

BEHAVIOR CHANGE COMMUNICATION FOR HIV /AIDS
MATEYA YA BOBONGOLI BIZALELI NA OYO ETALI VIH/SIDA

What is behavior change communication (BCC)?
Mateya ya bobongoli bizaleli nde nini (MBB)?

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.

Na bokuse, mateya ya bobongoli bizaleli ekoki kolakisa lolenge ya koyeba nini ezali kolekana na efandelo ya bato, pona kopesa bongo mateya oyo esengeli, na nzela ya media to pe nzela mosusu, natina ete bato bandima kobongola mimeseno oyo ekoki komema bango namabe.

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.

Mateya ya bobongoli bizaleli ekopesamaka nabalolenge ebele, nionso wana naboluki ete bato bakima mimeseno oyo ekoki komema bango namabe. Natina ena, mateya mpona kobatela bokolungono ya nzoto mpe mateya misusu oyo ebongisamaki ekopesama nalolenge esengeli.

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.

Mateya ya MBB esengeli kozala mingipenza mateya ya kobongolisa bizaleli nabisalelo oyo ebongi. Emonisami ete, ezaleli ya moto ewuti na ezaleli ya esika afandi mpe yango esimbi mboka mobimba, mosolo ya mboka mobimba, bisika ya losambo na mpe mimeseno ya mboka mobimba. Ba nzela ya kopesa mateya ekoki kozala na bopanzi sango, media (TV na Radio), na mpe bandeko oyo bazali mosika,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.

Koluka kosukisa mabe oyo ewuti na VIH, liboso esengeli ete bato banso bayeba mabe ya epidemi, elingi koloba esengeli nabato ko tangisa mateya esengeli mpe kopesa na moto nionso nzela na bisika ya ba soin mpe nab a kisi oyo esengeli. Esengeli na bato banso bakomisa efandelo nabango esika ya kobongola bizaleli mpe ya ko wumisa bizaleli ya malamuna kati ya efandelo.

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.

Eyebani ete, VIH ezali maladi oyo epesamaka mingi na nzela ya bosangisi nzoto mwasi na mobali, nayango kolonga VIH esengeli naba mbulamatarinonso basolola naoyo etali bosangisi nzoto, na mpe balolenge yakosangisi nzoto oyo ekokumba na maladi.

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.

Eloko mosusu esengeli koyeba ezali ete, VIH/SIDA ekotinda bato banso bayokana mpo ete bazwa mokano oyo ekosukisa maladi. Natina ena, MBB ezali esalelo oyo esengeli mpona kosangisa batobanso mpe kozwa mokano oyo esengeli.

Not only this, BCC can also produce insight into the effects or impacts the epidemic will have on the socio –economic.

Lisusu, MBB ekomonaka makambo oyo epidemi ekoki komema na efandelo ya bato.

EFFECTIVE USE OF BCC

Bokasi ya mateya ya MBB, esengeli esalema na lolenge oyo:

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

Bokasi ya mabongisi ya MBB ekolanda nzela oyo:

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.

Kokolisa boyebi: Boyebi ya bato ekokola tango bayebi lokota, bisaleli misusu na mpe media (TV, Radio), oyo bakoki kolanda mpe kopanza nsango. Nayango, mateya ya MBB esengeli kosala ete balandi nsango babongola mimeseno nabango.

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.

Koluka ete ba engomba ba kutana: Kosalela MBB naboluki ete ba engomba bakutana mpe basolola namaye matali maladi.

These factors can be the risk behaviors, risk settings and the environment that is creating these conditions.

Makambo oyo bakolobela yango ekoki kozala mimeseno mabe na mpe manso oyo ekosalaka ete mimeseno ya mabe ezala.

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.

Lisusu, kosalela MBB naboluki koyeba, kosukisa mabe, mpe kolongola nsoni.

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.

Mateya ya MBB esengeli eyebana: Kosalela mateya ya MBB mpona kosunga ba bapolitiki na mpe bazwimikano bakutana mpe bazwa mabongisi naoyo etali epidemi.

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.

Kolongola nsoni mpe bokitisi: Kosalela Mateya ya MBB naoyo etali nsoni mpe bokitisi, bongo kosala ete bato banso basolola maye matali VIH/SIDA mpe bawza mikano.

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.

Kolobela misala ya kokebisa mpe kosunga: Kosalela mateya ya MBB mpona kosunga misala oyo eko salisa bana bazanga baboti, koluka basungi mpe kosalisa ba test ya VIH, kobatela bana mpo ete bazwa maladi na nzela ya ba mama te, kosalisa ba oyo bazali na maladi ya VIH/sida, bosungi ya lopitalo, ya mboka mobimba mpe mosolo ya mboka mobimba.

LESSON TO LEARN

Mateya ya koyekola

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.

Esengeli kosalamakasi mpo ete MBB epesama naba mabongisi manso, kino MBB ekoma esalelo oyo esengeli mpona kobatela bato na VIH/SIDA.

BCC should also be made to focus on individual behavior change and also helping environmental conditions that cause personal risk behavior.

MBB esengeli epesama nalolenge ete mimeseno ya moto na moto abongwana, mpe kobongola maye manso oyo ekomema na maladi ya VIH/SIDA.

The target population and the related community should be given the opportunity to participate in every phase and aspect of BCC development.

Esengeli nabato banso oyo baponami, balanda mateya manso oyo ebongisami na MBB.

Methodologies of various channels of communication that are more effective should be adopted.

Banzela manso oyo esengeli mpona kopesa mateya, esengeli e ndimama.

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.

Mateya ya kobangisa bato esengeli epesama te, nzambi yango esimbaka te. Lolenge mateya ekopesama, MBB esengeli eyeba yango uto ebandela ya mabongisi manso.

Examples of BCC

Balolenge ya MBB:

-Promotion of peer education by mass media, counseling and other approaches.

Kopesa mateya na nzela ya media (TV, Radio), batoli, mpe banzela misusu

-Organizing programs for the hairdresser and barber on HIV/AIDS so that they can disseminate HIV /AIDS Prevention Programme to their clients.

Kobongisa mpe kopesa mateya nabakangi suki na bakati suki naoyo etali VIH/SIDA, na tina ete ba panza sango ya mateya wana naba kilient nabango.

-Organizing programs for the commercial drivers as they are predisposed to high – riskbehavior 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.

Kobongisa mpe kopesa mateya na ba sofele ya mituka mpo, mosala nabango ezali nabambeba ebele naoyo etali mimeseno ya bosangisi nzoto. Nayango, balakisi babale baponamaki nakati yaba sofele, mpe balakisaki bango lolenge yakokima VIH/SIDA mpe nabosaleli condom.