



**Best Practices in Egypt:
Creating a Movement for Change
(Behavior-change Communication)**



Children and their parents watch a performance of the TAHSEEN puppet show

The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

Mission

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

THE NEED

TAHSEEN's goal is to improve the health and well-being of Egyptian women and children. To achieve this TAHSEEN must (1) communicate health-enhancing and potentially life-saving information to Egyptian women, men, youth, families, and communities and (2) help them use this information to change their behavior.

Too many underserved and economically disadvantaged families in Egypt are unaware of the potential risks of early marriage, early and too frequent childbearing, gender-based violence, female genital mutilation, and failure to effectively or quickly respond to obstetric emergencies (including postpartum and postabortion emergencies). They are also not aware of the potential benefits of birth spacing, improving couple and intergenerational communication, seeking routine postpartum care, adopting postpartum family planning methods, and improving gender relations.

These issues are not openly discussed between husbands and wives, engaged couples, parents and children, and community leaders and village residents in the conservative areas of Northern Upper Egypt or in the poor urban areas of Cairo. There is little, if any, highly visible role modeling of healthier behaviors by respected leaders or peers.

Individuals and families, who somehow obtain information in this limited environment and wish to adopt healthier behaviors, often do not feel supported. As a result, they may ultimately choose not to change. The desire to change may be especially fragile when that change involves challenging deeply held practices and beliefs. As an example, many girls are expected to marry while in their teens and are often not considered marriageable if they are not "circumcised."

THE TAHSEEN SOLUTION

TAHSEEN and its partners have demonstrated that change is possible in Egypt through carefully orchestrated, fully participatory, respectful and responsive behavior-change efforts. These efforts create change in a few "early adopters" and forge a movement of change among a critical mass of people interested in adopting new behaviors themselves while encouraging others to do the same. The ultimate outcomes of such a movement will be improved health and a deep and lasting sense of empowerment.

To initiate change, TAHSEEN relies on a sound conceptual behavior change communication (BCC) framework that requires knowledge transfer, role modeling, behavior endorsement, and complementary activities to ensure that behavior change is supported and rewarded. This framework is discussed briefly below.

A proven BCC conceptual framework

Behavior change on a large scale does not happen quickly or without a great deal of coordinated effort in Egypt and around the world. To change reproductive health and family planning behaviors in Egypt, one must first bridge the knowledge gap. The most disadvantaged and underserved people in Upper Egypt do not have the information they need to make informed, personalized RH/FP decisions. Many are not even aware that they can choose a healthier way of life.

To bridge the gap between those who have information and those who do not, TAHSEEN and

its many partners provide information to women, men, youth, other RH/FP decision makers (such as mothers-in-law), and the community at large through a variety of cost-effective, sustainable, culturally acceptable channels.

International experience has shown that knowledge alone is usually not enough to effect behavior change. To effect change in RH/FP behaviors, the *second* level of work TAHSEEN must do is begin to bridge the knowledge-behavior gap. While people receive information suggesting that change might be beneficial, most need to know that, if they decide to change, their communities will support them. They need to know that their new behaviors will not contravene the advice and values of those they most trust—spouses, other family members, neighbors, teachers, doctors, religious leaders, peers, etc.—and they need assurance that these “influential people” *approve* of their actions. This is particularly true in Egypt, where husbands, mothers-in-law, and religious, political, and other leaders are extremely influential. TAHSEEN’s approach at this second level is to work with a broad range of leaders, giving them the tools they need to act as role models, to establish and endorse new norms, to transfer decision-making skills, and to inspire change. To this same end, but on a more private level, TAHSEEN encourages improved couple and intergenerational communications.

The *third* aspect of TAHSEEN’s approach is to link interested clients to the specific care they need (from NGOs, private providers, pharmacies, district hospitals, and newly renovated MOHP clinics), to ensure that the services provided are of good quality and to support clients’ desires to adopt healthier behaviors. To be successful, once a person, couple, or community is informed and motivated to change, they need support. Without this support, their attempts to change may be frustrated, and they may not try again. A decision to adopt TAHSEEN’s birth spacing recommendation will require that (1) potential clients be able to access relevant commodities and/or services and (2) their experience obtaining those products and/or services must be one that reassures them that they made the right decision.

A multichanneled, Egypt-specific approach

TAHSEEN knows from international experience that BCC messages are better absorbed if they are disseminated in a variety of acceptable formats by a variety of trusted sources. This is especially true in Egypt, where, often, it is not only women who are involved in RH/FP decision making—women may also depend on husbands, mothers-in-law and others for advice and as role models. These people have diverse interests and lifestyles, and reaching them requires different messages delivered through a variety of channels. TAHSEEN has chosen a BCC approach that is comprehensive and multifaceted, utilizing print materials, community presentations, integration of messages into agriculture/irrigation extension visits, literacy classes, peer counseling, community mobilization, and media work. Community leaders are especially important in Egypt for both disseminating and endorsing messages, so TAHSEEN relies strongly on religious leaders, teachers, medical professionals, traditional providers, media representatives, and other leaders. TAHSEEN identifies leaders, trains them, and supports their efforts with interactive materials that allow them to engage communities in what can prove to be life-altering discussions. TAHSEEN also relies on the use of live and taped drama productions—plays, puppet shows and videos.

Case Study: plays, puppet shows, and videos

Rationale

Worldwide, popular drama is considered a best practice that reaches a variety of decision makers, contributing to changes in knowledge and, eventually, behavior. TAHSEEN shows through its plays and puppet shows that this is also a best practice in Egypt—specifically, in the underserved governorates of Minia, Fayoum, and Beni Suef, and certain poor urban areas of Cairo, where communities have little or no access to organized entertainment and eagerly crowd around for each performance. There are several advantages to this approach in Egypt:

- Popular dramas have universal appeal and access. Unlike some communication channels (e.g., television, newspapers, print materials, or presentations by leaders to specific constituencies), popular drama appeals to and can be accessed by all sectors of society, including all major RH/FP decision makers in Egypt—men and women, young people, fathers and mothers, newlyweds and engaged couples, mothers-in-law, etc. Plays and puppet shows are offered free of charge and anyone can attend. Plays are offered in the evening so men can attend, while puppet shows are offered in the afternoon and are designed primarily for women and their children.
- Multiple messages can be communicated, reinforced and remembered. Drama is an efficient way to communicate one message or several interrelated messages. Because messages are communicated through a story, viewers can follow the causal connections between them. For example, if the father had listened to the advice of his friend and not married his daughter off so young, she would not have become pregnant while still a teenager and her life might not be in danger due to an obstetric emergency. Messages are communicated through an entertaining, well-produced, lively, often humorous story that also includes song and dance, and the audience is fully engaged—sometimes through several viewings—enabling them to remember messages more easily. In a large number of the remote communities in which TAHSEEN works, most people have never experienced a staged production of any kind. This further enhances the “special occasion” quality of the event and message absorption. TAHSEEN’s popular dramas are a superb way of approaching the first step in the BCC framework described above to increase knowledge of risky and optimal behaviors.
- Dramas can model “desirable” behaviors for all decision makers. The second step in TAHSEEN’s behavior-change framework is the creation of an enabling environment, including behavior modeling. The characters in TAHSEEN productions feel familiar. They come from similar socioeconomic and geographic backgrounds, wear similar clothing and speak in a similar style, and they experience the same barriers, opportunities, and dilemmas as their audience. For example, a play in a poor urban area focuses on issues that touch people directly or indirectly in these areas (e.g., substance abuse). All aspects of a production (scripts, costumes, use of local dance or music groups, etc.) are adjusted to reflect governorate-specific realities and preferences. This tailored approach allows audience members to immediately identify with characters, perhaps rejecting a negatively presented character in favor of one who is portrayed more positively. One actor can portray the stubborn father who cares only for tradition, while another portrays the father who knows that educating girls is better for the girl, her future family, and the country. Behaviors that are modeled are easier to emulate. Depending on the story, many important decision

makers can be portrayed in this manner, such as women, husbands, young people, and mothers-in-law.

- Dramas can generate open discussions and information seeking. Television spots, print materials, or waiting-room videos experienced alone cannot stimulate open discussions as can popular drama. At the end of a play couples who attend may well leave discussing the birth-spacing decisions made by the characters and the ramifications of those decisions. Families attending a show together can find themselves having their first intergenerational discussion about reproductive health and family planning. Talking about the dilemmas of Hanneya or Gamila may be initially easier than talking about one's own concerns and can easily lead to a life-changing discussion. To facilitate this process further, characters often model an open discussion style between couples and between parents and children. As described in the framework above, this kind of openness is often essential for RH/FP behavior change. TAHSEEN encourages these discussions at its puppet shows by holding postdrama question-and-answer sessions with local authorities, where a Christian and a Muslim religious leader, a doctor, and a fourth leader, such as a social worker, are always involved. The puppet leads the conversation by addressing one of these authorities, who is sitting at a podium on the stage. The authority answers the question (e.g., "Yes, Islam supports birth spacing" or "No, it is not true that hormonal contraceptive methods pose serious dangers to a woman's health"). Then the session is turned over to the audience. This way, respected leaders not only disseminate information, but also immediately endorse the drama's messages. Equally important, public discussions break the taboo that surrounds many RH/FP-related issues.
- Productions are coordinated with clinic openings. The final element of TAHSEEN's behavior-change framework is to ensure that those who want to change their behaviors can do so. TAHSEEN presents its plays and puppet shows only in communities where newly renovated clinics are available to meet any resulting demand for services, and the puppet show question-and-answer session offers audience members information about access to those clinics. In a community, the timing of these productions also creates goodwill for TAHSEEN's other interventions, since the productions are viewed as gifts.

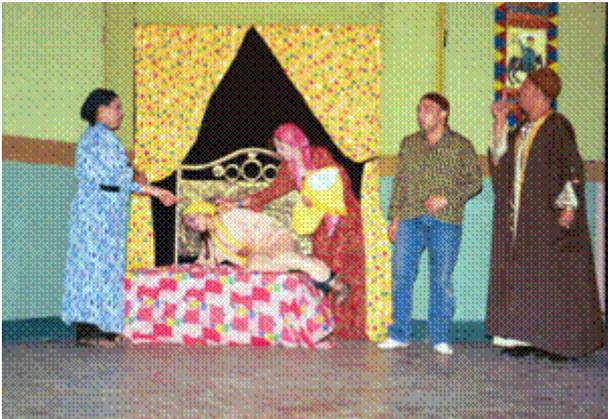
TAHSEEN's productions

TAHSEEN has created two core dramas, each adapted slightly for each participating governorate and for urban areas:

- Hanneya and the Responsibility: Hanneya's story is one of empowerment and self-efficacy. Hanneya's father, who has "too many" daughters, withdraws Hanneya from school and marries her off at the age of 14 to Said, an idler. By the age of 19 or 20, Hanneya has already had two children (all daughters) and survived obstructed labor and postpartum complications. Many of the most important decisions in Hanneya's life have already been made for her. But Hanneya is strong-willed and resourceful, and she believes her life can be different. When her husband goes to the Gulf in search of work, Hanneya decides to attend adult-education classes and to participate in an income-generation project, proving that she can solve her own problems (even in the absence of her husband), be a role model for her daughters, and contribute in new ways to her family's well-being. Eventually, she opens a textile factory that helps other women and her community as she donates a percentage of her income to her local clinic. When Said returns, he advises a friend not to marry until his future

wife is physically and psychologically mature. He encourages his friend to support his future wife's education, to delay their first pregnancy, and to be equally proud of his daughters and sons. In poor urban areas, this story is adjusted somewhat to also address themes of substance abuse, youth delinquency, unemployment, and HIV/AIDS.

- The Engagement of Aragoz and Kashkelioz: This puppet show is about couple communications, early marriage, and reproductive health, family planning and OBSI. The main character, a male puppet, wishes to marry, but during his engagement he begins communicating with his fiancée, who left school shortly after puberty. They decide to take part in premarital counseling, where they learn about optimal birth spacing and the dangers of early childbearing. Consequently, they decide to delay their marriage until both of them are more mature.



A scene from The Story of Haneya

To create these productions, TAHSEEN worked with local Cultural Palaces (which operate under the Egyptian Ministry of Culture), NGOs, youth centers, schools, professional and amateur actors, and musicians, and a professional director, production manager, and scriptwriter. Productions debuted in December 2003 at the governorate level in Minia, and later at the district, village, and hamlet levels in Minia Governorate. Media professionals in Minia, Fayoum, and Beni Suef, who participate in TAHSEEN's Media Professionals' groups, publicized and reported on many of these performances. Puppet shows were also performed as part of TAHSEEN's Youth activity "Shabab TAHSEEN Week."

TAHSEEN produced a series of nine short videos for use in clinic and hospital waiting rooms. Corporate partner Procter & Gamble has donated 30,000 LE (approx. \$5,208) for purchase of 15 TV/VCR sets for renovated clinics as a part of corporate social responsibility activities. These videos, which follow the BCC principles described above, feature the "positive deviant" character Sakamony, who models for his rural peers the behaviors defined above. Each episode shares two or three core messages. Sakamony is based on a popular character from a television commercial named Satamony, and the actor who portrayed Satamony plays Sakamony in the video dramas. The actor is also a TAHSEEN employee. His appearances on behalf of TAHSEEN in rural communities invariably creates a sensation, as people, young and old, crowd around him seeking his autograph. Sakamony is a distinctly rural character. He speaks with a rural accent, wears rural clothes, and has only a basic education. But he is a beloved role model, both in his fictional community and in the "real world," demonstrating how a rural farmer can discuss issues constructively with his wife, not favor his sons, encourage his daughters to continue their schooling, and so on. Production of these videos will be completed in 2005.

TAHSEEN is currently in negotiations to air these nine short videos on government-owned television, thereby bringing "Sakamony" to a national audience.

RESULTS

TAHSEEN's plays and puppet shows are very often presented to standing-room only crowds. After viewing a play or puppet show, children urge their parents to go to the next performance, husbands bring their wives, and neighbors bring their friends. Typically, audience size grows substantially each time the production is staged in a particular locality. Given their popularity, productions were rapidly scaled-up from their beginnings in Minia—first to Fayoum, where performances began in June 2004, then to Beni Suef, where performances began in August 2004, and finally to three poor urban areas in Cairo, where performances began in October 2004. As of March 2005, TAHSEEN produced 115 play performances and 92 puppet show performances in 97 venues in three governorates and three poor urban areas in Cairo. Altogether, these performances have reached an estimated 138 000 people.

An independent contractor conducted pre-and posttests to measure the effects of some of the plays on attendee knowledge in 2003-05. The tests consisted of individual interviews before and after performances with approximately 5% of those attending selected performances in the three governorates and in Cairo. Individuals were randomly selected, and those who responded to posttests were not the same as those who responded to pretests. As demonstrated below, audience members in some remote areas arrived at performances with limited knowledge of some topics addressed by the plays. This is not surprising as early productions coincided with the opening of clinics and the beginning of TAHSEEN activities in a community. After a production has been presented, audience members often greet or thank the actors by waving TAHSEEN's optimal birth spacing ("three to five") hand signal. Some of the results of this assessment follow:

Table 1: Knowledge of Play Attendees Pre/Post Performance (n=300)

Topic	Pre	Post	Chi Square	P-Value
Knowledge of OBSI (3-5 years)	27%	60%	66.46	P< 0.001
Timing of postpartum family planning (Within 40 days)	57%	94%	111.01	P< 0.001

