

# Developing Messages for Behaviour Change

## Treat All Message Workshop for the Caribbean Region

December 7-8, 2017



# Workshop Outcome

To develop messages, using an SBCC approach, that can be adapted by countries in the Caribbean region encouraging populations to test for HIV and enroll in treatment immediately.



# Day 1 – Setting the Scene

- Understanding behaviour change communication
- HIV in the Caribbean
  - Roll out of Treat All
- Who are the players?
  - Who needs to know and understand treat all?
  - Who has the most to gain?
- How can we change people's behaviour to encourage Treat all?



# SHC vs. SBCC

Strategic health communication (SHC) and social and behavior change communication (SBCC) are used interchangeably to:

- Maintain positive (healthy) individual behaviors and social norms and conditions
- Create an enabling environment for the adoption of positive (healthy) behaviors and social norms.
- Create demand for available health services



# What is a communication strategy?

## A communication strategy

- is a tool for guiding the development of all communication products and activities for a given project.
- provides everyone with guidance on what is to be achieved and how to go about getting there through...
  - a complementary set of mutually reinforcing products and activities harmonized towards a shared vision of change



# Why do we need a communication strategy?

To ensure that:

- Project goals, objectives, roles and responsibilities are clear to all partners and implementers
- The activities and tools selected are best for achieving goals given the available resources
- Targets, and milestones are clear to enable monitoring and evaluation of efforts



# Why do we need a communication strategy?

To ensure that:

- Beneficiary audiences and their needs are clear
- Messages are correct, consistent across board and tailored to meet specific audience needs
- Available resources are properly allocated among all agreed activities



# Steps in Developing a SBC Communication Strategy

1. Situational Analysis
2. Audience Segmentation
3. Strategic Design
  - a. Audience Profile
  - b. Communication objectives
  - c. Positioning
  - d. Key messages
  - e. Strategic approaches and activities
4. Monitoring and evaluation





# I. Situational Analysis

- Problem Analysis:
  - What is the problem?
  - What are its immediate and remote causes.
  - Can it be solved through communication?
- People Analysis
  - Whom does this problem affect?
  - Who influences them?
  - Who else (gatekeepers etc.) will be needed to address this problem?



# I. Situational Analysis cont.

- Context analysis:
  - What knowledge do they have?
  - How do they receive info?
  - What new info do they need?
  - What motivates people to act?
  - Do they have the ability to act?
  - What are their core values?
  - Social and cultural norms?
  - Wider structural issues?



## 2. Audience Segmentation

- Break audiences into sub-groups with defined and similar characteristics.
- Do this for primary and influencing audiences
  - **Primary:** the key people to reach with messages, usually those most at risk or directly affected by the issue
  - **Influencing:** people who impact or guide the knowledge and behaviors of the primary audience.



# 3. Strategic Design

- Audience Profile
- Communication objectives
- Positioning
- Key messages
- Strategic approaches and activities

*These steps are completed for every audience*



# 3. Strategic Design cont.

- Audience Profile
  - Highlights the characteristics of the audience
  - Helps guide the messages and activities to ensure they are tailored correctly to the audience
- Communication Objectives
  - Specific, measurable, attainable, relevant, time-bound
- Positioning
  - Provides direction for developing messages that will most resonate with the chosen audience



# 3. Strategic Design cont.

- Key Messages
  - Highlight the core information to be conveyed to the audiences
  - Should be specific to the audience, reflect a specific behavioral determinant and positioning
  - Desired behavior should be clear and achievable for the audience
- Strategic Approaches and ideas
  - Reflect how the objectives will be achieved
  - Guides development and implementation of activities
  - Determines tools and media mix to use



# 4. Monitoring and Evaluation

- Planning
  - Helps to identify any changes that may be needed while implementing
  - Ensure proper budget and time from the beginning
    - How and when data will be collected and reviewed
- Data Sources and Indicators
  - Process indicators
  - Outcome indicators
- Using M&E Data
  - Analyze and incorporate changes as needed throughout the length of the implementation



# Health Issue – Problem Statement

People are not testing for HIV, and those that do and find themselves positive, don't always enrol in treatment right away.





# Develop a Vision

- If someone goes to your community (or country or location) x years from now, what do you want that person to see?
- Is your vision likely to secure commitment strong enough to overcome any obstacles?
- Is this vision shared by all stakeholders (households, government and community)?

TAKE 3 MINUTES TO WRITE YOUR VISION



# Situation Analysis



# Purpose of the Situation Analysis

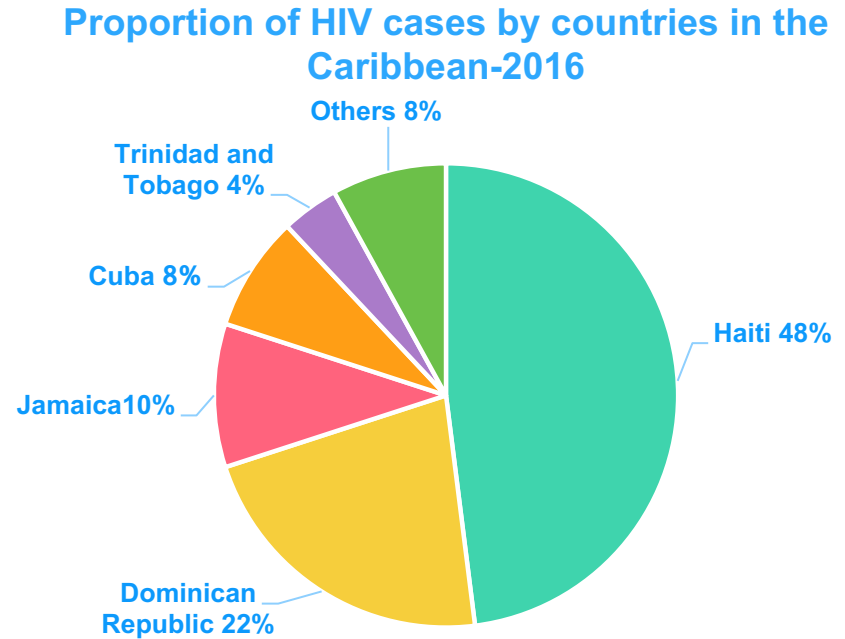
- Allows you to determine:
  - Your vision for what you want to do
  - The challenge to be addressed and the context in which you will address it
  - Who is affected by the problem
  - What behaviours contribute to the problem
  - Who or what influences the behaviours



Individual	Family and Peers	Community	Society
<ul style="list-style-type: none"> <li>• What is the incidence or prevalence? Severity?</li> <li>• Who is affected?</li> <li>• What knowledge and skills could improve the situation?</li> <li>• What beliefs and values could improve the situation?</li> <li>• What beliefs and values could hinder improvements?</li> <li>• What are the perceived norms, risks, fears?</li> <li>• What role does gender play?</li> <li>• What are possible solutions? (individual behavior change as well as changes in beliefs, values and norms)</li> </ul>	<ul style="list-style-type: none"> <li>• What are the effects on family? On peers?</li> <li>• Who or what in the family influences behavior or social norms?</li> <li>• Who or what in the peer network influences behavior or social norms?</li> <li>• How does gender influence family and peer networks?</li> <li>• What are possible solutions? (behavior change solutions as well as changes in gender norms, family dynamics)</li> </ul>	<ul style="list-style-type: none"> <li>• What are the effects on the community?</li> <li>• Who or what at the community-level influences behavior or social norms?</li> <li>• Who or what in the community can facilitate change? Can hinder change?</li> <li>• What services and/or products could help? Are they available? Accessible? Affordable? Acceptable?</li> <li>• What communication resources are available?</li> <li>• How does gender influence community?</li> <li>• What are possible solutions? (communication solutions as well as changes in service gender norms, leadership)</li> </ul>	<ul style="list-style-type: none"> <li>• Who or what influences behaviors or social norms?</li> <li>• What are the social, cultural and economic challenges?</li> <li>• What social norms facilitate or hinder change?</li> <li>• What policies facilitate or hinder change?</li> <li>• What can support an enabling environment for social or behavior change?</li> <li>• What are possible solutions? (changes in policy, changes in how leaders address the challenge, more equitable gender norms, equal access to services, advocating for structural change in terms of how services are provided and/or funds released)</li> </ul>

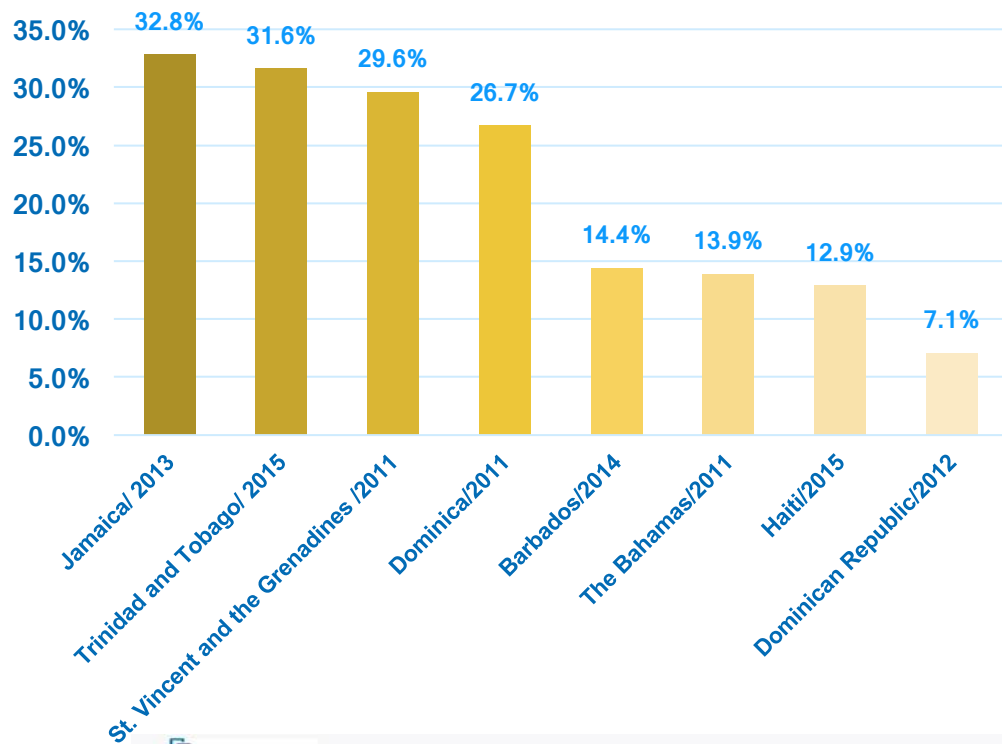
# HIV in the Caribbean Region

HIV Prevalence: 1.3%

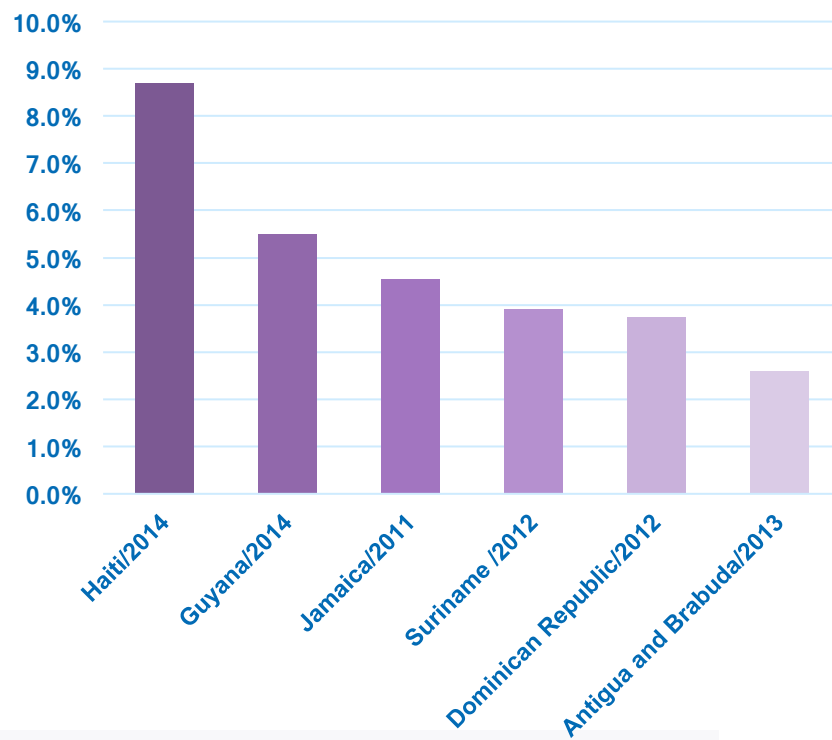


# HIV in the Caribbean Region

## HIV Prevalence Among MSM



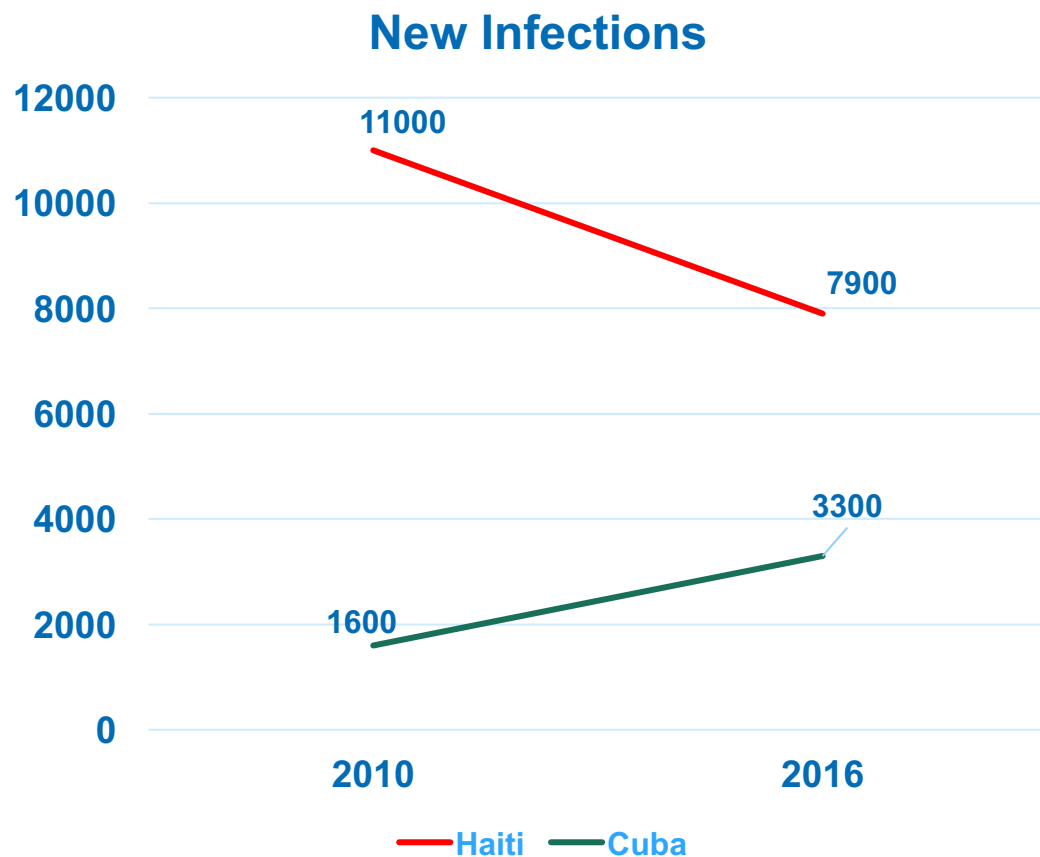
## HIV Prevalence Among FCSW



# HIV in the Caribbean Region

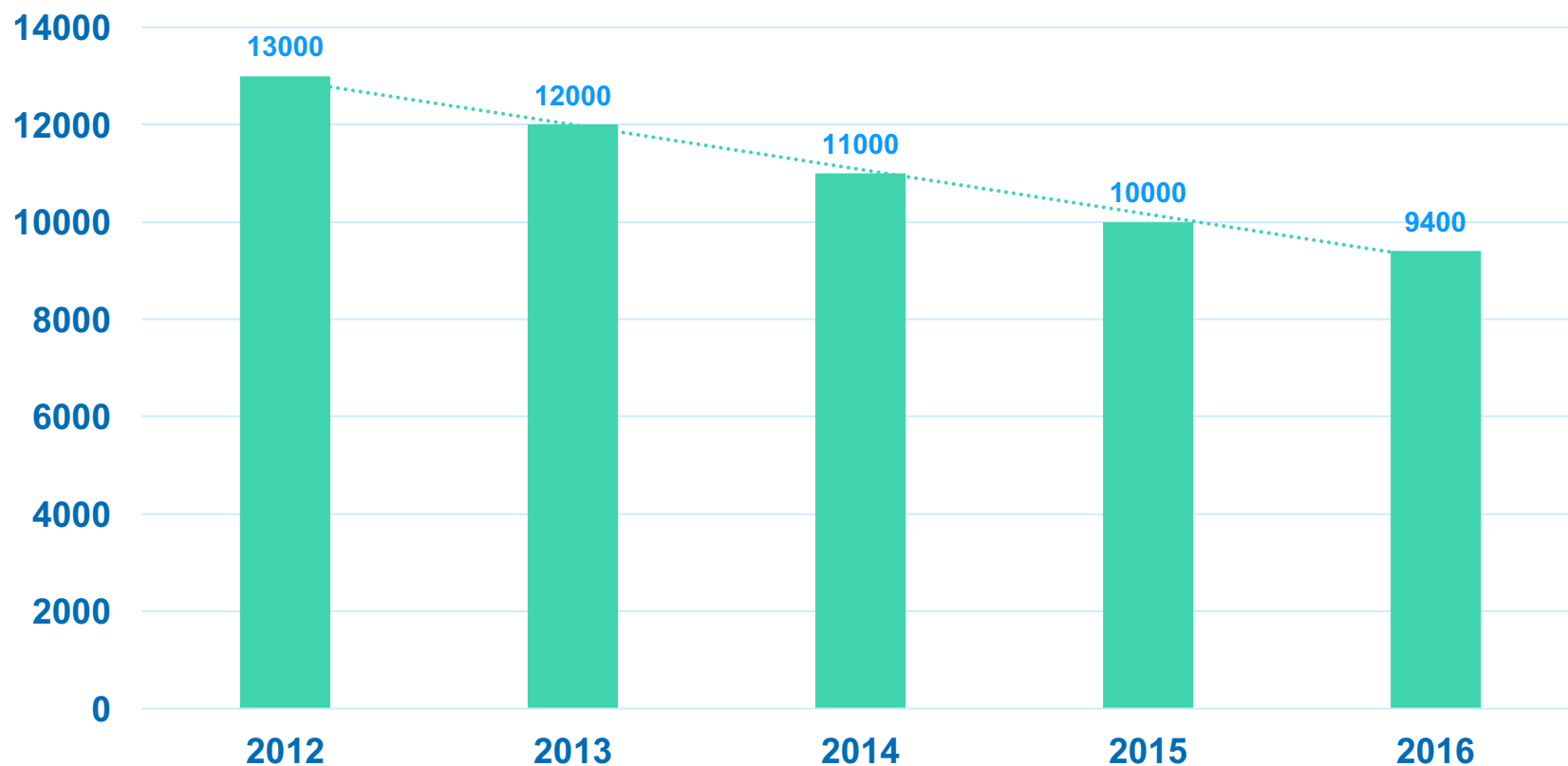
## HIV Incidence

- 0.82 per 1,000 people



# HIV in the Caribbean Region

## AIDS Death in the Caribbean 2012-2016





90%

of all



living with HIV will know their HIV status

90%

of all



living with HIV will receive antiretroviral therapy

90%

of all

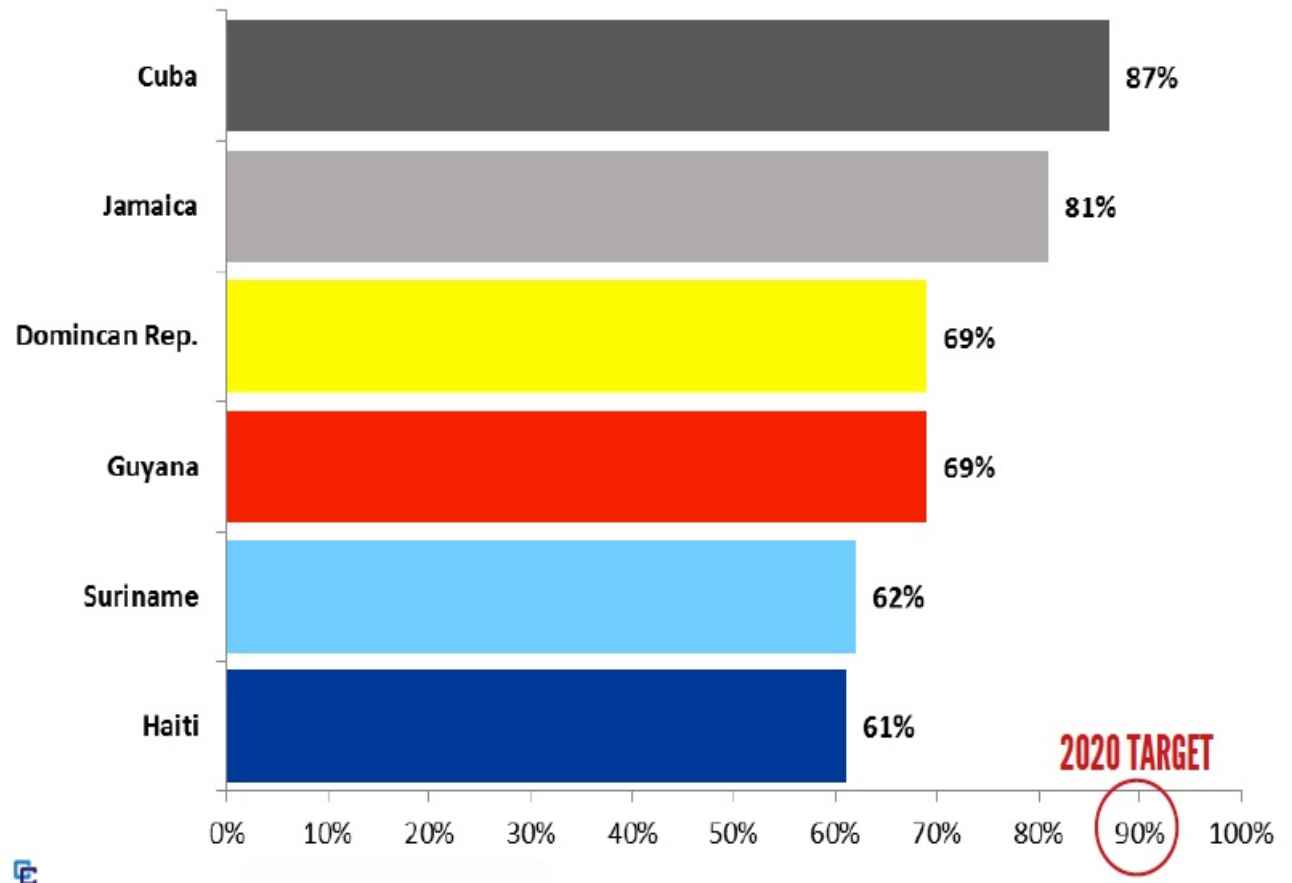


receiving antiretroviral therapy will have viral suppression



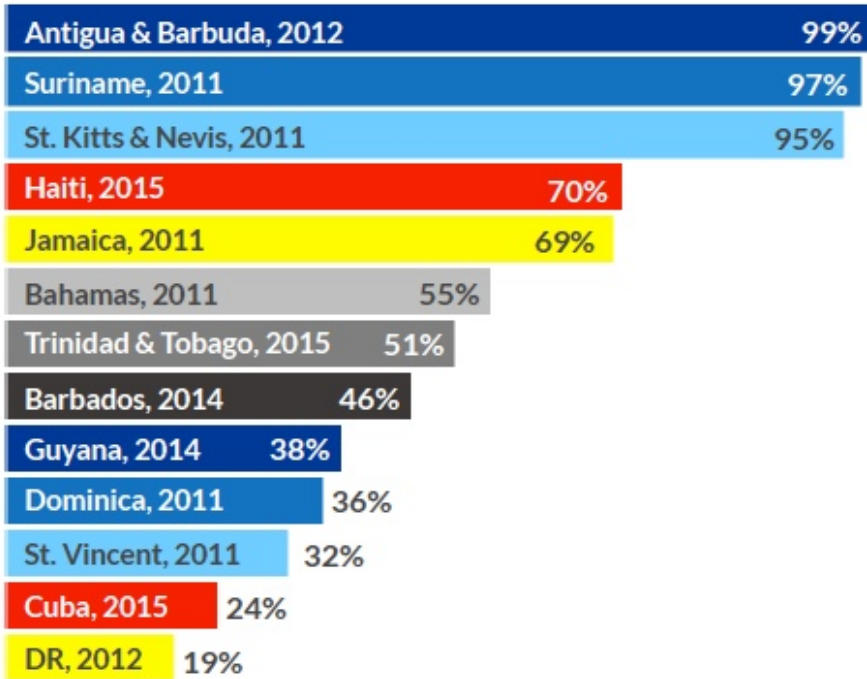
# The First 90 - Testing

65% of PLHIV know their status

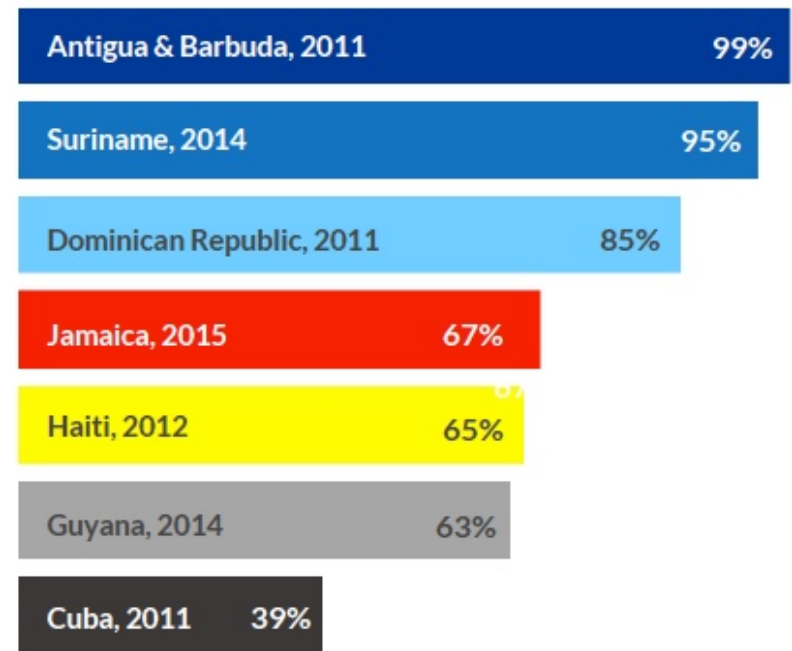


# The First 90 - Testing

## HIV Testing in Men who have Sex with Men (MSM)



## HIV Testing in Female Commercial Sex Workers (FCSW)



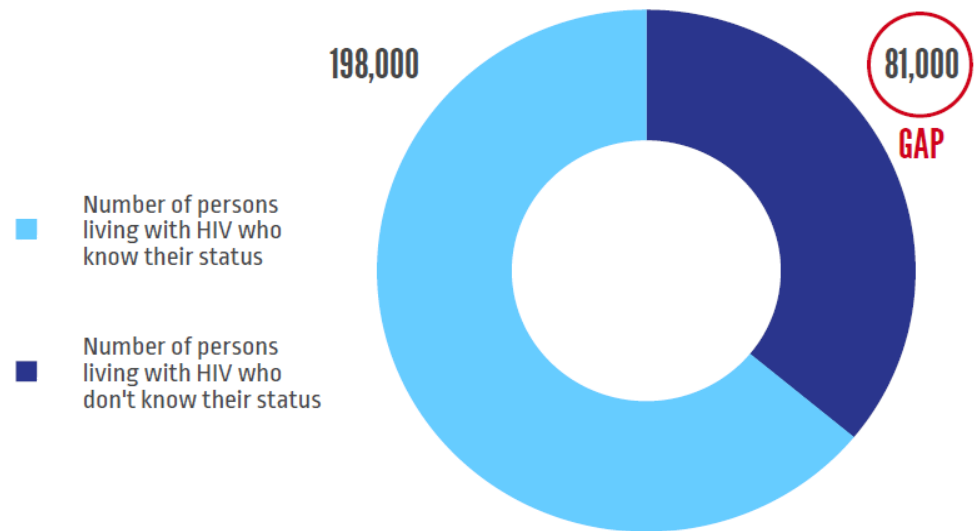
# The First 90 – The Gap

90%  
of all



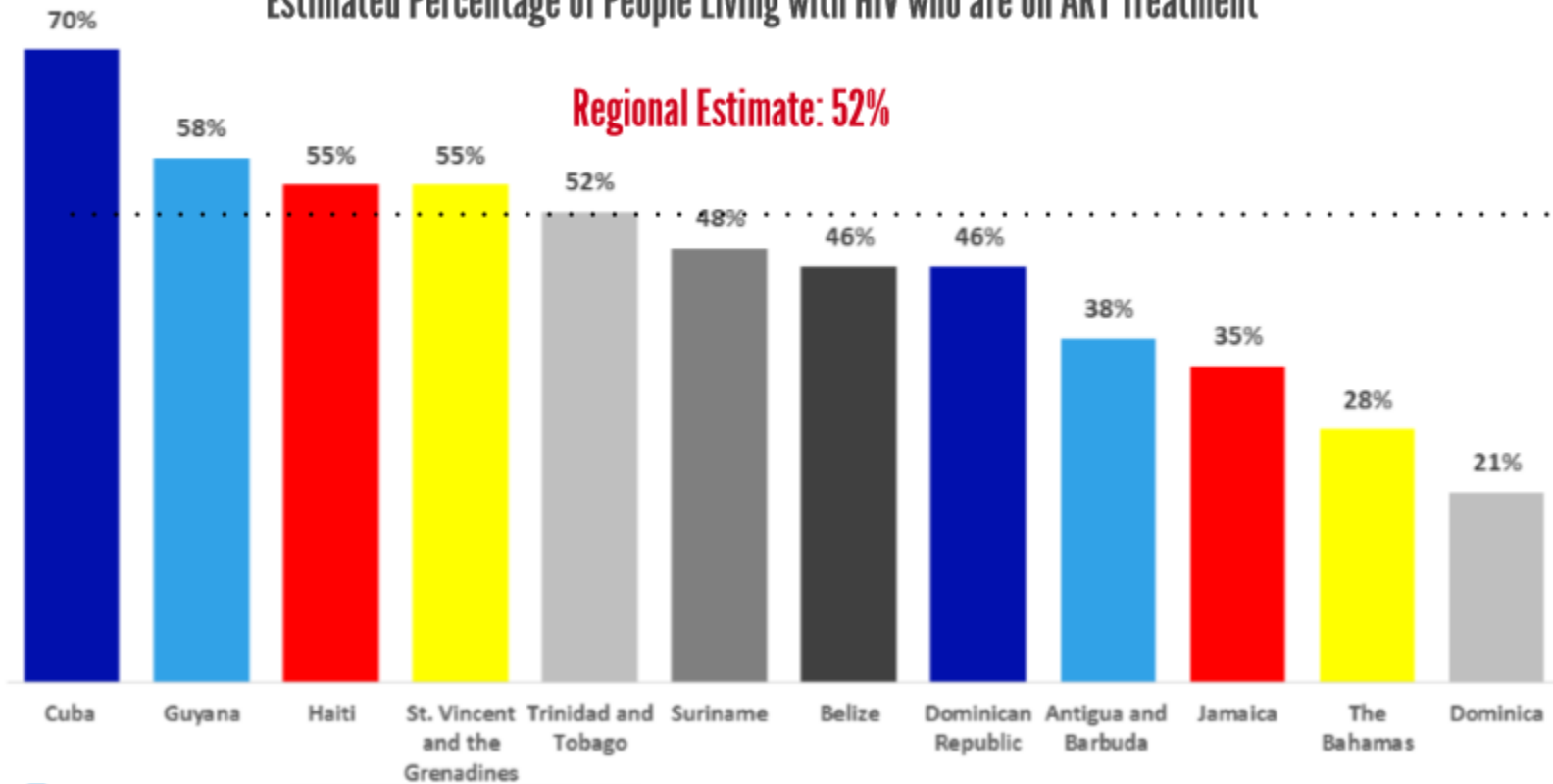
living with HIV will know  
their HIV status

The Gap to Reaching the First 90 in the Caribbean



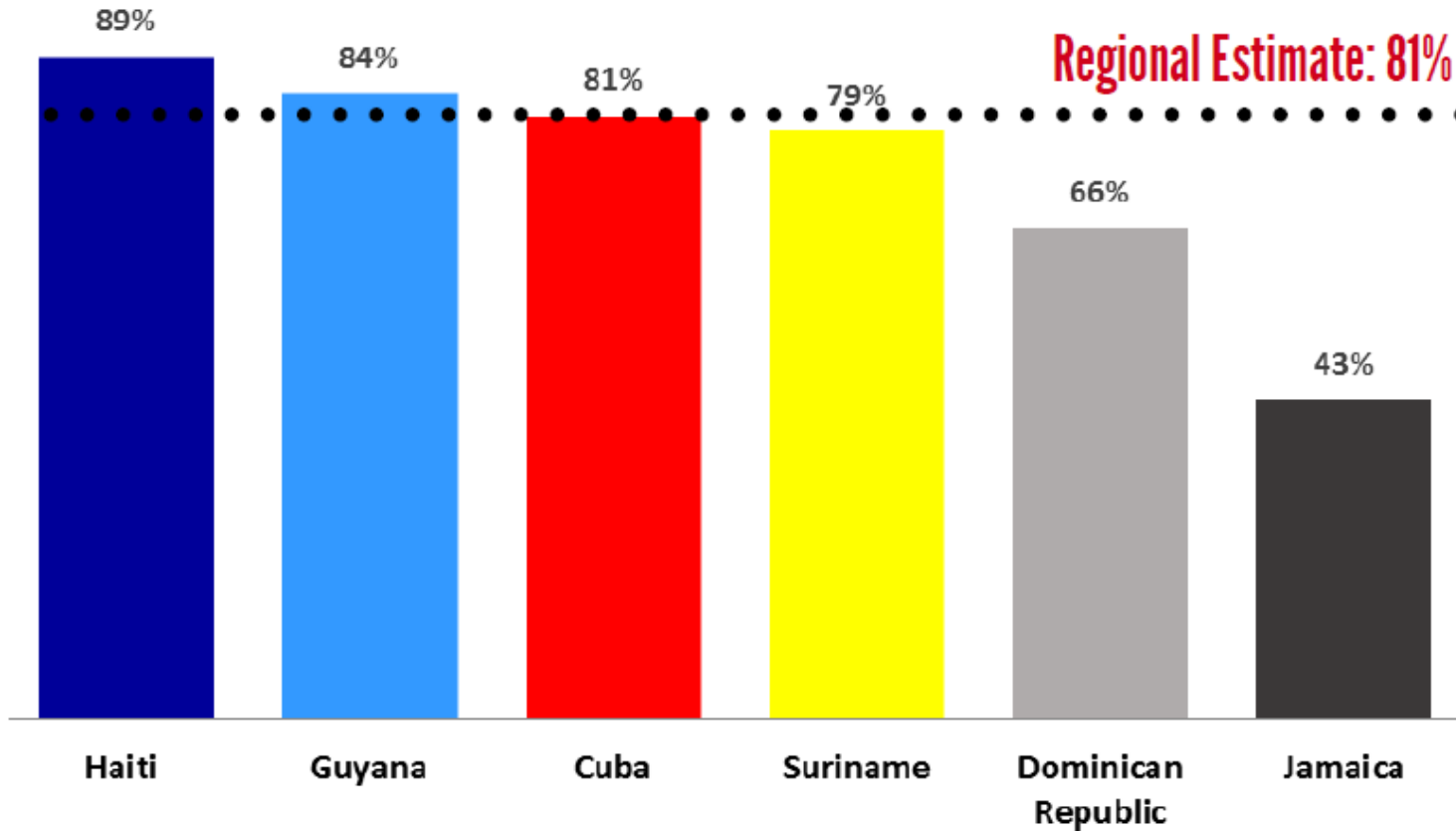
# The Second 90 - Treatment

Estimated Percentage of People Living with HIV who are on ART Treatment



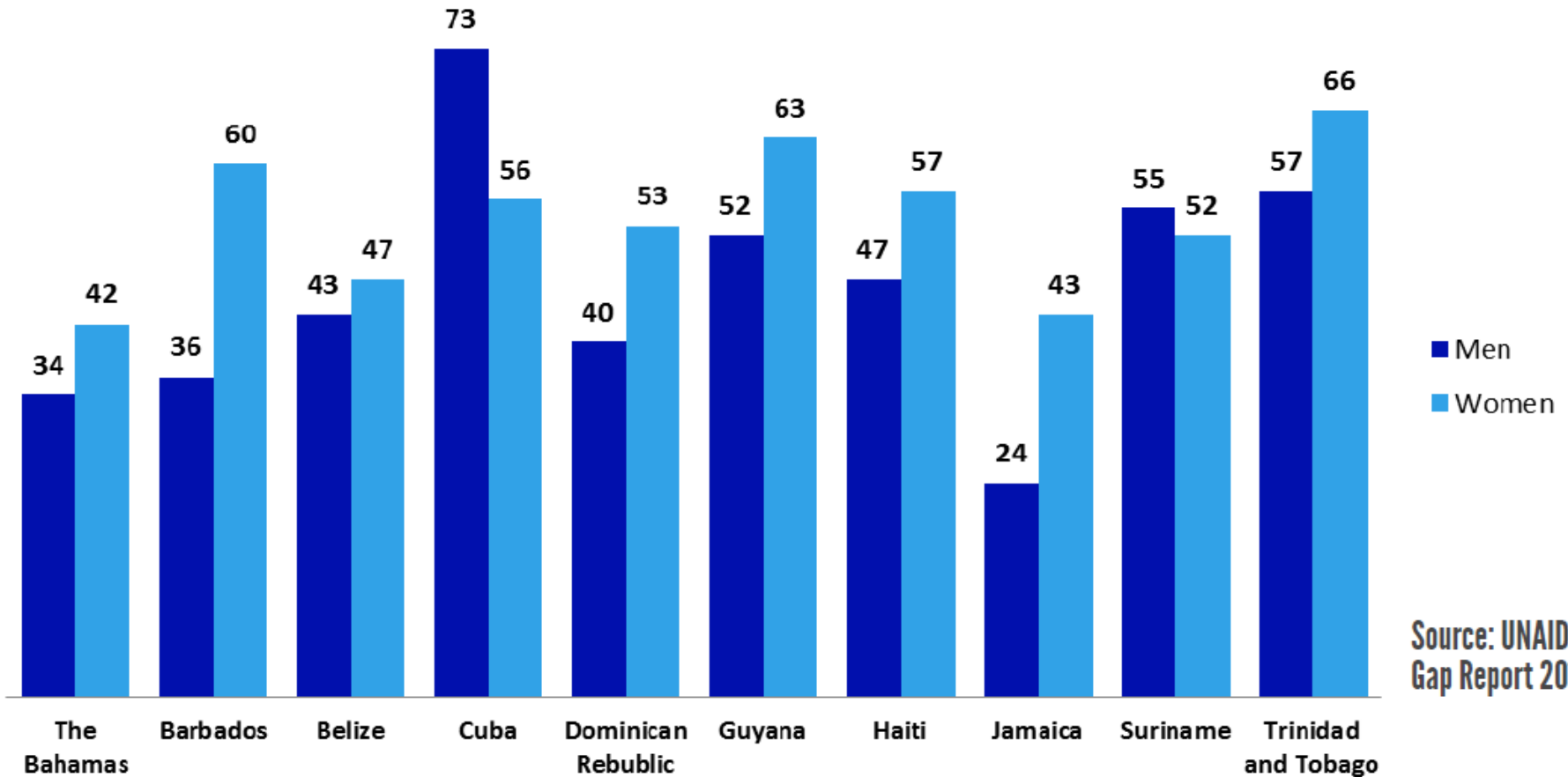
# The Second 90 - Treatment

Percentage of All People Living with HIV who know their Status and are on Treatment



# The Second 90 - Treatment

Estimated Percentage of Women and Men Over Age 15 Living with HIV and Receiving ART, 2015

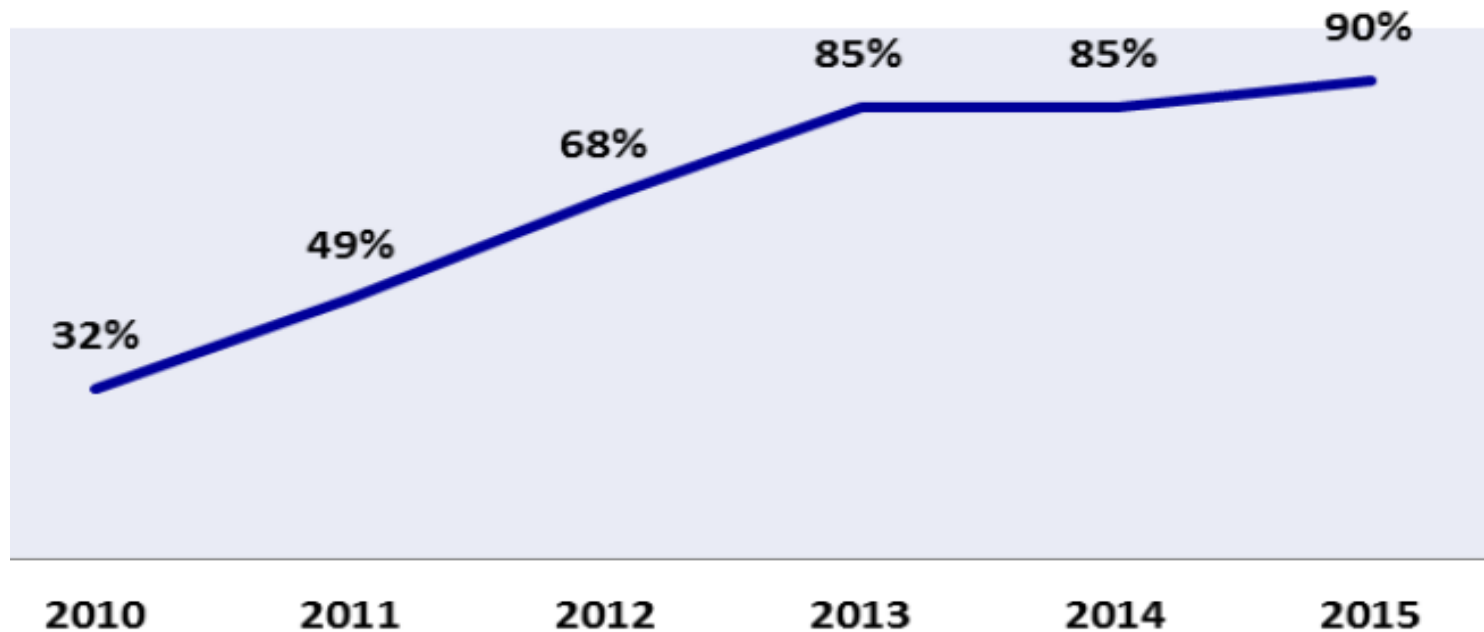


Source: UNAIDS Gap Report 2016



# The Second 90 - Treatment

Estimated Percentage of HIV Positive Pregnant Women Receiving Antiretroviral Therapy for PMTCT, 2015



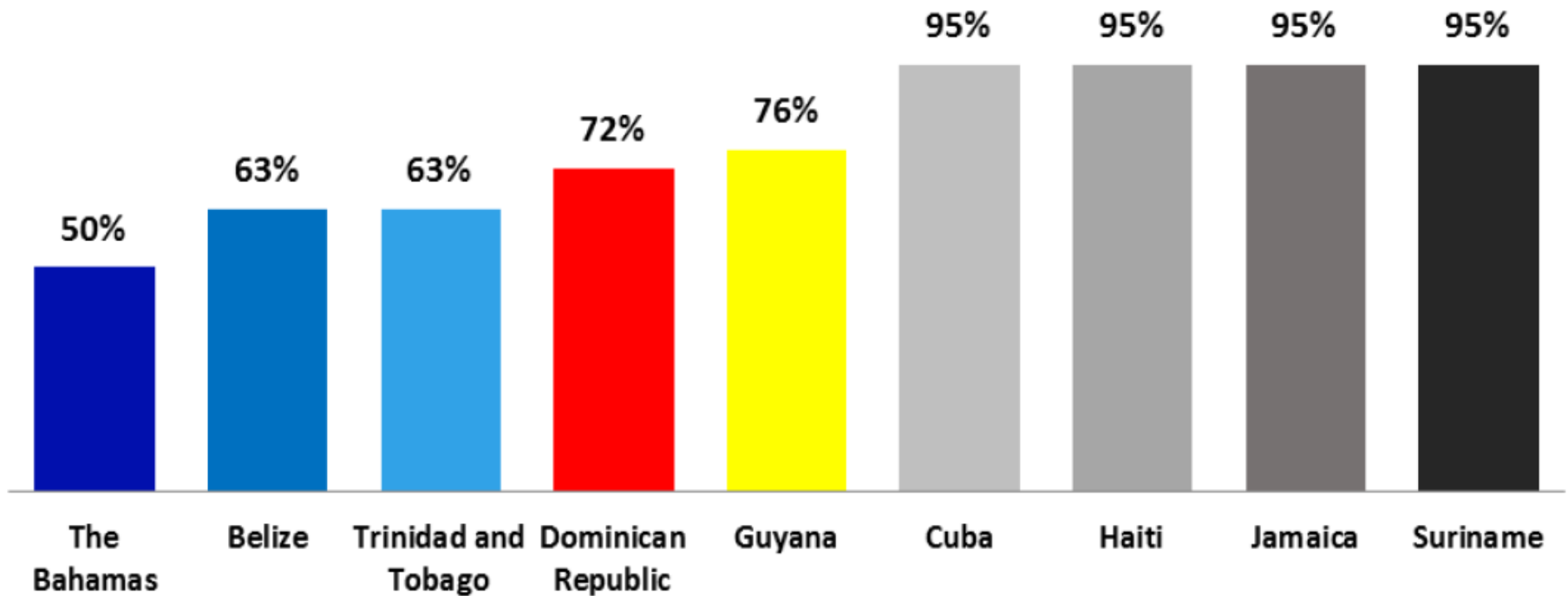
Source: PAHO - Elimination of Mother-to-Child Transmission of HIV and Syphilis in the Americas 2016





# The Second 90 - Treatment

Estimated percentage of pregnant women living with HIV who receive ARV for PMTCT



Source: PAHO - Elimination of Mother-to-Child Transmission of HIV and Syphilis in the Americas 2016



# The Second 90 – The Gap

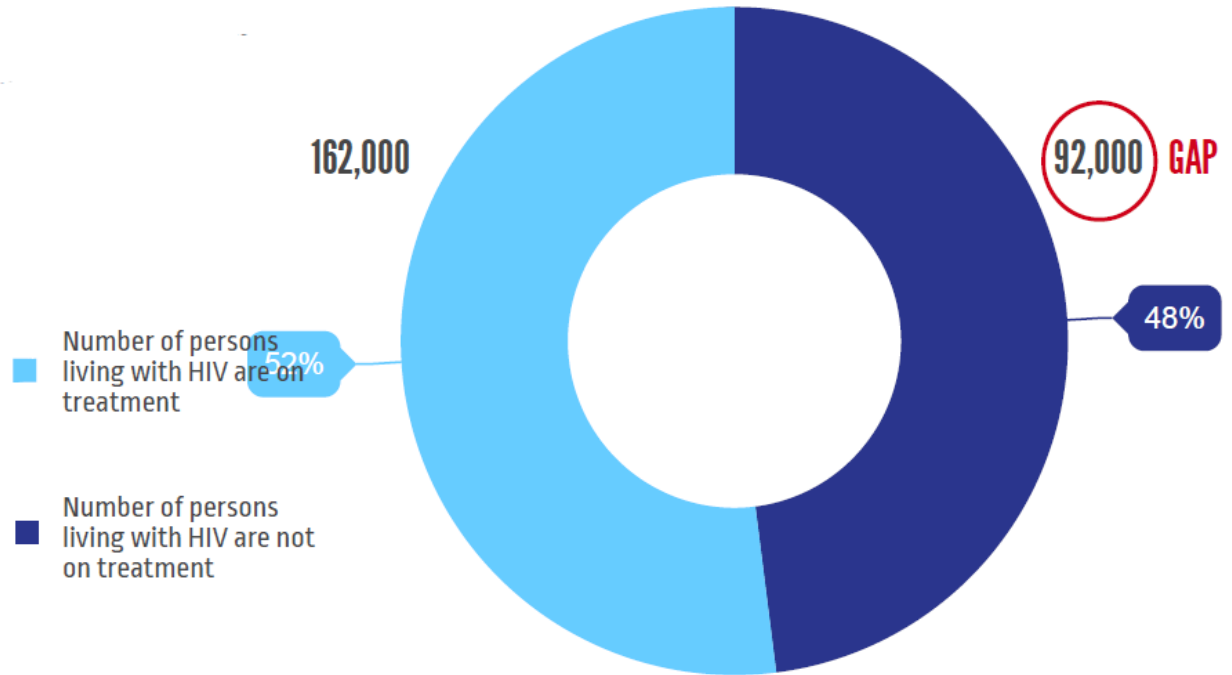
## The Gap to Reaching the Second 90 in the Caribbean

90%

of all

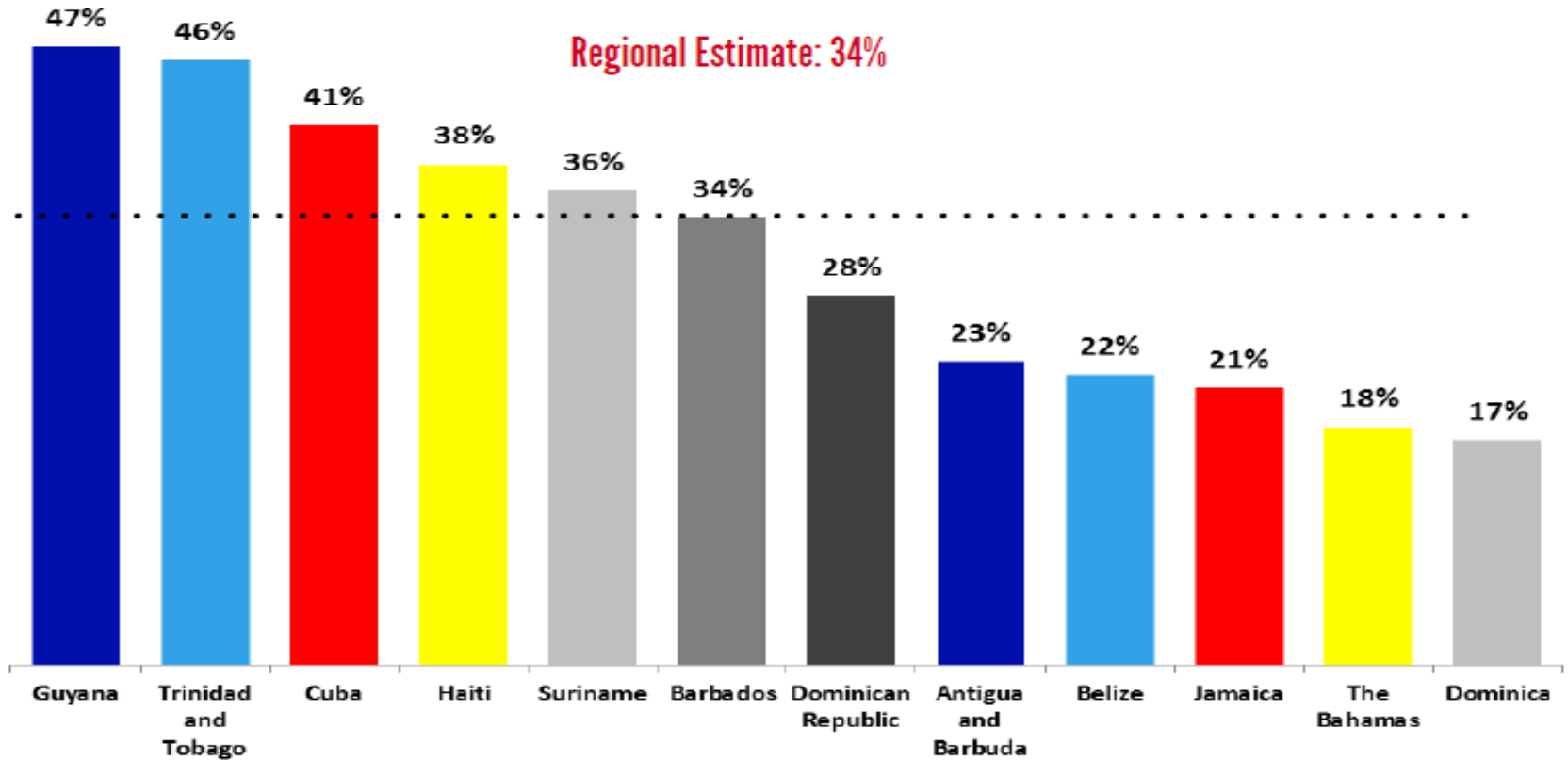


living with HIV will receive antiretroviral therapy



# The Third 90 – Viral Suppression

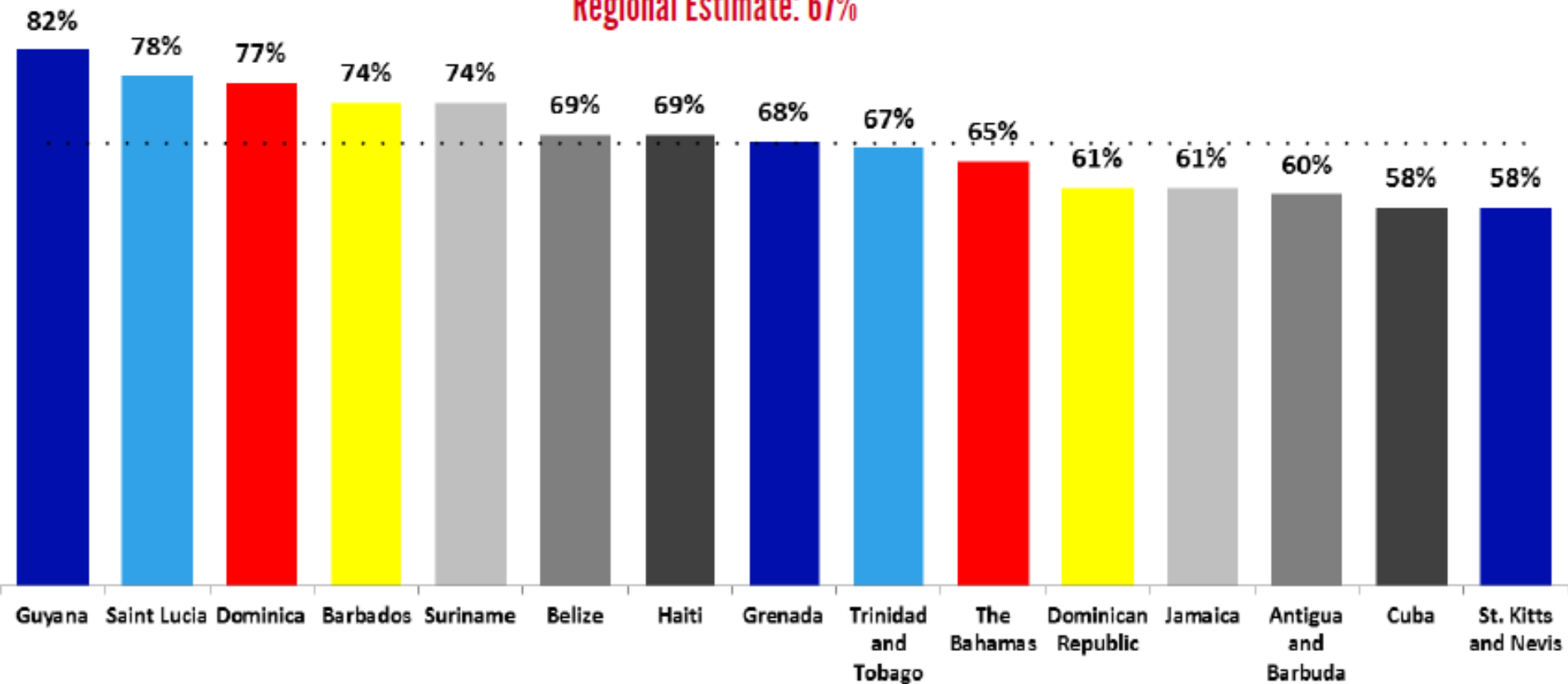
Estimated Percentage of People Living with HIV who are Virally Suppressed, 2016



# The Third 90 – Viral Suppression

Percentage of People Living with HIV Who are on Treatment and are Virally Suppressed, 2016

Regional Estimate: 67%



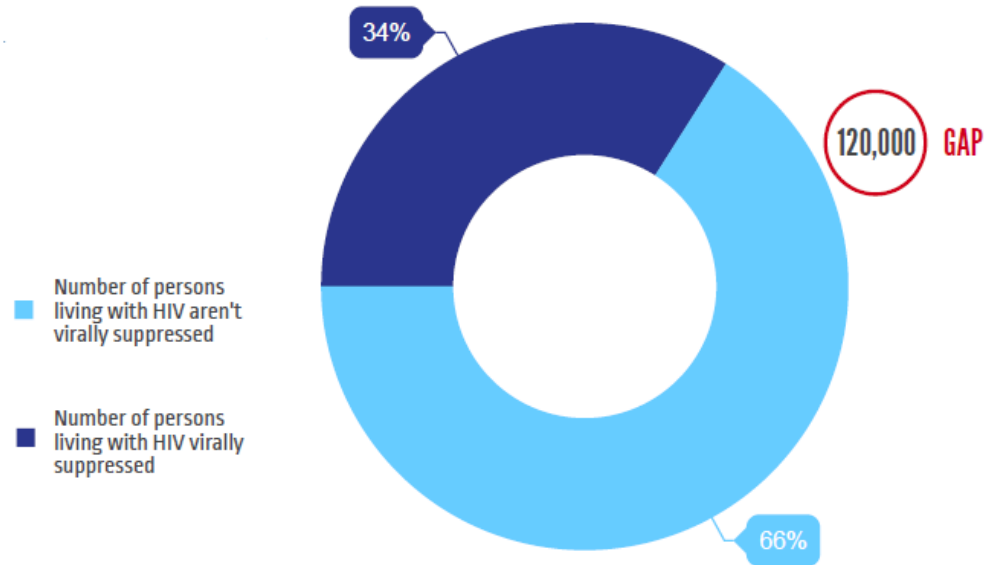
# The Third 90 – The Gap

90%  
of all

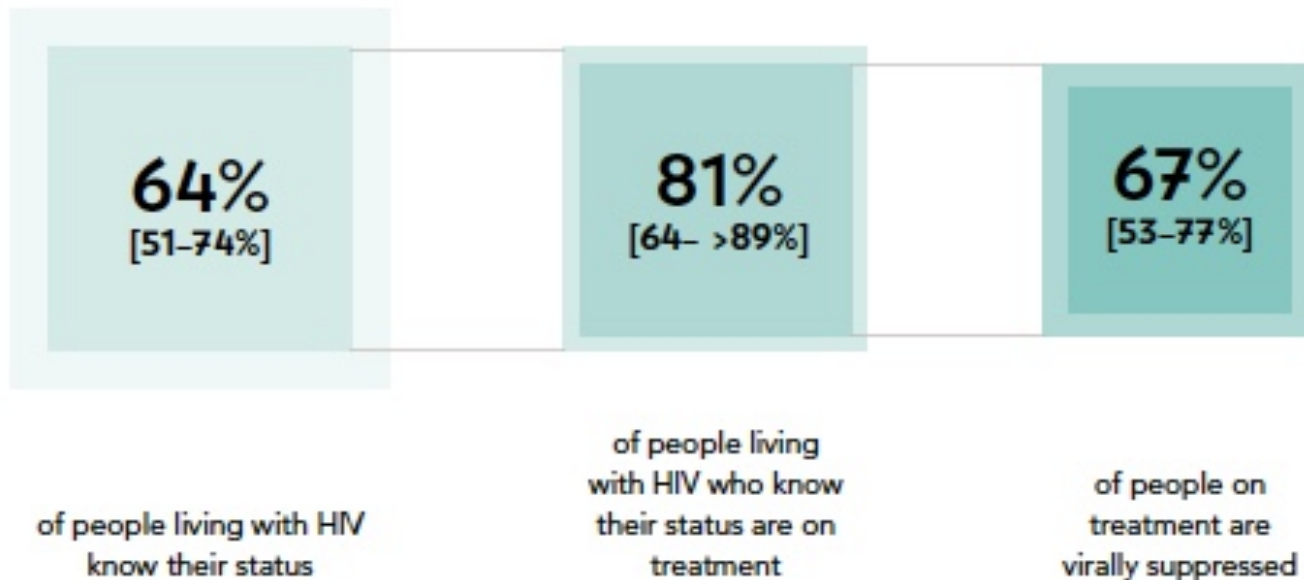


receiving antiretroviral  
therapy will have viral  
suppression

The Gap to Reaching the Third 90 in the Caribbean



# Status of 90-90-90



UNAIDS Global AIDS update, 2016



# Reaching 90-90-90 – The Gap

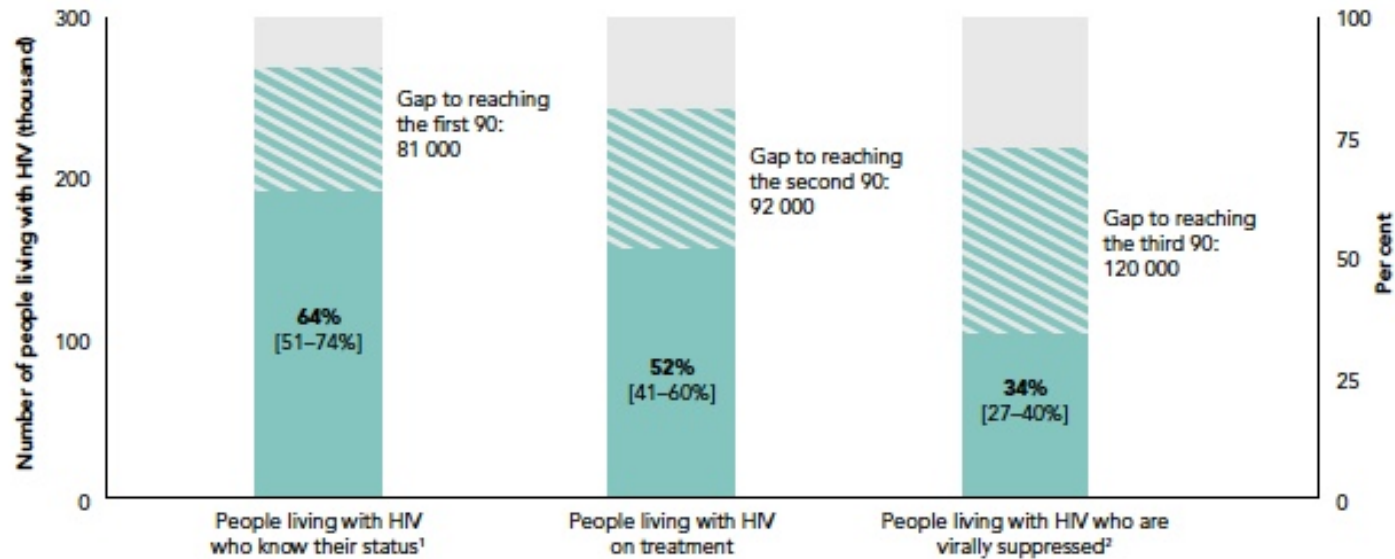


FIGURE 10.4. KNOWLEDGE OF HIV STATUS, ANTIRETROVIRAL THERAPY COVERAGE AND VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV, CARIBBEAN, 2016

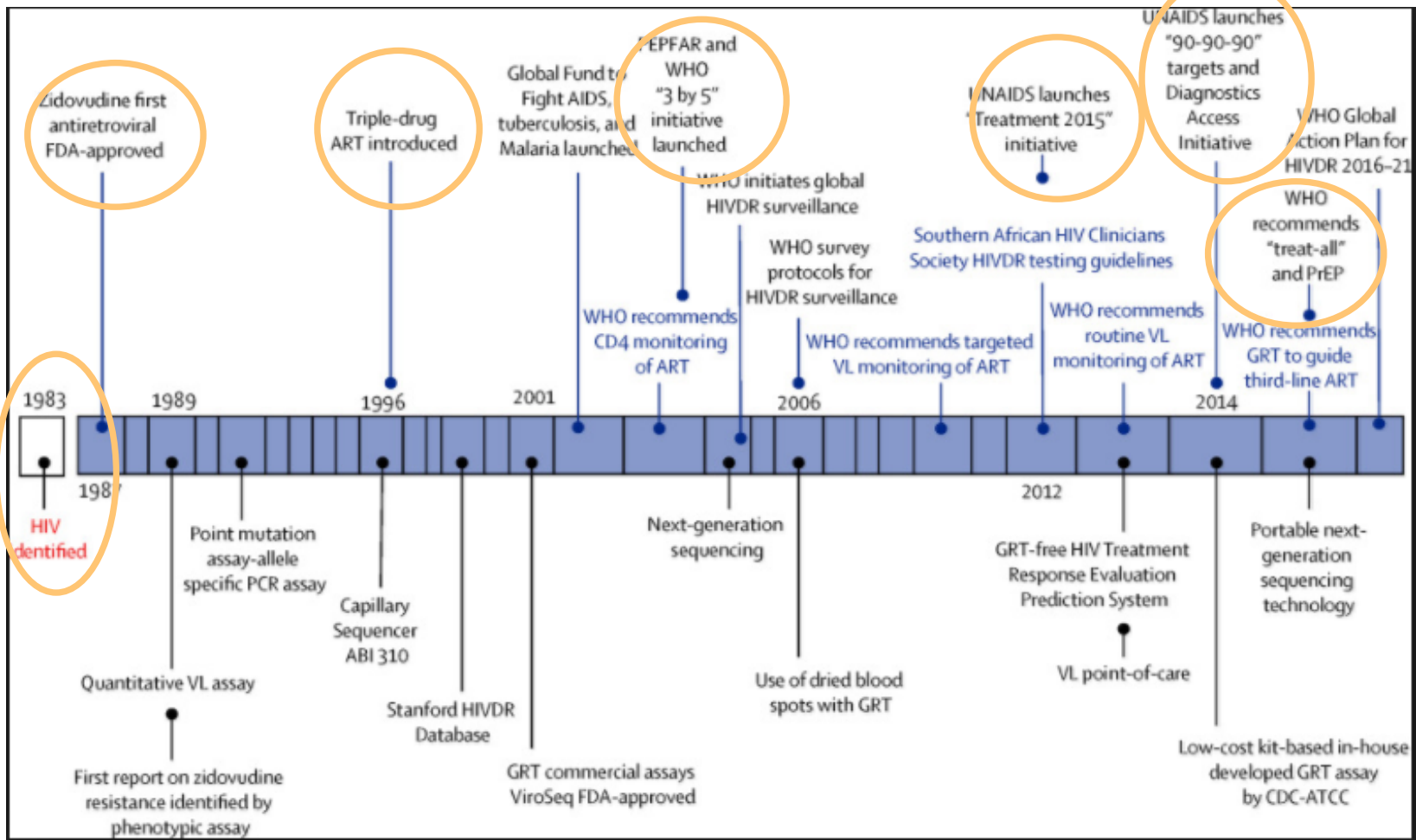
Source: UNAIDS special analysis, 2017; see annex on methods for more details.

<sup>1</sup> 2016 measure derived from data reported by seven countries, which accounted for 93% of people living with HIV in the region.

<sup>2</sup> 2016 measure derived from data reported by 10 countries. In the region, 52% of all people on antiretroviral therapy were reported to have received a viral load test during the reporting period.

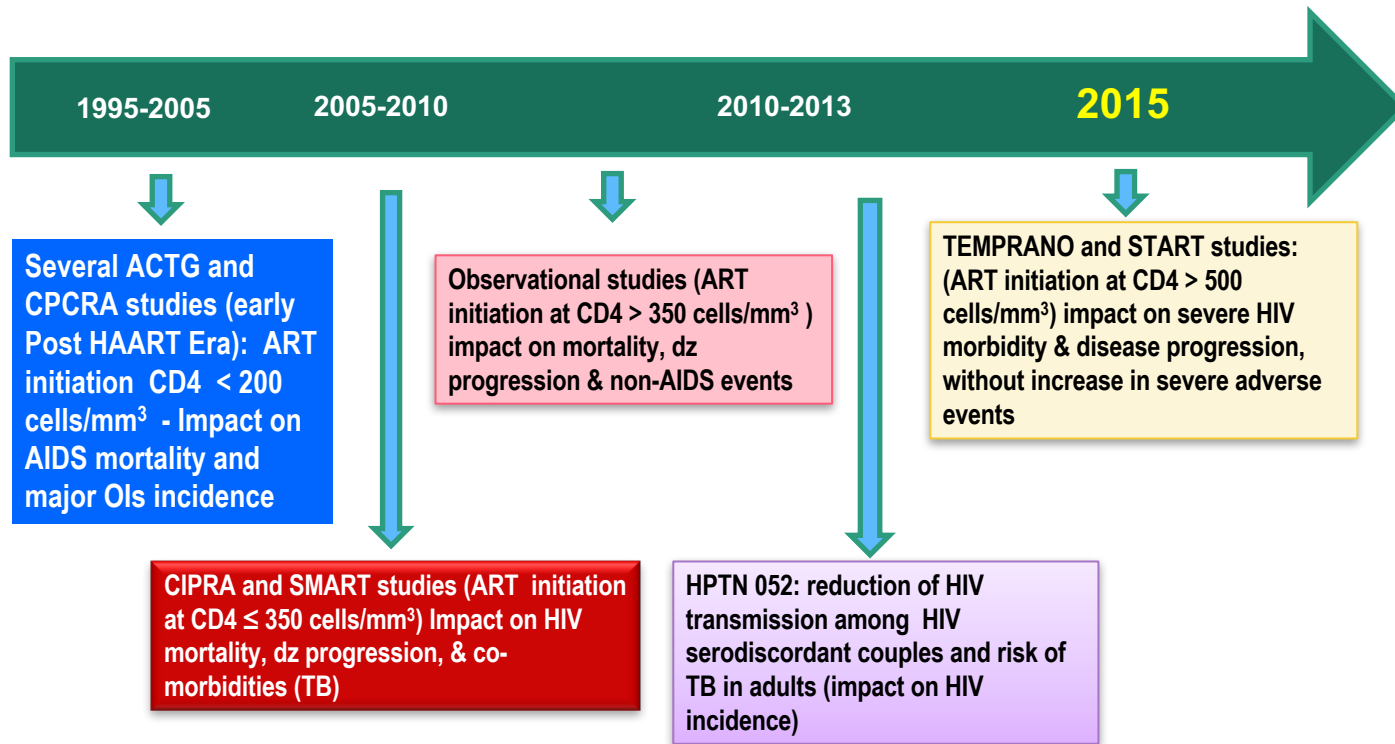
UNAIDS Global AIDS update, 2017





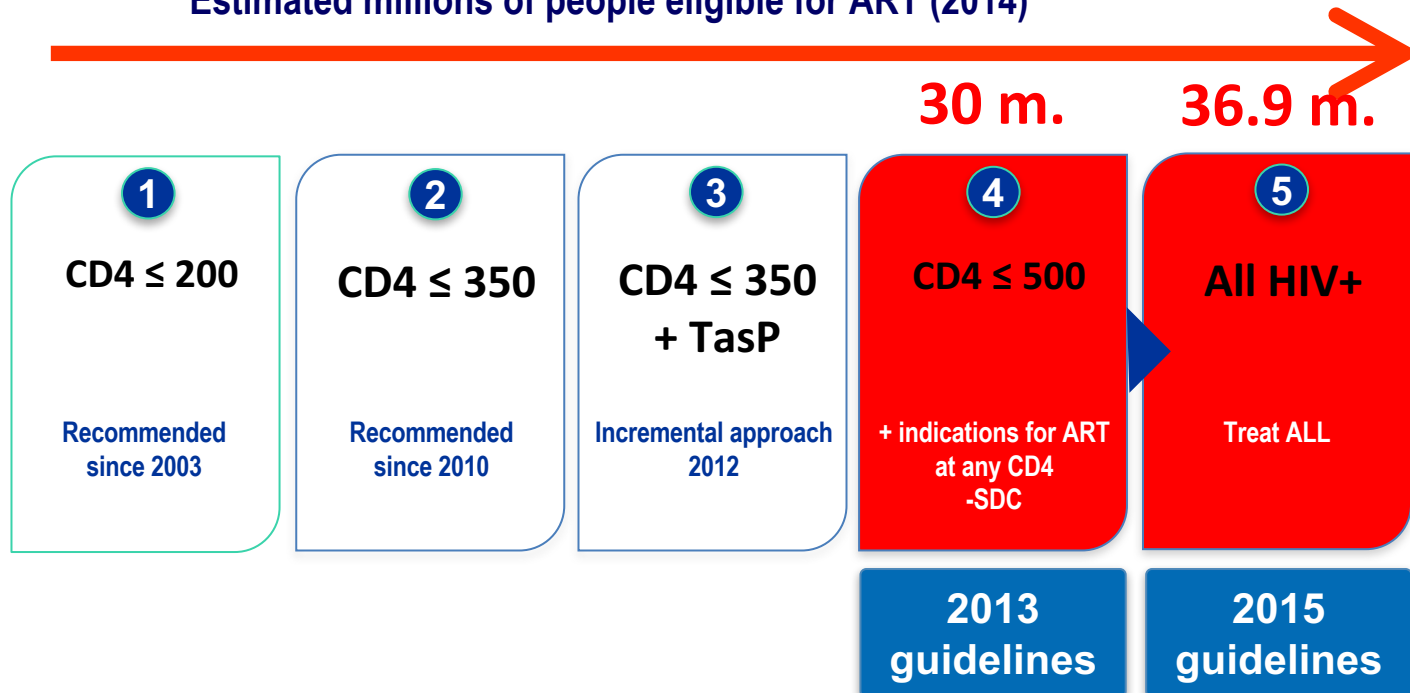


# ART studies



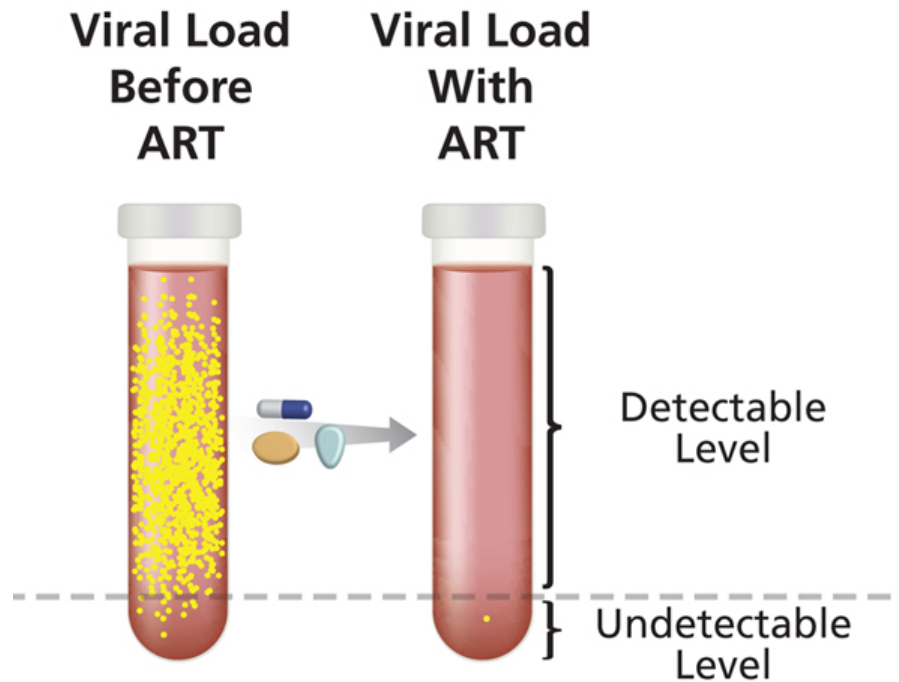
# ART eligibility: 5 policy scenarios

Estimated millions of people eligible for ART (2014)



# Undetectable = Uninfectious (U=U)

## Viral Suppression



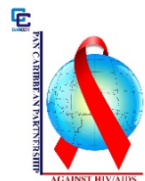
**USAID**  
FROM THE AMERICAN PEOPLE



**PEPFAR** 43

**K4Health**<sup>TM</sup>

Knowledge for Health



# Consensus Statement

RISK OF SEXUAL TRANSMISSION OF HIV FROM A PERSON LIVING WITH HIV  
WHO HAS AN UNDETECTABLE VIRAL LOAD

Endorsements Updated: November 19, 2017  
Issued: July 21, 2016

## Undetectable=Uninfectious

“These results are simple to understand – zero transmissions from over 58,000 individual times that people had sex without condoms...[PARTNER study] provides the strongest estimate of actual risk of HIV transmission when an HIV positive person has undetectable viral load – and that this risk is effectively zero.” [Simon Collins](#), Steering Committee, PARTNER, [i-BASE](#) (July, 2016)

“If you diligently take your medicine and keep your viral load to below detectable levels, you will not be dangerous to your partner. We now have the scientific data to say you may be “infected” but you are not “infectious”. That goes a long way toward eliminating the stigma associated with HIV.” Anthony S. Fauci, M.D., Director, NIAID, [NIH Video interview](#) (July, 2017)

“If people are taking their pills reliably and they're taking them for some period of time, the probability of transmission in this study is actually zero.” [Dr. Myron Cohen](#), Chief, Division of Infectious Diseases, UNC School of Medicine, North Carolina, USA; Principal Investigator, HPTN 052 Interview with [plus](#) (August, 2015)

“[People with HIV] will not pass on the infection, if the virus is undetectable, to their partners...” [Professor David Cooper](#) - Director of the Kirby Institute for Infection and Immunity in Society. University of NSW, Australia; [ABC AU interview](#) (May, 2015)



# Challenges

- Late diagnosis, especially among men
- Adolescent girls under 18 need parental consent or accompaniment to access SRH services in some countries (age of consent is often 16)
- 9 of 17 countries require parental consent for
- Stigma and discrimination
- Finding those most at risk (almost 80%)\*
- Reaching first time testers (around 50%)\*



# Barriers to testing – Survey

1. Stigma and discrimination
2. Fear of status and confidentiality
3. Access to services
4. Personal believe they aren't at risk
5. Poverty/lack of financial resources
6. Attitude of health care workers



# Barriers to treatment - Survey

1. Stigma and discrimination
2. Poor culture of taking meds/taking meds for life
3. Denial
4. Poverty/lack of financial resources
5. Access to health centers that provide ART
6. Lack of social support



# Discussion

- What is missing?
- Where is testing available?
- Is it opt-in or opt-out?
- Do people test routinely or after they're sick?
- How available is treatment in your country?
- How easy is it to access ART?
- How many countries currently offer treatment immediately upon testing positive?
  - How have people reacted to this?





# Audience Analysis



# Priority Audiences

- Who is most affected?
- Whose knowledge, attitude and behaviours must change for us to attain our vision?
- How many people are in the audience?
- How important it is that the audience change their behavior?
- How likely it is that the audience will change their behavior?



# Pre-Workshop Survey

- Who are the most vulnerable?
  1. MSM
  2. Men 25-49
  3. Young Men 15-24
  4. Adolescent girls and young women 15-24
  5. Women 25-49
  6. Commercial Sex Workers



# POLL EVERYWHERE

- Identifying the priority audiences



# Focus Group Discussions

- Held in Trinidad on Tuesday
- Three Groups
- Discussing barriers and motivators



# Barriers

## To getting tested:

- Fear of the answer
- Discrimination
- Stigma
- not enough education
- believe you aren't at risk
- Lack of self confidence and coping skills
- Shame
- having to tell partners (if positive)

## To getting on treatment:

- self-discrimination & outside discrimination
- don't want to associate themselves with infection
- don't want to go to clinics and be seen/safer locations
- don't want to deal with attitudes of health workers (how test result is communicated is very important in linking to treatment and acceptance)
- not getting proper or good referrals
- you don't feel sick/don't have education of importance
- depression



# Motivators

## To getting tested:

- social support
- be counseled by HIV-positive people who have faced the same challenges
- more supportive health workers
- media influencers
- celebrity/government buy-in and support
- educate on the ease & benefits
- convenience of sites
- go as a group

## To getting on treatment:

- confidential space/clinic
- integrated services that include access to psychologist/nutritionist/gynecologist with doctors trained in working with those with HIV
- personal stories from those on treatment
- peer support
- education on how treatment will improve your lifelong health and what health issues you may encounter if you don't start
- vanity – if you want to continue looking good you need to get treatment
- celebrity role model (Magic Johnson) living a good life



# Audience Analysis

Socio-Demographic	Geographic	Psychographic	Communication Channels	Other Opportunities
<ul style="list-style-type: none"> <li>Sex or gender</li> <li>Age range</li> <li>Education level</li> <li>Job type</li> <li>Language</li> <li>Ethnicity</li> <li>Religion</li> <li>Household size or number of children</li> <li>Level of income</li> <li>Education</li> <li>Occupation</li> </ul> <p><b>Sources:</b></p> <ul style="list-style-type: none"> <li>DHS</li> <li>Census Data</li> </ul>	<ul style="list-style-type: none"> <li>Region</li> <li>District</li> <li>City</li> <li>Urban</li> <li>Rural</li> </ul> <p><b>Sources:</b></p> <ul style="list-style-type: none"> <li>Census Data</li> <li>Local Government Data</li> </ul>	<ul style="list-style-type: none"> <li>Needs or concerns</li> <li>Hopes and aspirations</li> <li>Values</li> <li>Interests</li> <li>Activities</li> <li>Attitudes and opinions</li> <li>Lifestyle</li> <li>Personality traits</li> </ul> <p><b>Sources:</b></p> <ul style="list-style-type: none"> <li>Market research</li> <li>Consumer surveys</li> <li>Media reports</li> <li>Project research</li> </ul>	<ul style="list-style-type: none"> <li>Frequent vs. occasional use</li> <li>Use for general information</li> <li>Use for health information</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Community media</li> <li>Print</li> <li>Radio</li> <li>Television</li> <li>Mobile phone</li> <li>Social media</li> </ul> <p><b>Sources:</b></p> <ul style="list-style-type: none"> <li>Media reports</li> </ul>	<ul style="list-style-type: none"> <li>Where audiences spend time</li> <li>Activities audiences already participate in</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Community events</li> <li>Health clinics</li> <li>Religious institutions</li> <li>Health fairs</li> <li>Schools and school events</li> </ul>





# Knowledge, Attitudes and Practices of Priority Audience

- What does the priority audience already know (knowledge) about the problem?
- How does the priority audience feel about the problem (attitude)?
- How does the priority audience see their role with respect to the problem (self-image)?
- Does the priority audience feel at risk of having the problem? How at risk do they feel (risk perception)?
- What are the community's beliefs and attitudes toward the health problem (social norms)?
- How capable does the priority audience feel about being able to take action to address the problem (self-efficacy)?
- What emotional reaction does the priority audience have towards the health problem (emotions)?
- What level of support does the priority audience believe they would receive from family members or the community (social support and influence)?
- How capable does the priority audience feel about discussing how to reduce the problem (personal advocacy)?





# GROUPS

Group 1	Group 2	Group 3	Group 4	Group 5



# Key Influencers

- Influencers can be individuals or groups. Their different roles – as friends, family, leaders, teachers, health providers and of course, the media – often determine their level of influence. Consider the following factors to help identify [influencing audiences](#):
  - Who has the most impact on the priority audience’s health-related behavior and what is their relationship to the priority audience?
  - Who makes or shapes the priority audience’s decisions in the problem area?
  - Who influences the priority audience’s behavior positively and who influences it negatively



# Influencing Audiences

- How strongly the group influences the priority audience
- What behaviors they encourage the priority audience to practice
- Why they would encourage or discourage the desired behavior
- How to reach them

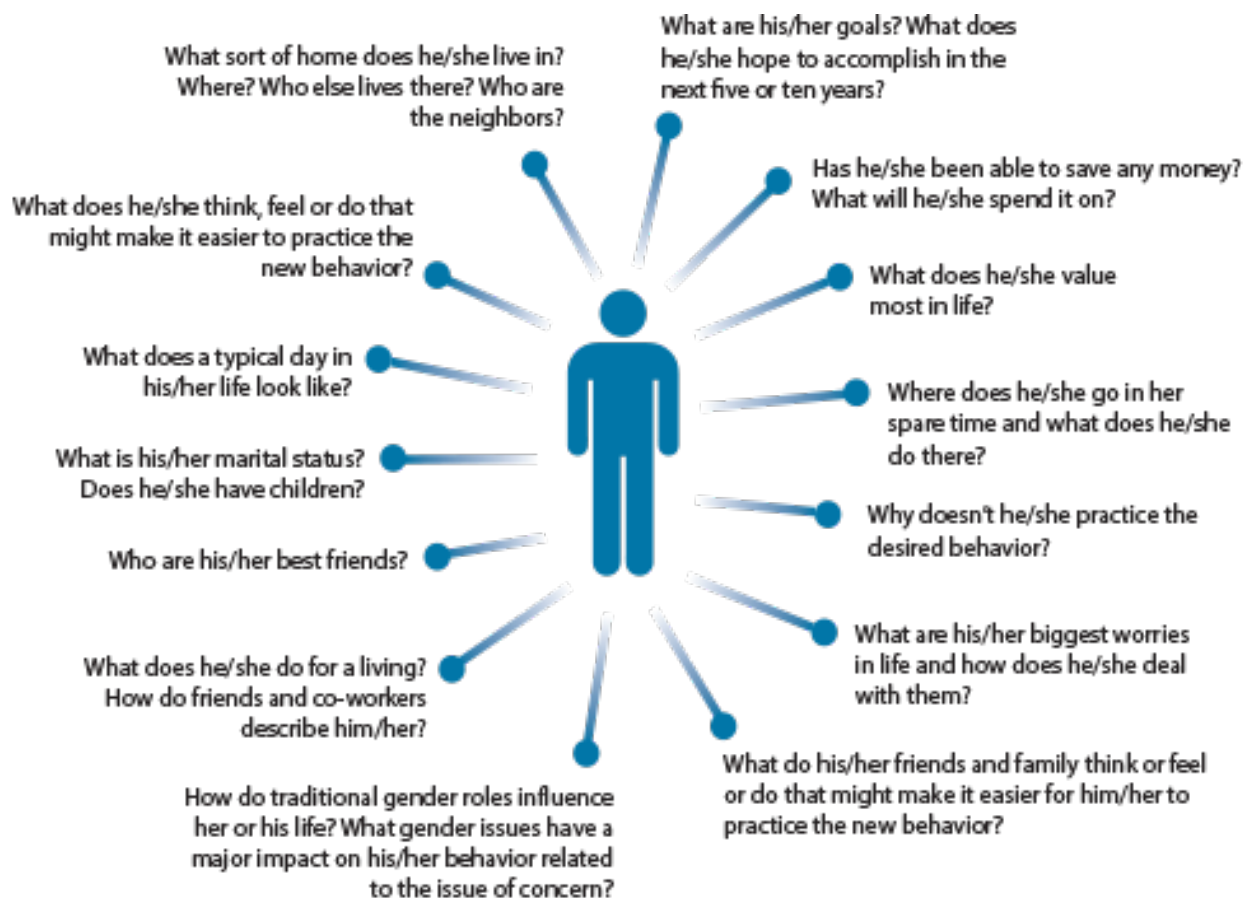


# Influencing Audiences

Who influences the priority audience?	How much influence do they have (strong, moderate, weak)?	What behaviors do they currently influence the priority audience to do?	Why would they encourage the desired behavior?	Why would they discourage the desired behavior?	What media channels do they use most?
<i>Priority Audience: Married Women of Reproductive Age (18 – 35)</i>					
Mother-in-law	Very strong	<p>Have many children</p> <p>Have a son</p> <p>Have a child immediately after marriage</p>	The mother-in-law cares about the health of the baby	<p>Traditionally the number of children a family has provides status in the community and signifies wealth</p> <p>Having a child immediately after marriage shows fertility</p>	<p>Storytelling</p> <p>Radio</p> <p>Peer to Peer</p>



# Audience Profiles



# Writing a Profile

- Demographic information, such as geographic location, gender, age, number of children, marital status
- Current values and beliefs
- Current behavior as it relates to the targeted behavior and health area
- Known barriers and facilitators that help or prevent adoption and/or maintenance of the desired behavior - **PRIORITIZE**
- Psychographics and any other key insights about the audience gathered during the analysis phase, such as aspirations, desires for the future, fears or concerns
- Motivation v. ability
- Sources of information and preferred media channels, such as radio, television, social media, peers, and coworkers





# Communication Objectives

- What is the desired change?
- What is the intended impact of the communication efforts?
- What is the timeframe for the changes?
- Should focus on addressing the biggest communication challenge.



# SMART Objectives

- S – specific
- M – measurable
- A – appropriate
- R – realistic
- T – time bound



# Developing Objectives

Audience Segment	Desired Change	How much Change ?	Barriers to Change	Timeframe	Final Communication Objective	Does objective address barriers?	SMART?
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.



# What I Got from Today



# Activity

<b>Learn</b>  What was one notable thing you learned today?	<b>Challenge</b>  What challenged you today?
<b>Change</b>  What is one way you plan to change your work based on today's session?	<b>Feel</b>  How do you feel about what you have learned so far?



# Day 2 – Message Development



# Positioning

**Positioning** means presenting a challenge, service, or product in such a way that it stands out from other comparable or competing challenges, services, or products, and it is appealing and persuasive.

Positioning creates a distinctive and attractive image, a perpetual foothold in the minds of the intended audience.



# Positioning

- What impression or image do you want your program to create in the minds of your audience?
- What cues can you use for your audience to recognize the program?
- What can you do to help the audience react positively to and identify with the program?
- How can you help motivate the desired change?
- How can you build a positive relationship with your audience?





# Position Statement

- Does it resonate with your audience?
- Will it resonate over time? Does it provide for a long-term identity?
- Does it represent something better or different than the current situation?
- Is the position feasible? Can the program deliver the promise or benefit?
- Does it foster a positive and trusting relationship with your audience?
- Does it represent a clear vision?



# Benefit Statement

- The main benefit if the audience is to take up this change
- Benefit must outweigh the perceived cost



# Benefit Statement Categories

- Social approval – society approves of the behavior
- Prestige – society respects the behavior
- Fear reduction – the behavior reduces fear
- Health and life enhancement – the behavior has perceived health benefits and contributes to an avoidance of pain, disease or death
- Economic – the behavior could lead to saving money or making money
- Conformity – everyone is doing the behavior



# Benefit Statement

- Is the benefit persuasive to the audience?
- Is the benefit statement based on emotion or facts?
- Will the benefit statement resonate with the audience?
- How will it benefit the audience?
- How does the benefit outweigh barriers to change?
- How does the benefit outweigh incentives not to change?



# Key Benefit

If you [*adopt x behavior*]...then you will [*benefit in this way*]...”



# Support Points

- Why should the audience believe you when you say it will benefit them?
- Can be:
  - Facts
  - Testimonials
  - Opinion leader endorsements
  - Comparisons
  - Guarantees



# Example

Key Promise	Support Points	Message
If you use a female condom at every sexual encounter, you will have the freedom to live your life the way you want.	<ul style="list-style-type: none"><li>• Female condoms effectively prevent pregnancy (Fact).</li><li>• Female condoms prevent STIs (Fact).</li><li>• Marwa uses a female condom and has been free to pursue her career without worrying about taking care of children (Testimonial).</li></ul>	With the female condom, <i>you</i> are in control.



# Steps to Message Development

- Communication Strategy
- Creative Brief
  - Guides development of creative materials
  - Based on Communication strategy
  - Sets the direction, defines the audience(s), focuses on the key messages and shows the desired results
- Message Design
  - needs to a) include a clear call to action and b) address the behavioral determinant of interest.
- Materials





# Creative Brief Template

## Creative Brief Template

### 1 Health Area and Intervention(s)

### 2 Shared Vision

### 3 Background

*(What is the current situation of "X" issue?)*

### 4 Priority Audience

*(Write a description of a representative audience member and include a picture if possible)*

#### A. Primary Audience

Segment:  
Age:  
Income:

#### B. Influencing Audience

Segment:  
Age:  
Income:



# Message Design

- What do we mean by message?
  - A statement containing key points of information that a program wants to communicate to an audience to encourage behavior change.
- How do we make a message effective?
  - include a clear call to action
  - address the behavioral determinant of interest.



## 7 C's

## Description

## Message Check

<b>Command Attention</b>	Attract and hold the audience's attention. Make it memorable.	Does the message stand out?
<b>Clarify the Message</b>	Ensure the message is clear and easily understood. Less is more!	Is the message simple and direct?
<b>Communicate a Benefit</b>	Stress the advantages of adopting the new behavior being promoted.	Is it clear what benefit the audience receives if they take the action?
<b>Consistency Counts</b>	Repeat the same message consistently to avoid confusion and enhance the impact of the message.	Are all messages consistent? Can the message be conveyed across different media?
<b>Create Trust</b>	The credibility of the message is important. Without trust and credibility, the message will go unheeded.	Is the message credible? What source will make the message most credible?
<b>Cater to the Heart and Head</b>	People are swayed by both facts and emotions. Use both to maximize the persuasiveness of the message.	Does the message use emotion, as well as logic and facts?
<b>Call to Action</b>	Include a clear call to action. Tell the audience precisely what they should do.	Does the message clearly communicate what the audience should do?



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# Things to avoid

- Overloading with information
- Too many messages
- Detailed/technical language
- Jargon



## Message Design Checklist

1. Keep the message simple:
  - Make it easy to understand.
  - Make it short: less is more. Stick to only what is relevant.
  - Avoid jargon.
2. Know the audience:
  - Design messages based on the audience's stage of change.
  - Address the audience's values, norms and beliefs.
  - Address the audience's needs and priorities.
  - Consider the tone that most appeals to the audience.
3. Invite the audience to reach their own conclusions:
  - Do not present every detail.
  - Allow audiences to use their own thought processes.
4. Present an achievable solution:
  - Include specific suggestions on the actions the audience can take, either intermediary (calling a hotline, talking to a partner) or ultimate (wear a condom, get circumcised).

*Adapted from Advocacy and Leadership Center (2010)*



# Ways to Improve Messaging

- Be POSITIVE
- appropriate messages for appropriate groups – not a one size fits all approach
- use accurate statistics
- get input from the community and those who have the infection
- make availability of services obvious and easy to access
- show supportive family & friends
- show groups of people going together for testing
- have an HIV positive person be a spokesperson and educate
- realistic situations
- visual representations that show impact (in terms of multiple concurrent partners)



# Key Points

- The information you want to include in your messages
- Will be delivered in different ways depending on approach (brochure, poster, radio, etc.)
- NOT the final messages that will be given to audience
  - Just the information that needs to be included



# What is a key message?

- A short, concise statement of what you want the audience to understand from your communications.
- The core on which the program should build their concepts/discussion.





# Key Messages

- What do you want to say? What is the information you want to share?
- At what (educational) level should the information be aimed?
- How simple or complex should the messages be?
- How much detail is needed?
- What is the call to action?
- What is the benefit?



# Example

Audience	Audience Characteristics	Desired behavior	Barriers	Message
Unmarried men ages 18-25 with multiple partners	Needs validation from peers. Motivated by public recognition. Aspires to be manly.	Be faithful to one partner.	To be respected by peers and considered manly, you have to have multiple partners.	Real men keep to one sexual partner



# Tips

- Avoid jargon and technical terms.
- Be relevant. Speak to the audience in a language, tone and level of complexity that works for it.
- Keep it brief.
- Respect the priority audience. Would you accept that message in their shoes?



# Communication Channels

Communication Channel	Description	Advantages	Disadvantages	Resource Available	Comments	Rank 1-5 (1 being highest)



# Group Presentations

- Priority Audience
  - Benefit statement
  - Key messages
  - Support Points
  - Channels to use
- Influencing Audience
  - Key messages
  - Support Points
  - Channels to use



# Pre-testing

- Messages **MUST** be tested with the target audiences
- Why?
  - Increases the impact of SBCC materials by determining if what has been designed is suitable for the audience.
  - Saves money, time and energy as you know the messages will resonate



## Comprehension

Are the messages and materials understood by the priority audience?  
Do they recognize the benefits of taking action?

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## Attractiveness

Do the materials capture the audience's attention?

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## Acceptance

Is there anything about the material that is  
offensive or inappropriate?

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## Believability

Are the materials believable and realistic to the audience?

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## Involvement

Does the audience identify with the material?  
Does it 'feel right' to them?

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## Relevance

Are the materials related to the issues faced by the audience?

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## Motivation/Persuasion

Does the audience understand the call to action  
and are they inspired to act?

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## Improvement

Is there anything that can be done to improve the materials?  
What are specific suggestions from the priority audience?



# Pre-Test Methods

- Focus Group Discussions
- Individual Interviews
- Intercept interviews
- Survey/Questionnaire





# What to ask

Pretesting Element	Recommendation	Sample Questions
<b>Attractiveness</b>	Allow participants to compare alternative versions of materials.	<ul style="list-style-type: none"> <li>• What do you think about the pictures?</li> <li>• What was the first thing that caught your attention?</li> </ul>
<b>Comprehension</b>	Try to focus participants on the main idea of the message.	<ul style="list-style-type: none"> <li>• What do you think this material is telling you to do?</li> <li>• What words/sentences are difficult to read/understand?</li> </ul>
<b>Acceptance</b>	Explore issues that could potentially be overlooked.	<ul style="list-style-type: none"> <li>• Is there anything about the material that you find offensive?</li> <li>• Is there anything about the material that you find annoying?</li> </ul>
<b>Relevance</b>	Have participants confirm whether the material is appropriate for them.	<ul style="list-style-type: none"> <li>• What type of people should read/ watch this?</li> <li>• In what ways are people in the material like/different from you?</li> </ul>
<b>Motivation/Persuasion</b>	Explore the effect on behavior and desires.	<ul style="list-style-type: none"> <li>• What does this material make you want to do?</li> <li>• How likely are you to do that?</li> </ul>
<b>Improvement</b>	Find out other ways to enhance the material.	<ul style="list-style-type: none"> <li>• What new information did you learn?</li> <li>• What do you think is missing?</li> </ul>

*Salazar, 2008*



# Next Steps

- Messages need to be made country specific
  - Who can take this forward?
- What are some plans you have for using this in your country?
- How do you see this rolling out?



# Thank you!

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