



A Guide to Developing Materials on HIV/AIDS and STIs



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December 2003

About the STI/HIV Prevention (SHIP) Project in Georgia

The goal of the SHIP Project is to reduce the rate of transmission of sexually transmitted infections (STIs) including HIV in targeted urban locations in Georgia (Tbilisi and Batumi). Save the Children and Program for Appropriate Technology in Health (PATH) are partners together with two local nongovernmental organizations (NGOs), Bemoni Public Union and Tanadgoma Center for Information and Counseling on Reproductive Health. For information about the SHIP Project, see www.assistancegeorgia.org.ge.

PATH is an international, nonprofit, NGO whose mission is to find and implement solutions to critical health problems, especially those affecting women and children. PATH is widely recognized for its collaborative work with local and international partners and its success in building and sustaining public- and private-sector partnerships. PATH shares knowledge, skills, and technologies with governments and nongovernmental partners in low-resource settings around the world. For PATH, “appropriate” technologies and interventions are those that meet critical health needs in an affordable and culturally acceptable manner. PATH is based in Seattle, Washington, and has 21 program offices in 14 countries.

Save the Children is a leading international nonprofit children’s relief and development organization working in more than 40 countries, including the United States, to create lasting, positive change in the lives of children in need. Save the Children works with communities and local partner organizations to help establish sustainable, self-sufficient programs in health, education and economic opportunities. Save the Children is fighting HIV/AIDS at the community level in several African, Asian, and Eastern European countries with programs that provide care and support for children and families affected by the disease as well as education for adults and youths on ways to prevent transmission and infection.

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The focus of this guide, adapted specifically for the Eurasia Region, is on developing educational materials for use in programs to reduce the incidence of sexually transmitted infections (STIs), including HIV/AIDS. The primary audience comprises public and private agencies and individuals working in STI and HIV prevention education in Eurasian countries. The recommended methodologies described in this guide are applicable to print materials as well as audiovisual or mass media materials for almost any population group. The Russian-language edition was adapted from several previous publications, namely, the *Immunization and Child Health Materials Development Guide* (PATH, 2001) and *Developing Materials on HIV/AIDS and STIs for Low-Literate Audiences* (FHI/PATH, 2002).

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MAIN TOPICS

- Defining behavior change communication (BCC)**
- The role of print materials in the BCC process**
- How to use this guide**

I. Introduction

High-risk and vulnerable populations for HIV and AIDS are often in marginalized communities (sex workers, injecting drug users [IDUs], migrant populations, youth out of school, women). They may have limited access to information and services. HIV/AIDS program planners often face the dilemma of communicating the complex issues of HIV/AIDS effectively to a specific population. They have successfully used drama, traditional media, and video for this purpose, and they have developed print materials with visual aids or pictures that convey vital information and stimulate discussion on issues related to risk behaviors and sex and sexuality.

Much has been learned over many years about communicating messages effectively, including the use of pictorial print materials.

This guide offers step-by-step guidelines for developing accurate, useful, and action-oriented educational materials to meet the communication needs of HIV/AIDS and STI prevention and care and support programs. Each chapter of this guide discusses a step in the materials development process in the context of developing a behavior change communication (BCC) strategy and program. It demonstrates the process of learning about target populations using qualitative research methodologies, developing effective messages with their input, and crafting visual messages to support the overall HIV and AIDS program. Involving target populations and stakeholders in the development process is key to ensuring high-quality, effective print and media materials. Finally, the guide outlines a process for rigorous pretesting to ensure that the information and issues are understood by the population groups that programs are trying to reach and influence.

It is important to review the materials development process from beginning to end to understand each step and how to proceed from one phase to the next. Following the steps in sequence should result in quality educational materials to support the communication component of an HIV/AIDS program.

Behavior Change Communication (BCC)

BCC is a process for promoting and sustaining healthy changes in behavior in individuals and communities through participatory development of appropriately tailored health messages and approaches that are conveyed through a variety of communication channels.

In the context of the AIDS epidemic, BCC forms an essential component of a comprehensive program that includes prevention, services (medical, social, psychological, spiritual) and commodities (condoms, needles, and syringes, etc.). Before individuals and communities can reduce their risk or change their behaviors, they must first understand the basic facts about HIV and AIDS, develop favorable attitudes toward prevention, learn a set of skills, and have access to appropriate products and services. They must also perceive their environment to be supportive of changing behaviors or maintaining safe behaviors and seeking appropriate treatment or care and support.

Effective BCC can:

- **Increase knowledge of the basic facts of HIV/AIDS and STIs.**
- **Stimulate community dialogue** on the underlying factors that contribute to the epidemic.
- **Promote essential attitude changes** such as perceived personal risk of HIV infection and a nonjudgmental approach on the part of health care workers.
- **Reduce stigma and discrimination.**
- **Create a demand for information and services.**
- **Advocate for policy changes.**
- **Promote services for prevention, care, and support.**
- **Improve skills and sense of self-efficacy.**

Underlying the BCC process is the understanding that individuals and communities pass through a number of stages when learning about and adopting new behaviors. Health communication media and messages must be designed with consideration of the target population's location on this continuum. BCC is most successful when there is an expectation of a positive

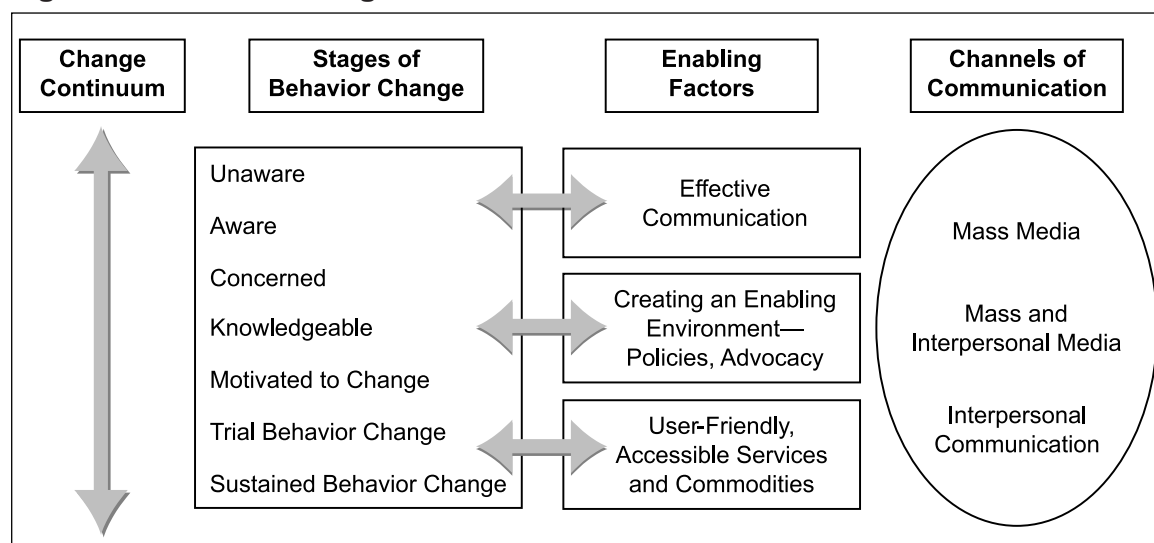
outcome (e.g., good health, access to services) and individuals have a sense of self-efficacy in being able to change or maintain their behavior.

Figure 1 highlights this process. Unfortunately, behavior change does not always progress in a straight line as depicted. A person can decide to adopt a new behavior, but then be given unclear instructions or feel frustrated because the behavior is not easy to put into practice. Others try the behavior once or twice but then discontinue it because they don't feel motivated by need or supported by the environment.

The Role of Print Materials in BCC

Print materials are only one of many channels used to reach a target population with information and discussion on HIV and AIDS. In a comprehensive BCC strategy, multiple channels are used to ensure consistent messages are delivered and reinforced through many different media.

Figure 1. Behavior Change Process



Using print materials to promote behavior change has many advantages:

- They are easy to store and can be used without any special equipment.
- They are an excellent tool to reinforce messages presented verbally during interpersonal contacts.
- They can be used to remind the health provider or outreach worker not to forget any important messages.
- They can reach target populations beyond the initial recipient, since people often share their print materials with friends, relatives, or neighbors.
- They can usually be produced locally and thus can be tailored to the needs of specific target populations.
- They can counteract rumors, reduce fears of possible side effects, and reassure people that the technologies and behaviors needed to reduce and/or prevent transmission of STIs are effective and safe.

Carefully designed print materials can support the verbal interaction between health workers and clients, or between peer educators and those whom they advise; hence these materials are often called “support materials.”

MAIN TOPICS

- Setting a communications objective**
- Key elements of a communication plan**
- Creating a workplan and budget**

Step 1: Plan Your Project

The first step in materials development is a well-designed plan. Planning provides a clear and concise summary of your project, project justification, project goals, a workplan, a realistic timeline, and a detailed budget. It will help you make good decisions and will help you and your staff stay focused on the project, even when things go wrong. Planning also helps you define, and later measure, success.

The authors recommend you put your plan in writing. This means documenting your research, writing out your communications objectives, and creating a detailed, step-by-step workplan and budget. Although this may seem like a lot of work, it will help ensure your final product is accepted, distributed, and properly used.

A. Review Existing Materials and Resources

A thoughtful and thorough effort in this area will have a powerful effect on the quality of your final product. By building upon and improving existing materials, you can produce a higher-quality product with less time and money.

1. Gather Existing Materials. People have been developing materials on HIV/AIDS and STIs for many years. A few hours of research can yield many useful resources and materials focused on your topic of interest. Sometimes you may find that the material you need already exists. Evaluate it using a process similar to the pretesting process described in this guide. If it is found to be appropriate, you can reproduce it or help distribute it to a broader audience—without going through the costly and time-consuming process of developing original material. Or, you may find a nearly appropriate material that needs translation, updating, new facts and figures, new drawings, new colors, or a better narrator. It's highly likely that you'll find something—a booklet, brochure, poster, or radio script—that you can draw upon or modify when creating your new material. If so, call or write the organization that created it and get permission to borrow it from them. Ask if they conducted an evaluation of the material and if they would share it with you. Whether they have evaluated it or not, be sure to evaluate it with members of your audience(s) before adapting or reproducing it.

Also search for recent studies—qualitative or survey research—that relate to your audience or your topic area. These surveys are often available and provide valuable data about audiences you might hope to reach.

2. Look for Materials on Other Topic Areas. You may find that high-quality materials exist, though they focus on other topics, such as maternal health, nutrition, etc. They can give you ideas on formats, colors, art styles, artists, writers, and producers, for example. Borrow from these sources, learn from their mistakes, and build on their successes. Keep in mind that you don't need to reinvent the wheel. Ask your partners or colleagues in other organizations if they have information, materials, or experience to share with you. Learn from each other and further enhance your relationship. Partners can provide good information that you might not get elsewhere.

B. Develop a Communications Objective

Once you have a better idea of what kinds of materials are and are not available, you can begin to define your communications objective. Write a plan and share it with your communications team. Before moving to Step 2: Identify and Study Your Audience, try to reach agreement on your objectives so you all understand what you hope to accomplish, and how.

1. Identify Your Overarching Goal. Materials development is usually part of a larger program that aims to achieve an overarching goal: for example, to reduce the rate of transmission of STIs and HIV/AIDS among target populations. Whatever it is, make sure you and your team understand the overall goal of your program.

2. Define the Purpose of Your Proposed Materials. Generally, try to define what you hope to accomplish through the materials development process. Explain how your proposed material or set of materials will help you achieve your overall programmatic goal.

3. Think About the Audience. Think about whom your communications materials are meant to address. Try to define this group as narrowly as possible. In the next section, you will learn how to define your audience with more certainty and learn about their information needs.

4. Decide Which Medium to Use. Decide which medium—print, radio, video, or computer-based—might be most appropriate for your audience and your budget. Considerations for your audience might include whether they have access to computers and whether they will need to refer to the information again. Also, consider your budget and your ability to distribute materials. Would using your materials require training? Try to answer these questions to the best of your ability, and then test your assumptions during the audience research phase. You may learn that while many people own radios, they prefer printed information to remind them of important instructions, or vice versa.

The Creative Brief

A creative brief is one way to help you clarify the scope and intent of your materials development project. It is both a process and a product. The process is to think and decide who or what will be your intended audience, and what will be your communication objectives, potential obstacles, key promise and benefit, support statements and rationale, message tone, communication channels, and other creative considerations. The product is a document stating all these elements clearly and succinctly.

The creative brief helps ensure that your materials will reflect what you want, in the way you need. It serves as:

- A crucial link between the research and your communication strategy.
- A way to translate background information into actual materials.
- An assurance that your interventions will reflect and address the concerns and needs of your audiences.
- A “contract” between you and the creative team, helping ensure that all agree on what the communication is meant to accomplish, its key elements, and its strategy.

Whether your team or an outside creative team will develop materials, the brief should include the following:

- **Intended Audience.** Who do you want to reach with this communication?
- **Communication Objective(s).** What will this communication make the audience feel, think, believe, or do?
- **Obstacles.** What beliefs, cultural practices, pressures, traditions, family, religion, or misinformation stand between your audience and the communication objectives?
- **Key Promise and Benefit.** What’s in it for the audience?
- **Support Statement and Rationale.** Why does the key promise outweigh the obstacles?
- **Tone.** What feeling should this communication have?
- **Media.** What channel(s) will you employ to best reach your audience?
- **Creative Considerations.** What additional points need to be considered when designing this communication? Multiple languages? Multiple regions of the country? Gender considerations?

Working through these questions should give you a fairly clear idea of what your communications approach should be. A word of caution, however: This is a process of learning and revising. Sometimes your assumptions will be incorrect, and you may need to revise your brief after conducting audience research.

C. Create a Workplan

A workplan is a detailed list of the steps involved in the materials development process. It helps you to organize for upcoming steps. Figure 2 shows a very general workplan attached to a simple timeline. You can use this sample as a starting point for your own workplan. Notice that the time needed to complete the materials development process, from concept to final product, can range from six to twelve months or more. The time can vary depending on the complexity and number of materials you are producing; the number of staff devoted to the project; and the amount of work you can contract outside your organization, such as scriptwriting and filming for a video. After using the materials for six months or so, evaluate them to see if they are serving the desired purpose.

D. Develop a Budget

A budget should include all projected expenses associated with a project, from refreshments at focus group discussions (FGDs) to staff salaries. When your project is complete, you can fill in actual budget costs and compare them with your projected figures for future planning. Figure 3 shows a sample budget for print, radio, and video materials. While not an exhaustive list, this sample includes the major expenses you might encounter in a typical materials development project. What you include in your budget will vary, depending on the variety and complexity of your materials, the number of staff devoted to the project, and whether you hire contractors to carry out part of the work (such as scriptwriting and filming for a video). Your project may include different line items and costs reflecting local resources, staffing patterns, and institutional contributions to HIV/AIDS and STI prevention programs.

Note About Radio and Video Programs

Unless you have the expertise, seriously consider contracting out the scriptwriting, recording, and filming of lengthy radio or video programs. Before getting help from contractors, complete the audience research and message development steps. Then, work with your contractor to develop and pretest drafts until a final version is ready for production.

Figure 2. Sample Materials Development Workplan

Activity	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
1. Plan the project												
a. Research existing materials	x											
b. Develop workplan and select staff	x											
c. Develop budget	x											
2. Conduct audience research												
a. Hold focus groups		x										
b. Analyze focus group data		x	x									
3. Develop messages			x									
4. Draft material												
a. Hire consultants, such as artist and scriptwriter			x									
b. Work with artist on illustrations, or with scriptwriter to draft script that incorporates messages			x									
c. Draft text to accompany images, or work with consultant to create storyboard for video			x									
d. Produce rough-cut audiotapes, animated storyboard, or rough-cut video to be used in pretesting				x								
5. Pretest and revise materials												
a. Technical review—accuracy check				x								
b. Pretest and revise until materials are satisfactory				x	x							
c. Review by interested persons and organizations					x							
6. Produce broadcast-quality program or other final material						x	x	x				
7. Distribute materials												
a. Write and refine distribution plan			x									
b. Train health workers to use							x	x				
8. Evaluate materials											x	x

Figure 3. Sample Materials Development Budget

Objective: Develop, field-test, revise, print, and evaluate a booklet, radio program, and video for clients as indicated in the sample workplan in Figure 2.	
Personnel Cost	Amount in \$
Project Director (10% time at \$xx/month)	
Project Coordinator (50% time at \$xx/month)	
Support staff (25% time at \$xx/month)	
Driver (25% time at \$xx/month)	
Benefits	
Consultants	
Print Material	
Artist (20 drawings at \$xx/drawing)	
Graphic designer (15 days at \$xx/day)	
Translator (3,000 words at \$xx/word)	
Field staff (35 days at \$xx/day)	
Radio/Video	
Scriptwriter (xx days at \$xx/day)	
Artist (50 drawings at \$xx/drawing)	
Actors (xx days at \$xx/day)	
Technical content reviewers (xx days at \$xx/day)	
Professional audio recording producer (xx days at \$xx/day)	
Professional videographer and sound person (xx days at \$xx/day)	
Field staff (35-70 days at \$xx/day)	
Transportation	
For training (2 trips x 10 participants at \$xx/trip)	
For FGD research (8 trips at \$xx/trip)	
For pretesting (4 rounds at \$xx/trip)	
For evaluation (5 trips at \$xx/trip)	
Per Diem	
For training (6 days x 10 participants at \$xx/day)	
For FGDs (8 days at \$xx/day)	
For pretesting (20 days at \$xx/day)	
For evaluation (5 days at \$xx/day)	
Training	
Site (6 days at \$xx/day)	
Refreshments (10 lunches, snacks at \$xx/person)	
For pretesting (20 days at \$xx/day)	
For evaluation (5 days at \$xx/day)	
FGD Refreshments (80 snacks at \$xx/snack)	
Photocopying	
Production	
Printing for booklet (3,000 copies at \$xx/copy)	
Production of rough-cut radio and video programs	
Production of broadcast-quality radio and video programs	
Rental of professional recording or studio equipment	
Rental of professional filming studio, if needed	
Distribution and Training	
Mailing or delivery of final product	
Training costs relating to the use of product	
Evaluation	
Developing questionnaires or interview guides	
Copying and administering the questionnaires and guides	
Collecting, analyzing, and reporting the results	
Communication (telephone, internet access, fax, postage)	
Administrative and Overhead Costs	
TOTAL:	

MAIN TOPICS

- Deciding who needs information**
- Defining primary and secondary audiences**
- The role of research in the design and development of print materials**
- Defining and using of qualitative and quantitative research**
- Types of audience information to collect during the research phase**
- Using two qualitative research techniques: focus group discussions (FGDs) and in-depth interviews (IDIs)**
- Ways to analyze research data**

Step 2: Identify and Study Your Audience

A “target population” or “target audience” is the specific group of people whom materials developers are trying to reach. A primary audience includes individuals whose behavior is most important to influence. In HIV/AIDS programs, it is usually those groups who are most affected by HIV/AIDS, are at highest risk of HIV and/or are most vulnerable in society. A secondary audience includes people who can influence the primary audience, such as family and peer educators, and allies, such as decision makers, community leaders, teachers, and health authorities, who can help improve the social infrastructure for addressing a health problem.

A. Audience Information Needs

When selecting an audience, project staff should consider working with those populations that are vital to the success of larger national or program-wide objectives. The populations commonly identified by project personnel include persons with behaviors putting them at risk of contracting STIs/HIV and those needing care and support, as well as health workers, field workers, peer educators, caretakers, and policy and decision makers. These populations can be further subdivided as needed. For example, a program may choose to focus on out-of-school adolescents or various types of workers such as truck drivers, sex workers, or security guards.

Each specific population needs different types of information, and all rely on well-designed and clear visuals/illustrations to acquire—and remember—important behavior change messages. These populations need information to make informed decisions about their sexual health, and skills and encouragement to support, adopt, and maintain healthy behaviors.¹

B. Define Your Audience

Carefully defining target populations helps ensure that they are accurately represented when conducting research to assess knowledge, attitudes, and practices and, later, when pretesting the materials being developed for them. Populations can be defined by “demographic” and “psychographic” characteristics.

Typical demographic population characteristics include:

- Age
- Gender (sex)
- Marital status
- Occupation (e.g., sex workers, factory workers)
- Income
- Persons at high risk and greater vulnerability to the epidemic (based on occupation, etc.)
- Ethnicity or language group
- Religion
- Experience—user/nonuser (e.g., of condoms, STI treatments)
- Social class
- Life cycle stage (parent/not parent, in school/out of school, working/unemployed)
- Literacy level/formal education
- Urban/rural location
- Types of sex partners

Typical psychographic population characteristics include:

- Attitudes toward HIV/AIDS
- Commonly held myths and misconceptions
- Stigmatizing notions about people living with HIV/AIDS (PLHA)
- Sexual orientation/preferences/practices
- Notions of ideal lifestyle, life goals, etc.
- Idealized local persons or role models

If the population includes a wide range of characteristics, such as “female sex workers (FSW),” it may be subdivided into smaller target populations, for example, “FSW who work in saunas or brothels.”

One technique for helping to define the primary audience is to write a detailed description of a “typical” person whom the program is trying to reach: “Giorgi is an unmarried journalist who has been injecting heroin for the past eight years, since he attended Tbilisi State University. He usually injects with three of his close friends, at one of their apartments. He is twenty-seven and lives at his parent’s house. His parents know that he uses drugs, and this is a source of tension and arguments between them. Giorgi has heard of HIV/AIDS from watching TV, and he knows that it is a sexually transmitted disease. However, he does not always use condoms with his casual sexual partners, and does not feel that sharing needles to inject drugs puts him at risk for infection. Giorgi watches TV and listens to the radio, and shares information he hears about social and health topics with his friends.”

When considering how to define an audience, it is important to take into account the:

- Size of the audience.
- Frequency with which the problem or issue occurs in this population.
- Seriousness of the problem within this audience.
- Resources to deal with the problem.
- Ability of the individuals in this population to cope with the problem without outside help.

Some other important considerations to keep in mind include the following:²

- **Think Beyond the Audience for Whom the Materials Are Being Developed.** Understanding the attitudes of secondary audiences, or less clearly defined members of the social environment that will influence a primary audience, can be key to designing successful messages and materials.
- **Identify People Who Will Be Important to the Success of the Service or Product.** Political leaders, religious groups, NGOs, or community groups need to understand the objectives of the BCC materials, as they have influence on the target audience(s). Make sure these other audiences review and understand the materials, as necessary.
- **Do Not Forget What Is Already Known.** Build on the information and experience already available about an audience.

C. Study Your Audience

Audience research is used to understand as much as possible about the target population(s) so project staff communicate with them effectively. Project staff must learn from the audience:

- What they already know about the topic.
- What kinds of rumors or misinformation they have heard and believe.
- How comfortable they feel talking or learning about the topic.
- Reasons for current behaviors/practices.
- Barriers to changing behavior, and factors that may facilitate change.
- What questions they have.
- Their ideas about the most appropriate ways to educate and inform other people like themselves.
- Their media habits.
- Their hopes and dreams for the future, as well as their fears.
- Their ability to read and understand print material.
- Their access to health services and information.

Audience research is a critical step in developing a BCC program. What is learned about the populations being assessed becomes an important element of the program.

D. Qualitative and Quantitative Research

Many techniques are used to learn more about the intended audience prior to developing messages. Most techniques fall into the categories of qualitative or quantitative research.³

In the audience research phase of the materials development process, it is almost always more efficient—both in terms of time and money—to use qualitative techniques such as in-depth individual interviews (IDIs), informal group sessions (or meetings), and FGDs. Keep in mind, however, that qualitative research results, while a richer source of information, may not reflect the views of the majority of your audience. For this reason, it is often useful to validate impressions during the message development process.

Figure 4. Quantitative and Qualitative Research

Quantitative Research	Qualitative Research
<ul style="list-style-type: none"> Provides numerical estimates of audience responses or characteristics (e.g., of 75 percent of persons in Region X who tested positive for tuberculosis (TB), 40 percent also were found to be HIV-positive). 	<ul style="list-style-type: none"> Provides depth of understanding about audience responses (e.g., because persons with TB are often also HIV-positive, women in Region X believed that coughing on someone will give them the HIV virus).
<ul style="list-style-type: none"> Uses surveys of knowledge, attitude, and practices (KAP) and demographic characteristics. 	<ul style="list-style-type: none"> Uses IDIs, FGDs, participant-observation, and exit interviews.
<ul style="list-style-type: none"> Deals with objective, measurable behavior and attitudes. 	<ul style="list-style-type: none"> Deals with contextual and emotional aspects of human responses.
<ul style="list-style-type: none"> Answers questions of “how many” or “how often,” or documents differences between things that can be measured in numbers. 	<ul style="list-style-type: none"> Answers the question “why?”
<ul style="list-style-type: none"> Process looks for proof or causation. 	<ul style="list-style-type: none"> Process is one of discovery.
<ul style="list-style-type: none"> Involves large numbers of participants (generally sampled on a probability basis) and interviewers, generally making this research more expensive. 	<ul style="list-style-type: none"> Involves small numbers of participants (generally not sampled on a probability basis) and interviewers, generally making this a less expensive form of research.
<ul style="list-style-type: none"> Usually uses closed-ended questions that offer the respondent a limited number of choices when answering a question. For example: “Have you discussed condom use with your partner? ___Yes ___No ___ No response.” 	<ul style="list-style-type: none"> Asks open-ended questions that allow respondents to give any answer they like. For example: “What are the ways you can encourage your partner to use condoms regularly?”
<ul style="list-style-type: none"> If based on a representative sample, data analysis provides conclusions and results that can be generalized to the population at large. Data are presented as percentages and numbers of people in a community who believe or do certain things. 	<ul style="list-style-type: none"> Data analysis is interpretative and provides insights into attitudes, beliefs, motives, concerns, and behaviors. Data is more difficult to analyze. It can suggest trends or patterns, and can help interpret quantitative findings. Qualitative data are also useful for designing quantitative studies.

E. Types of Information Suggested for Audience Research

In the initial stages of a project, staff should clarify what they need to know to prepare relevant materials that will, for example, motivate the target population to avoid risky sexual behavior, practice more healthy behaviors, and seek appropriate treatment. Although other information about the audience may be interesting, project staff should gather only the most pertinent data. Project staff can use the chart in Figure 5 to create a list of questions to be answered through audience research. Reliable existing data should be used where possible, and the gaps filled by gathering information from FGDs and/or IDIs.

Figure 5. Examples of Information Needs

<i>Topic</i>	<i>Information Needs</i>
Demographic data	<ul style="list-style-type: none"> • Age range of audience • Level of schooling • Marital status • Income • How they spend their leisure time
Area assessment	<ul style="list-style-type: none"> • Location of STI/VCT/TB/MTCT services • Cost of STI/VCT/TB/MTCT services • Accessibility of services; lack of services • Who uses these services
Health care-seeking behavior	<ul style="list-style-type: none"> • Services people use for general health • Services chosen for STI diagnosis and treatment • Services chosen for sexual and reproductive health • Informal sources of care • When people seek different kinds of care
Existing knowledge and behaviors	<ul style="list-style-type: none"> • Knowledge about how STIs, including HIV, are spread/not spread • Knowledge of STI prevention measures including HIV/AIDS • Frequency of protected/unprotected sexual contacts • Number/type of partners • Barriers to condom use • Condom use skills • Social norms including gender norms • Economic situation
Media habits	<ul style="list-style-type: none"> • Sources of information about health • Access to print media/TV/radio/cinema • Listening and viewing habits • Most popular shows/stations • Frequency of media use • Confidence in media • Preferred spokesperson

Figure 6. Type of Research to Conduct: A Decision-making Tool

<i>If:</i>	<i>And:</i>	<i>Then:</i>
Researching demographic information	→	Collect data from secondary sources, such as surveys, etc.
Assessing STI/VCT/TB services	→	1) Collect data from secondary sources. 2) Interview health care providers. 3) Interview target population.
Assessing attitudes or behaviors of target audience	Target group is knowledgeable of the topic, or Target audience is geographically dispersed, or Subject matter is highly sensitive, or Substantial peer pressure exists	Conduct IDIs.
Researching media habits	→	Conduct FGDs.

F. Focus Group Discussions (FGDs)

Focus group research originated with commercial marketing. Focus groups are in-depth discussions, usually one to two hours in length, in which six to ten representatives of the target audience, under the guidance of a facilitator, discuss topics of particular importance—in this instance to the development of materials. The results of focus group sessions are expressed in qualitative terms.^{3,4,5,6}

Materials developers usually choose focus groups as their audience research method. Because a number of people are interviewed at once, FGDs are usually cost-effective. Also, FGDs are interactive: participants hear the thoughts of others, triggering their own memories or ideas and thereby enriching the discussion.⁷

FGDs are easily tailored to the research needs of the project staff. For instance, FGD data can be used to:

- Develop appropriate messages for informational or motivational materials or media.
- Identify myths, misconceptions, or beliefs about a product or practice.
- Evaluate existing materials or drafts of materials.

- Design survey questionnaires.
- Identify social and gender norms to ensure appropriateness.

FGDs are particularly useful for developing concepts for the communication process, stimulating the creative thinking of communication professionals as they develop messages. FGDs can help project staff test out these ideas and discover which approach is likely to be more effective.

Conducting several FGDs with groups having similar characteristics will help to confirm findings and ensure that the materials produced address all common informational needs. To collect enough relevant information on a topic, two FGDs per participant characteristic are usually required. Sample participant characteristics include sex, age, education, and use (or lack of use) of a health service or intervention.

Following are some guidelines for improving the reliability of FGD results:

1. Selecting FGD Participants

FGD participants should represent the materials' intended audience. Follow these tips for selecting FGD participants:

- Each focus group should contain people sharing similar characteristics such as age, sex, and socioeconomic status. Participants tend to be more relaxed among others with the same or similar backgrounds.
- Participants should not know each other or be told the exact subject of discussion in advance of the FGD to help ensure that the responses will be spontaneous and uninhibited.
- The recruitment method will depend on the situation: clinics or markets may be good places to find candidates. House-to-house recruiting can be an effective, but more time consuming, technique.
- Use a participant screening questionnaire to make sure that selected participants represent the intended audience. Figure 7 gives an example of FGDs requiring two types of FSWs: those who have attended an STI clinic and those who have not. It is important to include both users and non-users of services or products. While the perspective of the user is important, learning from the non-users who should be reached may prove to be even more important, and therefore both should be included in FGDs. A sample participant screening questionnaire is included in Appendix B, Form 1. This form may be adapted to suit any project.

2. FGD Facilitator

The facilitator is the person who leads the individual interviews or FGDs. The facilitator's most important characteristic is the ability to establish good rapport with the participants rapidly.

The facilitator needn't be an expert in the subject matter being discussed, but should understand the topic and which subjects of special research interest should be explored in depth. A good facilitator remains neutral, probing responses without reacting to or influencing the respondents, and emphasizing that there are no right or wrong answers. The facilitator introduces topics, makes sure participants stay on topic, and encourages participation in the conversation. An effective facilitator is personable and flexible, and has a good sense of humor. Tips for the FGD facilitator are included in Figure 8.

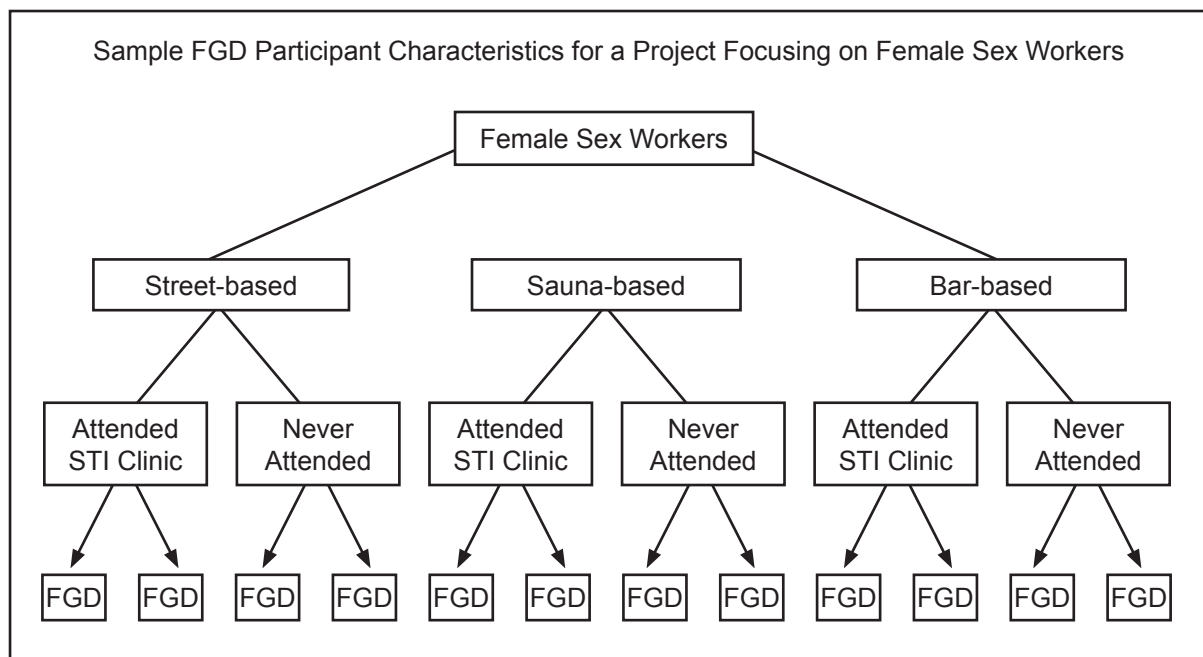
What Kind of Person Makes a Good Facilitator? Personality type seems to be a better indicator of success than a university degree. People who like being around other people and who are good at engaging others in discussion can, with practice, become good facilitators. Those who are used to telling people to do things—such as doctors, teachers, social workers, and nurses—sometimes find it difficult to curb this tendency and become skilled listeners. This too can be altered with good training and practice.

3. FGD Note-Taker

Although FGDs are often taped, a note-taker should assist the facilitator, objectively and carefully recording both individual opinions and group consensus verbalized throughout the FGD. The note-taker also records nonverbal responses, such as head nodding, that could indicate group attitudes or sensitivities. Select a note-taker who can write quickly, uses abbreviations and symbols, and knows the language of the respondents. Useful skills for a note-taker include a good memory and the ability to listen carefully, concentrating on all that is said and how other participants react to what is said. Tips for the FGD note-taker are included in Figure 9.

Transcribing Tapes. If project staff intend to record the interview in addition to having a note-taker, be aware that tapes are primarily used to fill in gaps in the handwritten notes. Transcribing tapes is very labor-intensive, requiring between four and ten hours to transcribe each hour of recorded conversation. Because of the expense, transcription is rarely done.² The notes taken by the note-taker—

Figure 7. Example of Organizing FGDs by Participant Characteristics



augmented by listening to the tapes to fill in gaps—are the primary means of documenting the raw research data, and should therefore be thorough. Meaningful analysis depends on the quality of the notes.

4. FGD Site

The FGDs should be conducted in a quiet place that is convenient for the participants. For a comfortable group discussion, the space should be large enough to comfortably accommodate the facilitator, the note-taker, and 8 to 12 participants. The setting should promote comfort and ease among group members. Participants should be seated in a circle so that the facilitator and note-taker can clearly see and hear everyone and so that there is no image of a “head of the table” leader.

5. FGD Discussion Guide

To cover all topics of interest, project staff must develop a series of topics and questions, organized in a document called a discussion guide, prior to holding the in-depth interviews and/or FGDs. Although discussion guides will differ depending on the group and their experiences, most FGD guides include:

- An introduction of the facilitator, participants, and FGD format.
- General topics to open up the discussion.

Figure 8. Tips for the FGD Facilitator

1. Open the discussion with a general statement (e.g., “We are all women who have had a boyfriend, a husband or a sexual partner, and we have probably experienced such and such”), and wait for participants to comment. Starting with a question can make the group expect a question-and-answer session and discourage discussion.
2. Practice a form of “sophisticated naiveté” (e.g., “Oh, I didn’t know that—tell me more about it.”).
3. Make incomplete statements and wait for responses (e.g., “Well, maybe STIs aren’t so…”).
4. Use silence to your advantage. Do not let it be intimidating; a pause in the conversation may compel participants to talk.
5. Use “closed-ended” questions to solicit a brief and exact reply (e.g., “How many ways can HIV/AIDS be transmitted?”).
6. Use “open-ended” questions to solicit longer, thoughtful responses (e.g., “What have you heard about condoms?”).
7. Use “probing” questions to obtain further information (e.g., “Why should a breastfeeding mother always use condoms with her sex partner?”).
8. Avoid “leading” questions that prompt respondents to answer in a particular way (e.g., “Have you heard that a woman infected with gonorrhea or syphilis may infect her baby during delivery and if the baby is not properly attended it may cause blindness?”), unless they are part of the “probing” strategy.
9. Remember to include those sitting next to you in the discussion. You will tend to relate most actively to those seated across from you because you have direct eye contact. See the group as a clock face; be sure to get a report from every “hour” (but don’t require that they respond in order).
10. If you are using a recorder, keep the tape going even as the session breaks up. People tend to say things to you that they may not want to say in front of others.
11. Sometimes it is a good idea to pretend the discussion will end soon by saying, “Oh, our time is running out.” This may encourage participants to speak up.
12. At the end of a session, help the group reach some final conclusions together. Ask questions that help to summarize and validate your understanding of what is being said. For example, “So, can we conclude that some of you feel that clinic guidelines on partner notification are clear, but some of you feel they need further clarification?” Reaching some conclusions like this ends the discussion with clear statements that can be summarized easily.
13. After the FGD, think about both the good moments and the not-so-good moments to learn from the process and enhance your skills. Ask the person taking notes to suggest how he or she might have handled the group. Facilitators’ skills improve as they discuss and think about their experiences.
14. Debrief with the note-taker immediately following each FGD.⁸

Figure 9. Tips for the FGD Note-Taker

1. Work with the facilitator as a team and communicate before, during, and after the FGD. Before the FGD, carefully review the FGD guidelines with the facilitator. Agree on nonverbal cues to use discreetly during the session to indicate which comments are important to note or require elaboration. After the FGD, collaborate to clarify notes and compare impressions.
2. Diagram the group and assign each participant a number or initials to identify the source of the comment.
3. Inform the FGD participants of the purpose and intended use of notes and cassette tape recording as essential aids in the data analysis process.
4. Do not let a tape recorder substitute for good note-taking. Although sessions should also be tape recorded, problems during recording are common (e.g., too much noise, dead batteries, forgetting to turn over the tape); therefore, always take notes.
5. Record only relevant information. Summarize what is said and record useful and interesting quotations when possible. You may use abbreviations, including quotation marks under words to show repetition of comments.
6. Observe nonverbal group feedback (e.g., facial expressions, tone of voice, laughter, posture), that may suggest attitudes or unspoken messages to be noted in FGD reports. Such signs must be interpreted in context, and thus can only be evaluated by those present during the interview or FGD.
7. Ask for clarification if you miss something that seems important or relevant, but do not become a second facilitator.⁸

- Specific topics to reveal participants' attitudes and perceptions.
- Probing questions to reveal more in-depth information or to clarify earlier statements or responses.

6. FGD Session

Figure 10 outlines the phases and general content of most FGDs.

Identifying Patterns. As the facilitator moderates, it is critical for her or him to look for similarities or patterns within and between key issues. Ideally, these patterns should be identified during the FGD and confirmed with the participants through follow-up or "probing" questions to make sure that any pattern is an accurate interpretation of what the participants are saying (or even what they are consistently leaving out). The facilitator should also ask questions to identify the underlying causes for these patterns. If the facilitator does not spot the pattern until after the focus group session, e.g., by listening to the tapes and reviewing the notes, he or she should add questions to the discussion guide to confirm and explore the pattern in future focus groups.

Sample FGD Guide

Appendix A offers a sample discussion guide for designing HIV/AIDS materials for a project addressing an HIV risk population.

Here is an example of a possible pattern, with examples of follow-up probing questions that can confirm patterns suggested by the group discussion:

During our discussion one of you said that the peer educator explained that we cannot get HIV by being coughed on by someone who has the virus. Two other participants scowled. Later another woman said that her sick husband coughed and spit a lot, and that the doctor said he has TB. Then others chimed in to say that TB is a disease that is easy to catch. Later, someone else remarked that we all know that HIV can be “caught” by more ways than the health workers and peer educators admit.

Follow up with probing questions to confirm a pattern:

- What do you think can happen when a person who is HIV-positive coughs on persons who are healthy? Why?
- Am I understanding you correctly that you feel that peer educators and others may not be telling you all they know about ways that HIV is transmitted?
- If you think that being coughed on by a person with HIV will transmit the disease to you, how will this affect how you care for this person?
- Do you feel it is possible to catch a cold—or even to get TB—from someone’s cough germs but not get HIV from these germs?
- What messages would help you believe that, while cough germs are often contagious, HIV is not among the infections you catch from coughing?

It is critical for the facilitator to follow up with probing questions on important issues because the answers they bring to light form the key pieces of information necessary to create useful messages.

In this particular example, by recognizing a pattern and probing, the researchers learned that it was important to re-emphasize the fact that coughs—even when accompanied by bloody sputum—do not pass HIV infection to another person. However, since severe coughs can be a symptom of TB, if a purpose of the project is to provide information that will help persons caring for HIV-positive family members

Figure 10. FGD Phases

Phase I: Facilitator's Opening Statement

Introduces the facilitator and note-taker.

Explains the general purpose of the discussion. States that information received will remain confidential. Asks for consent from participants. Explains how the information will be used.

Establishes ground rules for the discussion. These can include time frame, rest room breaks, availability of food, importance of talking one at a time and respecting divergent opinions, stressing that a response is not needed for each question from every participant and that the questions can be answered after the discussion, and reminding participants that their ideas are valuable and that they are the experts.

Begins to develop rapport with and among group members.

Phase II: Warm-up

Invites members to introduce themselves, gives everyone an opportunity to speak (which lessens performance anxiety), and stimulates participants to begin thinking concretely about the issues at hand.

Starts with neutral, topical questions to stimulate discussion, leads into general questions, and finally moves to questions about the primary topic.

Phase III: Main Body of Group Discussion

Using open-ended questions (questions that cannot be answered with "yes" or "no"), the facilitator probes, follows up on answers to get additional information, clarifies points, and obtains increasingly deeper responses to key questions.

Connects emergent data from separate questions into an integrated analysis.

Ensures that all participants who want to comment can do so.

Phase IV: Wrap-up and Closure

Allows the moderator to review, clarify, and summarize main points arising in the discussion.

Checks out hunches, ideas, conclusions, and relative importance of responses with the group members, allowing ample time for further debate. Identifies differences of perspective, contrasting opinions, and areas of agreement. Summarizes and tests with the group the relative importance of certain categories of responses.

Allows a round of final comments and insights.

Thanks the participants for their contributions.

or friends, then it will also be important to provide information on ways to prevent TB, control its spread, and/or cure those who are infected.

Encouraging Everyone to Speak. The facilitator should give each participant an opportunity to speak during the focus group. It is useful at the beginning of a focus group to place a check mark next to each participant's name when he or she speaks.

This will help the facilitator keep track of who may be dominating the conversation and who may not be expressing opinions at all or often enough. The facilitator can then encourage the more quiet participants through nonverbal signals (such as looking at them or turning toward them when asking a question) or gently encouraging them to speak by using their name: “Do you have anything else you would like to add to the discussion, Maria?”.

Dealing With Questions and Misinformation From Participants. Sometimes participants ask the facilitator questions or give incorrect information during the FGD. The facilitator naturally wants to help by answering questions or correcting errors. However, this should not be done during the FGD. Instead, the facilitator needs to throw the questions or incorrect statement back to the group: “What do you think about Maria’s question (or comment)?”. If a facilitator begins answering questions during the FGD, participants may stop giving their own ideas and the FGD will become a teaching session instead of a research activity. If participants persist in asking questions, the facilitator should assure the group that time will be provided at the end of the session to discuss these issues. As a general rule, the facilitator should try to speak only 10 percent of the time and listen to the participants 90 percent of the time.

Asking for Participants’ Final Comments. About 15 to 20 minutes before the end of the allotted time, the facilitator should let the participants know that they are coming to the end of the discussion and he or she now needs their help to identify and refine key themes that emerged from the discussion. The facilitator should identify differences of perspective, contrasting opinions, and areas of agreement. It is not necessary for the group to reach consensus on items, but should rather review some of the major findings and confirm that the facilitator has understood them correctly. Allow plenty of time for this final round of comments and insights because participants frequently choose this last opportunity to speak up about important issues.

Using Creative Approaches. In some circumstances it is appropriate to consider creative approaches to focus groups in order to meet research needs. For instance, teenagers may get bored during traditional FGDs or feel too shy to participate fully. Elders in some societies are shown respect by not being interrupted, which makes them a challenging group for the facilitator to manage. In some cultures, people are not accustomed to expressing their opinions. Under such circumstances, it is appropriate to find an approach that will give insight into the participants’ personal

attitudes and experiences without threatening their comfort or privacy. Here are some ideas:⁹

- Present the group members with a **photo or verbal description of a scene** (e.g., an image of a VCT clinic or a healthy young man who has tested HIV-positive) for their reaction.
- Ask participants to **imagine something** (e.g., the ideal STI clinic) and then to describe it to you.
- Set up **role playing** among the participants (e.g., a husband and wife discussing a sore they noticed on their adolescent son's genitals), and listen to discover not only their knowledge, but also their feelings about the topic and the vocabulary they use.
- Share **what other people have said** about an issue (e.g., a woman who is HIV-positive should still breastfeed her infant), and see how the group reacts.

Such methodological elements can:

- Generate a truly focused discussion.
- Create a more relaxed, tranquil, and informal atmosphere that will foster interaction among participants and between participants and facilitator.
- Generate interest and motivation to actively involve participants in the process.
- Produce creative answers that better reflect the language, interests, expectations, knowledge, and feelings of the participants.
- Bring out distinct points of view and avoid domination of the group by a few individuals.

Remember to recruit FGD participants carefully to facilitate maximum participation by members of the age or gender groups that you need to reach.

G. In-Depth Interviews (IDIs)

IDIs collect information in a manner similar to FGDs, with the main difference that IDIs take place in a private, confidential setting between one interviewer and one participant. Such an interview allows researchers to gain a great deal of insight into a person's thoughts, feelings, and behaviors. However, while a survey questionnaire may take only a few minutes to complete, IDIs often take one to two hours because they allow the respondent to talk at length about topics of interest.¹⁰

There are specific circumstances for which IDIs are particularly appropriate:⁵

When Subject Matter Is Complex and Respondents Are Knowledgeable, for example, research on the attitudes and practices of doctors, nurses, and health workers regarding severely ill HIV/AIDS patients.

When Subject Matter Is Highly Sensitive, for example, a study about injection practices among HIV-positive men who use heroin.

When Respondents Are Geographically Dispersed, for example, a study among logistics managers throughout a country examining how costly TB or HIV drugs are distributed.

Where There Is Substantial Peer Pressure, for example, research to determine attitudes about integrating STI services into family planning clinics where providers have sharply divided opinions.

Key informants are respondents who have special knowledge, status, or access to observations unavailable to a researcher, and who are willing to share their knowledge and skills. They are good at communicating with their peers, and their peers readily share information with them. Because key informants tend to be especially observant, reflective, and articulate, they are usually consulted more than once or regularly by the research team. Key informants' ability to describe events and actions may or may not include analytical interpretation; they may simply describe things without offering their thoughts on meaning or significance.

Key informants may be stakeholders. For example, bartenders, sex workers, clients, or sex site managers might be good key informants regarding condom use in brothels.

Sometimes participants may overlap as key informants and as FGD or IDI subjects, but there are important differences. One is that key informants may be consulted several times on an ongoing basis, while FGD and IDI participants are usually interviewed only once. Continual consultation of key informants may show the researcher new research directions or new areas to explore. Key informants can also review materials that subsequently will be presented in FGDs and IDIs. They may also introduce researchers to community or target population members, acting as cultural intermediaries. They may help improve the quality and reliability of information by strengthening links between observation and information on one hand, and meaning and understanding on the other.

Interviews with key informants can be highly structured, using a precoded questionnaire, or fairly unstructured and open-ended. They might be based on a one-page list of well-thought-out topics, or on a set of questions without precoded answers.

H. FGD and IDI Data Analysis

FGD and IDI data analysis involves reviewing the statements made by participants on each topic to determine:

- What the audience members already know.
- What misinformation they have.
- Why they behave the way they do.
- How comfortable they feel discussing a topic.
- What they want to know.
- What they need to know.
- How they want to be informed.
- What they believe and why.
- Factors that may act as barriers to the desired behavior.
- Factors that may support or enable the desired behavior.

Analysis should bring to the surface some of the **underlying factors** or reasons for participants' behavior or beliefs, as well as some **hints for arguments that may be used to motivate them** to alter a behavior or allay their fears or doubts. Well-conducted IDIs and FGDs will provide data that can be used to improve or modify counseling and service delivery, develop BCC materials, and design training programs.

After each IDI or focus group (or as soon as possible on that same day), the facilitator and note-taker should review the notes together, and, if possible, listen to the audiotape(s) of the interview or group discussion to fill in any gaps in the notes.

Jot down initial overall impressions and findings while the conversations are still fresh in mind. These initial notes often capture key findings as well as the atmosphere of the interview or group. Certain emotional and interactive events are easily forgotten

as the team prepares for the next interview or FGD. The quality of the notes will directly influence the outcome of the data analysis.

Organizing Notes. Organizing the notes, after filling in any gaps, helps the project team understand the data collected. ¹¹ (See Figure 11.) Here is one method:

- Photocopy the notes. If photocopying is not possible, use colored pencils for coding the margin of the note-taker's original notes, with a different color assigned to each main topic.
- Place asterisks next to particularly "quotable" passages (i.e., those comments that might actually be used as messages or as text under a pictorial message).
- Write the key questions or topics from the discussion guide on the top of separate sheets of paper.
- Using scissors, cut up the photocopy of the notes and glue all the information relevant to each discussion question on the appropriate sheet of paper.
- Create new sheets labeled with appropriate question headings for data that do not fit under any existing discussion questions. Try to group the new data by question or issue.
- Once you have cut and pasted all the notes onto sheets with headings, review the information for each question. (Note: If you have used the margin color coding method, take one topic at a time and read the coded items in the notes to see what was said and felt about each topic.)
- Write a summary of the major findings for that question and, if possible, include some participant quotes supporting them.
- Review all the organized notes to see if project staff can identify any emerging patterns that confirm or refute assumptions about the research question. (For more information on identifying patterns and their underlying causes, see previous section on conducting FGDs.) Those organizing the discussion notes should be able to fill in these blanks:

Most of the participants said _____.

Some of the participants said _____.

A few of the participants said _____.

- Decide if it is necessary to add, change, or delete any of the discussion questions or probing questions to get the information you are seeking. Remember not to automatically discount responses given by only a few people or that you had not expected to hear. If you suspect that there may be an important underlying reason for the comment, or that it may be an issue that is important to others, include questions in subsequent focus groups to check out the finding.

Use of Computer Programs. Several computer programs are now available to help organize qualitative research data such as transcriptions and notes. Two popular programs—NUD*IST and Ethnograph—are available from SCOLARI Sage Publications Software (www.scolari.co.uk/). Other programs—such as Ez-Text—are available free from the Centers for Disease Control (CDC) web site (www.cdc.gov/hiv/software/ez-text.htm).

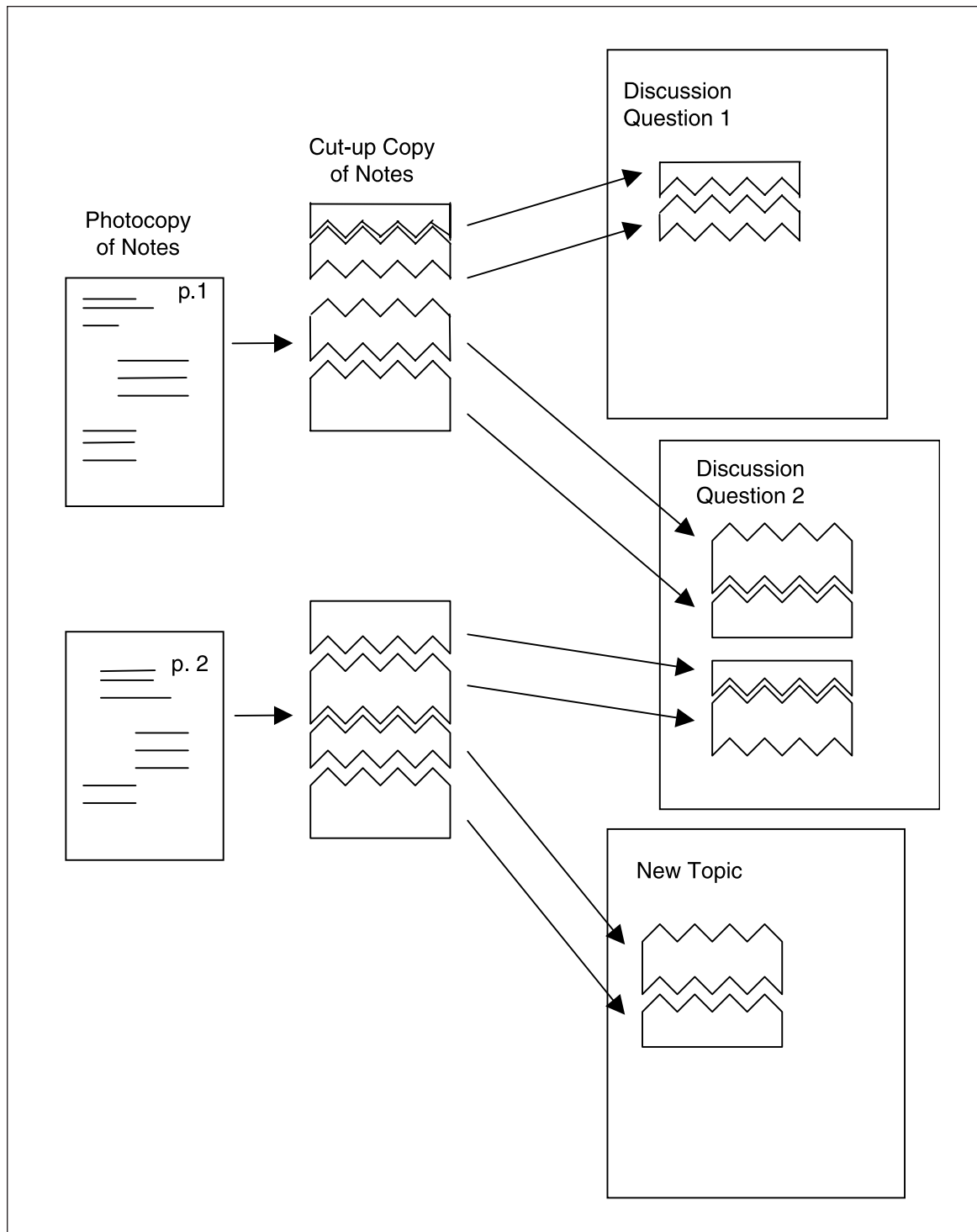
When deciding whether to use manual tabulation or computer-assisted analysis, consider the following:

- **The project's time frame and resources.** A computer program will not code the data or do the analysis for you. However, once you have coded the data, you can use a program to print out all coded text by topic area and do searches by several codes. You will still need to do the analysis yourself.
- **The computer will count everything.** If one person makes similar statements several times, the remarks may be inaccurately attributed to several group members, concluding more consensus than is warranted.
- **Project support staff will require appropriate training** to use any of these computer programs.

Project managers may decide that computer analysis is better suited to analyzing qualitative data gathered for a large research project—where using tapes followed by transcription is part of the process—than for analyzing a small series of FGDs to identify relevant messages for designing pictorial materials.

Comparing Data Across Interviews or Groups. After conducting all the IDIs and FGDs, compare responses from the various interviews and groups. Gather the responses for a specific question from all of the interviews and groups, and using either of the systems described above, write a summary of the major findings for each question, including participant quotes. Identify any patterns that may be useful.

Figure 11. Organizing FGD Notes



Report Writing. While the information is fresh, the project manager should designate someone to summarize the research findings into a report. This need not be a lengthy, official document; the objective of qualitative research is to learn useful information about the thought processes and behaviors of the key audience(s) so that staff can prepare meaningful and helpful materials.

Be sure to include the following elements in the report:

- **Number of IDIs and FGDs** conducted for each category of participant.
- **Location of each IDI and FGD** (city, clinic, home, etc.).
- **Length of time** spent in each IDI and FGD.
- **Major findings**, including:
 - What audience knows.
 - What audience thinks it knows.
 - Diverging opinion.
 - What audience would like to know.
 - How audience members feel about important issues.
 - What they do and why they do it.
 - Ways they believe they can be motivated to change certain behaviors.
 - Barriers to change and factors that make change more likely.
 - Patterns (trends) in the data.
- **Suggestions** for communication strategies, messages, and improved and relevant new materials.

Note: To help program staff prepare, conduct, and analyze FGDs, see “Job Aids” in Appendix C. These do not substitute for information in the text, but serve as a reminder of the key actions for conducting research that will form the basis for appropriate print materials.

Do Not Quantify Results

Remember that this is qualitative research. While you are looking for trends, it is not appropriate to quantify IDI or FGD data by counting or creating percentages for the number of participants in the interviews or groups who give similar responses. Participants represent only a small proportion of the population; thus, the findings from FGDs and IDIs cannot be generalized to the entire population.¹¹

MAIN TOPICS

- Developing effective messages**
- How to use a Materials Development Worksheet**
- Principles to keep in mind when designing materials**
- Developing a storyboard and creating draft illustrations and text**
- Importance of an internal technical review of the draft materials**

Step 3: Develop Messages

What Is a Message? A message is a short phrase or sentence that summarizes an idea in simple and understandable terms. It's the "take-away" information that is repeated to friends, colleagues, and other interested parties. **A good message is short and to the point.**¹²

Based on the analysis of audience research data, messages must be designed to address the informational needs and perceptions of the target population. Text can then be drafted and illustrations created to communicate the messages. The message development process includes several steps:

Step One. Develop a profile of the target population from audience research.

Step Two. Identify desired behavior change.

Step Three. Identify the information or data you want the target population to understand.

Step Four. Develop key benefit statements that take the hopes and aspirations of the target population into account. For example, if I do "X" (use condoms, use clean needles, get information, seek out treatment), I will benefit by "Y" (remain fertile, be seen as responsible, protect my family, save money, be healthy, protect myself and my partner, feel exciting). Any benefit will have to outweigh any disadvantages or "costs" the audience may feel.

Step Five. Develop messages from these key benefit statements. Through images and words, messages should be simple and attractive, and clarify the reason the benefit is being promoted. The messages you formulate should not only provide information, but inspire and motivate the audience to adopt change.

Examples of HIV/AIDS and STI messages are:

- HIV/AIDS counseling and testing services are available at XYZ clinic.
- HIV can spread from an HIV-positive pregnant woman to her unborn infant. If you are pregnant, your health worker can tell you how to decrease the risk of this happening to your baby.
- Get treated for your STIs if you want to have healthy children.
- "Safe sex" means reducing the risk of HIV transmission by having a faithful partner and/or using condoms correctly every time you have sex. Abstinence is an additional form of harm reduction.

- Using clean needles, syringes, and injecting equipment in general reduces the risk of HIV and Hepatitis B and C transmission.

After formulating basic HIV/AIDS or STI prevention messages for your target audience, consider creative ways to appeal to their instincts and emotions. A message that inspires or motivates people to use condoms will be more effective than one that simply presents the benefits of using condoms.

How Many Messages Are Enough? The number of messages to include in a material depends on how much time the audience will spend with the material. For example, a billboard is a “one-message medium.” Passing bikers or drivers will give the billboard only a split-second of their attention.

Try to present the fewest messages possible to get the point across. Highlight, repeat, and reiterate these messages throughout the material, using well-designed and tested drawings or photographs to help the readers remember what you want them to do.

A. Design Messages

Organize the Data and Messages. Messages should be developed to address the relevant issues raised in FGDs. The first step is to organize the data using a Message Development Worksheet (see Figure 12). The Worksheet is organized as follows:

- The first column lists data from FGD findings.
- The second column lists messages that address the informational needs of the audience.
- The third column notes the type of material to be prepared.
- The fourth column includes a brief verbal description of the illustrations or photographs that will support the message.
- The fifth column includes the draft text, which should complement the pictorial illustrations.

Project staff should strive to make these messages consistent with program policies and activities, while technical advisors can help ensure accuracy of the messages.

Figure 12. Sample Message Development Worksheet

FDG Data	Message	Material	Illustration	Text
<p>Example A Youth want to know how HIV is transmitted and prevented.</p>	<p>HIV is only transmitted through infected bodily fluids (blood, semen, pre-cum, vaginal fluids, and breast milk) or from an HIV-positive mother to her baby.</p>	<p>Posters, brochures, comic books, etc. (Decision on type of material to select will depend on the program's objectives).</p>	<p>Show infection through sexual contact, mother-to-child transmission, sharing of unclean needles.</p>	<p>HIV is transmitted through unprotected sex (oral, anal, vaginal), sharing of unclean needles, and from an infected mother to her baby (before or during delivery or through breastfeeding).</p>
<p>Example B Youth believe that HIV is transmitted through casual contact (sharing food, toilets, etc.).</p>	<p>HIV is never transmitted through casual contact.</p>	<p>Same as above.</p>	<p>Show "average-looking" people eating together, shaking hands, and sharing toilets.</p>	<p>HIV and AIDS can not be transmitted by sharing food or public toilets, by shaking hands, or by other casual contact.</p>
<p>Example C Some youth believe that mosquitoes transmit HIV.</p>	<p>HIV is not transmitted through mosquitoes.</p>	<p>Same as above.</p>	<p>Show flying and biting mosquitoes, but no HIV infection through mosquitoes.</p>	<p>Mosquitoes do not transmit HIV/AIDS.</p>
<p>Example D Youth believe that anyone with HIV is cursed.</p>	<p>HIV is disease people get through their own behavior; no external stigmas or curses are involved.</p>	<p>Same as above.</p>	<p>Show a variety of "respectable-looking," happy people.</p>	<p>Curses, witchcraft, or any type of wizardry cannot "give" someone the HIV virus.</p>

Customize Messages to the Audience and the Medium. Materials should take on a tone and use visual images consistent with a given intended audience. The text should be concise and should reinforce each illustrated message.

Decide on the Approach. An approach is a strategy used to communicate a message(s). An effective approach motivates the audience to take action based on the information provided. A variety of approaches have been used in HIV/AIDS and STI prevention programs: ^{7,13}

- Fear Approach: “If you do not use condoms, you will get sick and die,” illustrated by a skeleton or corpse.
- Traditional/Moral Approach: “Just say no to sex; abstain and stay healthy,” illustrated by a religious figure giving a sermon to his congregation.
- Rational Appeal (Positive) Approach: “I will try to stick to one uninfected partner; if I can’t, I will not have sex without using a condom,” illustrated by a couple in a bedroom, with the man carefully unwrapping a new condom.

In most cases the last approach—the positive or rational appeal—is the most effective for promoting positive behavior change. Using the fear or moral approaches has proven to be less effective, or even to backfire and cause undesirable reactions.

Use the following guidelines to design the messages or to evaluate the quality of drafts at any time during the materials development process. ^{7,12}

Use a Credible Source. Feature a source of information that suggests to the audience credibility and appropriateness (e.g., teachers, doctors, traditional birth attendants, other health workers, counselors, or community opinion leaders).

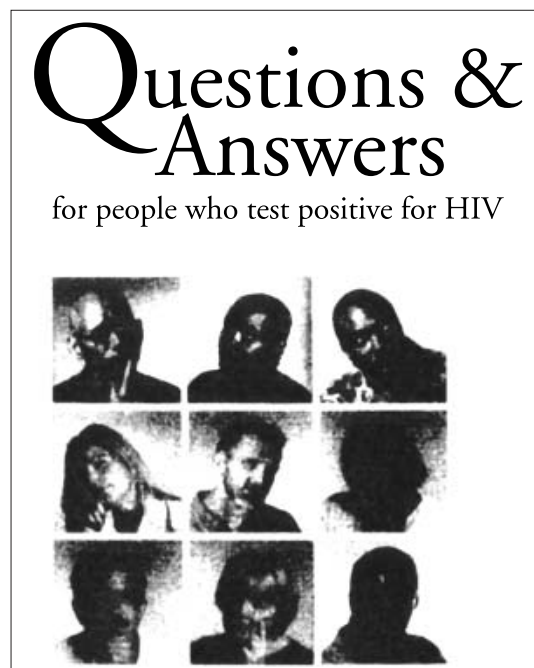
Capture the Viewer’s Attention. All components of the presentation should grab the viewer’s attention as soon as he or she sees the material. Make the viewer feel part of the problem and the solution. Try innovative ideas and formats, like using testimonials from representatives of the target population. Images should represent objects, style of dress, building styles, etc., that are familiar to the viewer.

Address the Gender Dimensions of the Epidemic. The fact that women and girls are less able to control decisions about sexual activity—including condom use—is an important gender dimension to address in BCC. Some materials can address the inequality of power between men and women and the economic aspects of transactional sex.

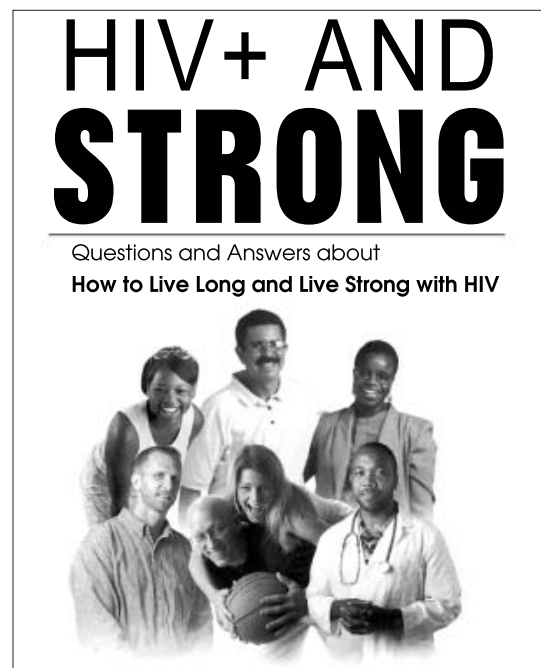
Promote Gender Equity and Human Rights. Although both men and women with HIV/AIDS may be subject to stigma and discrimination, women and girls are particularly vulnerable to gender-based ostracism, harassment, violence, and shunning from their families and communities. Women may be less likely than men to receive care and support or treatment. The development of materials is an opportunity to promote gender equality and the rights of women and girls to equal care and treatment. Make sure that pictorial images do not appear to condone unequal treatment or violence against women. Many prevention messages are stigmatizing and engender fear and despair among those already affected. In the development of HIV and STI prevention materials, it is critical to involve those already affected to ensure that prevention is done without inducing stigma - both for those affected, and those in what are perceived as “risk groups.”

Touch the Heart as Well as the Mind of the Audience. Make viewers feel something after reading the material, such as happiness, confidence, gladness, or enthusiasm that they can achieve something by adopting the proposed behavior. Make them feel that the material addresses them directly.

Figure 13. Touch the Heart as Well as the Mind of the Audience



Example A
(Courtesy of the Johns Hopkins University Center for Communication Programs)



Example B
(Courtesy of the Johns Hopkins University Center for Communication Programs)

The following pamphlet covers, prepared for the U.S.-based CDC National Prevention Information Network, illustrate this principle.¹⁴ The developers wanted to title the pamphlet “Questions and Answers” (Figure 13, Example A) and to state that its target audience was “people who test positive for HIV.” But after conducting FGDs with representatives of this audience, researchers learned that emphasizing HIV would scare people away. FGD participants preferred to highlight a word like “STRONG” (Figure 13, Example B), but in a soft color like lilac rather than the strong black used in the first example.

To show that a person could be HIV-positive and remain physically healthy, the word “strong” was made much more pronounced than other words on the resulting cover.

The developers of these materials also decided to show a variety of ages and ethnicities of real people who were HIV-positive. While the faces of HIV-positive people were moderately well-received in the first cover, participants said they would prefer to see such persons actually relating to one another, as the material was meant to relate to them, the readers. FGD participants said that the second illustration gave the image a more credible feeling.

Make the Message Relevant and Related to Real Life. If the message is important to the life of the viewer, it will probably be remembered. Make sure the presentation of the message refers to real-life situations. For example, audience research can be conducted to gather information for story lines for animated films, comic books, and posters that can influence the attitudes and behaviors of the target audience. Using exact words from the target audience can enhance both interest and credibility.

Be Positive. Take a positive approach by promoting positive behavior through rational explanations and options. Messages should reinforce an individual’s ability to choose, initiate, and maintain healthy behaviors. Positive messages contribute to an individual’s confidence in being able to adopt less risky behaviors, and to resist temptation to engage in risky behaviors.

Ask the Audience to Take Action. Be explicit about what the audience(s) should do to resolve their problem—such as asking for more information, buying condoms, or using clean needles. Too frequently, materials simply raise awareness of problems without offering concrete solutions. Look for ways to communicate that takes the

viewer beyond the barriers he or she might perceive, and makes them want to do (or support) the desired protective practice

Surprise the Audience. The message is considered creative when it is fresh, unusual, and original. This message can break through cluttered media and be recognized because it is not predictable.

Provide Consistency. If a project requires producing more than one material, develop a recognizable, consistent visual identifier to be used in all of them. This can be a unique image, logo, face, or other visual effect that is incorporated into all of the materials. This identifier provides continuity for the materials and also makes them readily recognizable by audiences that may be seeking the information. All materials being used in a program—by your project as well as other projects operating in your area/region—should contain the same basic messages. Conflicting messages cause confusion.

Customize Materials Geographically. If appropriate, tailor materials for each geographic region of a country and for the specific ethnic and language differences as needed. Materials produced for national distribution may not be equally suitable in all parts of a country. This is particularly true for TV advertisements or programs that cannot reach rural areas where electricity or television is less common.

Use the Active Voice. Use the active rather than the passive voice. The message “Friends or family members who are living with HIV/AIDS should be supported and cared for” may be better stated as “Care for and support your friends and family members who are living with HIV/AIDS.”

Offer a Support Statement and Reasons Why. To simply say that a product or behavior will provide a benefit is not sufficient. The material must explain why the audience should believe the promise of the benefit. The reasons a person should trust the product and key promise may be rational (e.g., epidemiological data, scientific evidence, or case studies) or emotional (the experiences of other credible individuals or their own experiences or feelings). For example: “When my boyfriend and I decided to limit our sexual activity to non-penetrative sex practices, it gave us a sense of security [benefit] because we know we will be protected from STIs, possible HIV transmission, and/or an unwanted pregnancy [support statement].”

Provide Information About Service Delivery. Messages should highlight service delivery systems that are operational and accessible. These systems may include hotline telephone numbers, internet sites, local clinics or hospitals, community centers, community-based distributors or educators, resource publications, and pharmacies. Promoting services that do not yet exist will only frustrate the target audience(s).

Provide Options. When dealing with behavior patterns that are difficult to change, such as sex practices or drug use, it is useful—and often more effective—to provide the target population with options for action. For example, “Your chances of getting HIV are high if you inject drugs, so do not inject drugs; if you do, do not share needles; if you do, clean the needles with bleach before sharing.”

Emphasize Risk Behaviors such as, having multiple sex partners, unprotected anal sex, or injecting drug use, rather than focus on risk “groups” such as FSWs, men who have sex with men, and IDUs. Individuals may not identify themselves as a member of the “group” even though they share the same behaviors. Focusing on a specific group can also lead to stigma and discrimination.

Restate and Review Repeatedly. Restate important information two times, and include review sections whenever possible. This will help the audience to understand and remember the messages presented.

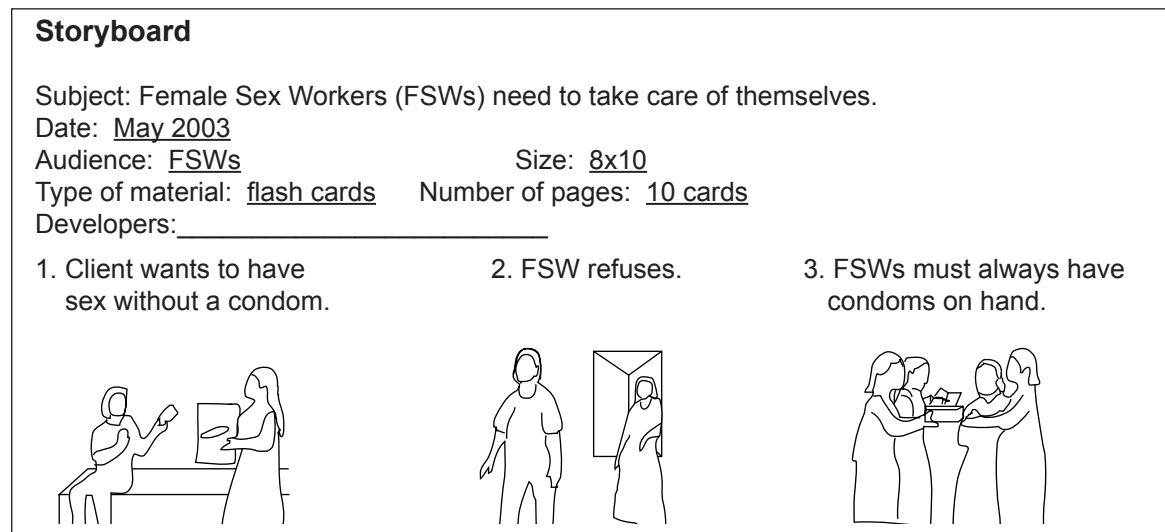
B. Develop Storyboard With Illustrations

To give the artist a clear idea of what needs to be illustrated, prepare a sequential layout of rough sketches. A storyboard (see Figure 14) can help present each aspect of the message visually and outline the message sequence, frame by frame. Project staff can then work with local artists or photographers to determine how best to portray each message. Bringing representatives of the intended audience together with the artist can be beneficial, since they often have good suggestions, based on their experiences, for relevant ways to portray the messages.

The storyboard in Figure 14 shows the artist the message that needs to be conveyed.

Project staff can prepare more than one version of the illustration or photograph if they are not sure how the message is best portrayed. This allows ideas to be compared for accuracy and effectiveness during pretesting and, ideally, results in a new illustration that combines the best elements of each.

Figure 14. Sample Storyboard



Materials developers must also decide what kind of graphics to use: line drawings, shaded drawings, photographs, cartoons, or other styles. Usually, it is prudent to seek the advice of the intended audience. This should begin during the qualitative research phase of the project, and can be continued during actual pretests using either individual pretests, FGDs, or some combination of the two. Identical messages, using the same symbols, should be tested in several graphic styles to determine which is most acceptable to the audience.

C. Create Draft Text

This text should correspond to the suggested draft text project staff entered in the fifth column of the Message Development Worksheet. (See Figure 12.) The text should be written in the language of the target population, should be concise, and should reinforce the information in the corresponding illustration.

Occasionally, FGD data reveal messages that are difficult to portray pictorially. In this case, the text may expand slightly on the illustration. For example, in the message, “Using condoms or reducing the number of sex partners is an effective way to prevent STIs, but not as effective as abstinence,” each practice can be illustrated in a straightforward manner, but it is very difficult to illustrate the concept of one practice being more effective than another.

Keep in mind that the first draft is not the final BCC material. The initial product need not be perfect, since it will be tested to find out if it is understood and accepted by

the audience for whom it is intended, and if it effectively plays the intended role in the project's overall strategy.

D. Review Draft With Technical Team

Before going out to the field to test draft materials with target audience members, conduct an in-house review of the material, especially with individuals who have technical expertise in the subject matter. The technical aspect of the message should have no errors; it is a waste of effort and resources to pretest a material that is technically incorrect, and will only contribute to circulating incorrect knowledge among members of the target population.

Be aware that a delicate situation may arise during internal review because members of the technical team may disagree about the way the message is presented (e.g., color, characters, type of letters, drawings, setting, etc.). Remind them that the target population will decide what is most acceptable and appealing during the pretests on these variables, and that their role is strictly to confirm and correct the technical accuracy of the message(s).

E. Key Concepts for HIV/AIDS and STI Programs

There are a number of key concepts for communicating HIV/AIDS and STI messages effectively. They range from communicating the basic information, such as the "window period" and healthy carrier, to specifics on care issues and links between STIs and HIV. We now have almost 20 years of experience, from many different countries, in communicating these concepts visually.

On the following page is a list of key concepts that may need to be communicated visually to ensure the target audience's comprehension. This list is provided to assist program staff from NGOs, community-based organizations, and government programs to think about the kinds of symbols, analogies, and ideas that might work best when visually communicating these concepts.

Concepts

- | | |
|--|---|
| 1. Modes of Transmission | 9. Issues |
| a. Sex | a. Stigma and Human Rights |
| b. Blood Transfusion | b. Sexual Violence and Violence |
| c. Injecting Drug Use | c. Social Cohesion |
| d. Mother-to-Child Transmission | d. Lack of Self-Esteem |
| 2. Healthy Carrier | e. Gender Power Inequity and
Economic and Social Vulnerability |
| 3. Virus | f. Harassment |
| 4. STI-HIV Link | 10. Negotiating Safe Sex and Condoms |
| 5. Ways HIV Is Not Transmitted | 11. Risk Perceptions and Risk Settings |
| 6. Basic Facts of STIs | 12. VCT and Issues of Confidentiality |
| 7. Knowledge-Prevention: Safe Sex
Options | 13. Breastfeeding |
| a. Abstinence and/or Delay or
Postponement of Sex | 14. Proper Nutrition |
| b. One Faithful Partner | 15. Self-Help |
| c. Condoms | 16. Orphans |
| d. Reduction in Partners | 17. Opportunistic Infections |
| 8. Knowledge-Prevention: Health Care-
Seeking Behavior for STIs | 18. Medication |
| | 19. Home Care Issues |
| | 20. Street Children |

MAIN TOPICS

- Tips for designing quality print materials for target populations: layout, illustrations, and text**
- Using illustrations**
- Developing non-print materials**

Step 4: Create Draft Materials

The following tips may be useful in developing quality print materials.^{15,16}

A. Design/Layout

Present One Message per Illustration. Each illustration should communicate a single, distinct message. (See Figure 15.)

Limit the Number of Concepts/Pages per Material. If there are too many messages, readers may become restless or bored or may find the information hard to remember. Try testing different formats with members of the target population to determine what is most appropriate for them. The number of pages in a document can also affect the cost of printing. (See Step 6: Produce Materials for more information on this.)

Make the Material Interactive Whenever Possible. If appropriate, include simple question-and-answer sections that allow readers to “use” the information in the material. If the material is to be given to these readers to keep, leave a space for the reader’s name and include review or question-and-answer sections that encourage readers to actually write in the material.

Leave Plenty of White Space. This makes the material easier to read, follow, and understand.

Arrange Messages in a Sequence That Is Most Logical to the Audience. If the material includes several steps or multiple messages, ensure that they are presented

Figure 15. Present One Message per Illustration










A health worker describes condom use to clients.

(Courtesy of the Gambia Family Planning Association)

in a logical order. If necessary, pretest them separately and ask members of the target audience to recommend the best sequence for the messages.

Use Illustrations to Supplement Text. Placing illustrations throughout the text makes the material more appealing and can help the reader to absorb the information

Figure 16. Arrange Messages in a Sequence That Is Most Logical to the Audience

Instructions for Using a Condom Properly	
1	 <p>Carefully open package so condom does not tear. Do not unroll condom before putting it on.</p>
2	 <p>If not circumcised, pull foreskin back. Squeeze tip of condom and put it on end of penis.</p>
3	 <p>Continue squeezing tip while unrolling condom until it covers all of penis.</p>
4	 <p>Always put condom on before entering partner.</p>
5	 <p>After ejaculation (coming), hold rim of condom and pull penis out before penis gets soft.</p>
6	 <p>Slide condom off without spilling liquid (semen) inside.</p>
7	 <p>Throw away into a container or latrine.</p>

Men who reviewed condom instruction found it easier to follow the sequence when the package insert unfolded to show vertical rather than horizontal drawings. Numbering each step in the process also helped.

presented. Pictures can often display concepts and communicate visually in ways that words alone cannot. A powerful picture with a simple, but provocative caption is an effective way to display more than factual information (to create empathy, acceptance, or support for something you are seeking to promote). Thought or speech bubbles can take ideas from words to images that communicate understanding of underlying issues, or give the idea that a person facing a risk is not alone. For many materials, illustrations are critical for conveying the message.

B. Illustrations

Use Appropriate Colors. Use colors that have been pretested with the intended audience. Colors have different connotations in different cultures.

Use Familiar Images. People understand and are attracted to pictures that seem familiar to them. Expressions, activities, clothing, buildings, and other objects in illustrations should reflect the cultural context of the audience.

Use Realistic Illustrations. People and objects portrayed as they occur in day-to-day life are easier to recognize than anatomical drawings, enlargements, parts of things or people, schematic diagrams, maps, or other drawings that do not resemble things that people normally see.

Use Simple Illustrations. Avoid extraneous detail that can distract the reader from the central message. For instance, it is easier to see a women's health clinic set against a plain background than against a crowded city street.

Illustrate Objects in Scale and in Context Whenever Possible. Although large pictures and text are easier to see, excessive enlargement of detail may diminish one's understanding of the message.

Use Appropriate Symbols. All symbols should be carefully pretested with the target audience (see Step 5, Pretest and Revise Draft Materials). Crosses, arrows, check marks, inserts, and balloons that represent conversations and thoughts usually are not understood by people who have not been taught what they mean. (See Figure 17.) Likewise, symbols to represent time are culture specific: in some countries, calendar pages may be used to represent months, whereas moons and stars may be more appropriate in other countries.

Figure 17. Use Appropriate Symbols



Figure 17a



Figure 17b

Figure 17a shows a doctor telling a pregnant woman not to take medications unless they are prescribed by her doctor. The use of this familiar gesture for “no” or “don’t” was understood by women in the Philippines, whereas the abstract symbol of a red “X” over an earlier version of two pill bottles and several loose tablets was either misinterpreted or entirely overlooked.

While the picture in Figure 17a was widely understood, respondents preferred Figure 17b, a more positive variation showing the doctor handing the woman a bottle of pills: “Only take medicines prescribed by your doctor.”

(Courtesy of Kabalikat ng Pilipino, Manila, Philippines)

Figure 18. Use Appropriate Illustrative Styles



Here the photograph shown in Figure 17b has been re-drawn using watercolors. Project staff found that the hand-drawn colored version was better accepted and more easily understood than the colored photo. Also, in the drawing, the artist could show more clearly that the woman was pregnant, which was important in a booklet on ways to ensure a healthy baby.

Use Appropriate Illustrative Styles. There are different kinds of illustrative styles: line drawings, shaded drawings, photographs, cartoons, etc. Photos without background detail are more clearly understood by some audiences than are drawings. When drawings are more appropriate, some audiences prefer shaded line drawings rather than simple line drawings. Test shading carefully to make sure that it is acceptable and obvious enough that it is not mistaken for poor-quality printing. Similarly, cartoon figures or highly stylized drawings may or may not be well understood, depending on the audience's familiarity with cartoon characterizations and abstract representation. Identical messages, using the same symbols, should be tested in several graphic styles to determine which style is most acceptable to and best understood by the audience. (See Figure 18.)

Use a Positive Approach. Negative messages may be alienating or discouraging rather than motivating.

C. Text

Choose a Type Style and Size That Are Easy to Read. Choose a type style that is clear and easy to read. Choose a type size that is large enough for the audience to read (if possible, use a 14-point font for text, 18-point for subtitles and 24-point for titles). Italic and sans serif type styles are more difficult to read.

Use Uppercase and Lowercase Letters and Regular Type. Text printed in all upper case (or capital) letters is more difficult to read. For emphasis, use underlining or a distinctively bold typeface.

Test the Reading Level. PATH has found that proper pretesting with the target audience will usually indicate whether the language level of a material is appropriate for that audience. (See Step 5, Pretest and Revise Draft Materials.)

Review Repeatedly. Restate important information and include review sections whenever possible. This will help the reader to understand and remember the messages presented.

D. Adaptation

Materials developed for a specific program, region, and/or country can often be adapted for use elsewhere. It may be easier and more cost-effective to change something that already exists than to create an entirely new material. Adaptation requires more rigorous pretesting than developing new materials to ensure that they are acceptable and appropriate for the needs of different target populations. (See Step 5, Pretest and Revise Draft Materials.)

Reasons for Adapting Materials

Proven Messages Work Well. If a pictorial message has been successful elsewhere, it may work well in another area with a similar program. A major advantage of adapting materials is having the opportunity to test proven ideas in a different setting.

Technical Information Requires Few Changes. The technical information in adapted material is often the same. For example, the message “Hugging and showing affection for a person with HIV/AIDS will not give you the virus” will be the same for people in Ukraine and people in Georgia. However, the approach to delivering the message—such as ways of depicting dress and hair styles—may change.

Locally Relevant Materials Are Effective. Research has shown that materials are more acceptable and effective when they are written in the local language and when the pictorial messages include relevant objects that are easily recognizable in the local situation.

Adaptation Saves Time and Money. A project can save both time and money by carefully adapting materials that are clear and correct to local conditions. For example, a very successful pamphlet that was used in London to sensitize youth on the use of condoms was found useful for the Georgian context although given the differences in the gender norms of the population. (A high percentage of Georgian women remain virgins until marriage.) Some messages in this pamphlet that gave examples of female teenagers carrying condoms with them to persuade their male partners to use them were changed into messages that persuade men to carry and wear condoms themselves.

E. Radio Materials

Writing scripts for brief 30-second radio spots is a realistic task for those with little radio production experience. However, writing full half-hour programs, interview programs, dramas, and interactive programs requires professional expertise. If you want to do anything more ambitious than spots, hire someone already working in the medium. This person should have enough expertise to translate the content of your creative brief and your messages into radio format so that it achieves your objectives.

If you are writing your own script, use the information in your materials development worksheet to create the first draft of the radio script. The script should include suggestions for sound effects and music.

When writing a radio script, remember:

- The script is divided into two columns. The left column indicates to the director or the producer who speaks, at what moment, and in what sequence. It also gives instructions to the person in charge of the production.
- The right column tells the production staff the sound effect you want to be heard, or the inflection, modulation, or feeling you want the actor to convey. It also includes the pauses and sounds the actor should use.
- The instructions for the production staff are in capital letters. When they call for a sound effect, they are underlined.

F. Video Materials

Producing a video—even a brief one—is a complicated task. For best results, hire a firm or individual with experience in video development, including scriptwriting, concept development, and storyboard production. Be sure to select someone who is open to the pretest and revision process and to the viewpoint that the audience is always right. The scriptwriter should have enough expertise to translate the content of your messages into video format so that it achieves your objectives. The scriptwriter should also include suggestions for setting the video scenes, music, sound effects, and graphics.

You should be ready to hire an outside resource after you have:

- Defined what kind of video you are going to develop.
- Determined who your audience is.
- Written your creative brief.
- Gathered information from your audience on what they already know and need to know about the topic.
- Organized your data and key messages in a materials development worksheet.

Concept Development. The video production consultant you have hired will use your creative brief (see Step 1, Plan Your Project) to define the visual images and script content for the final video. Using your brief, they should develop a concept as the first step in video production. This includes drawings, illustrations, or photographs that offer ideas for visuals—along with ideas for text.

Concept development is critical. It shows you immediately how well the consultant has understood essential information, from research results to your communication strategy. Also, at this point, you can correct any misunderstandings before investing money in the steps described below.

If the concept development meets your requirements, then the consultant proceeds to the next step, the storyboard. The storyboard will show the essential audio and visual elements of the video.

Storyboard and Script. The creative brief, materials development worksheet, and concept development are used to produce a storyboard. The storyboard displays the text of the key scenes, along with the key images for the video as it will appear on the screen. You should have enough drawings to match the primary lines for each scene spoken by the actors or the voiceover, as well as enough squares to give a full idea of the sequence of the visual images.

G. Computer-Based Materials

Computer-based media (CM) include any information products used on a computer. They may be simply electronic versions of pamphlets, radio spots, or videos you have already created, or they may include products designed to leverage special functions available only on a computer, such as interactive decision making. CM

may exist on a computer hard drive, on floppy disks, on CD-ROMs, or on the Internet—also known as the World Wide Web, or the Web.

1. Consider the Advantages and Disadvantages of Computer-Based Materials.

The computer offers wide opportunities, but also presents many challenges for materials development. Think carefully before deciding to develop materials for the computer. Because this medium is new to many people, this section focuses first on the advantages and disadvantages of CM, then takes a look at the types of CM you can produce, and concludes with an overview of the steps involved in developing CM products.

a. Advantages of Computer-Based Materials. Computer-based products have many advantages over other media in their ease of use and distribution.

- Computers allow you to present many different kinds of media—text, pictures, audio, and video—all on a single machine.
- Computers allow users to search for key words and subject areas quickly and in a way not possible in other media.
- Interactive products can provide logical functions not possible in any other media.
- Electronic files are easy to transfer from one computer to another. Many books, pamphlets, and even radio or video spots can fit on a single CD-ROM. Small files can be distributed through email or from a Web site, saving on postage and other distribution costs.
- Users print what they need, when they need it. That saves you money, too.
- Documents on the computer can be organized so that users may easily select the level of information they need.
- Much of the software needed to view CM files is free, although you must pay for the software required to create those files.

Special Advantages of the Web. The Web is a virtual library of information available to any user who has access to the Internet. If you develop electronic material, you can put it on the web to further increase its availability around the world.

- Once your computer files are on the Web, they can be accessed from any Internet computer.

- Users don't have to wait for you to mail them a document; they can usually download it right away.
- Materials on the Web are easy to update. Users can always get the latest versions, at little extra cost to you.
- The Web can offer immediate communication between you and users, through email, and between users and other users, through interactive Web forums.

b) Disadvantages of Computer-based Materials. Although CM can be fun to create and distribute, the medium still has a few disadvantages that might make you less likely to consider it for your project. As computers continue to improve and their use becomes more widespread, however, these barriers may disappear and make computer-based media a more attractive option.

- Computers are much less common than VCRs, TVs, radios, and cassette players. They are more expensive and more difficult to maintain. Desktop computers are not as portable as those other devices. And laptop computer screens can be difficult to view, especially for groups.
- Many users do not have access to the Web or may find it too expensive or slow to use regularly.
- Computers have not been standardized in the same ways as VCRs and cassette players. Users can have many different computer setups, and electronic products may appear differently on different machines. New software may not perform well on older computers.
- Less experienced users may need your help in installing or using the software they need to view your materials electronically.
- Printouts usually are not the same quality as materials from a printing press. Many users will not be able to print in color.
- Testing computer materials is more difficult than testing other media because it is harder to "see" everything in the product.
- For multimedia and interactive media, you first need to create the separate print, audio, and video products you plan to use before you create the electronic materials. Computer media do not offer any shortcuts.
- Creating multimedia materials requires expertise in image, audio, and video processing on the computer. Creating interactive materials and web sites often requires computer programming skills. You may need to hire consultants for this.

2. Decide What Type of Material to Produce.

Following is an overview of the three most common types of computer-based products: distribution, multimedia, and interactive. While you may find different names for these materials, the general principles of each still apply. All of these products can include existing or new electronic files. You will need to convert existing print, audio, and video products into computer files before adding them to a computer-based product—or hire a consultant who is already an expert in that process.

- a) **Distribution Products.** This is the simplest form of computer media. It can be as simple as a collection of files on a floppy disk. Or you may wish to add a simple interface—what the user sees on the screen—to help users identify and access the files on the disk.
- **Easy to Use.** A CD-ROM can make it easy for users to search for HIV/AIDS-related materials and print or share electronic copies, as needed. Users can also view and use photos without requiring that their program pay for expensive photo printing. This is important because most users might never need the photos. And, even users who do not have Web access can use the hundreds of documents available on web sites that can be included on a CD-ROM.
 - **Easy to Create.** A single person can produce a CD-ROM in a few days. Considering the huge amount of information it can contain, duplication is inexpensive. Some CD-ROMs cost about one dollar per copy, plus another dollar for the cardboard sleeve. Imagine what it would cost to print those thousands of pages of text and photos instead! And CD-ROMs are much sturdier than floppy disks, an important consideration when mailing them internationally.
- b. **Multimedia Products.** Multimedia products are similar to distribution products in that they contain different types of files, such as text, pictures, audio, and video. However, multimedia products include carefully designed interfaces that guide the user through the product and make the experience more satisfying. Of course, this means more work for the developer!
- c. **Interactive Products.** Interactive products are the most complex and sophisticated of the three types. However, unlike the other types of computer-based media, interactive products make use of the unique power of the computer: the ability to process logical functions. Because they usually require someone who can write computer programs, they can be expensive to create.

What Interactive Really Means. The term “interactive” is often used inappropriately among product developers. Some developers call their software interactive just because it has buttons you can click to go from one screen to another—a process known as navigation—or links to play audio or video clips. But these simple actions can be found in distribution and multimedia products as well. At PATH, we define an interactive product as “one that solicits meaningful user input, such as answers to questions about who the user is or what he or she wants; the interactive software then uses logical algorithms, programmed by the developer, to respond to this input in a meaningful way.”

Why Interactive Products Are More Difficult to Produce. Creation of the logical algorithms needed for interactive computer media is challenging, requiring knowledge of health issues, such as the factors that increase risk of exposure to HIV, as well as the ability to create computer programs or scripts. Furthermore, the software needed for development of sophisticated, interactive CM is often expensive and difficult to learn.

3. Develop Computer-Based Materials.

If you have gotten this far, perhaps you are still intrigued by the idea of creating CM. Following is an overview of the steps involved in developing a simple computer-based product, with or without the help of an outside consultant.

a. Consider Audience Requirements. Before you decide to create computer-based materials, you must think about the audience who will use your CM.

Hardware and software questions:

- Does the typical user have access to a computer?
- What kind of computer (processor speed)?
- How much storage is available on the hard drive?
- Does it have a CD-ROM drive?
- What kinds of software can it support?
- Does it have multimedia capabilities?
- Does it have reliable and inexpensive Web access?

User-skill questions:

Is the user:

- Able to read and understand what appears on a computer screen?
 - Familiar with computer software?
 - Comfortable using a mouse?
 - Able to locate files on a floppy disk or CD-ROM, if necessary?
 - Comfortable using the Internet, if necessary?
- b. Develop a Product That Suits Your Needs.** This is a good time to ask yourself, once again, “Do we really need to create a computer-based product, or can we do the job in other less-complicated ways?” If you do not need a computer-based product, stop now. But if you feel that your communication objective requires distribution of large quantities of information, multimedia, branching logic, or logical algorithms, then proceed.
- **Make a List of Available Materials.** Start by listing the materials that you already have in their original form or as digital files—such as text from brochures, artwork, and audio and video clips. Also, list the materials that must be created from scratch.
 - **Design an Interface for the User.** Think carefully about how to design the interface, as that will influence the experience of the user and the effectiveness of the product. Keep your interface as simple as possible. It is especially important not to go “icon crazy”—in general, the fewer icons you use, the better.
- **Platform.** Whatever your feelings about Microsoft Windows™, you probably have to develop your product for that platform, since most business and personal computers worldwide use it. Only about 5 percent of computers worldwide use the Apple operating system, and another 10 percent use UNIX, LINUX, or Sun operating systems. You’ll find that many graphic designers and publishing companies use Apple equipment and that many universities use UNIX or LINUX systems, but they might not be your intended audience. The good news is that the Web and Adobe Acrobat work on both the Windows and Apple operating systems.
- **Touch Screens** can be a good choice for some settings, but they require special hardware and can be difficult to maintain. Touch screen interfaces must be designed with big buttons because fingers are much larger than a mouse pointer. This changes the look of your interface considerably.

- **Fonts.** Be careful using fonts that do not come with Windows. If you design your product with a font that the user doesn't own, their computer will substitute some other font. This can dramatically alter the appearance of your product and can create other problems. This is also true of fonts for languages other than English. Fortunately, Adobe Acrobat is designed to help solve this problem; that is one reason so many people use it today.

- **Get Outside Help, if You Need It.** Creating computer code, or logical algorithms like those used in PATH's Risk Advisor, is difficult and requires long and careful thought—and probably the help of a consultant. You may also need help learning how to transfer completed files onto a CD-ROM. It's not as simple as saving information on a floppy and requires special equipment that you may not have available on your computer.

- c. **Develop a User's Guide.** Unless you're creating a Web-based product, you'll usually need to write a user's guide. This document tells users about the product—remember, they cannot leaf through your computer files before installation—and provides instructions for installing the product, hints for solving any problems, and contact information for help. The user's guide does not have to be an expensive publication; most users will look at it only once. Concentrate on content, not on flashy style.
- **Print Instructions Directly on the CD-ROM Label and Sleeve.** It also is a good idea to print installation instructions directly on the floppy disk or CD-ROM label, and on the outside packaging, if possible, since the disk might become separated from the user's guide.
 - **Create a "Read Me" File.** If you want to distribute the user's guide as a word-processed document or "read me" file, save it in "Rich Text Format" (.rtf) instead of the standard format for your word processor. All modern word processors can interpret .rtf files. Be sure to test the document after converting to .rtf, since some formatting options, like hyperlinks or fancy tables, may be lost.
 - **Include Installation Files for Software.** If your product requires the free Acrobat Reader, PowerPoint Viewer, or a Web browser, such as Microsoft Internet Explorer or Netscape Communicator, provide the installation files directly on the floppy disk or CD-ROM. But first check to make sure that you can legally do so.
 - **Be Available for Troubleshooting.** You can be sure that some users will have trouble installing or using your computer-based material. It may be a problem with their computer, it may be something they do not understand, or it may be a mistake you made. But you have to be ready to help them—otherwise all your development efforts will go to waste. One of the best ways to do this is to create a good troubleshooting section for the user's guide and to provide contact information where people can go for help.

- **Test Computer-Based Materials.** The content of computer-based material should be tested separately, in printed format, or radio and video format, if appropriate, before being tested as part of a computer-based product. After testing the CM yourself and with colleagues in-house to make sure there are no technical problems, test the full computer-based product with members of the intended audience. Sometimes, it's best to simply observe the respondent working with the computer. You can quickly detect any problem areas by watching where they have difficulty navigating or accessing material. Be sure that they look at everything in the product.

MAIN TOPICS

- Defining pretesting**
- Understanding the importance of pretesting**
- Five variables to measure during pretesting**
- Selecting respondents for any pretest**
- Sample pretesting forms and how to use them**
- Pretesting with groups**
- Importance of sharing pretested print materials—along with the back-up pretest results forms—with any “gatekeepers”**

Step 5: Pretest and Revise Draft Materials

What Is Pretesting? Once the first drafts of the messages and a series of visuals are prepared, interviews are conducted with representatives of the target population to test the messages and visuals and to validate that messages are correctly understood and well received. This is called “pretesting” or “field-testing.” During pretesting, an interviewer shows the materials to members of the target population and asks open-ended questions to learn if the message is well understood and acceptable. The goal of pretesting is to ensure that BCC materials convey the intended messages in a way that the audience endorses. ^{17,18,19}

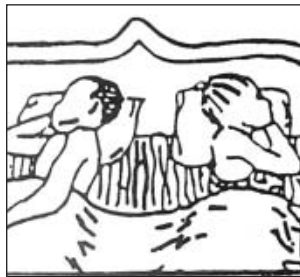
When to Pretest? Pretesting takes place before the materials are finalized so that they can be revised based on the audience’s reactions and suggestions. Most materials must be pretested and revised several times. Each new or revised version is tested again until the material is well understood by—and acceptable to—the target population.

Why Pretest? Pretesting is crucial because illustrations and text can easily be misinterpreted. Pretesting helps project staff know whether the draft materials are understandable to the audience for whom they are being prepared. If people cannot understand the materials, or do not like them, the message is lost. It is also easier to change materials before they are finalized than to find out the materials are inappropriate after a large investment of time and expense.

The three drafts shown in Figure 19 were designed to promote the message that couples must abstain from sexual relations for the entire time they are in treatment for an STI. The message further explained that persons can “catch” STIs by having sexual relations with someone who is infected. When young people in Burkina Faso and Togo were shown the first version (Draft A)—the image of a couple sleeping away from one another on different sides of the bed— many weren’t sure about the meaning of the message. Some suggested writing the word “non” (no) in red over the bed (Draft B), but comprehension of this important message remained poor.

Figure 19. Three Drafts of an STI Message

(from a brochure on *What to Do When You Have an STI*)



Draft A: The audience did not understand who the persons were with their backs to one another. In many cultures, siblings and/or children often share their beds with relatives.



Draft B: Same picture as above, but with a red “non” (no) written over the bed frame, implying “no sex” during the STI treatment. Many respondents still did not like the picture of a couple in bed turning their backs on each other. Some said one person in the bed must be ill; others thought the man and woman were angry with each other.



Draft C: In the final version, the man is pursuing his partner, but she is clearly keeping him at an “arm’s distance.” When the illustration was tested among both older and younger men and women in Burkina Faso and Togo, respondents said it was obvious that the woman was not interested in any sexual intimacies. Both comprehension and acceptability improved and this illustration was used in the printed brochure, now being used in other West African AIDS prevention programs.

(Courtesy of *Sante Familiale et Prevention du SIDA [SFPS]*, a regional project of West Africa, in collaboration with JHU/CCP)

Project staff then explained the message they wanted to convey and asked respondents for additional suggestions to improve the pictorial message. Pretest respondents suggested a completely different approach. When this third version (Draft C) was redrawn and pretested, most pretest participants understood that the woman definitely intended to stay away from her partner.

A. Variables to Be Measured

Five variables are measured during pretesting:¹¹

1. Comprehension

Comprehension measures not only the clarity of the material content, but also the way that content is presented. A complicated or unknown word may cause the audience's failure to understand the message. Or, perhaps the message is clear and the language appropriate, but the use of a too-small typeface makes it difficult for the audience to read the message. Additionally, the transmission of too many ideas may confuse audience members and cause them to overlook the action the material asks them to undertake. Materials should also accomplish strategic objectives. If the strategy calls for the materials to evoke tenderness toward a family member with AIDS, pretesting should make certain that the audience perceives this in the message.

2. Attractiveness.

If a material is not attractive, many individuals exposed to it will not pay much attention to it. A poster may go unnoticed if it has been printed in a dull color or if the illustration is of poor quality or is irrelevant. Print materials achieve attractiveness through appropriate visuals, such as colored or black-and-white illustrations and photographs.

3. Acceptance.

The messages and the way they are communicated must be acceptable to those to whom they are directed. If the communication materials contain something that offends, is not believable, or generates disagreement among the target audience, the message will be rejected.

4. Involvement.

The target populations should be able to identify with the materials and recognize that the message is directed toward them. To ensure that the target audience for the new material becomes involved, it is necessary to make appropriate use of the symbols, graphics, and language used by a particular population group. Illustrations and characters should faithfully reflect that specific population segment, together with its environment and characteristics, through clothing, hair styles, furniture, building

style, etc. (although there are always some who will ask to see people different from themselves, so they don't feel singled out).

5. Inducement to Action.

The materials should indicate clearly what the target population is being asked to do. No matter how good a communication material is from a technical standpoint, it will be worthless if it fails to transmit a message that can be acted upon or carried out. Even those materials that create awareness should induce listeners or viewers at least to seek more information on a subject, as this can move them to take steps leading to the required action or behavior change.

B. Individual Pretests

Whenever possible, pretests of materials should be conducted with only one target audience member at a time. This will ensure that a respondent's answers are not influenced by other people. As with FGD participants, pretest respondents must be representative of the audience(s) the project wants to reach. **The same respondents should not participate in more than one round of pretesting and should not be the same individuals who participated in the earlier FGDs.** This is to ensure that respondents have no prior knowledge of the intended messages being tested.

Pretest sites and times must be selected with the audience in mind. It is often more convenient to pretest materials where participants work, reside, or pass time—such as marketplaces, clinic waiting rooms, or tea stalls—rather than at the pretester's office. Such pretests can be either planned (scheduled) or unplanned (intercept interviews). The main difference between an intercept interview and a planned interview is how it begins.

Follow these guidelines when using the **intercept interview** technique:

Tips on Beginning Intercept Interviews

- Begin the intercept interview by stopping people who look like they are representative of the group for whom the materials are intended. Explain that the program is testing some materials and that you would like to ask their opinion.
- Next, find out if the person is in the intended group by asking him or her the questions on the participant Pretest Background Sheet (see Appendix B).

- Conduct the interview in a private place. A private atmosphere can be created by providing a room with a curtain or interviewing the person away from crowded areas.

From this point on, the intercept interview and the planned interview continue in the same way (see pages that follow).

Like FGDs, pretests require a two-person team: an interviewer and a note-taker. Usually, a team can conduct individual pretests with six to ten respondents a day, depending on the length of the material being pretested.

First Rounds of Pretesting. The first drafts of materials for initial pretests should be the least complicated in terms of technical elements such as illustrations, graphics, and color. Initially, it is best to use line drawings of the illustrations with the accompanying simple text. **The text and picture for each message should be tested separately in order to obtain specific pretesting results for each.** One method is to print the text beneath the picture so that, while testing the picture alone, the text can be folded out of sight or covered with a blank sheet of paper held in place with paper clips. The page may then be unfolded or the paper removed so that the picture and text can be pretested together.

Figure 20 presents a situation where project staff might pretest more than one illustration of the same message. When the World Health Organization published a monograph on preparing flyers demonstrating proper condom use, they included alternative illustrations showing where to dispose of a used condom. They suggested that program staff might alternate the following pictures (or substitute others, as needed) to pretest the most appropriate condom disposal illustration to use in flyers for a particular country.

Tips on Conducting Individual Interviews

Follow these steps for both intercept interviews and planned interviews:

Once the pretester has selected a pretesting site and identified a respondent, the pretester should introduce himself or herself and the note-taker. He or she should explain that the purpose of the pretesting is to solicit comments from respondents to help improve print materials that will be used to benefit people like the interviewee. The pretester should emphasize that the *material* is being tested, not the respondent.

Figure 20. Pretesting Alternative Illustrations



This illustration will form the seventh message in a series on proper condom use.

Alternate 1

Alternate 2

Tell the participant that his or her name will not be used and that the conversation is confidential. Tell him or her how much time the interview will take. Discourage onlookers, since they may be distracting to the respondent. During pretesting, the interviewer must:

- Ask questions that are “open-ended” rather than “closed-ended” and “probing” rather than “leading.” (See Figure 21.)
- Be supportive of the respondent’s answers: use phrases such as “very good” and “you are doing a fine job,” even when the respondent misinterprets the message the picture is meant to convey. If the respondent gets the idea that he or she is doing something wrong, he or she will stop talking and the pretest will be invalid.

- Allow the respondent to talk freely without interruption, disagreement, or ridicule. After getting—and recording—the respondent’s interpretation and comments on all the messages being pretested, thank him or her for participating. Provide refreshments for participants, if possible, as a way to thank them for their participation in the process.

Number of Respondents. During early rounds of pretesting, improvements needed in the drawings should become evident quickly. Therefore, it is usually not necessary to interview more than 10 respondents before analyzing the results. In subsequent pretests, at least 20 respondents per round should be interviewed before revisions are made.

Number of Copies. When doing individual interviews for pretesting leaflets, brochures, or other print material intended for individual consumption, you can use the same copy for each person. For group interviews, make a photocopy for each participant. When pretesting posters, flip charts, counseling cards, or any print material that is usually viewed in a group setting, one copy is enough.

As the material content improves during subsequent rounds of pretesting, drafts should begin to closely resemble the final product in terms of color, size, layout, etc. When testing any materials that will be used in a group setting, make sure the illustrations can be seen clearly.

Figure 21. Question Types

<p>1. Closed-Ended Questions Closed-ended questions require a brief and exact reply.</p> <p>Example: “How many men do you see in this picture?” (This assumes that the respondent has already mentioned a man in the illustration.)</p>	<p>2. Open-Ended Questions Open-ended questions require longer answers and demand more thought than do closed-ended questions.</p> <p>Example: “What is happening in this picture?”</p>
<p>3. Probing Questions Probing questions respond to replies or request further information.</p> <p>Example: “You said one man looks sad. Tell me, why you think this man looks sad? What is there about him that suggests sadness?”</p>	<p>4. Leading Questions Leading questions lead respondents to answer the question in a particular way.</p> <p>Example: “Are you bothered by this picture of a health worker showing men how to use a condom?”</p>

In later rounds of pretests, it is often appropriate—and less time consuming—to use groups, again composed of representatives of the target population(s). This is especially true when project staff are having trouble finding visuals that are fully understood by an audience. Assembling a group of 8 to 12 persons, explaining to them the messages to be depicted, and then asking for their suggestions, is often a cost-effective way to generate many ideas in a short period of time. When doing this, consider having the artist present to sketch out suggestions and get immediate feedback. Of course, it is still important to pretest these new illustrations with other members of the intended audience, but this exercise may generate immediate ideas that are both comprehensible and acceptable.

During the **final pretest**, use a mock representation of the material (final size, layout, type size, and colors) exactly as envisioned by project staff. Following this final round, minor changes may be necessary, but comprehension and acceptability should be high enough to proceed with printing.

C. Use of Pretesting Forms

PATH and FHI use several forms and outlines to help organize and gather data during pretesting: the Pretest Background Sheet, the Pretest Data Collection Sheet, the Pretest Summary of Results Sheet, Sample Questions for Group Pretests, and the Group Pretest Answer Sheet. Samples of each are provided in Appendix B. These forms can be adapted to suit each project. Figures 22, 23, and 24 demonstrate the uses of some of these pretesting forms. Each form documents one round of pretesting; the same general procedures are used for all rounds of individual pretests until an “acceptable” version of the message is created.

It is important to use forms because:

- Pretesting generates many details about how to improve the materials, and if they are not carefully organized and documented, such details are easily lost.
- Keeping track of pretest participant characteristics ensures that only individuals who meet the screening criteria are included in pretesting.
- Forms help systematize the pretesting process, making it easy to summarize what project staff learned and how they applied it.

1. Pretest Background Sheet

The sample completed Pretest Background Sheet (Figure 22) shows how this form is used to record information about pretest respondents. One Pretest Background Sheet should be prepared for each round of pretesting. Project staff must decide in advance which criteria to use in selecting pretesting respondents and what information is important to record. These selection criteria are listed in the spaces at the top of each column and should be filled in prior to pretesting.

Personal information that some individuals may feel sensitive about revealing (age, level of schooling, vocation, ability to read) should be solicited tactfully. For example, after approaching a potential respondent in an “intercept” interview and explaining the need to pretest a particular material among people of a certain age group, the interviewer may then inquire about the potential respondent’s year of birth. If the person does not qualify, the interviewer should politely thank the person and continue to search for respondents who represent the target population.

Each individual should be assigned the same respondent number for the Pretest Background Sheet and the Pretest Data Collection Sheet (Figure 23).

2. Pretest Data Collection Sheet

The Pretest Data Collection Sheet is used to record feedback from respondents about the material that is being pretested. One Pretest Data Collection Sheet should be completed for each message (page) during each round of pretesting. Information above the bold line should be filled out by project staff prior to pretesting. The letters “A,” “B,” “C,” etc., in the “Describe Picture” box correspond to major elements of the illustration. This shorthand system allows the interviewer to record responses quickly by listing the appropriate letters.

Everything below the bold line on the Pretest Data Collection Sheet is completed during and after pretesting:

- First, each respondent is assigned a number, the same used on the Pretest Background Sheet. This number is recorded in the left column.
- Before showing the picture to the respondent, the interviewer folds any text out of sight or covers it. Then he or she asks questions about the picture.
- Next, the interviewer unfolds the page and asks about the text.

Figure 22. Sample Completed Pretest Background Sheet

						Interviewer(s): <u>SM and DD</u>				Test the text using the language that will be used in the material.	
						Pretest: _____					
PRETEST BACKGROUND SHEET											
		Topic: <u>AIDS Education</u>		Material: <u>Booklet</u>						Use these columns for additional information as needed.	
		Region: <u>Compound X</u>		Language: <u>Local Dialect</u>							
Date	Resp #	Schooling			Sex		Age		Profession	Condom use	
		0	1-2	3+	M	F	25	25+		Yes	No
Aug. 5	1	X			X			X	taxi driver	X	
Aug. 8	2		X			X		X	Farmer's wife		X
Aug. 8	3			X		X	X		Student		X
Aug. 8	4	X			X		X		Cassette tape salesperson		X
Aug. 8	5		X			X	X		Hotel maid	X	
Aug. 8	6		X			X	X		Typist		X
Aug. 8	7			X	X		X		Accountant		X
Aug. 8	8	X			X		X		Guard		X
Aug. 8	9			X	X		X		Truck driver	X	
Aug. 8	10		X			X	X		Produce seller		X
TOTAL			# %	# %	# %	# %	# %	# %	# %	# %	# %
		10	3 30	4 40	3 30	5 50	5 50	5 50	5 50	3 30	7 70

The respondent number will correspond with the one used on the Pretest Data Collection Sheet.

- In the box labeled “What do the words mean to you?” the “R” should be circled if the respondent read the accompanying text; the “H” should be circled if the respondent heard the text read aloud by the interviewer.
- The respondent’s feeling about the message and suggestions for improvements should be listed in the next two boxes.

Figure 23. Sample Completed Pretest Data Collection Sheet (for message illustrated in Figure 25)

The numbers in this column correspond to the respondent numbers on the Pretest Background Sheet.

This is the first time this picture has been pretested.

This is the 4th of 10 messages (pages) in the booklet.

This is the response of one respondent to one message (#4, see above).

If the respondent does not understand a part of the picture, the respondent's interpretation should be noted.

One leading rule is that if respondents make any appropriate suggestions for changes to the illustration, the picture is "Not OK" and should be changed.

If the respondent recognizes part of the picture, a check mark can save the recorder time.

Background information on whether the test was read or heard will help project staff to decide if changes are needed.

If the text is not understood, it should be changed.

Pretest Data Sheet								
Topic of Material: <u>AIDS Education</u>								
Language: <u>Local dialect</u> Pretest Round: <u>1</u>								
Region: <u>Compound X</u> Date: <u>Aug. 8-9, 1988</u>								
Interviewers: <u>SM and DD</u> Message no.: <u>4</u>								
Res. #:	Describe Picture:	Write Text:	How do you feel about the picture and/or words?	What would you change?	Coding			
	What do you see?	What do the words mean to you?			Picture:		Text:	
					"OK"	NO	"OK"	NO
1	A) 2 men washing clothes, the other drying them B) no C) no	Used clothing is AIDS-free You can get AIDS through gifts	• People look dirty • Wearing funny shoes • "AIDS-free" confusing	• Put clothes on table like a market • Show money		✓		✓
2	A) ✓ B) stains on shirt C) ✓	AIDS is in used clothing	• Men are villagers especially those in "pata pata" shoes	• Show a nurse buying used clothes • Remove "pata" shoes		✓		✓
3	A) ✓ B) ✓ C) ✓	Used clothing is AIDS-free	• Men look angry	• Have men smiling • Change text to "You cannot get AIDS from used clothing"		✓		✓

Figure 24. Sample Completed Pretest Summary of Results Sheet (for message illustrated in Figure 25)

Fill in the coder's name here.

Coder(s) Bani Kundah
 Pretest Round 1
 Region Compound x
 Topic of Material AIDS Education

PRETEST SUMMARY OF RESULTS SHEET

Mes- sage number	Total Inter- viewed	OK		NOT OK		Suggested Changes
		#	%	#	%	
P = Picture 1P	10	1	10%	9	90%	Put clothes on table; show money; show nurse buying clothes; show men smiling; show city shoes; delete patches on shirt, as they were mistaken for stains;
T = Text 1T	10	4	40%	6	60%	Change text to "You cannot get AIDS from used clothing."
2P						Continue summarizing pertinent suggestions from the forms used when pretesting. This summary is very useful when explaining proposed changes to the artist.
↓						

This will help you to judge which messages need the most work.

Incorporate these suggested changes into Pretest Round 2.

After the team completes a round of pretesting, the coder should carefully read all the responses, determine whether the picture and text are “OK” or “Not OK,” and mark the appropriate box. This assessment should be based on:

- Comprehension (indicated by the “What do you see?” and “What do the words mean to you?” boxes).
- Acceptability (indicated by the “How do you feel about the picture and/or words?” and “What would you change?” boxes).

A response to a picture is considered “OK” if the respondent correctly describes all major elements in the illustration, is comfortable with the picture, and suggests no changes. Similarly, a response to the text is “OK” if the respondent correctly states the meaning of the text and is satisfied with the way the message is stated and that it reinforces the illustration. Otherwise, a response should be coded as “Not OK.”

Project staff must determine when a message is “OK” or “Not OK” in terms of the overall level of comprehension and acceptability. Staff should consider and decide in advance how many “OKs” signify a successful message. PATH and FHI recommend that at least 70 percent of respondents should be able to correctly interpret the visuals alone, and at least 90 percent should be able to interpret the visuals with the text, find them acceptable, and understand any action the messages recommend.

An alternative to collecting pretest data is a simple Pretest Question Guide. Some find it easier not having to prepare a special chart with small boxes to be filled in. However, using a Pretest Question Guide is somewhat bulkier, as the interviewer and the note-taker must use a separate sheet of paper for each message pretested by each respondent. A Pretest Question Guide would contain questions such as:

- (Note: Show only illustration.) What do you see in this picture? What is it telling you? Are you supposed to do anything? If so, what? Leave room to write the respondent’s responses, or use the Group Pretest Answer Sheet (see Appendix B, Form 6).
- (Note: Uncover text and either read it or have participant read it.) What does the text mean, in your own words? (Again, always leave empty space to enter reply.)
- What information—or message—is this page trying to convey?
- Does it ask/tell you to do something? If yes, what?

- Does the picture on the page match the words? Why? Or why not?
- Are there any words in the text that you do not understand? Which ones?
- Is there anything on the page that you do not like? What? Why? How might we improve it?

3. Pretest Summary of Results Sheet

The Pretest Summary of Results Sheet indicates any changes needed to the text and/or visuals to increase the messages' comprehension and acceptability. As soon as a round of pretests ends and the coding is completed, the coder must transfer the results to the Pretest Summary of Results Sheet (Figure 24). Usually, only one or two Summary of Results Sheets are needed to record data from all the messages pretested during one round.

Two separate lines should be used to record the results of the pictures ("P") and text ("T") for each message. For example, if several pages of a material are being pretested, label the first line "1P" and record the comments for improving the picture of message number 1 on that line. The next available line should be labeled "1T" and contain the results for the text of message number 1. Subsequent messages should be recorded as "2P," "2T," "3P," "3T," and so forth.

The coder should calculate the percentages of "OK" and "Not OK" pictures and

Figure 25. Sample Illustration, Pretest Round One



"Used clothing is AIDS-free." Respondents understood that men were examining clothing, but thought they were looking for garments that had not been mended.

text based on the total number of pretests. He or she should also summarize the suggested changes recorded on the Pretest Data Collection Sheet in the right-hand column of this summary form. Figure 24 shows the results of pretesting the picture and text of Figure 25.

Alternative Pretest Summary Form. When using the Pretest Question Guide, it is necessary to collate responses collected from the individual pretests. Create a master compilation form, with one question per page, leaving large spaces to record what was said. Again, there are shortcuts project staff can initiate. For example, if respondent 4 gives the same reply to question 1 as respondent 2, then staff compiling the summary can just put a tick (✓ or + or some other symbol) next to the comments of respondent 2. Similarly, if respondent 6 saw everything she was supposed to see in illustration 3, the interviewer or note-taker could just write “visuals OK” (or some similar abbreviation that the two-person team has agreed upon before beginning to summarize the results).

In subsequent rounds of pretests, an efficient way to note recommended changes is to use an Identification of Changes and Modifications Sheet (see Appendix B, Form 7).

Review by Gatekeepers. Once the individual messages have reached the desired level of understanding through pretesting and revision, the entire material should be reviewed by the organizations collaborating on the project, other institutions interested in using the material, and anyone else with authority to approve the material. These gatekeepers often control the distribution channels for reaching the target population. If they do not like the material or do not believe it to be credible or scientifically accurate, it may never reach the target population. It is therefore important to have gatekeepers review the materials before they are finalized. It is good policy also to show them the pretest summary forms to help them better understand the perceptions of those for whom the materials are intended and perhaps prevent them from blocking distribution of the materials later on. Keep in mind that these gatekeeper reviews are not a substitute for pretesting the materials with target population representatives, or for obtaining technical clearances from medical experts.¹²

Figure 26. Sample Questions for Group Pretests

Questions specific to each page:

1. What information is this page trying to convey?
2. What does the text mean in your own words?
3. If there is a picture, what does it show? Is it telling you to do anything? If yes, what?
4. Do the words match the picture on the page? Why or why not?
5. What do you like/dislike about this page?
6. Are there any words in the text you do not understand? Which ones? (If so, explain the meaning and ask respondents to suggest other words that can be used to convey that meaning.)
7. Are there any words that you think others might have trouble reading or understanding? (Again, ask for alternatives.)
8. Are there sentences or ideas that are not clear? (If so, have respondents show you what they are. After explaining the intended message, ask the group to discuss better ways to convey the idea.)

General questions about material in its entirety:

9. Is there anything you like/dislike about this booklet—use of colors, kinds of people represented, choice of foods used, etc.?
10. Does the material ask the reader to do anything? What? Are the messages effective? Why or why not?
11. We want the materials to be as easily understood by others. How can we improve the pictures?
12. What other suggestions do you have for improving this material—pictures, words, or both?

D. Group Pretests

Group pretests are sometimes used as an alternative to individual interviews. Group pretesting is particularly effective for materials containing primarily textual messages and materials such as film scripts, audiocassettes, or videos.

Group pretests can also help project staff determine if existing materials developed by other groups meet project objectives. It may be possible to borrow and pretest ideas from materials developed for other regions and adapt them, but staff must be sure to include messages that meet the needs of the new audience, as indicated by local audience research.

As with FGDs, a pretest group should include 8 to 12 people who represent the target population. The pretester should explain that the group's suggestions will be used to improve the materials. The pretester then asks each group member to take a turn reading a section of the material aloud. The pretest team listens for words that the readers have difficulty reading or understanding. After one respondent reads a section (one paragraph, for example), the pretester asks the whole group to discuss the section and make suggestions for improving it. The pretester may ask some general review questions to make sure that all main points and concepts presented in the material are understood. Likewise, pictorial messages may be tested by asking members of the group what they see, having them read the accompanying text, and discussing whether the message and illustration address the same topic and reinforce one another.

Figure 26 lists some sample questions for pretesting existing textual materials. An expanded version is found in Appendix B, Form 5, and Appendix B, Form 6 illustrates one possible Group Pretest Answer Sheet. These questions are similar to those used in individual pretests when selecting the alternate method that uses the Pretest Question Guide.

If the project requires preparing materials for other audiences, such as peer educators, counselors, health workers, and/or policy makers, it may be necessary to test longer, primarily textual materials. Make copies of the new material for all participants and, if possible, deliver it to them prior to the pretesting time. If these audiences are not allowed time in advance to read and absorb the content, any pretests will be superficial and will not provide meaningful feedback for project staff.

Note: Appendix C includes a second set of "Job Aids" on pretesting. Like the FGD Job Aids, they are designed to help program staff prepare for pretests and recall key actions to follow when pretesting print materials. After becoming thoroughly familiar with this chapter, field staff may want to copy the relevant Job Aids to use as reminders when pretesting with representatives of the target population.

MAIN TOPICS

- What the printer needs to know to provide reliable cost estimates**
- Importance of working closely with the printer**
- Other printing considerations—for example, paper quality, type of binding, number of colors, and size of initial print job**
- In-house alternatives to printing**

Step 6: Produce Materials

Creating print materials requires considerable effort by those responsible for developing and testing them and those who actually print them. A crucial phase in materials development begins when the items to be printed go to the printer. Mishaps during this phase can jeopardize the results of project activities. Spend time working closely with all people involved in printing the materials to ensure they understand what the final product should look like, what resources are available to pay for it, and when the job needs to be completed.

A. Printing Considerations

Printing costs vary tremendously by country, subject, type of material (booklet, poster, flip chart, etc.) and format (size, colors, style). When preparing to print, always consider the following:

- Request cost estimates, references, and samples of work from at least three printers. The printers will need to know:
 - The size of the material.
 - The number of pages.
 - The type of paper to be used for the pages and for the cover.
 - The number of colors to be used in printing the material.
 - Whether the material includes any photographs.
 - The number of copies to be printed.
 - Printing and distribution deadline.
- Consider the quality of each printer's previous work, the printer's responsiveness to deadlines, and the recommendations of other clients.
- In some countries, the more copies you print, the lower the "unit price" (price for each copy).
- When printing a booklet, find out from printers whether certain numbers of pages are more cost-effective to print. Sometimes booklets with a total number of pages that is a multiple of four avoid wasted paper and higher costs. Pages printed on both sides are usually cheaper.
- Ask for advice about page sizes, and choose the most cost-effective size based on the paper sheet the printer uses regularly.

- Type of paper is another consideration when budgeting for printing. There are many types of paper (e.g., bond, cover, colored, book). Paper is also measured by weight; the heavier it is, the thicker it is. Bond is the cheapest paper in the United States for small print jobs (e.g., flyers and leaflets). Twenty-pound bond paper is usually the best bond weight for the price. For books, 60-pound “book” paper is economical. Colored paper is more expensive. For the cover of a booklet or pamphlet, consider using heavy book paper (70-pound) instead of cover paper; it is usually less expensive and saves on bindery costs.
- One of the biggest factors in printing cost is the type of binding and whether the cover is “scored.” Scoring is the process used in folding the heavier-weight cover paper so it will lay flat when the document is closed. Binding choices include saddle stitch, spiral, velo, tape, and others. Ask the printer what bindings their equipment can produce, and request samples. There can be large differences in cost between bindings, so get comparative quotes.
- In pamphlets, paper folds should always be along the “grain” of the sheet to ensure ease of opening and to help the pamphlet lie flat when opened. In the printer’s “price book” for paper, one of the dimensions of the size of the paper is underlined. This indicates the grain direction of the sheet and affects how the sheet folds.
- If the printer is producing negatives for a print job, request a “blue line” before printing. This is an exact duplicate of what the document will look like once it is printed, but is produced on yellow paper with blue ink. It will show the text, graphics, screens, color separations, etc. The blue line allows you to check for errors prior to the printing process. Typically, there is no charge for a blue line, but there are charges for corrections, unless the errors were the printer’s mistakes.
- Carefully consider how many colors you can afford to use. Multiple colors will increase printing costs. Always count black as one color.
- If possible, use black letters on white paper for text, rather than white letters on dark paper, as this is easier to read.
- If the materials will be copied or photocopied by other organizations, choose a format that is easy to copy (e.g., leaflets rather than stapled booklets). Keep in mind that dark colors do not photocopy well.
- It is most cost effective to make drawings the same size as they will appear in the pamphlet; otherwise the printer must make reductions requiring either

separate camera shots or photostats (“stats”). Stats are cheaper than separate camera shots, and are made by a commercial graphic artist.

- Try not to print a photo across a fold. It is not visually effective and it is difficult to do successfully. More work is required to make sure the two sides match, which adds expense.
- Expect additional cost if the material includes a colored illustration that will extend to the sides of the page or into the fold of a pamphlet (“bleed”). White type against colored or half-toned background also costs more and photocopies poorly.
- Consider printing small quantities of the material initially, so that changes can be made if necessary. However, in some countries this decision must be weighed against the lower unit cost of printing a larger quantity, as mentioned earlier.
- Project managers should retrieve negatives from the printer as soon as print jobs are completed. Store them in a cool, dark, safe place so they can be reused if the materials are reprinted at a later date.
- Camera-ready artwork should be accessible to staff artists so that necessary changes can easily be made before the materials are reprinted.
- Computers make it possible to produce professional-looking materials in-house. If the document will be created on project computers and provided to the printer on a disk, arrange a meeting to discuss software options before preparing the document. The printer’s and the project office’s computers must use compatible software that will allow the printer’s staff not only to see the document on the computer screen, but also to output the document for printing.
- If the document will be prepared on a computer disk for the printer, the project manager should speak with the typesetter before preparing the document, taking into account the press specifications. The size of the press determines the parameters (such as margins) for each page.

B. Alternatives to Printing

Not all pictorial BCC materials require a large-scale printing. Depending on the nature, objectives, and budget of a particular project, a lower-cost alternative may be equally effective. For example, a project that decides to post pictorial messages in village/community gathering places may decide that staff and community members can purchase sturdy, heavy paper and draw (or trace) and color/paint the final

pretested draft version of the posters they wish to distribute. Or, in some countries there is a tradition of painting cotton on silk cloth. Both fabrics can be used to prepare attractive and durable posters or banners.

Similarly, if the project plans to provide flip charts, flash cards, or trigger cards—pictures used to “trigger” a discussion—for peer educators and/or health providers, but plans to work initially with only a small number of such educators and/or providers, staff and volunteers could make these items by hand. Project staff may begin with hand-drawn visuals, and as the project expands, they can update the posters, flip charts, etc. (based on evaluation feedback; see Step 8: Evaluate Materials, and then contact printers later in the project’s evolution. If the project has good photographic capabilities, staff may decide to take photos to use in flash and/or trigger cards and duplicate sets for each counselor and peer or community educator. This decision should not be made before staff have carefully pretested such photographs and are certain that the meanings of any behavior change messages are clearly understood, and that the visual presentation (photos in lieu of hand-drawn illustrations) is acceptable.

A six-panel leaflet with pictorial messages augmented with simple text can be photocopied on standard-sized white or colored paper; folded by hand; and used by counselors, peer educators, and others to explain key messages to their project audiences. Keep in mind that such materials are often less eye-catching and less likely to be valued enough to be retained and shared with others. Also, if something is copied on colored paper, the viewer will see yellow, blue, or pink people and other objects used to convey the messages. But photocopying is another option that needs to be considered, especially in places where access to photocopying equipment is widespread, thereby reducing per-copy costs, or where the need for large quantities of handouts is not yet evident.

Some cultures have centuries-old traditions of using indigenous media such as puppetry, marionettes, and storytelling. Again, depending upon the setting, project scope, and available resources, these media can be used successfully to transmit public health messages. In such cases, even though the messages will be transmitted orally, both the messages and the scripts need to be designed and pretested in the same way as described in Steps 3: Develop Messages and 5: Pretest and Revise Draft Materials.

MAIN TOPICS

- Program staff need training in order to use new print materials effectively**
- Tips for how to use print materials designed and developed for target audiences**
- The importance of distribution—and of knowing where the materials have gone**

Step 7: Distribute Materials and Train on Their Use

Once materials are developed, tested, and printed, train health workers, counselors, social workers, or other community development staff in how best to use these new teaching aids. Figure 27 lists some tips for using print materials effectively.

Figure 27. Tips for Using Print Materials Effectively

Posters

- Display posters in high-visibility places, such as clinics, hospitals, community centers, marketplaces, banks, kiosks, and gas stations. Put them in places protected from rain and wind. Ask permission first so that the poster is not torn down and thrown out. Make sure that posters are securely mounted so that they cannot be easily removed/stolen.
- Use posters to stimulate group discussion.

Flip Charts and Flash Cards

- Always stand facing the audience when using a flip chart.
- Hold or position the flip chart so that everyone in the group can see the illustration, or move around the room with the flip chart if the whole group cannot see it at one time. Point to the picture when explaining it.
- Involve the group. Ask them questions about the illustrations.
- Use text (if any) as a guide; do not depend on it. Memorize the main points and explain them in your own words as you show the picture.

Booklets and Brochures

- Explain each page of the material to the client or the person being counseled. This allows her or him both to observe the pictures and listen to the messages.
- Point to the picture, not to the text. This will help the client to remember what the illustrations represent.
- Observe your audience to see if they look puzzled or worried. If so, encourage them to ask questions and discuss any concerns. Discussion helps establish a good relationship and builds trust between presenter and clients. Clients who have confidence in their health workers will often transfer that confidence to the method or health practice selected.
- Give materials to clients and suggest that they share them with others, even if they decide not to use the medicine, health practice, or procedure described.

The training process need not be elaborate or lengthy, but staff at all programmatic levels should know why and how the materials have been prepared and why using them will make their job easier, more pleasant, more efficient, and more effective. Unless people understand the advantages of the materials, the materials will not be used properly, or perhaps, will not be used at all.

Set up systems for distributing the materials so that they are used effectively. (See Appendix B, Form 8, Monthly Record Form for Distribution of Educational Materials.) A common problem with attractive materials is that they may be used to decorate offices of colleagues instead of being given to members of the target population. Sometimes materials are deemed so important that they are carefully locked in a closet and never used.

Emphasize that the objective of materials development is distribution and correct use with the intended audience. Set up a supervisory system that monitors extent and correctness of use. Suggestions for monitoring use of materials can be found in Step 8: Evaluate Materials.

MAIN TOPICS

- The importance of evaluating print materials**
- Methods—including interviews, group discussions, and observation—for evaluating the effectiveness of new materials**

Step 8: Evaluate Materials

Evaluating materials:

- Shows how the materials are actually being used by community workers and clients.
- Shows whether the materials were effectively distributed.
- Provides more information about whether the materials are accepted and clearly understood by the target population.
- May prove to managers that the money allocated to BCC activities was spent carefully and is a good investment.
- Allows the materials developers to adapt to the changing needs of population groups with whom the program works.

Some programs prefer to hire an external evaluator; others may have an evaluation person on the staff of their organization.

One or more of the following methods may be used to evaluate the effectiveness of materials:

- Interview persons who were introduced to the material by a fieldworker, clinician, or peer educator. Did they understand the material? Do they still have it? When do they use it? Have they shown or given it to friends? How did the material affect their decision whether to use the product or practice the behavior? Can they recall the information contained in the material?
- Hold group discussions to obtain feedback on materials from clients as well as service providers.
- Observe project staff and peer educators to evaluate how materials are being used and whether the materials are helping them to educate their peers.
- Attend a clinic posing as a “mystery client” to learn how materials are really being used by health personnel.
- Conduct intercept interviews with clients or potential clients outside the clinic setting to learn what messages they heard and whether they saw the support material.
- Provide something in the material that requires the reader to take an action that can be measured, such as providing a coupon to access STI services free of charge or other health products offered by the project.

- Observe community members practicing a new behavior that is promoted in the materials, such as FSWs carrying condoms with them.
- Interview gatekeepers or household and community members that influence members of the target audience to assess their opinion of the messages and materials.

When using these techniques, solicit suggestions for improving the choice and representation of the messages. After completing this stage of evaluation, project staff will better understand how well the materials are understood, accepted, used, and distributed and whether the materials' effectiveness justifies the cost.

MAIN TOPICS

- ❑ The materials development process explained in this manual has been used effectively to develop educational materials in over 45 countries.**
- ❑ This same process can be used to develop materials for other audiences, on other topics, and/or with other media.**

Conclusion

This manual describes techniques used by PATH, Save the Children, and their respective implementing partners and colleagues in over 45 countries. The essence of the materials development process described in the Guide is continuing interaction with representatives of the groups for whom the materials are developed. Members of the target audiences are “experts” about messages that need to be conveyed, and about how best to communicate these messages.

This methodology also applies to developing both print and nonprint materials for target audiences, and may extend beyond the scope of health and HIV/AIDS and STI prevention to other issues, such as water and sanitation, agriculture, nutrition, and food preservation. Regardless of the issue or audience, each step in the materials development process helps to ensure that graphically communicated messages will be understood and well received by intended audiences.

For more information on a variety of BCC materials and methods, including some advantages and limitations of each, see Appendix D.

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Resources

The following organizations may have additional information on developing materials for target audiences:

Academy for Educational Development

1875 Connecticut Avenue, NW, Suite 900

Washington, DC 20009-1202

Tel: (202) 884-8000

Fax: (202) 884-8408

E-mail: admin@aed.org

Web site: www.aed.org

American Public Health Association

1015 15th Street, NW

Washington, DC 20005

Tel: (202) 789-5600

Fax: (202) 789-5661

E-mail: media.relations@apha.org

Web site: www.apha.org/media/

Healthlink Worldwide (previously AHRTAG)

Cityside, 40 Adler Street

London E1 1EE, UK

Tel: +44 20 7539 1570

Fax: +44 20 7539 1580

E-mail: info@healthlink.org.uk

Web site: www.healthlink.org.uk/

The Johns Hopkins University Center for Communication Programs

Population Communication Services

111 Market Place, Suite 310

Baltimore, MD 21202-4024

Tel: (410) 659-6300

Fax: (410) 659-6266

E-mail: webadmin@jhuccp.org

Web site: www.jhuccp.org/

**International Clearinghouse on Adolescent Fertility (ICAF)
Advocates for Youth**

1025 Vermont Avenue, NW, Suite 200
Washington, DC 20005
Tel: (202) 347-5700
Fax: (202) 347-2263
E-mail: info@advocatesforyouth.org
Web site: www.advocatesforyouth.org

Program for Appropriate Technology in Health (PATH)

1455 NW Leary Way NW
Seattle, WA 98107
Tel: (206) 285-3500
Fax: (206) 285-6619
email: info@path.org
Web site: www.path.org

Save the Children

54 Wilton Road, Westport
Connecticut 06880 USA
Tel: (203) 221-4000
Fax: (203) 221-3799
Web: www.savethechildren.org

Teaching Aids at Low Cost (TALC)

P.O. Box 49
St. Albans Herts
AL1 5TX UK
Tel: +44(0)1727 853869
Fax: +44(0)1727 846852
E-mail: info@talcuk.org
Web site: <http://www.talcuk.org/>

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Web site: www.os.dhhs.gov/

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior Change Communication
CDC	Centers for Disease Control
FGD	Focus Group Discussion
FHI	Family Health International
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
IDU	Injecting Drug User
KAP	Knowledge, Attitudes, and Practices
MOH	Ministry of Health
MTCT	Mother-to-Child Transmission
NGO	Nongovernmental Organization
PATH	Program for Appropriate Technology in Health
SHIP	STI/HIV Prevention
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counseling and Testing

- ❑ **Appendix A. Draft Sample FGD Guide**
- ❑ **Appendix B. Forms to Use When Developing and Pretesting Materials**
- ❑ **Appendix C. FGD and Pretesting Job Aids**
- ❑ **Appendix D. Characteristics of Various Communication Materials and Methods**

Appendix A. Draft Sample FGD Guide

Date (day/month/year): _____ Time focus group began: _____

Name of facilitator: _____ Time focus group ended: _____

Name of recorder: _____

Georgia SHIP Project

Focus Group Discussion Topic Guide

Female sex workers (FSW)

Introduction

Introduce yourself and explain the purpose of the group. Tell participants that if at any time they don't feel comfortable with a topic, they are not required to speak, and that there are no wrong or right answers. Also remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the guide.

It is also not necessary to ask every question in the "probe" sections. These questions will help you to explore the topic more deeply and can help motivate participants to talk but if the group is already talkative, they may not be needed. The facilitator should be very familiar with the guide before starting the focus group discussion so that topics that come spontaneously out of order can be followed and so that s/he will know when it is necessary to use the "probe" sections extensively.

The facilitator should begin the discussion by saying:

“Today we will be discussing some issues that are important to men and women in Georgia—that is sexual health, including sexually transmitted diseases and HIV/AIDS. We are interested in learning about opinions and practices of people in Georgia including your own, as well as how information about how sexual health is learned in your community.”

HIV/AIDS in Georgia

1. How aware are people in your community about HIV/AIDS?

[probe]:

- Do your neighbors or friends know what HIV/AIDS is?
- What do people in your community think HIV/AIDS is?
- Where do people in your community learn about HIV/AIDS?

2. Do people in your community feel that their lives have been changed because of HIV/AIDS?

[probe]:

- If so, how have their lives been changed? If not, why not?
- How about you, do you feel that something in your life has changed because of HIV?

Knowledge and Attitudes about STIs/AIDS

3. What do you think HIV/AIDS is?

[probe]:

- Do you think it is a sexually transmitted infection (STI)?
- What is an STI?
- Why are some diseases called “sexually transmitted infections”?

4. How do people get STI including HIV/AIDS?

[probe]:

- What activities do people engage in that causes them to get STI including HIV/AIDS?
- How do you know that you are healthy and that you don't have an STI?
- What are some signs that tell you that you might have an STI?
- Have you ever heard of screening tests for STI?
- If so, how do they work and what do they tell you?

5. Is there some way to prevent getting an STI?

[probe]:

- If so, what are some of the ways?
- Are these things difficult or easy to do? Why or why not?
- Is there something special that a person has to do to avoid getting HIV/AIDS?
- If so, what is it?

6. Do you think that treatment exists for all STI including HIV/AIDS?

[probe]:

- If so, what do you think the treatments are?
- Which ones can be treated and which ones cannot be treated successfully?

7. Have you ever had an STI?

[probe]:

- If so, how did you know that you were sick?
- What kind of symptoms did you experience?
- Did you go for treatment?

8. Do you know anybody who is living with HIV or AIDS?

[probe]:

- If so, how did they become infected with the disease?
- Can anybody get an STI or are there certain people who are more likely to get an STI? Who are these people?
- Where do people who have HIV or AIDS get on-going care for their illness?

Condom Use

[If the topic of condoms has already come up, the facilitator should say,

“We have already talked a bit about condoms but let’s talk more deeply about this topic now”.

If the topic of condoms has not already come up, the facilitator should say,

“Let’s take some time to talk about a new subject—experience with condoms”.]

9. What are condoms?

[probe]:

- What are condoms used for?
- Are condoms used more for family planning or more for infection prevention?
- Are there slang names for condoms? If so, what are they?
- How do people get condoms?
- How much do condoms cost to purchase?

10. Have any of you ever used condoms?

[probe]:

- Do you like to use condoms? Why or why not?
- Does your partner like to use condoms? Why or why not?
- Have you ever had to negotiate condom use with a partner?
- If so, what was that like?

→ What is the proper way to use a condom?

11. How often do you use condoms with your clients?

[probe]:

→ What are some reasons why clients refuse to use a condom?

→ What did you do when they refused?

→ What are some successful arguments to persuade your client to use a condom?

→ When you are with a regular client, is the situation with condom use different? How is it different?

→ Have you successfully persuaded a regular client to use a condom?

→ If so, how did you persuade them?

Here, the facilitator should define a regular sexual partner; (a spouse/boyfriend/ person with whom a FSW cohabitates or with whom they have established regular sexual contacts without exchanging money).

12. How often do you use condoms with a romantic/regular partner?

[probe]:

→ Who decides whether or not you use condoms?

→ Do you want to use condoms with your partner? Why / Why not?

→ How do you feel while proposing to your partner that you should use a condom?

→ Have you ever successfully persuaded your partner to use condoms when he didn't want to? If so, how did you convince him?

→ What advice would you give to other colleagues to help them in succeeding to convince their partners to use a condom?

Gender Based Violence & Trafficking

[Here, the facilitator should say:

“Now I would like us to move onto another subject. We are interested in ways that you are able to tell if a client could be violent or dangerous. Violence includes beating, offensive words said to you, threats and sexual violence, which can be in many forms; it can include rape, which is when you have any kind of sex—oral, vaginal, anal—when you are unwilling to do so. This also includes cases where you are verbally threatened if you do not agree to do what the client asks you to do, such as unwanted touching in sexual areas on your or his body, use of objects that harm your body or dignity, etc. Sexual violence does not necessarily have to include actual penetration, but anything that may sexually offend you or force you into unwanted situations. For these next questions, please keep this definition of sexual violence in mind.”]

13. Have any of you experienced violence when/if you refused to have sex without a condom? (with either clients or partners)

- What did you learn from this?
- What would you avoid from now on?
- Are there any signs that make you feel like you should be more careful with a client because he could be violent with you? What are those signs?
- Have any of you successfully avoided a potentially violent situation or client? How did you do it?
- What advice would you give to your colleagues to prevent violence - including physical violence and rape?

14. Have you ever been taken to work abroad as a sex worker?

- If so, did the person(s) who took you abroad, inform you that you would work as a sex worker?
- On that occasion did you go abroad voluntarily, or were you forced/threatened?
- To which country were you taken?
- Are you interested in emigrating to work abroad as a sex worker?
- Do you know of other female sex worker colleagues who have been taken abroad and forced into sex work?

Personal Risk Practices

["Now let's talk a bit about your work and behaviors that might put you at risk of getting a sexually transmitted infection".]

15. What are the different types of female sex workers (use appropriate local name for FSW) - in this area and how are they different?

[probe]:

- How do FSWs operate? (Probe: where do you pick/get picked by clients; where does the sexual encounter take place, who are the main clients, what time does this happen, etc.?) How does it all work?
- What roles do bar, hotel, disco and nightclub managers play?
- Are there pimps, Madames or brothels?
- Are there other forms of commercial sex work such as housemaids, salon workers, etc., and how do they work?
- Do the pimps protect you from physical or sexual violence?

16. How frequently do you have sex?

[probe]:

- Do you take money or gifts in exchange for sex sometimes? If so, how often?
- How many clients do you usually see in a 24-hour period?
- How much do you usually charge per shot/service/night?
- How are you usually paid? In kind? In cash?

17. How many sexual partners do you have?

[probe]:

- Are your sexual partner(s) male or female, or both?
- What kind of sexual relations do you have with your partner(s) (i.e; anal, vaginal, oral sex)?
- Are your sexual partners friends or are they people that you don't know very well?
- Do you have a sexual partner who you would call your boyfriend?

18. Do you think you are at risk for STIs or HIV/AIDS?

[probe]:

- What, if anything, do you do about this?
- Would you still insist in using a condom if the client offered you more money?

19. How about drugs—how frequently do you use them (if ever)?

[probe]:

- What types of drugs have you used, and how do you take them?
- How frequently do you share an injection syringe and needle with other people?
- What do you do with the injection syringe/needle after you have finished?

Health-Seeking Behavior

["Now, let's talk a bit about how you and people in your community find information about health and health care."]

20. Would you go on your own for STI testing or HIV screening?

[probe]:

- Where would you go for STI treatment?
- What kind of medical care do you get?
- If treated, how long do you take the medication?
- Is it easy to get? Where do you get it? How expensive is it?
- How do medical personnel treat you?

21. Where do you go to get information about health?

[probe]:

- What source of information do you trust the most, and why?
- If the media, what kind of media?
- If people, what kind of people?

- If printed materials, please describe the kind that you like the best.
- Why do you prefer this source of information?
- What makes this source of information trustworthy?

22. Where do you obtain condoms?

[probe]:

- What kinds of people or facilities provide condoms?
- Do friends or co-workers provide condoms?
- Do your clients/partner provide with condoms?
- Are condoms available from a health care provider?

Voluntary Counseling and Testing (VCT)

["We are interested in your attitudes towards, and experiences with HIV counseling and testing. Your input will help us to design a training program about VCT for medical providers or counselors."]

23. What is the purpose of HIV counseling and testing?

[probe]

- In your opinion who should seek HIV testing?
- Do you think there would be any embarrassment or social stigma about going to an HIV counseling or testing appointment? If so, why?
- Who do you think should receive HIV counseling and testing?
- What are the main things that you would want to learn during an HIV counseling visit?
- What are your fears or concerns about going to get an HIV test, if any?

24. What is your experience with HIV counseling and testing?

[probe]:

- Where did you go to get tested?
- Did you feel like you learned about HIV when you were being counseled?

- What did you like about the counseling that you received?
- What didn't you like about the counseling that you received?
- Did you feel that the counselors respected you?
- Was your visit conducted in privacy?
- Did you feel that the counselors maintained confidentiality about your visit and your test result? Why or why not?
- How should voluntary counseling and testing (VCT) services be offered in the community?

Sexual Health Education Materials

["Finally, let's imagine that we are working together to design some sexual health education materials for our community. We are very interested in any ideas that you have about what might make a health message interesting to you and your community.]

25. How do you think we can encourage people to use condoms to prevent STI including HIV/AIDS?

[probe]:

- What messages are the most important to pass to the public about STI including HIV/AIDS?
- How would you tell a friend about STI including HIV/AIDS?
- Where did you first hear about STI and HIV/AIDS?
- From what source would you like to learn more about STI and HIV/AIDS?
- If you saw some sexual health education materials on the radio or television, what would make you take it seriously?

Conclusion

We will close today's meeting with some final thoughts.

The facilitator should read the following text to the participant:

“Some of the topics we discussed today are very personal things for people to talk about. We want to thank you for sharing your honest thoughts and personal opinions today. Think for a moment about what we have talked about. Before we end, I would like to go around the room and see if you have anything else to add.”

Ask each person if there is anything else s/he would like to add. Conclude by saying:

“We are now finished. How do you feel about our discussion? Do you have any suggestions for improving the group process?”

Here are our business cards in case you have any more questions or comments you wish to share after the interview. We have refreshments, coffee, and cookies if you like.”

The facilitator should thank the participants and tell them that their contribution has been very valuable. Emphasize that this information is being used to improve health education campaigns according to their realities and preferences.

Now is the time to clarify/correct any major misinformation that may have come up during the session or to answer any questions participants may have raised.

After the Focus Group

Immediately After the Discussion:

- Facilitator and notetaker debrief together.
- Look over the participants' background information forms.
- Make a note of suggested changes in the way the group or interview is conducted or in the technical aspects of the logistics.
- Revise, edit, and complete notes.

That Afternoon or Evening (notetaker &/or facilitator)—DO NOT DELAY THIS STEP:

- Review the recording; make clarification notes as necessary.
- Complete and correct the notes in accordance with the recording.
- Summarize important themes or points made in the summary section of the interview.
- Send the tape and the clarification notes to be transcribed.
- Meet with the other project staff to discuss how the focus group discussions and interviews are going. Share suggestions for changes for the guide or about the interviews/focus group discussions.

Date (day/month/year): _____ Time interview began: _____
Name of interviewer: _____ Time interview ended: _____

Georgia SHIP Project

In-Depth Interview Guide

Injection Drug Users (IDU)

Introduction

Introduce yourself and explain the purpose of the interview. Tell the respondent that you would like to ask them questions about AIDS prevention. Tell them that, if at any time they don't feel comfortable with a topic, they are not required to speak, and that there are no wrong or right answers. Remember that the probe questions serve as a reminder of topic areas to cover rather than a strict list of questions to be systematically asked.

The interviewer should begin by saying:

"Today, I would like to ask you questions about some issues that we believe will help you and many of your friends to prevent sexually transmitted diseases and HIV/AIDS. Myself and my organization are interested in learning about your opinions and practices regarding these issues; your experiences and knowledge are very important to us, and will help us to create effective educational messages."

HIV/AIDS in Georgia

1. How aware are people in your community about HIV/AIDS?
[probe]:
 - Do your neighbors or friends know what HIV/AIDS is?
 - What do people in your community think HIV/AIDS is?
 - Where do people in your community learn about HIV/AIDS?

2. Do people in your community feel that their lives have been changed because of HIV/AIDS?

[probe]:

- If so, how have their lives been changed? If not, why not?
- How about you, do you feel that something in your life has changed because of HIV?

Knowledge and Attitudes about STIs/AIDS

3. What do you think HIV/AIDS is?

[probe]:

- Do you think it is a sexually transmitted infection?

4. Have you heard of other kinds of sexually transmitted infection (STI) besides HIV/AIDS?

[probe]:

- Please name each STI that you have heard of.
- What are the slang names for STI?
- What activities do people engage in that causes them to get STI including HIV/AIDS?
- How do you know that you are healthy and that you don't have an STI?
- What are some signs that tell you that you might have an STI?
- What would you do if you suspected that you had an STI?

5. Is there some way to prevent getting an STI?

[probe]:

- If so, what are some of the ways?
- Are these things difficult or easy to do? Why or why not?
- Is there something special that a person has to do to avoid getting HIV/AIDS?
- If so, what is it?

6. Do you think that treatment exists for all STI including HIV/AIDS?

[probe]:

- If so, what do you think the treatments are?
- Are there treatments for all STI or only some of them?
- Which ones can be treated and which ones cannot be treated successfully?
- Have you ever gone for STI testing or treatment?
- If so, where did you go and what kind of treatment did you receive?

7. Do you know anybody who is living with HIV or AIDS?

[probe]:

- If so, what is your attitude toward these individuals?
- How did they become infected with the disease?
- Can anybody get an STI or are there certain people that are more likely to get an STI?
- What do people living with HIV/AIDS feel?
- Do you think you are at risk for catching HIV infection?
- Where do people who have HIV or AIDS get on-going care for their illness?

Condom Use

["Let's take some time to talk about a new subject—experience with condoms."]

8. What are condoms used for?

[probe]:

- Are condoms used more for family planning or to prevent infection?
- Are there slang names for condoms? If so, what are they?
- Are there special situations when people use condoms? If so, what are they?
- How much do condoms cost?

- Where do people in your community generally obtain condoms?
- What kinds of people or facilities provide condoms?
- What source of condoms do you trust the most, and why?
- What makes this source of supplies safe for you?

9. Have you ever used condoms?

[probe]:

- If so, how often do you and your partner(s) use condoms?
- Do you like to use condoms? Why or why not?
- Do(es) your partner(s) like to use condoms? Why or why not?
- Have you ever had to negotiate condom use with a partner?
- If so, what was that like?

Personal Risk Practices

["Now let's talk a bit about behaviors that might put you at risk for getting an STI".]

10. How many sexual partners do you have?

[probe]:

- Do you have a sexual partner who you would call your boy/girlfriend?
- How often do you have sex with a commercial sex partner?

11. What kind of injecting drugs are available in your city?

[probe]:

- Has the price of Heroin gotten cheaper in the last 6 months?
- Have you been able to get Heroin every time you want to inject?

12. What is your experience using drugs?

[probe]:

- Under what circumstances did you first inject drugs?
- What types of drugs have you used, and how do you take them?
- In what sorts of locations do you inject drugs?
- Do you ever inject drugs in another city/country? If yes, where?
- Do you ever buy syringes that have already been filled with drugs?

13. How do people that you know use drugs?

[probe]:

- In your experience, what drugs are most commonly injected?
- How do people usually inject?
- Is a common jar used for the drug? If so, how is the jar disinfected?
- When somebody overdoses, is a different syringe used to inject the substance for relieving the effects of the overdose? Please explain the process used.

14. In your experience, in what situations do people share their injection syringe and needle?

[probe]:

- How frequently do you share your injection syringe and needle with other people?
- Where do people get injection syringes and needles?
- Do you use your own syringe or do you borrow from others?
- How often do you borrow a syringe from others?
- Do you ever use a needle/syringe that was left at the place of gathering (e.g. where the drugs were prepared, the apartment, elsewhere)?
- Do you use shared bottle, spoon, boiling pan/glass/container, cotton/filter or water?
- Do you ever use a liquid drug diluted with somebody else's blood?

15. What do people generally do with the needles or syringes after they've used them once?

[probe]:

- What do you do with the syringe/needle after you have injected?
- In your experience, are needles or syringes ever cleaned or disinfected for re-use? If so, in what way?

16. Do you consider drug addiction an illness?

[probe]:

- Do you consider your drug addiction an illness?
- Are you interested in stopping your drug use?
- Who are those individuals who have influenced you most to quit using drugs?
- Have you ever quit injecting drugs but started again because of pressure from friends who wanted you to inject with them?

17. Have you ever got any medical treatment because you are a drug user?

- If so, what kind of medical treatment or assistance have you taken?
- What kind of services are available for drug addicts in your community?
- What kinds of people or facilities provide treatment for drug addicts?

Health-Seeking Behavior

[Now, let's talk a bit about how you and people in your community find information about health and health care.]

18. Would you go on your own for STI testing or HIV screening?

[probe]:

- Where would you go for STI treatment?
- What kind of medical care do you get?
- If treated, how long do you take the medication?
- Is it easy to get? Where do you get it? How expensive is it?
- How do medical personnel treat you?

19. Where do you get information about health?

[probe]:

- What source of information do you trust the most, and why?
- If the media, what kind of media?
- If people, what kind of people?
- If printed materials, please describe the kind that you like the best.
- Why do you prefer this source of information?
- What makes this source of information trustworthy?

20. Where do people in your community generally obtain injection syringes?

[probe]:

- What kinds of people or facilities provide injection syringes?
- Do friends or co-workers provide these supplies?
- Do family members or your spouse/partner provide these supplies?
- Are these supplies available from a health care provider?

21. Where do you go to get your injection syringes?

[probe]:

- What source of supplies do you trust the most, and why?
- Why do you prefer this source of supplies?
- What makes this source of supplies safe for you?

Voluntary Counseling and Testing (VCT)

["We are interested in your attitudes towards, and experiences with HIV counseling and testing. Your input will help us to design a training program about VCT for medical providers or counselors."]

22. What is the purpose of HIV counseling and testing?

[probe]

- What kinds of people seek HIV counseling and testing?

- Do you think there would be any embarrassment or social stigma about going to an HIV counseling or testing appointment? If so, why?
- Who do you think should receive HIV counseling and testing?
- What are the main things that you would want to learn during an HIV counseling visit?
- What are your fears or concerns about going to get an HIV test, if any?

23. What is your experience with HIV counseling and testing?

[probe]:

- Where did you go to get tested?
- Did you feel like you learned about HIV when you were being counseled?
- What did you like about the counseling that you received?
- What didn't you like about the counseling that you received?
- Did you feel that the counselors respected you?
- Was your visit conducted in privacy?
- Did you feel that the counselors maintained confidentiality about your visit and your test result? Why or why not?

Sexual Health Education Materials

["Now, let's imagine that we are working together to design some sexual health education materials for our community. We are very interested in any ideas that you have about what might make a health message interesting to you and your community."]

24. How do you think we can encourage people to use condoms to prevent STI including HIV/AIDS?

[probe]:

- What messages are the most important to pass to the public about STI including HIV/AIDS?
- How would you tell a friend about STI including HIV/AIDS?
- Where did you first hear about STI including HIV/AIDS?

- From what source would you like to learn more about STI including HIV/AIDS?
- If you saw some sexual health education materials on the radio or television, what would make you take it seriously?

Identification of positive practices vs. barriers to behavior change

["Finally, we will be discussing some issues that we believe will help you and many of your friends to reduce the probability of being infected. We are interested in learning your opinions and practices about these issues."]

25. What "safety rules" do you observe while injecting (for example, always use new syringe/needle, and don't share injection equipment)?

[probe]:

- If no, what stops you from doing so? For example, what keeps you from using a new syringe/needle every time?
- When you have withdrawal symptoms, what do you do first, and why?
- If your friend refused to share his syringe or needle with you, what would you think?
- What arguments of your friend would be acceptable for you?
- How could you avoid sharing injection equipment?
- What would motivate you to always use safe injection practices?

26. Do you practice safe sex (i.e.; 100% condom use)?

[probe]:

- If not, what stops you from practicing safe sex?
- Do you want to use condoms with your regular sexual partner?
- What are the main arguments you would use in favor of using condoms with your regular partner?
- What are the main arguments you would say against using condom with regular partner?
- What would motivate you to be consistent in using condoms?

27. Are you able to talk about safe injection practices with your injection partner or someone from the drug-addict community?

[probe]:

- If so, how would you tell a friend to always use safe injection practices?
- When is the best time for you to talk with your friends about safe injection practices?
- What would make it easier for you to start talking about it?
- What are some successful arguments you would use to persuade a drug addict to use safe injection practices?
- What do you believe your injection partner thinks when you suggest using new syringes/needles or not sharing injection equipment?
- Have you talked to your friends about these issues? If not, why not?

28. Are you able to talk about safe sex practices with your injection partner or someone from the drug-addict community?

[probe]:

- If so, how would you tell a friend to always practice safe sex?
- What would make it easier for you to start talking about it?
- What are some successful arguments you would use to persuade a drug addict to practice safe sex?
- What are some of the reasons you have not talked to your friends about these issues?

Conclusion

“We will close today’s meeting with some final thoughts. We want to thank you for sharing your ideas and opinions today. Do you have anything that you would like to add?”

We are now finished. How do you feel about the interview? Do you have any suggestions for improving the interview process?

Here are our business cards in case you have any more questions or comments you wish to share after the interview. We have refreshments, coffee, and cookies if you like.”

The facilitator should thank the respondent and tell him/her that their contribution has been very valuable. Emphasize that this information is being used to improve health education campaigns and develop training on voluntary testing and counseling for health care providers.

Date (day/month/year): _____ Time interview began: _____
Name of interviewer: _____ Time interview ended: _____

Georgia SHIP Project In-Depth Interview Guide

Key informants – medical provider

Introduction

Introduce yourself and explain the purpose of the interview. Tell the respondent that you would like to ask them questions about AIDS prevention. Tell them that, if at any time they don't feel comfortable with a topic, they are not required to speak, and that there are no wrong or right answers. Remember that the probe questions serve as a reminder of topic areas to cover rather than a strict list of questions to be systematically asked.

The interviewer should begin by saying:

“Today, I would like to ask you questions about some issues that are important to men and women in Georgia—that is sexual health, including sexually transmitted infections and HIV/AIDS. I am interested in learning about opinions and practices of people in Georgia as well as how information about sexual health is learned in your community. As a medical provider, your opinions and experiences are important to us, and will help us formulate effective educational messages.”

HIV/AIDS in Georgia

1. How aware are health care providers in Georgia about HIV/AIDS?
[probe]:
 - How about your neighbors and friends, do they know what HIV/AIDS is?
 - What do your patients think HIV/AIDS is?
 - Where do people in Georgia learn about HIV/AIDS?

2. Do your patients feel that their lives have been changed because of HIV/AIDS?
[probe]:
 - If so, how have their lives been changed? If not, why not?
 - How about you - has anything changed in your life because of HIV/AIDS?

Knowledge and Attitudes about STIs/AIDS

3. What do your patients think HIV/AIDS is?
[probe]:
 - Do they think it is a sexually transmitted infection (STI)?
 - What do they think an STI is?

4. Have your patients heard of other kinds of sexually transmitted infections besides HIV/AIDS?
[probe]:
 - If so, what are they?
 - What are the slang names for STI?

5. How do people get sexually transmitted infection, including HIV/AIDS?

[probe]:

- What activities do people engage in that causes them to get STI including HIV/AIDS?
- How do you know that a person is healthy and that they don't have a STI?
- What are some signs that indicate a person might have an STI?
- What screening tests for STIs do you know of?
- If so, how do they work and what do they tell you?
- What STI or HIV screening tests are available in the health facility where you work?

6. Is there some way to prevent getting a sexually transmitted infection?

[probe]:

- If so, what are some of the ways?
- Are these things difficult or easy to do? Why or why not?
- Is there something special that a person has to do to avoid getting HIV/AIDS?
- If so, what is it?

7. Do you think that treatment exists for all sexually transmitted infections including HIV/AIDS?

[probe]:

- If so, what do you think the treatments are?
- Are there treatments for all STI or only some of them?
- Which ones can be treated and which ones cannot be treated successfully?
- What STI or HIV/AIDS treatments are available in the health facility you work in?

8. Do you know anybody who is living with HIV or AIDS?

[probe]:

- If so, how did they become infected with the disease?
- Can anybody get an STI or are there certain people who are more likely to get an STI?
- Where do people who have HIV or AIDS get on-going care for their illness?

Condom Use

[“Let’s take some time to talk about a new subject—experience with condoms”.]

9. Are there special situations when people use condoms?

[probe]:

- If so, what are they?
- How do people get condoms?
- How much do condoms cost to purchase?

Personal Risk Practices

[“Now let’s talk a bit about behaviors that might put your patients at risk of getting an STI”.]

10. What behaviors put your patients at risk for sexually transmitted infections?

- Do your patients take money or gifts in exchange for sex sometimes?
- If so, how often? How common do you think this is?
- What do you know about commercial sex work in Georgia?

11. How many sexual partners do your patients have?

[probe]:

What kind of sexual relations do your patients have with their partner(s) (i.e.; anal, vaginal, oral sex)?

- Are their sexual partners friends or are they people that they don't know very well?
- Do your patients have a sexual partner that they would call a boy/girlfriend?
- If so, how is their relationship with that person different from other sexual partners?

12. What are the experiences of your patients using drugs?

[probe]:

- Under what circumstances do people first inject drugs?
- What types of drugs do people use, and how do they take them?
- How do people usually inject?
- Do people ever buy syringes that have already been filled with drugs?
- Do you ever see patients who have overdosed on drugs? If so, how are they treated within the health facility you work in?

13. In what situations do people share their injection syringe and needle?

[probe]:

- How frequently do your patients share an injection syringe and needle with other people?
- Where do people get injection syringes? How about needles?
- Do your patients use their own syringe or do they borrow from others?

14. What do people generally do with the needles or syringes after they've used them once?

[probe]:

- What do your patients do with the injection syringe/needle after they have finished?
- In your experience, are needles or syringes ever cleaned or disinfected for re-use? If so, in what way?

Health-Seeking Behavior

["Now, let's talk a bit about how you and people in your community find information about health and health care."]

15. Where do you go to get information about health?

[probe]:

- What source of information do you trust the most, and why?
- If the media, what kind of media?
- If people, what kind of people?
- If printed materials, please describe the kind that you like the best.
- Why do you prefer this source of information?

16. Where do people in your community generally seek health care?

[probe]:

- What kinds of people or facilities provide health care?
- Is health care available from a health care provider?
- When do people generally seek health care?

17. Where do you go to get health care?

[probe]:

- What source of care do you trust the most, and why?
- Why do you prefer this source of health care?
- What makes this source of care safe for you?

18. Where do people in your community generally obtain supplies such as condoms or injection syringes?

[probe]:

- What kinds of people or facilities provide these supplies?
- Are these supplies available from a health care provider?

19. Where do you go to get your supplies?

[probe]:

- What source of supplies do you trust the most, and why?
- Why do you prefer this source of supplies?
- What makes this source of supplies safe for you?

Voluntary Counseling and Testing (VCT)

["We are interested in your attitudes towards, and experiences with, voluntary counseling and testing (VCT) for HIV. Your input will help us to design a training program about VCT for health care providers and counselors."]

20. What is the purpose of voluntary counseling and testing (VCT)?

[probe]:

- What kinds of people get VCT?
- Who do you think should get VCT?
- Do you think there would be any embarrassment or social stigma about going to a VCT appointment? If so, why?
- Do you conduct HIV testing and counseling yourself?
- If so, please describe what you do during a VCT session with a patient.
- What are the main things that you would want your patients to learn when they come to you for counseling and/or an HIV test?
- What are patients' your fears or concerns about going for VCT, if any?
- Have you yourself been counseled or tested for HIV?
- What are your fears or concerns about going for VCT, if any?

21. What is the VCT experience like?

[probe]:

- Where do patients go to get VCT?
- What would patients like about the counseling that they receive?
- What would patients not like about the counseling that they receive?

- Should counselors respect the patient? If so, how would the counselor demonstrate respect?
- Should visits be conducted in privacy?
- How do counselors maintain confidentiality about visits and test results?
- Is confidentiality an important issue to consider when offering VCT? Why or why not?

22. How should VCT services be offered in the community?

[probe]:

- Should VCT services be free of charge to everybody? Why or why not?
- Where should VCT services be available (special clinics, private doctors, etc.)?
- What kind of setting would make you feel comfortable during a VCT visit (lighting, furniture, privacy)?
- What kinds of attitudes or actions would make you feel that the VCT counselor is trustworthy?
- What is the best way to maintain privacy during a VCT visit?
- How should VCT services be advertised?

Sexual Health Education Materials

["Finally, let's imagine that we are working together to design some sexual health education materials for the public. We are very interested in any ideas that you have about what might make a health message interesting to the public.]

23. How do you think we can encourage people to use condoms to prevent sexually transmitted infection including HIV/AIDS?

[probe]:

- What messages are the most important to pass to the public about STI including HIV/AIDS?
- How would you tell a friend or family member about STI including HIV/AIDS?
- Where did you first hear about STI including HIV/AIDS?

- From what source would you like to learn more about STI including HIV/AIDS?
- If you saw some sexual health education materials on the radio or television, what would make you take it seriously?

Conclusion

“We will close today’s meeting with some final thoughts. We want to thank you for sharing your ideas and opinions today. Do you have anything that you would like to add?”

We are now finished. How do you feel about the interview? Do you have any suggestions for improving the interview process?

Here are our business cards in case you have any more questions or comments you wish to share after the interview. We have refreshments, coffee, and cookies if you like.”

The facilitator should thank the respondent and tell him/her that their contribution has been very valuable. Emphasize that this information is being used to improve health education campaigns and develop training on voluntary testing and counseling for health care providers.

Appendix B. Forms to Use When Developing and Pretesting Materials

Appendix B. Form No. 2
Pretest Background Sheet

Interviewer(s): _____																					
Pretest Round: _____																					
Pretest Background Sheet																					
Topic: _____										Material: _____											
Region: _____										Language: _____											
Date	Resp No.	Schooling				Sex				Age											
Total		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%

Appendix B. Form No. 3
Pretest Data Collection Sheet

Pretest Data Collection Sheet									
Topic of Material		Pretest Round							
Language		Date							
Region									
Interviewers		Message No.							
Describe Picture									
Write Text:									
Res. No.	Describe Picture	What do the words mean to you?	How do you feel about the picture and/or words? Is the message asking you to do anything? What?	What would you change? Why?—or suggestions on how to improve	Coding			Text	
					Picture	OK	Not OK	OK	Not OK
1.		R/H							
2.		R/H							
3.		R/H							
4.		R/H							

Appendix B. Form No. 5

Sample Questions for Group Pretests

Sample Questions for Group Pretests

Ask these questions about each page:

1. What information is this page trying to convey?
2. What does the text mean, in your own words?
3. What does the illustration show?
4. Do the words match the picture on the page? Why or why not?
5. Are there any words in the text you do not understand? Which ones? *If so, explain the meaning and ask respondents to suggest other words that can be used to convey that meaning.*
6. Are there any words that you think others might have trouble reading or understanding? *Again, ask for alternatives.*
7. Are there sentences or ideas that are not clear? *If so, have respondents show you what they are. After explaining the intended message, ask the group to discuss better ways to convey the idea.*
8. Is there anything on this page that you like? What?
9. Is there anything on this page that you don't like? What?
10. Is there anything on this page that is confusing? What?
11. Is there anything about the pictures or the writing that might offend or embarrass some people? What? *Ask for alternatives.*

Ask these questions about the entire material:

12. Do you think the material is asking you to do anything in particular? What?
13. What do you think this material is saying overall?
14. Do you think the material is meant for people like yourself? Why?
15. What can be done to make this material better?

Ask the above questions for each version of the material, then ask:

16. Which version of the material do you prefer? Why?

Appendix B. Form No. 6
Group Pretest Answer Sheet

Group Pretest Answer Sheet	
Topic: _____	
No. of People in this Group: _____	
Group No.: _____	
Questions	Miscellaneous Information
Question 1: _____ _____	
Question 2: _____ _____	
Question 3: _____ _____	
Question 4: _____ _____	

Appendix B. Form No. 7

Identification of Changes and Modifications Sheet

Identification of Changes and Modifications Sheet		
Coder(s) _____		
After Pretest Round _____		
Region _____		
Topic of Material _____		
Number of Respondents _____		
Existing Page of Material	Elements to be Changed	Reason(s) for Changes
	Visuals: Text:	
	Visuals: Text:	
	Visuals: Text:	
	Visuals: Text:	
	Visuals: Text:	
	Visuals: Text:	
	Visuals: Text:	

Appendix B. Form No. 8

Monthly Record Form for Distribution of Educational Materials

Monthly Record Form for Distribution of Educational Materials																				
Name of Health Educator _____ Region _____ Month _____ Year _____																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">No. of Materials Received</td> <td style="width: 50%; padding: 2px;">Date Received</td> </tr> <tr> <td style="padding: 2px;">Booklets _____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">Flipcharts _____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">Flyers _____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">Others _____</td> <td style="padding: 2px;">_____</td> </tr> </table>							No. of Materials Received	Date Received	Booklets _____	_____	Flipcharts _____	_____	Flyers _____	_____	Others _____	_____	No. of Materials Distributed			
No. of Materials Received	Date Received																			
Booklets _____	_____																			
Flipcharts _____	_____																			
Flyers _____	_____																			
Others _____	_____																			
							Booklet	Flipchart	Flyers	Others										
Date	Name of Facility	Market	Schools	Hospital	Clinic	Other														

Appendix C. FGD and Pretesting Job Aids

Preparing to Conduct Focus Group Discussions (FGDs)

A Job Aid

A. Determine profile of FGD participants.

1. Determine characteristics of your target population, including:
 - Sex
 - Age
 - Profession
 - Geographic location
 - Education
2. Group FGD participants according to characteristics they have in common.

B. Invite suitable participants who do not know each other.

C. Select appropriate FGD facilitator.

D. Select a good note-taker.

E. Select a quiet and comfortable FGD site.

F. Develop FGD discussion guide. Most guidelines include:

- Introduction of the facilitator, participants
- Explanation of how FGD will be run
- General topics to open up discussion
- Specific topics to reveal participants' KAP
- Reminder to ask probing questions to reveal more in-depth information or to help clarify earlier statements

G. Prepare tape recorder, if one is being used.

- Purchase enough cassette tapes.
- Make sure tape recorder works.
- Buy extra batteries for use during the FGD.

Conducting Focus Group Discussions

A Job Aid

A. Begin the FGD Session

1. Introduce yourself and the note-taker.
2. Explain purpose of tape recorder, and ask permission before turning on the tape recorder.
3. Explain general purpose of the discussion.
4. Establish ground rules, such as:
 - Setting time frame.
 - Ensuring confidentiality.
 - Stressing that participants' input is very valuable.
 - Respecting the opinions of others.
 - Noting that questions will be answered after the session.
5. Begin to develop rapport with participants.
 - Greet everyone.
 - Make eye contact with everyone.
 - Have participants introduce themselves using their name or alias.
 - Initiate general conversation to create a relaxed environment.

B. Initiate warm-up discussion.

1. Use the FGD guide to initiate the warm-up discussion.
2. Begin by asking neutral questions, and then proceed to general questions.
3. Allow participants to talk uninterrupted.
4. Be supportive of the participants' interpretations and comments, even if the information presented is incorrect.
5. Try to establish trends and explore those in more depth.

C. Probe more on the topic of discussion.

1. Use open-ended questions to probe more deeply into key issues mentioned by participants.
2. Allow for debate among group participants.

3. If participants ask questions, encourage the group to answer them.
4. Ensure that all participants have an opportunity to talk; encourage quieter participants to talk by calling on them directly.
5. Be supportive of respondents' comments.

Do *not* correct misinformation or wrong perceptions.

6. If information is not forthcoming, consider using creative approaches, such as:
 - Describing a scene and getting participants' reactions.
 - Asking participants to imagine something (like the ideal health worker) and then describe it to you.
 - Role playing.
 - Sharing what other people have said about a topic and getting the group's reaction.
7. Note responses and non-verbal cues.

D. Wrap up the session.

1. Review and summarize main points arising in the discussion.
2. Clarify conclusions and relative importance of responses with participants.
3. Identify differences of perspectives, contrasting opinions, and areas of agreement.
4. Allow a round of final comments and insights.
5. Thank participants for their time and participation and explain how valuable their comments have been.
6. Invite participants to refreshments, if available.

E. Take advantage of postsession discussions.

1. Answer participants' questions and clarify any misinformation provided by participants.
2. Leave the tape recorder running as participants disburse to capture any additional comments.

F. Immediately after each FGD session, meet with the note-taker to review notes, and if necessary, add information that may have been missed.

Analyzing FGDs and/or In-depth Interviews

A Job Aid

A. Organize the notes from all the FGD sessions.

B. Review the FGD data to determine the following:

- What does the target audience already know?
- What misinformation do they have?
- Why do they behave the way they do?
- What do they believe, and why?
- What do they want to know?
- What do they need to know?
- What are the barriers to change?

C. Summarize major findings for the major questions asked during the FGDs.

Emerging patterns and trends can be stated in the following way:

- Most of the participants said _____.
- Some of the participants said _____.
- A few of the participants said _____.

Do *not* quantify FGD data by counting or creating percentages for number of similar responses.

D. Include some participant quotes to support your findings.

E. Write a report that summarizes all of the findings. Key elements of a report should include:

- Number of FGDs and/or IDIs conducted for each category of participant.
- Location of each FGD or IDI (city, clinic, home, etc.).
- Length of time for each interview/FGD.
- Major findings including:
 - Key points from the data.
 - Patterns (trends) in the data.
- Suggestions for messages/materials.
- Next steps.

Preparing to Pretest BCC Materials

A Job Aid

A. Prepare draft of BCC material.

- Illustrations should be simple, such as line drawings that look like the objects they represent.
- Text should be simple, as it is likely to change.
- Later revisions should resemble the final product as closely as possible in color, size, and layout.

B. Develop a profile of the target population with whom you will conduct pretest.

C. Determine approximate number of people you will need for pretest.

D. Select a site(s) to pretest where members of the target population will be available.

E. Select times to pretest when members of the target population are available.

F. Select the interviewer(s) who will conduct the pretest interviews.

G. Select the note-taker(s) who will take notes during pretest interviews.

When at all possible, involve the artist/graphics team in the pretest.

If:	Then:
Testing with individuals	<ol style="list-style-type: none">1. Pretest <i>first</i> draft with at least 10 members of the target population.2. Pretest <i>subsequent</i> drafts with 20 members of the target population.3. Pretest <i>final</i> draft with 10-12 members of the target population.
Testing in a small group	<ol style="list-style-type: none">1. Pretest <i>first</i> drafts with 8-12 members of the target population.2. Pretest <i>subsequent</i> draft(s) with 10-12 members of the target population.

H. Complete general information on the Pretest Background Sheet (Form 2) and each Pretest Data Collection Sheet (Form 3).

I. If not using the Pretest Data Collection Sheets, draft your own pretest questions (see sample questions in Form 5).

J. Develop criteria for determining when the picture and text are considered understood and accepted by target audience.

If:	And:	Then:
Visual alone	Less than 70% interpret correctly	1. Revise visual. 2. Pretest again with 15-20 people.
	70% or more interpret correctly	1. Revise visual, if need be. 2. Incorporate into final draft.
Visual and text	Less than 90% interpret correctly or do not accept message	1. Revise visual and text. 2. Pretest again with 10-15 people.
	90% or more interpret correctly and accept message	1. Revise, if need be. 2. Incorporate into final draft. 3. Have collaborating institutions review final draft prior to publication.

K. Make enough copies of BCC material for use during the pretest.

If conducting:	And BCC material is:	Then:
Individual interviews	Print	Use one copy of draft material for all interviews.
Group interviews	Print and for individual consumption	Make a copy of draft material for each person in the group.
	Video, film, or radio	Use one copy for testing in the group.

L. For planned interviews, arrange to meet participant at a predetermined site.

Conducting Pretest of BCC Materials

A Job Aid

I. Individual Interviews

A. Initiate the pretest interview

If:	Then:
Planned interview	<ol style="list-style-type: none">1. Meet respondent at pre-determined site.2. Introduce yourself.3. Explain purpose of pretest.4. Introduce note-taker and explain his or her purpose.5. Assure respondent that you are testing the material, not him or her.6. Assure respondent that comments are confidential.7. Tactfully gather characteristics of respondent, such as age, marital status, level of schooling, etc.
Intercept interview	<ol style="list-style-type: none">1. Introduce yourself to someone who looks like they represent the target audience.2. Determine whether person is an appropriate pretest candidate using the criteria on the profile sheet.3. If not, thank the person and continue to look for potential respondents.4. If so, ask whether respondent has time to participate in the interview.5. Select a private place to talk.6. Proceed like a planned interview. (See steps 2 to 7 above.)

B. Pretest illustration of message 1 first.

1. Fold or cover material so that only the illustration shows.
2. Ask questions about the illustration following the questions on the Pretest Data Collection Sheet or your own pretest guide.
3. Be supportive of the respondent's interpretations and comments.
4. Note responses on Pretest Data Collection Sheets or your own pretest answer sheet and code accordingly.

C. Pretest text of message 1 next.

1. Fold or cover the material so that only the text shows.
2. Have participant read text. Otherwise, read it to them.
3. Ask questions about the text following the questions on the Pretest Data Collection Sheet or your own pretest guide.
4. Be supportive of respondent's comments.
5. Note responses on Pretest Data Collection Sheets or your own pretest answer sheet and code accordingly.

D. Pretest text and illustration of message 1 together.

1. Show the illustration and the text together.
2. Ask if the illustration and text match.
3. Ask participants what they would change, why, and how they would change it.

E. Pretest all messages in the manner described above.

F. End interview.

1. Thank respondent for their participation and time.
2. Provide refreshments, if possible

G. Pretest team codes responses on Pretest Summary of Results form.

1. Review all the responses noted on the individual Pretest Data Collection Sheets (Form 4).
2. Determine whether picture and text are "OK" or "Not OK" using criteria developed beforehand.
3. Mark the appropriate box on the Pretest Summary of Results form.
4. Summarize suggested changes.

H. Modify BCC materials accordingly.

II. Group Interviews

A. Begin interview.

1. Introduce yourself.
2. Explain purpose of pretest.
3. Introduce note-taker and explain his or her purpose.
4. Assure respondent that comments are confidential.
5. Distribute draft material to each member of the group.

B. Pretest BCC material.

If:	Then:
Print material	<ol style="list-style-type: none">1. Pretest picture first (see steps for Individual pretest).2. Pretest text next:<ol style="list-style-type: none">a. Have each group member take turns reading a section of the material out loud.b. After each section, ask group to discuss and provide suggestions for improvements.c. Listen for words that readers have difficulty reading or understanding.d. Be supportive of respondent's comments.e. Note participants' responses on data sheets.3. Pretest picture and text together (see steps for Individual pretest).4. Ask participants what they would like to change and why.
Audio material or video	<ol style="list-style-type: none">1. Play the audio material/video for entire group.2. Ask open-ended questions to assess (1) comprehension, (2) acceptance, (3) inducement to action, and (4) attractiveness.

C. As the group talks, the note-taker completes the Group Pretest Answer sheet (see Form 6) or other form.

D. End interview.

1. Thank respondents for their time and participation.
2. Provide refreshments, if possible

E. Based on results, compile suggested changes on the Identification of Changes and Modifications Sheet (see Form 7).

F. Modify BCC materials accordingly.

Appendix D. Characteristics of Various Communication Materials and Methods

A wide variety of BCC materials and methods can be used in HIV/AIDS and STI prevention, control, and care programs. Each type of material has its own characteristics. While this Guide focuses on print materials, other media can be used advantageously at different stages of the behavior change process. Program staff can use this outline to decide which available communication methods and materials might be most appropriate as project needs change or expand.^{7,20}

A. TV and Film (for advertisements, interviews, dramas, information programs)

Advantages

- Can cover a very large and diverse audience.
- Powerful method/medium.
- Highly visual and intimate medium.
- Viewer receives simultaneous audio and visual messages.
- Usually used in mass communication for creating awareness, presenting facts, and entertaining.

Possible Limitations

- Requires a power source.
- Difficult to tailor programs to specialized audiences.
- Can be difficult to coordinate media and service delivery.
- Expensive to produce; may not be cost-effective.
- Allows one-way communication only.

B. Radio (for jingles, songs, question and answer programs, dramas, interviews, information programs)

Advantages

- Reaches wide audiences.
- Provides information through sound.
- Can complement other media, especially print and interpersonal communication.
- Usually used in mass communication for creating awareness, presenting facts, and entertaining.
- Relatively easy and inexpensive to produce.
- Messages can be repeated many times, usually at low cost.

Possible Limitations

- Needs electricity or batteries.
- Difficult to tailor programs to specialized audiences.
- Can be difficult to coordinate media and service delivery.
- Allows one-way communication only.

C. Slides and/or Videos (for training sessions, presentations, recording group discussions)

Advantages

- Highly visual medium.
- Usually used with medium-sized groups such as community meetings, training programs, or in classroom settings.
- Usually provides specific information.
- Usually used to present facts, teach skills, stimulate discussion, create awareness, summarize information, change attitudes, and entertain.
- Can also be used to introduce new ideas, complicated concepts, technical issues, and case studies.
- Allows flexibility in presentation.
- Can be used as interactive media—key points presented in the slides or video can be discussed by participants.
- Can provide “instant” feedback at local level.

Possible Limitations

- Requires special equipment and a power source.

D. Interpersonal Communication (for person-to-person and small group exchanges, training sessions)

Advantages

- Probably most influential and widely used communication method.
- Can address individual needs.
- Can be used with other methods and materials.
- Powerful in counteracting rumors and negative beliefs and ideas and in supporting positive actions.

Possible Limitation

- Time consuming and labor-intensive.

E. Group Discussion (for health education sessions, community outreach, and training sessions)

Advantages

- Used to share information, exchange opinions, clarify misconceptions, and strengthen interpersonal skills.
- Can be used to reinforce other media such as posters, flip charts, trigger cards, and audio programs.
- Provides an opportunity to increase tolerance and understanding through an exchange of views.
- Can be used to create awareness and mobilize public opinion.

Possible Limitation

- Effectiveness depends upon having a skilled facilitator/discussion leader.

F. Role Play (for training sessions, practicing a new skill)

Advantages

- Good for practicing real-life situations.
- Can be used to debate issues.
- Good for stimulating active audience participation.

Possible Limitation

- Usually used in small groups.

G. Demonstration (for skills training)

Advantages

- Used to teach a new skill or procedure through a step-by-step description.
- Provides opportunity for learning-by-doing.

Possible Limitation

- Best when used in small groups.

H. Case Studies (for training sessions, presenting a short narrative description of a specific situation)

Advantages

- Good for illustrating a problem or describing key issues related to a specific topic.
- Enhances problem solving skills.
- Provides scope for discussions.

Possible Limitation

- Requires participants to invent solutions.

I. Flip Charts and/or Flash or Trigger Cards (for group or individual education/instruction sessions)

Advantages

- Usually used to present information and stimulate discussion.
- Usually presents ideas in sequence.
- Allows presentation to be interrupted at any time for further discussion.
- Can be inexpensive to produce.
- Reusable.
- Best suited for small group settings such as community meetings, clinic waiting rooms, and training programs.
- Can also be used in one-to-one counseling or health education sessions.

Possible Limitations

- Sometimes too cumbersome to carry from site to site.
- More effective when used by a skilled facilitator/ leader.

J. Posters (for mass and group communication)

Advantages

- Usually focuses on a single message that can be read or understood easily.
- Used to draw attention, present information, and generate discussion.
- Can be used in several innovative ways: information, motivation, empowerment, self-expression.
- Can be inexpensive to produce.

Possible Limitation

- Not long lasting; paper often too fragile.

K. Newspapers (for mass communication)

Advantages

- Provides timely information.
- Provides information in a variety of ways: news reports, features, in-depth analysis, editorials.
- Can be used to create awareness.
- Distribution systems already in place.

Possible Limitations

- May have limited rural distribution.

L. Leaflets/Small Booklets (for presenting facts and giving instructions)

Advantages

- Often used to create awareness, present facts, provide sources of further information, and stimulate discussion.
- Can be used effectively to support and reinforce interpersonal communication.
- Good for in-depth presentation of technical information.
- Can be directed to specific audiences.
- Can be passed to or shared with others in that same intended audience.
- Can be produced locally.
- Reproduction is relatively inexpensive.
- Can help health workers or community outreach workers provide accurate, standardized information.
- Reusable.
- Useful as take-home reference material to reinforce a verbal message.

Possible Limitation

- Need to budget funds for reprinting and updating as necessary.

M. Cartoons (for use with either print or electronic methods/media)

Advantages

- Especially popular with young people, and increasingly popular with all age groups.
- Usually used for entertaining as well as for creating awareness and motivation.
- Can diffuse panic and anxiety by introducing humor to discuss frightening and embarrassing subjects.

Limitation

- Often used out of cultural context.

N. Puppets (for educating and informing while entertaining)

Advantages

- Uses entertainment to educate and inform.
- Depending upon the culture, may be more traditionally acceptable than some “modern” methods of communication.
- Can be used to present embarrassing and/or frightening facts in a humorous and nonthreatening manner.
- Can be used to say or do things that real-life performers might find difficult to communicate.
- Can be developed by local groups.
- Familiar, credible, and accessible to a great majority of people.
- Good for reaching those sections of people who have little access to modern means of communication.
- Provides opportunity for audience involvement and two-way communication.

Possible Limitations

- Puppeteers may not be available when needed.
- A general lack of trained practitioners.
- May only reach a relatively small audience.

O. Stories (for delivering motivational and educational messages through entertainment)

Advantages

- Health messages about STIs/HIV can be put into a familiar and traditionally acceptable context.
- Good for stimulating discussion.
- Can place facts in a context that involves people in a personal way.
- Good for reaching those sections of people who have little access to modern means of communication.

Possible Limitations

- Relies on the resources of the human voice to create drama and impact.
- A storyteller is needed each time this method is used.
- Can pose a problem without providing solutions.

P. Songs (another method for delivering motivational and educational messages through entertainment)

Advantages

- Draws on folk and popular culture; traditionally acceptable communication method.
- Health messages about STIs/HIV can be incorporated into a familiar context or tune.
- Encourages high audience involvement.
- Can be used to present information in a nonthreatening way.
- Can be used in a variety of ways during group discussions, fairs, community meetings, and other places where large segments of the intended audience gather.

Possible Limitation

- Singers and/or appropriate songs must be available at the same time as the people the program wants to motivate/educate.

Q. Street Plays (for emulating real life situations and providing narratives that encourage the audience to take positive actions)

Advantages

- If well-acted, dramatic performances can evoke an immediate response from the audience.
- Can be performed anywhere in the open—usually on the streets—hence requiring neither stage nor sets.
- Interactive medium: songs and direct address to onlookers encourage audience participation.
- Ability to improvise allows performers to react to audience response.
- No reliance on technology—only on a script outline and performers' voices and bodies.
- Can incorporate other communication materials—such as posters, banners, and songs—into the script.
- Can be developed and performed by local groups.

Possible Limitation

- Difficult to ensure that the audience your program wants to reach will be present when the play is performed.

To request additional copies of this manual, or for further information, contact:

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