

**AIDSCAP**

**Behavior  
Change  
Communication  
for the  
Prevention and  
Treatment  
of STDs**

Community and  
Clinic-based Communication  
Approaches  
for STD Programs

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# **Section I**

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## **Introduction**

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# INTRODUCTION

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This is one in a series of practical “how-to” handbooks developed by AIDSCAP’s Behavior Change Communication (BCC) Unit in collaboration with the Sexually Transmitted Disease (STD) Unit. It is intended to help program and clinic managers design behavior change communication components for STD control and prevention projects.

The handbook provides suggestions and examples for:

- ▶ Assessing the STD beliefs, concerns and practices of clients and community members.
- ▶ Expanding the role of BCC activities in the clinic.
- ▶ Providing the education and skills training that STD clients need for behavior change.
- ▶ Training health workers in the communication aspects of the prevention and management of STDs.
- ▶ Involving the community in the BCC program.
- ▶ Using the stages of behavior change to develop appropriate BCC messages.

Throughout the handbook the term “clinic” will be used for all health centers—whether they be at a hospital, free-standing clinic or a rural health post.

**In addition to this handbook, other AIDSCAP BCC handbooks may help guide the development of an STD program. They are:**

***How to Create an Effective Communication Project***

***Behavior Change Through Mass Communication***

***Assessment and Monitoring of BCC Interventions***

***How to Conduct Effective Pretests***

***Partnership with the Media***

***HIV/AIDS Care and Support Projects***

***How to Create an Effective Peer Education Project***

***Policy and Advocacy in HIV/AIDS Prevention***

The following are additional guides useful for the development of STD programs:

***Manual for Targeted Intervention Research on Sexually Transmitted Illnesses with Community Members***

***Manual for Targeted Intervention Research on Sexually Transmitted Illnesses in Commercial Sex Settings***

***Control of Sexually Transmitted Diseases: A handbook for the design and management of programs.***

## **Section II**

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# **BCC for STD Treatment and Prevention**

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# **BCC FOR STD TREATMENT AND PREVENTION**

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## **A. What is BCC for STD Treatment and Prevention?**

Behavior Change Communication (BCC) interventions that address STDs are designed to promote behaviors that prevent STD transmission. Behavior change messages are similar to those for HIV but emphasize information about the complications and treatment of STDs.

BCC involves STD education for the individual client and also for the entire community. Upgrading health workers' knowledge and communication skills is usually a prerequisite to successful BCC interventions.

## **B. What is the Goal of a BCC Program for STD Treatment and Prevention?**

The overall goal of most BCC programs for STD prevention is to promote behaviors that prevent the spread of STDs in the community. These include:

- ▶ prompt care seeking for symptoms at appropriate medical sites.
- ▶ following treatment recommendations.
- ▶ communicating with partners about the need to be treated.
- ▶ practicing safer sex including the use of male and female condoms.
- ▶ delaying sexual activity among youth.
- ▶ decreasing the number of sexual partners.

### **C. Why do Communities Need a BCC Program?**

In many communities, people with STDs

- ▶ Do not recognize symptoms.
- ▶ Do not consider the symptoms to be serious or abnormal.
- ▶ Do not practice safer sexual behavior (including condom use).
- ▶ Do not seek prompt treatment from qualified health workers.
- ▶ Do not tell their partner(s) that they may be infected and need treatment.
- ▶ Do not follow treatment instructions.

### **D. Why is STD Treatment and Education Important?**

STDs are a serious health problem.

- ▶ Untreated STDs can cause many problems, including infertility, ectopic pregnancy, and pregnancy loss.
- ▶ Infants born to infected mothers may contract HIV, congenital syphilis, and conjunctival infection with the potential for blindness.
- ▶ Most STDs increase the chance of transmitting and acquiring HIV.

## **Section III**

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**What are the  
Objectives of a BCC  
Program for STD  
Treatment and  
Prevention?**

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# WHAT ARE THE OBJECTIVES OF A BCC PROGRAM FOR STD TREATMENT AND PREVENTION?

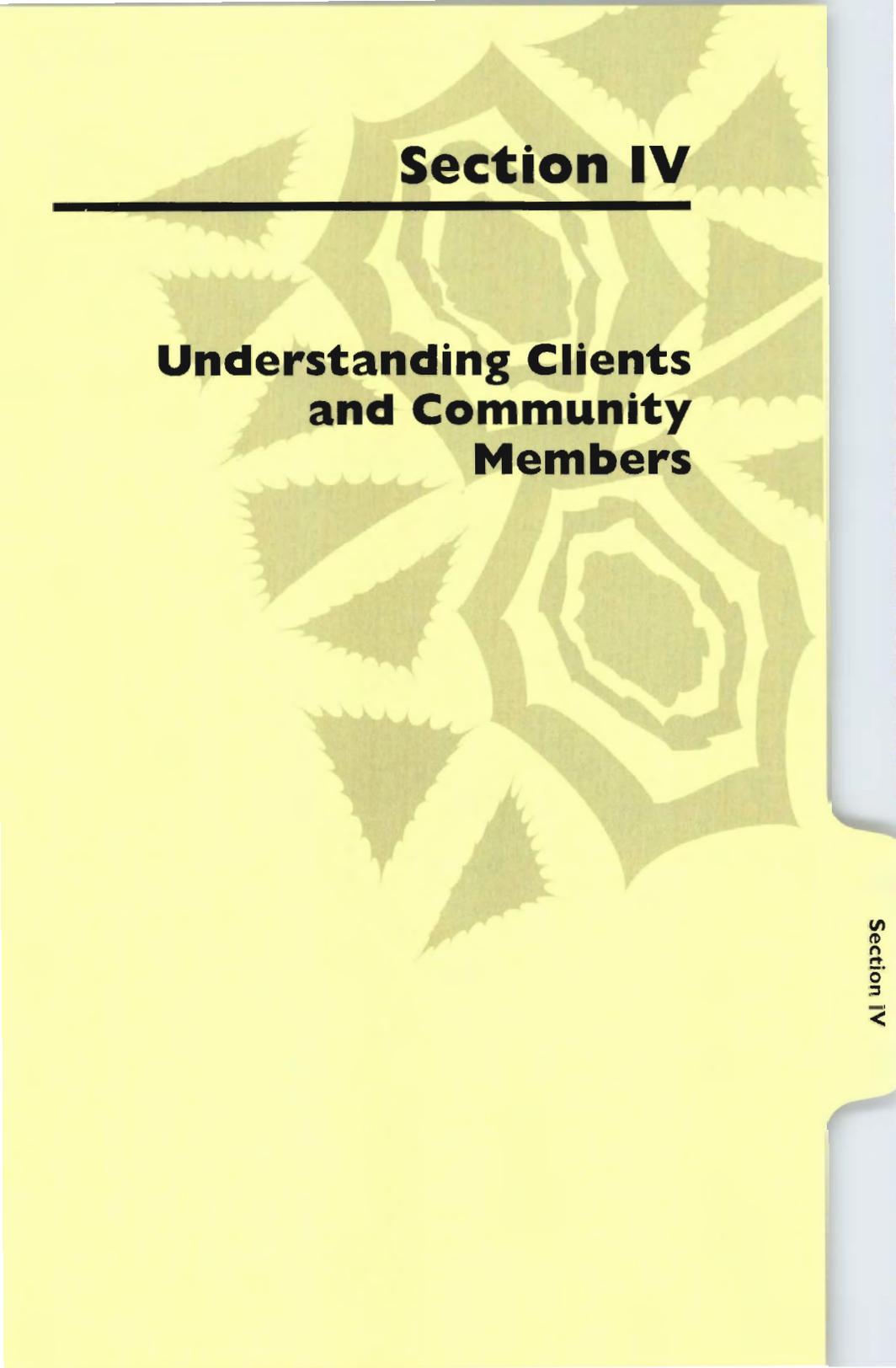
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Common objectives of a BCC program for STDs are listed below. Check those that are appropriate in your situation and add others as necessary.

- To raise knowledge and skill levels of clients and community members about:
  - The common STD syndromes.
  - STD symptoms and modes of transmission.
  - Complications of STDs.
  - The need for timely and appropriate STD treatment.
  - Relationship between HIV/AIDS and STDs.
  - The need for partner notification about STD treatment.
  - Personal risk for acquiring an STD.
  - Means of prevention (including condom negotiation skills and correct and consistent usage).
- To train health care workers to provide effective care and behavior change support.

What are the Objectives of a BCC Program for STD Treatment and Prevention?

- To increase the demand for STD services by:
  - reaching more community members with information.
  - improving clinic services such as health worker communication.
  - motivating clients and community to seek STD treatment.
  - providing privacy and confidentiality for clients.
- To increase the number of clients who:
  - come promptly for care.
  - complete the full course of treatment.
  - refer partner(s) for treatment.
  - use condoms when appropriate.
- Others



# **Section IV**

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## **Understanding Clients and Community Members**

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# UNDERSTANDING CLIENTS AND COMMUNITY MEMBERS

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In order to tailor your BCC program to the needs of clients and community members, you may need to conduct some simple research or investigate the research that has already been conducted in your community.

Information about **clients** can be collected through intake interviews, waiting room surveys or counseling sessions. Information from 10 to 20 clients is enough to give you a good idea of what clients generally know, believe and practice. To collect information about the **community**, you may want to conduct focus group discussions or personal interviews. If members of your staff have been trained in qualitative research skills, they can conduct the research. In some cases, university staff or students or NGO staff can assist.

The information you collect will be useful for:

- ▶ developing messages
- ▶ training staff to understand and use local terminology
- ▶ correcting misconceptions, and
- ▶ addressing clients' concerns.

The list below gives examples of the types of beliefs and situations common in some places. They illustrate how important it is to gather information about your clients and community members.

**Some people:**

- ▶ (especially women) are not aware that discharge may be an STD symptom.
- ▶ are aware of STDs, but do not think they are serious and therefore do not try to treat them promptly.
- ▶ deny the possibility of an infection.
- ▶ do not tell the partner(s) about the infection.
- ▶ believe that traditional healers have medicines that can cure them.
- ▶ do not get professional medical treatment for the infection.
- ▶ (especially youth) believe that having an STD is a normal part of being an adult.
- ▶ are afraid or uncomfortable talking about sexual issues or functions with a member of the opposite sex (health workers and family).
- ▶ treat themselves with drugs from a pharmacy, a friend or the marketplace.
- ▶ believe that people with STDs always have symptoms.
- ▶ believe that a person can not have more than one STD at a time.
- ▶ believe that a person can not have HIV and an STD at the same time.
- ▶ believe that you can tell who has an STD by the way they look.
- ▶ believe that all STDs, including HIV are detected using one diagnostic test.
- ▶ find the location or the hours are inconvenient .
- ▶ do not like the long wait to see a health worker.
- ▶ do not understand the technical words the health worker uses.
- ▶ feel embarrassed to be seen at the clinic.
- ▶ cannot afford the clinic visit.
- ▶ cannot afford medicine.
- ▶ Others

Four example questionnaires are included in this section. You can adapt them to fit your needs. They are taken from **The Manual for Targeted Intervention Research on Sexually Transmitted Illnesses with Community Members**, which also has other discussion guides that may be useful.

The first example will help you learn about STDs in the community and the symptoms community members associate with them. The next, which is based on responses to the first, helps you learn about community members' perceptions of the causes, and transmission routes. The third questionnaire helps collect information about how people learn about STDs. The fourth is an interview to help assess client's experiences in the clinic. This can give you picture of how clients view the clinic's services. The information can be used for health worker training and service improvements.

#### **A. Generating Lists of Illnesses with Specific Symptoms**

(sample questions)

I am going to read you a list of symptoms that are associated with different illnesses of adults here in \_\_\_\_\_ (community name). Can you tell me, as I mention the symptom, whether or not you know of any illnesses which are associated with the particular symptom?

Can you please give me a list of the illnesses which have pain on urination as one of the symptoms?

Can you please give me a list of the illnesses which have lower abdominal pain in women as one of the symptoms here?

Can you please give me a list of the illnesses which have discharge from the vagina/penis as one of the symptoms?

Can you please give me a list of the illnesses which have itching in the genital area as one of the symptoms?

Can you please give me a list of the illnesses which have pain and

swelling of the testicles as one of the symptoms?

Can you please give me a list of the illnesses which have ulcers or open sores in the genital area as one of the symptoms?

**B. Causes, Transmission, and Affected Gender of Illnesses with Specific Symptoms**

With the list of names of sexually transmitted diseases generated by the previous questionnaire, interviewers can get information on causes, transmission, and affected gender for each symptom. The interviewer can use the following as a model for each of the symptoms.

You told me that \_\_\_\_\_ (name of illness) is the name of an illness that has discharge from the vagina/penis. Can you tell me the other symptoms of \_\_\_\_\_ (name of illness)?

Can you have \_\_\_\_\_ (name of illness) without any symptoms? If yes, would this make the illness more serious? Less serious?

Can you tell me what is the cause or causes of \_\_\_\_\_ (name of illness)?

Can you tell me how \_\_\_\_\_ (name of illness) is transmitted?

Have you had any personal experience with any of the illnesses you have told me about today? If yes, which ones?

### **C. How People Learn about STDs**

(selected questions)

Today I am interested in talking with you about the ways in which people learn about sexually transmitted illnesses. Would you mind talking with me about this?

Can you tell me some of the names of sexually transmitted illnesses with which you are familiar?

Have you ever talked with a health worker about sexually transmitted illnesses? If yes, what did the health worker tell you?

How did you feel about this conversation? What could have been better about the conversation? What could the health worker have said to make your understanding more complete? What could the health worker have said to make you feel he/she respected your concerns about this illness?

What words do you use when you talk about sexually transmitted illnesses with your friends? Would those words be acceptable for anyone to use when talking about this subject?

Whose advice do you trust for information about sexually transmitted illnesses? Whose advice do you not trust?

How would you feel about talking with your partner about sexually transmitted illnesses (e.g., about prevention, treatment, partner notification)? Is this something you could do easily? Why or why not? Do you feel that you could use some help to feel comfortable talking about this subject with your partner?

**D. Exit Interview with Clients**

(selected questions)

Client ID# \_\_\_\_\_

What is the purpose of your visit here today? What is the nature of your health problem?

How did you feel about the conversation you had with the health worker?

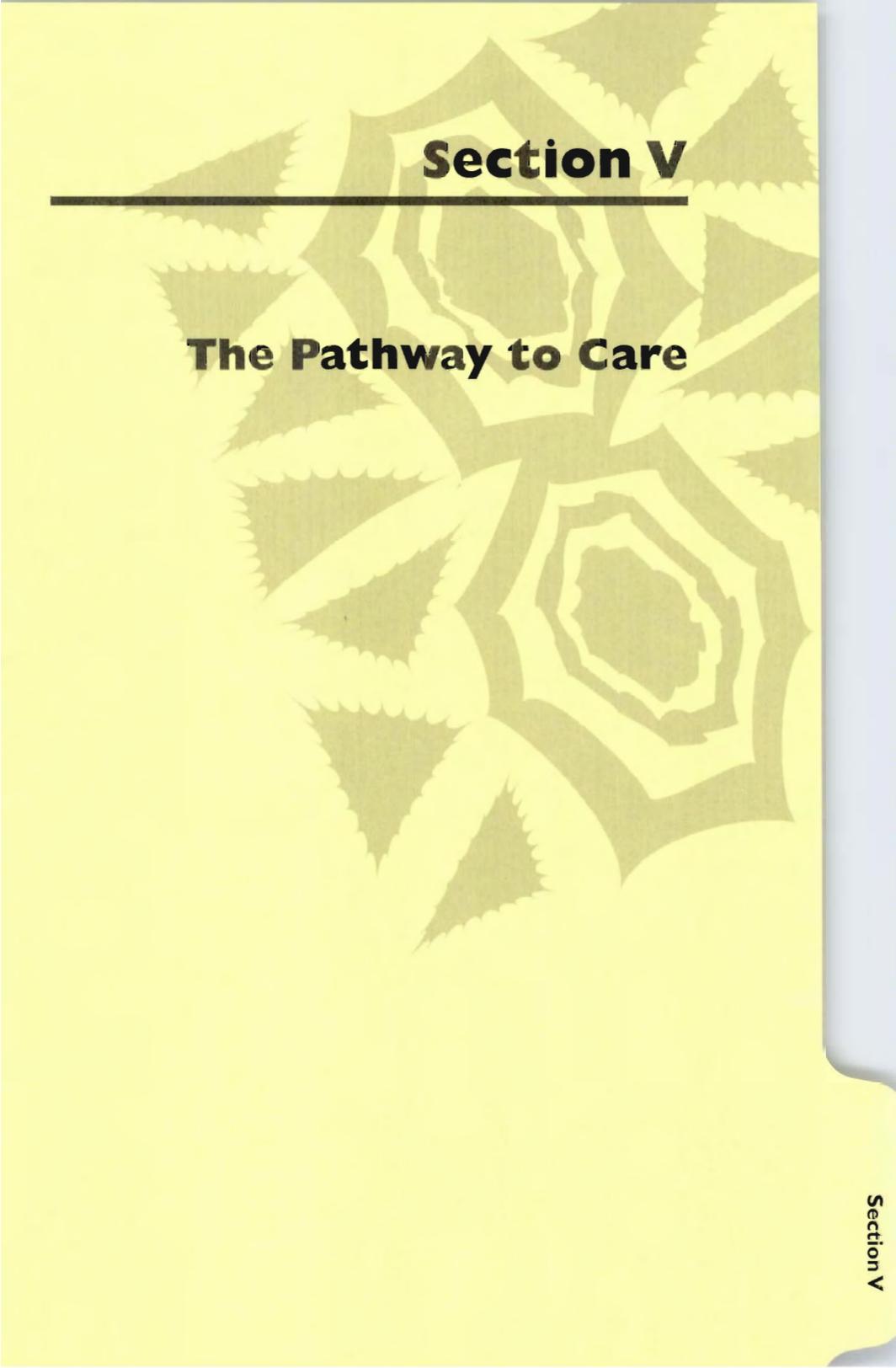
How did you feel about the way the health worker treated you?

How did you feel about the overall visit (probe for waiting time, cost, provider attitudes, adequate supplies, privacy, authority of service)?

Would you advise your friends to come to this clinic for help if they had a similar problem? If so, why? If not, why not?

Were you given anything to treat the problem? What drug(s) was prescribed for your condition? How about anything to prevent getting this problem again (probe for condoms)?

Where in the community in which you live would be a good place to distribute condoms? Is there a particular person in that community who would be preferred? Could this person distribute condoms to persons of all age groups and sexes?



# **Section V**

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## **The Pathway to Care**

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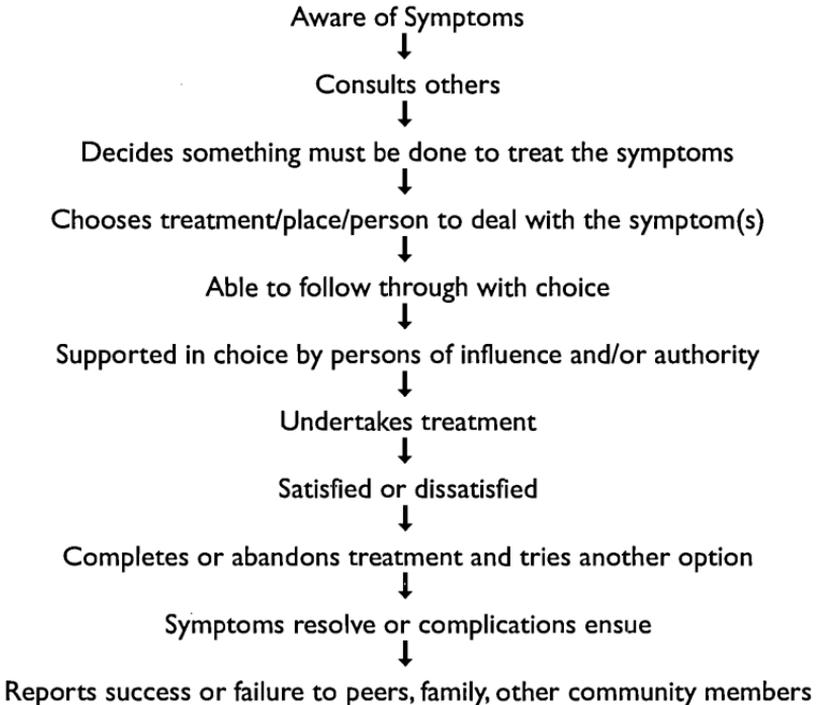
# THE PATHWAY TO CARE

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The process which a client goes through before concluding effective treatment is often a long one. We call it the Pathway to Care. Health workers who understand the process have an opportunity to offer education and support at each step on the pathway.

Below is an example of a pathway taken by some STD clients. Note, not all clients will follow the same pathway and some clients will repeat various pieces of the pathway before they reach the end. Nevertheless, it is important that you consider the many opportunities you have to work with clients.

The client is:



# **Section VI**

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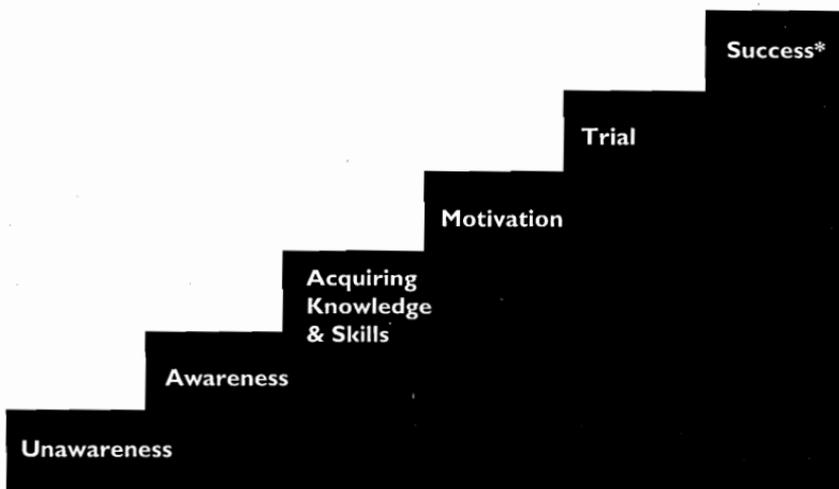
## **Understanding the Process of Behavior Change**

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# UNDERSTANDING THE PROCESS OF BEHAVIOR CHANGE

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Changing behaviors and attitudes is a process that takes time. As people move through that process, their needs for information and skills change. The Pathway to Care, illustrated in the previous section, gave an example of how some STD clients seek care. The process of behavior change provides another example of how many STD clients make treatment-seeking decisions and how program managers can design projects to move clients along the continuum of behavior change.



The process of behavior change can be illustrated in five major stages. First people become **aware** of a problem. Next, they **gather knowledge and learn new skills**. At the next stage they begin to get **motivated** to do something about the problem. Then, they actually **try** a new behavior that may solve the problem. Finally, they **succeed in maintaining** a new behavior.

Certain kinds of behaviors will alert you to the stage that people are in. You can then plan your behavior change intervention and messages to respond to that stage.

Below is an example using these stages and behaviors as a framework for designing BCC interventions. Remember this model when you develop your interventions.

### A. Awareness Stage

**People may:**

- ▶ not recognize symptoms.
- ▶ see symptoms as normal.
- ▶ be aware that STDs exist but not consider them a personal problem.

**The BCC program can:**

- ▶ correct myths and misconceptions through various media both in the clinic and in the community.
- ▶ inform community members about the presence of STDs in the community.
- ▶ inform community members about the importance of STDs to health of mothers and children.
- ▶ promote messages such as:  
“STDs exist and can cause serious problems.”  
“Some STDs are curable.”  
“STDs are preventable.”

**B. Gaining Knowledge and Learning Skills Stage**

**People may:**

- ▶ recognize symptoms as abnormal.
- ▶ consult with family and friends.
- ▶ decide something must be done.
- ▶ choose place/person for treatment.
- ▶ learn skills to prevent STDs.

**The BCC program can:**

- ▶ use mass media to make the location of professional STD treatment well known.
- ▶ advertise the clinic's services, locations, and hours.
- ▶ emphasize that available treatment is effective and services are confidential.
- ▶ advertise availability of condoms at the clinic and pharmacy.
- ▶ give demonstrations and instructions for proper condom use.

### C. Motivation Stage

**People may:**

- ▶ want to get rid of pain and discomfort.
- ▶ want to avoid the consequences of untreated/improperly treated STDs.
- ▶ believe that other people are practicing safer sexual behavior.
- ▶ be willing to try something new.

**The BCC program can:**

- ▶ co-sponsor sports/entertainment events with BCC messages.
- ▶ build community support by using credible spokespeople at health fairs.
- ▶ model behaviors and skills through theater, case studies, music, etc.
- ▶ collaborate with other development sectors (e.g. agricultural extension workers), professional health workers (e.g. social workers and visiting nurses) and community health workers (e.g. peer educators and outreach workers).
- ▶ promote messages such as:
  - “Early treatment prevents mothers from giving STDs to their newborn babies.”
  - “Early treatment will protect your ability to have children.”
  - “Prompt treatment means you don’t spread an STD to the one you love.”

**D. Trial Stage**

**People may:**

- ▶ seek treatment from a pharmacy, traditional healer, or clinic.
- ▶ receive treatment.
- ▶ complete the treatment.
- ▶ need support.
- ▶ reduce risk behaviors.
- ▶ refer partner(s).
- ▶ be praised for their behavior change by health workers, family, peers and/or community members.

**The BCC program can:**

At the clinic:

- ▶ treat the client in a respectful, professional, confidential, and empathetic manner.
- ▶ provide medication with clear instructions.
- ▶ guide the client in behavior change decisions and set achievable goals.
- ▶ persuade the client to be patient and accept that relapses are normal.
- ▶ provide information and skills for behavior change (e.g., condom use, partner negotiations and referral).
- ▶ rehearse talking to partners by using role plays.

In the community:

- ▶ continue to build positive attitudes toward family and safer sex practices.

### E. Success and Maintenance Stage

**People may:**

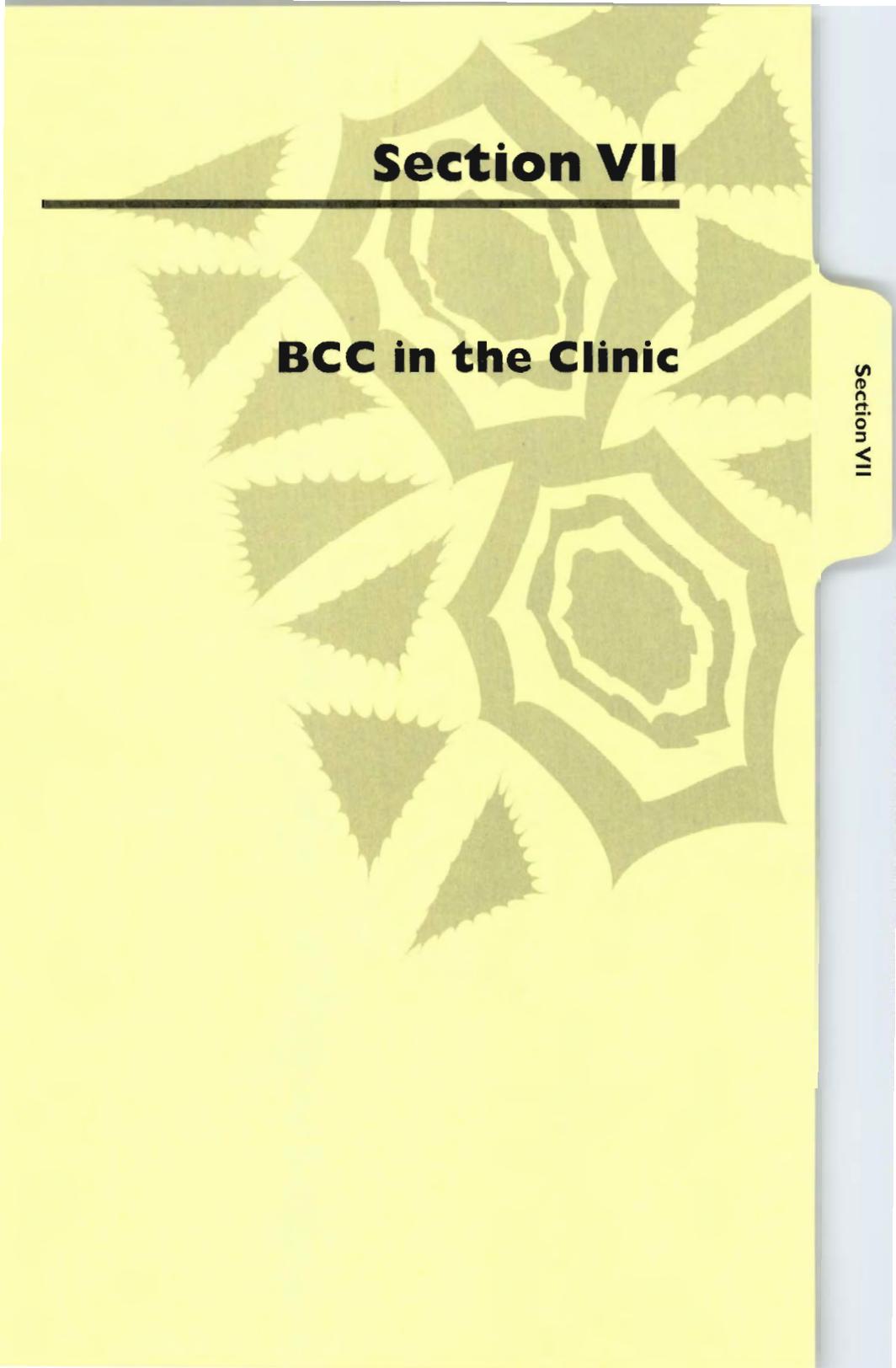
- ▶ report treatment success to friends, family, peers.
- ▶ avoid risky behavior.
- ▶ maintain the change to safer sexual behavior.
- ▶ tell friends about the benefits of prevention and the ease of treatment.

**The BCC program can:**

- ▶ congratulate client for completing the medication and for using condoms and referring partners.
- ▶ help clients to reassess personal risk.
- ▶ acknowledge and support continuing the safer sexual behavior.
- ▶ continue community and client BCC efforts.

**Remember:**

**The process of changing behaviors and attitudes is not a direct journey. Most people move back and forth between stages before achieving success.**



# **Section VII**

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## **BCC in the Clinic**

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# BCC IN THE CLINIC

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## A. The Role of the STD Clinic or Program Manager

As clinic or program manager, you have the responsibility to ensure that health workers help both clients and community members get the information and skills to protect themselves from STDs.

To complement the BCC efforts you should also consider other activities that will enhance your STD program management.

Check the activities that will enhance your program:

- Establish a policy that protects client confidentiality and creates an atmosphere of respect and empathy for the client.
- Organize clinic facilities to allow for privacy.
- Reward efforts in client education.
- Develop an education and counseling (BCC) training program for existing and new staff members.
- Allow health workers time to educate clients.
- Include competence in client education and motivating behavior change in clients as one criteria for selecting clinic workers.
- Organize the clinic to increase educational opportunities in the community. Develop an outreach program into the community served.
- Ensure sufficient resources to carry out the BCC campaign: educational materials, sufficient numbers of trained staff, and supplies such as condoms and medications.
- Build relationships with people in the community who can help with STD education and behavior change—e.g., agriculture extension workers, community development workers, visiting nurses, church agencies and NGOs.

- Develop a dialogue with traditional healers to help convince them to refer suspected STD cases to the clinic.
- Others

## **B. Who Conducts Client Education in the Clinic?**

Health workers sometimes feel that they are too busy to dedicate time to client education and behavior change communication. If this is the case in your program or clinic, you have several options.

You can:

- Reorganize the workload of staff.
- Acquire new staff.
- Train volunteers from the community.
- Provide extra incentives for your staff to take on educational tasks in the clinic and in the community.
- Others

For example, clinic managers can encourage peer educators from other health sectors to include STD issues in their messages. Peer educators can also conduct educational activities with clients in clinic waiting rooms.



### **Remember:**

**Client education requires educators who are patient and non-judgmental. Their attitudes toward STD clients influence their effectiveness as communicators.**

## **C. Knowledge and Skills that Health Workers Need to Provide Effective Client Education**

Effective communication between health workers and clients requires more than knowledge and information. The health worker educates, motivates, and supports a client in the treatment and behavior change process.

Mark the areas in which you want to provide further training for your health workers.

The health worker needs to know these **facts about STDs**:

- STD modes of transmission.
- Possible consequences of STDs: infertility, newborn diseases, fetal loss.
- Relationship between STDs and HIV/AIDS transmission.
- Treatment information:
  - How to take medication (how much, how often, when, with what, for how long).
  - Why a complete course of medication is important.
  - Abstinence from sexual relations while on treatment or use of a condom.
  - Reasons to stop taking the medication.
  - Signs that call for a return to the clinic.
  - Importance of partner referral and treatment.
- STD prevention measures:
  - Correct and consistent use of condoms.
  - Choosing partners who use condoms and/or are faithful.
  - Alternatives to penetrative sex.
  - Abstinence from intercourse.
  - Delay onset of sexual activity (adolescents).

The health workers needs these **skills to motivate and support a person in the behavior change process**:

- Discuss sexuality and STD transmission in appropriate language for the audience.
- Develop rapport with clients.
- Demonstrate and teach correct condom use.

- Discuss and encourage partner notification.
- Explain the importance of complete and appropriate treatment.
- Understand and apply the process of behavior change.
- Understand social norms and peer pressure and their roles in behavior change.
- Motivate and support behavior change.
- Maintain confidentiality.
- Discuss sexual negotiation and refusal skills.
- Help clients and community members assess their personal risk.

The health workers needs these **group communication skills**:

- Presenting to groups in the community: factories, health fairs, schools, Rotary Clubs.
- Facilitating group discussions and role plays.

#### **D. The Clinic as an Education Center**

The clinic can be an efficient place for client education. Check the areas where client education can be improved or added.

- ▶ Is education available in every possible location (e.g., through posters, leaflets, audio and video tapes, face to face discussions)?
  - registration area
  - waiting room
  - laboratory
  - exam area
  - pharmacy

- 
- ▶ Are the messages in a variety of media?
    - posters
    - pamphlets
    - video
    - audiocassette
    - condom demonstrations and practice sessions with penile models
    - counseling
    - one-on-one discussion with a health worker
  - ▶ In addition to clinic staff and health educators could any of the following help educate clients or community members?
    - other clinic staff who interact with clients (e.g., receptionist, pharmacist)
    - community health workers
    - specially trained peer educators
    - medical students
    - nursing students
    - university students interested in community development, research, education, etc.
    - volunteers

The waiting room is suitable for presentations that do not require the client to reveal personal information. Clients can also view a video or hear an audiocassette. They can read a pamphlet or comic book and be encouraged to take it home to refer to later. Throughout the clinic posters can educate and reassure clients that confidentiality is respected and protected.

**Remember:**

Every sexually active client should have an opportunity to practice putting a condom on a demonstration model.

**Remember:**

When creating messages and designing educational materials think about the ways different people learn. Some clients learn by reading; some by talking and asking questions; others by action. Some clients relate to real life examples of how other community members have successfully been treated for an STD and changed their health-related behaviors. Many people like to watch an information video.

# **Section VIII**

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## **What the Client Needs to Know**

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# WHAT THE CLIENT NEEDS TO KNOW

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Client information needs were determined when you did client research (See Section 4). The leaflets, posters and other educational materials throughout the clinic will be aimed at filling those needs. Additionally, before leaving the clinic, every client should get information about the treatment of their STD. This information should be given verbally by a health worker and in the form of a leaflet to take home.

Many health workers keep a check list of the following items on their desk so that they make sure that each client has received and understood all important information.

- ▶ How, when and for how long to take medication.
- ▶ Symptoms that call for a return to the clinic.
- ▶ The need for abstinence or condom use during treatment.
- ▶ How to use a condom.
- ▶ Where to get condoms.
- ▶ How to convince partner(s) to use a condom.
- ▶ How to avoid re-infection.
- ▶ How to refer or convince partner(s) to go to the clinic for treatment.
- ▶ How to talk to partner(s) about sex during treatment for STDs.

# **Section IX**

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## **BCC in the Community**

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# BCC IN THE COMMUNITY

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To strengthen the chances for clients' behavior change, the clinic's BCC program requires a clear presence in the community. Working with the community will increase the likelihood (1) the clinic improves its image as a "safe place" to be treated for STDs, (2) that the community perceives the program as beneficial, and (3) that individuals feel supported in their behavior change efforts.

## A. Working with the Community

The BCC program for STDs can educate the community through:

- ▶ making presentations to community groups.
- ▶ displaying posters throughout the community.
- ▶ distributing pamphlets.
- ▶ participating in health fairs.
- ▶ participating in outreach programs—e.g., literacy programs, visiting nurses, etc.
- ▶ developing a radio campaign.
- ▶ working with writers to get messages into soap operas and other television and radio programs.
- ▶ involving community story tellers and theater groups.
- ▶ advertising/educating at sports and entertainment events.

**Six other suggestions that may be useful in outreach to the community follow:**

1. Work with already established peer educators. There may be peer education projects in schools, women's groups, work places and military groups.
2. Use commercial marketing techniques to develop a campaign using songs, dramas, billboards, posters and other culturally acceptable media.
3. Link with commercial organizations and social marketing organizations to influence the availability of products (drugs and condoms) and services related to STD prevention and control.
4. Support and cooperate with pharmacists/chemists and traditional healers. Both can refer clients to you and both may be willing to display and distribute your STD information. Consider conducting a special training for them.
5. Network with existing health education efforts (e.g., Maternal Child Health, Family Planning, AIDS) to reinforce messages and present a unified image of sexual health promotion.
6. Gain support from the community by meeting individually or as a committee with NGOs, community and religious leaders, business owners, educational institutions (teachers, school boards, parent organizations), local and regional government members, sports heroes and entertainers.

**There are many ways to engage community leaders in the BCC program. Check the methods you will use.**

- Create an advisory group of community leaders to give advice on the needs of their community.
- Encourage their sponsorship of community health fairs.
- Invite community leaders to be guest speakers at meetings, fairs, media events.

- Invite interested leaders to participate in staff training so they begin to understand the technical aspects of the program.
- Ask interested community leaders to inform their peers about your project.
- Invite them to all ceremonial occasions.
- Ask them to write articles or letters to the editor about the program.
- Hold regular meetings with interested leaders to update them on program activities.

Keep community leaders informed when:

- ▶ Assessing the community situation.
- ▶ Choosing appropriate communication approaches.
- ▶ Conducting public relations or using publicity.

## **B. What the Community Needs to Know**

The information needs of the community were determined by the research you conducted (See Section 4). Many of the messages you design will be similar to those you give to clients in the clinic. Community messages are often disseminated through billboards, radio and television announcements, club meetings, and conversations with peer educators and community leaders.

Experience shows that many of the following messages are important. After you have researched the appropriate messages for your community, check those listed below to see if there are any that you have overlooked.

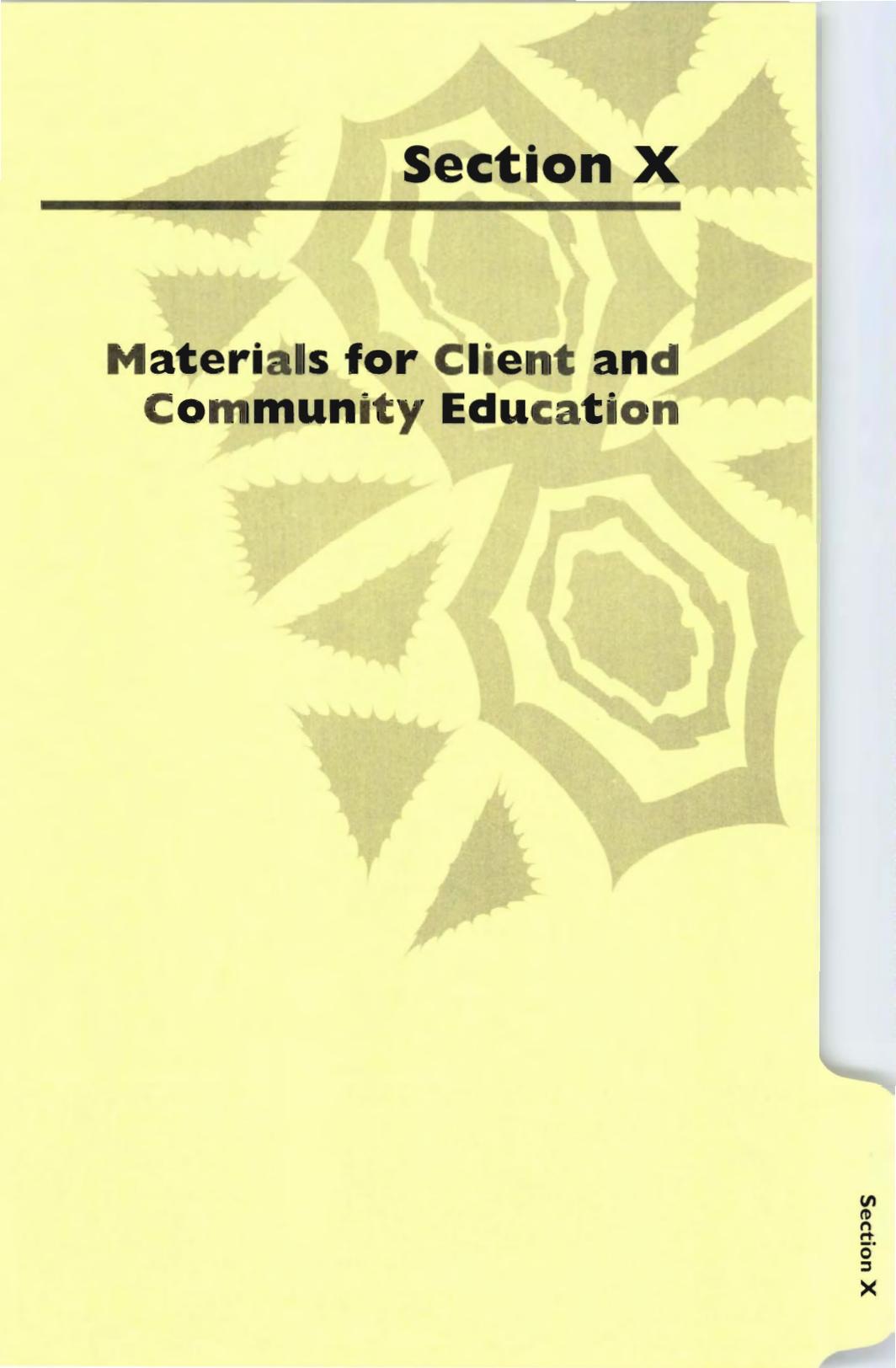
- The symptoms of STDs.
- How one contracts an STD.
- Individual, family, and community consequences of untreated STDs.

- The benefits of STD control and prevention (e.g., less pain and discomfort, no need for shame and embarrassment, saved money, less infertility, fewer newborn afflictions, reduced HIV transmission).
- The services available at the STD clinic; its location(s) and hours.
- The importance of immediate and complete treatment.
- The necessity for partner(s) referral.
- The importance of correct and consistent use of condoms.
- The benefits of (couple) counseling.

### **C. What the Health Promoter Needs to Know to Work in the Community**

Health workers or educators who work in the community will need the same technical information as those who work in the clinic. Knowledge of community resources, culture and practices will help make their community education more effective. Check the types of information that are important for health workers and educators in your community.

- Community beliefs about how STDs are transmitted.
- Sexual behavior norms for men, for women, and for adolescents.
- Gender differences regarding stigma, partner notification, access to health care, and responsibility for prevention.
- Current treatment preferences and practices.
- Obstacles that prevent people from being able to avoid risk, e.g., social norms, socioeconomic issues.
- The health services and resources that community members know about and use.
- The experiences they have had with health services: good communication, demonstrated care and respect, confidentiality, success in treatment.
- Trusted information sources, favorite radio/television programs, newspapers.



# **Section X**

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## **Materials for Client and Community Education**

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# MATERIALS FOR CLIENT AND COMMUNITY EDUCATION

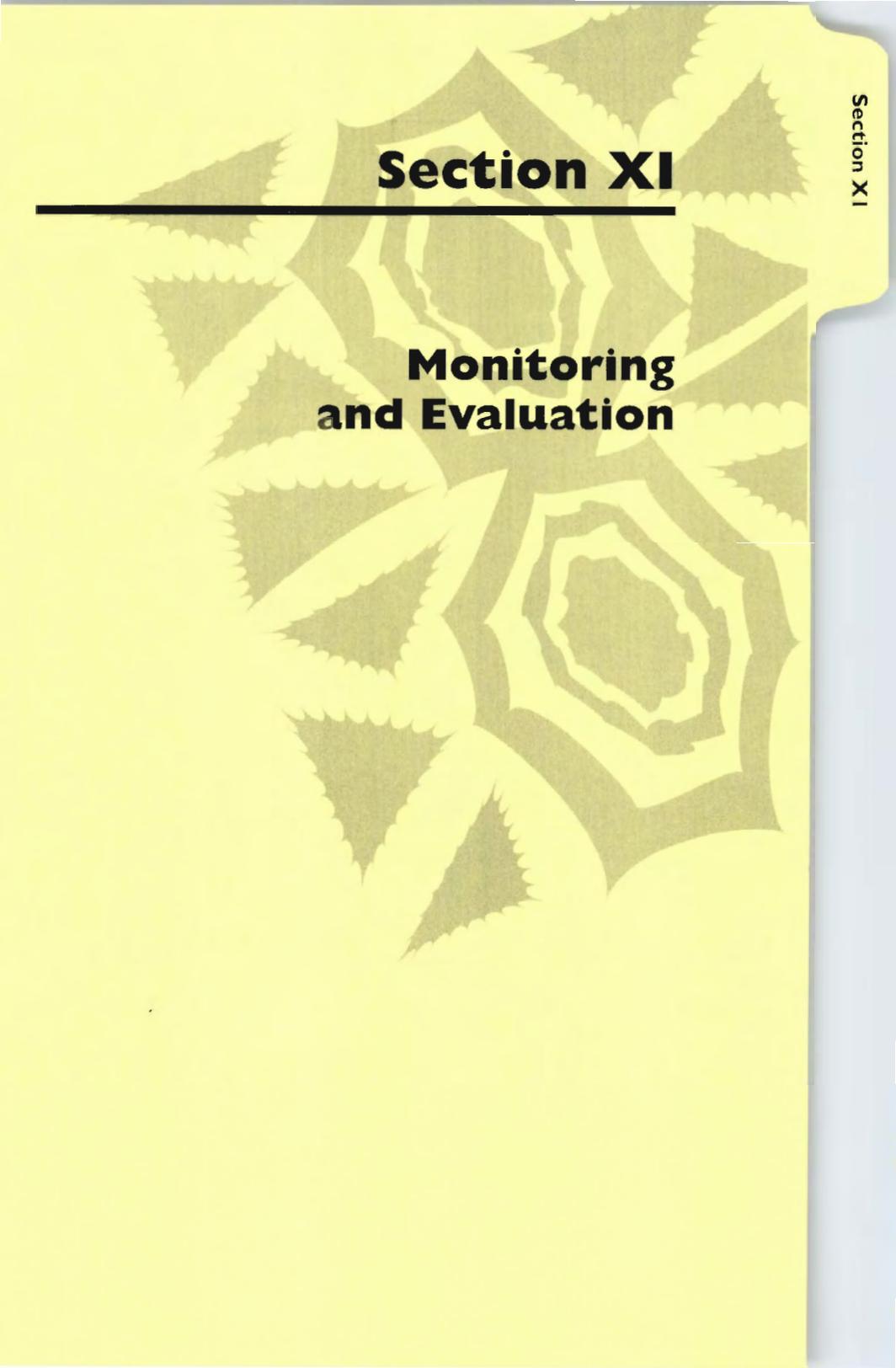
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Improved behavior change communication in your program or clinic depends on (1) the improved attitudes and interpersonal communication skills of your staff, outreach workers and volunteers; and (2) effective small and large media materials. Small print materials such as leaflets, posters and flip charts as well as larger media such as newspaper articles and radio programs can play important roles.

Effective materials are tailored to the needs of your particular clients and community. The research you have done is the basis of the materials that you use. If your program or clinic staff do not have the time or the expertise to develop quality materials, you have several options.

- ▶ **Strengthen existing staff:** This requires giving additional training and duties to existing staff. There may be a need for financial incentives and/or for hiring new specialized staff to supervise and coordinate materials development activities.
- ▶ **Collaborate with other agencies:** There may be other agencies such as the Ministries of Health or Education, community development organizations or NGOs which have the experience, the expertise and the willingness to provide materials development services. NOTE: Provide them with your research information and ask them to develop materials based on it.

- ▶ **Contract services from other institutions:** It may be possible to contract out all materials development activities to a university, an advertising agency or other private organization. Again, your own research results should be the basis for messages and materials that are produced.
- ▶ **Use print materials developed by other organizations:** In many communities, leaflets and posters are available from public and private health organizations. Often, they will give you permission to use their materials. NOTE: First, pretest the materials with your clients and community. If some of the words, pictures or concepts are unclear, revise and reprint the material.
- ▶ **Radio and television producers will often work with you at no charge.** You may have to pay for airtime but not production time. Again, ask them to use your research results as the basis of their audio or video material.



# **Section XI**

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## **Monitoring and Evaluation**

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# MONITORING AND EVALUATION

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**Monitoring and evaluation occurs throughout the life of a BCC program and provides continual opportunities for making revisions or adaptations to the program.**

**For example, monitoring helps you find problems and allows you to focus on such questions as:**

- ▶ Are the clinic staff or peer educators able to apply their new training to their daily work?
- ▶ Are more people visiting the clinic? If not, why? Could it be that the hours of service are still not convenient? Could it be that community members are still not aware of the improved services? Could it be that staff attitudes and communication skills are still not appropriate?
- ▶ Are the staff seeing behavior changes? More treatment completion? More partners seeking treatment?
- ▶ Are the staff happy with the stronger emphasis on client education? How is staff morale?

**In order to conduct monitoring, use the objectives that you identified at the beginning of the program. With those objectives (See Section 3) as a check list, record progress and problems every 3 to 6 months. Below are examples of criteria which may help you determine if you are reaching your objectives.**

**Quantitative criteria:**

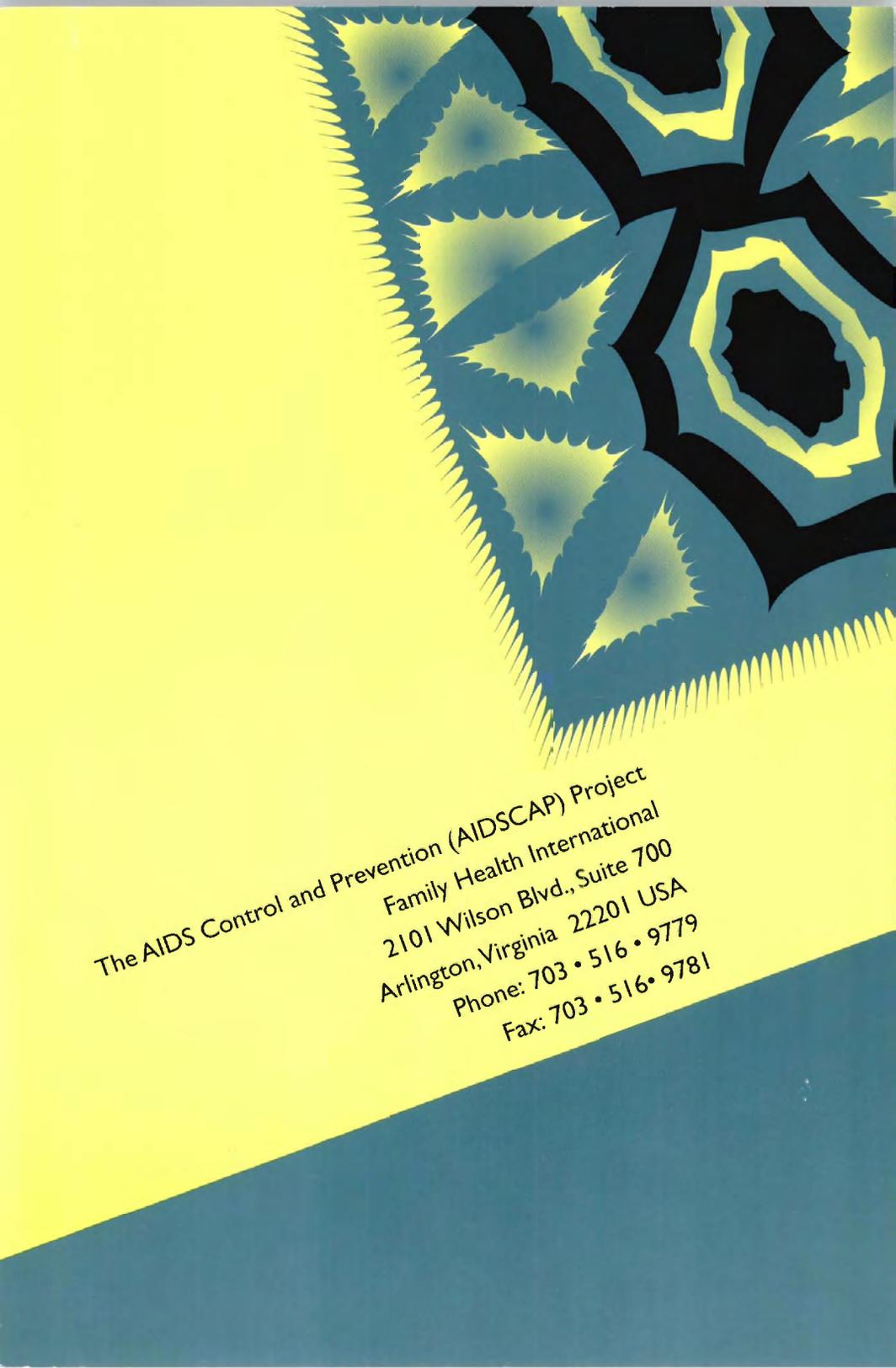
- ▶ Increased condom access and use.
- ▶ Fewer repeat STD cases.
- ▶ Improved STD referral and partner notification.
- ▶ Less delay in seeking care (decreased number of days of symptoms before clinic visit).
- ▶ Less self treatment before seeking appropriate care.
- ▶ Increased number of clients who complete medication.
- ▶ Increased number of clients visiting the clinic.
- ▶ Increased number of hours/week spent in clinic-based STD education.
- ▶ Increased number of information distribution channels in the community.
- ▶ Number of educational and promotional events in the community sponsored by the clinic: health fairs, school/factory presentations, sports/entertainment events.
- ▶ More media coverage related to the BCC campaign.

**For areas that you cannot put into numbers, possible criteria are:**

- ▶ Self-reported improvements in client health, partner relationships, negotiation skills.
- ▶ Observances of changing community norms regarding sexual behavior/values.
- ▶ Higher awareness level in community of STD symptoms, causes, transmission.
- ▶ Reports of positive experiences when visiting the clinic.
- ▶ Evidence of increased support from community leaders: meeting attendance, presence at promotional events, influence on organizations to promote STD prevention.

**Much information can be gathered from a review of:**

- ▶ staff activities
- ▶ client records
- ▶ client exit interviews
- ▶ peer educator reports
- ▶ client-reported changes in behavior/knowledge/attitudes
- ▶ focus group discussion reports
- ▶ interview results.



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