Homyar K. Gardin, convenor Core Group)*

Tata Steel Rural Development Society & Tribal Cultural Society, implement programmes such as Women Empowerment, SHGs, Income Generation initiatives, Adult Literacy, Health & Hygiene, Water and Sanitation and natural resource conservation. The beneficiaries are residents of 700 villages in Jharkhand & Orissa. The programmes are used as opportunities to convey information on social evils, healthy habits, family planning and Awareness Programmes on HIV/AIDS and Alcohol/drug abuse. This program of Tata Steel uses audiovisual communication in local dialect to convey messages on AIDS and other related issues. Days of village haat are used for such communication programmes. The various forms used are: Nukkad Nataks, puppet shows, magic shows and chau dance (which is very popular in districts of Singhbhum and Sareikela-Kharswan).

Haryana

Survival For Women And Children (SWACH) Foundation *(From Dr. Augustine Veliath, UNICEF, New Delhi)*

An operational study was carried out in India, Indonesia, Bangladesh, and Islamic Republic of Iran with support from WHO, USAID and PATH. SWACH Foundation, in consultation with partners developed a technical reference manual, a guide for maternity staff, an illustrated guide for illiterate birth attendants and a training curriculum for maternity facility staff. An algorithm was developed, identifying steps in the management of birth asphyxia. A total of 210 providers were trained. During the study, 5 005 deliveries took place.

Maharashtra

Health Communication Network Innovation in Behaviour Change Communication: Maharashtra *(From Seema Kochhar, Research Associate)*

In Maharashtra State, HCP assists Avert in the implementing of their comprehensive strategic communication plan. Between November and March 2002, HCP helped develop the 4-year communication strategy for Avert and the State of Maharashtra. It consists of specific strategies for Youth, General population, female sex workers (FSW), men who have sex with men (MSM), injecting drug users (IDU), truckers and workplace interventions. The strategies include activities in BCC, advocacy and capacity building. HCP builds the local capacity in the design and implementation of BC programs by teaming up with local training institutions. See HCP below

Uttar Pradesh

BBC- World Service Trust *(From Deepak Mehra, Rosetta Stone Media, New Delhi)*

BBB- world service Trust conducted an AIDS campaign in UP in collaboration with NACO and Doordarshan from 2001-2003. The campaign used popular folk form, 'Nautanki' for empowerment of wives of migrant workers. Public service messages were carried out on doordarshan using the folklore of 'Vikram Betal' as well as designed around a local festival 'KAJRI'

Tamil Nadu

Global Tamil Telungu People foundation (GTPF), Chennai *(From Rajan Babu GTPF, Chennai)*

GTPF produced a dance drama using various classical dances such as Bharathanatyam, Kuchipudi, Bangra, Folk and Kathak on basics of HIV and AIDS to reach out to the rural populations and slum dwellers.

Andhra Pradesh

Drop –in Center, INP+, Andhra Pradesh *(From Shankar Talwar, Action Research Centre, Mumbai)*

The drop in center, near Tambaram TB hospital shows videos to HIV positive men, which contain songs and dances as well as animations and are easy to understand even by persons not familiar with Telugu. These videos can be procured from the Nrityanjali Academy, Secunderabad. See Nrityanjali, below

Examples

Flipcharts with cartoons on HIV prevention, treatment and care, Tamil Nadu *(from Dr. Koen Van Rompay, Univerity of California & Sahaya International (USA))*

Simple flipcharts with cartoons on HIV prevention, treatment and care were developed in collaboration with several partner organizations including I-TECH, Global Strategies for HIV Prevention. They also have a lot of cartoons focused on reducing stigma and discrimination, and have simple self-explanatory text in Tamil and English on their backs. They are currently being used by trained peer educators from a network of NGOs led by Rural Action and Action Development (READ), consisting of women self-help group leaders and barbers. Simple booklets with a summary of these cartoons are given to the community members. The programs include referral services and condom distribution. The response so far has been very favourable. See Sahaya, below

Telugu music video songs on sexually transmitted infections, HIV, AIDS, condoms and for persons living with HIV *(From P. Sreenuvasa, Nrityanjali Academy, Secundarabad)*

Nrityanjali innovative street plays and Magnet theatre performances on HIV and AIDS are highly appreciated by the public. Till date around 3500 shows on HIV and AIDS has been performed by the cultural team of Nrityanjali academy in all the districts of Andhra Pradesh. For material, see Nrityanjali below.

BCC and IEC material available with the Armed Forces Medical College (AFMC), Pune. *(From Col. B.S. Deswal, AFMC, Pune)*

IEC/BCC Materials specific for the Armed Forces and Para-military include Manual for Peer leaders, Handbook for commanders, Booklets for medical officers, paramedical staff, lab staff, Flip charts, handbook ,posters, etc for use at various levels, Audio-visual presentation, slides/CD/cassettes, Feature film Akhari Dustak, and various others. Material is available at AFMC, Pune.

BCC Needs Assessments and street plays from MDACS. *(From Amita Abichandani, Mumbai)*

The Mumbai District AIDS Control Society (MDACS) has a BCC Needs Assessment. It also trains Trainers of Trainers (ToT) on street plays. See MDACS below.

Resources from AIDS Prevention and Control Project (APAC) Tamil Nadu, *(From Sonali Mukherjee, John Hopkins University, Mumnbai and S. Chandrasekhar, APAC, Chennai)*

The Government of India, United States Agnecy for International Development (USAID) and the Voluntary Health Services (VHS), Chennai came together to form AIDS Prevention And Control Project (APAC), with the purpose of reducing sexual transmission of HIV/AIDS in Tamil Nadu. Apart from the first successful Behaviour Sentinel Surveillance Survey in Tamil Nadu which pertained to knowledge on Sexually Transmitted Diseases (STD), HIV/AIDS, Condoms, prevalence of urethritis, health seeking habits and appropriate perception of risk, APAC has also completed a BCC Needs Assessment study and Street theatres. Material is available at APAC below.

Materials from the Transport Corporation of India Foundation (TCIF) and AVERT, DMSC. *(From Sonali Mukherjee, John Hopkins University, Mumnbai*)
TCIF is the social wing of Transport Corporation of India. The foundation is involved in implementing a large scale effective HIV preventive intervention among Truckers along highways NH2-NH9 with support from the Bill and Melinda Gates Foundation. See TCIF below.

Resource Materials from and AVERT *(From Sonali Mukherjee John Hopkins University, Mumnbai*)
The Avert - HIV Prevention and Control Project for Maharashtra started on the same lines as APAC in Tamil Nadu. Avert Society, in close collaboration with the Maharashtra State AIDS Control Society (MSACS), Mumbai District AIDS Control Society (MDACS) and National AIDS Control Organization (NACO) aims to increase the use of effective and sustainable response to reduce transmission and mitigate the impact of Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV) and related infectious diseases. For material see AVERT below.

Communication Needs Assessment *(From Sonali Mukherjee John Hopkins University, Mumnbai*)
A Communication needs Assessment was done by the West Bengal State AIDS Prevention and Control Society (WBSAPCS). See WBSAPCS below

BCC Training Modules from Hindustan Latex Family Planning Promotion Trust (HLFPPT), Delhi *(From Dr. Sanjeev Kumar HLFPPT, New Delhi)*
HLFPPT is a social marketing organisation. The resources section of HLFPPT provides BCC training modules for various groups including Health Care Workers and Peer Educators. For material see HLFPPT below

'Masa' National ARV therapy programme, Botswana, Africa *(From Ishdeep Kohli Mumbai)*
As part of the Masa programme, picture based flip charts on HIV and AIDS were developed By ACHAP, as culturally relevant tools, to convey messages to the local community by comparing the spread of HIV to infestation of cattle kraal by termites. Other materials developed were booklet on Frequently asked questions, three-part docudrama video, credit card sized brochure on adherence and an animated version of the flip chart. See ACHAP below.

Related Resources

Recommended Organisations

Key HIV/AIDS Partners conducting BCC activities *(from Noble Thalari, BCC working Group, Communication Consortium, provided to Seema Kochaar, Research Associate)* See http://www.solutionexchange-un.net.in/aids/cr/res15110501.doc

> *The BCC Working Group, which is a sub group of Communication Consortium, has compiled a list of BCC activities of various organisations working on HIV.*

West Bengal State AIDS Control Society, Kolkatta *(From Mallika Jalan, Xanthus Productions Pvt. Ltd., Kolkata)*
Contact: Mr. Suresh Kumar, Project Director
WBSACS, Swastha Bhavan, GN- 29, Sector V, Salt Lake, Kolkatta-700091
Ph: 033 23570122/ 09830148418 email: sacs_wb@nacoindia.org

> *WBSACS, has conducted a BCC Needs Assessment for state of West Bengal in 2003.*

Population Services International, Delhi and Mumbai *(From Anjana Das, Mumbai)*
Contact: Mr. Ramakrishnan Ganeshan, C-445, Chittaranjan Park, New Delhi 110 019 Tel No: 011-26278379 Mr. Sanjay Chaganti, 2nd floor, C-Wing, Modern Mills Compound, Sane Guruji Marg, Mahalaxmi (East), Mumbai-11, Tel No: 022-23096325/23063187 schaganti@psi.org.in

PSI is implementing "Operation Lighthouse," an integrated HIV/AIDS prevention project across twelve cities of India, in partnership with NACO and USAID.

AIDS Prevention and Control Project: Voluntary Health Services, Chennai, India *(From Chandrasekhar S.)*
http://apacvhs.com/AboutAPAC_PAC_Communication.html e-mail: apacvhs@eth.net
T.T.T.I Post Adyar, Chennai 600 113, Tamil Nadu, India Phone: 044 22541048, 22541965

APAC project, formed in 1995, has as its primary objective to prevent the spread of HIV through bringing about positive behaviour change to adopt safer sexual practices.

Nehru Yuvak Kendra Sangathan (NYKS), Delhi, India *(From Augustine Veliath, UNICEF, New Delhi)*
www.nyks.org. Contact: Mr. C.S. Pran.
East Plaza, I G Stadium, New Delhi - 110 002, Phone: 011-23392541, 23392529, and 23392521.

NYKS is the implementing agency of Red Ribbon Express, a national project to generate awareness on HIV in over 30000 panchayats, and has IEC material in local languages.

Nrityanjali Academy, Secunderabad *(From P. Sreenuvasa)*
Contact: P. Sreenuvasa 10-1-559, 45 TIT Blocks, Renuka Nilayam, East Nehru Nagar, W. Maredpally, Seunderabad-500026, Andhra Pradesh. Ph 91-40-27705032 / 55289641
www.nrityanjali.org

Nrityanjali Academy has developed telugu music video songs on sexually transmitted infections, HIV, AIDS, condoms and for persons living with HIV.

Armed Forces Medical College (AFMC), Pune *(From Col. B.S. Deswal)*
Contact: Col (Dr.) B.S. Deswal, AFMC, Pune. Tel: 91-20-25823720, 919423211740

AFMC has established AIDS Control Organisation for armed forces and developed BCC material such as manual, booklets, posters, flip charts, feature films etc.

Mumbai District AIDS Control Society, *(From Amita Abichandani, Mumbai)*
Contact: Dr. Alka Gogate/Shantha Shankaranarayanan, Acworth Complex, Rafi Ahmed Kidwai Marg, Wadala West, Mumbai 400 031, Maharashtra, Phone: 22-2410 0250/2300 5175,

The Mumbai District AIDS Control Society (MDACS) has a BCC Needs Assessment. It also trains Trainers of Trainers (ToT) on street plays.

AVERT Society, Mumbai *(From Sonali Mukherjee John Hopkins University, Mumbai*)
Contact: Avert Society, AcWorth Complex, R. A. Kidwai Marg, Wadala, Mumbai 400 031. Maharashtra. INDIA. Tel.: 022-2416 4510 | 28, Fax: 022-2416 3996, E-mail: info@avertsociety.org

The Avert - HIV Prevention and Control Project for Maharashtra aims to increase use of effective sustainable responses to STDs, HIV and related infectious diseases.

Transport Corporation of India Foundation, *(From Sonali Mukherjee, John Hopkins University, Mumbai)*
Contact: Program Manager, Transport Corporation of India Foundation, TCI House, 69 Institutional Area, Sector 32, Gurgaon 122001, INDIA.

The social wing of Transport Corporation, involved in HIV preventive intervention among Truckers along highways NH2-NH9, supported by the Bill and Melinda Gates Foundation.

Durbar Mahila Samannaya Committee (DMSC), West Bengal *(From Dr. Amitrajit Saha)*
www.durbar.org

DMSC is a community-based organisation by sex workers in West Bengal, which uses structural interventions to bring about behaviours change with respect to condom use.

Hindustan Latex Family Planning Promotion Trust (HLFPPT), Delhi *(From Dr. Sanjeev Kumar)*
http://www.hlfppt.org/resources.htm

HLFPPT is a social marketing organisation. The resources section of HLFPPT provides BCC training modules for various groups.

African Comprehensive HIV/AIDS Partnerships (ACHAP), Botswana *(From Ishdeep Kohli, Mumbai)*
http://www.achap.org/

ACHAP is collaboration between Government of Botswana, the Bill and Melinda Gates Foundation, and The Merck Company Foundation to prevent and treat HIV and AIDS.

From Seema Kochhar, Research Associate

The Heroes Project: Mumbai, India
http://www.heroesprojectindia.org/index1.html e-mail: heroesinfo@heroesprojectindia.org
Heroes Project P O Box 11510 Nariman Point Post Office Mumbai 400021, India

It seeks to develop co-ordinated campaigns to address the spread of HIV and reduce stigma and discrimination by educating the public and advocating for change in policies.

Health Communication Partnership, Maharashtra
http://www.hcpartnership.org/Programs/Asia/hcp_india.php#3
Contact: Edson Whitney, ewhitney@jhuccp.org or Sonali Mirchandani, sonalini.m@rediffmail.com
104 Kanaiya, 1st Floor, 250/B, Linking Road, Bandra (West), Mumbai, India, Phone: 91-22-55749035, 22-55749142,Fax: 011-91-022-6405753

The Health Communication Partnership (HCP) links five leading institutions together to strengthen public health through strategic communication programs.

Recommended Contacts

Mr. Nobel Thalari, UNAIDS, Delhi *(From Seema Kochhar, Research Associate)*
Contact: noble.thalari@undp.org A2/ 35 Safdarjung Enclave, 51354545 extn: 304

He is the communications officer at UNAIDS and can provide relevant information on media and BCC.

Recommended Documents

Operation Lighthouse: Case Study. May 2003, Population Services International (PSI) *(From Anjana Das, Mumbai)*
http://www.psi.org/resources/pubs/balbir_case_study.pdf (size: 1.05 Mb)

This is a program of PSI, funded by USAID, to reduce HIV prevalence through targeted mass media communications in Mumbai.

Rewind for Fast Forward: 2003. Center for Media Studies *(From Augustine Veliath, UNICEF, New Delhi)*

http://www.cmsindia.org/cms/index.html Contact: Ms P N Vasanti, Director, Centre for Media Studies, 'Research House, Saket Community Centre, New Delhi, 110 017, India, Tel: 26522244 / 26522255 pnvasanti@cmsindia.org

This book reviews IEC initiatives on HIV/AIDS undertaken to date at national and state levels and has limited itself to efforts directed at general populations.

Chalo Khatare Ko Vardaan Banaye: Bhasin Kamala, Thapar Bindiya. Reprinted 2001*(From Augustine Veliath, UNICEF, New Delhi)*
http://www.nacoonline.org/publication.htm (The book is under revision)

The book, joint publication of UNESCO and NACO, provides information on HIV and AIDS and targets the youth.

Myths and Facts about HIV/AIDS: a Practical Guide to Prevention, Health and Life *(From Dr. Koen Van Rompay Univerity of California & Sahaya International (USA))*
Developed by Sahaya International, U.S.A in collaboration with READ, I-TECH and Global Strategies for HIV Prevention, 2005. Copyright is held by Sahaya International (www.sahaya.org) and I-TECH (www.go2Itech.com). Downloadable at www.sahaya.org/cartoons.html

Flipcharts with cartoons on HIV prevention, treatment and care in simple self-explanatory text in Tamil, English, Marathi and Telegu

From Seema Kochhar, Research Associate

Communication Needs Assessment in Maharashtra: Report. April 2001. Family Health International, India.
http://www.fhi.org/NR/rdonlyres/e4qjt2lmlu5ow3tigvslbjdfs5ijehfo6tl33o5pabutcc7wdkdp7j6txberyng3exbchm4qag5oun/CNAavertprepstudyindia.pdf (size: 628 Kb)

This study provides in-depth understanding of communication needs of each audience segment for HIV/AIDS prevention and control.

'Vellicham' (Light): Listen well while I tell you a story: February 2004. APAC, Chennai
http://www.apacvhs.org/Ebullettin-Feb2004/EBulletin.html
Available at all Government libraries as well as the Arivoli Iyakkam managed continuing education libraries.

It is a collection of short stories in Tamizh to reach the larger population through fiction. The stories deal sensitively with the various issues around HIV/AIDS.

National IEC/BCC Strategic Framework for HIV/AIDS Programme: 2004. National AIDS Control Organisation.
http://www.nacoonline.org/guidelines/iec_strategy.pdf

This document is a strategic communication framework and provides a guide, some ideas and some directions to the IEC/BCC programme at National and State level.

Writing and Producing Radio Dramas, by Esta De Fossard. Bloomberg School of Public Health, Center for Communication Programs, Johns Hopkins University. Baltimore. December 2004. Available with Sage India Price Rs. 328
http://www.indiasage.com/browse/book.asp?bookid=872&Subject_Name=&mode=1
Email: sage@vsnl.com acquisitions@indiasage.com

It is the only available book, which provides complete and hands-on instructions for creating successful radio serial dramas for behaviour change.

Studies on Social-Behavioural Practices *(From Seema Kochhar, Research Associate)*

Religion and Health Beliefs and Practices among Indian Men and Women with HIV, a research study by YRG Care, with Yale University School of Medicine. Principle Investigator: Dr. Nalini Tarakeshwar. 2003-4, available from YRG Care at www.yrgcare.org or email: info@yrgcare.org. Referenced in YRG CARE Research Projects 1994-2004, http://www.yrgcare.org/research/Research%20Projects.pdf (612 KB), p.29.

Recognizing the power of counselling as a prevention too, this study seeks to build the influence of religion and culture into existing counselling models at YRG CARE

A study on Condom acceptability among men in an urban population in South India: Tuberculosis Research Centre (ICMR)
Principal Investigator: Beena E Thomas
E-mail: beenaelli@hotmail.com
http://www.trc-chennai.org/Report2003/SociologicalStudies.pdf. (72.73 KB)

Found a high level of dissatisfaction with condom use, and suggested making good quality condoms more user-friendly, readily available and accessible

Assessing the Sexual and Psychological Health of HIV positive and HIV negative women in India (Indo-US collaborative Study): Tuberculosis Research Centre (ICMR)
Principal Investigator: RN Gupta, Gail E Wyatt
E-mail: rngupta@hotmail.com
http://chipts.ucla.edu/events/conference/presentations/03/04HIVResearch/Gail_W_keynote.pdf
(1.14 MB)

Concludes that researchers should be trained in understanding the limits of their cultural competence and in conducting ethnic specific, culturally congruent research.

Recommended Websites

Banglanatak.com *(From Ananya Bhattacharya, Banglanatak, Kolkata)*
www.banglanatak.com

The website provides information on using theatre and folk media as communication tools to build awareness on HIV and AIDS.

Responses in Full

Deepak Mehra, Rosetta Stone Media, New Delhi.
While consulting for the BBC-World Service Trust on the AIDS campaign in UP during 2001-2003, we focused on key communication messages for Behaviour Change in Phase 1 and 2 of the campaign. Awareness about HIV and AIDS; its prevention and the acceptance of People Living with HIV in the mainstream were the objectives.

In this collaboration between NACO, Doordarshan and the BBC, folk, traditional and electronic media were extensively used. ORG did the Needs Assessment and follow up survey. The results were interesting and may still prove useful in areas where such AIDS messaging is required.
Some unique examples of BCC content packaging:
• In UP information was woven around a popular folk form called Nautanki and the lyrics carried home the message of empowering wives of migrant workers.
• The folklore of Vikram Betal was re-created in one Public Service Announcement (PSA) to answer critical questions regarding AIDS awareness.

• One of the toughest challenges was talking of RTI, STI and AIDS on a public medium. This was successfully done by dovetailing the message into a PSA designed around KAJRI - a festival when women swing and sing songs in mango orchards.
• The spots were dubbed in multiple local dialects as well .
Am sure, one can come across many more examples of such BCC strategies strewn across the country. However, what would be interesting to learn from such media plans is:
• That sustained exposure to such BCC content is required before it starts making an impact on the target audience.
• In a hurry to get faster results, often messages, policies and even priorities are modified before the initial effort can be genuinely evaluated. Would love to know if anyone has faced such a situation?

Mallika Jalan, Xanthus Productions Pvt. Ltd., Kolkata, West Bengal.
I am a Development Communication scholar and practitioner. In this letter I am responding in the first part to Mr. Deepak Mehra and then to Dr. Abel's query.

The response from Mr. Deepak Mehra was very enlightening and I thank him. I have a query though. Mr. Mehra mentioned the following in his response:
Some unique examples of BCC content packaging:
• In UP information was woven around a popular folk form called Nautanki and the lyrics carried home the message of empowering wives of migrant workers.

What was the larger picture of processes, plans and strategy for women's empowerment in which the Nautanki played a role and created synergy. Or.. do you think that such is not really required and that Nautanki is an effective BCC tool and in the above instance the Nautanki worked for empowering women single handedly. I would be grateful if Mr. Mehra replied to my above query.

To Dr. Abel, I would like to inform that I have worked with the Kolkata State AIDS Prevention and Control Society which is led by Mr. Suresh Kumar. I know that under his leadership they have conducted a BCC Needs Assessment for the state of West Bengal in 2003. You may want to contact him to get the Report.

Dr. Anjana Das, Mumbai, Maharashtra.
I know PSI has carried out BSS and BCC Needs Assessment among their target populations for their Operation Lighthouse (USAID) and Gates programs. However, I do not remember the salient findings of the Gates BSS - the contact person for this study would be Ramakrishnan Ganeshan who is the Communications Manager at the PSI-Gates office at Kalkaji in Delhi. For the USAID study, you would need to get in touch with Sanjay Chagianti at Mumbai.

As far as BCC material goes, PSI has carried out mass communication campaigns such as Puli Raja (in AP) and Balbir Pasha in Mumbai. I don't remember seeing any IPC materials with them while I was around.

Sorry, I can't be of more help on these issues.

Augustine Veliath, Communication Officer, UNICEF, New Delhi.
Dr Abel has put his finger on questions which are in the minds of all communication practitioners. Let me mention a few things that I know.

"I would like to know if there are well done studies from different parts of India on behavioural practices beyond what is carried out through Behaviour Surveillance Surveys (BSS)."
The best of this genre that I have seen is a study by Swach of the Yamuna Nagar district under the leadership of Prof. (Dr) Vijay Kumar. I wish every district could do a study like that as the basis for their communication strategies. Dr Abel would also like know that the BCC group which meets regularly in Delhi of late has decided to compile various relevant behavioural studies.

Has anyone carried out a Behaviour Change Communication (BCC) Need Assessment, and what are the lessons learned?
NACO along with various SACS have done 38 separate communication needs assessments. Individual SACS should be able to give you copies. There are references to these assessments in "Rewind for Fast Forward" done by Centre for Media Studies for NACO.

Can I have some examples of using traditional folklore and songs to get the BCC message across?
The most recent one I can think of is the use of breaks between Ram Lilas by UNICEF and UP SACS in Uttar Pradesh with the help of local theatre group Awaz involving 64 Ram Lila groups in different parts of the state. Their scripts must be interesting.

Does anyone have BCC material in simple Indian languages that have been well received by the general public?
A good example is Chalo Khatre Ko Vardan Banayen by Kamla Bhasin and Bindiya Thapar brought out by NACO and UNESCO. Government of Andhra Pradesh and UNICEF have compiled an exhaustive set of information on STI and HIV for the Shishu Samrakhak Programme in Telugu. Scripts done by Tripurari Sharma and Alakh Nandan for the Red Ribbon Express are also good examples. These are available with the Nehru yuvak kendra in New Delhi.
Contact person is Mr C.S. Pran.

Dr. Harikumar, Team Leader, Kerala PSU, Thiruvananthapuram.
I'm a behaviour physician by profession and presently working as Team Leader of the Kerala Project Support Unit, the technical support body to the sexual health NGO project in the state. Behavior Change Communication is a concept that has been perceived differently by many who are in HIV and AIDS control field initially. This has reflected at the program level and we've learned much from our experience. I'm sending you a document [http://www.solutionexchange-un.net.in/aids/cr/res16110502.doc] with this focus that you may find interesting in this regard.

C. Rajan Babu, Global Tamil Telungu People Foundation (GTPF), Chennai, Tamil Nadu
We at the Global Tamil Telungu People Foundation (GTPF), produced a dance-drama which includes various classical dances like Bharathanatyam, Kuchipudi, Bangra, Folk, and Kathak. This dance-drama projects the main principles on AIDS that easily reach out to the rural population and slum dwellers. Our intention is to conduct them first at the rural villages in Tamil Nadu. When we first showed this dance-drama at Chennai Vanimahal Auditorium we got a very good response form both the public and the press. Please guide us if you have any good or novel idea for us so that we could progress in this direction further.

Deepak Mehra, Rosetta Stone Media, New Delhi.
This is a reply to an interesting point raised by Ms. Jalan.

What was the larger picture of processes, plans and strategy for women's empowerment in which the Nautanki played a role and created synergy ?
Gender sensitization and empowerment is an integral component, embedded into most communication strategies, one has been associated with - be it Literacy, Leprosy or AIDS. For the TV component of this initial AIDS effort we incorporated it by addressing a majority of the awareness spots TO women, THROUGH women.

Examples are: a discussion within a Self Help Group (SHG), between two close friends watching a Nautanki whose husbands are migrant workers, between a lady doctor and an introvert patient, between a bride suffering from an STI and her sister-in-law etc., Focus group discussions on content and storyboard with a wide cross section of our target female audience.The script was modified according to their suggestions and this ensured that the dialogues were realistic and conveyed the content effectively.

Or.. do you think that such is not really required and that Nautanki is an effective BCC tool and in the above instance the Nautanki worked for empowering women single handedly. I would be grateful if Mr. Mehra replied to my above query.
BCC tools & strategies work best in synergy and not as isolated efforts. It would be naive to think that whatever change any communication brings about - is solely due to a campaign or a couple of spots only. I think creating systemic behaviour change, requires sustained, priority based, focused strategies, across media platforms over a period of time. All these tiny drops in the ocean start adding up and the first wave rolls.

Ananya Bhattacharya, banglanatak.com, Kolkata
I am trying to answer one of your [Dr. Abel's] questions, namely "Can I have some examples of using traditional folklore and songs to get the BCC message across?"

Our organization banglanatak.com specializes in using theatre and folk media as communication tool and we have worked in various parts of the country since 2000. We work primarily in rural area and among the urban poor.

Building awareness on HIV/AIDS has been a focus area. An overview of our activities in this sector is available in our website (www.banglanatak.com) Info on HIV/AIDS - http://www.banglanatak.com/new/hiv.asp

Theatre has been extremely effective because of the following reasons :
1) Reach among poor and illiterate
2) It is a direct medium - no other communication captivates attention for 15-20 minutes
3) It promotes audience participation - dialogue and discussion
4) People easily identify with the situations depicted - there is involved contact. Examples are that there has been cases where after the shows villagers asked the actor playing the role of the doctor confidential questions. Attendance in STI clinics increased after theatre shows in roadside dhabas.

Prakash V. Kotecha, Government Medical College, Vadodara-390001, Gujarat.
The disease its treatment, prevention or a desired behavior where providing service or offering a medicine alone would not suffice, makes behavior all the more crucial. If an injection or vaccine to prevent a disease would work it is with two components: One that is providing service and making vaccine available and other that is more often the bottle neck is to bring a mother to

clinic or health center or ICDS center in order to avail of the vaccine facilities. In case of HIV almost everything we have with us is primarily on behavior and so that becomes very crucial. BCC is necessarily a slow process and its impact that can be generalized is difficult to document as it is going to be area and people-specific attempt.

Yes we tried BCC in ensuring better compliance for Iron Folic Acid (IFA) consumption among pregnant women and prior to that we studied why they did not take IFA. Some of these reasons could be addressed and were acceptable to them and others were not. We focused on what could be addressed by messages and the compliance of IFA consumption improved. We also measured change in Blood Hemoglobin (Hb%) which is a rough estimate of the Blood Iron content values in the group where BCC was tried as against those that were not. We saw improved response where messages had been addressed, though with small sample size for a project like this the difference was statistically higher. Actually one should not attempt to measure statistically unless you have good enough sample size.

I would be happy to send the entire report and process and steps of baseline survey, study of behavior and identifying steps for developing strategy for BCC message development. They are going to be little more difficult to develop for HIV as communication in this area is less easily obtainable than anemia and women's belief during pregnancy. But then all that we have to fight against HIV is behavior change only as of now and so we need to work on it.

Ms. Ishdeep Kohli, Public Health Consultant, Mumbai, India

I would like to share my experiences from Botswana while working with the Behaviour Change Communication (BCC) team for the 'Masa' National ARV therapy programme in Botswana. African Comprehensive HIV/AIDS Partnerships (ACHAP) is a public/private partnership that aims to support the Government of Botswana pursue a comprehensive approach to fight the HIV/AIDS epidemic in Botswana. ACHAP is a collaboration between the Government of Botswana, the Bill & Melinda Gates Foundation, and The Merck Company Foundation//Merck & Co., Inc., to prevent and treat HIV/AIDS in Botswana.

In January 2002, the Government of Botswana took the bold step of launching Africa's first national antiretroviral(ARV) Program – 'Masa'. Masa, a Setswana word meaning 'new dawn,' heralds the rising of a dawn over Botswana's struggle against the HIV/AIDS epidemic and promises Botswana the opportunity to live longer and healthier lives by giving people living with HIV/AIDS more time to nurture their families and to help build a better future for Botswana.

At this time, there was a need for a culturally relevant tool that could be used within the communities. As a result, an interactive, picture-based flipchart on HIV and AIDS was developed. The flipchart relies on storytelling to convey its message and, through its participatory element, uses what the audience already knows about HIV to initiate the educational experience. In addition, because it compares the spread of HIV with the infestation of a cattle kraal by termites, the flipchart gives individuals the opportunity to explore a stigmatized issue while discussing a commodity (cattle) with a high value in traditional culture. Towards supporting the roll-out, the 'Masa' programme also created a 150 most frequently asked questions booklet, which grows out of questions asked in the field during piloting and which has proved especially useful to health care providers because of its simple language and focus on relevant issues.

Other 'MASA' materials include a three-part docudrama video (in Setswana with English subtitles) that follows the real lives of four individuals on ARV therapy; a credit-card sized brochure on adherence, which includes a pledge that patients may sign and which, because of its size, allows

for patient privacy; and, most recently, an animated video version of the flipchart (again in Setswana with English subtitles), which, among its other benefits, allows patients to review information learned in their original flipchart lessons. You may read more about these at http://www.achap.org/

Xavier Raj, Synovate Ltd. Chennai, Delhi and Mumbai, India.

Docudrama would be effective for communicating information related to prevention, care, support as well as addressing stigma and discrimination. In India, we were associated with MSACS, AVERT and FHI for carrying out a Communication Needs Assessment and subsequently preparing a guideline for communication campaign strategy for prevention of HIV. One of the key suggestion was to use the docudrama format. We also emphasized the importance of folk art forms in effectively engaging people in the rural areas and urban poor, as the reach of mass media still remains an issue. Rationale for suggesting a docudrama format in mass media as well as in folk art forms has been that people still do not know how to respond or behave when it comes to HIV and AIDS. Information that has reached many effectively is that HIV and AIDS is dangerous or it kills. There is a widespread fear, which may be varying in intensity. Fear leads to variety of responses, such as denial, isolation of those infected with HIV, or to flee from the situation. Ironically, this fear has not been a sufficient deterrent to change risk behaviour. While it is much easier to perceive and retain the fatal nature of AIDS, more complex phenomenon of how HIV spreads or how HIV infection could be prevented requires inculcating appropriate attitude, behaviour and determination. Low or no visibility of AIDS as a disease in their midst contributes to disbelief and distancing oneself from the issue. Complicating this perception is the moralistic connotation and shame associated due to sexual nature of transmission of HIV. How to normalize HIV and AIDS, enable people to talk and discuss about it in the community, among peers or family members and cultivate a positive response towards tackling HIV and AIDS is the challenge. Cultivating appropriate attitude and behaviour, not just behaviour change among high risk behaviour groups, are essential for creating the context within which target individuals could adopt and sustain their behaviour. Media mix, multiple methods and formats are required to reach diverse audiences and for reinforcement. Individual preferences do differ, reach of media vary and so are the effectiveness of various methods. Continuity is essential for reinforcement and retention; it cannot be a one-off event.

It would be useful to have a long-term communication campaign with intermediary goals on the basis of careful analysis of current situations across the country. It would be a combination mass media campaign, inter-personal communication, and folk media using docudrama format, which demonstrates appropriate behaviour. It is much easer to adopt or imitate a behaviour than invent one, especially for a phenomenon as elusive as HIV and AIDS. Strategy would build on current evidences of effectiveness of various forms of media in disseminating information, evolving attitudes and inculcating appropriate behaviour. One has to remember that it is not always about bringing change in behaviour. Strategy would also take into account norms, values and emotions to create positive experiences. It is a known fact that positive emotions and experiences help in inculcating new attitudes and adopting new behaviour or habits. NACO would have to play a leadership role, especially in coming with long term strategic communication campaign and with appropriate resource allocations. It is essential to strengthen prevention efforts as well as care and support services rolled out across the country, though an effective on-going communication campaign. Documenting best practices in communication would help in coming with a menu of options for evolving this appropriate communication campaign.

Dr. Koen Van Rompay, University of California & Sahaya International (USA)

With regard to your inquiry about BCC strategies for rural areas, I like to mention that our network of NGO's led by Rural Education and Action Development (READ) in Perambalur district of Tamil Nadu has been using several means to promote better awareness to rural populations: Street theater with songs, dance and skits.

Simple flipcharts with cartoons on HIV prevention, treatment and care which are downloadable from www.sahaya.org/cartoons.html These flipcharts, which were developed in collaboration with several partner organizations including I-TECH, Global Strategies for HIV Prevention, also have a lot of cartoons focused on reducing stigma and discrimination, and have simple self-explanatory text in Tamil and English on their backs. They are currently being used by our trained peer educators consisting of women self-help group leaders and barbers. Simple booklets with a summary of these cartoons are given to the community members. The programs include referral services and condom distribution. The response so far has been very favourable.

P. Sreenuvasa, NRITYANJALI ACADEMY, Secunderabad, Andhra Pradesh.
Nrityanjali Academy in collaboration with India HIV/AIDS Alliance (Hyderabad) has produced and developed telugu music video songs on Sexually Transmitted Diseases (STD), HIV, AIDS and Condoms. These songs can be used as excellent IEC/BCC materials in field. These songs are first of its kind in terms of addressing HIV and AIDS. The main focus of these songs presentation is infotainment. The four songs package runs on four main topics:
• HIV/AIDS SONG – Transmission modes, Prevention of HIV, Care and support for People Living with HIV and children.
• STD SONG – Types of Sexually Transmitted Diseases, Symptoms of STD, Transmission modes of STD, Prevention of STD, Importance of Partner treatment and full course of treatment.
• CONDOM SONG – What is a condom, types of condom, and condom as a preventive tool for STD and HIV, Unwanted pregnancy and family planning. Condom demonstration.
• SONG of a male Person Living with HIV – A male Person Living with HIV sings of his agony towards stigma and discrimination, his motivation to live positively, and participation in social development activities.

The features of the Songs are:
• The Songs are in Telugu used very simple, understandable local language by which the people can understand the message easily.
• All the songs are subtitled in English.
Each song is followed by a question and answer session by the lead actor.
• The music is very catchy,
• These songs are field-tested, and it has got 90% success rate.
• These songs can be played to any group: No Risk, Low Risk and High Risk population.

Nrityanjali innovative street plays and Magnet theatre performances on HIV and AIDS are highly appreciated by the public. Till date around 3500 shows on HIV and AIDS has been performed by the cultural team of Nrityanjali academy in all the districts of Andhra Pradesh.

For details of these songs CD feel free to contact me.

Col (Dr.) B. S. Deswal, AFMC, Pune, India.
We in the armed forces have carried out behaviour change practices by training peer group educators. The main involvement has been from religious teachers, school teachers, Army wives

welfare association, Medical and Non-medical officers, recruits or cadets under going training. These efforts have shown very positive results.The same can be tried in the civil setting also.
We have established AIDS Control Organization for armed forces with central co-ordination from DGAFMS office at the Department of Preventive and Social Medicine (PSM), at the Armed Forces Medical College, Pune with experts from Public health, Microbiology, Blood transfusion, Medicine, Health education, Psychiatry etc. At the periphery fully equipped IEC nodes at various cantonments have been established headed by specialists in PSM. Behavioural change is one of the strategies being implemented along with other activities. For BCC activities IEC materials have been developed by us for use at various levels which includes the following:

- Manual for Peer leaders
- Handbook for commanders
- Booklets for medical officers,paramedical staff,lab staff etc
- Flip charts, handbook ,posters, etc for use at various levels.
- Audio-visual presentation slides/CD/cassettes
- Feature film Akhari Dustak.
- Various other materials detail list I can forward later.

We feel pleasure in sharing these materials or helping anybody interested in this cause.

Shankar Talwar, Director, Action Research Centre, Mumbai.
I happened to see these videos [See P. Sreenuvasa] when I visited on an assessment work, a drop-in centre of INP+ near Tambaram TB hospital. These videos are regularly shown to HIV positive men of whom many are from AP and frequent the centre. Infotainment is simply superb. The videos capture the imagination of the viewers. Apart from song and dance, there are lots of animations. Even a person who does not know Telugu can understand the content of the communication. Probably these videos would work beyond the barriers of language and cultural diversity if they are dubbed and shown in other parts of the country.

Thanks to all those who have worked on producing such a wonderful piece of communication.

Amita Abichandani, Mumbai, India.
I totally agree with you [Dr. Abel] that there is a need to provide a balanced focus on all strategies that can prevent HIV, including condoms. And I also believe that the NGOs working in the field if given the right focus can do that. As for the questions raised by you [Dr. Abel], I would like to share my experience of working with NGOs in Mumbai -

1) Has anyone carried out a Behaviour Change Communication (BCC) Need Assessment, and what are the lessons learned?

The State AIDS Control Society (SACS) and the District AIDS Control Society (DACS) work with the NGOs and BCC needs assessment is part of the intervention program. This provides a focus to the intervention. The findings of such surveys are available with respective SACS. The BCC material is then developed based on the needs expressed by the community through NGOs. Mumbai District AIDS Control Society (MDACS) has good BCC material which is developed in local languages based on the each groups' need.

2)Can I have some examples of using traditional folklore and songs to get the BCC message across?

In Mumbai, MDACS has extensively used Street plays and with encouraging response.There are women's groups who with the help of traditional songs help convey the messages. Also there are NGOs who have made use of puppets as well as flannel board stories for conveying the messages

and it has been effective. Use of flip charts and flash cards is also well known. If the same theme is played across with repetition, it tends to create conducive atmosphere for behaviour change.

Finally as we all know, each material has to be modified as per the need of the group for it to be effective.

Dr. Amitrajit Saha, DMSC, Kolkata, India

It was good to see so many examples of BCC coming from all over the country in response to Dr. Abel's query, although Dr. Abel specifically wanted to know about studies on BCC Needs Assessments and about measuring the impact of BCC. I was a little surprised that there were no responses about BCC per se, and whether Behaviour Change Communication in itself can work to improve and sustain safer sex, particularly in communities most at risk of HIV/STI transmission.

For example, the long experience of sex workers' interventions in India and Bangladesh has shown that, for sex workers, to ensure consistent condom use, they require to change the paradigms of engagement between themselves and their clients, brothel-managers, pimps, madams, rowdies, local police, the law, the government and the civil society.

Dramas, street-theatre, hoardings, songs, talking-doll shows, folk-theatre all may increase awareness about the risks of HIV and the need for consistent condom use as well as of other safer sex practices and to reduce risk of infection – but they can never ensure safer sex practice. The social structures under which sex workers live and work, are so discriminatory that they are powerless to ACT as per the dictates of their knowledge and awareness. They can only do so, if and when they begin to challenge the power groups that dominate, subjugate and oppress them and that means the clients, the brothel-managers, sundry goons, madams, moneylenders, local politicians and local police, through organizing, protest, advocacy, skills building and implementing positive changes in their lives. In addition, marginalized groups like sex workers need to assert their rights (those that are theirs under the Indian Constitution), ensure that their entitlements are safeguarded and make themselves visible and acceptable as human beings in civil and social life.

Where these have been possible, as for example in West Bengal, through the untiring struggle of the sex workers under their own organization Durbar Mahila Samanwaya Committee (DMSC, website: www.durbar.org/) – high levels of consistent condom use, lowered rates of STIs and stabilization of HIV infection to low levels have been achieved.

Similar conditions prevail in India with respect to MSM, hijras, and people with alternate sexual identity – and no amount of do-gooding BCC would help to ensure safer sexual practice even among such groups unless there is a paradigm shift to STRUCTURAL INTERVENTIONS.

It is time therefore that we take a good look at the BCC as a communication concept for HIV prevention (a concept born in developed nations in response to non-communicable disease epidemics like cancer and heart disease directly linked to individual lifestyle behaviour) – and whether it can successfully work in changing risky sexual practice to prevent HIV – in particular among the most at risk of it in our country.

P. Sham, YMCA Gandhidham, Gandhidham, Kutch District, Gujarat.

I have read your [Col (Dr.) B. S. Deswal] email addressed to Dr. Abel, and I am impressed with the work you have done.

We at YMCA Gandhidham have number of projects related to HIV and AIDS, in the border district of Kutch. Until now our target groups were the CSW, Truckers, Cleaners and school children. Since the last few months the local base camps of BSF and Air force requested us to do some awareness programs among the armed forces which we have been doing voluntarily. Our experience is that the general awareness among the lower levels of the armed forces with reference to HIV and AIDS is poor. Hence we would be pleased if you can send some IEC materials for our voluntary awareness program, among the armed forces. My contact details are provided at the end of this e-mail.

Looking forward to hear from you in this regard. Thanks and best regards,

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Mallika Jalan, Xanthus Productions Pvt. Ltd., Kolkata, West Bengal.
I must congratulate Dr. Saha for addressing this very important issue in Health Communication that is BCC today when so much is expected from this specialization.

To begin:
Dr. Saha mentions, *"...and whether Behaviour Change Communication in itself can work to improve and sustain safer sex..."*
BCC per say IN ITSELF cannot do much and nor does it make any such claims. BCC has to be a part of a larger intervention programme and can play its role only to the extent that it is intrinsically equipped to do, that it is properly deployed by persons who are trained and have a special expertise for it, and that the other factors in this larger intervention programme are also effective and doing what is intended from them. I do not think we can expect BCC 'by itself' to achieve anything much.. unless we have through very careful deliberations decided and identified a place where BCC alone and by itself is required. Whether such instances are there.. I am doubtful.

This brings me to a very important issue that has been plaguing my thoughts for sometime. If special education, training and skill development is required for almost every other field of human expertise.. do we apply the same stringent conditions when it comes to BCC professionals. Can a non-trained, non-qualified person prescribe the right combination of ARVs for an HIV-AIDS person? What are the skills and expertise that is required for a person who is in-charge of BCC programs.. or can everybody 'just do it.' Perhaps if we paid attention to this fact then many of Dr. Saha's disillusionment with this area of expertise will be addressed.

Dr. Saha has rightly identified that, *"....sex workers, to ensure consistent condom use, they require to change the paradigms of engagement between themselves and their clients..."*
Perhaps true and BCC cannot by itself claim to enable the sex-worker to do so. But does it mean that BCC has no role to play if this is the desired objective of a programme. Are we denying the need or relevance of BCC to exist or to apply here?

In my understanding BCC is a tool in the hands of those who are working on Development Issues. In the instance of a Health Development Issue BCC has a very important role to play, for here we see that a whole lot of health issues calls for behaviour change by individuals, collectives and institutions. But BCC needs to be understood and before this is accepted as an area of extreme specialization. Taking off from here BCC has to be separated from other forms or tools of health communication such as Health Education, Social Marketing to name a few. Instances that

Dr. Saha has mentioned . instances like drama etc.. first of all are not BCC programmes but only tools and would depend on how they are used... and in the instances quoted by Dr. Saha, maybe the objective was not BCC but Health Education or Social Marketing or something else.

Any Health Development programme must have research, strategic planning, plans of implementation before it is implemented. In these various stages several tools, human expertise etc. are deployed which work both at the systemic level and at the individual level in a synergistic fashion to help achieve Health Development goals. Any BCC effort has to be looked at, evaluated in light of the above. Similarly any BCC programme must be developed in light of the above.

No behavior change can take place unless there are several other changes in several other spheres. Then how can any BCC programme work independent of such interactions, synergies, plans and programmes with the other levels and spheres.I should think that Dr. Saha's disillusion with BCC comes from the fact that in most BCC programmes the forward and backward linkages, the interdependencies are often not considered. But please Dr. Saha this should not be the reason to throw the baby out with the bathwater.

In behaviour change theories there is one theory called the 'Cognitive Dissonance' theory which says that perhaps behaviour can change before thoughts do, and if behaviour can be modified then thoughts too get modified due to the dissonance that occurs. In DMSC maybe Dr. Saha can try facilitating and thereby making it compulsory that all Sex Workers who are members of DMSC should immediately start to use condoms as a collective decision (without any exception).. and let the other changes as identified by Dr. Saha as change the paradigms of engagement follow. Dr. Shah may be surprised with the effect of BCC if this is done.

But then the question that still stays with us is IS THIS BCC?

Mallika Jalan, Xanthus Productions Pvt. Ltd., Kolkata, West Bengal.
Thank you [Dr. Harikumar] for such a well thought out essay on BCC. I read it a couple of times. It reminded me of Dr. Everett Rogers theory on Diffusion of Innovations where he talks about early acceptors (minority) and laggards (majority) or those who will adopt later, that is, after the 'progressives' have adopted new behaviour practices. The laggards, or the majority are seen as 'reaction-aries.'

This was in early 70s and since then several new thoughts and theories have sprung up and are under various stages of debate.

I would like to here discuss your charts in your essay. In the 2nd and 3rd chart we notice that there are these various factors that lead downwards (as the arrows indicate) finally translating into a behaviour change in the part of an individual - the re-actionaries.

I was wondering if we reverse the direction of the arrows.. from the laggards (those whose behaviour needs to be changed, and who are sort of pre-programmed.. that is if the above conditions are all-right then THEY will change their behaviour) upwards.. what will we get?
I was also wondering that if we go below the 'laggards' and try and see all the arrows that leads up to a certain behaviour pattern and then its change .. then what do we get.

I think it may perhaps help BCC if we put the Behaviour of an Individual at the centre of our thoughts.. and see all the various arrows that come to it and that go from it.. and the various

circles that form around it.. where information-media-mass media etc. but perhaps play a role only.

Amrik Singh Kapoor, Free lance media consultant, New Delhi.
I wholeheartedly agree with Dr. Abel that there has to be a balanced and well-focused approaches in fighting the menace of HIV and AIDS and particularly so in our preventive education interventions.

In almost all societies, faced with this pandemic, divergent view points have inhibited any concerted and focused approach. Cultural taboos and deep-rooted beliefs cannot be easily brushed aside. Therefore comprehensive and competent Need Assessments do pave the way for formulating communication approaches tailored to area needs which are expected to meet with the least resistance.

Though I have not directly conducted any India-related behavioural practices studies related to HIV and AIDS, I was associated with numerous Need Assessment Studies in high prevalent countries like Zambia in Sub-Saharan Africa. This related to my seven-year IEC Specialist work for HIV and AIDS in that country as part of an UNDP assignment between 1994 to 2000. I do hope that we can draw some inferences from such findings and lessons learnt/approaches adopted in that region of the world. Before sharing some highlights of those studies, it is worth knowing that there is a vast difference in cultural practices and in cultural and social ethos between Zambia and India.

Zambia is predominantly a Christian country and the Church has been playing a major role in AIDS programs. It has a deep influence on what people do and what they do not do. Government agencies also closely coordinate with these organizations and strive to complement each other. Very comprehensive Behaviour change programs are being carried out by NGOs and in particular Church-oriented organizations in Zambia.

In Zambia, church dominated organizations have always put 'abstinence till marriage' and 'marital faithfulness' or confining to one uninfected faithful partner as the sheet anchor of AIDS prevention education. Among church-dominated approaches, 'Behaviour Change' was the key communication advocacy and not the condom use. Many such sections branded Condom as the doorway of adultery and something against morality.

Official programs and non-church organizations however advocated the use of condom among methods of safer sex, 'if one cannot abstain or if casual sex was unavoidable, use of condom was advocated. Community dramas, skits, etc., remain the most popular and effective tools of communicating the message of HIV and AIDS. Zambians excel in song and drama which has raised AIDS awareness near to respectable levels.

Training the community and opinion leaders is done through workshops which is the most common approach adopted. Though out of context, may I say with reference to behaviour change communication, Youth Alive Zambia (under dynamic leadership of Sr. Luzia Wetzel) has been a torch blazer. In preventive education approaches in educational institutions, Family Health Trust headed by Mrs. Elizabeth Mataka has been doing pioneering work, from which we can learn a lot.

A flood of illustrated educational material for awareness and behaviour change has been produced in those parts and some of them can be suitably adopted after contextual alterations. This will require some time and effort. I contributed to the adoption/alteration of sixteen short

story McMillan publications which were later taken by the Zambian Ministry of Education for distribution/use in countrywide schools. Though I do not have precise records with me to authoritatively quote from but nevertheless, can share some key points of the findings of these Need Assessments:

• Denial. Not believing or admitting that there is anything like HIV/AIDS. (This makes people complacent in their attitude)
• Immunity. AIDS is the worry of somebody else. It is happening to others and not to us. We are at no risk. It cannot happen to us. (This makes people careless and devil may care attitude, throwing caution to winds.)
• It is dangerous to see or work or live the HIV infected. (Need for removing social stigma against HIV/AIDS)
• Having sex with a virgin cures HIV/AIDS.(Spreads HIV among the young girls and multiplies partners).
• Women are not empowered to refuse sex to elders.(Generates passive, helpless and fatal attitude)
• Peer pressure. Cannot resist pressure of elders/peers to try virility.(The bravado generated impels for a risky behaviour)
• Taking antibiotics before sex prevents HIV infection.(Generates false notions leading to risks)
• Condom can cause deadly diseases like cancer. (Generates lame excuses for avoiding condom use)
• Condom is un-natural and blocks sexual pleasure.
• HIV/AIDS is caused by evil spirits.
• Falling easy pray to rich elders. (Need to counter Sugar Daddy Syndrome)

Because of shortage of time at the moment I am not touching on communication interventions which I shall love to do if required.

Amrik Singh Kapoor, Free lance media consultant, New Delhi.

Forgive me for entering the fray rather belatedly. I have just gone through some of the responses on the query. There are many valuable points to ponder over. Though I have sent in a posting just now, I wish to add that Behaviour change communication in India needs to be looked into very deeply with ability to cater to our heterogeneous target groups, apart from the general public. There should be no doubt that behaviour change can have a big impact if missionary home work is done and pursued in a determined manner.

Agreed, the task is not easy. There are wheels within wheels. There are groups and groups. They have their own compulsions to practice a sexual behaviour that they do. There is a great need to have in-depth Knowledge, Attitude Behaviour Practice (KABP) and Need Assessment studies to identify the compulsions and understand ground realities and then evolving communication interventions tailored to these requirements. No single communication message approach can have the full potential of desired behaviour change.

Hence, there cannot be any cut and dried solution as far as prevention of HIV is concerned. Behaviour change is dependent on innumerable factors mostly missed by even the keenest eye. Somewhere it is woman empowerment, at some places it is self reliance of sex workers, somewhere it can be unemployment, somewhere it is lack of any other dependable source of entertainment and at others it can be correct education of the peers and influential sectors, may be more effectively harnessing religious, business and education zealots. All sectors need to be fully tapped in order to bring about the desired behaviour and value change in the context of the formidable enemy, HIV.

Dr. Homyar K. Gardin, Convener Core Group – AIDS, Tata Steel, Jamshedpur.
BCC is a difficult task as compared to simple awareness generation. Behaviour is based on values, cultural norms, societal pressure and re-enforcing experience. Hence, to bring a change in existing behaviour to another more "desirable" one may take up to a generation's time i.e. approximately 25 years. Repeated IEC campaigns does bring change at individual levels faster than that at community level where a critical mass is required to adopt the new behaviour.
70% of our population reside in rural areas. Communication should be culture sensitive, in local dialect and audio-visual. Since the dialect changes every 20 – 25 Kms and wide cultural differences exist in different geographical areas using a message acceptable at one place may not be acceptable in another.

Tata Steel's Corporate Social Responsibility extends not only in the community in and around Jamshedpur and its out locations, but also to other rural areas on request of that local population. Its two Corporate NGOs, Tata Steel Rural Development Society & Tribal Cultural Society, implement programmes such as Women Empowerment, SHGs, Income Generation initiatives, Adult Literacy, Health & Hygiene, Water and Sanitation and natural resource conservation. The beneficiaries are residents of 700 villages in Jharkhand & Orissa.

The above-mentioned programmes are used as opportunities to convey information on social evils, healthy habits, family planning and Awareness Programmes on HIV/AIDS and Alcohol/drug abuse. IEC uses various media and forums. Days of village haat is an ideal occasion for such programmes. The medium is always in local dialect and mainly audio-visual. Nukkad nataks, puppet shows, magic shows, folk songs, popular film song tunes are used to convey the messages. Chau dance in particular is a very popular medium in districts of Singhbhum and Sareikela-Kharswan. Not only does it promote the livelihood of these artists, but it is also easily related to and accepted by the local populace.

Sonali Mukherjee, John Hopkins University, Mumbai.
Thanks for putting up this query and please consider my inputs.

There are a couple of projects which have used very good materials locally developed and well accepted like APAC (AIDS Prevention and Control Project, Tamil Nadu), Transport Corporation of India Foundation (TCIF), Family Health International (FHI) especially the lot which was developed for the AVAHAN project, AVERT particularly the flipchart, adapted from TCIF and CARE. The Durbar Mahila Sammannay Committee (DMSC) in Sonagachi has made a good flip chart and also an audio-visual film.

That's all that I can think of as of now and I hope this will help. As for Needs Assessment, I know WBSAPCS had done a Communication Needs Assessment and that report may be available from WBSAPCS on request. Please let me know, if anything more is required.

Chandrasekhar S., APAC, VHS, Adyar, Chennai, Tamil Nadu.
We have done BCC Needs Assessment study, Street theatre and BSS Survey. You can visit our website at http://apacvhs.org/ In case of any further clarification please feel free to contact me.

Dr. Sanjeev Kumar, Head, Social Consulting, HLFPPT, New Delhi
I think the question which was initially raised but got missed, was about *'the need to provide a balanced focus on all strategies that can prevent HIV, including condoms'*. The first part of the query was "balanced" and what constitutes "balanced", while the second part of the query was "focus". I think we need to think through these twin objectives. The third embedded part of the observation was "including condom", may be we have not really believed about options other than condoms, because it has political, religious and morality ramifications. But have we really tried all the ABC options completely. We need to work on the options of this theme without getting guilty or judgmental about it. The simplicity angle to the messages is something we need to work at. The agencies and the high brow communicators tend to get too abstract and complicated or dense about the messages. Simplicity, personalization and relevance is what makes a difference. The resources section of the Hindustan Latex Family Planning Promotion Trust (HLFPPT) website at http://www.hlfppt.org/resource.htm provides BCC training modules for various groups.

Ashok kumar Paikaray, Mahavir Yubak Sangh, Orissa
BCC is a sensitive strategy which should be done carefully. BCC is related with change in the attitude of a person, which cannot be done over-night.

Doordarshan has conducted IEC programme in the banner KALYANI related to health issues in Orissa which has got a great mileage in behaviour change. In the programme of KALYANI they have Resource persons from Oriya Cine Actors/ Actress to conduct mass HIV and AIDS campaigns. Another experience here is that the NGOs like Open Learning Systems. Swabhiman in Bhubaneswar have developed posters in local vernaculars also. The traditional folk tales like Pala, Daskathia, Gotipua Dances on themes of HIV and AIDS has been received well.

Many thanks to all who contributed to this query!

If you have further information to share on this topic, please send it to Solution Exchange for the AIDS Community in India at se-emp@groups.solutionexchange-un.net.in with the subject heading 'Re:QUERY: Behaviour Change Communication for prevention of HIV, from Christian Medical College, Vellore (Comparative experiences).'

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