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**NAIROBI, KENYA:
CONGENITAL SYPHILIS PREVENTION PROJECT
DEVELOPMENT OF CLINIC-BASED IEC MATERIALS**

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EXECUTIVE SUMMARY

This report describes the second visit made by Manoff Group health communications consultant, Mona Moore, to provide IEC technical assistance to the Prevention of Congenital Syphilis project in Kenya. The overall objective of this project, funded by A.I.D. through MotherCare and implemented by staff of the Department of Microbiology, University of Nairobi, is to reduce the incidence of congenital syphilis by providing early screening and treatment of syphilis as part of routine antenatal services at ten government clinics in periurban Nairobi.

During this consultancy, three Manoff Group/MotherCare consultants worked together with the project team to (1) complete the analysis of qualitative research results and conduct a strategy formulation workshop; (2) design and produce draft IEC materials for clinic based counselling of pregnant women with syphilis and their partners; and (3) revise the draft training manual with focus on syphilis-specific counselling and interpersonal communication skills for clinic staff; (4) discuss and guide the project team's development of the content, methodology and instruments for community based research phase on antenatal care and clinic attendance.

Key findings from the draft qualitative research report or generated during the three day strategy formulation workshop are summarized and presented. The specific design and message/image content of the draft clinic counseling cards, and the process which guided the teams creative decision-making for the development of the set of cards are described.

Products produced during this TA visit and attached to this trip report are:

- the strategy grid which contains key research results, general project activities and communications activities indicated by the research results;
- detailed background information documenting the steps that were taken in the development of the message and image concepts and the specific messages and images for the clinic IEC materials;
- pretest-ready drafts of two sets of clinic counselling cards for use with pregnant women with syphilis and their partners, accompanying takehome educational leaflets, and project logo.

Revisions of three of the eight original sessions of the draft training manual on syphilis counselling skills - encouraging behavior change in STD patients, and use of counselling cards developed for this project; and a detailed training report describing the initial staff training course, including results of the clinic staff pretest of draft IEC materials are attached to the forthcoming trip report of Manoff Group training consultant, Ms Pamela Greene.

Dr. Donna Pido and project staff are in the process of completing the research design for the second phase of qualitative research/IEC materials development. The community level research will focus on encouraging early use of antenatal care and early recognition and treatment of syphilis and other STDs in the community. Additional information on partner compliance with

syphilis treatment recommendations to supplement the initial qualitative research results will also be gathered.

During this three week TA visit, the project team, with the assistance of three Manoff Group consultants, produced a prototype for clinic-based IEC materials and health worker training manual, developed through use of the behavior change approach, which can be adapted for use in syphilis control programs in other parts of Africa and the developing world. Detailed documentation contained in this report of the steps in the research results - to - materials development process used in the Kenya project can assist other projects in use of the social marketing/behavior change approach to adapt and produce locally appropriate versions of the Kenya antenatal syphilis IEC/training prototypes.

PURPOSE OF CONSULTANCY

This was the second MotherCare technical assistance visit by Manoff Group health communications consultant, Mona Moore, to the Syphilis Prevention in Pregnancy project being implemented by the Department of Microbiology, University of Nairobi. The project is being conducted at ten of 54 health units operated in periurban Nairobi by the Public Health Commission/Nairobi City Commission (NCC), where as many as one in fifteen routine antenatal attenders tested positive for syphilis during the first months of project activity (July - August 1992). Project objectives include:

- to increase early antenatal attendance at project clinics (prior to 20 weeks gestation);
- to increase percentage of antenatal patients screened and treated for syphilis;
- to improve current levels of partner treatment;
- to investigate underlying factors which influence health seeking behavior during pregnancy in pregnant women and partners; and factors which influence provision of antenatal/STD health care by clinic and community health workers.

Details of the clinical and operations research aspects of this project are available in the most recent project quarterly report (November 1992), and in the Manoff Group communication consultant's August 1992 trip report.

The purposes of this three week technical assistance visit fall into three major categories:

1. **Provide assistance to project staff in the process of applying the qualitative research results to the development of concepts, messages and images for the design of IEC materials;** to review the draft qualitative research report prepared by the local research coordinator/ Manoff Group consultant, Dr. Donna Pido; to participate in a strategy formulation workshop and assist project staff to develop a specific communication strategy based on the research results.
2. **Develop pretest-ready IEC materials for use in the clinics;** to assist in the design and development of a set of counselling cards and take-home educational materials for antenatal clients diagnosed with syphilis and their partners, based on research results; to identify a local artist and graphic designer, and coordinate their work with the local research consultant and project staff; to assist with development of a plan and instruments for pretesting the draft IEC materials with clients and clinic staff; to assist with development of a plan and schedule for production of final IEC materials.
3. **Assist IEC consultant and project staff in initial planning for revision of draft training manual for clinic staff;** to provide orientation during the initial visit of Manoff Group consultant/training specialist Pamela Greene on the IEC and training objectives of

the project; to provide background as required on the draft clinic staff training manual developed by Ms Moore immediately preceding this consultancy, as Ms Greene's scope of work included adaptation and further development of the draft.

Suggestions were also made to the team and external IEC/training consultant on content, methodology and instruments for the community based phase of the qualitative research.

BACKGROUND

A. Qualitative Research

In August 1992, Ms Moore consulted with the project staff in Nairobi to develop a detailed implementation plan for the project's communications component, with special focus on the design of the qualitative research. At that time, the proposed qualitative research design was modified, and the research was divided into two phases; clinic-based (about syphilis and partner treatment), and community level (about use of antenatal care). The first phase of research was designed to support the development of IEC materials for clinic-based syphilis counselling of antenatal patients with syphilis and their partners, and to guide the content of a training manual to strengthen the skills of clinic workers in syphilis counselling and antenatal syphilis control program implementation.

The second phase of qualitative research (which is scheduled to begin in March 1993) will provide background information for development of the community level IEC materials, especially promotion of early antenatal care attendance and STD - related health seeking behavior.

In mid-October 1992, Dr. Donna Pido, an anthropologist, began work as the local coordinator for the first phase of the qualitative research, as a consultant to The Manoff Group. Dr. Pido modified the qualitative research plan and research instruments developed by Moore during the August 1992 consultancy, trained and supervised interviewers, analyzed the research results and prepared a preliminary research report.

Depth interviews were conducted with approximately 45 pregnant women recently diagnosed with syphilis at project clinics (RPR+) and 45 male partners of pregnant women with syphilis, to explore their experiences with the disease and their attitudes and compliance with recommended behaviors. The number of interviews actually conducted is twice the amount suggested in the research plan.

Two additional factors impacted the research process and results. The one year time frame in which this project is being implemented required that the qualitative research be conducted as soon as possible. However, the clinical project activities, actual screening and treatment of pregnant women for syphilis, had not had time to generate a large enough sample of couples with syphilis. This created significant difficulty in sample recruitment and resulted in delays for the research team. In addition, a key section of the question guide designed specifically to elicit the acceptability of recommended behaviors was inadvertently omitted.

Twenty clinic staff members were also interviewed to determine their syphilis-related knowledge, attitudes and practice. Interviewers also encountered considerable and unanticipated reluctance among staff members during the interview process.

The draft research report prepared by Dr. Pido, which is currently in the review and revision process, contains a detailed description of the research process and results.

B. Development of Draft Clinic Staff Training Manual

During November 1992, technical content of a draft health worker training manual for adaptation and use in the Kenya project was developed by Manoff Group consultant Moore. To assist the project team with rapid revision of the content of the "technical" draft, and development of an appropriate training format for the manual, an additional Manoff Group consultant with expertise in IEC and training design and implementation, Pamela Greene, was recruited. An overlap in the consultancies of the training and communication consultants in the field was scheduled, to allow for collaboration in development of both the training and IEC materials.

ACTIVITIES

A. Review of Draft Qualitative Research Report

A prerequisite to development of a communication strategy and IEC materials using the behavior change approach is the availability of the qualitative research results. A draft qualitative research report "Factors Influencing Compliance with Treatment Recommendations Among Pregnant Women with Syphilis and their Partners in Nairobi, Kenya" (tentative report title) was prepared by the local research coordinator/ Manoff Group consultant, Dr. Donna Pido. This report was available upon my arrival. The draft covered in preliminary form many of the research findings. Detailed review of the draft report identified several topic areas which require either clarification or reorganization, further analysis of available data, or additional data collection.

Most actual research results (tapes and notes) were not translated from Kiswahili to English. However, the clinic staff interviews were recorded primarily in English, and a detailed review of the actual interview forms and interviewer notes for that group was possible. This review clarified preliminary clinic staff interview results presented in the draft research report.

B. Strategy Formulation Workshop

The project team, research team and communication consultant participated in a three day strategy formulation workshop. The strategy formulation workshop is routinely employed as a step in the generic social marketing/behavior change approach of the Manoff Group. In the specific setting of the Kenya project, the workshop served several purposes:

1. to facilitate the process of systematically reviewing and recording documented research results, and eliciting additional data from untranslated tapes, transcripts and interviewer notes;
2. to identify information gaps and discuss appropriate means to gather supplemental data where required;
3. to develop a general project strategy and identify additional interventions, resources or collaboration with other organizations which might be required, and;
4. to devise a specific communication strategy based on the research results which would provide detail for the concept and content of the IEC and training materials.

Steps used in this strategy formulation workshop are:

1. Refer to original project objectives
2. Refer to anticipated recommended behaviors for each target group (pregnant women with syphilis, male partners, clinic staff) contained in original qualitative research plan

3. Review expanded set of recommended behaviors suggested in counselling/behavior change sessions of draft health worker training manual
4. Review and expand on qualitative research results in the draft research report; transcripts, interviewers notes and recollections
5. Complete results sections of general project strategy grid for each target group, including revised recommended behaviors, based on differences between desired behaviors versus actual behaviors as documented by research results
6. Brainstorm to complete all other sections of general strategy grid (additional interventions, resources required) given results listed previously
7. Using information on general strategy grid, brainstorm to complete specific communication strategy grid for each target group, including motivators.

A strategy formulation grid generated during the workshop is Appendix B of this report.

Key research results as presented in the draft report and during the strategy formulation workshop which influenced the design and content of the clinic based IEC materials and health worker training manual revisions are detailed below.

General Results

Linguistic/ethnocultural Issues

- In Kiswahili the same word is used to refer to syphilis and other STDs; many respondents did not/could not differentiate syphilis from other STDs linguistically.
- Some clinic staff lacked familiarity with the correct/ appropriate Kiswahili terms for syphilis and other STDs and poorly communicated the diagnosis to clients. Provider/client communication is even more difficult when Kiswahili may not be well spoken.
- A disproportionately large number of respondents were from the Luo ethnic group (syphilis occurs among the Luo much more frequently than in any other ethnic group in Kenya).
- Patterns of sexual union and conjugal/marital relationships among the research sample require use of an "expanded" terminology. Use of the terms "husband" or "wife" according to the standard Western use of the term does not adequately describe the full range of sexual partnerships/networks described by many respondents. Many male respondents acknowledged (with probing) the existence of several simultaneous sexual relationships with clearly differentiated types of women in addition to the primary relationship. Some male respondents also have "co-wives", who have semi-legitimate "marital" status.

Therefore, the challenge is large to develop appropriate images and language for messages because many of the recommended behaviors (partner notification, partner limitation, condom) require an in-depth understanding and presentation of sexual partnership patterns.

■ Knowledge/Attitude

- Denial of sexual relationships outside of the primary union was common among both men and women. Men acknowledged outside relationships more frequently than women.
- Most respondents knew little about syphilis. Most could not identify any physical signs of syphilis, or confused signs of syphilis with those of other STDs. Some clinic staff also could not correctly differentiate between the signs of syphilis, or incorrectly attributed signs of other STDs (abdominal pain, vaginal/urethral discharge) to syphilis.
- It is not widely recognized that sexual contact is the primary mechanism for transmission of syphilis. The role of sexual habits/ partner networking or the importance of partner limitation to curb the spread of syphilis is therefore not clearly understood. The barrier/protective function of condoms against STDs is also not commonly known; condoms are primarily associated with family planning.
- Admission of the diagnosis of syphilis threatens the predominant male/female balance of power. Denial of the disease is common, especially among male respondents.

■ Behavior

A key element of the behavior change approach is determining the conditions of acceptability of a given behavior. This includes identification of barriers, resistances, motivating factors; as well as use of a methodology known as "concept testing".

Concept testing provides the basis for negotiated behavior change -developing a set of options from among which an individual can choose a level of acceptance or compliance which they themselves feel is achievable. Testing the acceptability of various "options" with each target group and adjusting behavioral recommendations accordingly before developing promotional IEC messages and materials has been shown to result in a higher level of acceptance and actual behavior change.

The original research design contained a detailed and systematic investigation of the acceptability of each recommended behavior/required behavior change anticipated in order to achieve project objectives.

RPR+ Couples

A pregnant woman found to have syphilis (RPR+) and her partner(s) must comply with a specific set of treatment-associated behaviors beginning immediately after maternal treatment, and continuing throughout the pregnancy, in order to avoid reinfection.

Among those behaviors are:

IMMEDIATE POST - TREATMENT PERIOD:

- prompt notification of the primary partner, as well as any other sexual partners the pregnant woman may have, regarding need for treatment as soon as possible.
- compliance of the male partner(s) with attendance for treatment at the recommended care site
- post-treatment abstinence in the couple with syphilis, from the time the pregnant woman is treated until at least a week after the male partner receives treatment; **OPTION:** if not possible, use of condom in the primary sexual relationship during that period.
- if "outside" sexual partners, abstain or use condoms with all sexual partners during post-treatment period

THROUGHOUT THE PREGNANCY:

- male partner notification of any additional sexual partners regarding need for syphilis treatment
- limit "outside" sexual partners (incidence of multiple outside sexual partners more frequent for males than females in this target population); **OPTION:** if cannot limit partners, use condoms regularly with all outside partners
- continue regular antenatal attendance for duration of pregnancy

Health Care Workers

Effective provision of antenatal syphilis screening and treatment services requires knowledge and acceptance of each component of a comprehensive syphilis control program among health workers, as well as appropriate clinical and counselling skills.

Key Findings:

- The dimensions of acceptability of condom use was the most thoroughly explored and well documented of topic areas included in the research guides. Very few positive responses about condoms or condom use were elicited. Condom use is least acceptable with primary partner.

- Condoms are not perceived as readily available by respondents. Condom acquisition is associated primarily with hospitals and clinics. Condom use is laden with negative associations, regardless of actual prior experience with condom use.
- With the exception of partner notification by pregnant women with syphilis, compliance with most other recommended behaviors depends primarily on male partner acceptance of responsibility for adopting that behavior. Men are most frequently the sexual decisionmakers. Many women felt they could not introduce the topic of condom use or partner limitation.
- A sense of "duty" obligated some women to inform their partner of the need for syphilis treatment. Some women were apprehensive about the personal consequences of partner notification. Many women preferred the option of telling their partner to come to the clinic without explaining the reason why ("blind" versus "informed" notification).
- This sense of duty extended to include submission to a primary partners' request for sex during the recommended post treatment abstinence period. Some respondents felt that post treatment abstinence would be easier if they slept separately from their partner.
- Motivational appeal for male adherence to recommended behaviors was strongest for protection of baby's health and maintaining personal health. The health of the pregnant woman herself was of least importance to male respondents. "Beer" was frequently mentioned as negatively influencing male compliance with sexual behavior change.
- Many men were reluctant to attend the same clinic for partner treatment, due to embarrassment, fear of exposure, anticipated punitive response of clinic staff. Many men expressed a preference to be tested for syphilis before being treated for syphilis (not an option currently offered by project protocol), or to be treated by a private care provider.
- Denial of the diagnosis of syphilis was often attributed to the asymptomatic nature of the disease; inability to distinguish the actual diagnosis from AIDS and fear of AIDS; and threat of exposure of existence of outside sexual partners, especially the type of outside partner commonly associated with STDs.
- Issuance of an antenatal card required for delivery at Pumwani Maternity Hospital is an important motivation for antenatal care use. There is a gap between the project definition and women's own definition of "early" antenatal care (ANC) use. Many pregnant women do not begin ANC early in pregnancy because they consider the number of visits required thereafter to be excessive. Three ANC visits would be acceptable to some respondents.
- Some respondents reported that clinic staff refused care to pregnant women who chose to attend ANC early.

C. Development of IEC Strategy And Concepts

Too often, qualitative research results are well elicited but are not carried forward and systematically applied in the development of IEC materials. The steps in the research -to-materials-development-process are not complicated, but often are not well documented. The project team agreed that documenting the process followed by this team in systematically using the qualitative research results to make decisions about the design and format, concepts for images and messages and specific message content of the clinic counselling cards and client take home educational materials might be useful for others involved in the same activities.

Appendix C of this report contains a set of project-specific materials development background materials which includes:

- a "concept sheet" for the male and female card set which was conceptualized by the communication consultant and research consultant and presented to the team for approval prior to proceeding with the artist to generate initial sketches for the artwork;
- a complete image list developed to assist the artist and team in recording suggested image changes and revisions which were made as our thinking evolved, and several rough concept-to-image sketches preliminarily drawn by the artist, Mr. Henry Koske;
- the third draft of a "concept-to-message" document which presents each concept carried forward from the research results, and the accompanying message or set of messages developed to convey that concept. This helped to assure that all results were systematically incorporated into the actual message content as specific messages were developed for the female and male clinic card set. It will also be useful in pretesting the clinic cards, as pretest interviewers can refer to the list to be sure that each concept is understood by the target group as intended.

Key communication concepts and message approaches suggested by the qualitative research results/strategy formulation workshop include:

- emphasizing more than originally planned the transfer of background knowledge about mode of transmission of syphilis, distinguishing the diagnosis of syphilis from AIDS, the barrier function of condoms, and partner networking;
- dividing the clinic cards into "knowledge cards" and "behavior cards"; dividing the behaviors into primary and secondary behaviors for males and females, and developing corresponding behavior cards. This will allow busy practitioners to choose the appropriate level and amount of counselling material to suit the individual counselling setting.
- placing major responsibility on male for almost all behaviors, with the exception of initial partner notification, for which the pregnant woman must assume primary responsibility.

- balancing the presentation of information about possible negative maternal/infant health outcomes of syphilis with motivational appeal that positive outcome is still possible if all recommended behaviors are adhered to; stressing documented priority importance of assuring baby's health to male partner as motivation to comply with recommended behaviors.
- dividing the recommended male behaviors (and the male card set) into "inside partner" behaviors and "outside partner" behaviors to reflect the sexual relationship patterns and terminologies documented by the research; increased emphasis on "outside partner" behaviors in the male card set, with subtle repeat of outside partner messages included in female card set.
- featuring the "co-wife" prominently and frankly in the male partner notification behavior recommendations; clear and accurate visual representation of each distinct type of outside female sexual partner as described by male respondents in image development for the male card set.
- development of an "options" card for the female card set which suggests some of the successful strategies to empower pregnant women to deal with anticipated problems in compliance with recommended behaviors which respondents contributed in the research results; Whenever possible, successful strategies suggested by research respondents were built into the behavior cards, such as sleeping separately during the post-treatment abstinence period.
- development of a "condom issues card" for the male card set which brings forward and addresses in a positive manner all of the negative responses and verbatims related to condom use elicited from male respondents during the research.
- inclusion of "negotiated behavior change" (options) wherever possible in both card sets, to allow for discussion/decisionmaking about an acceptable, personalized level of compliance/adherence with each recommended behavior as part of the counselling process.
- a project theme and logo were developed depicting "partnership in pregnancy", to reflect the dominant theme of male responsibility for the health of the baby and positive outcome of the pregnancy and the need for active participation throughout the pregnancy to prevent maternal reinfection with syphilis. These themes will emerge to a greater extent in the community phase of IEC materials and messages.

The draft pretestable version of the female and male clinic counseling cards and corresponding take home educational leaflets are attached to this report as Appendix D.

D. Design Pretest-Ready Clinic-Based IEC Materials

To assist the team with the design/format and actual production of the pretestable version of a set of counselling cards and take-home educational materials for antenatal clients diagnosed with syphilis and their partners, a talented local artist was identified. A graphic designer identified during the previous IEC TA visit in August 1992, Mr. Emmanuel Kariuki, who has substantial previous experience in the design, format, layout, pretest-to-final, and final production steps in STD-specific IEC materials development process was contracted.

The communication consultant assisted in orientation of the creative team and coordination of the work of the artistic/creative team with the local research consultant and project staff; with the development of a plan and instruments (including the message/image lists mentioned above and a set of blank formatted clinic cards for interviewers to record pretest results on a card-by-card basis) to facilitate pretesting of the draft IEC materials with clients and clinic staff; and with development of a plan and schedule for production of final IEC materials. (See Revised Workplan, Appendix E).

E. Initial planning for revision of draft training manual for clinic staff

In order to facilitate the initial visit and transfer of project background information to a new training/IEC consultant who may continue to provide technical assistance throughout the community phase of the project, a substantial amount of time was devoted to the orientation of Manoff Group consultant/training specialist Pamela Greene on her arrival, specifically on the IEC and training objectives of the project.

Overlap of the two consultants also created the opportunity for providing background information on the concepts, content, methodology and possible training formats for the draft clinic staff training manual developed by Mona Moore for MotherCare in Washington immediately preceding this TA visit.

Ms Greene's initial scope of work for her three week technical assistance visit was revised by the team and expanded to include adaptation and further development of three of eight sessions from the draft health worker training manual, incorporating qualitative research findings from clinic staff interviews and with special focus on her area of expertise, counselling skills; development of a training format for the core technical content of the draft manual, including a participant workbook to accompany the trainers manual; production of a pretestable draft version of the counselling sessions of the draft manual; training of pretest interviewers in focus group and pretest techniques; conducting the first clinic staff training, which includes pretest of the recently developed draft clinic counselling cards; and production of a training report.

Ms Greene's own trip report will contain details of these activities, and will include the revised draft training sessions and her training report.

F. Guidance on the development of qualitative research plan for the community phase of qualitative research

As mentioned earlier, the qualitative research in this project was rescheduled in August 1992 to take place in two phases. Now that the research to support development of the clinic-based IEC materials is completed, and the clinic-based and take home counselling materials for syphilis-positive couples are being pretested, the second phase, community-level research and communications strategy/materials development for community based will be conducted.

To facilitate rapid design and development of the required qualitative research plan and instruments for the second phase research, this consultant briefed Dr. Pido, who will conduct the community based research, on possible content and focus for the community aspects of the qualitative research. Strategies for determining specific topic areas, sample and method selection were suggested which would help to build on the focus, content, and methods contained in the clinic-based research design. It was suggested that lessons learned and relevant information gathered during her work on the clinic-based research be incorporated into the community phase.

MotherCare Working Paper #5, "Qualitative Assessment of Attitudes Affecting Childbirth Choices of Jamaican Women" and MotherCare Working Paper #2 " Behavioral Determinants of Maternal Health Care Choices in Developing Countries" were supplied as resource materials from which to draw relevant question guide content and topic areas. The August 1992 MotherCare trip report for this project submitted by Mona Moore also contains a complete set of topic areas related to STD health seeking beliefs and behaviors, which were not further developed and carried forward in the clinic-based qualitative research forward.

A systematic review of the antenatal care -related content of the recently completed clinic-based research clearly indicates:

- a need to focus on gathering additional information in the community on client perception and definition of "early " antenatal care use;
- further documentation of reasons behind current patterns of ANC use, addressing in more depth behavior change concerns such as motivational appeal/conditions of acceptability of early antenatal care use,
- emphasis on gathering information which will provide guidance on possibilities for "negotiated" use of early ANC; for example, what number of visits **would** be acceptable to pregnant women? when would be the earliest they would consider realistic for initiating antenatal care, and why? what/who could encourage earlier attendance?
- clear identification of preferred communication channels, information sources and influentials

Dr. Donna Pido and project staff are in the process of independently completing the research design and instruments for the second phase of qualitative research for MotherCare review. It has been decided by the project team that the community level research focus will expand from

earlier plans restricted to encouraging early use of antenatal care to include early recognition and treatment of syphilis and other STDs in the community. Additional information on partner compliance with syphilis treatment recommendations to supplement the initial qualitative research results will also be gathered.

CONCLUSIONS AND RECOMMENDATIONS

During this three week consultancy, a prototype of clinic-based IEC materials and a health worker training manual, were developed using a systematic method that emphasizes behavior change. What has been for this project can be adapted for use in syphilis control programs in other parts of Africa, the developed and developing world. Detailed documentation contained in this report of the steps in the research results - to - materials development process used in the Kenya project can assist other projects in use of the social marketing/behavior change approach to adapt and produce locally appropriate versions of the Kenya antenatal syphilis IEC/training prototypes.

Appendix A. List of Contacts

List of Contacts

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Appendix B. Strategy Formulation Grid

INFORMATION TO ACHIEVE BARRIERS SERVICE CHANGES (BASED ON QUALITATIVE SERVICES ANALYSIS)

ADDITIONAL ACTIONS/RESOURCES AND STRATEGIES

| Project Objectives | Idea | Actual Barriers | Behavior Change | Conditions of Acceptability | Communication | Training | Health Service Delivery Modifications | Product Modifications (availability, acceptability) | Project | General | Additional Comments |
|---|---|--|---|---|---|--|--|--|----------------|----------------|--|
| <p>QUALITATIVE RESEARCH APPLIED TO GENERAL PRACTICE TARGET GROUP: CLIENT (FOR PRACTICE)</p> <p>Project Objectives</p> <ul style="list-style-type: none"> -notify partner(s) of need to seek treatment at clinic (B) -counselor during post-visit period and still work after partner treatment (B) -request partner to limit outside partners (B) -limit one outside partner (B) -random use during post-visit period with other partners (B) -counselor random use with all outside partners for decision of frequency (B) -request partner random use during | <p>Idea</p> <ul style="list-style-type: none"> -notify partner(s) of need to seek treatment at clinic (B) -counselor during post-visit period and still work after partner treatment (B) -request partner to limit outside partners (B) -limit one outside partner (B) -random use during post-visit period with other partners (B) -counselor random use with all outside partners for decision of frequency (B) -request partner random use during | <p>Actual Barriers</p> <ul style="list-style-type: none"> -most common to notify their partner (B) -approximation, few associated with diagnosis (A) -very few deny syphilis or do not know their partner(s) (B) -low knowledge exp. symptoms of syphilis (B) -inability to distinguish syphilis from HIV/other STD's (B) -do not understand transmission of syphilis or barrier (B) of condom in syphilis prevention (B) -most women do not refuse husband's sexual advances | <p>Behavior Change</p> <ul style="list-style-type: none"> -notify partner(s) of need to seek treatment at clinic, but other treatment options provided. -counselor during post-visit period (from time of human until 1 week after visit) (B) -inform one-time more possible (B) -random use during post-visit period if possible (B) -counselor random use with outside partners (if any) (B) -request partner random use with outside partners (if any) (B) -limit one outside partner (B) | <p>Conditions of Acceptability</p> <p>DELIVERABLES</p> <ul style="list-style-type: none"> -PAC facilitates partner notification -human prefer "blinded" PAC (not stating diagnosis) -most women inform partner after dinner or bed. -"deny" as wife to inform partner. -few partners who receive "inform" notification (random use) increase link to health of compliance. DELIVERABLES -"Not cannot return husband" | <p>Communication</p> <ul style="list-style-type: none"> -use of "blinded" partner notification effective for most -include "options" in letters. -blinded PAC (not stating diagnosis) 1. self/mediated. 2. self/mediated. -provide sufficient time for partner to return to clinic for both wife & family. -stress "deny" to increase compliance -illnesses to notify partner. -PAC must contain info on collection if non-compliant with additional barriers. | <p>Training</p> <ul style="list-style-type: none"> -Teach staff concept of actual barriers & partner notification & ability to help negotiate compliance. -inform staff one woman may need "mediated" compliance. -training to create awareness of variety of partner notification & counseling required. -emphasize to staff importance of all partners being treated (woman & men). -counseling more important than random use of notification if possible. | <p>Health Service Delivery Modifications</p> <ul style="list-style-type: none"> -Privacy for same & counseling. -Promote increased staff acceptance of early PAC provision to those who attend early notification of all PAC patients to attend earlier/regular. | <p>Product Modifications (availability, acceptability)</p> | <p>Project</p> | <p>General</p> | <p>Additional Comments</p> <ul style="list-style-type: none"> -Large discrepancy between SPH11 women's partners account of post-diagnosis counseling vs. staff reporting counseling time contact. -staff do not need to know/understand actual network as this project does not do extended counseling. -Only help create client awareness of importance of contact notification. -not enough info on women's acceptability of notification process (B). |

22

Other
Product
Modifications
(availability,
acceptability)

Health Service
Delivery
Modification

Training

Communication

Condition of
Acceptability

Recommended
Behavioral
Objectives

Actual
Knowledge/Behaviors

Ideal EABP/Behaviors

-encourage
early/continued use
of
ABC for RPR(+)
women. (M)

"Beer" negatively
influences
compliance with
post-Ex abstinence.
Many non-compliant
partners feel
"tricked" by wife or
clinic (denial).
Most men would
prefer to be tested
before accepting Ex.
Condom use
compromises
"manhood".
Condoms not easily
available outside of
clinics large
pharmacies in town
center.
Condoms associated
with "hospitals".
Most males deny
outside partners
initially, but admit
with gentle probing
that they have them.

-inform all outside
partners of need for
treatment.
-Encourage early and
continued antenatal
care.

"Rich, wash, dirty,
childish".
-Condoms can break,
expensive.
-Condom use [SEMI]
acceptable with
primary partner.
-Reduce partners to
lowest possible
number than total
limitation
acceptable.
???Privacy,
confidentiality for
diagnosis & Rx.
-When "exposed,"
outside sexual
partner might be
accepted by primary
partner as co-wife,
if a "respectable"
woman.

-Include "partner
networking" page in
counseling with
partners options
described,
discussed.
-Stress male
-control power
responsibility to
health of boy &
family" NACMO.
-if control family,
then control SEM,
for health of
family.
-All partners, urban
and rural, "inside"
and "outside" must
be informed and
treated.

M - Health Care
Behavior
B - Barrier
(protective
Behavior)
S - Sexual Behavior

SPECIFIC COMMUNICATION STRATEGY BASED ON QUALITATIVE RESEARCH RESULTS.
 TARGET AUDIENCE: PARTNER RFR I

| Information/ Behavioral Content Partner | Major Attitudinal Barrier/Resistance | Additional Conditions of Acceptability or Verbalize | Motivational Appeal | Message Approach | COMMUNICATION CHANNELS | Media | Format | Other/Comments |
|---|---|--|---------------------|------------------|---|-----------------------|--|---|
| <ul style="list-style-type: none"> -Comply with partner notification and seek Rr as soon as possible (at same clinic as RFR (s) woman). -Sexual abstinence during post-Rr period. -Limit sexual partners. -Inform all sexual partners of diagnosis and of need for Rr. -Use condoms. -with all outside partners. -Encourage continued ANC use. | | <ul style="list-style-type: none"> -provide "options" | | | Influentials, Authority Preferred Info Source. Primary/Secondary | Print Face-to-face | <ul style="list-style-type: none"> -Counseling cards, A4 bound in small spiral "notebook" laminated. -Set divided into "Information" cards and "behavior" cards. -RFR(-)Antenatal take home leaflet emphasizing main points of woman counseling card set, with repeat images to increase recognition. -"Information" cards, general, non-technical, positive whenever possible, only most essential info. -"Behavior" cards -- clearly specify recommended behavior in simple terms -"options" presented in basic form | <ul style="list-style-type: none"> -Current project design specifies this clinic-based counseling delivered by clinic staff in ANC clinic. Women may prefer female counselors. Need to verify. -However, if late Rr, consequences to fetus irreversible. (How/if we present this, should it be in community component only?) |

INTERVENTION TO ACHIEVE BEHAVOR CHANGE (BASED ON QUALITATIVE RESULTS ANALYSIS)

Additional Comments
 -Concept of adding risk allowance is being considered by some people, but not yet in place
 BZ22812

Project
 General

Project
 (availability, acceptability)

Health Service Delivery Modification

Training
 -Explore reasons for refusal to provide care to early attendees.

Communication

Conditions of Acceptability
 -many staff would like more training and support.
 -would accept better "steer" project.

Recommended behavior Change
 SWS AS IDEAL

Actual behaviors
 -all new MC increased in project clinic.
 -no project completion before blood draw.
 -no 100% treatment identified.
 -partner non-compliance.
 -lack of drugs, supplies, equipment in non-project clinics.
 -staff not trained in counseling techniques or contact.
 -most staff report time, space, privacy for counseling adequate; most report 15-20 minutes spent counseling per patient.
 -some staff generally concerned about women patient counseling.
 -observations indicated stated actual counseling behavior BZ22812.
 -staff use longer time (include help in blood) to observe patient.
 -lack of confidentiality in counseling.
 -some staff lack adequate vocabulary especially for discussing BZ22812 to counsel adequately.
 -big gap between staff given reasons for applying/acting and their administrative perspective.

Ideal behaviors
 -adequate supplies, equipment if MC at attendees.
 -Complete, correct & supportive counseling of patient clients & partners.
 -give partner notification card to patient's name.
 -Train in advance need to contact defaulters.
 -Correct Reframing of partners.
 -Encourage early and consistent MC attendance.
 -Keep complete and accurate project records.

Project Objectives
 -all new MC increased in project clinic.
 -no project completion before blood draw.
 -no 100% treatment identified.
 -partner non-compliance.
 -lack of drugs, supplies, equipment in non-project clinics.
 -staff not trained in counseling techniques or contact.
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 -lack of confidentiality in counseling.
 -some staff lack adequate vocabulary especially for discussing BZ22812 to counsel adequately.
 -big gap between staff given reasons for applying/acting and their administrative perspective.

| Project Objectives | Ideal Behaviors | Actual Behaviors | Recommended Behavior Change | Conditions of Acceptability |
|--------------------|-----------------|---|-----------------------------|-----------------------------|
| | | <ul style="list-style-type: none"> -some staff lack correct technical knowledge of syphilis/DW/MS/ nature of symptoms/timing of Ar/difference between STDs, especially gonorrhoea. -issue of payment very prominent staff would like some payment for "additional work" for project. -many staff request "risk allowance" for working with RPR(+) blood. -non-supportive attitude to RPR(+)/patients. -rude (some) -some announce to entire clinic results of RPR(+) patient. -punitive attitude. -many AMC staff turn away early AMC attendees as "too early". | | |

Appendix C.

Image List

Samples of Preliminary Sketches from Image Concept Phase

Detailed List of Message Concepts/ Message Content

Image/Concept List

RPR+ Woman (client) Counselling Cards
* indicates image change

Card 1: Syphilis Knowledge

- 1.1 healthy pregnant woman receiving ANC (any pregnant woman can have syphilis)*
* row of pregnant women on bench at ANC
- 1.2 pregnant woman with partner, pose reflecting sexual relationship (syphilis sexually transmitted)
- 1.3 same couple grieving over poor pregnancy outcome
- 1.4 happy couple with newborn (positive outcome still possible)

Card 2: Sexual Network (Knowledge)

- 2.1 man and woman with "partner chain" demonstrating sexual network (role of multiple partners)

Card 3: Primary Female Behaviors

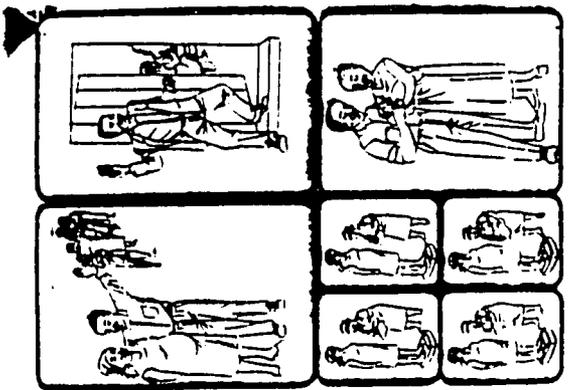
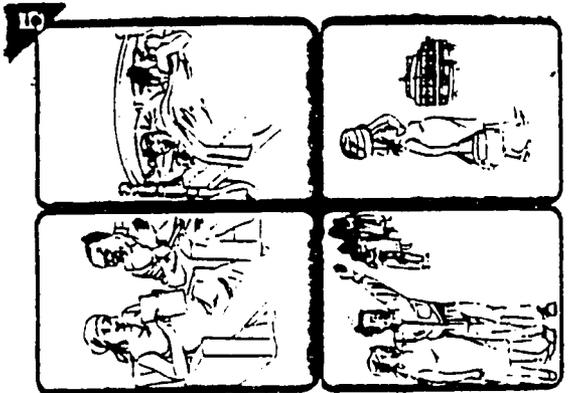
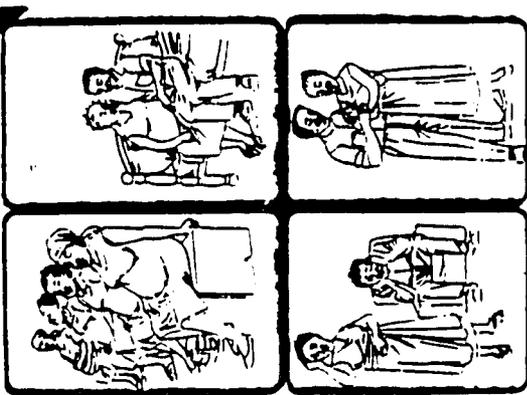
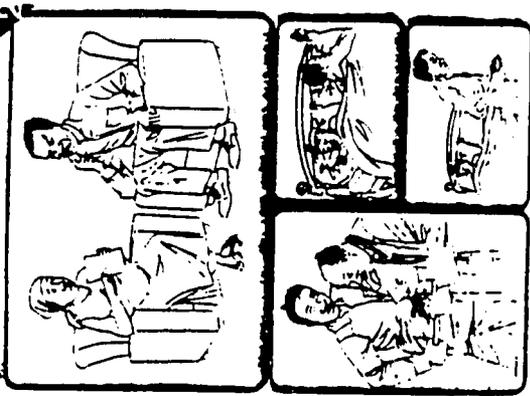
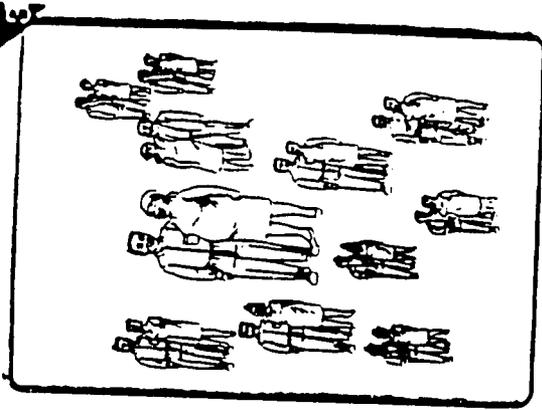
- 3.1 woman notifying partner
- 3.2 partner receiving treatment
- 3.3 couple in bed together, facing opposite (post treatment abstinence)*
* man on sofa/ woman in bed with children
- 3.4 same couple in bed, man placing condom (use condom post treatment if cannot abstain)

Card 4: Secondary Female Behaviors

- 4.1 couple pushing away outside partners (stick - to - one)
- 4.2 man leaving house holding condom, woman at household chore in background (use condom with outside partners)
- 4.3 4x repeat of pregnant woman at ANC, each image belly bigger (continue regular ANC)
- 4.4 repeat 1.4 (reinforce possible positive outcome)

Card 5: Options/Partner Negotiation Card

- 5.1 modify 3.1 woman having difficulty notifying partner (troubled expressions)
- 5.2 modify 3.3 couple unhappy abstaining post treatment
- 5.3 modify 4.1, but man's expression reflects difficulty limiting partners
- 5.4 pregnant woman with suitcase getting into matatu (protect yourself - you can leave if partner non-compliant)



RPR+ Partner Cards

Card 1: Syphilis Knowledge

- 1.1 repeat (from female card set) image 1.2 (sexual transmission of syphilis)
- 1.2 repeat 1.3 (couple grieving/ possible negative outcomes syphilis)
- 1.3 repeat 3.2 partner receiving treatment
- 1.4 repeat 1.4 (happy family/positive outcome still possible if...)

Card 2: Partner network card

same as female set

Card 3: Male Behaviors with "Inside" Partner

- 3.1 repeat 3.3 (abstain post treatment)
- 3.2 repeat 3.4 (use condom if unable to abstain)
- 3.3 repeat 4.3 (encourage continued ANC use)
- 3.4 happy family, more prominent role of male, bouncing newborn (responsibility to family)

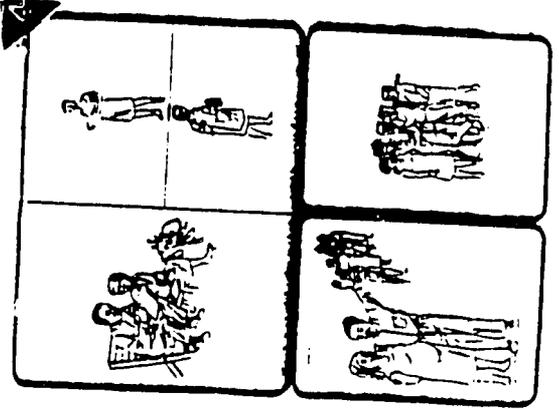
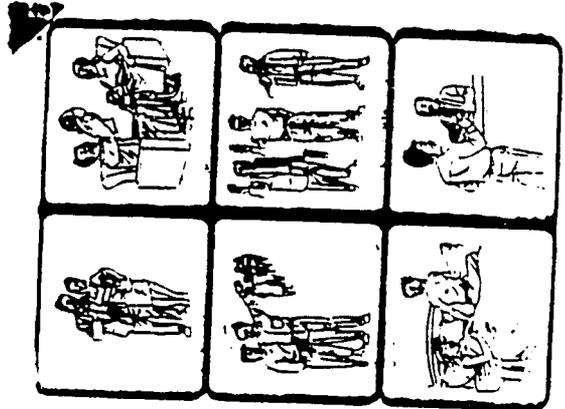
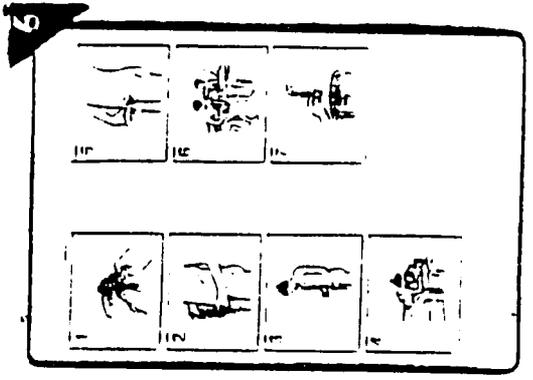
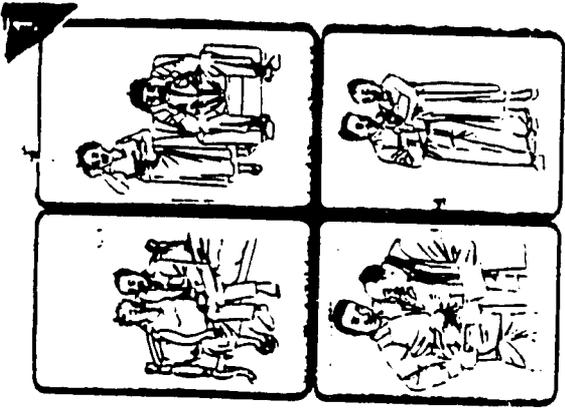
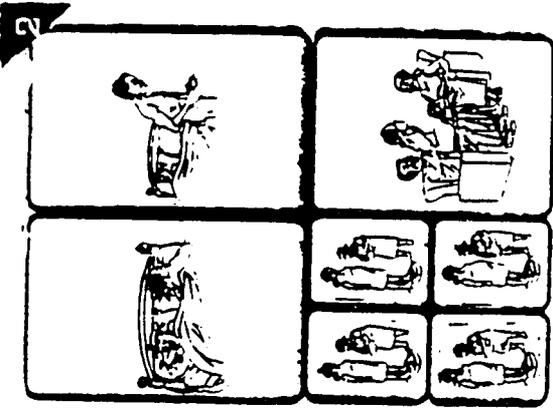
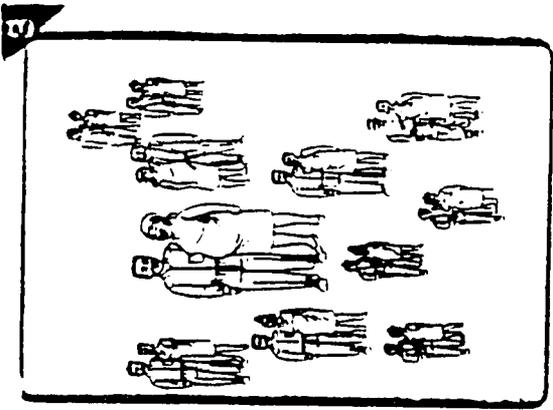
Card 4: Male Behaviors with "Outside" Partner(s)

- 4.1 Man informing woman who looks like co-wife (larger size of this image reflects more legitimate status of co-wife); smaller images of other types of partners being informed (inform all your other partners)
- 4.2 repeat image 4.1 man rejecting other partners (stick to one)
- 4.3 worn out looking man with arm around many partners, holding condoms (use condoms if partner limitation impossible)*
- *(likely to require image revision)

Card 5: Condom "Issues" (Increase Condom Acceptability/Improve Condom User Image)

- 5.1 Man in risky activity (in bar with woman?) holding condom (safety of condoms)
- 5.2 repeat bouncing baby/happy family 3.4 (responsibility to family)
- 5.3 ??? (respect for partner and relationship)
- 5.4 different types of "modern Kenyan men, holding condoms (popularity of condoms among role-model males)
- 5.5 man in bed with woman smiling after using condom, (satisfaction/no decrease in sexual enjoyment)
- 5.6 man buying condoms (be prepared, condoms easy to buy)

Card 6: Condom Use





close







Antenatal Clinic Syphilis Counselling Card Set Message Text
3rd Draft redrafted 2/ 26 (combining team comments with MM 2nd
draft 2/21)

RPR + Woman (Client) Card #1 (Information Card/ Syphilis)

Image 1:1 :

Concept: Any pregnant woman can have syphilis, even if she looks and feels healthy.

Message: You just had a blood test as part of your routine antenatal care. This test shows that you have a disease called syphilis. Many pregnant women in Kenya also have syphilis. You can have syphilis even if you look and feel healthy.

Image 1:2:

Concept: Differentiate syphilis from AIDS

Message: Syphilis is not like AIDS. You have not been tested for AIDS. Your syphilis has been treated by the injections you just received.

Concept: Sexual Transmission

Message: Any woman can get syphilis, whether or not she is pregnant. You get syphilis by playing sex with someone who also has syphilis.

Your partner may also look and feel healthy, but since you have syphilis, he probably has syphilis too. The first sign of syphilis is a sore in the genital area. Men and women can get syphilis when this sore touches the body **when you play sex**.

ASK: Did you ever notice a genital sore on yourself or your partner?

Concept: Explore clients feelings about illness

It can be shocking to find out that you have syphilis, especially when you are pregnant. Some women feel guilty, ashamed, or embarrassed when they are first told they have syphilis. **ASK:** How are you feeling ?

Image 1:3:

Concept: Effects of syphilis on pregnant woman, baby, male partner

Message: In pregnant women, syphilis can cause serious health problems for pregnancy and the baby. Pregnant women with syphilis who are not treated can:

- o loose the pregnancy (have a miscarriage);
- o the baby can be born alive, but born too early;
- o the baby can be born dead.

A woman who has syphilis can pass it to her unborn baby if the syphilis is not treated early in the pregnancy. The baby can be born with syphilis. Babies born with syphilis can:

- o die soon after birth;
- o grow up to become deaf, or
- o develop (defects) to the nose and teeth as they are growing up which will be permanent.

Image 1:4:

Concept: Positive Outcome Possible if Treated and Follow Recommended Behaviors

Message: Don't worry! Seven days after a pregnant woman with syphilis is treated, she is cured. After her treatment, no more damage from syphilis will happen to her or the unborn baby. But treatment alone will not prevent you from getting syphilis again during this pregnancy. It is very easy to get syphilis again.

Even if you and your partner receive treatment for syphilis, you must remember to do several other things. These things can protect you from getting syphilis again while you are pregnant. If you and your partner do these other things, the baby, your partner and you will be healthier.

RPR + Woman (Client) Counseling Card

Card # 2 (Information Card/ Sexual Network)

Image 2:1: Understanding Sexual Networking

Concept: Sexual Transmission of Syphilis

Message: Syphilis is passed by playing sex with someone who also has syphilis. A person who has syphilis can pass the disease to any other person they play sex with.

Most people who have syphilis do not know they have it. You cannot tell if someone has syphilis by looking at them. Most people who have syphilis look and feel healthy.

Concept: Role of Number of Sexual Partners in Transmission of STDs

Message: In Kenya today, the number of people who have syphilis is growing. Because many people might have syphilis, even if they look healthy, a person who has many sexual partners has a greater chance of catching syphilis without knowing it.

This picture shows how each partner could be connected to many others. If even one person has syphilis, it can spread rapidly to many others.

Concept: Expanded Definition of Risk

Many people believe that only certain types of people can have syphilis, such as prostitutes, (etc). But we know now that anyone can have syphilis - no matter how they look, no matter what type of work they do, no matter which part of the country they come from. Not only prostitutes and unmarried men have syphilis - now, even housewives and married men also have it. You cannot tell who has syphilis by looking at them.

Concept: Introduce Importance of Partner Notification to Prevent Transmission

Message: Anyone who finds out that they have syphilis has a responsibility to let all their other partners know. As soon as all other partners know, they can also go for treatment. Telling all partners to be treated helps to stop syphilis from passing to others.

DEMONSTRATE: You can see from this picture all of the other partners who a person with syphilis should inform about syphilis.

RPR+ Card #3 Behavior Card (Primary Partner)

Image 3:1:Partner Notification

Concept: Early Partner Notification

Message: Your partner needs to know that he has syphilis. He needs to go to the clinic to get treated for syphilis. It is your duty to tell him to come to clinic.

GIVE: the partner notification card to the client

This card does not say why your partner must come to the clinic. You can tell him yourself that it is because of syphilis, or we can tell him the reason when he comes to us. It is best if he comes to this same clinic so we know you both received treatment.

It may be easier to convince your partner to come for treatment if you tell him what can happen to the baby, the pregnancy, and his own health.

ASK: Do you think you can tell your partner to come to the clinic

for treatment?

Image 3:2

Concept: Early Partner treatment

It takes a week for the syphilis medicine to completely cure someone who is treated for syphilis. So, it will take a week for your partner to be fully cured after he receives his treatment.

If your partner is treated right away he will be cured sooner. You will be able to play sex with each other sooner without having to worry about getting syphilis again.

Image 3:3

Concept: Post treatment Abstinence

You and your partner should not play sex with each other or with any other person from the time you receive treatment until one week after your partner is treated. If you play sex during this time, you could get syphilis again.

Even if you decide not to tell your partner that he must come to the clinic because of syphilis, you must tell him that the doctor told you not to play sex until he has come to the clinic.

Some couples with syphilis find it difficult not to play sex until a week after both have received treatment.

ASK: Do you think you and your partner will be able to wait to play sex until you both are cured ?

Image 3.4

Concept: Use Condom with Primary Partner if Post Treatment Abstinence Impossible

Message: The best way to be sure you are not reinfected with syphilis is not to play sex until a week after you have both been treated. If you cannot stop playing sex you must use a condom each time you play sex with your partner and all other partners.

Using a condom every time you play sex prevents the syphilis germs from passing between you and your partner until you have both been cured.

It may be easier to convince your partner to use condoms if you must play sex if you explain to him how using condoms will protect the pregnancy, the baby, and his own health.

ASK: Is it a problem for you to ask your partner to use condoms

if you must play sex before he is cured?

Concept: Acceptability/ Prior Experience with Condom Use

Message:

ASK: Have you or your partner ever used a condom before? Would you like me to show you how?

REVIEW: If you want to be sure that you and the baby do not get syphilis again:

- o make sure that your partner gets treated.

- o do not play sex with your partner until one week after he has been treated

- o if you must play sex during that time, use a condom each time

- o do not play sex with any other person without using a condom until after the baby is born.

Card 4: Behavior Card (Outside Partners)

Image 4:1

Concept: "Stick to One"/ Limit Partners

Message: The best way to avoid catching syphilis again is to be steady with one partner. Try to convince your partner that you should only play sex with you (or your trusted co-wife if you have one), at least until after the baby is born. Stick to One Partner!

ASK: Do you think it will be a problem for you and your partner to stick to one?

Image 4:2

Concept: Use Condoms With All Outside Partners if you Cannot "Stick to One"

Message: If you and your primary partner cannot play sex only with each other, then you should both use a condom with all outside partners. If you use condoms with all outside partners, you protect the baby's life and health.

Concept: Condoms Prevent Reinfection

Message: Condoms keep you safe and clean because it comes between your body and your partners body, and prevents the syphilis germs from passing from one person to another when playing sex.

Concept: Negotiating Partner Limitation/ Condom Use

Message: It is difficult to discuss truthfully with your partner the possibility that he is playing sex with other women. Men often deny that they have other sexual partners, even if they know it is true. Sometimes, women also deny having other partners.

Show respect for each other by agreeing to use condoms with all outside partners.

ASK: Do you think using a condom with outside partners will be a problem for you and your partner?

Image 4:3

Concept: Continue Regular ANC Use Throughout Pregnancy

Message: All pregnant women should come to the antenatal clinic regularly until the baby is born. now that you have had syphilis, it is even more important that you continue to come for ANC, to be sure that you and the baby will be healthy.

Image 4:4

Concept: Positive Outcome if compliance with Recommended Behaviors

REVIEW: The first thing you need to do when you go home is to notify your primary partner that he must come to the clinic.

After he is treated, you and your partner can prevent reinfection with syphilis and keep the pregnancy and the family healthy if you both:

- o "stick to one" partner.
- o use a condom every time you play sex with anyone else
- o make sure that you are able to attend antenatal clinic regularly.

Card 5: Negotiation Skills

Image 5:1

Concept: Anticipated Difficulty/ Options for Partner Notification

Message: Many women find it will difficult to notify their partner that he needs to be treated for syphilis.

ASK: Why do you think it will be difficult for you to tell your partner?

PROBE:

- o Will you have difficulty locating your partner?
- o Are you afraid that he may be angry, or that he may blame you for the syphilis?

You can remind your partner that the sooner he gets treated for syphilis, the sooner you will be able to play sex together again!

Image 5:2

Concept: Anticipated Difficulty/Options for Post Treatment Abstinence

Message: Many women find that they cannot refuse to play sex with their partner until after they have both received treatment, because it is their duty as a wife. Some women say it is more difficult if they are staying together.

Some things you could do if you think it will be difficult to abstain are:

- o if you must stay in the same house, sleep separately from your partner.
- o you or your partner could go to another place to sleep until you have both been cured. If you do this, neither of you can play sex with anyone else while away from home.
- o you and your primary partner can use condoms each time that you play sex if you cannot abstain until you are both cured.
- o some women just tell their partner that they are sick and cannot play sex.

Image 5:3

Concept: Anticipated difficulty /Options for Partner Limitation or Condom Use

Message: Many women think they cannot talk to their partner about

4/1

limiting the number of other partners or using condoms. Sometimes their partner refuses to stick to one person or use condoms.

ASK: Do you think you can talk to your partner about these things? How do you think he will react?

You could:

- o Give him the leaflet I am going to give you to take home with you. This will explain the reasons for all of the things you and your partner must do to keep healthy and be sure the baby is healthy.

- o ask someone else to help you explain to your partner. This could be a friend, relative, or church leader. Or, he can talk to one of the health workers when he comes to the clinic for treatment, and we will explain to him more about these things.

Image 5:4

Concept: If Options Impossible, Protect yourself and your Baby

Message: Sometimes, no matter how hard a woman tries, it is impossible to convince her partner that he must try to do all of the things we talked about today, to be sure that you and the baby do not become reinfected with syphilis.

If your partner refuses to cooperate to keep the family healthy, you must protect yourself and the baby. You can:

- o go to the home of your family. your partner's family and explain what has happened.

- o If neither family can help you solve the problem so that you can return to your partners house, you can stay with the family for the rest of the pregnancy.

I am going to give you this leaflet to take home with you, and some condoms to give to your partner.

Transition to Condom Demonstration

ASK: Do you know how to use condoms? Would you like me to show you how to use them?

ASK: Is there anything else that you would like to talk about before you go home? See you next (week/month) for your next ANC visit.

05

Male Partner RPR+ Clinic Counselling cards 2/27 2nd draft

Card #1 (Knowledge Card/Syphilis)

Image 1:1

Concept: Syphilis is sexually transmitted. Syphilis has few symptoms, "healthy" people can have it.

Message: Your wife had a blood test as part of her routine antenatal care. This test showed that she had a disease called syphilis, and we treated her. These days, many pregnant women in Kenya also have syphilis.

Men and women can have syphilis even if they look and feel healthy. You may look and feel healthy, but since your wife has syphilis, you probably have syphilis too.

Concept: Differentiate syphilis from AIDS

Message: Syphilis is not like AIDS. Your wife was not tested for AIDS.

Concept: Sexual Transmission

Message: Any man or woman can get syphilis. You get syphilis by playing sex with someone who also has syphilis. The first sign of syphilis is a sore in the genital area. Men and women can get syphilis when this sore touches the body when you play sex.

ASK: Did you ever notice a genital sore on yourself or anyone you play sex with?

Concept: Explore partner's feelings about illness

It can be shocking to find out that you have syphilis, especially when you look and feel healthy. Some men feel angry, guilty, or ashamed when they are first told they have syphilis.

ASK: How are you feeling ?

Image 1:2

Concept: Possible negative Outcomes of Untreated Syphilis

Message: When pregnant women have syphilis, it can cause serious health problems for the pregnancy and the baby. Pregnant women with syphilis who are not treated can:

- o lose the pregnancy (have a miscarriage);
- o the baby can be born alive, but born too early;

o the baby can be born dead.

A woman who has syphilis can pass it to her unborn baby if the syphilis is not treated early in the pregnancy. If you and your wife are not both treated, the baby can be born with syphilis. This is why we treated your wife immediately and asked you to come for treatment as soon as possible.

Babies born with syphilis can:

- o die soon after birth;
- o grow up to become deaf, or
- o develop defects to the nose and teeth as they are growing up which will be permanent.

Concept: Health Consequences of Syphilis on Men

Message: Men who have syphilis can also have health problems. Syphilis can cause serious and permanent damage to your brain and heart. These problems become worse if the syphilis is not recognized early and treated. If men with syphilis remain untreated for many years, it can result in paralysis, mental illness and death.

Image 1:4 (new image added, repeat of female 1:4)

Concept: Positive Outcome Possible if Treated and Follow Recommended Behaviors

Message: Don't worry! Your wife has been treated, and she is cured. If you accept treatment today, seven days later you will also be cured. After your wife's treatment, no more damage from syphilis will happen to her or the unborn baby, as long as she is not infected with syphilis again. We are glad you came to the same clinic, so we know you were both treated.

Even after you have both been treated, it is very easy to get syphilis again. There are some other things you must do which will protect you from getting syphilis again, and giving it to your wife while she is still pregnant. If you and your wife do these other things until the baby is born, the baby, you, and your wife will be healthier.

Card #2 (Knowledge Card) Partner Networking

Image 2:1 same as female card #2 (?) Understanding Sexual Networking

Concept: Sexual Transmission of Syphilis

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Message: Syphilis is passed by playing sex with someone who also has syphilis. A person who has syphilis can pass the disease to any other person they play sex with.

Most people who have syphilis do not know they have it. You cannot tell if someone has syphilis by looking at them. Most people who have syphilis look and feel healthy.

Concept: Role of Number of Sexual Partners in Transmission of STDs

Message: In Kenya today, the number of people who have syphilis is growing. Because many people might have syphilis, even if they look healthy, a person who has many sexual partners has a greater chance of catching syphilis without knowing it.

DEMONSTRATE: This picture shows how each partner could be connected to many others. If even one person has syphilis, it can spread rapidly to many others.

ASK: Now that you see how easily syphilis can spread when people play sex with many others, can you think of any way you could change your own behavior, so that you will not get syphilis again? We do not have to discuss it today, but you should continue to think about it.

Concept: Expanded Definition of Risk

Many men believe that only certain types of people can have syphilis, such as prostitutes, (etc). But we know now that anyone can have syphilis - no matter how they look, no matter what type of work they do, no matter which part of the country they come from. Not only prostitutes and unmarried men have syphilis - now, even housewives and married men also have it.

These days, men need to be more careful about who they play sex with.

Concept: Introduce Importance of Partner Notification to Prevent Transmission

Message: Anyone who finds out that they have syphilis has a responsibility to let all their other partners know. As soon as all other partners know, they can also go for treatment. Telling all partners to be treated helps to stop syphilis from passing to others.

DEMONSTRATE: You can see from this picture all of the other partners who a person with syphilis should inform about syphilis. We will talk more later about informing your partners.

Card # 3 (Behavior Card) - Primary ("Inside") Partner Behaviors

Image 3:1

Concept: Post treatment Abstinence

Now that you are being treated for syphilis, you should not play sex with your wife or with any other person until one week has passed. If you do not play sex for one week, you will not have to worry about passing syphilis between you and your wife again, since she has already been cured of syphilis. If you play sex with anyone else during this time, you could get syphilis again.

You will be able to play sex again after waiting only one week. Some men find it difficult not to play sex with anyone for a week, especially if they look and feel healthy.

ASK: Do you think you will be able to wait one week before playing sex with anyone, to be sure you are completely cured?

Image 3:2

Concept: Use of Condom with primary partner if Post Treatment abstinence Impossible

Message: If you cannot stop playing sex for one week after treatment, you must use a condom each time you play sex, even with your wife. If you cannot wait one week to play sex with your wife, using a condom every time prevents the syphilis germs from passing between you until you have both been cured. Using condoms will protect the baby, the pregnancy, and your own health.

Concept: Acceptability/ Prior Experience with Condom Use

Some men haven't tried condoms yet.

ASK: Have you ever used a condom before? Would you like me to show you how?

Image 3:3

Concept: Encourage your partner to continue regular antenatal care use

Message: All pregnant women should come to the antenatal clinic regularly until the baby is born. Now that your wife has had syphilis, it is even more important that she continue to come for ANC, to be sure that the pregnancy and baby stay healthy.

Image 3:4

Concept: Male responsibility for Positive Pregnancy Outcome:
Safeguard your baby's and family's health

Message: Only **you** can protect the health of your family by making sure you and your wife do not get syphilis again. Do these simple things to show that you care about the baby's life and health, your own health and your wife's health.

REVIEW:

- o do not play sex with anyone for a week after you are treated for syphilis

- o if you must play sex, use a condom every time

- o make sure your wife continues to come to antenatal clinic regularly.

Card #4 (Behavior card) "Outside" Partner Behaviors

Image 4:1

Message Strategy: Co- wife portrayed more prominently as legitimate "inside" outside partner

Concept: Inform all your partners of syphilis diagnosis and need for testing/treatment

Message: Some men in Kenya have other partners in addition to their wife (and co- wife). If you have any other partners, you should inform them that they also need to be treated for syphilis as soon as possible. If they are nearby, they can come to this clinic for treatment. Or they can go to If they are not nearby,.....

I will give you several cards, in case you need to notify other partners. They can present this card wherever they go for treatment. * (this must be a partner notification card which specifies diagnosis of syphilis)

GIVE: as many partner notification cards as client requests. Or, direct him to a place in the clinic where he can pick up as many as he needs.

To be sure you do not get syphilis again, do not play sex with any outside partner until you are sure they have been treated for syphilis also.

Image 4:2 Stick to One /Limit Outside Partners

Message: Once you have all been treated, playing sex with only your steady partner (or trusted co- wife if you have one) is the best way to avoid catching syphilis, or other STDs again. After you and your wife (and co-wife) have all received treatment and been cured,

you can be sure you will not catch syphilis again if you all do not have any other sexual partners.

Even if your outside partners are treated for syphilis, it is difficult to be sure that they are not playing sex with other men. It is easier for someone who plays sex with many people to catch syphilis, because you cannot tell who has syphilis by looking at them. Protect yourself from getting syphilis again.

Stick to One Partner!

ASK: Do you think you will be able to stick to one steady partner?

Image 4:3

Concept: Use Condoms With All Outside Partners if you Cannot "Stick to One"

Motivational appeal:

- o Protect your own health; continue to protect baby's health
- o regular use of condoms with all outside partners avoids need to use condoms with primary partner until after the baby is born

Message: If you and your primary partner cannot play sex only with each other, then you should both use a condom with all outside partners. If you use condoms with all outside partners, you protect the baby's life and health.

If you do not want to use a condom when you play sex with your wife until after the baby is born, use a condom every time if you play sex with outside partners.

Concept: Condoms Prevent Reinfection

Message: A Condom keeps you safe and clean because it comes between your body and your partners body, and prevents the syphilis germs from passing from one person to another when playing sex.

Concept: Negotiating Partner Limitation/ Condom Use

Message: It is difficult to talk truthfully with your partner about playing sex with other women. Men often deny that they have other partners, even if they know it is true. Sometimes, women also deny having other partners.

Show respect for each other by agreeing to use condoms with all outside partners.

ASK: Do you think always using a condom with outside partners will be a problem for you?

REVIEW: After you are treated, you and your partner can prevent

reinfection with syphilis and keep the pregnancy and the family healthy if you:

- o notify all outside partners (including your co-wife if you have one) of the need to be treated for syphilis
- o "stick to one" partner (and your co-wife if you have one)
- o use a condom every time you play sex with anyone else
- o make sure that your wife attends antenatal clinic regularly.

Card #5 Condom "Issues"/

Message Approach: Promotion of Positive Image for Condom Use/Address negative verbatims from research

Image 5:1

Concept: Safety. Protect yourself from syphilis

Message: **Be safe!** Condoms provide the best protection against syphilis, AIDS and other diseases which you can catch from playing sex. Why worry? Always use condoms when playing sex with outside partners.

Image 5:2

Concept: Responsibility. Protect your baby and your family from syphilis

Message: **Be responsible!** Only you can protect your baby's health, your health , and your wife's health. Don't get syphilis again. Show that you care about the health of your family by using condoms every time you play sex with outside partners.

Image 5:3

Concept: Respect. Respect each other /the relationship by using condoms with outside partners.

Message: **Be respectful!** These days, relationships with outside partners must be different now that syphilis and other diseases you get from playing sex are around. Getting syphilis can ruin a relationship. Show your wife (partner) that you care about her health and happiness too. Respect each other by using condoms if you play sex with outside partners.

Image 5:4

Concept: Sophistication. Condoms are more popular now.

Message: **Be modern!** More men are using condoms now that they realize the protection they provide. Condoms are not childish -

men who use condoms are more.....

Image 5:5

Concept: Satisfaction. Sex with condoms can still be pleasurable: especially since you do not have to worry about getting syphilis.

Message: **Be satisfied!** Playing sex can still be pleasurable when you use condoms. In fact, many men enjoy sex more, because they know they do not have to worry about getting syphilis.

It takes time to get used to anything new. Don't give up after trying condoms only once. Each time you use a condom, it becomes easier and feels more comfortable.

Image 5:6

Concept: Preparedness. Condoms are easier to get keep on hand, don't wait till last minute

Message: **Be prepared!** Condoms are easier to get now. You can get them at hospitals and clinics, but now it is also possible to buy them at some small shops and

Keep a supply on hand. Think about having condoms with you **before** you are ready to play sex.

Here are some condoms to take with you.

ASK: Do you have any questions about where to get more condoms when you need them?

Card # 6 Condom Use

Concept: Condoms are easy to use.

Content: Steps in Proper Condom Use

Image 6:1 - 6:

Message:

Image 6:

Concept: Condoms are reliable if properly used. Reinforce use-associated behaviors

Message:

ASK: Are there any other questions about actually using condoms you would like to ask?

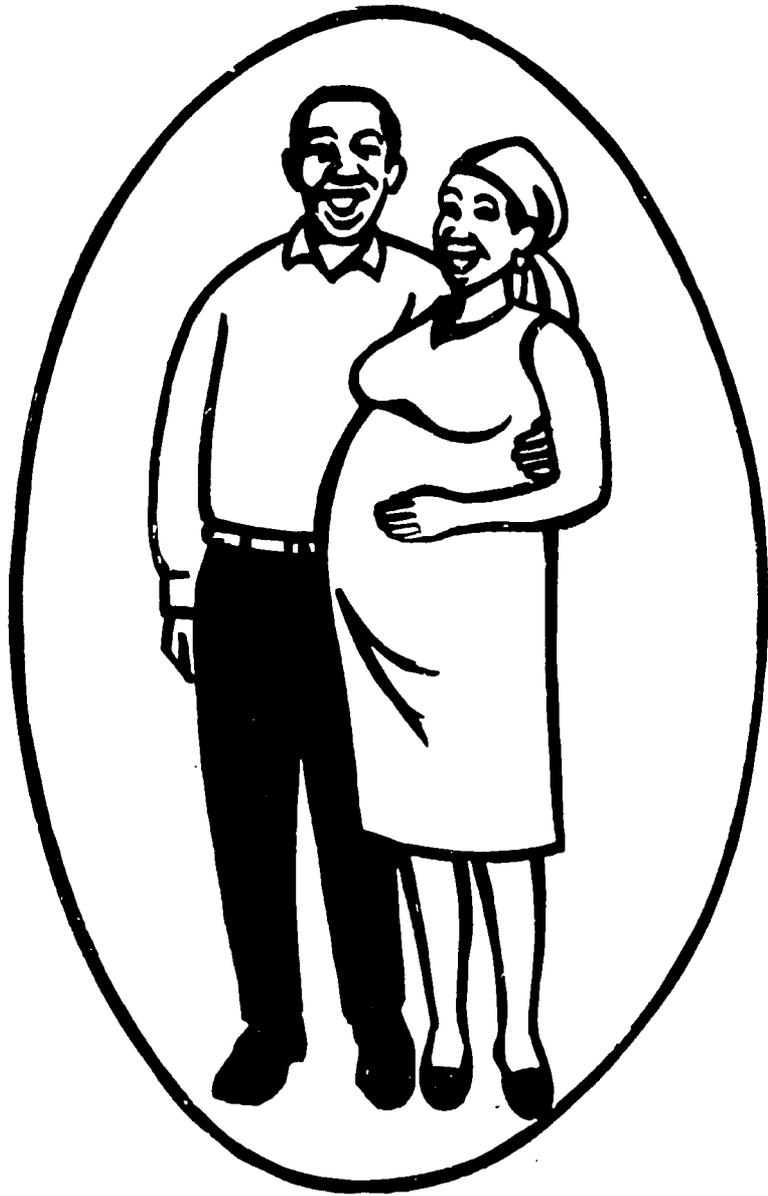
Appendix D.

Project Logo

Draft Clinic Counselling Cards for RPR Positive Antenatal Clients

Draft Clinic Counselling Cards for Partner of RPR Positive Client

Draft RPR Positive Woman and Partner Takehome Leaflets



MOTHERCARE/ UNIVERSITY OF NAIROBI
CONGENITAL SYPHILIS PREVENTION PROJECT

CLINIC BASED IEC MATERIALS DRAFT FOR PRETEST

SUBMITTED AS PARTIAL COMPLETION OF SCOPE OF WORK
BY MONA MOORE/MANOFF GROUP
MARCH 11, 1993



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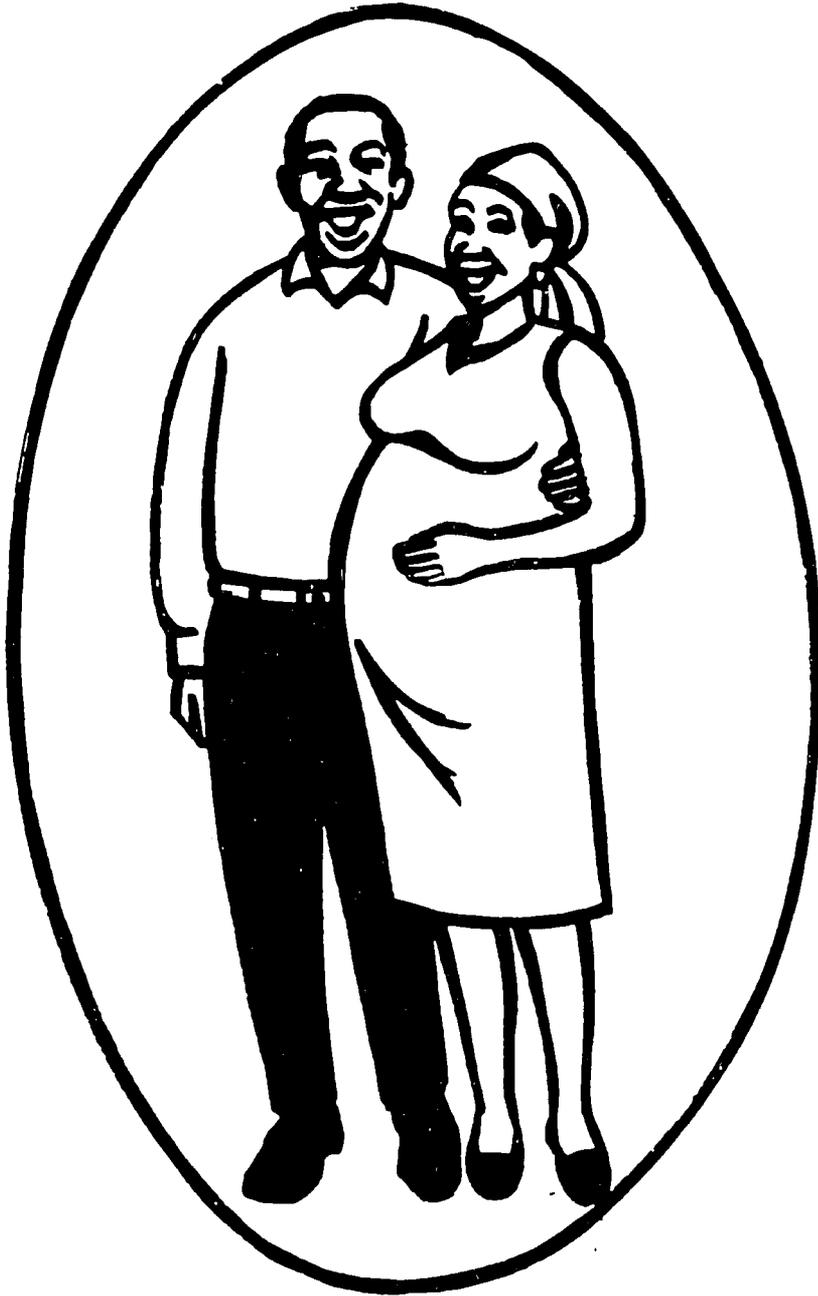
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PROJECT LOGO: PARTNERSHIP IN PREGNANCY

PROJECT THEME: Pregnancy is a time for partnership. Support your partner. Participate during this pregnancy to have a healthier baby.





You just had a blood test as part of your routine antenatal care. This test shows that you have a disease called syphilis. Many pregnant women in Kenya also have syphilis. You can have syphilis even if you look and feel healthy.

Syphilis is not like AIDS. You have not been tested for AIDS. Your syphilis has been treated by the two injections you have just received.



Any woman can get syphilis, whether or not she is pregnant. You can get syphilis by playing sex with someone who has syphilis.

Your partner may also look and feel healthy, but since you have syphilis, he probably has syphilis too. The first sign of syphilis is a sore in the genital area. Men and women can get syphilis when this sore touches the body when you play sex.

ASK: Did you ever notice a genital sore on yourself or your partner?

It can be shocking to find out that you have syphilis, especially when you are pregnant. Some women feel guilty, ashamed, or embarrassed when they are first told they have syphilis.

ASK: How are you feeling?



In pregnant women, syphilis can cause serious health problems for the pregnancy and the baby. Pregnant women with syphilis who are not treated can:

- lose the pregnancy (have a miscarriage)
- the baby can be born alive, but born too early;
- the baby can be born dead.

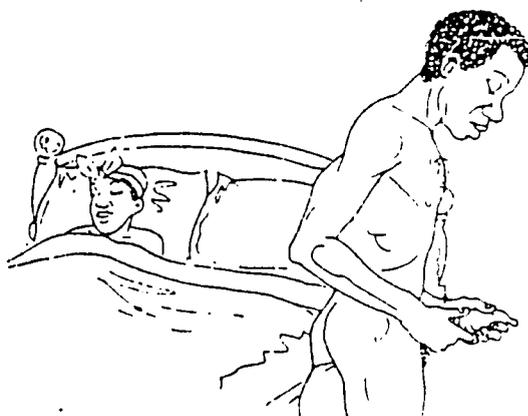
A woman who has syphilis can pass it on to her unborn baby if the syphilis is not treated early in the pregnancy. The baby can be born with syphilis. Babies born with syphilis can:

- die soon after birth;
- grow up to become deaf, or
- develop (defects) of the nose and teeth as they are growing up which will be permanent.



Don't worry! Seven days after a pregnant woman with syphilis is treated, she is cured. After her treatment, no more damage from syphilis will happen to her or her unborn baby. But treatment alone will not prevent you from getting syphilis again during this pregnancy. It is very easy to get syphilis again.

Even if you and your partner receive treatment for syphilis, you must remember to do several other things. These things can prevent you from getting syphilis again while you are pregnant. If you and your partner do these things, the baby, your partner and you will be healthier.





Your partner needs to know that he has syphilis. He needs to go to the clinic and get treated for syphilis. It is your duty to tell him to come to the clinic.

GIVE: the partner notification card to the client.

This card does not say why your partner must come to the clinic. You can tell him yourself that it is because of syphilis, or we can tell him the reason when he comes to us. It is best if he comes to the same clinic so we know you both received treatment.

It may be easier to convince your partner to come for treatment if you tell him what can happen to the baby, the pregnancy, and his own health.

ASK: Do you think you can tell your partner to come to the clinic for treatment?



It takes a week for the syphilis medicine to completely cure someone who is treated for syphilis. So, it will take a week for your partner to be fully cured after he receives his treatment. If your partner is treated right away he will be cured sooner. You will be able to play sex with each other sooner without having to worry about getting syphilis again.

You and your partner should not play sex with each other or with any other person from the time you receive treatment until one week after your partner is treated. If you play sex during this time, you could get syphilis again.

Even if you decide not to tell your partner that he must go to the clinic because of syphilis, you must tell him that the doctor told you not to play sex until he has come to the clinic.

Some couples with syphilis find it difficult not to play sex until a week after both have received treatment.

ASK: Do you think you and your partner will be able to wait to play sex until both are cured?



The best way to be sure that you are not reinfected with syphilis is not play sex until a week after you have both been treated. If you cannot stop playing sex you must use a condom each time you play sex with your partner and all other partners.



Using a condom every time you play sex prevents the syphilis germs from passing between you and your partner until you have both been cured.

It may be easier to convince your partner to use condoms if you must play sex if you explain to him how using condoms will protect the pregnancy, the baby and his own health.

ASK: Is it a problem for you to ask your partner to use condoms if you must play sex before he is cured?

ASK: Have you or your partner ever used a condom before? Would you like me to show you how?

REVIEW: If you want to be sure that you and your baby do not get syphilis again:

- Make sure that your partners get treated.
- Do not play sex with your partner until one week after he has been treated.
- If you must play sex during that time, use a condom each time.
- Do not play sex with any other person without using a condom until after the baby is born.



Syphilis is passed on by playing sex with someone who has syphilis. A person who has syphilis can pass the disease to any other person they play sex with.

Most people who have syphilis do not know that they have it. You cannot tell if someone has syphilis by looking at them. Most people who have syphilis look and feel healthy.

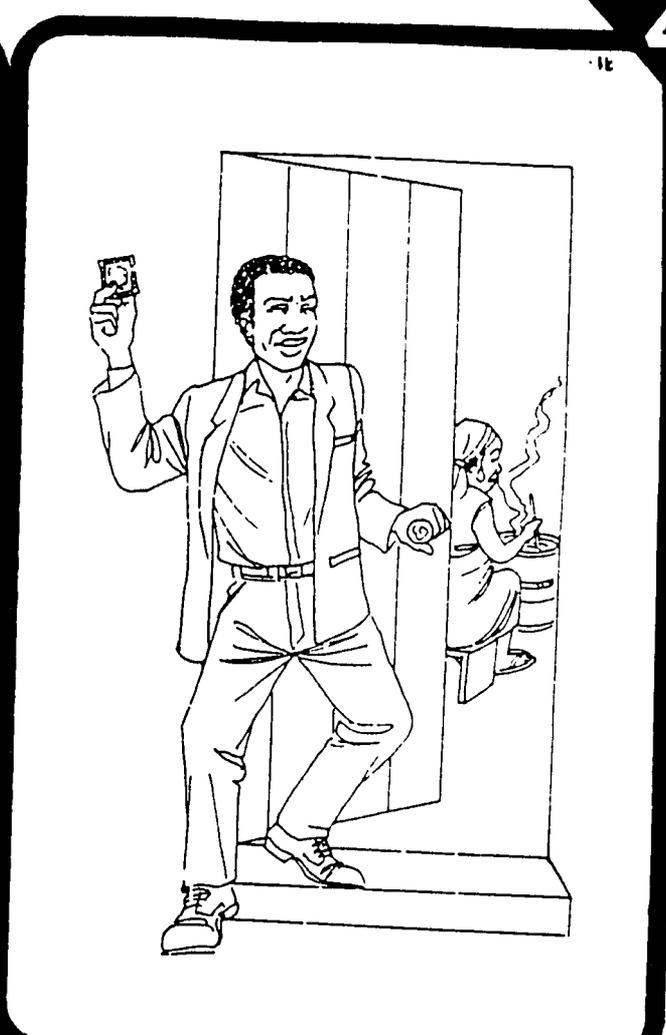
In Kenya today, the number of people who have syphilis is growing. Because many people might have syphilis, even if they look healthy, a person who has many sexual partners has a greater chance of catching syphilis without knowing it.

This picture shows how each partner could be connected to many others. If only one person has syphilis, it can spread rapidly to many others.

Many people believe that only certain types of people can have syphilis, such as prostitutes. But we know now that anyone can have syphilis - no matter how they look, no matter what type of work they do, no matter what part of the country they come from. Not only prostitutes and unmarried men have syphilis - now, even housewives and married men also have it. You cannot tell who has syphilis by looking at them.

Anyone who finds out that they have syphilis has a responsibility to let all their other partners know. As soon as other partners know, they can also go for treatment. Telling all partners to be treated helps to stop syphilis from passing on to others.

DEMONSTRATE: You can see from this picture all of the other partners who a person with syphilis should inform about the need for syphilis treatment.





The best way to avoid catching syphilis again is to be steady one partner. Try to convince your partner that he should only sex with you (or your trusted co-wife if you have one), at least the baby is born. Stick to one partner!

ASK: Do you think it will be a problem for you and your partner to stick to one another?



If you or your primary partner cannot play sex only with each other then you should both use a condom with all the outside partner. If you use condoms with all outside partners, you protect the baby's life and health.

A condom keeps you safe and clean because it comes between your body and your partner's body, and prevents the syphilis germs from passing from one person to another when playing sex.

It is difficult to discuss truthfully with your partner the possibility that he is playing sex with other women. Men often deny that they have other sexual partners, even if they know that it is true. Sometimes women also deny having other partners.

Show respect for each other by agreeing to use condoms with outside partners.

ASK: Do you think using a condom with outside partners will be a problem for you and your partner?



All pregnant women should come to the antenatal clinic regularly until the baby is born. Now that you have had syphilis, it is even more important that you continue to come for ANC, to be sure that you and your baby will be healthy.

REVIEW: The first thing you need to do when you go home is to notify your primary partner that he must come to the clinic.



After he is treated, you and your partner can prevent reinfection with syphilis and keep the pregnancy and the family healthy if you both:

- "Stick to one" partner.
- Use a condom every time you play sex with anyone else.
- Make sure that you are able to attend antenatal clinic regularly.





Many women find it difficult to notify their partner that he needs to be treated for syphilis.

ASK: Why do you think it will be difficult for you to tell your partner?

PROBE:

- Will you have difficulty locating your partner?
- Are you afraid that he may be angry, or that he may blame you for syphilis?

You can remind your partner that the sooner he gets treated for syphilis, the sooner you will be able to play sex together again!



Many women find that they cannot refuse to play sex with their partner until they have both received treatment because it is their duty as a wife. Some women say it is more difficult when they are staying together.

Some things you could do if you think it will be difficult to abstain are:

- If you must stay in the same house, sleep separately from your partner.
- You or your partner could go to another place to sleep until you have both been cured. If you do this neither of you can play sex with anyone else while away from home.
- You and your primary partner can use condoms each time that you play sex if you cannot abstain until you are both cured.
- Some women just tell their partner that they are sick and cannot play sex.

Many women think they cannot talk to their partner about limiting the number of other partners or using condoms. Sometimes their partner refuses to stick to one person or use condoms.

ASK: Do you think you can talk to your partner about these things? How do you think he will react?

You could:

- Give him the leaflet I am going to give you to take home with you. This will explain the reasons for all the things you and your partner must do to keep healthy and be sure the baby is healthy.
- Ask someone else to help you explain to your partner. This could be a friend, a relative, or church leader. Or, he can talk to one of the health workers when he comes to the clinic for treatment, and we will explain to him more about these things.

Sometimes, no matter how hard a woman tries, it is impossible to convince her partner that he must try to do all the things we talked about today, to be sure that you and your baby do not become reinfected with syphilis.

If your partner refuses to co-operate to keep the family healthy, you must protect yourself and the baby. You can:

- Go home to your family or your partner's family and explain what has happened.
- If neither family can help you solve the problem so that you can return to your partner's house, you can stay with the family for the rest of the pregnancy.

I am going to give you this leaflet to take home with you, and some condoms to give to your partner.

Transition to Condom Demonstration

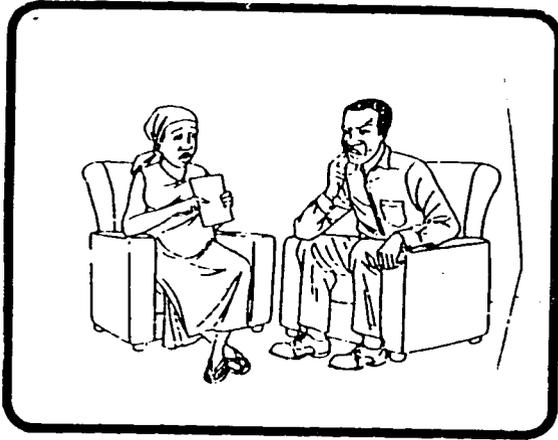
ASK: Do you know how to use condoms? Would you like me to show you how to use them?

ASK: Is there anything else that you would like to talk about before you go home? See you next (week/month) for your next ANC visit.

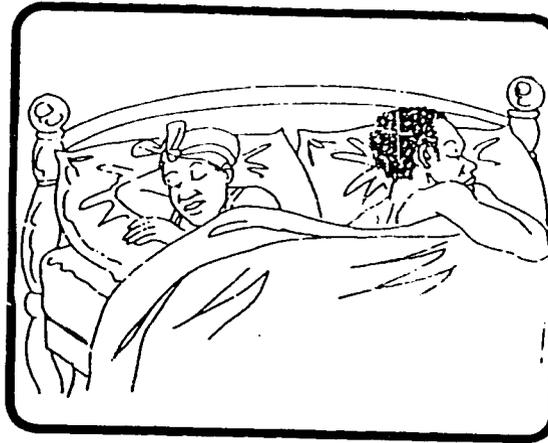


RPR POSITIVE WOMAN TAKEHOME LEAFLET

DO THESE THINGS IMMEDIATELY



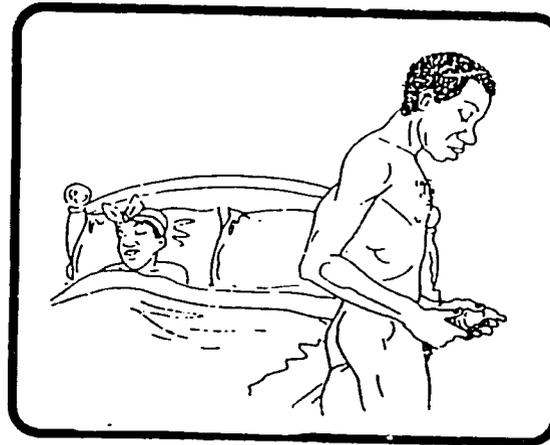
Notify your partner right away. Tell him to come to the clinic as soon as possible.



Tell your partner that you cannot play sex until one week after you have both been treated



You can tell him yourself that he needs treatment for syphilis, or we will tell him when he comes.

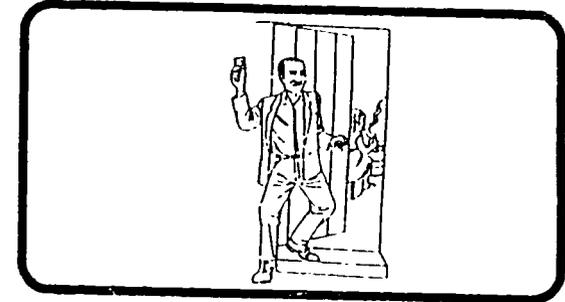


Use a condom to play sex if you cannot abstain until one week after you have been treated.

UNTIL THE BABY IS BORN



Stick to one partner



Use a condom with any outside partners if you cannot play sex with only one steady partner.



Continue to come regularly for antenatal clinic.

AFTER THE BABY IS BORN:



Celebrate the happy event.



*Pregnancy is a time
for partnership*

- Read this leaflet yourself or get someone you trust to help you read it.
- Ask your baby's father and any other partner to read it too.
- You can get more copies of this leaflet at the nearest clinic.



Bring your baby to the clinic for examination two weeks after birth.

Produced by MotherCare for
Preventing Congenital Syphilis Project
University of Nairobi

With technical assistance from the
Manoff Group



*Pregnancy is a time
for partnership*



Now that you have been told at the antenatal clinic that you have syphilis and have been treated

CLINIC COUNSELLING CARDS MALE PARTNERS





Your wife had a blood test as part of her routine antenatal care. This test showed that she had a disease called syphilis, and we treated her. These days, many pregnant women in Kenya also have syphilis.

Men and women can have syphilis even if they look and feel healthy. You may look or feel healthy, but since your wife has syphilis, you probably have syphilis too.

Syphilis is not like AIDS. Your wife was not tested for AIDS.

Any man or woman can get syphilis. You get syphilis by playing sex with someone who also has syphilis. The first sign of syphilis is a sore in the genital area. Men and women can get syphilis when this sore touches the body when you play sex.

ASK: Did you ever notice a genital sore on yourself or anyone you play sex with?

It can be shocking to find out that you have syphilis especially when you look and feel healthy. Some men feel angry, guilty, or ashamed when they are first told that they have syphilis.

ASK: How are you feelings?



When pregnant women have syphilis, it can cause serious health problems for the pregnancy and the baby. Pregnant women with syphilis who are not treated can:

- lose the pregnancy (have a miscarriage);
- the baby can be born alive, but born too early;
- the baby can be born dead.

A woman who has syphilis can pass it on to her unborn baby if the syphilis is not treated early in the pregnancy. If you and your wife are not both treated, the baby can be born with syphilis. This is why we treated your wife immediately and asked you to come for treatment as soon as possible.

Babies born with syphilis can:

- die soon after birth;
- grow up to become deaf, or
- develop defects to the nose and teeth when they are growing up which will be permanent.

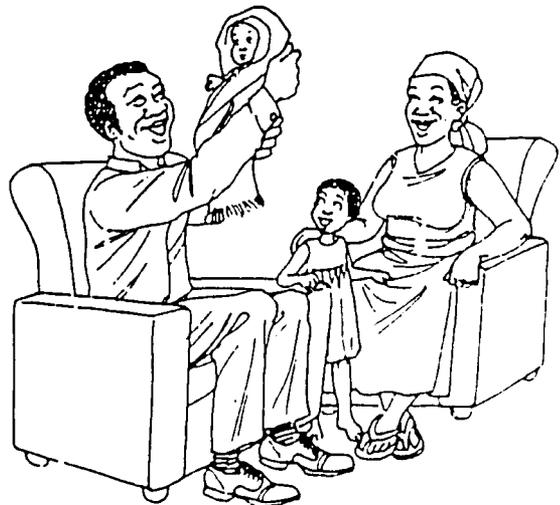
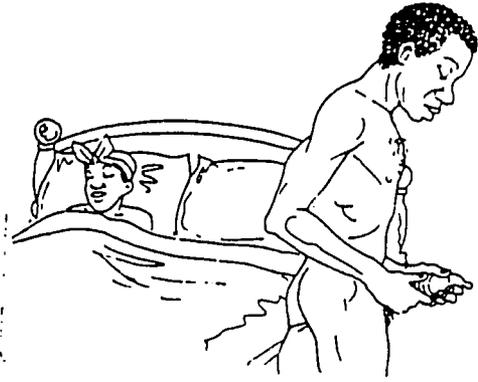
Men who have syphilis can also have health problems. Syphilis can cause serious and permanent damage to your brain and heart. These problems become worse if the syphilis is not recognised early and treated. If men with syphilis remain untreated for many years, it can result in paralysis, mental illness and death.



Don't worry! Your wife has been treated, and she is cured. If you accept treatment today, seven days later you will also be cured. After your wife's treatment, no more damage from syphilis will happen to her or the unborn baby, as long as she is not infected with syphilis again. We are glad you came to the same clinic, so we know you were both treated.



Even after you have been treated, it is very easy to get syphilis again. There are some other things you must do which will protect you from getting syphilis again, and giving it to your wife while she is pregnant. If you and your wife do these other things until the baby is born, the baby, you and your wife will be healthier.





Now that you are being treated for syphilis, you should not play sex with your wife or any other person until one week has passed. If you do not play sex for one week, you will not have to worry about passing syphilis between you and your wife again, since she has already been cured of syphilis. If you play sex with anyone else during this time, you could get syphilis again.

You will be able to play sex again after waiting for one week. Some men find it difficult not to play sex with anyone for a week, especially if they look and feel healthy.

ASK: Do you think you will be able to wait for one week before playing sex with anyone, to be sure that you are completely cured?



If you cannot stop playing sex for one week after treatment, you must use a condom each time you play sex, even with your wife. If you cannot wait for one week before playing sex with your wife, using a condom every time prevents syphilis germs from passing between you until you have both been cured. Using condoms will protect the baby, the pregnancy and your own health.

Some men haven't tried condoms yet.

ASK: Have you ever used a condom before? Would you like me to show you how?



All pregnant women should come to the antenatal clinic regularly until the baby is born. Now that your wife has had syphilis, it is even more important that she continues to come for ANC, to be sure that the pregnancy and the baby stay healthy.

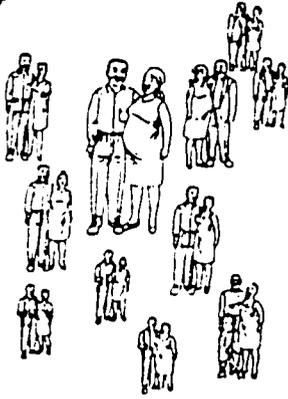


Only you can protect your family by making sure that you and your wife do not get syphilis again. Do these simple things to show that you care about the baby's life and health, your own health and your wife's health.

REVIEW:

- Do not play sex with anyone for a week after you have been treated for syphilis.
- If you must play sex, use a condom every time.
- Make sure your wife continues to come to the antenatal clinic regularly.





Syphilis is passed on by playing sex with someone who also has syphilis. A person who has syphilis can pass on the disease to any other person they play sex with.

Most people who have syphilis do not know that they have it. You cannot tell if someone has syphilis by looking at them. Most people who have syphilis look and feel healthy.

In Kenya today, the number of people who have syphilis is growing. Because many people might have syphilis, even if they look healthy, a person who has many sexual partners has a greater chance of catching syphilis without knowing it.

DEMONSTRATE: This picture shows how each partner could be connected to many others. If even only one person has syphilis, it can spread rapidly to many others.

ASK: Now that you have seen how easily syphilis can spread when people play sex with many others, can you think of any way you could change your own behaviour, so that you will not get syphilis again? We do not have to discuss it today, but you should continue to think about it.

Many men believe that only certain types of people can have syphilis, such as prostitutes, (etc). But we know now that anyone can have syphilis - no matter how they look, no matter what type of work they do, no matter which part of the country they come from. Not only prostitutes and unmarried men have syphilis - now, even housewives and married men also have it.

These days, men need to be more careful about who they play sex with.

Anyone who finds out that they have syphilis has a responsibility to let all their other partners know. As soon as all other partners know, they can also go for treatment. Telling all partners to be treated helps to stop syphilis from passing on to others.

DEMONSTRATE: You can see from this picture all other partners who a person with syphilis. We will talk more later about informing your partners.





Some men in Kenya have other partners in addition to their wife (and co-wife) If you have any other partners, you should inform them that they also need to be treated for syphilis as soon as possible. If they are nearby, they can come to this clinic for treatment. Or they can go to ... If they are not nearby,

I will give you several cards, in case you need to notify other partners. They can present this card wherever they go for treatment. * (this must be a partner notification card which specifies diagnosis of syphilis)

GIVE: As many partner notification cards as the client requests. Or, direct him to a place in the clinic where he can pick as many as he needs.

To be sure you do not get syphilis again, do not play sex with any outside partner until you are sure they have been treated for syphilis also.

Once you all have been treated, playing sex with only your steady partner (or trusted co-wife if you have one) is the best way to avoid catching syphilis, or other STDs again. After you and your wife (and co-wife) have all received treatment and been cured, you can be sure you will not catch syphilis again if you all do not have any other sexual partners.



Even if your outside partners are treated for syphilis, it is difficult to be sure that they are not playing sex with other men. It is easier for someone who plays sex with many people to catch syphilis, because you cannot tell who has syphilis by looking at them. Protect yourself from getting syphilis again.

Stick to one Partner!

ASK: Do you think you will be able to stick to one steady partner?

If you and your primary partner cannot play sex only with each other, then you should both use a condom with all outside partners. If you use condoms with all outside partners, you protect the baby's life and health.

If you do not want to use a condom when you play sex with your wife until the baby is born, use a condom every time if you play sex with outside partners

A condom keeps you safe and clean because it comes between your body and your partners body, and prevents the syphilis germs from passing from one person to another when playing sex.

It is difficult to talk truthfully with your partner about playing sex with other women. Men often deny that they have other partners, even if they know it is true. Sometimes, women also deny they have other partners.

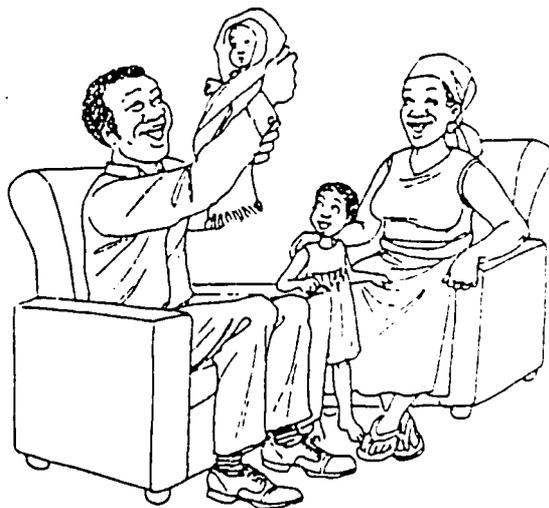
Show respect for each other by agreeing to use condoms with all outside partners.

ASK: Do you think always using a condom with outside partners will be a problem for you?

REVIEW: After you are treated, you and your partner can prevent reinfection with syphilis and keep the pregnancy and the family healthy if you:

- Notify all outside partners (including your co-wife if you have one) of the need to be treated for syphilis
- "Stick to one" partner (and your co-wife if you have one)
- Use a condom every time you play sex with anyone else.
- Make sure that your wife attends antenatal clinic regularly







Be safe!

Condoms provide the best protection against syphilis, AIDS and other diseases which you can catch from playing sex. Why worry? Always use condoms when playing sex with outside partners.



Be Responsible!

Only you can protect your baby's health, your health, and your wife's health. Don't get syphilis again. Show that you care about the health of your family by using condoms every time you play sex with outside partners.



Be Respectful!

These days, relationships with outside partners must be different now that syphilis and other diseases you get from playing sex are around. Getting syphilis can ruin a relationship. Show your wife (partner) that you care about her health and happiness too. Respect each other by using condoms if you play sex with outside partners.



Be modern!

More men are using condoms now that they realize the protection they provide. Condoms are not childish - men who use them are more



Be satisfied!

Playing sex can still be pleasurable when you use condoms. In fact, many men enjoy sex more, because they know they do not have to worry about getting syphilis.

It takes time to get used to anything new. Don't give up after trying condoms only once. Each time you use a condom, it becomes easier and feels more comfortable.



Be prepared!

Condoms are easier to get now. You can get them at hospitals and clinics, but now it is also possible to buy them at small shops, chemists, and supermarkets.

Keep a supply on hand. Think about having condoms with you **before** you are ready to play sex.

Here are some condoms to take with you.

ASK: Do you have any questions about where to get more condoms when you need them?



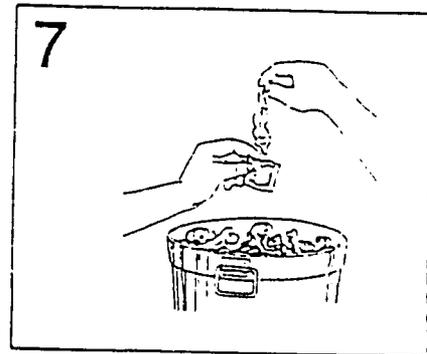
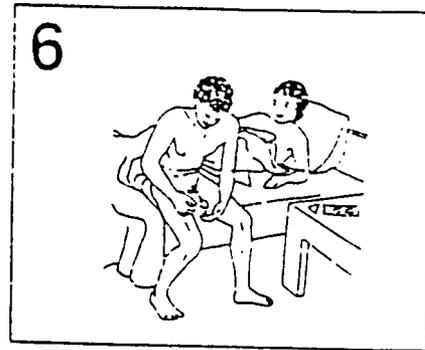
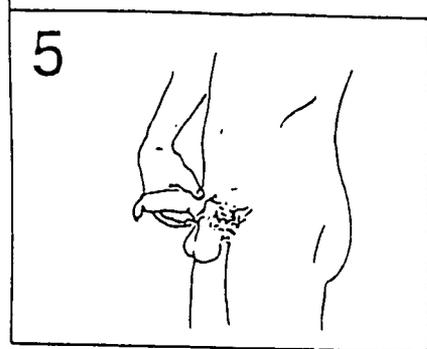
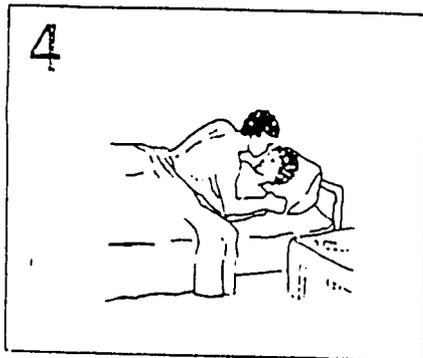
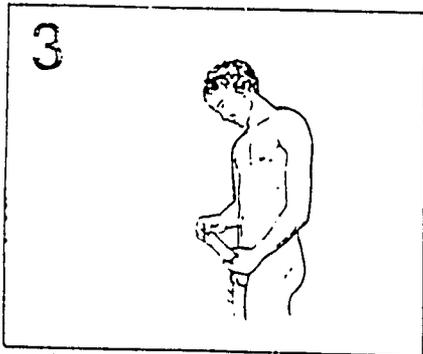
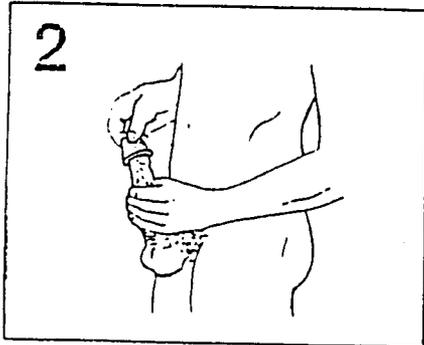
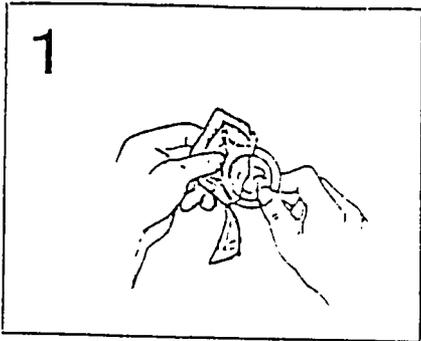
USE A CONDOM PROPERLY:

- 1 Carefully open package so condom does not tear.
Do not unroll condom before putting it on.
- 2 If not circumcised, pull foreskin back.
Squeeze tip of condom and put it on end of hard penis.
- 3 Continue squeezing tip while unrolling condom until it covers all of penis.
- 4 Always put condom on before entering partner.
- 5 After ejaculating (coming), hold rim of condom and pull penis out before penis gets soft.
- 6 Slide condom off without spilling liquid (semen) inside.
- 7 Throw away or bury the condom.

Remember

- Do not use grease, oils, lotions, or petroleum jelly (vaseline) to make condoms slippery. These make condoms break.
- Use a condom each time you have sex
- Only use a condom once
- Store condoms in a cool, dry place.
- Do not use condoms that may be old or damaged.
- Do not use a condom if:
 - the package is broken
 - the condom is brittle or dried out
 - the color is uneven or changed
 - it is unusually sticky

ASK: Are there any other questions about actually using condoms you would like to ask?



MALE PARTNER TAKEHOME LEAFLET



Be modern!



Pregnancy is a time for partnership



Pregnancy is a time for partnership



Be satisfied!

- Read this leaflet yourself or get someone you trust to help you read it.
- Ask your baby's father and any other partner to read it too.
- You can get more copies of this leaflet at the nearest clinic.



Be prepared!

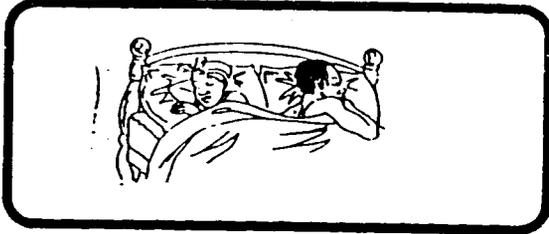
Produced by MotherCare for
Preventing Congenital Syphilis Project
University of Nairobi.
With technical assistance from the
Manoff Group



Now that you and your partner have syphilis, and you have been treated....

DO THIS THINGS IMMEDIATELY

Protect your Baby's Health:



Wait for one week after treatment before you play sex with anyone.



Use a condom each time, especially with your pregnant partner, if you cannot abstain for one week.

Protect your health and the health of others:



Notify all other partners that they should be treated for syphilis, especially your trusted "co-wife" if you have one.

Until after the baby is born:



Stick-to-one steady partner



Use a condom every time you play sex if you cannot stick to one steady partner.

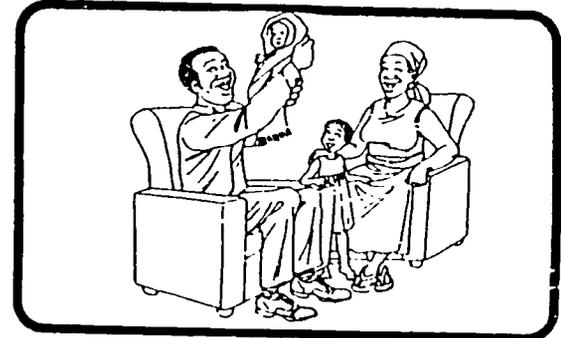


Your baby, yourself and your wife will be healthier if you do these things.

MORE ABOUT CONDOMS:



Be safe!



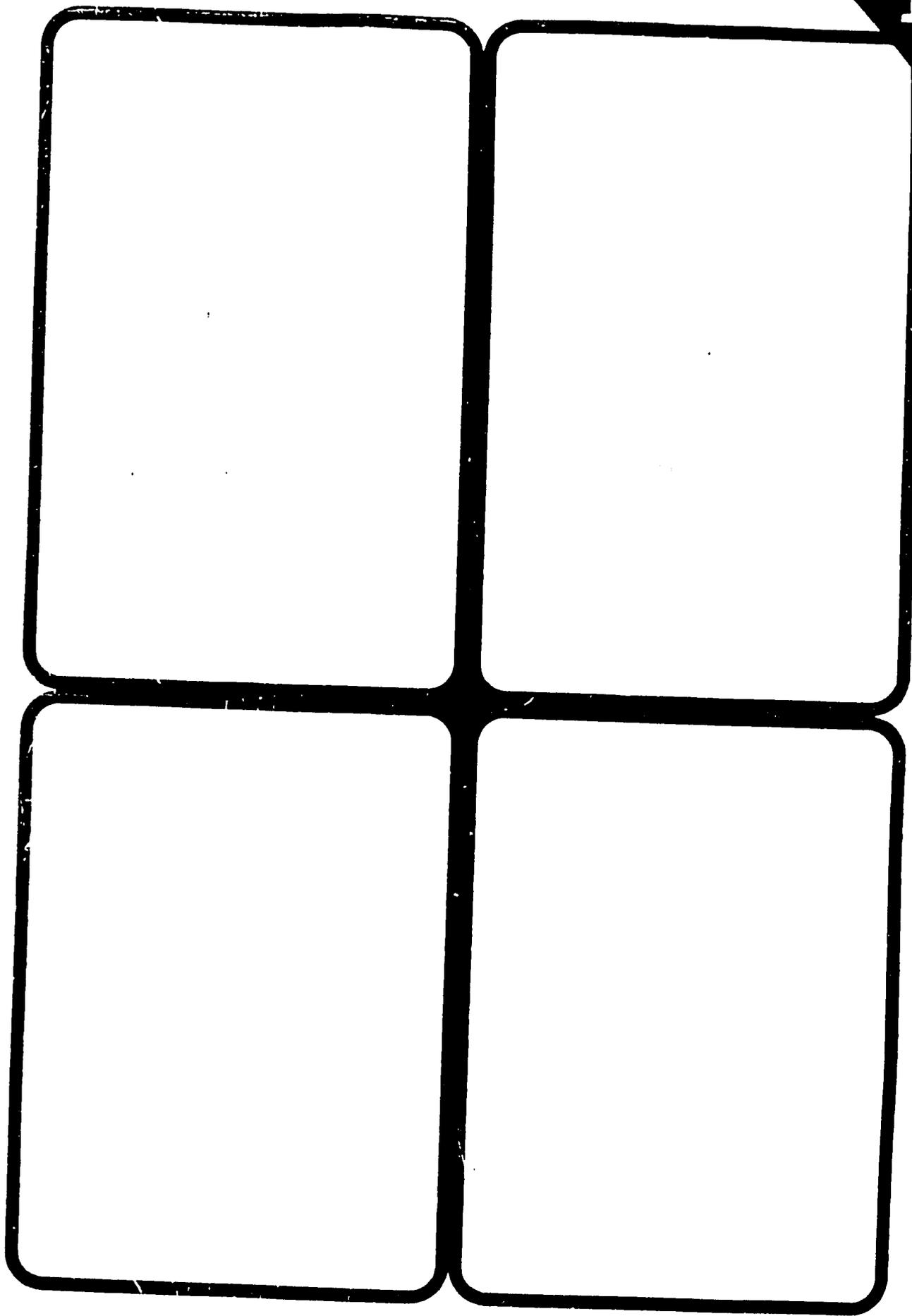
Be responsible!



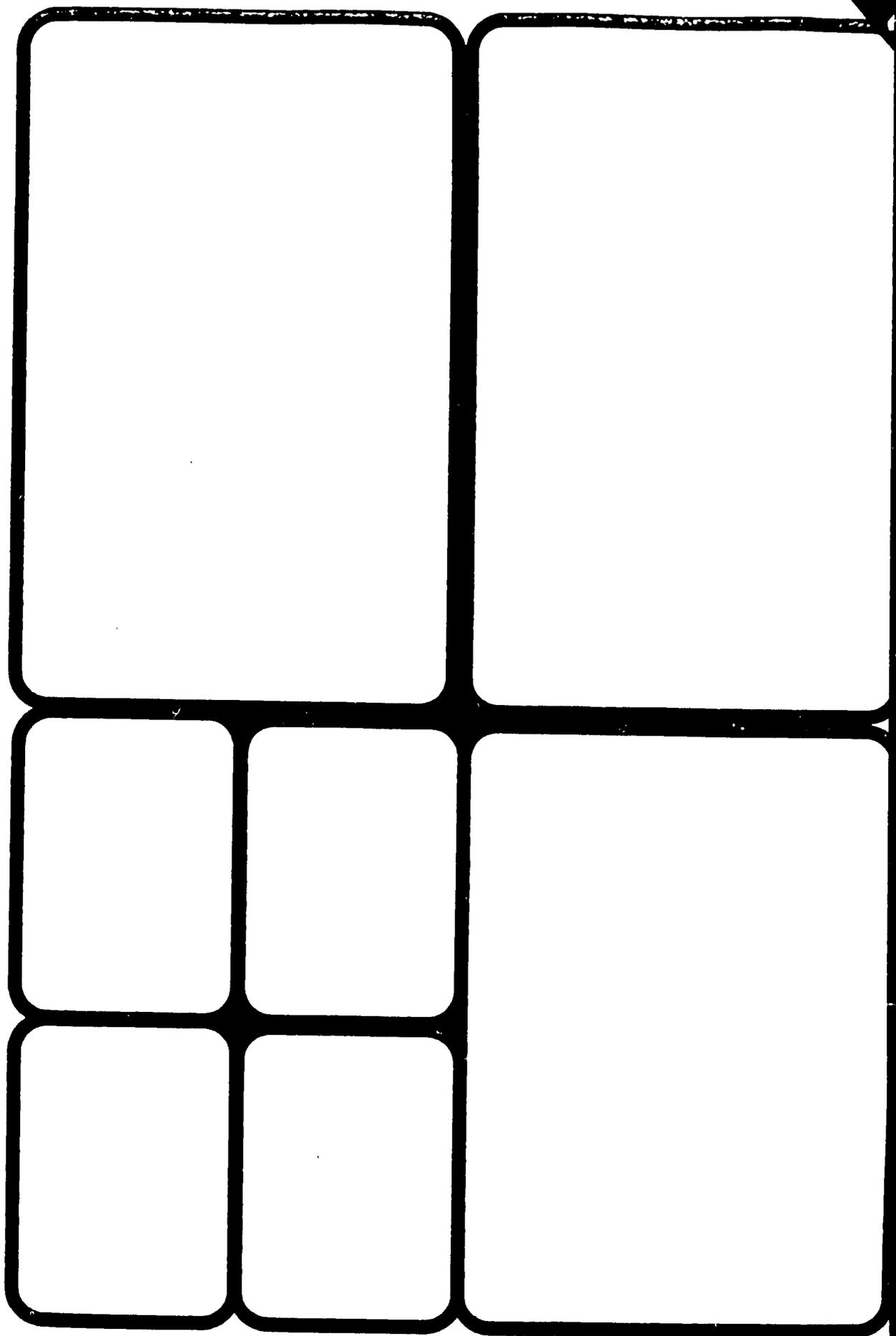
Be respectful!

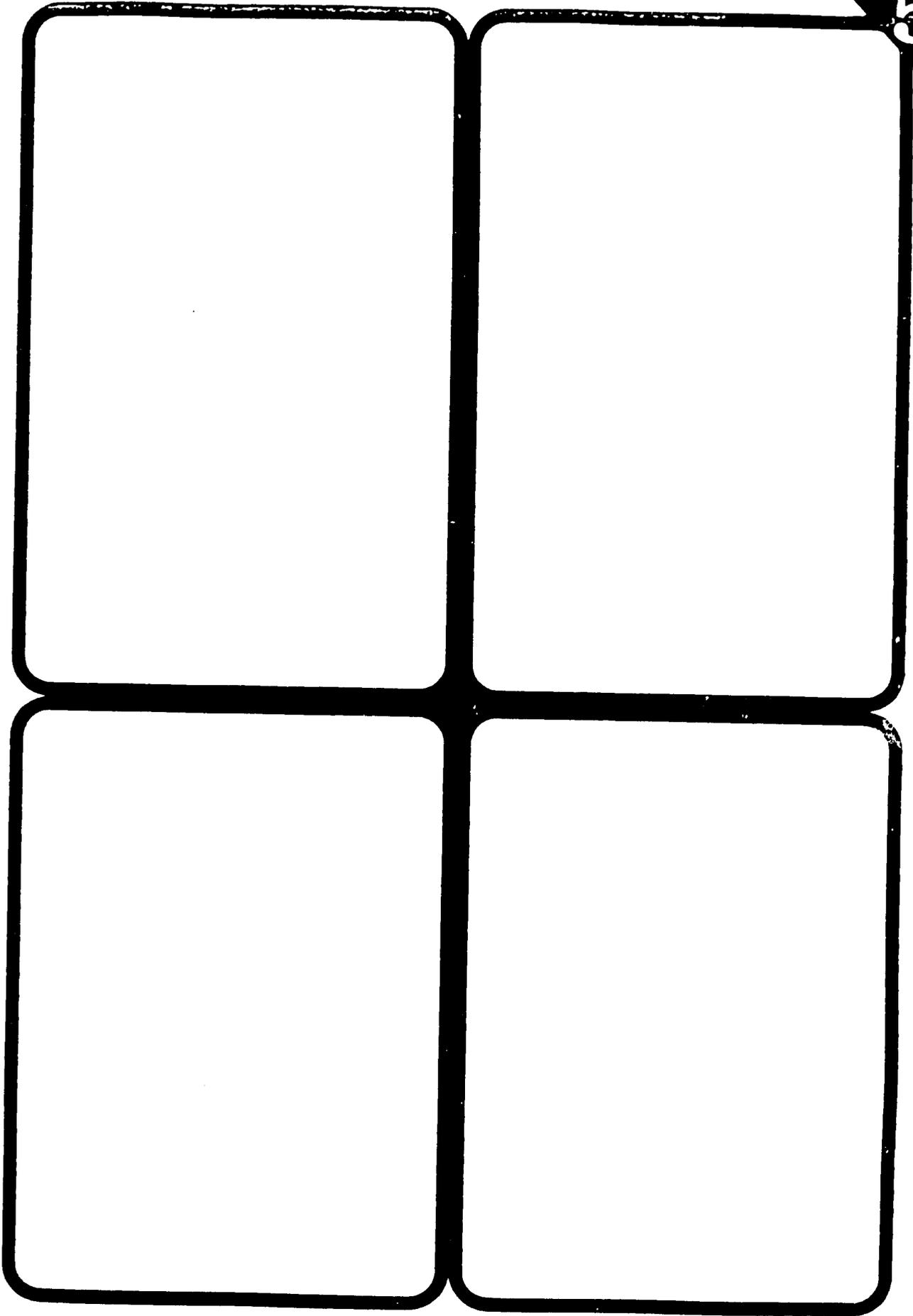
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BLANK CARD SET FOR USE IN
RECORDING PRETEST RESULTS



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Appendix E. Revised Project Workplan -

**Clinic Based IEC Materials
Health Worker Training Manual
Community Based Research/Materials**

**STAFF TRAINING
MANUAL**

JAN FEB MAR APR MAY JUN JUL

| | | | | | | |
|--|---|---|---|---|---|---|
| Produce draft content | • | | | | | |
| Project review draft content/revise | | • | | | | |
| Develop training format | | • | | | | |
| .manual | | • | | | | |
| .workshop | | • | | | | |
| Integrate content/ format | | • | • | | | |
| Produce draft .manual | | | • | | | |
| .workbook (2 sessions counselling) | | | • | | | |
| Remaining sessions | | | • | • | | |
| Train facilitators | | | | • | | |
| Deliver training | | | | | | |
| 1st session group | | | • | | | |
| 2nd session group | | | | • | | |
| 3rd session group | | | | • | | |
| Evaluate training | | | | • | • | |
| Training report | | | | • | • | |
| Produce final: | | | | | | • |
| .manual | | | | | | • |
| .workshop | | | | | | • |

**COMMUNITY-BASED
IEC**

FEB MAR APR MAY JUN JUL

| | | | | | | |
|-----------------------------|---|---|---|---|--|--|
| Design Research Plan | • | • | | | | |
| Design/pretest instruments | | • | | | | |
| Locate/select participants | | • | | | | |
| Conduct research | | | • | | | |
| analyse results | | | | • | | |
| draft Report | | | | • | | |
| Strategy workshop | | | | • | | |
| Final report | | | | | | |
| Develop Communication Plan | | | | | | |
| target groups | | | | | | |
| channels | | | | | | |
| media | | | | | | |
| RADIO | | | | | | |
| Media brief/SOW | | | | | | |
| Scripts (draft) | | | | | | |
| Pretest scripts (final) | | | | | | |
| Print | | | | | | |
| Draft images/messages | | | | | | |
| .clinic flipchart | | | | | | |
| .community leaflets | | | | | | |
| .CHW | | | | | | |
| pretest final / produce | | | | | | |
| Distribute | | | | | | |
| Develop CHW Training Manual | | | | | | |

**CLINIC-BASED
IEC**

1993
JAN FEB MAR APR MAY JUN JUL AUG

| | | | | | | | |
|-------------------------------------|---|---|---|---|---|--|--|
| Qualitative research report draft | • | • | | | | | |
| Report final | | | • | | | | |
| Strategy Workshop | | • | | | | | |
| Image/message development | | • | | | | | |
| draft materials purchased | | • | | | | | |
| Pretest training | | • | • | | | | |
| Clinic IEC pretest (draft) | | | | | | | |
| .staff | | | | | | | |
| .client | | | • | | | | |
| Analyse pretest results | | | • | | | | |
| draft-to-final materials | | | | • | | | |
| Takehome | | | | • | | | |
| Launch clinic-based (user training) | | | | | • | | |