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AIDS action

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Making Clear Messages



Materials developed with the people you work with are most likely to be successful.

IN THIS ISSUE

- 2 What works best?
- 3 Planning and pre-testing
- 4 Adapting materials
- 5 Writing clearly
- 6 Right words
- 7 Posters
- 8 Visual aids
- 10 Drawing
- 11 Games & models
- 12 Puppets
- 13 Video and film
- 14 Using the media
- 15 Case Study: India

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Whatever health education activities you do, well chosen and properly used materials can help you do it better. For example, if you are teaching people about how the body works, a flipchart can make it easier to explain. If you are having a group discussion about sexuality, flashcards and games can help to stimulate discussion. If you are teaching people how to use a condom, they will learn better by touching real condoms and practising putting them on a model, such as a banana.

How do you decide what you need, and how do you develop and use it? The key is to link the materials to your overall plan. Think about what you are trying to achieve. Do you need to convey simple facts or complicated information, develop problem-solving or

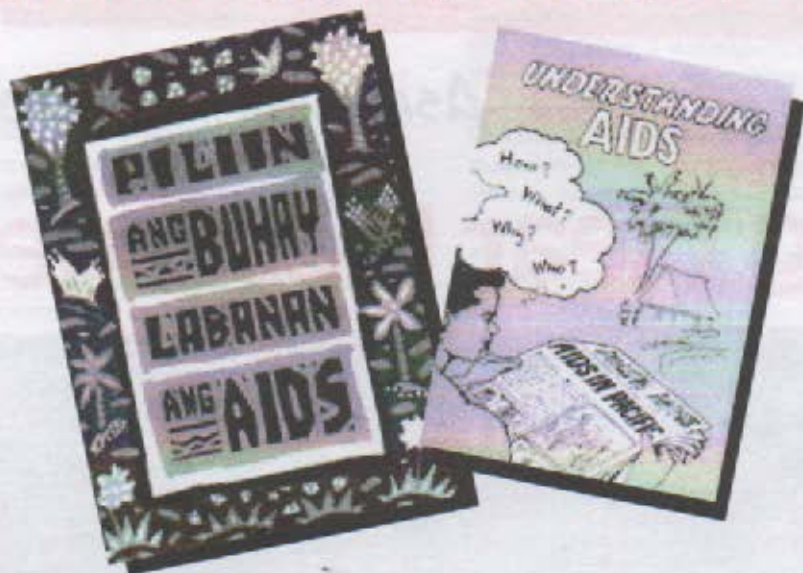
practical skills, or promote changes in attitudes and behaviour? Who are you trying to reach? Once you know this, you can decide what activities to use and what materials you need to support these activities.

People usually learn more from doing something themselves than by watching someone else or reading about it. Materials that are produced by the people you are working with, or that can be used by them, are most likely to be successful.

This 16-page issue of *AIDS Action* provides suggestions on how to develop materials to support education about sensitive issues around HIV and sexual health. It offers ideas and examples of how some organisations have used different methods, and suggests where to get further information. ☺

What Works Best?

(What materials will be appropriate for your work? The questions on this page highlight some key principles.)



Ask yourself these questions to help you select or prepare materials.

Who is your audience? Just as one shoe cannot fit all feet, the same materials do not suit everyone. It is important to know the particular needs of your target group before choosing or producing materials. Are your audience young or old, women or men, rural or urban, able to read or not?

What do you hope to achieve? What materials will help you accomplish your goal? You need to match the needs of your target group with your own objectives.

Is the language appropriate? Is it clear, or is it filled with complicated, technical words?

Are the illustrations appropriate? Are they clear? Will the target group understand them? For example, an illustration of a person's arm with a bandage could be mistaken for a leaking pipe. Will the target group identify with the images? For example, a poster showing tall, concrete buildings will not be suitable for a rural audience.

Does it look good and grab your attention? Is the design and colour

attractive? Materials that look appealing are more likely to raise interest. Materials that involve the target group are more likely to be understood and remembered.

Does it avoid labelling people? Avoid images that can mislead or discriminate. For example, posters showing women in short skirts as the source of HIV can lead to unfair discrimination against women who wear modern clothes. Illustrations showing people with HIV looking thin and ill can make people believe that all people with HIV are sick.

Does it avoid messages based on fear? Many HIV materials contain negative messages such as 'AIDS kills!' to try to scare people into changing their behaviour. However, fear-based messages do not motivate people to change. Positive messages that encourage good health in practical ways are more likely to bring results. For example: 'Using condoms means that you care for your own and your partner's health' is better than: 'Being unfaithful means death'.

Does it avoid preaching and moralising? Being told: 'You should not do this' can make people feel guilty and less open to discussion. For example, condemning sex before marriage can

What materials do you need?

Imagine you are opening a new clinic specialising in sexually transmitted infections (STIs). What materials would be useful? They could include:

- posters announcing the clinic's location and opening hours
- local radio or newspaper advertisements, reaching a wider audience
- local radio or newspaper interviews, discussing the importance of detecting and treating STIs, which might encourage more people to visit the clinic
- posters for the clinic walls, with simple messages about preventing STIs
- leaflets for people to pick up or be given at the clinic, with information about symptoms, prevention and treatment
- factsheets for community health workers, with more detailed information
- training aids such as flipcharts or flashcards for health educators working with groups.

discourage young people from being open about the fact that they are having sex, and can put them off seeking help to protect themselves and their partners. The best materials provide clear information in a respectful way, and enable people to make their own decisions.

Does it build up skills and make people feel confident? Information alone is not enough to bring about healthy practices. For example, it is not enough for someone to know why and how to use a condom if they feel unable to convince their partner to use condoms consistently.

Does it help to build up supportive environments? Individuals can achieve a lot, but much more can be done in an environment where other people are promoting the same messages, or working to improve legislation or health services.

With thanks to Rakesh Rajani, kuleana, Tanzania. ♡

Getting It Right

(whatever materials you produce, the key steps remain the same.)

- Careful planning is important. You need to ask yourself:
- Who are the audience?
 - What is their existing knowledge of the subject? What is their literacy level?
 - What activity is the material supporting?
 - What do you hope to achieve?
 - How will the material be used?
 - What is the main message you want to get across?
 - What information do you need to include?
 - How will you obtain it?
 - What is happening in your area that might affect how your message is understood?
 - What language is appropriate? What illustrations are appropriate?
 - Is existing material available?
 - Can you use or adapt it?
 - How will the material be distributed?
 - What equipment will be needed?
 - What staff and skills are required?
 - How much will it cost?
 - How will it be funded?
 - How long will it take to produce and distribute?

List all activities and work out a realistic schedule. Consult colleagues for ideas and check that the material is accurate.

Pre-testing means asking some of the target audience what they think of the material before it is produced in its final form, to ensure that it will attract attention, be correctly understood, and be acceptable and relevant. Pre-testing is especially important for

materials such as posters, when the message has to stand on its own and there is no opportunity to explain what it means.

The simplest method is to carry out individual interviews, using a questionnaire. Decide what you need to find out, then list questions. For example:

- 1) What does this picture show? What is happening in this picture? (Point to different parts of the picture if necessary.)
- 2) What does the picture mean? Is it telling you anything? If yes, what?
- 3) What do you like or dislike about it?
- 4) Is there anything in the picture which is unclear? If yes, what?
- 5) What would you change to make it more easily understood?
- 6) What would you change to make it more acceptable?
- 7) Is there anything missing from the text? Then look at the text, if any. Do this separately, for example, by covering up the words on the picture.
- 8) What do these words mean to you?
- 9) Do the words match the picture? If not, ask what words would be better, or what the picture should look like to match the words.



Careful planning is the first key step when producing any IEC material.

Pre-test with people who are the least likely to understand the material and most likely to benefit from it. Ask them in advance for permission. Explain that you are asking their opinion, not testing their knowledge. Do not test more than ten pictures at a time.

The number of people you pre-test material with depends on how soon a consistent response emerges. As a rough guide, if three-quarters or more like and understand it, you only need to make a few changes. Note which comments and suggestions are repeated frequently. Use these to decide what changes to make.

With thanks to Linda Ncube, Information Officer, Matabele AIDS Council, PO Box 1280, Bulawayo, Zimbabwe.

Other sources: 'How to make and use visual aids', 'Communicating Health' (see page 16). ♡

KEY STEPS

- Planning
- Researching and writing
- Producing illustrations or photographs
- Designing
- Pre-testing
- Production and printing
- Distribution
- Feedback (evaluation)

FEEDBACK

Plan some time to evaluate the effect the material has on your audience. Keep notes of any comments, letters or enquiries that you receive about it. Also measure the impact with methods such as focus group discussions and questionnaires. A focus group discussion involves talking about a particular topic in detail with a small group. A questionnaire can obtain less detailed feedback from more people.

For example, to find out how effective a wallchart has been for teaching student nurses about HIV transmission, you could ask students whether they have seen the wallchart, how they have used it, and whether they have any ideas for improving it.

Evaluation results are useful not simply to review a project, but to guide its future development.

A Practical Checklist

The following lessons were learnt during the project:

- Involve young people from the beginning.
- Ensure that equal numbers of young women and men participate, and that all team members understand the importance of gender sensitivity (reflecting the different experiences of young women and men).
- Ensure that youth participants are representative of youth in the community (they include students, workers and unemployed youth) and adult team members are 'youth-friendly'.
- Develop good relationships with officials who can assist in having material approved for publication.
- Pre-test for both language and content: even when the language describing an activity is appropriate, the activity may not 'work' in practice.
- Consult other agencies to ensure consistency of key messages; this also makes other agencies more likely to use the materials that you are producing.
- Look at examples of materials produced in other countries in the region.
- If working in English and the local language, employ two translators - one a native speaker of the local language and one a native English speaker.
- Pre-test illustrations, title and cover.
- Regularly make back-up disks of all work.
- Check what software your printer uses before doing layout.
- Launch the completed materials: invite supporters of the programme and media representatives and ask the young people to give presentations on their experience.

EXCHANGING IDEAS

(A regional youth education programme in Asia has produced several versions of a training manual for different countries.)

A training manual on reproductive health is a key tool in the HIV/AIDS youth peer education programme of the Asian Red Cross and Red Crescent AIDS Task Force (ART). The programme developed different versions of the manual for use in countries such as Cambodia, China, Laos and Vietnam, with support from the Australian Red Cross.

Young people participated in the project from the beginning. They worked with ART project staff to develop a common outline for all editions of the manual, covering:

- sexual health and reproduction
- support from friends
- HIV/AIDS
- factors affecting risk behaviour
- personal development
- gender relations
- other youth health issues

Each country programme took responsibility for drafting the manual for their country. Teams of young people and project staff produced first drafts based on the common outline. They mainly 'cut and pasted' material from existing Red Cross materials. Two young people from each country then attended a regional workshop, hosted by ART, to develop skills in producing and using a training manual.

The first drafts were sent to the ART secretariat for feedback. They were also shared among the different teams. This was an important step, as some countries that had not addressed sensitive issues such as masturbation, bisexuality and homosexuality were encouraged to do so after seeing the drafts from other countries.

The working groups then revised the drafts. They pre-tested the revised drafts with young people. Illustrations were then added. The illustrations, title and cover design were also pre-tested. In some countries, government approval was required before the manuals could be printed.

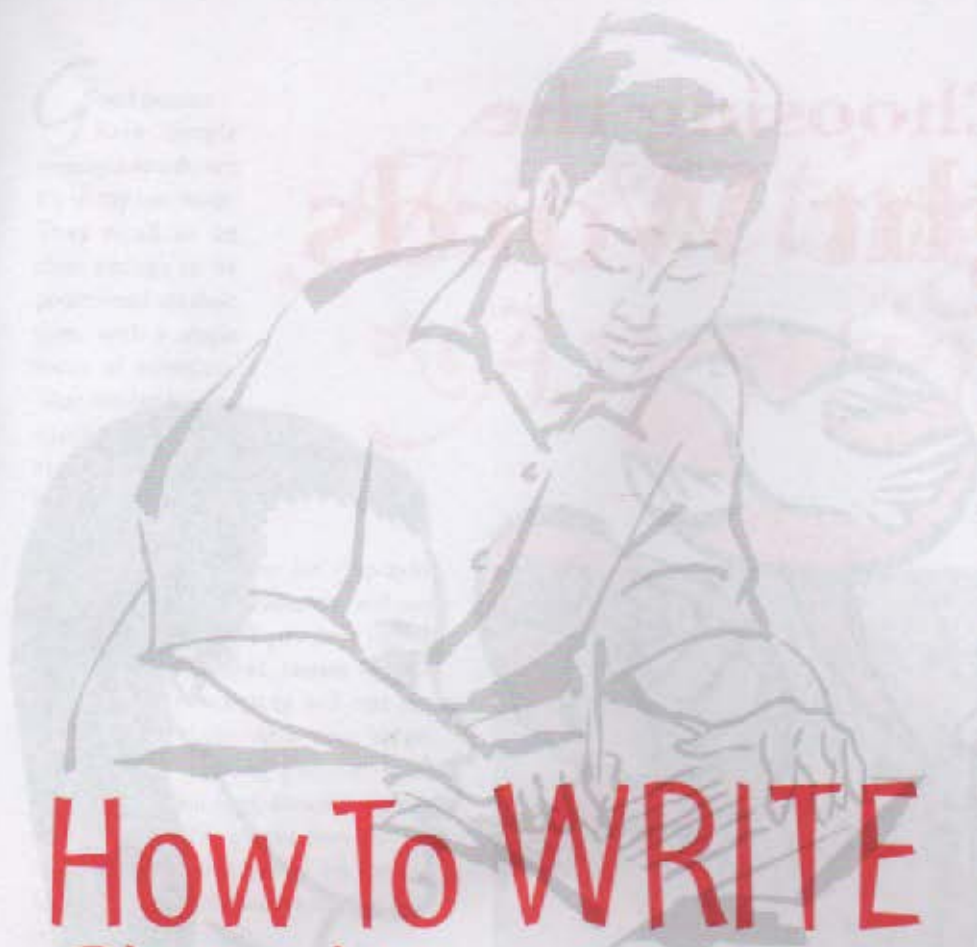


It is important that illustrations for the manual are locally adapted, such as these counselling drawings.

Reflecting needs

Each edition of the manual reflects both the aims of the regional programme and the needs of individual countries. For example, the 'HIV/AIDS risk game', has been adapted in different ways. In the original version (from the Jamaica Red Cross peer education manual, *Together we can*), workshop participants are asked to place flashcards (cards with brief text or pictures) under one of three headings: 'high risk', 'some risk', 'no risk'. However, 'some risk' does not translate well into Vietnamese, so in the Vietnamese edition, 'some risk' has been replaced by 'depends on...'. In the Cambodian edition, illustrated flashcards have been developed to suit people who cannot read. In both Vietnam and Cambodia, statements correcting local myths about HIV transmission have been included on the flashcards.

Angela Savage, former Coordinator, Australian Red Cross Greater Mekong Sub-regional HIV/AIDS Network (ARC/SAN), Apt 6, 39 Soi Prachanimit, Pradipat Road, Phayathai, 10400 Bangkok, Thailand. :D



How To WRITE Clearly

Good writing means attracting readers' interest, making your meaning clear, and being accurate. Think about who you are writing for. What do they already know about the subject? Think about the message you want to convey. What is the simplest way of doing this? Think about the material that you are writing for.

How many words will fit?

It is a good idea to ask someone else to read your text before you finalise it. Ask them if there are things that are not clear.

The number one rule is: write clearly and simply. Do not use unnecessary words. For example: 'an adequate number of' = 'enough', 'the southern half of the African continent' = 'southern Africa'.

Use simple language, not 'bigger' words that mean the same thing. Use 'try', not 'endeavour'; 'between', not 'interspersed'.

Write short, straightforward sentences. Break up longer sentences. For example: 'Even families from low-income groups who do not have access to expensive sources of protein can, with careful planning, obtain a nutritious diet which will obviate against the need for purchasing supplemental vitamins.' = 'Families do not need to have a lot of money to eat well. It is much better to plan nutritious meals than to buy unnecessary vitamin tablets.' Vary the sentence length to keep the writing interesting.

[AIDS Action offers some tips for writing clearly.]

Explain things in a clear, logical order. In the following sentence, the ideas are backwards: 'The model of the pelvis on the left suggests the severe obstetric difficulties that a woman may run into whose pelvis has been softened and become contracted as the result of rickets in childhood.' The following is clearer: 'On the left is a model of a woman's pelvis. This woman had rickets in childhood. Her pelvis became softened and contracted. The contracted pelvis later caused her severe difficulties during childbirth.'

Avoid jargon and explain any specialist terms, unless you are sure that all your readers will understand it. If you have to use a word that will be unfamiliar to your readers, explain what it means the first time you use it.

Repeat words if necessary to make your meaning clear. For example: 'Strategies to prevent diarrhoea include drinking boiled water, washing hands frequently with soap, storing food under cover, washing eating and cooking utensils, and disposing of waste properly. The first is best, but is often not possible.' 'The first' is not immediately clear. It is clearer to write: 'Drinking boiled water is best, but is often not possible.'

Use active verbs as much as possible. They are clearer than passive verbs. For example: 'Care should be taken to prevent injuries when handling sharps.' = 'Take care to prevent injuries when handling sharps.'

If you are writing an article, grab your readers' interest with an interesting beginning. For example, think of a more interesting way to say 'The 47th World Health Assembly of the WHO launched a global initiative to...'

If you are describing an event, put the most important facts first. Answer the five Ws and one H: who, what, where, when, why and how.

Add interest by using personal stories and real-life examples.

Avoid a lot of numbers or statistics, unless you are writing a very technical report. Most readers cannot take in more than two statistics per article. For example: '48.7 per cent' = 'about half', '495,000' = 'about half a million' or 'about 500,000'.

Avoid language that may offend or discriminate against some of your readers. Avoid 'men' when you mean 'people', or 'he' when you mean 'he' or 'she'. Avoid 'AIDS victims', which makes people sound helpless. Use 'people living with HIV' instead.

Explain abbreviations or acronyms such as NGO, PLHA, MoH. Too many acronyms can be difficult for the reader to 'pronounce' and look messy on the page.

Above all, check and double check your facts. Especially check that you have spelt names of people and places correctly. Check that figures are correct.

Sources: 'Simple English is better English'; 'How to produce a newsletter'.

Choosing the Right Words



Using the right words is very important in carrying out information and education activities about HIV/AIDS. The language of HIV/AIDS has evolved through the years, and is likely to continue changing. People with HIV/AIDS have been at the forefront in advocating for words which are affirmative and non-discriminatory. Several organisations have adopted policies with regard to language and HIV/AIDS.


The United Nations Development Programme (UNDP) has developed some principles to guide HIV-related language. Some of these principles include:

- Language should be inclusive and not create and reinforce a Them/Us attitude or approach.
For example, the word "intervention" places distance between the speaker and the group that he or she is working with. Words like "control" suggest a distancing relationship between the speaker and the listeners. Care should be taken when using the pronouns "they", "you", and "them".
- Descriptive terms should be those preferred or chosen by persons described.
For example, "sex worker" is the term preferred by those concerned, rather than the word "prostitute". "People with HIV/AIDS" is preferred by people who are infected, instead of the word "victim".
- Language should be value-neutral, gender-sensitive and should

be empowering rather than disempowering.

Words such as "promiscuous", "drug abuse", and other derogatory terms tend to alienate, rather than creating an environment of trust and respect. Terms such as "victim" or "sufferer" suggest powerlessness. "Injecting drug user" is preferred over the term "drug addict".

- Terms used should be strictly accurate.
For example, AIDS should only be used to describe the conditions and illnesses associated with the progression of the disease. Otherwise, the terms which can be used include "HIV infection", or "HIV-related illnesses or conditions". "Situation of risk" is used rather than "risk group" or "risk behaviour", since the same act may be safe in one situation and unsafe in another. The safety of the situation has to be assessed each time.
- The terms used should be adequate to inform accurately.
For example, the modes of HIV transmission and the options for protective behaviour change need to be explicitly stated so as to be clearly understood within all cultural contexts. The appropriate use of language respects the dignity and rights of all concerned, avoids contributing to the stigmatisation and rejection of the affected, and assists in creating the social changes required to overcome the epidemic.

Source: UNDP HIV-Related Language Policy. 

Good posters have simple messages and do not try to say too much. They need to be clear enough to be understood on their own, with a single focus of attention. They need to be eye-catching, with a striking picture, bright colours or interesting content.

Posters need to be displayed where your target audience will see them. For example, if you only display them in health centres, people who do not visit health centres will not see them. Think about who your target audience is - young people, men, pregnant women, long-distance drivers, soldiers - and the places they go. Do not leave the same poster up for too long as people will become familiar with it and stop noticing it.

You may decide to produce your own poster, commission someone else, or develop a poster as part of a group activity. Posters need to be carefully planned and pre-tested (see page 3).

Posters are useful for announcing events, reinforcing a message conveyed through other media such as radio or face-to-face discussions, and providing a talking point for discussion.

Pictures and text

Try to make figures and objects stand out clearly from the background. Colour can help to do this. Make sure that images and symbols will be easily understood.

Neat lettering is important. Plan what you are going to write and make sure that it will fit the space. Use mostly lower case (small) letters. They are easier to read than upper case (capital) letters. Try to find some lettering that you like and make stencils out of strong card. Make sure that all the vertical lines

Attracting Attention

in the letters are parallel (equal distances from each other). Make sure that the height of all capital letters is the same and that the height of all small letters is the same.

Sources: 'Communicating Health'; 'Pictures, People and Power'.



This poster uses bright colors to attract attention of young audiences.

Pictures *for* Learning



Pictures stimulate discussion and help people remember key points.

Many learning aids contain both words and pictures. However, visual aids can be misunderstood. Wherever possible, use the real thing. Do not show a picture of a condom if you can show a real one. If you cannot show the real thing, try to use a model. A model might be easier to understand than a picture. If you use a picture, be certain that it will be understood. Make visual aids as lifelike and natural as possible.

Before using visual aids, ask yourself:

- Will the visual aid help or hinder people's understanding? Pictures can be more powerful than words, but they can be misunderstood. Use

Wallcharts

are pictures or diagrams put up on a wall. They can contain more information than posters, because the trainer is there to explain.

Flashcards

are series of cards, showing pictures or words, which are shown to a group to stimulate discussion.

Flipcharts

are large sheets of paper which are turned over one at a time to illustrate key points or stimulate discussion.

Other visual aids include:

FLANNELGRAPHS (pictures on cloth), **SLIDES** and overhead projector **TRANSPARENCIES**.

pictures or symbols that your target audiences will understand.

- What text is suitable? Which language or dialect? What words? Choose simple words and phrases. Write in the group's own language. Do not have the words translated, because the translation might not convey the meaning that you had intended.
- What social, cultural and religious beliefs and practices do you need to take into account?
- Do specific colours have special significance? For example, does red mean danger? Is white traditionally used for mourning?

Pictures can be useful learning aids, if they are well chosen and used in a way that the audience will understand.

Making your own

Whenever possible, make your own visual aids. Making your own is less expensive than buying materials or employing someone to make them for you. It means that you can illustrate exactly what you would like to teach. If possible, involve your target group in making the visual aids, rather than making them for them. Use and build on the skills of the group.

Sources: 'Helping health workers learn'; 'Communicating health'; 'How to make and use visual aids'.

What PICTURES Can Do

PICTURES CAN:

- convey visual information (e.g. what a latrine looks like)
- show something people cannot see in real life (e.g. internal organs)
- provide a substitute for the real thing if it is difficult to obtain (e.g. out-of-season food)
- make difficult ideas easier to understand (e.g. showing steps doing a task)
- help people remember key points
- arouse people's interest and gain attention
- stimulate participatory learning and development of problem-solving skills (e.g. a picture posing a problem for which the group is invited to offer solutions).



If possible, collect drawings that you can use or adapt. Keep them in a file, sorted by subject, such as 'young people' or 'condoms'.

Copying drawings

You may not need to produce your own drawings, if you have access to pictures that you can copy or adapt. You may need permission from the artist or publisher to use them. Permission is often freely given, provided you acknowledge the source.

The easiest way to copy a drawing is to photocopy it. Otherwise you can trace it using tracing paper, carbon paper or a window. Lay tracing paper over the drawing that you want to trace, and draw over the main lines of the drawing with a soft pencil. Turn the tracing paper over and draw over the same lines on the back of the tracing paper. Turn the tracing paper over again and place it the right way up on a sheet of plain paper. Draw over the main lines on the tracing paper, so that the lines on the back of the tracing paper appear on the plain sheet.

To trace a drawing through a window, stick the drawing that you want to trace to a window, so that light from outside shines through the drawing. Hold a sheet of plain paper over the drawing and trace it.

You can use a grid to make a drawing larger or smaller than the original. Draw straight lines across and down the picture so that the picture is covered with squares (grid). Draw a grid with the same number of squares on a sheet of plain paper. To make the drawing twice as large (or small) as the original, make the squares on the plain paper twice as large (or small). Copy what is in each square of the original drawing in the corresponding square of the grid on the plain paper.

Your own drawings

Often the biggest barrier to drawing is lack of confidence. You can develop your confidence by drawing freely on large sheets of paper - cover the paper with scribbles to loosen up your hand and arm. Hold the pencil in different ways to see the different kinds of lines you make. Press hard and then lightly.

Draw some faint lines with a soft pencil (2B-4B). If the lines are not right, draw more lines until they look right. Then draw some darker shapes. Start with simple shapes such as circles, ovals and rectangles. Turn them into objects such as a head (upside-down oval) or building (rectangle).

Use shading to make objects and figures look more three-dimensional. Think about where the light might shine. Shade in dark areas and leave light areas unshaded.

People and faces

The height of an adult is about seven times the height of the head; for a child aged four to five years it is about five times; and for a child aged under two years it is about four times.

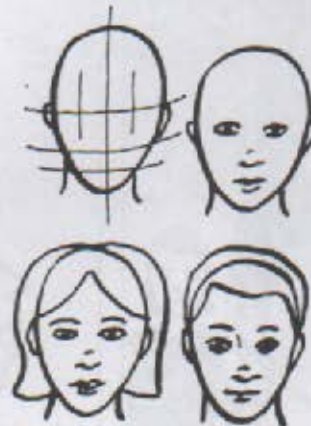
Make arms long enough - fingertips normally reach halfway between the hip and knee. Make hands large enough - most people's hands are big enough to cover their face. Make feet big. Adults' feet are at least as long as distance from the top of the head to the chin. Men's shoulders are usually broader than their hips. Women's hips are usually at least as broad as their shoulders.

Producing Pictures

You don't have to be an artist, if you follow some basic guidelines about copying and adapting pictures.

The eyes of an adult are slightly less than halfway down the head. The space between the eyes is usually the same as the width of an eye. The nose fits between vertical lines between the eyes. The top of the ears is about level with the eyes and the bottom of the ears is about level with the bottom of the nose.

Sources: *People, pictures and power*; *'Where there is no artist'*.



Picture Stories



Cartoons, comic strips and photo stories are very popular forms of story telling. They can be useful for stimulating discussion.

If you are working with a group, you could prepare a simple strip cartoon with empty speech bubbles for people to fill in. Participants could use the bubbles to put some of their dilemmas, questions and solutions about HIV into their own words. Try showing the cartoon below to a group of young men and women. You will find that each person will use it to tell a different story.

Photo stories help to raise issues that young people identify with. You could link up with a photographer and ask local people to be the 'actors'. Remember to make clear that the people represented in the photos are only acting.



Learning the Fun Way

Learning about sexual and reproductive health becomes easier when people are enjoying what they do. There are different ways of making learning fun, such as using visual aids or verbal exercises.

Health Action Information Network (HAIN), a non-government organisation in the Philippines, starts its workshops on reproductive health and family planning with a group activity — making models of the male and female reproductive systems. The models are made from pasta, a flour-water mixture which is slowly cooked to the consistency of modelling clay. Models are more effective than illustrations or pictures because they are three-dimensional and more realistic. Making pasta models enables the workshop facilitator to find out in a non-threatening way how much participants know and how they feel about their bodies and their sexuality.

Making pasta models encourages creativity and cooperation. Participants also gain a sense of achievement as well as a greater appreciation of themselves as sexual beings.

The finished pasta models are useful for stimulating discussion. Participants and workshop facilitators can learn from each other as they share their knowledge about medical terms and local words for the different parts of the body. The models can serve as a starting point for group exercises on language and sex. The objective of one such exercise is to familiarise participants with the different words related to sex, and to establish levels of comfort with such words. This exercise provides an opportunity to explore ways in which attitudes toward sexuality are revealed through words.

To conduct the exercise, participants are divided into groups, and each group is given a large sheet of paper and marker pens. The group members then write down the words they know which are used to refer to the different parts of the reproductive system and other words relating to sex. Technical terms as well as slang or colloquial terms should be included. If the members of the group speak different languages, these words should be listed down as well.

When all the words that the group members can think of have been listed down, the workshop facilitator can ask a series of guide questions which will help the participants to gain a better understanding of how language is related to sexual and reproductive health. These guide questions can include the following:

- Which of these words do you find acceptable? Which ones are unacceptable?

- What do these words reveal about our attitudes towards sexuality and gender?
- What do these words suggest/reveal about sexuality and power?
- Is there anything you would like to be different about your reactions to these words?

The words listed down during this exercise comprise a valuable body of knowledge for those involved in sexual health education. Workshop participants returning to their communities can use the different words they have learned, as well as the exercise itself, to generate discussions on reproductive and sexual health.

Mercedes B. Apilado
HAIN Philippines

Making Pasta Models

To make pasta models, you need:

- | | |
|-----------------------------|------------------|
| 2 teaspoons cream of tartar | 1 cup flour |
| 1/4 teaspoon salt | 1 tablespoon oil |
| 1 cup water | |

Mix all the ingredients together to make a smooth paste. Cook over low heat, stirring constantly until the mixture has thickened to the consistency of modelling clay. Remove from heat. Knead the pasta when it has cooled down a little. (For 25 to 30 participants, you will need 20 cups flour)



Making pasta models of reproductive organs enables the trainer to find out how much people know about their bodies.

Bringing it to LIFE

Puppet shows can be used to present many ideas. For example, if you work with street children, you could develop a puppet show that looks at how street children are treated by the police.

Puppets need not be expensive. Simple puppets can be made from local materials. If there are traditional ways of making puppets in your area, you could invite someone to teach your group how to make them. A puppet theatre can be made by hanging a cloth over a stick across a doorway, or hooking a cloth between two trees.

Here are some tips on developing a puppet show:

- First, develop a story. You could use roleplay to help you do this.
- Think of the character and attitude of each puppet. Ask the group to study people's faces and movements.
- Make puppets with distinctive features which express emotions clearly.
- Practise moving the puppets' arms. Hold the arms out straight, wiggle them and bring them back to their sides.
- Practise moving the puppets' bodies. Use exaggerated movements to show emotions

such as surprise, shyness, anger, happiness and embarrassment.

- Start developing your puppets' characters by making them greet each other.
- Once you have developed the puppets' characters, you can start to develop the play.

Puppets can provide a useful way of expressing ideas which people might otherwise find too embarrassing to talk about.

Making puppets

There are many ways to make puppets. Choose a way that suits local materials and skills. For example, if cloth is easily available, make cloth puppets. If sticks and cardboard boxes are available, use these.

You can make a puppet's head from clay, maize cobs, banana fibres bound with string, or papier maché. To make papier maché, soak small pieces of newspaper in hot water, keep for a day, stir the mixture into a pulp, drain it, then add a few drops of flour and knead the mixture until soft enough to mould into shape.

To make a papier maché head, put a ball of papier maché on the end of a stick. Secure the stick firmly, for example, in the ground. Shape the head and then remove the stick.

Use wool, wood shavings or coconut fibres to make hair, eyebrows or a beard. Use straw to make glasses. Use cloth, feathers or anything else you can find to make a hat or turban.

Make the body from cloth or flour bags to hide the performer's hand. Leave a gap at the neck, large enough to tie the head in.

Adapted with permission from 'Puppets for better health' by Gill Gordon, published by Macmillan.

PUPPET Power

A puppeteer describes his work.

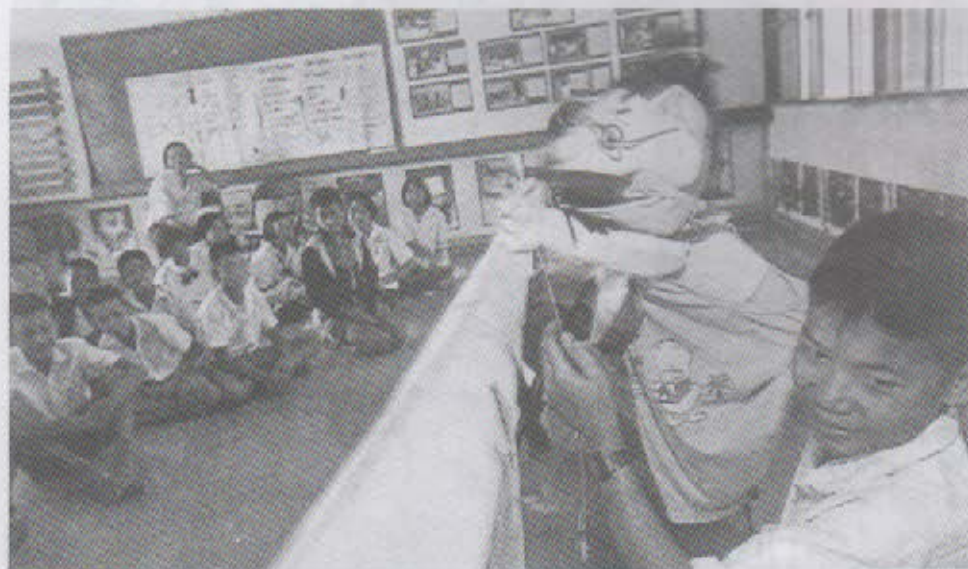
I am a puppeteer, teaching puppetry and traditional entertainment at university.

By using puppets I find both myself and my students much empowered, especially when communicating sensitive issues around gender and sexuality. The puppet speaks for the puppeteer. Even though members of the audience are aware of the puppeteer, they pretend that the puppet has come to life. The audience readily accepts the messages that might otherwise be too embarrassing to convey.

One hurdle is the notion of puppetry being not serious and therefore only for children. Occasionally I have noticed that an adult audience has become self-conscious. I feel that this is because the adults are aware of indulging in a seemingly light-hearted activity. Most of my puppet shows must therefore be accompanied by a talk on the value of puppets, even for adults.

An NGO recently invited me to train rural social workers. The social workers then performed puppet shows in villages on issues such as women's health, family planning and child marriage. The social workers had never openly spoken to the villagers about most of these issues.

Varun Narain, Mass Communication Research Centre, Jamia Millia University, New Delhi, India.



Puppets are a traditional way of telling stories - as well as being fun, they can 'say' things which people sometimes feel too shy to say.

Moving pictures



Discussion after watching a video could bring out general comments about the issue.

Short videos or films can have a strong impact. They are useful for conveying information and stimulating discussion. Because they show moving pictures, they can also be useful for demonstrating skills such as how to counsel a person who might have HIV or how to organise a drama session. Do not rely entirely on the video or film to convey a message. Introduce it beforehand and summarise and discuss key points afterwards.

Be aware of the practical limitations. Videos shown on small screens are not suitable for groups of more than 20. Films need to be shown in a darkened area.

Videos are increasingly available from suppliers of health education materials. Useful programmes are sometimes shown on television, and you can obtain permission to record these for use in educational work. Alternatively you may wish to produce your own video in collaboration with an individual or company who specialises in video or film-making.

Before you show a video or film, check that the equipment is working and the video or film is not damaged. Give a short introduction - give hints about what to look for, explain words that people might find difficult, and warn

Choosing a VIDEO

When choosing a video, check that it is:

- the correct format (VHS-PAL, NTSC or SECAM)
- of good technical quality (sound and picture)
- suitable for your target audience - children, general public, health workers, students or others
- interesting
- culturally acceptable and unlikely to cause offence
- relevant and appropriate to your problems and your ways of dealing with them
- accurate
- useful for stimulating discussion.

Videos and films are good at attracting an audience and keeping their attention. They are useful for generating discussion.

people about anything that might be incorrect or distracting. Make sure everyone has a clear view. During the showing, stay near the video recorder or projector to adjust the sound or focus or sort out any problems. Afterwards, discuss the issues raised by the video or film with the audience. This gives you a chance to see whether they have understood the main points and to explain anything that is confusing.

Source: 'Communicating Health'.

Involving the Audience

Bukumbi Hospital in Tanzania originally used existing films for health education sessions in villages and nearby institutions. The films attracted people, but the questions afterwards were very general. Also, the films showed people in different circumstances from those of local people. Some of the films were too long.

The AIDS Committee therefore made its own 30-minute video, set in an environment that villagers would recognise. Committee members and others volunteered to play different roles. The video was made with a camcorder and edited directly on a VHS recorder. Sound was mixed afterwards. The film, *Tufanye nini* ('What shall we do?') showed six problems in six short scenes.

The audiences were small groups, such as students. After every scene, a committee member stopped the video and asked questions. Each scene showed a person asking advice. For example, a woman asked a health promoter: 'I know what AIDS is and how to prevent it, but my husband sleeps around. What can I do?' The audience was invited to give advice.

After the discussion, interviews with a village chairman, village girl, village boy, hospital worker, teacher and priest were shown. Some of their reactions were contradictory and intended to provoke discussion.

The facilitator had an important role. He or she could stimulate discussion by redirecting questions back to the audience, and asking whether their suggestions were realistic. The facilitator could then lead the discussion on to motives for certain behaviours, eventually bringing general comments about the problem to the local situation.

Generally the audiences responded to the questions with excitement, because they shared their problems.

Extract from 'The role of video in health education on HIV/AIDS' by Rob Dijkstra, published in AIDS/STD Health Promotion No. 4, 1996, published by KIT, The Netherlands.

Well planned use of mass media can raise awareness, inform people of new services and products, influence opinion and stimulate behaviour change.

The same guidelines apply to using the media as producing materials - you need to understand your audience, pre-test the message and evaluate the impact. Try to find out whether the people you want to reach watch television, listen to the radio or read newspapers or magazines. If they do, find out what programmes or publications they like. You may have to carry out your own survey, or you may be able to obtain information from surveys carried out by the media.

Think about the advice you want to give through the media. Make sure that it is correct, realistic, acceptable and easy to understand. Think about what format to use. There is a wide choice. For newspapers or magazines, there are news items, events listings, advertisements, feature articles, letters and advice columns ('Dear Doctor' columns). For radio and television, there are news items, spot announcements, jingles, discussions, phone-ins, interviews, documentaries, drama, music, quizzes, panel games and magazine programmes.



Meeting journalists

It can be easier, cheaper and more effective to encourage newspapers, radio and television to take up health issues, than preparing your own programmes. Try to find out the names of journalists and writers. You could meet them informally and tell them about the work you are involved in. You could suggest topics to include in a drama they are preparing, provide background papers on health topics, provide questions to include in a quiz programme, or write letters responding to items in newspapers.

Remember that journalists are very busy and will only be interested in a topic if it is of general interest, relevant to other issues in the news, unusual, new or controversial.

You may be able to arrange for a newspaper or magazine to distribute your own materials. For example, Straight Talk, a monthly newspaper promoting the sexual health of young people in Uganda, is

Being Interviewed

If you are being interviewed on radio or television:

- be prepared (know your facts or have details handy)
- be clear and concise
- make it interesting - sound enthusiastic, include examples
- keep the language simple
- make it clear when you are speaking on behalf of an organisation and when you are giving your own views
- keep calm - if you don't like a question, change the subject or ask a question back.

distributed directly to schools, colleges, youth clubs and NGOs, and as an insert in the national daily newspaper, The New Vision, to reach an estimated one million young readers. An advice column in which young people replying to each other's problems is a popular feature of Straight Talk.

Media events

You could include 'media events' in your programme, such as a ceremony with important guests to launch a new activity or celebrate an anniversary, official



Reaching Millions



opening or prize-giving. Make the event visually interesting so that newspapers will want to include a photograph. Let the media know about the event in advance. You can do this by issuing a press release - a sheet of paper describing what you are doing, why, where and when, with your contact details in case they need more information.

You can encourage people to listen to radio in a group, and discuss issues raised by the programme afterwards. A group leader could introduce the programme and lead a discussion. Visual aids such as posters or a flipchart can help to stimulate discussion and leaflets can be useful for people to take away. Ask the group questions to make them think about the programme and the key messages.

Source: 'Communicating Health'.

Towards Effective IEC Programmes: The Indian Scenario

by Lester Coutinho

A typical HIV/AIDS poster or billboard in India will tell you no more than how HIV is transmitted and how you can prevent getting infected. But does this lead to behaviour change? More than ever before, NGOs and community-based organisations (CBOs) involved in HIV/AIDS programmes are questioning the logic of such IEC campaigns. Not only is there a feeling for a change of strategy, but there is also the need to provide more specialised information. For too long now the state's IEC strategy has primarily focused on general awareness and prevention messages, and the impact of this is questionable. Even the government's own report suggests that though these messages have had some impact in urban areas, they have not "reached" the rural communities. The problem, however, is not so much one of availability of IEC, as of accessibility. Though numerous rural based organisations have complained that they hardly ever received any IEC materials from the state, even those that did receive the materials found these to be unsuitable because of inappropriateness of language, images and the very message itself.

One of the major concerns of health activists is the relevance of these IEC materials, both in terms of their content and form. One of the strongest criticisms against the kind of posters, TV and radio spots, and billboards produced by the state, is the continued messages of fear. Messages such as 'AIDS kills', 'AIDS has no cure', or slogans such as 'road to heaven' (if safe sex is practiced) and 'road to hell' (if unsafe sex is practiced), or the use of images like serpents, dragons and skulls to depict something 'evil' and 'deadly' continue to be used. A radio program in Karnataka (in south India) described AIDS as a disease of 'no hope'. Some NGOs demanded that the State AIDS Cell immediately stop such broadcasts. The moralistic tone in IEC materials has also been criticised. Some NGOs are also concerned about the western notions of sexuality and morality that permeate much of the material. However, it must be noted that the state has in some of its more recent advertisements abandoned the fear inducing messages in favour of themes of solidarity, care and support.

There continues to be much gender insensitivity in the material produced both by the state and some NGOs. The messages of 'don't do it' or 'do it safely' presume choice, and quite often women live in situations where they cannot or are not permitted to make such choices. Some NGOs have objected to the popular billboard image of a man with a split (dual) face and having his arms around two women. The image is perceived as insensitive to the cultural situations where women are able to make choices in their relationships, or resist being seen as mere objects.

In most of the images used, the body of the woman is largely portrayed as the repository of the virus. Even the recently produced IEC package for the national truckers programme by a professional agency depicts in one of its brochures only the woman as infecting the man, and not even the slightest suggestion that infected males are more likely to pass on the infection to women through unprotected sexual intercourse.

Given the need for more specific information, the voluntary sector has now started producing its own materials. Not only are NGOs experimenting with form (i.e. puppetry, street theatre, folk songs, drama and art), but are also focusing on developing materials through participatory processes so that the contents are appropriate and effective. SOMA, an NGO in Kerala, has involved the community in a four month long process to develop an appropriate community-level information programme. The community was involved in every step of the production of IEC materials. At a later stage the programme included training trainers from within the community who could train persons in other communities. Similarly, Adithi, a Bihar based organisation working primarily with women, through workshops developed a series of posters that focused on women, and used a local art form specific to women (Madhubani). Media Foundation, a Tamil Nadu based organisation, introduced an informative column on HIV/AIDS in Tamil rag after having studied the style of the rag and its predominant readership comprising sexually active, mobile young people. The racy and slang-filled style was appreciated by the readers and the column continued for 50 weeks.

Some innovative initiatives are now also being launched by a few State AIDS Societies which have taken to interactive advertising. These, as in the case of the Tamil Nadu State AIDS Society's productions, included a series of advertisements on the vulnerability of any individual to HIV/AIDS. The feedback helped design subsequent advertisements that took up issues raised by the readers. The neighboring state of Kerala also launched a series of such interactive ads that presented hypothetical dilemmas faced by an ordinary person in relation to sexual behaviour, STDs and HIV/AIDS. This strategy roped in the attention of the readers resulting in numerous queries and responses.

Some health activists have suggested a paradigm shift from IEC to BCC - Behavioural Change Communication. This conceptual shift is based on the premise that any health education programme seeks to bring about a behavioural change, and that the message needs to be relevant to diverse populations. It is also premised on the experience that no single IEC strategy, either a poster or TV spot, can be planned in isolation.

Even as the voluntary sector continues to respond more creatively in terms of developing culturally appropriate forms and messages, one of the biggest barriers faced by NGOs and CBOs is the lack of co-ordination and networking between NGOs, and with the state agencies. Numerous NGOs complain of not having information about what others are doing and producing, but are equally unwilling to share their own materials with others.

Added to this is the culture of competitiveness and lack of co-operation among NGOs and funding agencies resulting in duplication of efforts. Yet another major problem is the concentration of information production in the big cities. Funding agencies and state policy makers need to shift the emphasis away from these areas, so that smaller organisations outside the big cities are enabled to produce and disseminate information effectively. ☺

Communicating health explores the role of communication in improving people's health and discusses strategies for health education and health promotion. It gives practical guidelines on effective communication in a wide range of settings including the family, community, schools, health services and the mass media. Available for £6.70 from TALC, PO Box 49, St Albans, Herts AL1 5TX, UK. (talcul@btinternet.com)

The Copy Book provides over 100 pages of pictures which can be copied by anyone who wishes to make their own visual aids. Available for £10.95 plus postage and packing from IT Publications, 103-5 Southampton Row, London WC1B 4HH, UK.

How to make and use visual aids offers low-cost, practical suggestions for simple visual aids, with examples of how they can be used in your daily work. Available for £4.40 from TALC.

Pictures, people and power is a book for people who want to make and use pictures for development. It gives practical guidelines to enable non-artists to make their own visual aids such as discussion starters, picture cards, flannelboards and community maps. It includes information on how to run training workshops in designing and adapting materials. Available for £5 plus £2.75 postage (surface mail) from TALC.

Simple English is better English is a short booklet for people who want to communicate effectively in English. Available free from TALC.

Teaching and learning with visual aids gives suggestions for trainers on why, when and how to use different visual aids. Available for £5.20 from TALC.

Where there is no artist provides more than 400 drawings by Petra Rohr-Roendaal relating to health and education issues which can be copied, with advice on copying and adapting pictures. Available for £12.95 plus postage and packing from IT Publications.

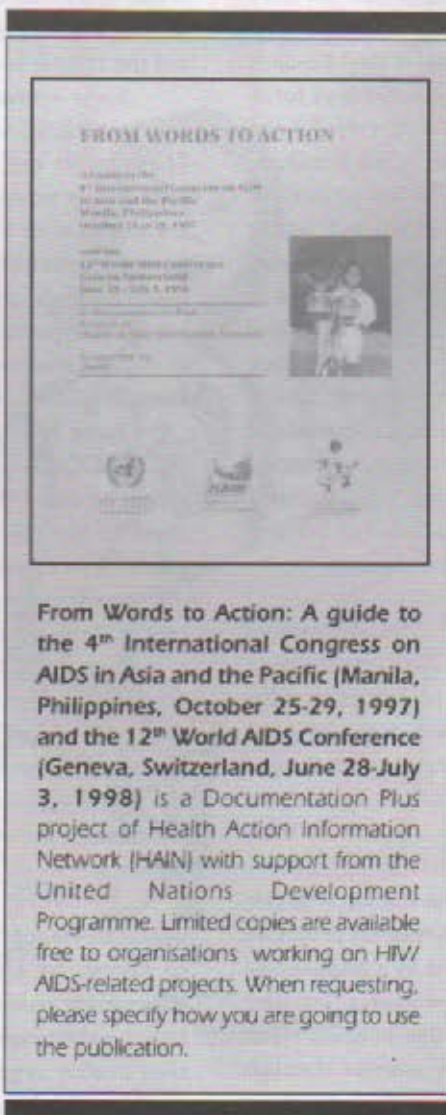
Working with young people on sexual health and HIV/AIDS provides samples of

educational materials that can be adapted for use. Available in English and Portuguese from Healthlink Worldwide.

How people use pictures describes participatory methods for using pictures and includes a bibliography of books and articles on different ways to present and use visual images. Available for £15 plus postage and packing from IIED Publications, 3 Endsleigh Street, London WC1H 0DD, UK (bookshop@iied.org)

Developing health and family planning materials for low-literate audiences assists users to develop and test their own materials. Available free to developing countries (US\$8 elsewhere) from PATH, 1990 N Street NW, Suite 700, Washington DC 20036, USA.

Information, Education & Communication: A guide for AIDS programme managers describes the steps in HIV/AIDS IEC planning and implementation. Available for free from World Health Organization regional office for Southeast Asia, New Delhi, India.



From Words to Action: A guide to the 4th International Congress on AIDS in Asia and the Pacific (Manila, Philippines, October 25-29, 1997) and the 12th World AIDS Conference (Geneva, Switzerland, June 28-July 3, 1998) is a Documentation Plus project of Health Action Information Network (HAIN) with support from the United Nations Development Programme. Limited copies are available free to organisations working on HIV/AIDS-related projects. When requesting, please specify how you are going to use the publication.

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