



– AIDSLink #55 – Behaviour Change

“I will put my law in their minds and will write it on their hearts. I will be their God and they will be my people.” Jer 31:33

December 2006

Behaviour change lies at the heart of HIV & AIDS prevention. The 2006 UNAIDS AIDS Epidemic Update released 20 Nov indicates that the number of people living with HIV has increased in every region of the world. Less than 1 out of every 5 people at risk of infection have access to basic prevention services and only 1 of every 8 people who want to be tested to know their status are currently able to do so. New infections are concentrated among young people age 15-24. AIDSLink # 54 takes a look at behaviour change from various angles. What does this look like in your context? Please take a moment to share your experiences with the hundreds of readers of AIDSLink by replying to: international.aids-consultant@sim.org

Diane Marshall
SIM AIDS Related Ministries and HOPE for AIDS

CONTENT

1. God is into prevention
2. Churches acting on HIV prevention
3. Being, doing, speaking – a look at integral mission
4. Edutainment
5. Pre-testing communication materials for HIV prevention
6. Making it known – Training in Management
7. Tip of the Month – Why is it so? Exploring why risk behaviour occurs

1. *God is into prevention*

Read Genesis 2:15-17. In this perfect, AIDS-free world God lets Adam know what the boundaries are. It's about prevention on a cosmic scale. Note that Adam is to work – no unemployment in paradise – and is free to eat from any tree except one. What are the consequences here of going beyond the boundaries (2:17)?

Now read Genesis 3:1-5. Note that in 3:1 the boundary and its Divine Author are challenged, and in 3:4 dismissed as unreliable. According to the serpent, what are God's real reasons for boundaries (3:5)?

God gives boundaries to prevent harm, but they are useless when He is perceived as self-serving.

Eve is initially confused about the message (3:2, see 2:17), then believes the Divine Author is wrong (3:4), then with Adam blatantly steps across the line (3:6). What are the consequences (3:7,8)?

They falsely believe they know better than their Maker. The message of prevention is effective only when people trust the person behind the message. What does this truth teach us in HIV & AIDS ministry?

Read 3:8-10. This first rebellious act of flaunting God's "prevention message" breaks the relationship between God and all humanity. What do our first parents do (3:7,8,10)? Note that hiding and covering up are signs of shame and lack of inner peace and harmony.

Read the rest of Genesis 3 to see what God does to restore the relationship: God takes the initiative to go to them (v.9); He presses for honest recognition, confession and understanding (v.11,13); He makes the new situation (and its boundaries) clear (v.14-19); and He provides for their physical and emotional needs (v.21). Divine wisdom puts absolute limits on human freedom (v.22-24), knowing that we will always tend to see messages of prevention as opportunities to "press the boundaries." Only when people put their faith in the Divine Messenger will hearts be truly receptive to messages of prevention; until then, we must be patient with others as God has been, and is, with us. One day God would deal with the deeper issues (Ezekiel 11:19-20, 36:26-27; Jeremiah 31:33-34; 2 Corinthians 5:17; Ephesians 2:10).

How does this look at Genesis change your ideas on prevention?

2. Churches acting on HIV prevention

a. Competing voices?

To what extent are young people in our churches adhering to the principle of 'no sex before marriage'? What are other competing voices and pressures that young people succumb to? Are they practising risky sexual behaviour and what are the levels of sexual violence? These questions were examined in research on "Youth and Sexuality Ages 12-19 Years in the Diocese of Cape Town" by the Anglican Church of South Africa, Fikelela, South Africa (2005).

This report is sober reading. It concludes that a multifaceted approach is recommended which includes supporting young people in building healthy relationships, training parents to teach their children about sexuality using age-appropriate approaches, peer education training key opinion leaders in each church who can provide positive peer pressure, and the church standing against sexual messages seen in the media. It calls for "Abstinence as a goal not a method." "We need a positive message around relationships. We must teach the biblical values of faithfulness, respect, love, etc in practical ways that the young people can grasp and understand. Then sex should be seen in terms of a God-given gift to be preserved for a godly relationship. We need to change our communication methodology to emphasize values and goals. We need to help young people unpack what their values and goals in life are in line with godly principles such as love, respect and faithfulness. This could then lead to increasing faithfulness, raising the age of sexual debut, decreasing teenage pregnancy and lowering the rates of HIV infection."

The report can be accessed (820KB) at www.fikelela.org.za/downloads/fikelela_aids_project_research.pdf
Further information on this church's response including resources being used see www.fikelela.org.za

b. S.L.O.W. versus S.T.O.P.

In the recent "Race against time" summit, Rick & Kay Warren of Purpose Driven Network and Saddleback Church, California posed the question, "Do you want to *slow* AIDS down or do you want to *stop* it?"

Support condoms for everyone

Limit the number of partners

Offer needle exchanges

Wait for sexual debut

Save sex for marriage

Teach men to respect woman and children

Offer treatment through churches

Pledge yourself to one partner for life

It is, of course, essential to consider your audience when you are looking at prevention strategies.
For more information see www.purposedriven.com/en-US/HIVAIDSCommunity/Welcome.htm

3. Being, doing, speaking – a look at integral mission

"What is Integral Mission?" by Vinoth Ramachandra, IEFS Sri Lanka is a thought provoking paper worth discussing in the context of responding to HIV & AIDS. He concludes that, "Integral mission flows out of an integral gospel and an integrated people. There is a great danger that we transform the mission of the church into a set of special 'projects' and 'programs', whether we call them 'evangelism' or 'socio-political action', and then look for ways to integrate these methodologically. Rather, the mission of the church is located in the adequacy and faithfulness of its witness to Christ. Our core business is neither the take-over of the world's systems nor the maximizing of church membership." It is available for downloading (69kb) at <http://micahnetwork.org/eng/index.php>

4. Edutainment

The Soul City Institute for Health and Development Communication (SC IHDC) is a dynamic and innovative South African multi-media health promotion and social change project. It aims to create an enabling environment empowering audiences to make healthy choices, both as individuals and as communities. Pastor Clement

Joseph from Project Positive Ray, Port Shepstone, South Africa recommends this resource: “The material from Soul City is widely used as it is user friendly and very easy to understand.”

“While many health projects focus on influencing the individual alone, Soul City IHDC views good health as a product not simply of individual choices, but emerging from an enabling environment in which the structural barriers to achieving health and development are removed.”

“Edutainment” is at the core of this approach – a process whereby entertainment formats are used for educational and health promotion purposes. Soul City has two edutainment vehicles 1) aimed at the general public of all ages, and 2) the Soul Buddyz project aimed at 8 to 12-year-olds, their teachers and caregivers. These consist of prime time television and radio dramas as well as print material.

Drama can be effective because it has the potential to:

- appeal to primetime audiences of millions in a way that didactic educational programs cannot
- catch the attention of advertisers and generate revenue
- grab people’s interest and keep them coming back for more, guaranteeing a regular audience
- be emotive and persuasive. Audiences often relate deeply to certain characters
- get people talking. It is also often easier to speak about certain issues, such as AIDS or sex, in the third person

For further information see www.soulcity.org.za

5. Pre-testing communication materials for HIV prevention

It is important to know a target group’s reaction to and understanding of health messages or behavior change information before materials are produced in final form. Pre-testing is the only way to tell whether the language, pictures, music and messages in your HIV & AIDS materials are understandable, culturally appropriate, believable and realistic, acceptable to the audience, visually appealing, informative and motivational before you mass produce them. Do not focus on the reactions and comments of one individual, rather look for trends and patterns of agreement among various respondents.

“How to conduct effective pre-tests” has been designed by AIDSCAP's Behavior Change Communication unit and is an easy to read handbook. It is particularly helpful for planners and implementers of materials for HIV & AIDS prevention to conduct simple, effective pretests. It is one of eight in a series

It is downloadable from www.fhi.org/en/HIVAIDS/pub/guide/BCC+Handbooks/effectivepretests.htm in both English (132kb) and French (128k)

6. Making it known – training in management

Global Health Action is running training courses on the “Design, Management & Evaluation of Community Based HIV/AIDS Programs”. The purpose is to provide practising health professionals and program managers with necessary skills to help them design, manage and evaluate successful community based HIV & AIDS prevention, care and support programs. It includes details of the initial 6-day training; a 6 months follow-up session involving 4 days on management, evaluation, program planning and proposal writing; a comprehensive binder with all program materials; ongoing technical assistance post-training; and the opportunity to compete for a \$5000 seed grant for your project.

a. 29 Jan - 3 Feb 2007 in Dakar, Senegal (French)

b. 26 - 31 March 2007 in Accra, Ghana (English). This course is being offered for the first time in Ghana at a special promotional rate of \$800 per person (does not include per diem).

Applications details can be found at: www.globalhealthaction.org

7. Tip of the Month – Why is it so? exploring why risk behaviour occurs

The 'Why Is It So?' tool helps to analyze why risk behaviors occur and can be the starting point to initiate dialogue and discussion or risk reduction strategies. It is ideal for use in groups of 15-20 participants.

1. Group participants name the different kinds of behaviors that put people at risk of HIV infection (eg. girls at school going out with “sugar daddies”). Sensitively correct any misconceptions (eg. that you can always tell if a “sugar daddy” is HIV positive by his appearance).
2. Draw a circle in the centre of a flipchart or in the sand. Select one of the risk behaviors and ask participants to draw a symbol of this risk behavior inside the circle (eg. a car as a symbol of a “sugar daddy”).
3. Ask ‘why is it so?’ (eg. girls at school need/want money for clothes, he makes them feel good, everyone else is doing it). Think of symbols for each causative factor (reasons for risk behaviour), and draw each in its own circle (“balloon”) close to the first circle, with each circle connected by a line for the first circle.
4. Then look at each new circle in turn (eg. girls need/want money for clothes) and keep asking ‘why is it so?’ (eg. family are poor, peer pressure to wear fashionable clothes). Keep adding further reasons in connecting circles until participants exhaust possibilities. These circles all connect eventually to the circle in the centre, but ask where they connect with each other? How and why?
5. Ask the participants what the diagram says about:
 - the most important reasons (vulnerability factors) for risk behaviour
 - the most common ways that people try to reduce risk
 - what would further help to avoid the risk behavior in the diagram
6. Reflect on what the group has learned during the session. How would this be useful for them? How is it best to record the main points of this discussion?

‘Why Is It So?’ is detailed in the AIDS Alliance’s *“Peer Education: outreach, communication & negotiation”* (2006:140). This 160 page training manual (3MB) developed in India describes design, deliver and manage training programs for peer educators and is available from www.aidsalliance.org/sw36340.asp



Co-worker with you,
Diane Marshall, Consultant for HIV/AIDS
Email: international.aids-consultant@sim.org
Mail: Morling College, 120 Herring Rd, Eastwood NSW 2122. Australia
Tel: (61-2) 9870 8208

Championing HIV & AIDS ministries and helping SIM and its partners respond more effectively to growing epidemics in Africa, Asia, and South America

AIDSLink is a publication of SIM International. This edition is made freely available through ICMDA and "Dignity and Right to Health" The opinions expressed in this edition do not necessarily reflect the views of these organizations. Technical information is crosschecked as thoroughly as possible however we cannot accept responsibility should problems occur.