MODULE 2

PROMOTING HEALTHY LIFESTYLES

(1 day - 8 academic hours)

Topic Overview: For many doctors in Ukraine, “public health” means treating infectious diseases in public hospitals. They do not see it as their role to shape public policy around issues such as smoking or alcohol consumption, which can have as dramatic an impact on fetal outcomes as maternal health services. Few doctors see their role in terms of preventing—rather than curing—diseases, which is one reason why abortions (which are seen as curative care) are so common, rather than preventive contraceptive services. Doctors should see their role as promoting health in addition to curing disease. They must help individuals and the community to take a more proactive role in improving the general health of the population.

Objectives of the Module:

a) Participants should understand the concept of risk factors, such as smoking, diet, alcohol consumption and sexual behavior, and how these risk factors influence heath outcomes;
b) Participants should understand that influencing the behavior of the population, in terms of lifestyle choices, is part a health manager’s job;
c) Participants should understand that curative medicine has a limited impact on the health of the population. It must be augmented by other, population-based approaches in order to truly reduce risk factors;
d) Participants should understand that, in order to achieve better health across a population, they need to go beyond the health system and work with other sectors, including non-health government ministries, NGOs and community leaders.

STRUCTURE OF THE MODULE:

Lecture 1: *(2 academic hours)*
Overview of Behavior Change Communication
(E. Ryan)

Case 1: *(3 academic hours)*
Behavior Change Communication for Young People
(K. Chaliy with R. Criswell)

Case 2: *(3 academic hours)*
Peer Sexuality Education
(K. Chaliy with V. Oshovskyy)

Lecture 1

OVERVIEW OF BEHAVIOR CHANGE COMMUNICATION

By Elizabeth Ryan

1

Overview of Behavior Change Communication

Elizabeth Ryan
The Academy for Educational Development (AED)

2

Behavior Change Communication Foundations

3

What is Behavior Change Communication (BCC)?

BCC is the process by which information and skills are shared and disseminated to people in a specific target audience with the intention of influencing them to adopt sustainable changes in behavior or attitude, or to engage in other health-seeking behavior*.

*Source: Zambia National AIDS Council, 2004

4

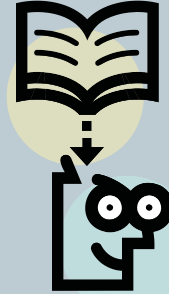
Behavior change can happen at different levels:

- Individual
- Family/household
- Community
- Institutional systems
- Policy makers/health planners

5

Why is BCC work important…?

Communication alone is not enough to achieve behavior change



6

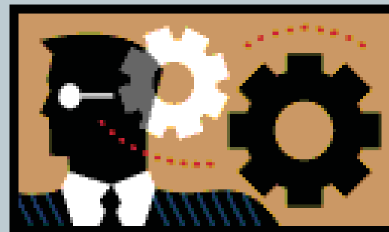
Behavior change also requires….

- Access to services/products
- Trained health care providers
- Policies that support health
- A social environment where health is valued

7

In most cases, behavior change is not a sudden event.

It is a gradual process…



8

Steps to Behavior Change*

1. Knowledge
2. Approval
3. Intention
4. Practice
5. Advocacy

Let's look at these steps in the context of family planning information and communication…

*Source: Johns Hopkins University Center for Communication Programs

Step 1: Knowledge

- Recalls family planning messages
- Understands what family planning means
- Can name family planning methods
- Knows where to get family planning methods

*Source: Johns Hopkins University Center for Communication Programs

9

Step 2: Approval

- Responds favorably to family planning messages
- Discusses family planning with family and friends
- Thinks that family, friends, and community approve of family planning
- Approves of family planning him/herself

*Source: Johns Hopkins University Center for Communication Programs

10

Step 3: Intention

- Recognizes that family planning can meet a personal need
- Intends to consult a provider
- Intends to practice family planning at some time

*Source: Johns Hopkins University Center for Communication Programs

11

Step 4: Practice

- Goes to provider to seek information, services, or supplies
- Chooses a method and begins family planning use
- Continues family planning use

*Source: Johns Hopkins University Center for Communication Programs

12

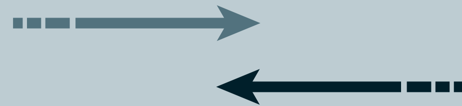
Step 5: Advocacy

- Experiences and acknowledges personal benefits of family planning
- Advocates practice to others
- Supports programs in the community

*Source: Johns Hopkins University Center for Communication Programs

13

It is possible to move forward through the stages and then go backwards again.



Ex: A young woman may intend to use family planning, but then she gets married and decides to have children, so she moves backwards to “approval”.

14

The BCC Process

15

Effective BCC programs are implemented following a systematic process…

This process is usually conducted by a social marketing professional, but it can be initiated and supported by health care managers.

16

17

BCC Program Phases

- Assessment
- Planning
- Materials Development
- Implementation
- Monitoring
- Evaluation

18

Phase 1: Assessment

- Review of existing BCC materials
- Meetings with existing BCC programs/ partners
- Review of existing behavioral research
- Formative research to "fill the gaps" of existing research

Relevant questions:

- **What already exists in this field?**
- **What is needed?**

19

Phase 2: Planning

- Define target audiences
- Develop communication objectives
- Analyze behavioral benefits and barriers
- Draft message concepts
- Choose communication channels
- Develop BCC workplan and budget

Relevant questions:

- **Who do we want to reach?**
- **What do we want to tell them?**
- **How will we convey this message?**

20

Phase 3: Materials Development

- Identify and hire an advertising agency and/or production houses
- Develop drafts of BCC materials
- Pre-test materials with members of the target audience
- Make changes to materials
- Finalize and produce materials

21

Phase 4: Implementation

- Conduct BCC training
- Implement mass media, community, workplace, and facility-based activities
- Distribute BCC print materials
- Ensure that activities follow BCC plan
- Monitor budget
- Document progress

22

Phase 5: Monitoring

Keeps your program on track and helps you correct problems in a timely manner.

- **BCC materials/activity tracking**
  – *What is being distributed and to whom?*
  – *How many activities are taking place?*
  – *How many people are being reached?*
- **Training database**
  – *Who is being trained?*
- **Media monitoring**
  – *What is being broadcast/published and when?*
  – *How many people are being reached?*
- **Performance monitoring**
  – *Are health providers that we trained using their new counseling skills?*

23

Phase 6: Evaluation

Process Evaluation: Documents what is working or *not* working in your program

Impact Evaluation: Documents changes in *knowledge, attitudes, and behaviors* that have occurred as a result of your program. This can best be measured by assessing individuals' *intentions* to practice a certain health behavior.

Outcome Evaluation: Documents changes in *health status* that have occurred as a result of your program (Recognizing that health status is influenced by other things besides BCC).

24

Basic BCC Principles

25

TARGET AUDIENCES

26

BCC campaigns are not effective if they try to reach the entire population.

We must identify very specific target audiences in order to achieve maximum impact.

This is called "audience segmentation."

28

PRIMARY TARGET AUDIENCES

The groups of people whose behavior we are trying to change

SECONDARY TARGET AUDIENCES

Other groups of people who have an influence over our target audience

29

How to choose target audiences

- Where is the **greatest need**?
- How **big** is the audience segment?
- How **easy** are they to reach?
- How **likely** are they to take action?
- How **feasible** is it for your organization to reach them?

LOOK FOR TARGETS OF OPPORTUNITY!

30

Audience Profile

- Demographic information – age, marital status, educational level, number of children, geographic location
- Who do they live with?
- What is their life path?
- Who influences them?
- Where do they prefer to receive health information?
- What are their media habits?
- What are their religious and cultural beliefs?
- **What is important to them? What do they value most?**

27

Different ways to segment audiences

- **Demographics** *(Ex: Age, sex, marital status, urban/rural, geographic location)*
- **Behavior** *(Ex: Smokers, women who have had abortions, youth not currently using condoms)*
- **Life stage** *(Ex: Women who do not want any more children, newlyweds, students)*
- **Readiness to change behavior** *(Ex: Women who approve of contraception and intend to use it within the next 3 months)*
- **Sociocultural differences** *(Ex: Roma culture)*

31

CASE STUDY:
Together for Health and Family Planning BCC

Primary BCC Target Audiences

- Women and men 20-30 years old
- Post-partum women and women who have just had abortions
- Youth 15-19 years old

Secondary BCC Target Audiences

- Ob/gyns, midwives, family doctors, and physician assistants
- Pharmacists and pharmaceutical companies
- Policy makers

Geographic focus: 15 oblasts by the end of the project

32

COMMUNICATION OBJECTIVES

Short, clear statements of the intended effect of a communication effort.

They are based on the project indicators.

33

FIRST STEP

Identify the knowledge, attitudes, and behaviors that you want to change. These changes should be….

- *Observable*
- *Measurable*
- *Context specific*
- *Feasible*

BOTTOM LINE: It's the action that counts.

34

EXAMPLES OF KNOWLEDGE

- Knowledge of the benefits of contraception
- Knowledge of how to correctly take oral contraceptive pills
- Knowledge of STI symptoms
- Knowledge of where to obtain contraceptives
- Knowledge of where to obtain friendly family planning counseling

35

EXAMPLES OF ATTITUDES

- Favorable attitudes towards hormonal contraceptives
- Favorable attitudes towards health care providers as a source of reliable information
- Negative attitudes towards abortion
- Positive attitudes towards sexual partners who insist on using condoms
- Intention to use contraception within the next 3 months

36

EXAMPLES OF BEHAVIORS

- Initiation of contraceptive use (women)
- Seeking of information about STIs (youth)
- Discussion of contraception with girlfriends or wives (men)
- Publishing of articles about the benefits of contraception (print/ internet journalists)
- Accurately explaining the advantages and disadvantages of different contraceptive methods to clients (health care providers)

37

SECOND STEP:

Construct communication objectives using the desired knowledge, attitudes, and behaviors

38

Objectives should be SMART

S = Specific
M = Measureable
A = Appropriate
R = Realistic
T = Time-bound

39

OBJECTIVE EXAMPLES

- Between 2006 and 2010, the percentage of youth 15-19 years old who know that STIs can be transmitted even if there are no symptoms will increase from 15% to 25%. **(Knowledge)**
- Between 2006 and 2010, the percentage of women 20-30 years old who have a favorable opinion of oral contraceptives will increase from 10% to 40%. **(Attitudes)**
- Between 2006 and 2010, the percentage of women 20-30 years old who have asked their health providers about contraception will increase from 30% to 40%. **(Behavior)**

40

COMMON MISTAKE = Expecting too much behavior change in a short period of time.

Behavior change is a slow process.

Be realistic when formulating objectives!!

41

These are NOT communication objectives:

- To develop radio and television spots on the risks of abortion
- To train health providers on counseling skills.
- To produce contraceptive brochures for pharmacists

They are ACTIVITIES.

42

BCC Messages

People take action when it benefits them. Barriers keep them from acting.

We must analyze the benefits and barriers of our desired behaviors before we can develop messages.

43

Good messages MAXIMIZE benefits and MINIMIZE barriers.

But how do we choose which benefits and barriers to focus on in our messages?

44

Review the evidence (formative research) and look for clues about benefits and barriers that influence your target audience's behavior.

Not all benefits and barriers have the same power for all audiences.

Frequently, the benefits and barriers that we (program designers) consider important are not important to our target audiences.

45

Analyze DOERS vs. NON-DOERS of a behavior

What is different about the doers?

Ex: Higher self esteem? Able to talk to partner about contraception? Easy access to services? Greater trust in health care providers?

46

Unique characteristics of the "doers" can serve as the foundations of messages

Ex: If contraceptive users trust health care providers more than non-users, one of your messages can focus on building trust in providers.

47

TIPS FOR DESIGNING EFFECTIVE MESSAGES

- Keep them simple and clear
- Be positive – focus on benefits of behavior
- Choose benefits that really matter to your target audience (focus on what they value)
- Appeal to the emotions of your target audience
- Include a "call to action"

48

COMMUNICATION CHANNELS

- Channels are chosen after you have…..
- Segmented your target audiences
- Formulated communication objectives
- Drafted message themes

COMMON MISTAKE: Deciding on the channels first, before laying the "groundwork"

49

Types of Channels

- **Mass media** (radio/TV ads or programs, journalist training, newspaper/magazine/internet articles)
- **Community** (concerts, theater, health fairs, church events, peer educators, hotlines)
- **Workplace** (labor union meetings, clinics, peer educators)
- **Health facility** (provider counseling, group talks in waiting rooms)

All channels can be supported by **print materials** (brochures, posters, counseling tools, comic books, health cards, stickers)

50

How to prioritize channels

- **Effectiveness of channel for achieving your desired behavior change** *(Ex: Mass media can increase knowledge, but not teach skills)*
- **Priorities of your client** *(Ex: Ministry of Health)*
- **Financial resources available** *(Ex: Mass media is very expensive)*
- **Human resources available** *(Ex: Peer education is very labor intensive)*
- **Technical resources of your staff** *(Ex: Your staff should have media relations expertise if you want to reach out to journalists)*

51

How does this concern health care managers?

Health care managers and providers often do not have the time or resources to conduct BCC campaigns themselves

Other groups focus on BCC activities and programs, and **a partnership between health care facilities and these groups could be mutually beneficial.**

Doctors would have access to a population that receives reliable health messages. Groups running BCC activities would have access to those target populations/groups through health care facilities

52

Potential BCC Partners

- Non-governmental organizations (NGOs)
- Media (journalists, reporters)
- Schools and teachers
- Social Services

These groups may already be involved in BCC activities and would appreciate the cooperation and support of health care managers

53

Important BCC Principles to Remember…

- Know exactly who your group is and look at everything from their point of view
- Bottom line: ACTION is what counts
- People take action when it benefits them. Barriers keep them from acting.
- Activities should MAXIMIZE BENEFITS and MINIMIZE BARRIERS.
- Base decisions on evidence and keep checking in with your target audiences (conduct regular monitoring)
- PARNTER with groups that are already working in BCC to maximize resources

Comments to slides

Slide 1. Behavior Change Communication (BCC) is more than just disseminating information. There also has to be a *behavior change* component, whereby the information conveyed prompts the audience to change the way they act, usually to less risky forms of behavior.

Slide 8. The steps to behavior change (taking the example of condom use among young people who are sexually active)

Slide 9. Knowledge—the young person knows what a condom is and that it can be used to prevent unintended pregnancy and the transmission of STIs. He or she knows that condoms can be purchased at pharmacies, kiosks and grocery stores.

Slide 10. Approval—the young person thinks that condoms are a good thing and discusses using them with friends, family, partner, etc.

Slide 11. Intention—the young person decides with his or her partner to go to the pharmacy and buy condoms.

Slide 12. Practice—the young person purchases condoms and uses them every time he or she engages in sexual activity.

Slide 13. Advocacy—the young person uses condoms and recognizes that they are useful; recommends them to friends and supports programs about condom use in the community (at university, etc).

Slide 16.

- Managers themselves may not have the time, money or expertise to run BCC campaigns, however they can work with and support partners from other sectors who specialize in BCC;
- BCC is important to the goals of health care managers since it works to improve the health of a population. Managerial support and partnership is important to BCC programs because it allows them access to the population, pertinent health information and carries the weight that goes with management approval;

Slide 17. It is important that health care managers be familiar with what a good BCC program looks like in order to know which partners would be most successful in implementing their goals. How can health care managers contribute to each phase of the BCC process?

Slide 18. *Phase 1: Assessment*

- Identify what the problem behaviors are and the result in terms of health. (Example: women are not using contraception, so there is a high incidence of unintended pregnancy; the problem behavior is that women are not using contraception).
- What are doctors, schools, midlevel health care workers and workplaces doing to address the issue of a low rate of contraceptive use?

Slide 19. *Phase 2: Planning*

- Identify who can change the behavior of the target audience; and what they should do to improve their behavior. (In this case, women can choose to use contraception, men can choose to use condoms.)

Slide 21. *Phase 4: Implementation*

- This stage is best handled by social marketing professionals, although health care managers can be of assistance by providing access to the target audience (e.g. patients, medical professionals) through health care facilities.

Slide 22. *Phase 5: Monitoring*

- Health care managers can aid this process by ensuring access to accurate statistics and data

Slide 23. *Phase 6: Evaluation*

- Health care managers can offer honest feedback to the social marketers in order to evaluate the program and improve it in the future.

Slide 24. Principles of BCC – the main idea to keep in mind is to think like a **marketer**: *Who do you want to encourage? Which health behavior? How do we get there?*

- **Audience**—who do you want to reach?
- **Knowledge, attitudes** and **behaviors**—what do you want to change?
- **Communication objectives**—what are you trying to accomplish?
- **Messages**—what will you tell the audience?

Slide 43. The Health Belief Model

- People adopt or do not adopt healthy lifestyle behaviors based on their perception of the risk of a negative health outcome (whether it could happen to them and how badly); their perception of the benefits of the healthy lifestyle action (will the action really work?); their perception of the barriers to the healthy lifestyle action (will this be a burden?); and environmental factors.
- The key to getting people to DO the healthy behavior is to help them recognize that the benefits outweigh the barriers, or that the barriers really are not that bad.
- Example: quitting smoking (healthy behavior) vs. smoking

  Perceived threat: Is the person at risk of getting lung cancer?

  Perceived benefits: Quitting smoking will improve your health, reduce your chances of getting lung cancer, make you feel healthier.

  Perceived barriers: Smoking is relaxing, satisfies a craving and may bring social acceptance; quitting is difficult and takes will power.

  Environmental factors: The boss at work smokes and smoking breaks are a good time to speak with him/her one-on-one; the smoker has little children and does not want them to pick up the habit or get harmed by second hand smoke.

The task of a social marketer is to make people believe that the benefits of quitting smoking outweigh the barriers, taking into consideration the environment.

Slide 48. **Communication channels**—how will you deliver your message?

Slide 52. BCC and Health Care Managers

Health care managers play an important role in supporting BCC activities; their understanding of how health communication works is key in forming partnerships with other sectors

Slide 53. NGOs

- Often already involved with BCC activities and have experience with social marketing;
- Have access to the population;
- Can approach health from a social perspective
- Often are short on funding;
- Sometimes need help getting access to the medical community and medical information.

Module 2

Media (journalists)

- Have access to a wide audience;
- Have a degree of respectability;
- Sometimes are unfamiliar with how to write about health issues;
- Sometimes do not have access to accurate medical information.

Schools and teachers

- Have access to the youth audience;
- Have credibility with students, parents;
- Often have government funding;
- Sometimes restricted by school regulations or political considerations;
- Often untrained in how to teach health.

Social Services

- Have government backing;
- Often already involved in BCC activities and have experience with social marketing;
- Trusted as an information source on health and wellbeing;
- Have access to particularly vulnerable populations;
- Sometimes do not have access to complete or accurate medical information.

Case 1

BEHAVIOR CHANGE COMMUNICATION FOR YOUNG PEOPLE

By Kyrylo Chaliy and Rachel Criswell

"Teenagers who spend their formative years in orphanages and are deprived of a healthy family-based upbringing often do not follow established behavioral norms, simply because they are not aware of them. For example, children who come of age in orphanages are more likely to abuse alcohol or drugs. One of the most striking examples of this can be found in the way many orphaned youth handle their own reproductive health, often engaging in unsafe sexual behavior." These complicated thoughts were articulated by Halyna Prykhodko, a top specialist at the Kharkiv District Health Care Department and the mother of two.

Halyna graduated from medical school but found her calling in civil service, where she is responsible for coordinating projects with other departments and state services, including Social Services, the Department of Family and Youth, the Service for Minors, the Education Administration and others. Recently, the regional leadership approached her about addressing the high incidence of anti-social behavior among orphaned youth. They asked her to identify the root of this problem and to suggest ways in which to improve the situation. Kharkiv Oblast, where Mrs. Prykhodko works, is home to an exceptionally high number of orphanages, so the Oblast Administration was particularly concerned with addressing the social conditions of children in these orphanages.

Kharkiv Oblast is acknowledged as a leader in health care reform in Ukraine. While proud of what her oblast has accomplished, Mrs. Prykhodo keeps in mind the slip of paper she has pinned above her desk from the 1948 charter of the World Health Organizaton that reads, "*Health is not simply the absence of disease or physical defects; rather, it is characterized by full physical, mental and social well-being*." After examining the issue assigned to her by the Oblast Administration, Halyna realized that while the general health of the children living in orphanages might be OK, the state of their well-being—and, in this case, their social education—was not completely addressed. The "anti-social behavior" exhibited by many children growing up in orphanages is most likely caused by the lack of a social education on touchy but important subjects such as sexuality and drug use. This is the kind of information that most children generally receive from their parents. This is what Halyna must fix, if she is to improve the situation of orphans once they are integrated into society.

Because of its reputation for health reform, Kharkiv has become the site of several national reform projects, including *Together for Health* (TfH) which is supported by the United States Agency for International Development (USAID). This project aims to improve family planning and reproductive health in Ukraine. The project works to bring Ukrainian family planning and reproductive health services in line with modern international standards and to make them more accessible for the population by training doctors, pharmacists and citizens themselves. TfH had already done some educational work with the population of Kharkiv aimed at improving knowledge of, and attitudes toward, reproductive health and family planning. Because of this, there is a precedent and even funding for the work that Halyna wants to do in orphanages. Such efforts are even supported by the Ukrainian government and the Ministry of Health, which issued the *State Program Reproductive Health of the Nation*" (SPRHN), which allots money and assigns priority to behavior change communication (BCC) activities.

Reports give Halyna an idea of what has already been accomplished in BCC, including the establishment of an Oblast Family Planning Center, a celebration of All-Ukrainian Family Planning

Week, the development of an educational program for schools and screening of the film "Planning a Family Together" on one of the city's main squares along with the distribution of leaflets on family planning. But Halyna knew that she wanted to do more and aim her activities directly at children in orphanages.

As Halyna continued to look through the information about BCC in Kharkiv Oblast, she went beyond TfH project activities and saw that other organizations were very active in BCC as well. District family and youth social service centers had conducted significant work in cooperation with health care organizations, including:

- A small counseling center at a local maternity home for young families;
- The counseling center "Dovira" set up in a local dermatovenerological dispensary to provide assistance to injecting drug users;
- Mobile counseling centers in universities, dormitories and clubs in cooperation with the Interregional Family Planning and Human Reproductive Center;
- A Youth-Friendly Clinic created at the Oblast Hospital.
- A joint decree on cooperation and coordination issued by the Oblast Department of Health and the Oblast Center for Family, Child and Youth Services.
- Several handbooks guiding teachers and health care professionals through the details of conducting BCC work with the population

Of course, Halyna wants to do the best she can to plan BCC activities in the orphanage, aiming to make them informative, interesting and helpful for the girls and boys identified in official documents as belonging to the "target audience." Halyna will begin by meeting with teenagers in orphanages who, like her own daughter, will finish high school next year and graduate from the orphanage's care. Statistics suggest that some of the girls will have already experienced an unwanted pregnancy. What should they be told? What must they be offered? How can they be calmed and reassured?

DISCUSSION QUESTIONS:

1) What steps of the BCC process has Halyna already completed? What must she do next?
2) How can Halyna identify the issues that will be most important in the BCC process for children who live in orphanages?
3) To whom can Halyna look for partnership? Funding? Support? Who might oppose such a campaign?
4) What are the most effective BCC channels that Halyna's campaign might employ?
5) How might Halyna ensure that her work is sustainable?

TEACHING NOTES:

The Behavior Change Communication (BCC) measures featured in this case study were implemented by the USAID-funded "Together for Health" (TfH) project in Kharkiv Oblast. In this case study, the health care manager should create a plan for the public focused on family planning and reproductive health and taking into account the needs of the population. The manager should be able to effectively use concise information, apply an intersectoral approach, enlist the assistance of the media and identify volunteers and resources outside the health care system.

Efforts should be centered on preventing unplanned pregnancies and STIs (in accordance with the needs of the population).

Teaching Objectives:

a) Participants should learn to use all available means to promote healthy lifestyles from a management perspective;

b) Participants should learn to develop a managerial plan to implement BCC activities.

In this case study, participants are presented with a rudimentary framework for a BCC plan and are expected to fill in the blanks. Halyna has already identified the target audience. She has also provided some examples of groups that might serve as partners or funders as well as activities that have been implemented for other target audiences. The participants' task will be to think innovatively about the work that has already been done, so that they can use it as a foundation for targeting a new audience.

The best way for the instructor to lead the discussion might be to simply walk through the first steps of the BCC process and have participants discuss what can be done (and what has already been done) at each step. (After the first few steps, it is difficult to predict what a manager should do without actually having a BCC program in process.) It is important that the participants not only reiterate the ideas that other groups have already thought of—the instructor must encourage them to really think about their target audience. For example, conducting wide-scale leafleting campaigns might work when trying to reach a large audience in a crowd, but it might not be the most cost- or time-effective method when the target audience is stationary and easy to reach, such as children in an orphanage. Encourage participants to think about cost as well. Where can they turn for funding? Which groups are most likely to fund each activity?

The steps of the BCC process (as addressed in the accompanying lecture), and the activities that are within the means of a health care manager, such as Halyna, include the following. Try to get participants to address each item as they go through the process.

- **Assessment**
  - Halyna has done much of this step already by reviewing the existing literature about BCC in Kharkiv Oblast and reading the reports of activities conducted by other groups. The next important step is to visit the orphanages and find out exactly what the teenagers there know and do not know about reproductive health and family planning. If there is a member of the audience who works with orphaned youth, this would be an excellent opportunity to have her share her experience. If not, participants can speculate (although emphasize that a real BCC planning process should be based on research and not on speculation).
  - Participants should think of questions they would ask at an orphanage and to whom they would address those questions. Would they speak to teachers? To children? To administrators?
- **Planning**
  - Since the target audience has already been identified, participants at this point should identify their communication objectives, making sure to keep them clear, specific and manageable.
  - Encourage participants to think of the barriers and benefits involved with getting teenagers in orphanages to change their behavior (this, again, should be based on the research conducted in the previous step.)

- Based on the previous two tasks, have participants brainstorm a few draft messages (such as, "Use a condom every time you have sex to prevent pregnancy,")
- Participants should identify the appropriate message channels (again, thinking about the research conducted in the first stage), keeping in mind feasibility, time-effectiveness, cost and overall efficacy.
- Identify partners and opponents. How would participants approach their partners? What would they say to sway or appease their opponents (and how would they decide which to do)? In order to avoid redundancy, identify the aspects of the BCC campaign that are already being covered by other organizations.
- What are some possible sources of funding? Are there new sources that other organizations have not yet tapped?
- Based on the information brainstormed in this step, have participants go back to step one and revise the questions they would ask in the research portion based on the information that they need to know in this later step.
- Ask the participants what steps have not yet been completed and who would complete them, if this plan to be put into action. Some hints could be found in the next steps of the BCC process.

- **Materials Development**
- **Implementation**
- **Monitoring**
- **Evaluation**

Participants might be interested to know that in reality, the Together for Health project, in partnership with the Kharkiv Oblast Department of Health and several other groups, including Halyna's, has implemented several activities aimed at improving the knowledge and attitudes of young people living in orphanages on reproductive health and family planning. After Kharkiv Oblast identified orphaned youth as one of their target audiences, TfH worked with trainers to conduct BCC sessions on issues of sexual and reproductive health in orphanages and at camps for orphaned youth. The local Kharkiv NGO, *Rainbow of Life*, is entirely dedicated to educating orphaned youth about reproductive health and family planning. After winning a small grant from TfH, they were able to write a family planning and reproductive health BCC curriculum for orphaned youth, conduct BCC sessions in orphanages and in camps and train teachers who work with orphaned youth on how to speak to their students about family planning and reproductive health. Appendix 1 of this module is a profile of *Rainbow of Life* and their activities.

Appendix 1

SUSTAINABLE SEXUALITY EDUCATION FOR ORPHANED YOUTH IN KHARKIV OBLAST

By Natalia Karbowska, Deputy Chief of Party, Together for Health Project

Irina Mashtal and her colleagues had already worked a great deal on reproductive health education for youth in Kharkiv when they began to recognize that the specific needs of one group of youth were going unmet. They noticed that many children growing up in orphanages faced challenges beyond the normal trials of entering adolescence. Mashtal and her colleagues wanted to try and use their expertise to address the root of these difficulties. When the Kharkiv Oblast Department of Health decided to place special emphasis on providing comprehensive sexuality education for orphaned youth as part of the Oblast's reproductive health strategy, Mashtal saw an opportunity to combine forces. Thus, an NGO, *Rainbow of Life*, was formed, dedicated to ensuring that young people living in orphanages receive comprehensive, appropriate sexual health education.

The group wrote a curriculum based on materials from the USAID-funded *Together for Health* project on teaching family planning, relationships and decision making. The group then drew on their own experience working in orphanages to tailor the information to their audience. As Olexander Polyansky, one of the educators from *Rainbow of Life*, explains, "Many young people living in orphanages have difficulty understanding decision-making in relationships and family planning because they have very different concepts of what a family is." In their curriculum, the group added special emphasis on the topics of communication skills, building successful relationships and accomplishing goals.

Sessions began in May 2007 when *Rainbow of Life* received a grant from *Together for Health*. The group taught in teams at special summer camps for orphans and, since then, has conducted six workshops with over 120 young people. Mashtal emphasizes that the two eight-hour sessions with co-ed groups of varying ages are interactive and make use of role playing, drawing and games, as the group discusses issues of love, friendship, health, communication, sexuality, contraception, pregnancy and HIV/AIDS. Polyansky explains that the team treats the young people as independent, responsible adults. The youth readily respond to this by seizing the opportunity to express their own ideas about issues that are important to them.

As *Rainbow of Life* continued its work, those involved realized that they were only scraping the surface of the issue. In Kharkiv Oblast, there are over 6,000 young people living in orphanages. In spite of the group's hard work, simple logistics prevented Rainbow of Life from reaching all of these youth. The group realized that the best way to reach more young people, would be to train teachers at orphanages to teach sexuality education themselves. Recognizing that many teachers had difficulty addressing the special emotional and psychological needs of orphans, Mashtal set about drafting a curriculum to instruct teachers on how to counsel orphaned youth on issues of health and family planning. The organizers drew on their own experience as teachers to address the specific needs of educators who work in an environment that requires more than just academic attention. Rainbow of Life conducted three-day trainings, working with over 100 teachers. Their hope is that such trainings will make their efforts more sustainable and long-lasting, as they disseminate their expertise to the individuals who can make a difference.

In hopes of creating a sustainable project, *Rainbow of Life* is also working hard on fund-raising to support their work well into the future. So far, they have won two grants from the Kharkiv City Council and are waiting to hear about grants from the Ministry of Education and Ministry of Family, Youth and Sports as well as from several international donors. The group has plans for the further development of its work, including delving more deeply into the methodology of teaching sexuality education to boys and the pedagogy of working with young people with mental illnesses.

Kharkiv Oblast has one of the largest populations of orphaned youth in Ukraine, and the Oblast government is concerned about education in orphanages. *Rainbow of Life's* project is especially impressive because it not only directly addresses these issues, but it ensures the continuation of this work so that real progress can be made toward bettering the lives of orphaned youth in the oblast. The long-term vision and sustainability of this project can serve as a helpful model to NGOs in other oblasts, as they work to effect change in their communities.

Case 2

PEER-TO PEER SEXUALITY EDUCATION

By K. Chaliy and V. Oshovsky

A report had recently landed on the desk of Vladlen Mykhailovich, the head of the Yaroslavsky* Oblast Administration. Because he was so busy, Vladlen Mykhailovich rarely read these reports; however, this one caught his eye. The teen pregnancy rate in his Oblast was on the rise, and it was already higher than it had ever been before. Vladlen Mykhailovich had been considering different ways to address this issue. So, when he saw the title of this particular report, "Improving Condom Use Among Young People," he sat down immediately and opened the report. He had heard of this project, funded and implemented by such international organizations as PATH (Program for Appropriate Technology in Health) and UNFPA (United Nations Population Fund), He had also heard that this project's goal was to lower the rates of unintended pregnancies and sexually transmitted infections among youth in Yaroslavsky Oblast through an 18-month youth-oriented behavior change communication (BCC) program. Vladlen Mykhailovich had always been a little skeptical of BCC work. Nonetheless, approximately two years ago when the project was only being planned to be implemented in the oblast, he was one of those who were taking the decision about giving it a chance and now he was eager to see its results. He opened the report and began reading.

REPORT: IMPROVING CONDOM USE AMONG YOUNG PEOPLE

The purpose of the project was to develop a community-oriented behavior change communication program aimed at shaping and popularizing safe behavior—condom use, in particular—among sexually active youth aged 15 to 24 in order to reduce the rate of unintended pregnancy and STIs in the oblast.

The project was received favorably by all involved and statistical monitoring and evaluation showed that the project successfully changed attitudes toward condom-use among young people. However, the project director believed it could do more if it were to receive the support of the oblast, both officially and financially. Though the Oblast State Administration and the staff of health care institutions were expected to carry out BCC activities with the population, and with youth in particular, in actuality this function was mostly fulfilled by nongovernmental organizations. If these organizations were to form a partnership, they could achieve even further progress in the field of health promotion for youth.

Project Summary

The project employed a range of activities to meet its goal of increasing condom-use among sexually active young people in Yaroslavsky Oblast:

- It chose organizations already engaged in youth health promotion and care to act as partners in project implementation;
- It evaluated existing information, education and communication (IEC) materials and updated, tested, reprinted and disseminated them;
- It conducted health education in selected vocational schools and other educational institutions;

** A fictional name of an oblast is used here. There is no Yaroslavsky Oblast in Ukraine.*

- It assessed communication channels used to popularize condom-use among youth who are involved in sexual relationships;
- It conducted a quantitative review of activities performed and their impact, based on data gathered at the beginning of the project.

The project accomplished the following activities:

- Ten focus groups were held with participants from high schools, colleges and vocational schools to assess existing IEC materials on condom-use and to identify the best information sources and communication channels for reproductive health information;
- A peer health education group was formed, based on the information collected from the focus groups;
- Qualitative research on youth awareness of reproductive health issues, in the form of 20 focus groups, was conducted in the oblast by the Kyiv International Institute of Sociology (KIIS);
- KIIS specialists developed tools for conducting basic quantitative research. A survey was administered to 1,802 people from 18 randomly selected vocational schools in Yaroslavsky Oblast. The educational program had taken place in nine out of the 18 schools surveyed;
- A seminar on modern educational methodologies was held for administrators from 17 vocational schools, five of which were located in cities, five in district centers and five in villages. Criteria for selecting future trainers and local monitors were defined during this seminar;
- A refresher course for community educators on leadership, developing professional skills, fundraising and new educational methodologies was conducted using the principles of peer education. Seventy-three educators and 17 local monitors took part in these seminars;
- The healthy sexuality curriculum was implemented at Vocational School № 17 as part of a new educational program, with the support of the Oblast Administration for Education and Science. The educational program consisted of four modules of two hours each, covering a range of issues including human sexuality and sexual relationships, gender, sexually transmitted infections (STIs), unintended pregnancy, HIV/AIDS and condoms for dual protection against unwanted pregnancy and STIs/HIV/AIDS. Youth leaders conducted 170-190 monthly seminars in 17 vocational schools with 3,500 – 4,200 students;
- KIIS carried out a follow-up survey to determine the effectiveness of the BCC campaign. The survey showed a statistically significant increase in youth awareness of safe behavior practices in general and condom-use in particular;
- The project registered with the Ministry of Finance of Ukraine in compliance with Decree #153 of the Cabinet of Ministers of Ukraine, “On Establishing the Uniform System of Obtaining, Using and Monitoring International Technical Aid;”
- The project formed relationships with a number of partners from different sectors, including the Oblast Department of Health, Department of Education, Department for Family, Youth and Sport and the mass media;
- The project was restructured with the help of the Yaroslavsky Oblast Department of Health in order to not only conduct research on knowledge and attitudes toward condom-use among youth, but also to apply the project’s research in practical pilot programs aimed on dual protection against unwanted pregnancy and STIs/HIV/AIDS. In order to implement this decision, the Yaroslavsky Oblast Department of Health

decided to create a closer relationship with NGOs in the region by creating a special NGO committee.

- The project worked with the Oblast Administration to provide incentives for civil servants working in the administration to participate in the project's BCC activities;
- In order to ensure sustainability, the project established a youth NGO supported by Yaroslavsky Oblast Administration to carry out activities related to peer education, health, leisure and employment. With the assistance of the Oblast Department for Family, Youth and Sports, the project trained peer educators at one vocational school in Yaroslavsky City and developed summer camps for work and study that aimed to implement a health education program.
- An interactive youth theater group, Volunteer, was set up by young educators as part of the Yaroslavsky College of Services and with the support of the Yaroslavsky Oblast State Administration. The theater group's work included three plays dealing with the topics of drug addiction, HIV infection and abortion.

Vladlen Mykhailovich closed the report and reflected on what he had read. The project seemed to have completed a lot of activities, but Vladlen Mykhailovich's was not sure whether it was successful or not.

QUESTIONS FOR DISCUSSION:

1. Do you agree with the project director that the peer sexuality education project was successful? Why or why not?
2. How would you judge the success of this project?
3. Do you agree that this project has not yet lived up to its full capacity, as the project director indicates? What other steps would you take?
4. What is the difference between changing attitudes and changing practices? Which does this project affect? Does it affect either? Or both?
5. Evaluate the monitoring and reporting system of this project. What sort of information does the report provide you with? Is that information helpful in determining the success of the project?
6. What are the elements of a good BCC program?

TEACHING NOTES:

Teaching Objectives:

1. Participants should know how to critically evaluate decisions made in BCC programs based on their knowledge of the principles and process of BCC management;
2. Participants should know the key elements of a successful BCC program.

The instructor should be sure to draw the participants' attention to the difference between communication programs that affect attitudes and those that affect behaviors. This project, while accomplishing many activities, did not have any component that measured changes in behavior among sexually active youth or intention to use condoms. While the project certainly had some successful components, it is hard to judge the success of the project as a BCC program because of the lack of monitoring of behavior change or intention to change.

The instructor should also draw attention to the successful parts of the program—the cross-sectoral approach, the measures of sustainability, the peer health education approach and the involvement of local stakeholders.

As the participants discuss the case, the instructor should guide them through identifying the various components of a BCC program as they occur in the project. Components should include the target audience, knowledge, attitudes, behavior, communication objectives, messages, communication channels and partners.

Generalization and Conclusions

1. Project registration

The time and effort spent on registering the project were fully compensated, thanks to the Oblast State Adminstation (OSA), which took legal responsibility, as the project beneficiary and official partner. A representative from the OSA was assigned to be the first Deputy Governor in charge of humanitarian issues. He was responsible for providing the project executors with legal support and unimpeded contact with other sectors involved, namely the Oblast Department of Health, the Oblast Administration for Education, the Oblast Administration for Family, Youth and Sport and mass media outlets.

2. Project restructuring and initiating the activities of regional NGOs.

The OSA's proposal of a pilot educational intervention to popularize dual protection in the context of youth safe behavior and healthy lifestyles was thoroughly considered by the donor and executive board. It was approved for the following reasons:

1) It was consistent with the project's plan, course and goal;
2) It attached weight to the results of research;
3) By smoothing over differing attitudes of community members, it allowed for greater popularity of condom-use among sexually active youth;
4) It was acceptable in terms of budgeting;
5) It was more useful for the oblast and its districts since a large number of students was reached through the informational campaign.

An important conclusion to be drawn from the above situation related to the project's restructuring and the initial activities of the regional NGOs is the OSA's decision to cooperate more actively with regional NGOs in the future, such as when preparing and developing project proposals.

3. Encouraging government officials for the implementation of project tasks

Questions on how to encourage government officials to participate in and support project tasks could be answered by referencing "List of Jobs that are not Considered to be Plurality of Offices," Order 43 of the Ukrainian Ministry of Labor, Ministry of Justice and Ministry of Finance, dated June 28, 1993. The order provides information on certain types of specialized pedagogical, research and counseling activities that comply fully with government conditions for activities related to disease prevention in youth programs. Such conditions provide project partners with an opportunity to gain support, financial and otherwise, from government facilities.

4. Program sustainability

The following resulted from consultations with representatives of local authorities:

1) A committee was set up for NGOs that work in disease prevention, with meetings attended by representatives of different departments of the Oblast State Administration (OSA) with the aim of cooperating with local authorities to develop future program concepts. The NGOs would benefit from this particular set-up since the OSA's support would ensure their ability to plan a program. For example, the OSA would provide them with access to government education facilities, local mass media, rent-

able spaces, etc. On the other hand, OSA has its own agenda, to carry out the work and identify funds for priority activities identified in state orders.

2) The OSA provided premises for the local youth NGO, *My Life*, to formalize its activities.
3) The Oblast Administration for Family, Youth and Sport helped develop a project on summer education and work camps to revive the oblast's historical and cultural heritage alongside the program to popularize healthy lifestyles.
4) The Oblast Administration for Education and Science decided to provide letters of introduction (and any benefits) to the most active participants in prevention programs to promote healthy lifestyles. The purpose of the letters was to help the participants enter higher educational institutions or find employment.

The conclusions drawn about the project, based on the findings of KIIS's research and feedback from representatives of Yaroslavsky Oblast State Administration, the management and teaching staff of educational institutions, project participants and their parents, the project's local partners and media publications were that ***"The project should be considered as having had a positive impact on young people's awareness and attitudes to their health; it has also encouraged less risky behavior among youth, developed leadership qualities and communication skills. The project will have a positive impact in the future on the creative potential and personal growth of youth and also contribute to student self-government and extra-curricular activities."***