

Behavior Change Communication

Behavior Change Communication (BCC) is a multi-level tool for promoting and sustaining risk-reducing behavior change in individuals and communities by distributing tailored health messages in a variety of communication channels.

Before they can reduce their risk and vulnerability to HIV, individuals and communities must understand the urgency of the epidemic. They must be given basic facts about HIV&AIDS, taught a set of protective skills and offered access to appropriate services and products. They must also perceive their environment to be supportive of changing or maintaining safe behaviors.

As HIV is primarily a sexually transmitted infection (STI), this requires national and community discussions on sex and sexuality, risk, risk settings and risk behaviors. It also means dealing at the national and community levels with the resulting stigma, fear and discrimination.

The HIV&AIDS epidemic forces societies to confront cultural ideals — and the practices that clash with them. BCC is vital to this process and can set the tone for compassionate, responsible interventions. It can also produce insights into the broader socio-economic impacts of the epidemic.

The strategic role of behavior change communication

BCC has many different, but related roles to play in HIV&AIDS programming. Effective BCC should:

- **Increase Knowledge.** BCC should ensure that people have the basic facts in a language, visual medium or other media that they can understand and relate to. Effective BCC should motivate audiences to change their behaviors in positive ways.
- **Stimulate Community Dialogue.** Effective BCC should encourage community and national discussions on the underlying factors that contribute to the epidemic, such as risk behaviors, risk settings and the environments that create these conditions. BCC should create a demand for information and services, and should spur action for reducing risk, vulnerability and stigma.
- **Promote Advocacy.** Through advocacy, BCC can ensure that policy makers and opinion leaders approach the epidemic seriously. Advocacy takes place at all levels, from the national down to the local community level.
- **Reduce Stigma and Discrimination.** Communication on HIV&AIDS should address stigma and discrimination and attempt to influence social responses to them.

- **Promote Services for Prevention Care and Support.** BCC can promote services that address STIs, orphans and vulnerable children (OVC), voluntary counseling and testing (VCT) for HIV, mother-to-child transmission (MTCT), support groups for people living with HIV&AIDS, clinical care for opportunistic infections, and social and economic support. BCC can also improve the quality of these services by supporting providers' counseling skills and clinical abilities.

The goals of behavior change communication

BCC strategies in HIV&AIDS aim to create a demand for information and services relevant to preventing HIV transmission, and to facilitate and promote access to care and support services. Some specific BCC objectives include:

- Increasing the adoption and continued use of safer sex practices;
- Promoting visits to clinics treating STIs and opportunistic infections, including tuberculosis;
- Increasing the demand for VCT, for MTCT prevention services, and for OVC care and support;
- Increasing the adoption and continued use of safer drug-injecting practices;
- Stimulating dialogue and discussion on risk, risk behavior, risk settings and local solutions; and
- Reducing stigma and discrimination for those living with HIV&AIDS.

Essential steps to develop a behavior change communication strategy

The following steps incorporate careful analysis, feedback and redesign throughout the entire process.

Step 1: Identify the problem based on the overall program goals.

Step 2: Segment target populations.

Step 3: Engage in formative research.

Step 4: Identify behavior change goals.

Step 5: Seek consensus from stakeholders.

Step 6: Design communication plan, including objectives, overall theme, specific messages and outlets for dissemination.

Step 7: Pre-test and revise.

Step 8: Target communication to specific groups.

Step 9: Implement the plan.

Step 10: Monitor and evaluate it.

Step 11: Seek feedback and make appropriate revisions.

Lessons Learned. Experience in carrying out BCC interventions has shown that:

- BCC should be integrated with overall program goals and specific objectives. BCC is an essential element of HIV&AIDS prevention, care and support programs, providing critical links with other program components. BCC should be linked to policy initiatives and service provision.
- BCC should encourage individual behavior change and also help create environmental conditions that facilitate personal risk reduction.
- Formative assessment or audience research must be conducted to better understand the needs of the target population and the barriers to behavior change that its members face.
- All BCC in HIV&AIDS should contribute to stigma reduction.
- The target population and the related community should participate in every phase of BCC development.
- Using a variety of communication channels is more effective than relying on any one. For example, peer education should be promoted by mass media, counseling and other approaches.
- Pre-testing is essential for developing effective BCC materials.
- Monitoring and evaluation should be incorporated at the start of any BCC program.
- Objectives for change after exposure to the communication should be specified. These may be changes in actual behavior or shifts in the precursors to behavior change, such as in knowledge, attitudes or concepts.
- Fear campaigns do not work. They contribute to an environment of stigma and discrimination.
- Because society-wide change is slow, changes achieved through BCC will not be seen overnight.

In conclusion

BCC strategies must be based on overall program goals and objectives. They must move beyond individual communication products to a careful use of many different interventions, products and channels for a broad community approach.

A BCC strategy that is woven into the overall program and based on sound formative assessment can influence community discussion, social norms, and — when services and commodities are in place — individual and community behavior.

Those who plan and implement HIV&AIDS programs should develop strategic approaches that view BCC not as a collection of different, isolated communication tactics, but as a framework of linked approaches that function as part of an integrated, ongoing process.

PNAC Resource Centre

Noman Farooq

Senior program Associate

PAKISTAN NATIONAL AIDS CONSORTIUM

House No 441, Street 57, Sector I 8/3 Islamabad

Email: noman@pnac.net.pk

www.pnac.net.pk

www.aidspnac.org