Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences

path
Program for Appropriate Technology in Health

fhi
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This work was supported by a United States Agency for International Development (USAID) Cooperative Agreement (HRN-A-00-97-0017-00) with Family Health International (FHI) through a task order to the Program for Appropriate Technology in Health (PATH). FHI and PATH are partners in the Implementing AIDS Prevention and Care (IMPACT) Project. Other partners include the Institute of Tropical Medicine, Management Sciences for Health, Population Services International, and the University of North Carolina at Chapel Hill.

PATH is an international, non-profit, nongovernmental organization 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 20 program offices in 12 countries. As part of this global network, the Washington, D. C., office advances PATH's mission through its special focus on reproductive health and behavior change communication.

FHI, a non-profit, nongovernmental organization, has been at the forefront of educating and helping communities cope with the effects of HIV/AIDS since 1986. Today, FHI's Arlington, Virginia-based Institute for HIV/AIDS is the world's largest provider of international HIV/AIDS programming. With a staff of 360 in more than 40 countries throughout Africa, Asia, Latin America, the Caribbean, and Europe, FHI operates a range of comprehensive programs addressing both prevention and care. FHI technical experts and program managers identify what is needed in a particular country, provide state-of-the-art interventions, tailor programs to local needs, and advocate for compassionate, realistic, appropriately resourced responses. The organization's programs expand care and support for people affected by HIV/AIDS, advance life-saving HIV policies, prevent and treat sexually transmitted infections (STIs), provide voluntary counseling and testing (VCT), design behavior change interventions, link contraception and HIV prevention, maximize the private-sector response to AIDS, and research solutions to infectious disease transmission and treatment.

Acknowledgements

This manual is based on two prior PATH publications: *Developing Health and Family Planning Materials for Low-Literate Audiences: A Guide* (1989 and 1996), by Margot Zimmerman, Nancy Newton, Lena Frumin, and Scott Wittet, and *Immunization and Child Health Materials Development Guide* (2001), by Elizabeth Younger, Carol Hooks, Scott Wittet, and Heidi Lasher. Staff of FHI's AIDS Control and Prevention (AIDSCAP) Project and IMPACT project used PATH's 1996 Guide in various international field projects, but found that local staff always asked why the illustrations and examples referred only to family planning programs. Many concepts in the field of STIs—including HIV and AIDS—are very difficult to convey to non-literate and low-literate audiences.

The specific focus of this new publication is on developing print materials for programs to use to reduce the incidence of STIs, including HIV/AIDS. The methodology for preparing materials for low-literate populations has been simplified, based on user feedback. These same techniques can also be adapted and used to develop audiovisual or print materials for almost any population group.

Many thanks to Carol Larivee of FHI, who identified the need for this document and guided its development, and Margot Zimmerman, the PATH consultant who spearheaded this adaptation. The PATH and FHI staff who contributed substantively by writing and editing sections of the guide or reviewing and advising on the content and illustrations are:

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

I. Introduction

Twenty-three percent of the world's adults cannot read or write. This proportion is even higher in developing countries, where over half of the population is illiterate. There are African countries in which over three-quarters of the men and women cannot read or write.[14, 15] Because girls have less access to education, two-thirds of the world's 876 million illiterates are women.[24] While the number of illiterate males is dropping, the number of illiterate females continues to grow.[15]

High-risk and vulnerable populations for HIV and AIDS are often in marginalized communities (sex workers, migrant populations, youth out of school, women). In addition to low literacy rates, they 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 low-literate population. They have successfully used drama, traditional media, and video for this purpose, and have had some success in developing print materials using visual aids or pictures to 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 visually through pictorial print materials to a low-literate audience. The box on page 2 highlights some of the challenges of communicating with low-literate people.

This guide provides a comprehensive methodology for developing materials for a low-literate audience in the context of a behavior change communication (BCC) 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 materials and avoiding the problems identified in Figure 1. 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.

Note: All footnote numbers included in this manual correspond to the references in the Bibliography.

Figure 1. Challenges When Designing Pictorial Messages

There are many reasons illiterate and low-literate people may have problems interpreting pictures:

- While drawings and photos show three-dimensional reality in only two dimensions, low-literate individuals probably have not learned that perspective represents depth.
- Such "visually illiterate" people may not be able to tell the foreground from the background by the relative size and placement of objects. They do not realize that larger objects are in the "front" of the drawing or photo and those that are smaller and placed higher up are considered in the background.
- To those who lack visual literacy, the small figure of a man standing "far away" might be seen as a tiny creature hovering magically in the sky.
- A picture with a detailed, busy background makes it difficult for low-literate audiences to understand the main message. They interpret pictures better when background detail has been removed.
- Literate people have learned to understand depictions of objects that are superimposed on other objects; low-literate people may not understand or may misinterpret pictures of groups of objects in which some parts are "hidden."
- Low-literate people often lack a vocabulary of symbols that literate people may have acquired through growing up with comic books, magazines, and greeting cards. For example, a heart indicates love, and an eight-sided red sign indicates a need to stop. The visually literate understand the difference between a cartoon speech balloon and a thought balloon. They quickly interpret a dotted line from a woman's eyes to an apple on a table as "a woman seeing an apple," while the low-literate individual might see a stick coming from the apple that pokes a woman in the eye.
- For the "visually literate," sequential frames indicate the passing of time or people acting and reacting to each other. However, this interpretation must be learned by the low-literate person.
- Symbols often have different meanings in different cultures.

The good news is that visual literacy can be learned at any age. A UNICEF study in Nepal showed that visual literacy in rural adults increased dramatically with practice over a relatively short time.[7] Counselors can use carefully pretested pictorial materials with minimal text, and point out to their clients what the illustrations mean to convey. Such materials enhance the counseling session and help both clients and the health provider remember important information, like how often to take the medicine prescribed to cure an infection.

A. 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 of 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 Change** such as perceived personal risk of HIV infection and a non judgmental 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)

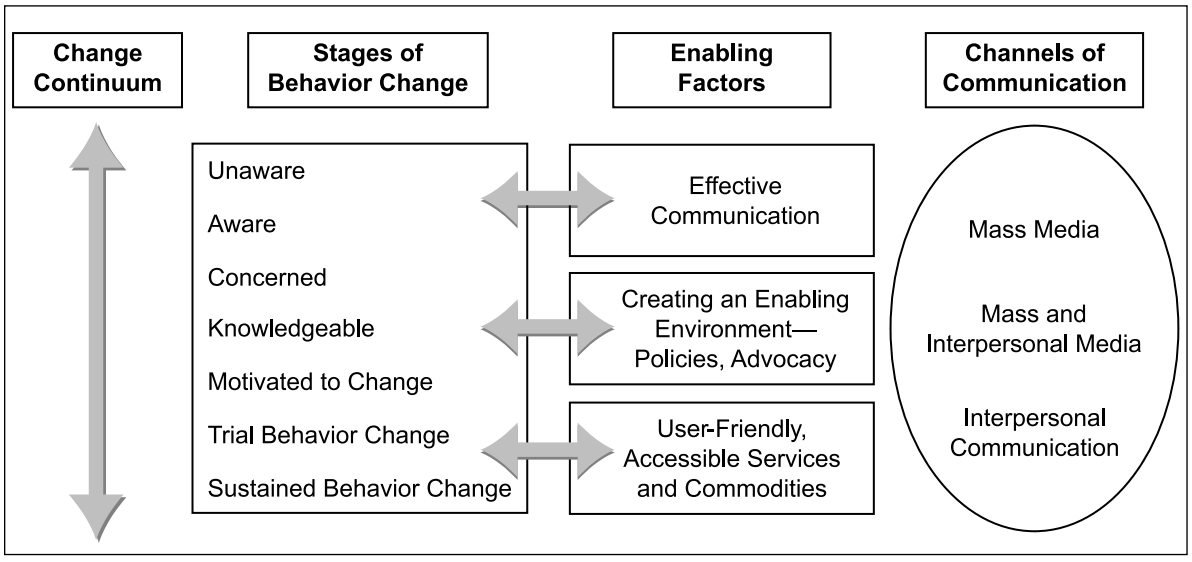
and individuals have a sense of self-efficacy in being able to change or maintain their behavior.

Figure 2 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 Behavior Change Communication

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 2. Behavior Change Process



Using print materials to promote behavior change among low-literate populations 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.
- They may serve as a motivator for those who wish to improve their literacy skills.

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."

B. Using This Guide

This manual offers step-by-step guidelines for developing accurate, useful, and action-oriented print materials to meet the communication needs of an HIV/AIDS and STI prevention and care and support program. The guide specifically addresses materials development for those who are illiterate or have a low level of literacy. Each chapter of this guide discusses a step in the materials development process in the context of developing a BCC strategy and program.

Section II—Target Populations explains how to identify and assess audiences and determine their specific BCC needs.

Section III—Audience Research describes methods to elicit information from the target populations to better understand their needs and concerns.

Section IV—Message Design and Development details the process of using research data to develop messages and communicate them pictorially in a clear, sequential manner.

Section V—Key Concepts for HIV/AIDS/STI Programs gives the reader examples of ways visuals have been used in several programs to communicate important messages and ideas about HIV, AIDS, and other STIs.

Section VI—Guidelines for Materials Production provides helpful tips for preparing materials for low-literate groups.

Section VII—Pretesting and Revision explains ways to create clear messages and materials that are acceptable and understandable to the target populations.

Section VIII—Printing raises issues to consider during the production stage of the materials development process.

Section IX—Training and Distribution describes how to disseminate materials and train HIV/AIDS outreach workers, peer educators, and health care workers to use them effectively.

Section X—Evaluation describes methods to examine the field use of materials and their impact on the intended audience.

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 print materials to support the communication component of an HIV/AIDS program.

HIGHLIGHTS

- ❑ **Deciding who needs information**
- ❑ **Defining primary and secondary audiences**
- ❑ **Segmenting the target audience/population**

II. Target Populations

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 to reach, 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.

Although each specific population needs different types of information, this guide concentrates on preparing materials for those with low reading skills who 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.[9]

B. Defining Populations or Audiences

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 "rural women working outside the home," it may be subdivided into smaller target populations, for example, "unmarried rural women with jobs in factories or offices."

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: *"Nyima has been married to her husband for four years. He is a border guard who works at a remote border post and comes home to their village once a month. She lives with her husband's parents, and gets most of her information about health topics from friends, radio broadcasts, and the nurse-midwife she has seen several times at the clinic (8 miles away) where she had her two babies."*

When considering how to segment 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 group
- Seriousness of the problem within this audience
- Resources to deal with the problem
- Ability of the population group to cope with the problem without outside help

Some other important considerations to keep in mind include the following:[21]

- **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, nongovernmental organizations, 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.

HIGHLIGHTS

- ❑ **The role of research in the design and development of print materials**
- ❑ **Definition and use of qualitative and quantitative research**
- ❑ **Types of audience information to collect during the research phase of the materials development process**
- ❑ **Using two qualitative research techniques: focus group discussions (FGDs) and in-depth interviews (IDIs)**
- ❑ **Ways to analyze research data**

III. Audience Research

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
- 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.

A. 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, informal group sessions (or meetings), and focus group discussions (FGDs).

Figure 3. Quantitative and Qualitative Research

Quantitative Research	*Qualitative Research*
• Provides numerical estimates of audience responses or characteristics (e.g., of 75 percent of persons in Region X who tested positive for TB, 40 percent also were found to be HIV-positive).	• 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).
• Uses surveys of knowledge, attitude, and practices (KAP) and demographic characteristics.	• Uses in-depth interviews, focus group discussions, participant-observation, and exit interviews.
• Deals with objective, measurable behavior and attitudes.	• Deals with contextual and emotional aspects of human responses.
• Answers questions of "how many" or "how often," or documents differences between things that can be measured in numbers.	• Answers the question "why?"
• Process looks for proof or causation.	• Process is one of discovery.
• Involves large numbers of participants (generally sampled on a probability basis) and interviewers, generally making this research more expensive.	• Involves small numbers of participants (generally not sampled on a probability basis) and interviewers, generally making this a less expensive form of research.
• 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."	• 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?"
• 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.	• 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.

B. 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 following chart 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 in-depth interviews.

Figure 4. Information Needs

Topic	***Information Needs***
Demographic data	• Age range of audience • Level of schooling • Literacy level • Marital status • Income • How they spend their leisure time
Area assessment	• 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	• Services people use for general health • Services chosen for STI diagnosis and treatment • Services chosen for sexual and reproductive health
Existing knowledge and behaviors	• 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
Media habits	• 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 5. Type of Research to Conduct: A Decision-making Tool

If:	*And:*	*Then:*
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 literate and/or knowledgeable of the topic, **or** Target audience is geographically dispersed, **or** Subject matter is highly sensitive, **or** Substantial peer pressure exists	Conduct in-depth interviews.
	Target audience is low-literate	Conduct focus group discussions.
Researching media habits	→	Conduct focus group discussions.

C. 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.[1, 3, 6, 13, 17]

Materials developers usually choose 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.[25]

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

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:

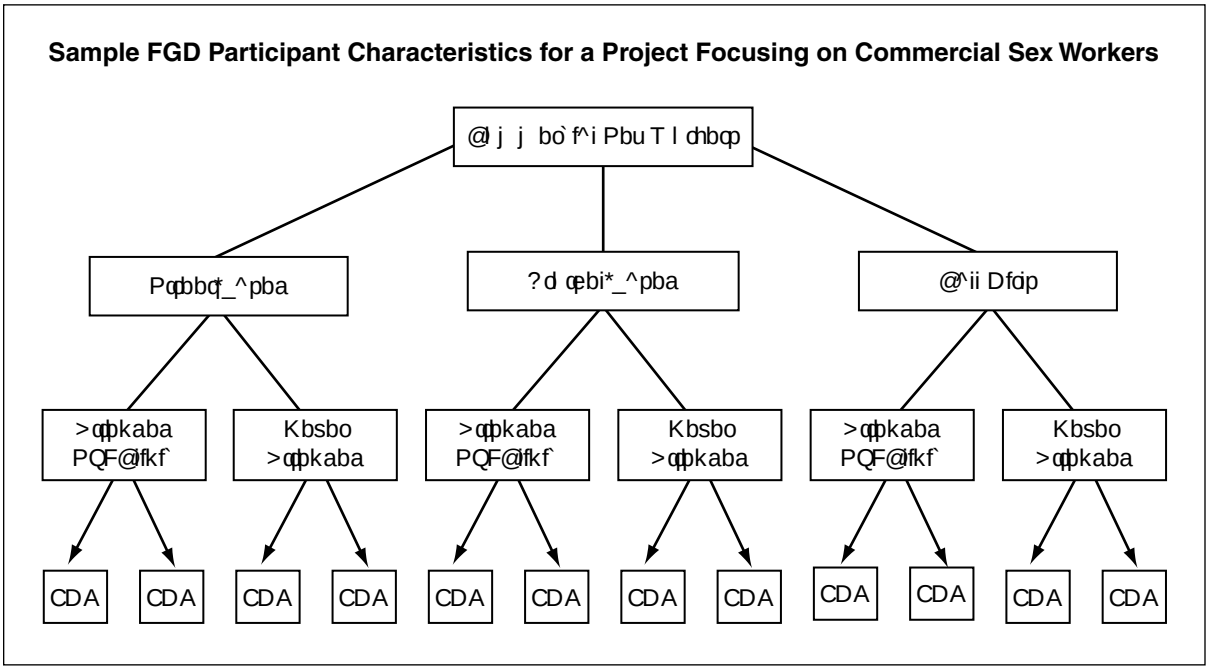
- Each focus group should contain people sharing similar characteristics such as age, sex, and socioeconomic status. Participants tend to be more relaxed among others with the same or similar backgrounds.
- Participants should not know each other or be told the exact subject of discussion in advance 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 6 gives an example of FGDs requiring two types of commercial sex workers (CSWs): those who have attended an STI clinic and those who have not. Since project staff are preparing primarily pictorial materials (for use by low-literate CSWs), recruiters should ask respondents about levels of education and reading ability. A sample participant screening questionnaire is included in Appendix C, Form No. 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. (See Figure 7, Tips for the FGD Facilitator.)

Figure 6. Example of Organizing FGDs by Participant Characteristics



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 conversationalists can, with practice, become good facilitators. Those who are used to *telling* people to do things—such as doctors, teachers, 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. (See Figure 8, Tips for the FGD Note-Taker).

Figure 7. Tips for the FGD Facilitator

1. Open the discussion with a general statement (e.g., "We're all mothers who care for small children and we've 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 naivete" (e.g., "Oh, I didn't know that—can you 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 female condoms are dangerous to women's health?"), 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 summary questions like, "So, can we say 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.[23]

Figure 8. 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. 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.
4. 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.
5. 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.
6. Ask for clarification if you miss something that seems important or relevant, but do not become a second facilitator.[23]

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.[21] The notes taken by the note-taker—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. (See Figure 9, FGD Discussion Phases.) Although discussion guides will differ depending on the group and their experiences, most FGD guidelines include:

- An introduction of the facilitator, participants, and FGD format
- General topics to open up the discussion
- 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 9 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 B offers a sample discussion guide for designing HIV/AIDS materials for a project addressing adolescent needs and concerns.

Figure 9. FGD Phases

Focus Group Discussion 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 deep 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.

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?
- Do any of you think you know a person who got HIV just from being with a person with a bad cough? How do you know this is so?
- 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 ask the follow-up 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 tuberculosis, if a purpose of the project is to provide information that will help persons caring for HIV-positive family members 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 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; 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:[21]

- Present the group members with a **photo or verbal description of a scene** (e.g., an image of a healthy young man who has tested HIV-positive, or of a VCT clinic) 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

D. 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.[16]

There are specific circumstances for which IDIs are particularly appropriate:[3]

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 attitudes toward breastfeeding among HIV-positive women who have had a child die from an illness that was possibly caused by HIV transmission during breastfeeding.

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.

E. Key Informant Interviews

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' abilities 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 pre-coded 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.

F. 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

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 in-depth interview 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 influence directly the outcome of the data analysis.

Organizing All Notes. Organizing the notes, after filling in any gaps, helps the project team understand the data collected. [28] (See Figure 10.) Here is one method:

- Photocopy 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 the finding(s).
- 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's 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.

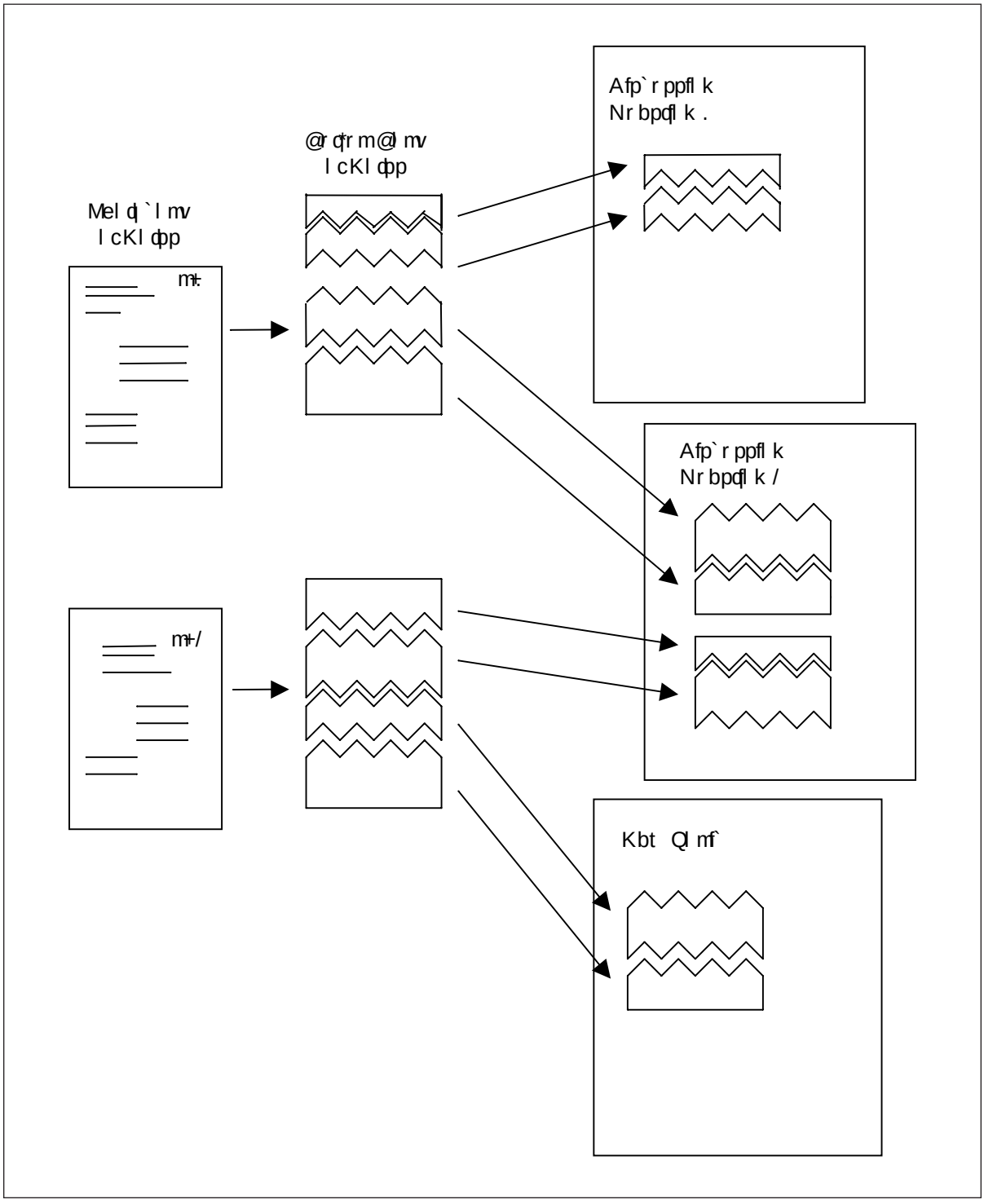
Report Writing. While the information is fresh, the project manager should designate someone to summarize the research findings into a report. This need not be a lengthy, official document; the objective of this qualitative research is to learn useful information about the thought processes and behaviors 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 they know
  - Diverging opinion
  - What audience would like to know
  - How they 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
  - 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 D. 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.

Figure 10. Organizing FGD Notes



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.[28]

HIGHLIGHTS

- ❑ **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 material(s)**

IV. Message Design and Development

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.**[17,22,32]

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, get information, seek out treatment), I will benefit by "Y" (remain fertile, be seen as responsible, protect my family, save money, look smart and sophisticated, attract the opposite sex, feel exciting, etc.). 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.

Examples of HIV/AIDS/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.

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 11). 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.

Customize Messages to the Audience and the Medium. Materials should take on a tone and use visual images consistent with a given intended audience. For print materials designed for low-literate audiences, 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/STI prevention programs: [25,29]

- Fear Approach: "If you do not use condoms, you will get sick and die," illustrated by a skeleton or corpse.

Figure 11. Sample Message Development Worksheet

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

- 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.

Principles for Designing Materials

Use the following guidelines to design the materials or to evaluate the quality of drafts at any time during the materials development process.[22, 25]

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). In Figure 12, the image of a doctor lends credibility to the message, "Everyone needs accurate information about STIs."

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 among low-literate audiences. Low-literacy materials address the inequality of power between men and women and the economic aspects of transactional sex in resource-poor settings, such as older men or "sugar daddies" using money or gifts to solicit sex from young girls.

Figure 12. Use a Credible Source

(Courtesy of PATH Kenya, FHI/AIDSCAP Project)

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 for low-literate audiences is an opportunity to promote gender equality and the rights of women and girls for equal care and treatment. Make sure that pictorial images do not appear to condone unequal treatment or violence against women.

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.

The following pamphlet covers, prepared for the U.S.-based Centers for Disease Control's (CDC) National Prevention Information Network, illustrate this principle.[30] 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.

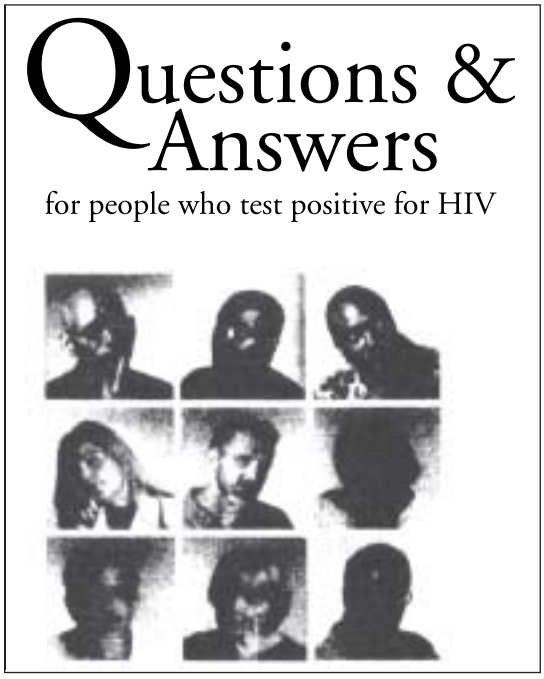
To show that a person could be HIV-positive and remain physically healthy, the word "strong" was made much more pronounced than other words on the resulting cover.

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.

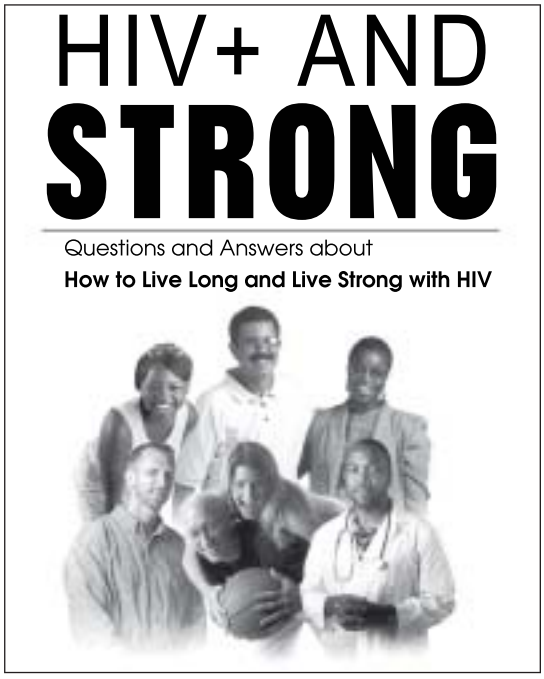
Make the Message Relevant and Related to Real Life. If the message is important to the life of the viewer, it will probably be remembered. Make sure the presentation of the message refers to real-life situations.

For example, an HIV/AIDS prevention project in Eastern and Southern Africa conducted audience research in several countries to gather information for story lines for a series of animated films, comic books, and posters that might influence the attitudes and behaviors of

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)

adolescent girls. In one episode of the series, "Choices," the adolescent school-age audience wanted the materials developers to highlight the peer pressure they experience to have sex: ..."you'd think there's something wrong with you if you don't have boyfriends behind every bush." (See Figure 14.) When program staff revised the story board, they used the exact

Figure 14. Example of a "Real-Life" Message

(Courtesy of "Choices," UNICEF's Sara Communication Initiative)

words from the field; both interest and credibility were enhanced.[26]

Because African school girls are usually left to bear the consequences of an unwanted pregnancy alone, audience research indicated that they wanted Jackson (the school-aged father) to be punished. As a result, community pressure is put on Jackson's father, who ultimately pays a fine. (See Figure 15.)

Figure 15. Example of a Relevant Message

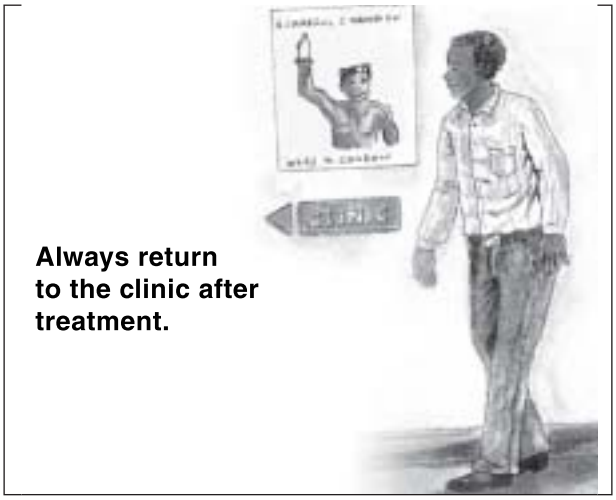
(Courtesy of "Choices," UNICEF's Sara Communication Initiative)

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.

In a pamphlet for Kenyan men and their partners on STIs, the reader is told to take several actions, including this one that was also illustrated to emphasize its importance: "Always return to the clinic after treatment." (See Figure 16.)

Figure 16. An Example of Taking Action



(Courtesy of PATH Kenya, FHI/AIDSCAP Project)

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. 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 uncommon.

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 multiple sex partners, unprotected anal sex, and/or injection drug use, rather than focus on risk "groups" such as commercial sex workers, homosexuals, and/or drug users. 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

Visuals. To give the artist a clear idea of what needs to be illustrated, prepare a sequential layout of rough sketches. A storyboard (see Figure 17) 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 some 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 17 shows the artist the message that needs to be conveyed; the work of the artist is shown in Figure 18.

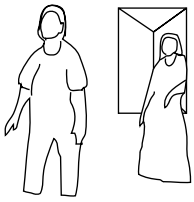
Figure 17. Sample Storyboard

Storyboard

Subject: Commercial Sex Workers (CSWs) need to take care of themselves.
Date: October 2002
Audience: CSWs in Calcutta Size: 8x10
Type of material: flash cards Number of pages: 10 cards
Developers:

1. Client wants to have sex without a condom.

2. CSW refuses.



3. CSWs must always have condoms on hand.

Figure 18. Artwork Designed from a Storyboard

1. Gita's client says "no condom" if she wants his money.
2. Gita thinks about her own health and sends her client away.
3. Gita and all CSWs need someone to provide regular supplies of condoms.

(Courtesy of the Sonagachi Project in Calcutta)

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.

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 11.) 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).

HIGHLIGHTS

- ❑ **Examples of how others have used visual images to communicate key HIV/AIDS/STI-related concepts and messages**

V. Key Concepts for HIV/AIDS/STI Programs

There are a number of key concepts for communicating HIV/AIDS/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.

In this section we list the key concepts and, where possible, present an example of how these concepts have been communicated visually in different countries. This is to assist program staff from nongovernmental organization (NGOs), community-based organizations (CBOs), and government programs to think about the kinds of symbols, analogies, and ideas that might work best when visually communicating these concepts to low-literate audiences.

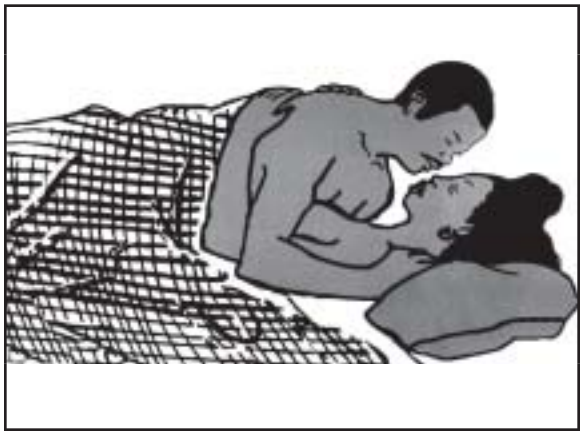
Concepts

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

Many images in this section were used in conjunction with peer education, counseling, small group, or one-on-one interpersonal communication interventions. Thus, many of the images rely on oral explanations to communicate complicated concepts to low-literate audiences.

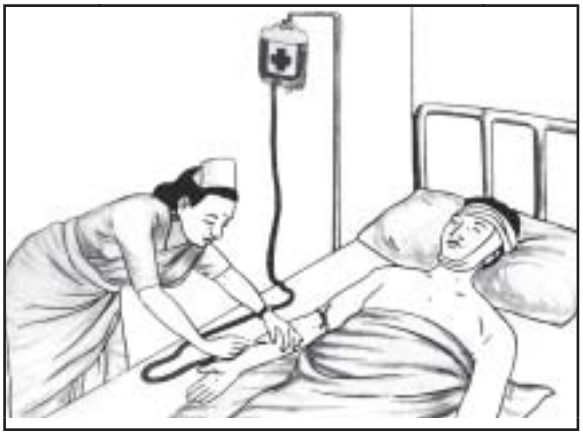
1. Modes of Transmission

1a. Sex



(From a Senegalese flip chart prepared under the AIDSCAP Project)

1b. Blood Transfusion



(From a series of Nepali peer educator discussion cards)

1c. Injecting Drug Use

(From an AIDS flip chart for El Salvador, prepared by ISSS, Ministry of Health, and AIDSCAP)

1d. Mother-to-Child Transmission

(From an AIDS flip chart for El Salvador, prepared by ISSS, Ministry of Health, and AIDSCAP)

1e. Female Genital Mutilation

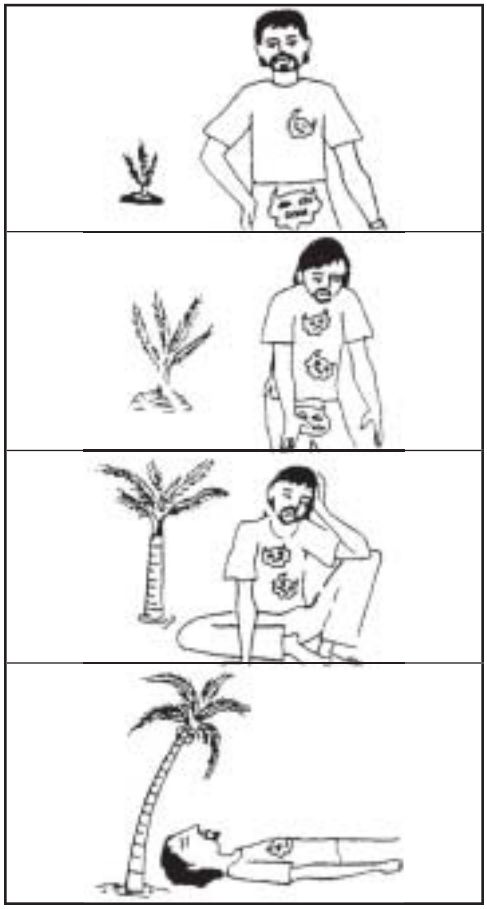
(Courtesy of the Foundation for Research on Women's Health, Productivity, and the Environment (BAFROW), in Gambia)

2. Healthy Carrier, Example A

The concept of a healthy carrier was depicted in discussion cards by showing a "girar" tree indigenous to Ethiopia being infested by termites. This type of tree is known for being very strong, growing slowly, and being capable of growing back very quickly if damaged or cut. Audiences in group discussions and peer education sessions could relate to the concept of this particular tree looking healthy even as it was being destroyed slowly by termites, just like a human carrier of HIV.

(From the Multiple Partners Sexual Contact Females [IMPSC] [Sex Worker] HIV/AIDS Project in Ethiopia)

2. Healthy Carrier, Example B



The healthy carrier concept was also illustrated in Goa, India, by placing side-by-side images of a man (infected with HIV) and a coconut palm tree. The tree was used because audiences understood that an average coconut palm tree takes six years to grow to fruition. This matched the average time it took in the region at that time for a healthy infected person to die from AIDS-related illnesses.

(From the State AIDS Cell Goa Sex Worker Project, Government of India)

HIV/AIDS programs have used various symbols to represent HIV/AIDS for low-literate audiences, some of which are pictured here:

3. Virus, Example A

As discussed earlier, termites were used by the Ethiopian IMPSC Project to represent the HIV virus in discussion cards intended for low-literate audiences.

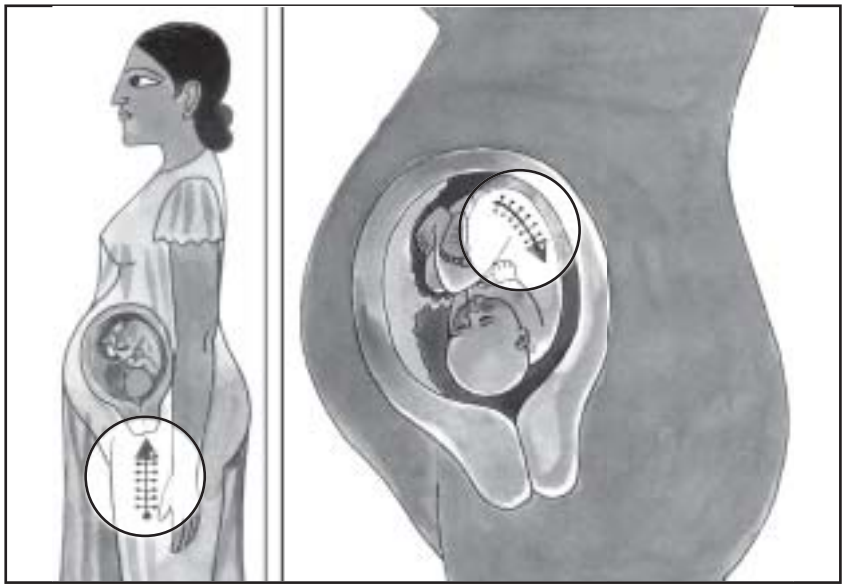
(From the Multiple Partners Sexual Contact Females [IMPSC] [Sex Worker] HIV/AIDS Project in Ethiopia)

3. Virus, Example B

(From the Sonagachi Project in Calcutta, India)

For the Sonagachi Sex Worker project, sex workers developed a symbol resembling a fish skeleton, which reminded them of another popular depiction of the HIV virus. This symbol came to represent HIV in an entire series of pictorial discussion cards.

3. Virus, Example C



(From the Sonagachi Project in Calcutta, India)

3. Virus, Example D

An enlarged representation of an HIV cell was used adjacent to a man contemplating his serostatus in a series of Nepali discussion cards.

(From a series of Nepali peer educators discussion cards)

4. STI-HIV Link

Through a series of discussion cards in Ghana, low-literate audiences understood the concept of STIs—other than HIV/AIDS—through illustrations showing a man and woman clearly experiencing pain in their abdominal areas. The illustrations facilitated discussions emphasizing the fact that having STIs other than HIV/AIDS makes transmission of the HIV virus much more likely. The cards were part of "The Risk Game," a peer educator discussion kit.

(Courtesy of the Red Cross Ghana, Action with Youth HIV/AIDS and STD Project, USAID, and Impact)

5a. Ways HIV Is Not Transmitted, Example A

(From a series of Indian pictorial discussion cards)

5b. Ways HIV Is Not Transmitted, Example B

(Courtesy of the Nigerian Society for Environmental Management and Planning [SEMP] with support from AIDSCAP/USAID Nigeria)

These images depict individuals coughing—a way HIV is not transmitted.

5c. Ways HIV Is Not Transmitted, Example C

Peer educators used this upbeat series of images on a flip chart to explain to Indonesian audiences how HIV is not transmitted. Modes include, from left to right going down: hugging, getting a haircut, sharing a toilet, contact with tears, sharing eating utensils and/or food, holding hands, swimming in the same pool, sharing a toothbrush, and contact with pets.

(From an Indonesian flip chart on AIDS, courtesy of Yayasan Utama)

6. Basic Facts of STIs

This image was used in Sierra Leone to show a man suffering from an STI, most likely gonorrhea.

(Courtesy of the Sierra Leone Home Economics Association)

7. Knowledge-Prevention: Safe Sex Options

7a. Abstinence and/or Delay or Postponement of Sex

The woman/girl is clearly communicating her wish to delay or postpone sex with the male.

(From an AIDS pamphlet prepared by SFPS, for use in West Africa)

7b. One Faithful Partner

(From a series of Kenyan counseling cards prepared under the Mother Care Project)

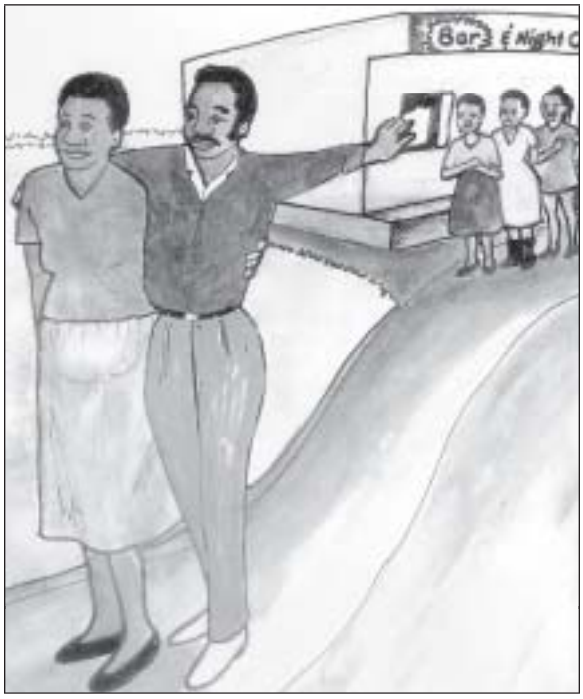
This image is used in a set of counseling cards to discuss being faithful to one partner.

7c. Condoms

(From a Nepali flip chart for female sex workers and their clients/Courtesy of Save the Children)

In this illustration, the image of the condom is doubly reinforced by the male client holding the individual condom and condom package, and by the enlarged caption depicting the condom package and a "filled" condom.

7d. Reduction in Partners



This poster from the European Commission AIDS Project with the Tanzanian National AIDS Control Programme differs from the Kenyan illustration (7b) in that it shows the couple leaving a "Bar & Night [Club]," suggesting that this couple may be sexually active.

(Courtesy of EC AIDS Project/National AIDS Control Program, in Tanzania)

8. Knowledge-Prevention: Health Care-Seeking Behavior for STIs

This poster depicts a health worker speaking to a small group of men and women on the facts about HIV/AIDS.

(Courtesy of NGO Consortium, Nairobi, and AIDSCAP)

9. Issues

9a. Stigma and Human Rights

This poster from Zimbabwe depicts how people living with HIV and AIDS are often stigmatized and ostracized from their societies and families.

(A poster prepared by several organizations in Zimbabwe)

9b. Sexual Violence and Violence

A Nepali peer educators manual depicts a woman confidently defending herself from at least two male assailants.

(From a Nepali peer educators manual/Courtesy of General Welfare Pratisthan/AIDSCAP)

9c. Social Cohesion

(Part of a series of discussion cards used in the Sonagachi Sex Worker Project in Calcutta, India)

9d. Lack of Self-Esteem

This image is used to stimulate discussions on self-esteem.

(Part of a series of discussion cards used in the Sonagachi Sex Worker Project in Calcutta, India)

9e. Gender Power Inequity, and Economic and Social Vulnerability

This image depicts a woman being cast out of her home by her husband/partner and was understood by women/sex workers to illustrate a woman's powerlessness to defend herself in her society in such a situation.

(Part of a series of discussion cards used in the Sonagachi Sex Worker Project in Calcutta, Bangladesh)

9f. Harassment

(From a Nepali peer educator manual for Outreach Education to Commercial Sex Workers and Transient Population Groups in Central Nepal, 1997)

10. Negotiating Safe Sex and Condoms

This image from a Rwandan condom social marketing brochure shows a man and woman "negotiating" condom use.

(From a brochure produced for a Rwandan condom social marketing project)

11. Risk Perceptions and Risk Settings, Example A

This image clearly shows an environment where high-risk behavior could take place.

(From an AIDS flip chart for El Salvador, prepared by ISSS, Ministry of Health and AIDSCAP)

11. Risk Perceptions and Risk Settings, Example B

This panel is part of a series of paintings on the wall of a Zambian center catering to the needs of people living with HIV/AIDS. The image illustrates commonly known and observed risk behavior that can lead to HIV transmission (i.e., significant alcohol intake that may lead to unsafe sexual behavior, etc.).

(Courtesy of Chishilano Multifunctional Center in Zambia, and Deborah Boswell)

12. VCT and Issues of Confidentiality

These two photos depict wall murals at the Chishilano Multifunctional Center in Zambia. They convey the supportive environment and some of the context of what a VCT session at the center entails.

(Courtesy of the Chishilano Multifunctional Center in Zambia)

13. Breastfeeding

(From an AIDS flip chart for El Salvador, prepared by ISSS, Ministry of Health, and AIDSCAP)

14. Proper Nutrition

This image from Guyana stresses the need for proper nutrition.

(Prepared by the Guyana HIV/AIDS/STI Youth Project)

15. Self-Help

This illustration depict two examples of the kinds of income-generating activities women can be supported to undertake, especially as alternatives to sex work.

(Part of a 1997 wall calendar from the Rwanda AIDSCAP Project)

16. Orphans

This image depicts street children, a growing reality of the AIDS epidemic.

(From Karate Kids—a booklet and video from Street Kids International)

17. Opportunistic Infections

These images show symptoms of opportunistic infections.

(From an AIDS flip chart for El Salvador, prepared by ISSS, Ministry of Health, and AIDSCAP)

18. Medication

Certain complex, clinical topics such as anti-retroviral therapies (ARVs), tuberculosis (TB), and medication pose challenges for BCC program implementers and those developing print materials for low-literate audiences. FHI and PATH would like to encourage you to share with your colleagues any materials or ideas that might help to broaden the range of examples of how such complex topics can be communicated visually.

19. Home Care Issues, Example A

This image, from a Nepali peer educators' manual, shows a family and provider caring for a family member with HIV/AIDS. Some family members are smiling, which helps convey the sense that family members need not be afraid and that home care can be a positive, nurturing experience for all concerned.

(From a Nepali peer educators manual/Courtesy of General Welfare Pratisthan/AIDSCAP)

19. Home Care Issues, Example B

This image portrays home care in a positive light.

(Part of a series developed in Zimbabwe under AIDSCAP in collaboration with the Government of Zimbabwe, the Matabeleland AIDS Council, UNICEF, and The Zimbabwe Council of Churches in 1994)

HIGHLIGHTS

- ❑ **Tips for designing quality print materials for low-literate populations: layout, illustrations, and text**
- ❑ **Materials developed for one program, region, and/or country can be adapted for use elsewhere**

VI. Guidelines for Materials Production

Tips to Follow

The following tips may be useful in developing quality print materials for low-literate groups.[4,5,10,11,17,32]

1. Design/Layout

Present One Message per Illustration. Each illustration should communicate a single, distinct message. (See Figure 19.)

Figure 19. Present One Message per Illustration

A health worker describes condom use to clients.

(Courtesy of the Gambia Family Planning Association)

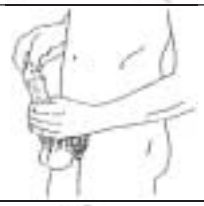
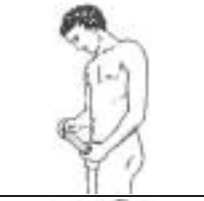
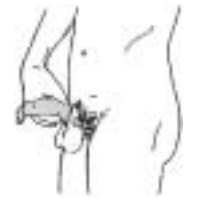
Limit the Number of Concepts/Pages per Material. If there are too many messages, readers may become restless or bored or may find the information hard to remember. Try testing different formats with members of the target population to determine what is most appropriate for them. The number of pages in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

Make the Material Interactive Whenever Possible. In cases where audiences have some level of literacy, 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 the Sequence That Is Most Logical to the Audience. People who learn to read from right to left, top to bottom, as well as those who are not used to reading at all, will have different ways of viewing pages. (See Figure 20.)

Figure 20. Arrange Messages in the Sequence That Is Most Logical to the Audience

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

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, since many low-level readers have been trained to recognize numbers.

Use Illustrations to Supplement Text. Placing illustrations throughout the text makes the material more appealing and can help the reader to absorb the information presented. For illiterate and low-literate viewers, illustrations are critical for conveying the message.

2. Illustrations

Use Appropriate Colors. Use colors that have been pretested with the intended audience. Colors have different connotations in different cultures. For instance, in some Asian countries such as India, red is a symbol of happiness, while in parts of Africa, it is a symbol of death.

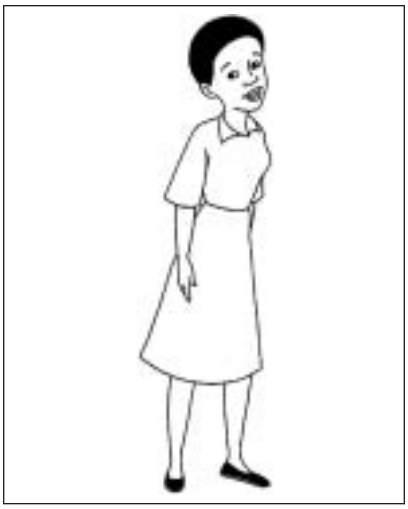
Use Familiar Images. People understand and are attracted to pictures that seem familiar to them. Expressions, activities, clothing, buildings, and other objects in illustrations should reflect the cultural context of the audience. (See Figure 21.)

Figure 21. Use Familiar Images

Example A

This drawing from Gambia was well-liked because the men identified with the father, relaxing on his compound and listening to the radio, while the women saw themselves and their children performing everyday activities.

(Courtesy of the Gambia Family Planning Association)



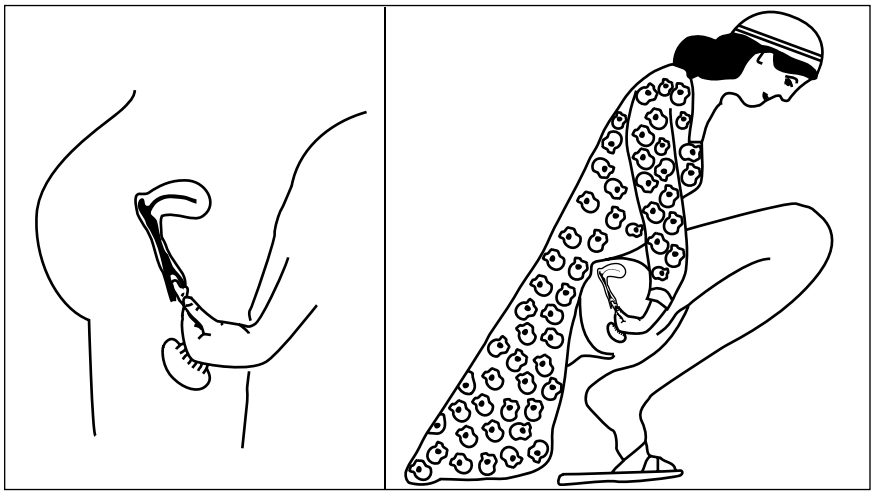
Example B

When preparing comic book and video materials for an East African project promoting the needs and rights of adolescent girls, artists from across the region drew their impressions of Sara, the main character in this series. By the end of the research phase, it was clear that the intended audience wanted Sara to be seen as a bright, feisty, cheerful girl, already maturing physically, with a simple school uniform (shirt and skirt), and a simple hairstyle, since in some countries researchers learned that school girls are not allowed to wear fancy hairstyles. They also learned that less stylized drawings were more acceptable to young people in East Africa.[26]

(Courtesy of UNICEF ESARO's Sara Communication Initiative)

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. (See Figure 22.)

Figure 22. Use Realistic Illustrations



Example A **Example B**

Example A shows a "cut-away" drawing of a woman inserting a female condom. The angle and incompleteness of the figure could be confusing to audiences. Example B may portray this message more clearly by showing the woman's full body and correct position for performing the action. The woman is shown wearing clothes appropriate in the local culture.

(Courtesy of an Egyptian women's reproductive health organization)

Use Simple Illustrations. Avoid extraneous detail that can distract the reader from the central message. (See Figure 23.) For instance, it is easier to see a women's health clinic set against a plain background than against a crowded city street.

Figure 23. Use Simple Illustrations

Here a Kenyan mother talks to her adolescent daughter about HIV.

(*Courtesy of PATH/Kenya)*

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. (See Figure 24.)

Figure 24. Illustrate Objects in Scale and in Context

The size of familiar piercing objects used throughout Kenya is shown beneath an illustration of one way the AIDS virus can be transmitted: by one school girl piercing the ears of another (here shown using a dirty needle).

(Courtesy of the NGO AIDS Consortium, Nairobi)

Use Appropriate Symbols. All symbols should be carefully pretested with the target audience (see Chapter VII, Pretesting and Revision). 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 25.) 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 25. Use Appropriate Symbols

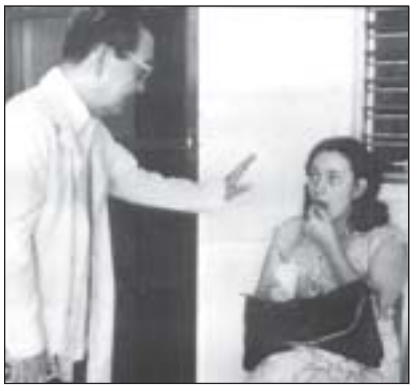


Figure 25a

Figure 25b

Figure 25a 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 25a was widely understood, respondents preferred Figure 25b, 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)

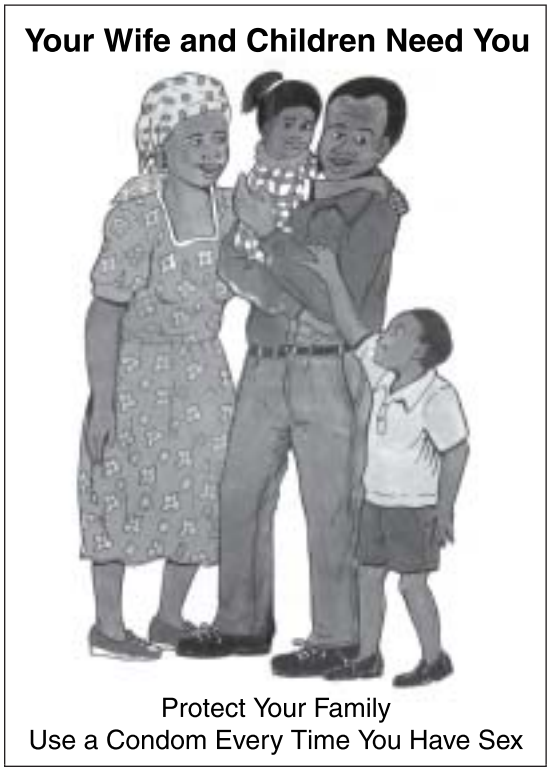
Use Appropriate Illustrative Styles. There are different kinds of illustrative styles: line drawings, shaded drawings, photographs, cartoons, etc. Photos without background detail are more clearly understood by some audiences than are drawings. When drawings are more appropriate, some audiences prefer 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 well understood by the audience. (See Figure 26.)

Figure 26. Use Appropriate Illustrative Styles

Here the photograph shown in Figure 25b 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 a Positive Approach. Negative messages may be alienating or discouraging rather than motivating. (See Figure 27.)

Figure 27. Use a Positive Approach



This poster uses a positive approach toward family life, and also gives a reason to use protection. Rather than tell men to have sex only with their wives, which earlier FGD research had shown was not realistic, this message implies that men will be available to take care of their families if they use a condom every time they have sex.

(Courtesy of the NGO AIDS Consortium, Nairobi)

3. Text

Choose a Type Style and Size That Is Easy to Read. Choose a type style that is clear and easy to read, especially for audiences with low literacy skills. 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. For low-literate audiences, use short words whenever possible, and keep sentences short. For a literate audience, use more complex language since they may be offended by overly simplified language. If there is a significant amount of text, draft materials may be tested with standard readability tests such as SMOG or Fry. (See Appendix E for instructions on how to use one of these tests.) However, PATH has found that proper pretesting with the target audience usually will indicate whether the language level of a material is appropriate for that audience. (See Chapter VII, Pretesting and Revision.)

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

4. 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 Chapter VII, Pretesting and Revision.)

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 villagers in the Transkei and urbanites in Johannesburg. However, the approach to delivering the message—such as ways of depicting dress and hair styles—may change.

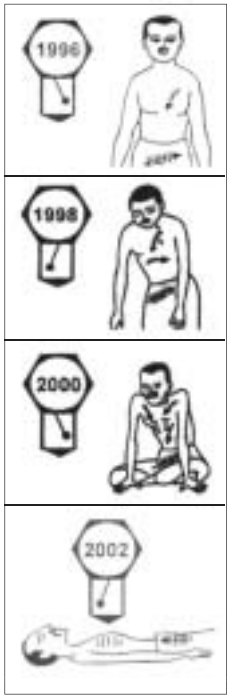
Locally Relevant Materials Are Effective. Research has shown that materials are more acceptable and effective when they are written in the local language and when the pictorial messages include relevant objects that are easily recognizable in the local situation.

Adaptation Saves Time and Money. A project can save both time and money by carefully adapting pictorial materials that are clear and correct to local conditions. (See Figure 28.)

The four visuals, in Example A, were part of a North Indian flip chart designed to show the progression of the AIDS virus. It used a wall chart to show the passage of time. But in Goa people were often confused by the large clock, as well as the change of numbers over time, which was not a familiar concept. Therefore the message was not well understood.

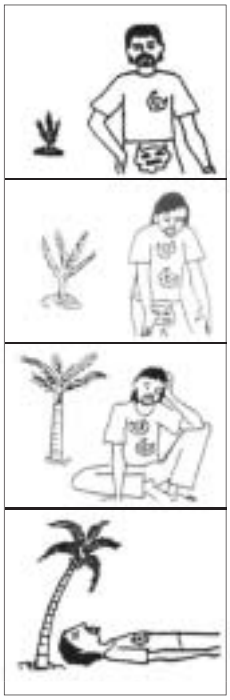
In the Goan adaptation (Example B), the passage of time is illustrated by the growth of a coconut tree, which takes six years, from time of planting, to bear fruit. To show the passage of time, this coconut tree was found to be both an appropriate and easily understood symbol in the Goan cultural context, as such trees are common throughout this tropical part of India.

Figure 28. Adaptation of Materials



Example A

Original message designed for North India.



Example B

Adaptation designed for a more tropical section of India.

HIGHLIGHTS

- ❑ **Defining pretesting**
- ❑ **Understanding the importance of pretesting**
- ❑ **Five variables to measure during pretesting**
- ❑ **Why individual pretests are preferable when working with illiterate and low-literate populations**
- ❑ **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"**

VII. Pretesting and Revision

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. 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. [7,8,17,18,32]

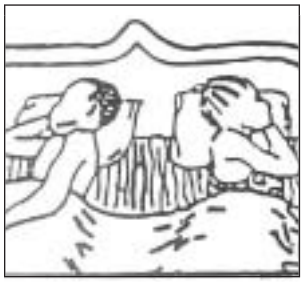
When to Pretest? Pretesting takes place before the materials are finalized so that they can be revised based on the audience's reactions and suggestions. Most materials must be pretested and revised several times. Each new or revised version is tested again until the material is well understood by—and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

Why Pretest? Pretesting is crucial because illustrations and text can easily be misinterpreted, especially by audiences who have had little exposure to printed materials. 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.

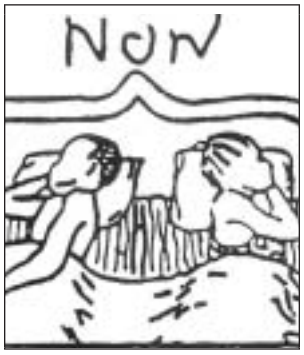
The three drafts shown in Figure 29 were designed to promote the message that couples must abstain from sexual relations for the entire time they are in treatment for an STI. The message further explained that persons can "catch" STIs by having sexual relations with someone who is infected. When young 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.

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.

Figure 29. 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)

A. Variables to Be Measured

Five variables are measured during pretesting:[28]

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.

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.

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.

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).

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 for low-literacy groups should be conducted with only one target audience member at a time. (See Figure 30.) 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.

Figure 30. Pretesting in Sierra Leone

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 C on Pretesting Forms).
- 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. (See Figure 31.) Usually, a team can conduct individual pretests with six to ten respondents a day, depending on the length of the material being pretested and whether or not respondents have had any schooling. (Those who have been to school, if only for a few years, are usually more adept at interpreting pictorial messages.)

Figure 31. Pretesting in Peru and Nepal

Pretesting in Peru

Pretesting in Nepal

First Rounds of Pretesting. The first drafts of materials for initial pretests should be the least complicated in terms of technical elements such illustrations, graphics, and color. Initially, when pretesting print materials for low-literates, 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 paper removed so that the picture and text can be pretested together.

In materials showing people talking to one another, developers often use a "talk bubble." In Figure 32, the illustrations needed to be tested separately from the text to ensure that respondents understood that the woman was saying "no," as well as what she was saying "no" to the man's interest in having sex. After providing feedback on the pictures alone, pretest respondents were shown the second version, where the woman says, in Wolof, "Sex only after marriage."

Give each individual message a number to refer to when pretesting: for example, "1A" and "1B" could be alternative versions of the same message.

Figure 32. Pretesting Illustrations and Text

Example A

Illustration without text

(Courtesy of AIDSCAP-CRWRC/Senegal)

Example B

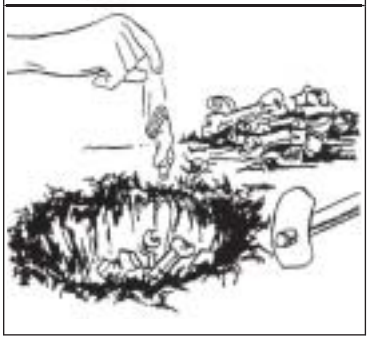
Illustration with text

Figure 33 presents a situation where project staff might pretest more than one illustration of the same message. When the World Health Organization (WHO) 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 fliers for a particular country.

Figure 33. Pretesting Alternative Illustrations

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

Alternate 1



Alternate 2

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.

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."
- 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.

Figure 34. Question Types

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

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.

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 C. These forms can be adapted to suit each project. Figures 35, 36, and 37 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 35) 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 with limited reading skills, the interviewer may then inquire about the potential respondent's educational level. 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. (See Figure 35.)

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. (See Figure 36.) 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. The he or she asks questions about the picture.
- Next, the interviewer unfolds the page and asks about the text.
- 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 cannot read and 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.

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)

Figure 35. Sample Completed Pretest Background Sheet

Interviewer(s): SM and DD
Pretest:

PRETEST BACKGROUND SHEET

Topic: AIDS Education Material: Booklet

Region: Compound X Language: Local Dialect

Date	Resp #	Schooling 0	1-2	3+	Sex M	F	Age <25	25+	Profession	Random use Yes	No
Aug 6	1	X			X			X	taxi driver	X	
Aug 6	2		X			X		X	Farmer's wife		X
Aug 6	3			X		X	X		Student		X
Aug 6	4	X			X		X		Cassette tape salesperson		X
Aug 6	5		X			X	X		Hotel maid	X	
Aug 6	6		X			X		X	Typist		X
Aug 6	7			X	X			X	Accountant		X
Aug 6	8	X			X			X	Guard		X
Aug 6	9			X	X		X		Truck driver	X	
Aug 6	10		X			X	X		Produce seller		X
TOTAL	10	# 3	% 30	# 4	% 40	# 3	% 30	# 5	% 50	# 5	% 50	# 5	% 50	#	%	# 3	% 30	# 7	% 70

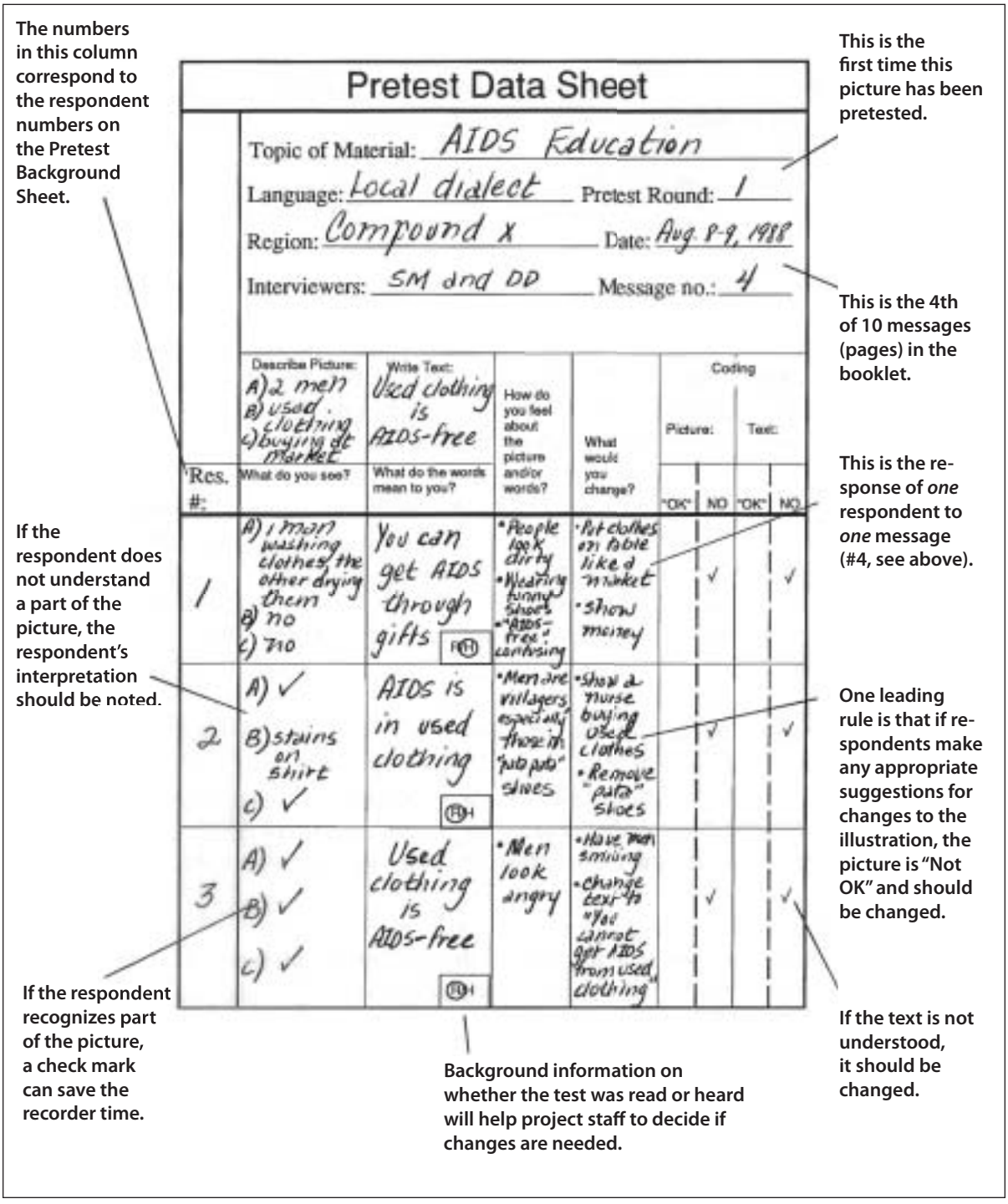
Test the text using the language that will be used in the material.

Use these columns for additional information as needed.

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

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."

Figure 36. Sample Completed Pretest Data Collection Sheet (for message illustrated in Figure 38)



Pretest Data Sheet

Topic of Material: AIDS Education

Language: Local dialect Pretest Round: 1

Region: Compound X Date: Aug 8-9, 1988

Interviewers: SM and DD Message no.: 4

Res. #:	Describe Picture: What do you see?	Write Text: What do the words mean to you?	How do you feel about the picture and/or words?	What would you change?	Coding: Picture: "OK"	Picture: NO	Text: "OK"	Text: NO
	A) 2 men B) used clothing C) buying at market	Used clothing is AIDS-free						
1	A) 1 man washing clothes, the other drying them B) no C) no	You can get AIDS through gifts PRH	• 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 PRH	• Men are villagers, especially those in "puta puta" shoes	• Show a nurse buying used clothes • Remove "puta" shoes		✓		✓
3	A) ✓ B) ✓ C) ✓	Used clothing is AIDS-free PRH	• Men look angry	• Have men smiling • Change text to "You cannot get AIDS from used clothing"		✓		✓

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.

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

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

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:

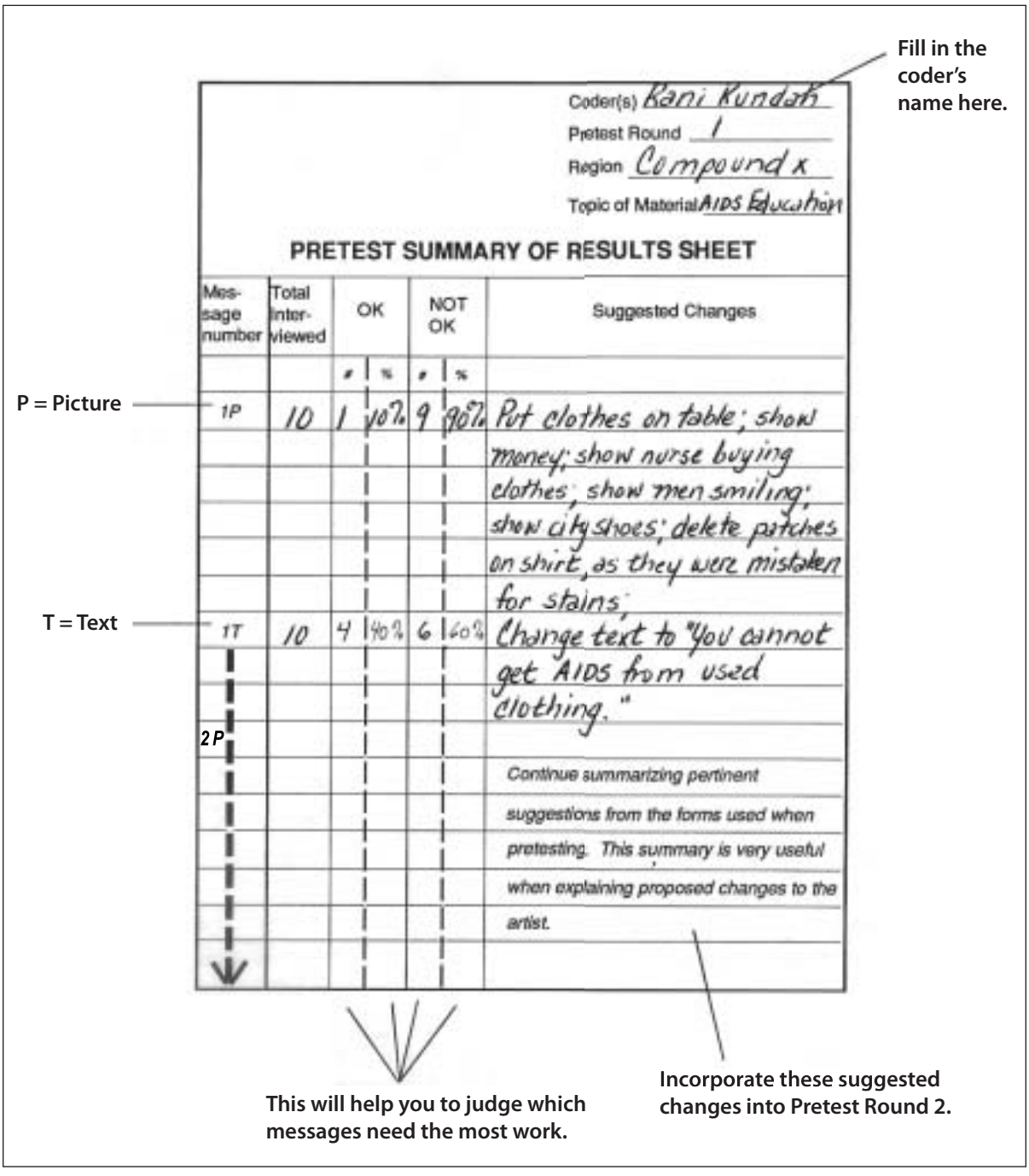
- (Note: Show only illustration.) What do you see in this picture? What is it telling you? Are you supposed to do anything? If so, what? (Then leave room to write the respondent's responses, or use the Group Pretest Answer Sheet; see Appendix C, Form No. 6).
- (Note: Uncover text and either read it, 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. (See Figure 37.) 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

Figure 37. Sample Completed Pretest Summary of Results Sheet



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 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 37 shows the results of pretesting the picture and text of Figure 38. Figure 39 shows how the suggested changes were incorporated into Pretest Round Two.

Figure 38. 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.**

(From a pretest in a sub-Saharan African country)

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, and 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 (š 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).

Figure 39. Sample Illustration, Pretest Round Two

"You cannot get AIDS from used clothing." **The fact that someone as knowledgeable as a nurse was purchasing the clothing—from an identifiable used clothing vendor—helped respondents understand that, contrary to beliefs that surfaced during the FGDs, this practice would not spread AIDS.**

(From a pretest in a sub-Saharan African country)

In subsequent rounds of pretests, an efficient way to note recommended changes is to use an Identification of Changes and Modifications Sheet. (See Appendix C, 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 organization(s) 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.[22]

Figure 40. 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, but are recommended primarily for literate audiences. Literate persons are often more self-assured and not as likely to be influenced by other members of the group when reviewing materials, and can provide valuable information when testing materials intended for audiences with more schooling. 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 to12 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 40 lists some sample questions for pretesting existing textual materials. An expanded version is found in Appendix C, Form 5, and Appendix C, 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. Not allowing these audiences advance time to read and absorb the content, any pretests will be superficial and will not provide meaningful feedback for project staff.

Note: Appendix D 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 tear out the relevant Job Aid(s) to use as reminders when pretesting with representatives of the target population.

HIGHLIGHTS

- ❑ **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**

VIII. Printing

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 item(s) to be printed goes to the printer. Mishaps during this phase can jeopardize the results of developmental 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). For example, in one country, 5,000 copies of a booklet cost $3,750 to print. The unit price was $0.75 each ($3,750/5,000 = $0.75). Ten thousand copies cost only $5,000 to print (unit price = $0.50).
- 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 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., fliers 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 for low-literate people 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, which is called a "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 re-used 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 for printing, 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 only plans to work initially with 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 Chapter X), 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. This can be distracting, especially for the low-literate viewer. But photocopying is another option that needs to be considered, especially in locales 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 story-telling. 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 Chapters IV and VII.

HIGHLIGHTS

- ❑ **Program staff need training in order to use new print material(s) effectively**
- ❑ **Tips for how to use print materials designed and developed for low-literate audiences**
- ❑ **The importance of distribution—and of knowing where the materials have gone**

IX. Training and Distribution[32]

Once materials are developed, tested, and printed, train health workers or other community development staff in how best to use these new teaching aids. Figure 41 lists some tips for using print materials effectively.

Figure 41. Tips for Using Print Materials Effectively

Tips for Using Print Materials Designed for Low-Literate Audiences

Posters

- Display posters in high-visibility places, such as clinics, hospitals, community centers, churches, 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 C, Form No. 8, Sample 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(s). 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 Chapter X, Evaluation.

HIGHLIGHTS

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

X. Evaluation

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 or not 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. (See Figure 42.)

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 (See Figure 40 for examples of questions for pretesting materials with text. Many of these questions can be used in a group discussion once the materials are being used.)
- Observe project staff and peer educators to evaluate how materials are being used and whether the materials are helping them to educate their peers.

Figure 42. Getting Feedback from Consumers Who Used the Material

A project staff person from Botswana gets feedback from someone who used the new informational material.

- 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 purchase a female condom or other health product offered by the project.
- Observe community members practicing a new behavior that is promoted in the materials, such as caring for a very sick relative or taking TB medication.

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.

HIGHLIGHTS

- ❑ **The materials development process explained in this manual has been used effectively to develop print materials for low-literate populations in over 45 countries.**
- ❑ **This same process can be used to develop materials for other audiences, on other topics, and/or with other media. (For more information on a variety of BCC materials and methods, including some advantages and limitations of each, see Appendix F.)**

XI. Conclusion

This manual describes techniques used by PATH, FHI, and their respective colleagues in over 45 countries to communicate information to low-literate audiences. 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 non-print materials for audiences other than low-literate groups, and may extend beyond the scope of health and HIV/AIDS/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.

HIGHLIGHTS

- ❑ **Bibliography**
- ❑ **Resources**
- ❑ **Glossary of Acronyms**

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Resources

The following organizations may have additional information on materials for audiences with low literacy skills.

Academy for Educational Development
1875 Connecticut Avenue, NW, Suite 900
Washington, DC 20009-1202
ph (202) 884-8000, fax (202) 884-8408
E-mail: admindc@aed.org
Web site: www.aed.org

American Public Health Association
1015 15th Street, NW
Washington, DC 20005
ph (202) 789-5600, fax (202) 789-5661
E-mail: media.relations@apha.org
Web site: www.apha.org/media/

Association for Children and Adults with Learning Disabilities
4900 Girard Road
Pittsburgh, PA 15227
ph (412) 881-2253, fax (412) 881-2263
E-mail: info@acldonline.org
Web site: www.acldonline.org/

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
ph (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
ph (202) 347-5700, fax (202) 347-2263
E-mail: info@advocatesforyouth.org
Web site: www.advocatesforyouth.org

Maternal and Child Health Bureau
Parklawn Building Room 18-05
5600 Fishers Lane
Rockville, MD 20857
ph (301) 443-2170, fax (301) 443-1797
E-mail: ctibbs@hrsa.gov
Web site: mchb.hrsa.gov/

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/

U.S. Department of Health and Human Services
330 Independence Avenue, SW
Washington, DC 20201
ph (202) 619-0257; (toll-free) (877) 696-6775
E-mail: hhsmail@os.dhhs.gov
Web site: www.os.dhhs.gov/

Glossary of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
BCC	Behavior Change Communication
CBO	Community-based Organization
CDC	Centers for Disease Control
CSW	Commercial Sex Worker
FGC	Female Genital Cutting
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IDI	In-depth Interview
IDU	Intravenous Drug User
IMPACT	Implementing AIDS Prevention and Care Project
JHU/CCP	Johns Hopkins University Center for Communications Programs
KAP	Knowledge, Attitudes, and Practices
MOH	Ministry of Health
MTCT	Mother-to-Child Transmission
NGO	Nongovernmental Organization
PATH	Program for Appropriate Technology in Health
PLHA	People Living with HIV/AIDS
STI	Sexually Transmitted Infection
SMOG	Simple Measure of Gobbledegook
TB	Tuberculosis
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

HIGHLIGHTS

- ❑ **Appendix A. Project Planning: Tips for Formulating a Workplan and Budget**
- ❑ **Appendix B. Draft Sample FGD Guide**
- ❑ **Appendix C. Forms to Use When Developing and Pretesting Materials**
- ❑ **Appendix D. FGD and Pretesting Job Aids**
- ❑ **Appendix E. SMOG Readability Formula**
- ❑ **Appendix F. Characteristics of Various Communication**

Appendix A. Project Planning: Tips for Formula–ting a Work Plan and Budget

After program managers have identified target audiences, they should develop a work plan and budget to schedule activities and allocate human and financial resources. The work plan should be part of a larger project or program, so that the development of materials does not function as a "stand-alone" activity.

Audiences' print material needs may change over time as they move along the stages of behavior change. For example, if the primary audience is truck drivers who drive long distances and have great mobility, the program may initially educate them about the risks of unprotected sex, particularly with multiple partners. Once their awareness is high and they are motivated to change risky behaviors, materials may focus more on where to go for STI treatment, correct condom use, communication with sexual partners, and the kinds of commitment needed to maintain healthy behaviors. Project managers should keep in mind evolving materials needs as they prepare work plans and budgets.

I. Work Plans

The following page contains an example of a work plan to develop BCC materials to reduce sexual risk behavior. It can be adapted to suit the specific needs of individual projects.

II. Budgets

The sample budget that follows shows some items to consider when estimating costs. Each project will have different budget line items and costs reflecting the scope of the program, local resources, staffing patterns, and institutional contributions.

Sample Work Plan for Materials Development for Behavior Change Communication

Activity	Weeks												
	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Recruit and interview personnel	X												
2. Train staff	X												
3. Recruit FGD participants	X												
4. Hold FGDs (for example, 2 FGDs per category for a total of 8 FGDs)		X											
5. Examine existing materials for possible adaptation		X	X	X									
6. Draft materials													
a. Analyze FGD data; develop messages		X	X										
b. Develop storyboard			X										
c. Work with artist on illustrations			X										
d. Draft the text			X	X									
7. Pretest and revise materials													
a. Pretest and revise until materials are satisfactory				X	X								
b. Preview by interested persons and organizations					X								
c. Revise and pretest further until materials are satisfactory					X	X							
8. Final approval by groups interested in using materials							X						
9. Print							X	X					
10. Train health workers/peer educators/ teachers, etc. to use								X	X	X	X		
11. Distribute									X	X	X	X	
12. Evaluate											X	X	X
13. Make changes as necessary													X

Development of BCC Materials: Sample Budget

Objective: Develop, field-test, revise, print, and evaluate a booklet for STI clients on correct condom use, as indicated in the sample work plan on the previous page.

Personnel Cost **Amount in $**
Project Director (.10 time at $xx/month)
Project Coordinator (.30 time at $xx/month)
Program staff (for training, facilitating FGDs; .50 time at $xx/month)
Support staff (.25 time at $xx/month)
Driver (.25 time at $xx/month)
Benefits

Consultants
Artist (20 drawings at $xx/drawing)
Field staff (35 days at $xx/day)
Evaluator (10 days at $xx/day)

Transportation
For training (2 trips x 10 participants at $xx/trip)
For FGD research (8 trips x 2 persons at $xx/trip)
For field-testing (4 rounds x 2 persons 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 x 2 persons at $xx/day)
For field-testing (20 days x 2 persons 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 field-testing (20 days at $xx/day)
For evaluation (5 days at $xx/day)

FGD Refreshments (80 snacks at $xx/snack)

Photocopying

Printing for booklet (5,000 copies at $xx/copy) **(Also see alternatives to printing in Section VIII)**

Communication (telephone, telex, postage)

Administrative/Overhead Costs

Total

Appendix B. Draft Sample FGD Guide

(Change, add, and/or delete questions depending on scope of the project)

Key Audience: Youth/Adolescents

Purpose: To determine knowledge (and/or misinformation), attitudes and practices regarding STIs, including HIV/AIDS, and to identify effective and appropriate behavior change media, messages, and materials for youth.

I. Introduction

- Welcome participants and introduces yourself or herself and note-taker.
- Explain purpose and procedures of the group discussion. (We are collecting information to enable us to prepare useful messages that may help improve the health of young people like yourselves using various materials/media. You are the experts and therefore we need your ideas and opinions in this discussion.)
- Explain role of note-taker; if planning to use a tape recorder, explain why (everything you say is very valuable to the project and we don't want to miss anything) and then ask permission to tape.
- Encourage each member to participate, as everyone's opinion is important, and assure confidentiality. (Please feel free to say what you think, even when you disagree, as there are no right or wrong answers. We won't say who said what, but we will talk with other health communicators about what the entire group said.)
- Have group members introduce themselves (first names are enough), including their age, years of schooling, and one thing they like about themselves.

II. Warm-up Questions

To get started (only a few minutes—not too detailed)

- As young people you are probably beginning to make some decisions about your future. What are the kind of things that you are thinking about? (Probe for school continuation, employment, marriage, etc.)
- Who—or what—do you think has the most influence on any decisions you make? Why? (Probe for peers, family, teachers, etc.)
- What is the key to good health?
- Are there any health problems young people worry about these days? If so, what are they?

III. Main Focus of Group Discussion

Knowledge and Attitudes about STIs, including HIV/AIDS:

- (If not mentioned during warm-up) Can having sex affect your health? If so, how? If not, why not?
- Has anyone heard of diseases/infections you can get through sex? If yes, how many can we name?
- Can you think of a word that could stand for all the different kinds of diseases that you can get through sex? (Probe for STIs, STDs, any words that mean transmission through sexual intercourse. From here on, try to use words—if appropriate—with which participants are already familiar.)
- Have you heard about HIV and AIDS? What have you heard about each? Are they the same? If not, how are they different? Who else has heard that? Do you agree or disagree? Why? Where have you heard about HIV/AIDS?
- What do you think causes someone to get HIV/AIDS or any other STI? (Probe for: Can these diseases be transmitted without having sex? How? Can children get AIDS? How?)
- What kind of people get STIs/HIV/AIDS? Why? Describe their characteristics and behavior. (Probe for: Can anyone else get it?)
- Have your parents ever told you anything about HIV or AIDS? What have they told you? How about your teachers? In what settings/circumstances do they tell you about HIV and/or AIDS? Who else has ever talked to you about this? What have they told you?
- Have you known anyone with HIV/AIDS? How did you know they had AIDS? What did they look like? What did you do when you learned they were infected? Why?

- Are young people afraid of getting STIs? Why? Of getting HIV, the virus that leads to AIDS? Why?
- Can we protect ourselves from getting STIs, including HIV and AIDS? (Probe: If yes, what are different ways we can protect ourselves?)
- Can someone get HIV and never gets AIDS? (Probe: What have you been told about this? By whom?)
- Can an adolescent tell if he/she has an STI? How? (Probe for any symptoms) Can they get treatment? Where? Do you know anyone who has or had an STI? Was that person treated? Where? Did they tell you anything about it? What did you learn? (Further probe: Can all STIs be cured through treatment? Discuss, based on responses.)
- We've heard that AIDS patients are sometimes mistreated. In your experience, is this true? In what ways? How do you feel about this?
- Have you discussed HIV/AIDS and/or STIs with anyone recently? If so, with whom?
- With whom would you feel comfortable discussing HIV/AIDS/STIs? Why?

Sexual Practices

- Have you—or your friends—ever had sex? Why/why not?
- How does the thought of getting HIV and/or AIDS make you feel? Describe some of your feelings.
- At what age do most young people have sex for the first time? In your opinion, do they have sex with people who are older, younger, or their same age? Why? Do you think having many sexual partners puts one at risk of getting HIV? Why or why not?
- What kind of people have many sexual partners? Are they likely to be single or married people? Why?
- What can young people like yourselves do to protect themselves from AIDS? Are they doing this? Why? Why not? What can we do to get them to do this? Are there other ways to avoid getting AIDS that don't have anything to do with sex?
- Has anyone heard the term "safe sex" or "safer sex?" What does it mean? What kinds of sex are safe? What kinds aren't?
- With whom would you feel comfortable talking about sex? Why?
- Have you discussed sex with anyone in the last year? If so, with whom?

Scientists have found that condoms are one way to prevent a person from getting HIV from someone else:

- (If not mentioned previously) Have you ever heard of a condom? Where did you hear this? Have you ever seen a condom? Where did you see one?
- What do you think of the advice, "Stick to one sexual partner" or, "Use a condom every time you have sex?" Why? How about the advice, "Don't have sex until you are married—and then just have sex with that partner?" Why?
- Would you use a condom ? Why/why not? If you've had sex, but never used a condom, why didn't you use one?
- What reasons do people have/give for not using condoms? Do you agree? Why/why not?
- What would you say to a **friend** who would not use a condom? To a **partner**?
- How can we get young people to use condoms to prevent HIV and other STIs? Why do you recommend this?
- What can we say or do that would motivate young people to change their sexual behavior?
  - To abstain from sex.
  - To stick to one partner.
  - To use condoms.
- What kind of support would you require to effect some of these ***behavior changes***? Where—or from whom—would you seek this support? ***Why***?
- Are there some words young people like yourselves use that mean "not having sex?" What are they?
- Have you discussed condom usage with any sexual partners lately? If so, with whom?
- With whom would you feel comfortable discussing condom usage? Why?

Information Strategy

- If you were advising young people like yourselves about HIV/AIDS, what would you tell them? Why?
- How do young people like yourselves in this community/area best get information? (Probe for: different media, cinema, magazines, religious leaders, parents, teachers, community leaders, etc.) How would you rate these sources? Which are considered

most credible? Least credible? Do young people take information from these sources seriously? Why/why not?

- Media follow-up question: If radio and TV are considered reliable sources, find out listening patterns. (This can be useful for later phases of your communication program.) If print materials are mentioned, what types/items are young people most likely to be read? Why?
- If you were to be reached with information about STIs, including HIV/AIDS, what would you recommend that you (and young people like yourselves) be told? Why?
- How would you like to get this information? From which media/channel? Why?
- Who else would you recommend be given this information? Why?
- At what time or place do you think young people like you should be given this information? For older adolescents: Do you wish someone had given you this information when you were younger? Why or why not?
- (If your project plans to adapt any existing materials) Please look at these materials and tell us what you think about the way they look. Which ones do you like, if any? Dislike? Which would you share/not share? Why? Which would you keep/ not keep? Why?

IV. Wrap-up and Closure

- Would someone like to summarize some of the main ideas and recommendations we discussed today? Or would you rather we go around the room and everyone mention one important point discussed today?
- Who heard something with which he/she did not agree? Let's discuss further.
- Before we close, is there anything else you would like to add?
- Thank you all for participating. Your comments have been very helpful.
- Now that we are finished, I can briefly answer a few questions that came up during our discussion.

Appendix C. Forms to Use When Developing and Pretesting Materials

Appendix C. Form No. 1

Research Phase: Participant Screening Questionnaire

Date _____ Place _____

Introduction:

Questions: ___ Invite ___ Do not invite

1.

2.

3.

4.

5.

6.

Thank you.

Notes :

Subgroup discussion invited to: _____ (date, time, place)

Name of screener/recruiter: _____

Participant's name and how to contact: _____ (if invited)

Appendix C. Form No. 2

Interviewer(s): _____

Pretest Round: _____

Pretest Background Sheet

Topic: _____ Material: _____

Region: _____ Language: _____

Date	Resp No.	Schooling			Sex		Age					
Total		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%

Pretest Data Collection Sheet

Topic of Material _____

Language _____ Pretest Round _____

Region _____ Date _____

Interviewers _____ Message No. _____

Describe Picture Write Text:

Res. No.	What do you see?	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: Picture OK	Coding: Picture Not OK	Coding: Text OK	Coding: Text Not OK
1.		R/H						
2.		R/H						
3.		R/H						
4.		R/H						

Appendix C. Form No. 4

Coder(s) _____
Pretest Round _____
Region _____
Topic of Material _____

Pretest Summary of Results Sheet

Message Number	Total Interviewed	*OK*		*Not OK*		Suggested Changes
		No.	Percent	No.	Percent	

Appendix C. Form No. 5

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 C. Form No. 6

Group Pretest Answer Sheet

Topic: _____

No. of People in this Group: _____

Group No.: _____

Questions	Miscellaneous Information
Question 1: _____ _____	
Question 2: _____ _____	
Question 3: _____ _____	
Question 4: _____ _____	

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:	

Appendix C. Form No. 8

Monthly Record Form for Distribution of Educational Materials

K^j b l cEb^iqp Bar`^ql o _____ Obdfl k _____ J l kqp _____ Vb^o _____

Kl +l cJ ^qbqf^ip Ob`bfsba	A^qb Ob`bfsba
?l l hibqp _____	_____
Cifm`e^oqp _____	_____
Civbqp _____	_____
L qpbqp _____	_____

A^qb	K^j b l c C^`fifqv	J ^qhbq	P`el l ip	El pmfq^i	@jfkf`	L qpbo	Kl +l cJ ^qbqf^ip Afpqf_r qba ?l l hibq	Cifm`e^oqp	Civbqp	L qpbqp

Appendix D. 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' knowledge, attitudes, and perceptions
- 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 post-session 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 in-depth interviews conducted for each category of participant.
- Location of each FGD or in-depth interview (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. Determine type of initial pretest.

If BCC material is:	And target population is:	Then:
Print	Low-literate	Pretest draft material(s) with one member of the target population at a time.
	Literate	Pretest draft material in a small group.
Mass media, such as video, TV, radio, etc.	Low-literate	Pretest draft materials individually, if possible.
	Literate	Pretest draft material in a small group.

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

D. Determine *approximate* number of people you will need for pretest.

If:	Then:
Testing with individuals, especially low-literate populations	1. Pretest *first* draft with at least 10 members of the target population. 2. Pretest *subsequent* drafts with 20 members of the target population. 3. Pretest *final* draft with 10-12 members of the target population.
Testing in a small group	1. Pretest *first* drafts with 8-12 members of the target population. 2. Pretest *subsequent* draft(s) with 10-12 members of the target population.

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

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

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

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

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

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

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

K. 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.
Visual and text	70% or more interpret correctly	1. Revise visual, if need be. 2. Incorporate into final draft.
	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.

L. 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.

M. For planned interviews, arrange to meet participant at a pre-determined site.

Conducting Pretest of BCC Materials

A Job Aid

I. Individual Interviews

A. Initiate the pretest interview

If:	Then:
Planned interview	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	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, if they can. 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	1. Pretest picture first (see steps for Individual pretest). 2. Pretest text next: 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	1. Play the audio material/video for entire group. 2. Ask open-ended questions to assess (1) comprehension, (2) acceptance, (3) inducement to action, or (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 E. SMOG Readability Formula

Note: Some dictionaries in word processing programs can check readability when also set to check grammar. To access this feature in Microsoft Word, for example, click "Options" in the spell-check dialog box, choose "check grammar," then select "readability."

G.H. McLaughlin developed the SMOG (Simple Measure of Gobbledegook) formula to determine readability in the English language.[28] The adaptation used here has been tested with Spanish and three African languages. The results show that the SMOG formula is also a very good indicator of reading difficulty in these languages. Try it in your language to determine whether it will be a useful tool for you. If not, read your document and try to eliminate long sentences and long words. Do not write in a childish way, but do write in a way that makes the message very clear even to people who rarely read. Checking for readability before pretesting can save time and effort.

Below are instructions for assessing readability using the SMOG formula.

For written materials at least 30 sentences in length:

- Select 10 sentences near the beginning, in the middle, and near the end of the material.
- You now have a sample of 30 sentences. Circle all the words containing three or more syllables in this sample, including repetitions of the same word.
- Count the number of words circled.
- Take this number and compare it to the SMOG Conversion Table to determine the estimated reading level of your material.
- Estimate the educational level of most people in your target group. Rewrite your text, if necessary, to the appropriate readability level for these readers.

SMOG Conversion Table*	
Total Number of Words with 3+ Syllables	**Estimated Reading Level**
0-6	Low-literate
7-12	Primary school
13-30	Some secondary school
31-72	Secondary school graduate
73+	University or post-graduate education

**Adapted from Harold C. McGraw, Office of Educational Research, Baltimore County Schools, Towson, Maryland.*

Adapted from *How to Conduct Effective Pretests: Ensuring Meaningful BCC Messages and Materials*, AIDSCAP, Family Health International; and *Immunization and Child Health Materials Development Guide*, Bill and Melinda Gates Children's Vaccine Program at PATH.

Appendix F. Characteristics of Various Communication Materials and Methods

A wide variety of BCC materials and methods can be used in HIV/AIDS/STI prevention, control and care programs. Each type of material has its own characteristics. While this Guide focuses solely 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.[25,27]

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

Advantages

- Suitable for both literate and low-literate audiences
- 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

[25, 27] Adapted from NACO's "Communicating about STDs/AIDS" and PATH's "Planning a Communication Strategy"; see Bibliography for full citations.

B. Radio (for jingles, songs, Question and Answer programs, dramas, interviews, and information programs)

Advantages

- Reaches wide audiences
- Provides information through sound
- Suitable for both literate and low-literate audiences
- 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 (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

- Requires a literate audience
- 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/ 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 be used with low-literate audiences
- 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 non-threatening 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

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