

Establishing innovative HIV communication strategies and models for young people

April 2007



REACHING OUT TO THE YOUNG

**Establishing Innovative HIV Communication
Strategies and Models for Young People**

Process Document

April 2007

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Foreword

In India, current available data indicates that young people will increasingly be at the center of the epidemic, both in terms of transmission and impact. It is estimated that over 35 percent of all new infections in India take place among young people below 25 years (UNAIDS, NACO). Factors that aggravate young people's vulnerability is the lack of self-risk perception, social norms that make it difficult for young people to learn about HIV/AIDS and reproductive health, and inexperience and peer pressures which easily influence them—often in ways that can increase their risk. It is extremely important for the programs to address these concerns, and use innovative models of communications. Models which not only increase awareness but also promote behavior change and encourage young people to access, prevention and care services.

It was against this backdrop that Department for International Development (DFID) commissioned a one-year project to establish 'Innovative HIV Communication Strategies and Models for Young People.' The project sought to design and develop evidence-based communication models. The project was implemented together by Constella Futures, MAMTA - Institute of Mother and Child and Ideosync Media Combine.

The document captures the process of developing an evidence based HIV communication strategy for young people. The document captures one year of field-work, results and micro-planning that went into finalizing the strategy document. The focus of the report is on:

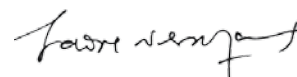
- The research approach using the Peer Research Methodology; its advantages and challenges
- The findings that informed the development of the HIV communication strategies for youth
- Components of the HIV communication strategy

The report in its present form is a result of intensive efforts by many individuals and organizations. The process has been led by the State AIDS Control Societies of Andhra Pradesh and Uttar Pradesh. Without the support and participation of AP SACS and UP SACS this project would not have been possible. We would especially thank Dr. SP Goyal, Project Director UP SACS and Mr. Ashok Kumar, Project Director AP SACS for their personal involvement to this project.

We would also like to thank DFID for taking the lead in supporting this initiative. From the DFID-PMO we would like to thank Mr. Gordon Mortimore and Ms. Rochita Talukdar for their support and inputs to the project.

We appreciate the work undertaken by the project team for the completion of the project namely Ms. Venu Arora and Mr. N. Ramakrishnan from Ideosync Media Combine; Dr. Sunil Mehra, Dr. Suba Shankar Das and Ms. Anjali Sakhuja from MAMTA. We would also like to extend a special mention to the field partners: ARIDS, Star Youth Association, Sahara and Santoshi Mahila Abhyuday Samiti in Andhra Pradesh and AWARD and Kisan Sewa Sansthan in Uttar Pradesh who along with a team of peer researchers were instrumental in collecting the data.

We would also like to acknowledge the work of the colleagues from Constella Futures namely Ms. Shuvi Sharma, Ms. Harpreet Anand, Mr. Shaleen Rakesh and Ms. Himani Sethi who have been instrumental in bringing this project to a successful completion.



Gadde Narayana

Country Director, Constella Futures

Context to the Project

There are an estimated 300 million young people (aged 10–24), adolescents (aged 10–19) and youth (aged 15–24) in India today representing almost one-third (31 percent) of the population. Youth include a wide spectrum of categories: in-school and out-of-school; married and unmarried; tribal, rural and urban; employed and unemployed; those who have been sexually exploited; those in institutions; those who are disabled and those in conflict with the law. Youth is a period of transition from childhood to adulthood and therefore marked by profound physical, psychological and behavioral changes. Health development in this period is dependent upon several complex factors, e.g. the environment in which they live and grow, and the quality of relationships with the families, community and peer groups. An unsupportive environment can cause problems, which can have long term impact on the lives of youth.

Factors that Make Young People Vulnerable

Young people are particularly vulnerable to HIV infection for many reasons, including age, experience, biological and psychosocial development, and financial dependence. Most young people have little if any access to health care services or accurate information about sex or HIV/AIDS at the time in their lives when the vast majority are becoming sexually active. The young people's situation varies tremendously by age, sex, marital status, class, region and cultural context. Gender disparities among adolescents are clearly evident. While 15 percent of young males aged 15–19 in India are illiterate, about twice this percentage (32 percent) of females are illiterate. (IIPS and ORC Macro 2000).

Additional factors that exacerbate young people's vulnerability is the lack of comprehension to self-risk, social norms that make it difficult for young people to learn about HIV/AIDS and reproductive health, and inexperience and peer pressures which easily influence them—often in ways that can increase their risk.

Need for Innovative Models for HIV Communication

In India, current available data, limited as it is, indicates that young people will increasingly be at the center of the epidemic, both in terms of transmission and impact. It is estimated that over 35 percent of all new infections in India take place among young people below 25 years (UNAIDS, NACO). Although it is important to address these concerns, it is equally, if not more, important to use communication as a means to increase awareness on not only the issue of sexual health and HIV prevention, but also provide linkages and information on services available. The communication strategy further, needs to take into account the gender differentials, age, marital status and last, but not the least, issues of sensitizing service providers on reaching out to young people in a non-judgmental manner.



Overview to the Project

Innovative HIV Communication strategies and models for young people is a project granted by Department for International Development (DFID) under the Second National AIDS Control Program. The project endeavored to develop evidence-based communication models for young people. The project was implemented together by Constella Futures, MAMTA and Ideosync Media Combine.



Peer researchers in Andhra Pradesh during an orientation session

These “youth-friendly” communication strategy and model will enable and motivate young people to seek information relating to sexuality and HIV/STI prevention methods. The larger purpose of this exercise is that the strategy guides and informs the youth programs planned under the third phase of National AIDS Control Program – NACP III.

To achieve the goal the project was divided into four broad objectives;

1. To create young people-friendly, young people-centric, gender sensitive, culturally and socially relevant messages on HIV/AIDS through research.
2. To develop communication strategies for behavior change communication, social mobilization and advocacy efforts to enhance young people’s access to information and services on HIV/AIDS.
3. To document the communication process under the project and disseminate it for future programming.
4. To develop linkages with other agencies for scaling-up this initiative.

Strategic Framework for Young People

The work began with putting together a strategic BCC framework based on the existing understanding of the communication environment for the young. This highlighted the current behavior and desired behavior along with barriers, motivations, possible messages and medium for reaching out to the young. This matrix was only an indication and was meant to be validated through the research findings and assist into the comprehensive communication model to be developed as an output of this project.



Training session with peer researchers in Andhra Pradesh

Project Approach

The project approach included two procedures; first, a formative research using Peer Research Methodology to gather evidence and second, suggesting a communication strategy. The formative research was undertaken in Andhra Pradesh and Uttar Pradesh. The strategy development also included analysis of research findings of the 'Right to Know' campaign conducted by MAMTA and UNICEF in West Bengal and Rajasthan. This provided us to look at a good mix of different cultures, socio economic environments, human development indices, and findings which ensures adaptability and replicability. The strategy developed includes young people between the age group of 10 and 24 years disaggregated gender wise, marital status, and location.

Process Involved in Developing the Strategy

A participatory consultative approach informed all aspects of strategy development. The project was implemented through a consortium approach which brought a group of three like-minded organizations together with extensive experience working with the youth. The consortium approach facilitated greater

participation and inputs in developing the strategy. Constella Futures was the lead agency responsible for the overall management and technical assistance for conducting the research and developing the strategy, MAMTA through its network of community based organization was responsible for conducting the research at the grassroots and Ideosync provided the communication perspective to the design and analysis.

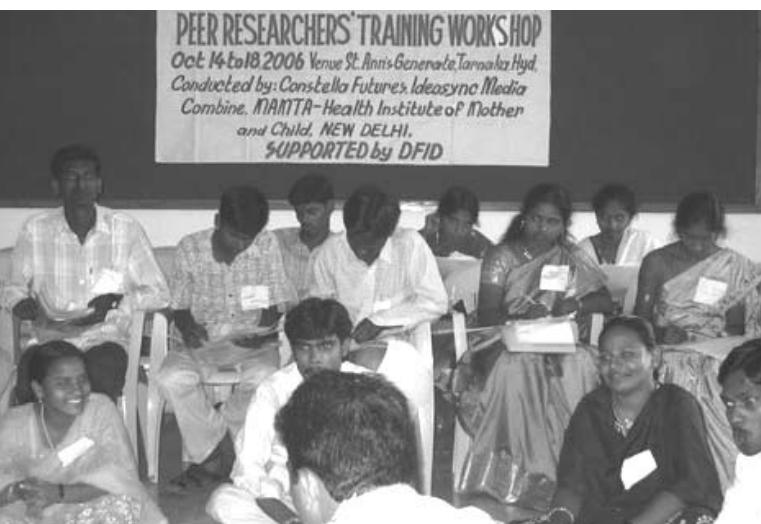
Setting up the Advisory Board

The project established two teams to overlook the management and implementation of the program. The advisory board had the representation from organizational heads of partner organizations and Project Management Office of National AIDS Control Organization. This board provided technical inputs on the program area. Another group 'operations team' was formed which addressed day to day management of the project. These two teams facilitated a smoother implementation of the project and also guided during times of crucial decision making.

Desk Review of Available IEC Materials on Sexual Health and HIV Communication

The desk review was the first step toward formulation of the strategy and a well planned exercise so as to draw from the similar learnings. In addition to reviewing existing policies and programs and civil society initiatives toward awareness generation for youth, it also explored issues of young people through individual discussions with various organizations working with young people and HIV. The review further gathered information from various field surveys and technical reports.

The desk review as a document comprises existing research on sexual and reproductive health,



Consultation with peer researchers to finalize the tools for research

knowledge, attitudes and behavior of youth toward reproductive and sexual health and vulnerability to HIV/AIDS. It also examines the perception of parents toward the needs and problems of youth in this regard and reviews the existing communication efforts in the country. It critically examines some of the successful models of communication response in the country so far.

The literature generated information and guided the process of designing the methodology for the formative assessment and strategy. It suggested that using peers of young people will be crucial to get special insights into the lives and behaviors of young people which in a lot of situations may not be possible when data is collected by professional researchers. The advantages and disadvantages of using this methodology were debated and discussed and the project decided to adopt the methodology.

QUALITATIVE RESEARCH USING PEER RESEARCH METHODOLOGY

With this background the project adopted the Peer Research Methodology for the purpose of data collection however taking a caution on the limitations worked on developing rigorous criteria for identifying peer researchers. In addition the issues of training and hand holding support at field level were discussed and a detailed plan was designed.

The teams brainstormed extensively on developing protocols to use this methodology and strengthen the whole process. One of the main issues was to develop criteria for identifying the right peer researcher. These are some broad criteria which we followed

1. Peer researchers were between 15 and 19 years or close to the age group of the respondent. This was important to ensure that the researchers have basic maturity and are able to understand the concepts.
2. IDIs and FGDs with male respondents were conducted by male peer researchers and female peer researchers conducted FGDs and IDIs with female respondents.



Girls from 10 to 14 years during a focus group discussion in Uttar Pradesh

3. We tried to ensure that peer researchers do not undertake field work in their own villages as the local level village dynamic may influence the process of data collection
4. All peer researchers had a proper understanding and comprehension of the local language (read and write) and cultural environment
5. There was no educational criteria but we tried identifying peer researchers who were at least class 10th pass

To address the issues related to capacity building of the peer research team, an intensive five-day training was organized in each state. The curriculum was developed in participation with the field partners and the peer researchers in order to ensure that the training was comprehensive and covered



An in-depth interview in progress

OBJECTIVES AND RESEARCH DESIGN

The main objectives of the research were broken into five main areas which needed greater and in-depth understanding. These were;

1. To explore young people's priorities around reproductive and sexual health and if HIV is a priority issue
2. To explore current HIV knowledge levels and practices and how this is impacted by age, gender and socio-cultural imperatives on risk taking behavior.
3. To identify the gap between current behavior (risk patterns) of young people and desired behavior (safer practices) and the reason for this gap
4. To identify social factors that can create an enabling environment to support behavior change of young people
5. To identify social/cultural/psychological/ programmatic barriers to accessing information and change in behavior among young people

The coverage area for research was identified as four high-priority districts from a high prevalence state – Andhra Pradesh (AP) – and four districts from low-prevalence but highly vulnerable state – Uttar Pradesh (UP). The criteria for district selection were based on Rapid Household Survey and Reproductive and Child Health survey report of India. The eight districts included Karimnagar, Mahboobnagar, East Godavari and Kadapa in AP and Basti, Pilibhit, Aligarh and Etawah in UP. Some of the main indicators to identify the districts were in terms of access and utilization of services and knowledge level of HIV and RTI/STI self reporting, geographical distribution representing cultural diversity within the state and availability of network partner organization in the district. Two blocks in each district were

identified for data collection. Four blocks from these were urban blocks.

The primary target group for the project is young people between the ages of 10 and 24 years, especially girls, both married and unmarried. The group was further segmented into three age categories of 10-14, 15-19 and 20-24 years. These categories were further studied by their marital status and rural/urban status. Thus a total of eight sub-groups were studied. The segmentation helped to understand various differences attributed to age, education, relationship and place of stay.

The secondary target groups included parents, other family members and teachers. The responses from this target group provided insights into the kinds of barriers the youth face in accessing sexual health programs. One of the most common perceptions held by most respondents was that participating in programs providing information on sexual health is not in best interest of their children as the exposure leads to deviations. This also provided an insight into what are the factors which make the parents apprehensive and how they need to be addressed in the communication strategy.

Three main research methods were developed; Focus Group Discussion (FGD) guidelines for young people; in-depth Interviews (IDI) guidelines for young people and IDI guideline for participants from secondary population. The tools were translated in Hindi for using in Uttar Pradesh and in Telugu for Andhra Pradesh. The translations were pre-tested so as to get the exact meaning of various technical words and different terms according to the social and cultural relevance of the targeted areas.

all critical issues that the peer researchers wanted to learn about. Two broad areas were a primer on HIV/AIDS and Sexual Health and skills to administer qualitative research tools. The evaluation of the trainings highlighted that this exercise was not only useful for the purpose of the research but also for the peer researchers as young individuals. Through participatory sessions and group work the group of peer researchers came face to face with their personal issues and the trainers facilitated to resolve this and provide guidance and support.

The five day training was followed by a refresher training midway during the process of data collection to address the problems being faced by the researchers.

Process of Data Collection

The research was extensive and a total of 80 focus group discussions and 160 in-depth interviews were conducted. Consent from all the respondents to participate in the research was taken. The FGDs were tape recorded and transcribed.

Proper monitoring of the data collection process was conducted by the consortium team in collaboration with field partners. In addition to the supervision these visits also provided an opportunity for researchers to discuss difficulties they faced during the time of research and obtain immediate response to their queries.

Key Research Findings

The research has demonstrated that although knowledge of HIV/AIDS is high in both boys and girls, it is comparatively higher in boys than among girls. There is a high prevalence of myths and misconceptions around sex, sexuality and HIV transmission however this does not translate into self-risk perception. Some of the main concerns of youth around their sexuality are fears related to masturbation, perception of individual responsibility and their understanding on safe sex. The urban and peri-urban youth have more choices for HIV communication which also reflects in their greater



Field support being provided to peer researchers in Uttar Pradesh

awareness on the issue. **Some of the key indicator findings are as follows:**

1. Low levels of understanding around the human anatomy and consequent myths and misconceptions around masturbation, night fall, menstruation
2. Awareness levels on HIV are quite high i.e. most young people have *heard* about HIV
3. Low levels of self-risk perception regarding HIV
4. Low levels of awareness around STIs and linkages with HIV vulnerability
5. Sexual route most commonly cited mode of transmission and vertical transmission least cited
6. Lack of information sources and empowering spaces and opportunities for discussion around sexual health issues especially issues around growing up and bodily changes
7. Schools are more active in AP in providing information on sexual health, STIs and HIV and many young people from AP have cited interactive sessions in schools as a key source of information
8. Many messages are cited as needing literacy and has been stated as a concern by young people when discussing preferred sources of information
9. Magazines are an important source of information apart from electronic media
10. Radio has not been used much despite its obvious advantages for HIV campaigns especially the advantage of anonymity, reach and access for non-literate audiences

11. There is awareness on condom use but condoms are associated with bad morals or multiple sexual partners and there is discomfort around accessing and using condoms. Poor social acceptability of condoms leads to lower usage patterns
12. Lack of skills to negotiate safer sex or initiate discussions with partners has emerged clearly by its conspicuous absence in the conversations with young people

The data was analyzed based on age, gender differentials and marital status. The findings highlight younger youth need more information on sexual and reproductive health issues. Friends are an important source of information but are also seen as providers of wrong information. Schools are seen by young people as a safe place to access information on sexual health. There is a demand for greater and more supportive role by teachers. The electronic media is seen as an effective source of information by the older age groups. Television, radio and magazines are seen as effective means. However traditional community media and *'nukkad nataks'* have also been cited as an effective and preferred means for communication on HIV prevention. Interpersonal communication (IPC) and more spaces for interacting with trained personnel for in-depth and clearer understanding on prevention has been discussed by young people and many community stakeholders have been listed

as possible sources including teachers, local health practitioners and ANMs

The research emphasizes a clear divide in terms of mobility of young boys and girls that guides their communication ecology and consequently their media preferences for receiving communication on HIV. Girls therefore prefer to get information from television, radio and magazines while boys prefer additional outdoor interactive spaces like youth clubs and community meetings. A clear preference for interactive spaces with information providers of their own gender has also emerged from the study. Further, there is a greater interest among boys to gain skills on condom usage and understand how condoms provide protection against HIV and STIs whereas girls are keener to understand the modes of transmission of the HIV virus, condoms and their use for family planning and related RSH information. This clearly indicates the need for a gendered design of communication initiatives.

This research highlights the present needs of the young people that are corroborated by the parents, teachers and elders in their communities as well. This data has formed a basis for planned communication strategies for young people.

Learning from the Peer Research Methodology

Even though peer researchers brought special insights about the thinking behavior of the youth, it also highlighted the need to use the methodology with caution. The methodology demands in-depth planning and greater participation of the peers. However the most important learning to effectively use the methodology is a longer timeline for the research. It may not be the best option if the research time frame is short as in the case of present research which aimed to complete the process of assessment in four to five months. The entire process of identifying the right candidate, orientation, training and data collection and plugging gaps in the data may require a minimum of one year. The implementation of this process helped



Refresher training in Andhra Pradesh

CHALLENGES AND LIMITATIONS OF THE RESEARCH

Though we attempted to have an inclusive sample, the research could not capture data from rural areas. This limited its outcome and is unable to draw rural parallels. This limitation influenced the data to the extent that researchers could not find any specific urban-rural pattern in the responses from both the states. Responses of the young people of urban block in both the states were not significantly different.

Another challenge was to get the attention of the respondents of age group of 10-14 years. To address this we devised a new strategy where responses were captured through focus group discussions. So even though enough information regarding the communication needs and preferences of this age group was collected from the research point of view this limited the scope of analysis as the type of data which could be collected through in-depth interviews cannot be collected through focus group discussion.

Transcription and translation of the 240 IDIs and FGDs in a very short time frame was a major challenge in this research process. IDIs and FGDs were conducted by peer researchers in the local languages. These had to be completely transcribed in local languages and then translated into English to enable researchers to use qualitative analysis software. There was inevitable loss of information during this extremely complex process. While the research process made best use of available materials the depth of expressions, perceptions and experiences of the young people and secondary population in their local languages could perhaps have been better analyzed if the timeframe of this research study was longer.

The time frame also posed a constraint. The data size was big and required much more time for a complete and comprehensive analysis.

us critically examine our work and the learning's. Some of the issues are listed below which will be useful for organizations interested to involve peer researchers along with a set of recommendations:

1. It is imperative to remember that peer researchers are not qualified researchers but individuals trained to gather information. This can be detrimental as he/she may not be able to develop skills to deal with situations more objectively and there are chances that responses may be influenced by his/her biases.
2. High time consumption: It was seen that the amount of time spent by the peer researchers in data collection was much longer than anticipated. This can be attributed to a lot of factors, but this can affect the timeline of the projects. In our field work the amount time planned for data collection exceeded the actual time, thus impacting the overall process of developing the strategy.
3. The peer researchers may not be the best option to interview the secondary stakeholders such as parents and teachers. Being interviewed by young people on sensitive issues like sexual health can create a sense of discomfort among the respondents to open up. In our research, in-depth interviews with the secondary stakeholders were conducted by the supervisors from the network partners.
4. Issue of not being taken seriously by the respondents: some of the researchers shared that they had very difficult time in convincing the parents of respondents as to why their children were being interviewed. A few male researchers also shared that they were made fun of by the group of male respondents on talking on issues of sexual health. This requires the need to develop skills in not only technical knowledge but also how to handle such critical situations.

5. Need for intensive training and support: We observed while we reviewed the transcripts that richer data could have emerged if the peer researcher had been trained more so to build the skills on probing the right thing and ensuring all is captured. So, the training should be ongoing and intensive as to help understand all dimensions of youth and HIV. In addition on-field support needs to be greater.

DEVELOPING COMMUNICATION STRATEGY

The findings of the qualitative research and the desk research assisted in developing the HIV strategy. The project through consultative process with the partners and field partners identified the main learning's to base the strategy on. The findings clearly suggest that the on-going campaigns have increased the overall awareness but there are clear gaps between knowledge and practice. This highlighted the need for moving to second and third generation communication messages. The five main issues which informed the strategy are:

1. Behavior change and skill based communication
2. Integrating mass media with interactive strategies
3. Enhancing spaces for greater interpersonal communications
4. Designing innovative participatory communication initiatives using community media including community radio and community video
5. Designing age specific and gendered communication frameworks and activities

The objective of the strategy is the dissemination of right and relevant information about HIV/AIDS so that young people practice safe sexual behavior. Right and relevant in this context equals to information that is age specific, gender specific, scientific, comprehensible, socially acceptable, and actionable. Hence, the communication strategy (summarized below) focuses on the importance of different messaging and different modes of communication for each age and gender group underlining that each group has special communication needs. (see table)

The strategy document captures the following

- Existing communication initiatives for young people addressing HIV vulnerability
- Gaps in current communication
- Gaps in training of IPC facilitators
- Gaps in IPC materials
- Increasing spiral of information based on age segregation
- Cross cutting themes of gender and masculinity
- Cross cutting theme of stigma reduction
- Increased focus on secondary stakeholders
- Increased focus on IPC with intensive training and capacity building of facilitators leading IPC initiatives and better and more focused IPC materials
- Strategic use of Radio and Television: integrated communication where mass communication is linked with IPC
- Use of Print media
- Messaging and Campaign ideas

| Young people | Messaging | Approach | Mode of Communication |
|---|---------------------------|---|--------------------------------|
| Age 10-14 (Boys and Girls) | Pride in growing up | Friendly, you have the right to know, | IPC |
| Age 15-19 (Unmarried/ Married Boys/Girls) | Why Shy – It's my life | Confident, be in control, one life – live with care | Mass Media integrated with IPC |
| Age 20-24 (Unmarried/ Married Boys/Girls) | I am aware! HIV is around | Implant self-risk, safe sex, careful and concern for yourself and partner | Mass Media integrated with IPC |

State Level Consultations and Dissemination

Two state level consultations and dissemination workshops were organized in Lucknow and Hyderabad. Both the workshops were organized in participation with State AIDS Control Organizations. In Andhra Pradesh the workshop was hosted under the leadership of AP SACS. The objectives of the workshops were to present the research findings; disseminate and discuss the communication strategy and get critical feedback from different stakeholders. In all, more than 150 representatives from Civil Societies, bilateral and Government officials participated in the workshops.



State level dissemination and consultation in Lucknow

Project Outputs

Through a period of one year the project was able to develop and deliver a series of outputs:

- 1. An HIV Communication Matrix:** Detailing current behaviors, practices communication channels and key communication messages disaggregated by sex, age, marital status, and

rural-urban areas based on the evidence from the research findings. This will be a useful tool for interested people to understand the context and develop or fine tune their strategies.

- 2. Baseline Research Guide using Peer Research Methodology:** The research design has been spelt out in detail, this could be a reference for undertaking formative research and developing sexual health communications for young people.
- 3. Research Analysis Report:** Research based evidence specifically targeting young people disaggregated by sex, age, marital status to inform development of innovative operational strategies for IEC/BCC and advocacy targeting young people on sexual reproductive health and HIV prevention.
- 4. HIV Communication Strategy:** Develop effective communication strategies and models that are replicable, flexible and can easily be adapted and scaled up at State and National levels.



State level dissemination and consultation in Hyderabad

Conclusion

This report reflects a twelve-month process and includes work and input of a lot of individuals who are committed to work with youth to reduce their vulnerabilities. The content from the research highlighted broad themes which helped us attempt an HIV communication strategy which is innovative and strategic.

This project enriched all who have worked on it. Thanks are due to all the participants for their contributions. It is hoped that as a result of its participatory nature the project will be a useful tool and will assist in mitigating the HIV/AIDS epidemic effectively.