

Why Behaviour Change Communication?

By Marilyn Sealy, Behaviour Change Communication Specialist, NHAC

There is much evidence to prove that the National AIDS Programme (NAP) has achieved high levels of awareness of HIV/AIDS, its transmission, prevention and treatment across all age groups. However, the NAP has been less successful in inducing and sustaining change in behaviours that would result in the control of the epidemic.

This situation is frequently referred to as a KAP (knowledge, Attitudes and Practices) gap, where almost everyone has heard about HIV and the its prevention methods but there has been no concomitant change in their behaviour to adopt the methods known. Furthermore, even if some individuals decide to adopt one or more prevention behaviours, there are those who are not continuously practicing these behaviours.

One of the reasons for the high levels of knowledge is the fact that very early in the local epidemic, the NAP sought to use Information, Education and Communication (IEC) to develop communication strategies to promote positive behaviours. However, this approach was a very unidirectional way of conveying information to, in most cases, passive recipients. Furthermore, there was, in many ways, no supportive environment to enable individuals to practice safer sexual behaviours. The bottom line is that IEC campaigns are often better at imparting knowledge and information than they are at inspiring behaviour change.

To this end, the National HIV/AIDS Commission has sought to implement behaviour change communication as a key component of the NAP. Behaviour Change Communication is a process of working with individuals, communities and societies to develop communication strategies to promote positive behaviours and provide a supportive environment. BCC recognizes that presenting facts alone does not ensure behaviour change. BCC strategies are therefore designed to accommodate the stage of behaviour adoption of an individual or group and to cultivate skills integrally needed to enable and sustain change

BCC comprises targeted interventions within vulnerable populations. HIV programmers first have to assess the vulnerability and risk factors of the population, as well as the motivators and barriers to behaviour change. Appropriate messages then have to be designed using the correct

medium and channels to disseminate the relevant information. In addition, a system for accessibility of services and resources has to be implemented.

Inspiring behaviour change is often a slow process. It is usually a series of different influences that reach the individual. It could be a panel discussion, an awareness concert, brochure or a television ad. It should also be noted that the road to behaviour change is not straight and clear. There can be detours, stops and starts and even the loss of the ground gained. The behaviour change continuum describes the levels of change that people often go through from becoming aware they have a problem to making and sustaining positive change. The levels of change include individuals being unaware, aware/concerned, knowledgeable and skilled, motivated and ready to change, trial change of behaviour and maintenance/adoption of the new behaviour.

With the assistance of the World Bank, the Commission is adopting a five-year behaviour change communication (BCC) strategy, to achieve a shift in behaviour adoption that is required if a change in the progress of the epidemics is to be achieved. Transmission of HIV in Barbados is primarily through unprotected sexual contact. Therefore the BCC priorities of the Commission have been classified on the basis of sexual activity. Three groups of individuals have been identified: those who never had sexual intercourse, those who have had sexual intercourse but have chosen secondary abstinence and those who currently are sexually involved.

The goals of the BCC efforts are two-fold: positively affecting the current epidemics by seeking to reduce HIV primary infection rates and influencing future disease trends by [changing](#) social norms about the timing of first sexual intercourse and gender norms associated with sexual partnering and condom use.

BCC interventions will be guided by the following principles: theory-based, culturally sensitive, gender sensitive and gender specific, training of all partners, appropriate selection and use of communication approaches, inclusion of strong monitoring and evaluation component, basic research, participation and involvement of vulnerable populations and the application of an intervention planning approach. In addition, all interventions will be multi-level i.e. interventions directed to influence the individual while ensuring an 'environment' that enables and supports the individual to maintain the new behaviour.

Thus far, the Commission has hired a BCC specialist, whose responsibility it is to coordinate the rollout of BCC in the NAP. The BCC strategy has been

approved and is now integrated into the National Strategic Plan 2007-2012 of the NAP. A BCC assessment was also conducted among key strategic partners in the NAP, the findings of which have guided the development of a training module. The inaugural BCC training for partners in the NAP was held November 19 – 23, 2007. The second BCC workshop was held on November 26-19, 2007. It is anticipated that by the end of the current financial year more than 50 individuals from the public and private sector as well as non-governmental organizations who are involved in HIV programming would have been trained in BCC.

Based on research, the Commission very shortly will be undertaking the design and production of BCC interventions. The goals of these interventions are: delaying sexual debut, consistent condom use among men, increase HIV testing, drug adherence and healthy positive living among persons living with HIV (PLHIV).

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