

BEHAVIOR CHANGE COMMUNICATION FOR HIV /AIDS

What is behavior change communication (BCC)?

In general, behavior change communication can be defined as the process of understanding people's situation, developing messages that respond to the concern within those situations and using communication processes and media to persuade people to change their attitudes and behavior and practices that place them at risk.

In particular, Behavior change communication can be described as a multi-level tool for promoting and sustaining risk-reducing behavior change in individual and communities through the use of a well distributed health messages and information in a variety of predefined and defined communication channels.

Hence BCC focuses on changing behavior through the use of practical channels. It is noted that individual's behavior is directly influenced or modified by surrounding experiences which involve social, economic, religious and cultural influences. The channels of communication can be in the area of social marketing, mass media, community outreach and interpersonal etc.

Before risk and vulnerability to HIV can be reduced considerably, there must be a need for the individuals and communities to understand the urgency of the epidemic, this means that they must be given basic facts about HIV/AIDS, taught a set of protective skills and offered access to appropriate services and products. Above all they must also see their environment as a supportive element towards changing or maintaining safe behaviors.

As it is known that HIV is fundamentally a sexually transmitted infection, therefore the issue of HIV requires both national and community discussions on sex and sexuality, risk, risk setting and risk behavior.

Another thing that is to be noted is that HIV /AIDS forces people to confront cultural ideals in order to find amicable solution to the effect. However BCC is a tool needed for this process and can set the tone for compassionate, effective, and responsible interventions. Not only this, BCC can also produce insight into the effects or impacts the epidemic will have on the socio –economic.

EFFECTIVE USE OF BCC

An effective BCC program should be used in the following ways:

Increase knowledge: Knowledge levels in people are increased when they have the basic facts in a language, visual medium, or other media that they can understand and relate to. However, effective BCC should establish motivations that will change the behaviors of audience in positive ways.

Stimulate and encourage community dialogue: BCC should also be used in encouraging community and national discussions that will be based on the fundamental factors that is contributing to the epidemic. These factors can be the risk behaviors, risk settings and the environment that is creating these conditions. More so, BCC should also be used to create a demand for information and services and also initiate the necessary and direct action for reducing risk, vulnerability and stigma.

Promote and enhance advocacy: BCC can be used to ensure that policy makers and opinion leaders discuss and plan in regards to the epidemic, seriously and wholeheartedly through advocacy. This advocacy normally exist from the national level down to the local level.

Reduce stigma and discrimination: BCC on HIV/AIDS should also be used to lay emphasizes on stigma and discrimination, more so it should create a room to influence or initiate a social responses to them.

Promote services for prevention care and support: BCC should be used to promote services that address STIs, orphans and vulnerable children (OVC), voluntary counseling and testing (VCT) for HIV, prevention of mother-to –child transmission (MTCT), support groups for people living with HIV/AIDS (PLHA), clinical care for opportunistic infections, and social and economic support.

LESSON TO LEARN

Effort should be intensified on inculcating BCC in the overall program goals and specific objectives since BCC is an integral parts of HIV/AIDS prevention, care and supports programs. BCC should also be made to focus on individual behavior change and also helping environmental conditions that cause personal risk behavior.

The target population and the related community should be given the opportunity to participate in every phase and aspect of BCC development. Methodologies of various channels of communication that are more effective should be adopted.

Fear campaigns should not be used because they do not work. Monitoring and evaluation should be brought into BCC at the commencement of the programme.

Examples of BCC

- Promotion of peer education by mass media, counseling and other approaches.
- Organizing programs for the hairdresser and barber on HIV/AIDS so that they can disseminate HIV /AIDS Prevention Programme to their clients.
- Organizing programs for the commercial drivers as they are predisposed to high –risk-behavior due to the nature of their work. Peer educators are selected from them and trained to carry out HIV/AIDS preventive education as well as use of condoms.