Addressing Gender Relations in HIV Preventive Education

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Carolyn Medel-Añonuevo
Editor

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Foreword

Education is one of the key areas of concern in addressing the AIDS pandemic throughout the world. Women and men—young and old—need to know not only the different modes of transmission of the HIV virus but also need to learn non-discriminatory attitudes and adopt a more compassionate behavior towards people living with AIDS.

Preventive education work on HIV in the last decade, however, has been marked with a wide range of strategies and approaches: from disempowering to more empowering educational strategies, from fear-based to more open and humane approaches, from school-based to non-formal education, from addressing broad audiences to more specific groups, and from using gender-discriminatory to gender-sensitive information, education and communication (IEC) materials.

Meanwhile, recent indicators show the increasing vulnerability of women and girls—47 percent of the 36 million people living with HIV are women and this ratio is still rising. Sixty percent of new HIV/AIDS infections worldwide occur among girls and young women from 15 to 24 years old, and girls are at risk of becoming infected at a younger age than boys. This development calls for a fine tuning of educational strategies that urgently incorporates a gender perspective in HIV preventive education.

As a research organization on adult education, the UNESCO Institute on Education (UIE) embarked on the project "Developing Empowering Educational Strategies and Gender-Sensitive IEC Materials for HIV Prevention" 1) to develop a gender perspective on HIV preventive education; 2) to review existing educational strategies and IEC materials in the light of this perspective; and 3) to develop empowering educational strategies and gender-sensitive IEC materials.

In the first phase of this two-year project, educational practices in Africa and Asia—the regions with the highest incidence of HIV—were gathered and documented. The second phase involved the organization of regional and national workshops where various educational strategies and IEC materials were presented and analyzed from a gender perspective.

This project is not only aimed at gathering evidence and promoting a gender perspective on AIDS. As a capacity-building activity of UIE, it is also meant to bring together government, non-government organizations (NGOs), women's groups and research institutions to learn from their different orientations and perspectives, and develop empowering educational strategies that consider gender relations as a core concept in HIV preventive education.

As one of the outcomes of this project, this publication is therefore being offered as our modest contribution towards developing educational strategies that address gender inequalities. The way towards reducing the incidence of HIV is complex and difficult. We learned about good and bad practices in the course of this project, and we hope that by sharing some of these lessons, we could be of help in unravelling the complexities of education work in this area.

Adama Ouane
Director
UNESCO Institute for Education

ACKNOWLEDGMENTS

Given the nature and magnitude of the AIDS pandemic, research and capacity-building for HIV preventive education work can only be but collaborative. Organizing from Europe three workshops in different parts of Asia in fifteen months could have been an impossible task if there were no reliable partners in the host countries. We would not have managed such complex topics if not for the resource persons who shared their expertise. Getting together the names of the more than 100 participants for these workshops was made possible by valuable collaborators in the region. Bringing together women and men from various countries was made feasible through the generous and timely financial and logistical support of those who believed in this project. Finally, our workshop could not have succeeded beyond our expectations were it not for the dynamic participation of the women and men who gave their time to share and learn.

The Regional Workshop held in Chiangmai, Thailand, from Oct. 23-27, 2000, was co-organized by Dr. Usa Duongsaa and Dr. Dusit Duongsaa, both from the Faculty of Education at the Chiangmai University. Serving as resource persons for this workshop were: Dr. Madhu Bala Nath, UNIFEM AIDS advisor; Dr. Alessio Panza, EC-AIDS Coordinator for Southeast Asia; Dr. Mark Rothensee, Researcher on HIV IEC materials, and Mr. Cem Artikoler, SAD Schorerfoundation Netherlands.

Ms. Bai Bagasao of UNAIDs introduced this project to the respective UNAIDs country program advisers (CPA) who in turn facilitated the identification and selection of participants. Dr. Victor Mari Ortega, CPA of the Philippines, sent out the invitation to the government and NGO network, and came back to me with 20 names to choose from. The following CPAs and colleagues at UNAIDS country

offices have been most helpful: Dr. Emile Fox (China), Geoff Manthey (Cambodia), Myat Sabai and Jennifer Ashton (Myanmar). We are likewise thankful to different UN and other international agencies in facilitating communication and even travel arrangements: from UNDP, Dr. San San Myint (Myanmar) and Khamlay Manivong (Laos); from UNIFEM, Suneeta Dhar (India) and Cheng Xianghong (Beijing Office); from UNFPA, Anne Harmer (Laos); from UK's Department for International Development (DFID), William Stewart, HIV/AIDS Adviser (China) and the team of Save the Children UK, Cambodia.

Eight Asian countries were represented in the five-day regional workshop. Coming from *Cambodia* were Dr. Kou Sothea, Chief of HIV/AIDS Bureau (Ministry of Women's and Veterans Affairs); Dr. Lan Van Seng, Chief of IEC Unit (National Center for HIV/AIDS, Dermatology and STD); Ms. Prang Chanthy, Programme Officer (HIV Prevention and Care for Youth); Ms. Sim Rattana, RH Team Leader (Cambodian Health Education Development); Dr. Pum Sophiny, Senior Project Officer (HIV/AIDS Unit, CARE International); and Ms. Heng Satha, Team Leader (Save the Children, UK). Mr. Chen Jianzhong, IEC Department (China Family Planning Association) came from the *People's Republic of China* while Mr. Rajib Nandi of the Institute of Social Studies Trust was from *India*. The *People's Democratic Republic of Laos* was represented by Ms. Phouangkham Somsanith, Deputy Director (National Research Institute for Education Sciences); Dr. Kaysamy Latvilayvong, Lao Women's Union; Dr. Ounkham Souksavanh, Manager (HIV/AIDS RH Program, CARE International); and Dr. Vanmaly Savannary, Center of Information and Education for Health, Ministry of Health. Coming from *Myanmar* were Dr. Le Le Win, Team Leader (AIDS/STD Control Team); Maung Maung Kyaw, Sectoral Specialist, Training and Communication (Enhancing Capacity for HIV/AIDS Prevention and Care Project, UNDP Office); Daw Aye Aye Latt, Pyi Gyi Khin Women's Group and Dr. Soe Naing, HIV/AIDS Project Officer (Save the Children, UK). Coming from the *Philippines* were Dr. Jose Narciso Sescon, Executive Director (Remedios AIDS Foundation); Marian Virgie Gumayan, Executive Director (Kabalaka Reproductive Health Center, Central Philippine University); Ms.

Marilou Batayola, Project Organizer (Higala Association Inc.). From *Thailand* were Ms. Sudjai But-arkat, Northern Region Non-Formal Education Centre; Ms. Jitlada Rattanapan, Kiang Rim Khong Project; and Ms. Varaporn Intharat, EMPOWER. Dr. Nguyen Thi Hoa Binh, Deputy Head of Family Welfare Department came from *Vietnam* Women's Union.

After the regional workshop, two national workshops were organized, one in the Philippines (June 7-9, 2001) and another in China (Dec.7-9, 2001). The Philippines Workshop was co-organized by the UNFPA Team (Ms. Florence Tayzon, Ms. Mia Aquino, Dr. Moi Serdoncillo and Mr. Mark Molina) and KATAKUS (Ms. Mae Fe Templa, Elizabeth Cruzada and Betty More). The Chinese Workshop held in Kunming was hosted by the Yunnan Provincial Working Committee on Children and Women, and the Children's Committee, and was a joint effort of the National Working Committee for Children and Women (NWCCW), the UNESCO Beijing (Sun Lei and Maki Hayishikawa) and UNAIDS (Dr. Emile Fox and Fan Yuhua).

For the Philippine workshop, we brought together officials and staff from the Department of Health from the national, regional, provincial and local levels (Dr. Henry Plaza, Dr. Landelino Menez, Dr. Homer Baquiran, Dr. Eugene Dayag, Dr. Melissa Miranda-Poot, Dr. Kadil Sinolingding Jr., Gale Gako, Eleanor Vicente, Dr.Livey Villarin, Dr. Charlina Canaveral, Dr. Jessie Diamante, Ms. Maureen Galapon, Ms. Florence Loredo, Dr. Edwin Galapon, Dr. Eugene Pedro). Other government people also joined us from the Department of Social Welfare and Community Development, Department of Education, Culture and Sports, and the Provincial and Local Government Planning Unit (Edna Juinio, Florence Paguyod, Ms. Ana Maria Leal, Faustino Babate). NGOs were likewise represented through Rowena Camiling (Baguio Center for Young Adults), Lynn Madalang (EBGAN), Dr. Jose Sescon and Liz Ragas (Remedios AIDS Foundation), Cecilia Isubal (Notre Dame Foundation for Charitable Activities Inc.), Jose Neri Alminaza (HAGIT), Joel Balaquit (ALAGAD Mindanao),Rhoy Diaz (Iwag-Dabaw), Jeanette Tolop (Kaugmaon Center for Children's Concerns), Arturo Cristobal (PHANSUP), Grace Rosales (Foundation for Adolescent Development), Perfecto Uysingco (TRIDEV). From

the academe, we were joined by Dr. Nymia Simbulan (University of the Philippines, Manila), and Prof. Marian Virgie Gumayan (Central Philippine University). Ms. Lucille Gregorio from UNESCO-PROAP was also present.

Unique to the Philippine workshop was the participation of two artists (Paeng Cruz and Buggy Ampalayo) who executed the many ideas for IEC materials together with the participants.

A number of the Chinese participants came from the Ministries of Health and Education at different levels. We also had officials and staff from the National Working Committee for Children and Women, and their counterparts from different provinces of China. We were also joined by a few NGOS working in the field of AIDs education. Finally, there were also representatives from World Food Program, the Australian Embassy and UNIFEM.

We would like to take this opportunity to thank the German Federal Center for Health Education (Bundeszentrale fur gesundheitliche Aufklarung) for sending us samples of their posters and postcards which we used during the three workshops. The Philippine workshop also benefited from the Women, Gender and AIDS kit prepared by the UNIFEM East and Southeast Asia Regional Office. We are particularly grateful to Camilla Nordheim-Larsen, UNIFEM Information Officer for providing us with several copies of this kit.

In addition to the project funds from UNESCO and UNAIDS, the DFID supported a number of participants to the Regional Workshop. We appreciate David Clarke's efforts in facilitating this grant. We are likewise grateful to the UNFPA Philippines Country Office and the UNESCO Beijing Office for co-financing the Philippines and Chinese national workshops, respectively. The European Commission Office in Thailand has been most gracious in allowing Dr. Alessio Panza, Coordinator of the EC AIDS/TD RH Program in Southeast Asia, to join us in all the workshops.

In Hamburg, the project has benefited from our efficient project secretary, Louise Silz, and our administration team (Suzanne Buttkus, Klaus Peter Humme and Detlef Paetzold) who had to deal with the disbursements and accounting of these many-faceted project expenditures.

Bringing together people, providing a comfortable space for learning, exchanging ideas and fine-tuning skills, and finally, locating and securing funds, have been made easier by the institutions and individuals who have found this project worthy of their commitment and support.

Carolyn Medel-Añonuevo
Senior Research Specialist

Introduction

When the HIV virus was detected almost two decades ago, there was no indication at all that gender relations were to play a critical role in its transmission and spread. In the first phase of its detection, homosexuals, prostituted women and intravenous drug users were identified as the carriers of the virus. Thus, it was not difficult to lay the blame on the "abnormal" behavior of these people. The unsightly physical marks the disease left on the body even made it easier to stigmatize and marginalize the carriers.

The initial social construction of AIDS as the disease of the abnormal, the sinful, the deviants and the marginalized was further embellished with the fear-inducing information, education and communication (IEC) materials. While obviously meant to emphasize the aggressive nature of the virus, and discourage various practices and behavior that put people at risk, these materials have unwittingly encouraged victims and their families to hide, deny, and refuse to confront the disease.

In the more recent years, as heterosexual men and women, and later, children came out as HIV carriers, the term "AIDS with a human face" was coined. Unfortunately, many years of stigmatization has already made it difficult to break the cycle of marginalization, denial and ignorance. This is further complicated by the fact that the most common mode of transmission is sexual intercourse, a topic which does not lend itself easily for discussion.

As the practice of sexuality is very much imbedded in gender relations, it is but logical to conclude that the incidence of HIV needs to be analyzed with gender as a core concept. Gender as a social construction is continuously being redefined and contested. In its most simple definition, it refers to relations of men and women. Many

feminists, however, qualify that these relations are power relations—in most societies, unequal—which results in discrimination, marginalization and oppression of women.

Women and men learn their roles in a given socio-cultural context. Their attitudes and behavior largely stem from the way societies have socialized them. How women and men relate to each other—socially, emotionally or sexually—has been conditioned by centuries of molding and training in various communities and localities where young girls and boys are introduced at a very early age to acceptable ways of thinking, feeling, and doing things.

The project "Developing Empowering Educational Strategies and Gender Sensitive IEC Materials for HIV Preventive Education" proceeds from the assumption that just as gender relations are shaped by specific socio-cultural contexts, our knowledge and information on the HIV virus, and our attitudes and behaviors towards people living with AIDS are emerging from our own socio-cultural environments. Most of us get to know about HIV and AIDS through media, in school, from friends, and even through rumors and gossips. Most people learn about HIV and AIDS in the formal school setting, non-formal education, and other informal channels (e.g. through local community networks and mass media). Others are not as lucky as they confront HIV directly through their own infection or through a family member or friend infected with the disease.

Given our thrust as a research institute on adult education, for this project, we have chosen to focus on the educational strategies used outside the school system, which addresses the out-of-school youth and adults. We also decided to gather IEC materials in Southeast Asia to help us identify the changes in the images and messages that are being disseminated. Furthermore, we also gathered IEC materials produced in Germany and the Netherlands to allow us to compare and contrast the approaches used by educators and health workers between the regions.

In line with the objectives of the project—1) to develop a gender perspective on HIV preventive education; 2) to review existing educational strategies and IEC materials; and 3) to develop

empowering educational strategies and gender sensitive IEC materials—the workshops were divided into three main parts: perspective setting, reflecting on our practices, and transforming our work.

The perspective setting section revolved around three topics: 1) a situationer on HIV incidence in the region and in various countries; 2) the gender dimensions of HIV/AIDS; and 3) the social construction of HIV. The second section covered 1) the presentation of different educational strategies; 2) the presentation of the seven Cs for reviewing IEC materials; and 3) the actual review of the IEC materials. In the last part of the workshop, the participants were asked to develop their own sample IEC materials and to do this, they were made to go through a process of 1) identifying the target audience; 2) developing core messages for IEC materials; 3) producing the materials; and 4) pre-testing these materials. Before the participants' evaluation of the workshop, participants were asked to talk about follow-up plans.

Throughout the workshops, a mix of methods was used. Inputs by resource persons followed by open forum, plenary discussions, small group discussions, show-and-tell, and doing visual arts. As participants were asked beforehand to bring their own IEC materials and other existing materials, there was a wealth of IEC materials which were used as references throughout the workshops.

As the participants came from different backgrounds (government, NGOs, women's groups, and research/academic institutions) and were working in different areas (e.g. health and education sectors), and different levels (international, regional, national, provincial and local), we were able to approximate the actual environment where educational strategies and IEC materials were developed and used in their countries.

Unfortunately, this report will not be able to reflect the rich exchanges and the creative materials developed as this has not been intended to be a detailed proceedings of the three workshops. It covers instead the key presentations as well as a synthesis of the main issues raised and the lessons learned. The first paper summarizes the key points in setting the gender perspective in HIV preventive education

while the second is a condensed article from the dissertation of Dr. Mark Rothensee, highlighting his findings about IEC materials. The third is a contribution from Dr. Alessio Panza which provides guidelines on assessing IEC materials. The last discusses the main lessons from the three workshops.

Towards Developing a Gender Perspective in HIV Preventive Education

Carolyn Medel-Añonuevo

Gender and AIDS are two of the more popular buzz words in development work today, each having its own "constituency" and both attracting substantial amounts of resources. They also share a history of early denial when people did not want to accept the importance of examining the realities behind the concepts. While both are widely used today, that popularization has also produced many misconceptions and incorrect notions. While the desired goal is for ordinary people to be able to use and understand these two key concepts in relation to their experiences, the reality is that there is still a lot of mystification surrounding them. With the objective of looking at the key elements of a gender perspective in HIV preventive education, this section will attempt to contribute to the demystification of these big words.

The first exercise introduced in the workshops was to ask each participant to examine his/her own notion of gender. Later, they were asked to discuss in groups and come up with a definition of gender. The range of meanings and definitions given by the participants underlines the fact that this is not a uniformly understood term. Among the responses given were: "difference between men and women," "has a biological and behavioral component," "social construct," "ascribed roles and responsibilities," "related to sex," "matter of choice," "defines maleness and femaleness," "power relations between men and women," "refers to women's problems," and "has a psychological dimension."

While gender has crept into our vocabulary of development, its usage has been problematic. For example, one presentor said that

"gender is one of the key factors in increasing AIDS infection." If one were to examine the different notions of gender cited above, what does this statement mean? Clearly, there is a need to sharpen our understanding of the term gender.

During the workshops, three themes related to gender were elaborated upon: the difference between sex and gender, gender as a social construct, and HIV as a gender issue. As sex is used interchangeably with gender, it is important to distinguish one from the other. Sex is related to the different biological attributes of men and women, while gender refers to the social construction of these differences. The former pertains to nature while the latter is a product of socialization, and therefore, can be learned and unlearned. Sexual differences has been used to justify the differential treatment accorded to men and women. For example, it is common to hear that since women are born the weaker sex, they should be under the protection of men, the stronger sex. Or since women bear the children, they should be the ones to take care of the children. With regards to the vulnerabilty of women and men to HIV, one can talk about sexual differences and gender differences. It has been explained that because of the particular constitution of women's bodies, women have a particular vulnerability to HIV. On the other hand, women and men have different vulnerabilities as a result of their gender roles. Men are vulnerable because they are socialized to engage more in risk-taking behavior than women. On the other hand, women are vulnerable because they have been socialized to be passive and unquestioning, and because of their lack of access to information about sex.

Gender as a social construct of the differences between females and males is rooted in specific societal and cultural context. The differences—in status, roles, and relations of men and women—are manifested in the economic, political, and cultural fields, in public and private spheres. In many societies, gender relations is characterized by inequality hence feminists insist that gender as it specifies relations is also about relations of power between men and women. As a social construction, it can also be deconstructed and challenged. So even as we talk of traditional gender roles, and how, for example, media

reinforces such roles, we should also think of ways of changing these roles and unlearning traditional ways of behaving as women and men. One important issue that inevitably comes up when one talks about change is the seeming impossibility of going against the prevailing culture. Many institutions and people who do not want a change in the roles and relations of men and women often argue that traditional culture needs to be preserved because it is good for the communities. As culture in itself is dynamic and evolving, it is not immune to change. In Asia, there are many examples of traditional ways and beliefs that have changed through time to the benefit of women. For example, women's feet are no longer bound or women no longer need to walk behind men. The challenge is to be able to examine one's culture and reflect on its positive and negative aspects especially in relation to how it views women and men.

Another controversial issue—still related to culture—is the acceptance of homosexuality. Many societies still consider homosexuality as an abnormality and in fact have laws that make homosexuality virtually a crime. A gender perspective needs to rethink homosexuality as an issue if it is to be effective in HIV prevention. Women and men are socialized to view sexual relations with the opposite sex as the norm. Deviation from this norm is frowned upon, if not condemned, by society. Yet it is not uncommon to find men having sex with men, or women having sex with women. If we deny homosexuality as a form of sexual expression and preference, we are contributing to the discrimination and marginalization of gays instead of accepting that other men and women have opted to define themselves differently and live their lives accordingly.

Developing a gender perspective is not an easy task because we are talking about changing not only others but ourselves. We cannot but be both objective and subjective. Coming out from years of socialization into traditional roles and expectations, despite external and internal controls, we need to imagine how things can be different. And that is quite a challenge. Many people argue that we do not need to change because the gender roles have been there for centuries and therefore must have been serving a function. Applying the gender

lens in looking at the AIDS pandemic will show that continued unquestioning and acceptance of prevailing gender roles cannot but exacerbate the AIDS crisis.

The urgency of adopting a gender perspective is supported by recent statistics: of the 36 million people living with HIV, 47 percent are women, and this percentage is still rising; 60 percent of new HIV/AIDS infections worldwide occur among girls and young women from 15 to 24 years old; girls risk becoming infected at a younger age than boys; of the 4.7 million adults newly infected with HIV in 2000, 2.2 million are women; more than half of the AIDS deaths in 2000 were women; and one of the leading causes of deaths among women between 20 to 40 years old is AIDS. While the above statistics show the worsening scenario for women as far as HIV/AIDS is concerned, the more compelling question to ask is, why is this happening?

There are many complex and interrelated answers. More and more young girls are having sex but because of persisting beliefs, are unable to protect themselves. As the media environment exposes young boys and girls to sex, it slowly prepares and conditions them to engage themselves in such, even without the benefit of discussions. Instead of open discussions, many institutions in society drive young people away with their fear-inducing and shame-based approach. As men are socialized to be more psychologically prepared to take up risk-taking behavior, they expose themselves to HIV. On the other hand, many women, young and old, are still unable to assert themselves especially when it comes to their sexuality and how to protect themselves. Meanwhile, it is quite common to find men who resort to violence to be able to have sexual intercourse even with their own wives. Sexuality is one of the least discussed themes in social life. So many women continue to be ignorant and mystified, even about their own sexual needs. As women have been taught to be of service to their men—sexual service included—they remain oblivious to their own needs. When men get sick, it is the women who take care of them but when the women get sick, it does not necessarily follow that men will take care of them.

The transmission of the HIV virus is mediated by a sociocultural milieu that can facilitate or impede its spread. In Asia, for example,

where women are not supposed to initiate sexual relations, the offer from women to use the condom is unacceptable. Many men, on the other hand, have internalized the value of machismo and its accompanying high risk-taking behavior. It is assumed that men are knowledgeable when it comes to sex so few men would accept their lack of knowledge nor will they seek information or assistance.

Unpacking gender relations as it contributes to the spread of HIV is important in developing the gender perspective in AIDS. Unravelling the multiple and related causes of increasing HIV incidence will help us understand the many dimensions that have to be taken into consideration as one thinks of educational strategies. By focusing on gender relations, one evades victim-blaming and instead puts the HIV incidence in a societal context. It helps us understand that unequal power relations is a major contributing factor in the rapid spread of the HIV virus. Which means that interventions at the individual level will not suffice. Clearly, educational strategies need to consider interventions at different levels and locations, individual, family, community, school, workplace and society. Clearly, too, such educational strategies have to put gender relations at the center of their plans and programs. Obviously, our educational strategies need to problematize unequal power relations in a creative way if we want to be effective in stemming the pandemic.

Constructing Differences in IEC Materials

Dr. Mark Rothensee

This paper presents some main ideas of a dissertation written for the Department of Intercultural Education at the University of Oldenburg, Germany, entitled "The Social Construction of AIDS: A Research on AIDS IEC Materials."

Different information, education and communication (IEC) materials collected from government and non-government organizations in Germany, Thailand and the Philippines, are presented and analyzed.

There exists a widespread international exchange of information in the field of AIDS education, and it can be assumed that the materials considered here are representative of the materials circulating in Europe and Southeast Asia in the last decade.

Accentuated here are not the differences between these countries and their materials. Instead, it will be shown how differences between humans, between men and women, and between cultures, are constructed in the materials as a whole.

The Inside and the Outside

• *Prevention for the Earth*

Written in huge black letters, "AIDS" hovers in the atmosphere but the humans are protected from this menace by a coating of "prevention"—a task unifying all humans. Here, we all seem to be equal, belonging to one humanity.

"Prevention for the Earth" (UNESCO)

The HI-Virus did not, however, come down on earth from the cosmos. HIV is transmitted from one human being to another. But no one sees it while it happens. Prevention is much more difficult to realize than this image suggests. The blue sky is a metaphor, but it is not enough.

Down on earth, the humans are not all equal. The HI-Virus has spread from one social group to another, from rich to poor, from men to women, from one country to another. So this fact should appear in IEC materials. What happens if humans meet, humans who are different from each other and have not seen each other before?

• *The Puppet Show*

In this material, the humans appear—one, represented by a puppet, and another, a young woman facing it. The intention is to generate fear in the public, in the spectators on the street.

There is a lot of fear-based AIDS-education at work. And fear is more or less directly part of any IEC material. But if you show dead persons in the form of puppets, you presume that we would be afraid of only a puppet. But we all know that a puppet will not do us harm.

"The Puppet Show" (somewhere in Manila: Deutsche Stiftung für internationale Entwicklung, E+Z Nr. 5, 1999)

This is the usual problem with fear-generating photos, posters or films: the presumption is wrong. Most often, it will be a real human who will infect us, a human face who will not look frightening, but attractive and beautiful, and someone who we like, not fear.

Men and Women

In every culture, people say hello if they want to make friends, they ask from where the other is and how he feels. If they want to end in bed with each other, things get more complicated. How to seduce

the other is a delicate question. What is permitted, what is taboo? Who is active, who is passive?

The ritual of seduction is part of literature, film, and so many dramas written that everybody understands if the same pattern appears in IEC materials.

• *Sex at the Harbor*

In "Sex at the Harbor," we see workers who earn their living carrying baggage at the harbor. The last boat has left and the evening has begun.

They get off from a jeepney, a common mode of public transport in the Philippines, and enter a bar with some red lights.

Here, the hero feels seduced by the beauty and glance of a nude dancer.

Laeablad Comics, Streetwize / Reach Out, Philippines

In his head a discussion started: "They said to me, I should only drink. And that's what I will do," he thinks. But when he starts to drink from his glass, his mind has already changed: "Oh, how soft are her legs, her hips." And later: "It would be so nice to try it." The other side of him won in the discussion. He ends up having sex.

In the next image, the copulation with the dancer is seen to occur. An ironic comment appears in the box over the image: "A short heaven..."

The moral of the story unfolds the next morning at home, at the breakfast table. The hero's wife asks why he came home so late.

Finally, the hero suffers from symptoms of gonorrhea.

He experienced a situation in progress. He was seduced, debated inside himself, lost control and got ill; he has to "clean up" the situation. The pattern is seduction, followed by discussion and, finally, purification or catharsis. The message is clear: do not follow this bad example. The same things will happen to you. This structure you can uncover in so many fairy tales, novels, films and also in IEC materials.

Laeablad Comics, Streetwize / Reach Out, Philippines

This is the pattern of the Christian Eve with her apple. And Eve is a male construction: The woman guilty and responsible person for Adam's desire. And the responsible person for all negative consequences of his desire.

It is about time to try out something new.

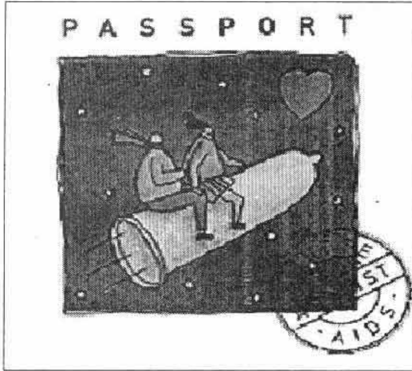
Specially, the role of the women can be improved. The perspective of the dancer was not taken in the whole story, she appears only as a function of pleasure and danger.

The dancer's need to be protected consequently did not appear, neither what happens in the very last moment before penetration, the ultimate moment for intervention and use of a condom.

This very last moment is sadly nearly never portrayed. It is also, so to say, the weakest point of men—and should not be forgotten in IEC materials. All good intentions of sex-education must be demonstrated in this last moment where insecurity, ever hidden behind machismo, can have fatal consequences.

Otherwise, the scenery of a harbor and night bars is, in general, not the locus of women's liberation. This material, however, might very well work out for men belonging to a certain social class who may finally be motivated at least to have their wives protected at home.

The Evasion of Guilt



"Flight on the Condom" (Commission of the European Communities)

We only see here, at the left side, a short episode. But it is obvious that both "astronauts" in flight will have to come down to the reality of the sexual act. One image suggests a story which can develop in different ways.

The "astronauts," apparently, are behaving well; after all they fly on a "condom." Inside the brochure they talk about contraceptives and how to apply them.

With condom use, men and women are more or less equal. Hopefully, in real life, at the end of the story, the woman applies the condom, something that is still taboo in some places.

The Difference between Men and Women

It is open to question why, and in what dimensions, men and women are different. Many researches have been done on this, and they have contradictory results.

Anyway, IEC materials have to present these differences if they want to do something about it. This may seem like a paradox, underneath Evil is something Good, trivially said.

- *Listen to Her Heart Too*

A couple is sitting on the beach while the sun is sinking. Both are thinking of the coming night, a time for various preoccupations. She dreams of sleeping and he of making love.

It is obvious that they have to talk. A discussion is urgently needed. If not they both might have problems.

The text below the image provides some comments on the differences between men and women which can be put in question. Many women are living with some other self-understanding than portrayed here. Meanwhile, some comments on men are often quite equivalent in reality.

They both see the beautiful sun, and it would have been fair if they both would have been seduced. And it might have been more funny if they both would have thought of buying a condom that night, the condom being round and looking like the sun.

"How can you be sure that she is ready to have sex
and enjoys the sex as much as you do?
Naturally, the sexual needs and beliefs of men and
women are different, especially in that most men are always
ready to have sex while most women do not weigh the
sexual aspect of a relationship so heavily.
Women can derive just as much satisfaction from the other intimate
and romantic aspects of the relationship.
Many men are completely unaware of the fact that
the pleasure they receive from sex is not always shared
by their women partners.
A woman may actually feel unhappy
and uneasy after having sex.
Men often do not understand the woman's concern about
pregnancy and disease."

"Listen to her heart too" (PATH, Thailand)

The Good and the Bad Women

"Housewives fighting against AIDS" (Thai Ministry of Education, Department of Non-Formal Education)

On the other side there are cultures where sexual desire is some kind of taboo for women in some social classes or generations. There desire is taken as something reserved for women from the lower class, like for prostitutes, where men are tempted to go.

In one brochure, the pedagogic comment is as follows: Woman, look attractive, so that your husband need not go to brothels. Here, the wife has to be seductive; if not she might cause AIDS, even if her husband carries it home out of the brothel.

The responsibility for any danger is placed on her shoulders. For everything, the woman is responsible everywhere. And she has to be everything at the same time—a seductive Eve, a motherly Maria, and a seductive Housewife.

The woman has to look attractive, as you can see in every women magazine in the world. On top of this expectation is the burden of responsibility for the wife. As suggested by the brochure, the wife has to keep herself pretty, keep her husband away from the brothel, and thus, help in the fight against AIDS.

• *The Zeitgeist's Kiss*

This image (see next page) seems to present that women and men are the same—both are capable of desire. And that there is already a clean and good world one can easily belong to.

The kissing couple are better alter egos than we are. Well-dressed and well-combed, while in the heat of passion, they will remain well-conditioned until the ultimate kiss, until the end.

The photo keeps sex as clean as it can be. Here, prevention becomes an aesthetic question. Good and careful people look like this kissing couple. As clean persons we have nothing to do with dirt like AIDS. Narcissism will keep us in form, as long as it is mutual.

But beware, the image is different from reality. We do not look "good" like them. We cannot always stay "clean" nor contain lust. It takes more than narcissism to fight AIDS.

"The Zeitgeist's Kiss"
(Bundeszentrale für gesundheitliche Aufklärung, Köln)

The Taboo

Beyond the usual yuppies struggles there are other problems: how to explain AIDS and HIV. Sometimes you can use magic, because the magic world is so full of possibilities. There, taboos can be broken and things can easily be explained.

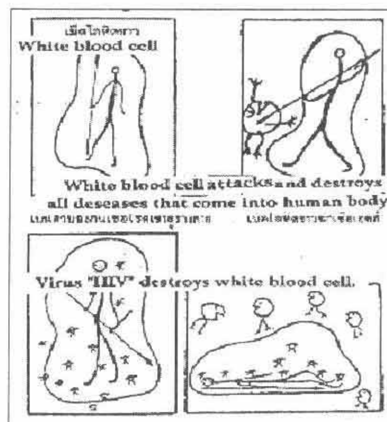
"The Fairy" (projects in the surrounding of the University of Chiang Mai)

Extant taboos pose a major challenge for AIDS-education. Magic may be used to effectively talk about things which are considered taboo in supposedly decent society. Consider this example involving the use of a fairy godmother. Whenever the young girl enters the situation of seduction, the (magic) condom will appear and she has no need to be ashamed. After all, she obtained it from a fairy godmother —a personage relatively revered in the folk mind. Associated with the magical work of a fairy godmother, how can the use of condom be shameful?

- *The Dragon*

Paradoxically, magic can in fact work to enlighten and inform against all superstitions going around.

In the example, "The Dragon," the course of infection is shown with cells animated with life: they are creatures in struggle against the virus. A knight fighting against small dragons—an army of enemies.



"The Dragon" (in projects in cooperation with the European Commission / Population Development Association)

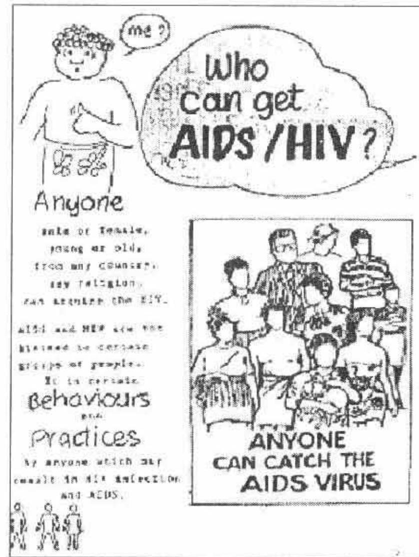
Even if the medical reality of HIV infection is not presented in its entire

complexity, this example can help clarify what is happening inside the body as a result of infection, particularly for people who have no access to modern news and scientific newspapers.

The Erasing of Differences

An opposite strategy of not emphasizing antagonism between people but eliminating it is visible in the example "Me?" An intercultural and intersocial oneness is implied as the human faces appear blank, the other signs of social distinction also become unimportant: anyone can catch the "AIDS-Virus" regardless of age, gender, nation or social status.

If we all belong together, we should work together.



AIDS and STD Prevention Project, New Caledonia, UN Fiji "The Dragon" (in projects in cooperation with the European Commission / Population Development Association

Some Recommendations

Tell other new stories. Show humans in materials which cross borders, real ones and social ones. Tell new stories using real situations with real people. Vary their roles and behavior. Keep in mind that it is possible to change roles and behavior and break taboos carefully, via certain "decent" ways. Don't enforce the rumor of the non-sexual women. Don't portray her as always bad if she enjoys sex. Don't portray her neither as ugly nor as omnipotent. Don't portray too unrealistic perfect persons which have nothing to do with sex and reality. Use magic to fight superstition; fantasy can do more than statistics. The most important is let your audience participate.

People need stories relevant to their milieu to know how to reject sex, or delay it, and how to protect themselves in a situation of seduction. The manner of rejection, delay or protection depends on their own moral standards—and on their own sense of security. The

success of AIDS-education is decided in the "very last moment," just before intercourse, which, specially for youngsters, is a delicate moment, not only of pleasure, but also of fear. Sadly this moment seems to be so much of a taboo that it is very rarely discussed in IEC materials.

But to confront different cultures and social groups in your materials, that is the most risky moment.

The events of a seduction, discussion and catharsis emerge in the story out of every milieu. But often the catharsis takes place only after the burden of guilt. This might be part of the human reality, but IEC materials, in their own way, may be considered modern fairytales where the possibility exists to tell positive stories which are educational and entertaining at the same time.

While any IEC material has to be prepared and adapted to any given milieu it is designated for, we have to encourage some reflections on what we might be confronted with some day, in our work or in our lives, in whatever culture, society or milieu we might live. The HI-Virus has found its way around the world precisely because people do not stay in their culture, society or milieu. They leave their places to be suddenly confronted with what they are not supposed to be. They change opinions and learn about the other, about the beauty of the world they did not know before. This, however, is one reality I rarely found in IEC materials.

Developing Empowering Educational Strategies and Gender Sensitive IEC Materials for HIV/AIDS Prevention

Dr Alessio Panza, MD, MPH, DTMH

This paper is a bullet-point presentation on how to prepare gender sensitive information, education and communication (IEC) materials. It first outlines a set of criteria for evaluating the quality of IEC materials. Then it proceeds to give pointers, providing guide questionnaires, on how to prepare, design and pre-test IEC materials considering these standards. Finally, it discusses the three-step process of evaluating printed IEC materials and the relation between present IEC materials and gender.

Preliminary Definitions

Gender sensitive IEC materials refer to those that address the socially shared ideas and norms/expectations about women and men, especially about how they should behave in various situations.

Someone defines:

Empowering as the transfer of power of decision making from one entity to another (e.g. from men to women, or from government officers to community-based organizations, etc).

Enabling as the transfer of resources and abilities necessary to implement the decision taken.

In my presentation, *empowering* takes into account both definitions.

Learning Objectives

1) Participants will understand the "7Cs" criteria to assess the quality of IEC materials (e.g. printed IEC materials).

2) Participants will know how:
  - to prepare effective printed IEC materials.
  - to design printed IEC materials.
  - to pre-test printed IEC materials.

3) Participants will learn to evaluate if printed IEC materials have helped to change behavior.

(*Note*: Although this section is about "*printed*" IEC materials, many of the concepts expressed here are valid for other forms of IEC materials such as video and audio cassettes.)

LEARNING OBJECTIVE 1

- Participants will be able to describe the "7Cs" criteria to assess the quality of IEC materials (e.g. printed IEC materials).

To achieve learning objective 1, the facilitator will use printed IEC materials brought to the workshop by the participants.

We measure the quality of an IEC material by using the following "7Cs":

1) Captivating*
2) Clarifying the benefits
3) Comprehensive**
4) Correct
5) Clear***
6) Culturally appropriate****
7) Care for women

The "7Cs" should be applied both to the text and to the figures (images) with due modifications.

(*) Captivating: IEC materials should be colorful, use very unusual figures or situations, be sexy, use famous people or any combination of these.

(**) Comprehensive: IEC materials should convey all aspects of the message that you want to put through. The message may be related to knowledge attitude action or any combination of these.

(***) Clear: IEC materials should have enough words and/or figures to make sense. They should convey your message and not a different one.

(****) Culturally appropriate: Most cultural expectations empower men but they also disempower women (e.g.

women cannot decide, about when and how to have sex; if they do so they are bad women). Disempowered women are vulnerable to HIV/AIDS infection (e.g. because the present culture says that good women should not talk about sex). If we use such cultural expectations we do not empower women; we do just the opposite—we disempower them.

If we want to reduce the vulnerability of women to HIV/AIDS/ unwanted pregnancy and physical violence, we have to use culture to empower them. But what about culture, and how do we use them?

1) We have to use some aspects of the culture which are already empowering women or protecting them from STD.

2) We have to use culture in order to choose the words, the situations, which allow us to present our messages in a way that is acceptable and comfortable to the audiences (e.g. use culturally appropriate words to talk about sexual intercourse, or use culturally appropriate places and ways to talk about sex).

3) We have to change traditional culture and create a new one where the new expectations for women are the same as those for men (e.g. women can talk about sex as men do, can propose the use of condoms as men do, and are not considered bad women if they do so).

The participants should analyze some of the IEC materials they have brought and identify the following:

- how many "Cs" are missing
- the negative consequences for the missing "Cs."

LEARNING OBJECTIVE 2

- Learning Objective 2.1: Participants will know how to prepare IEC materials with the "7Cs"

What do you need to know in order to prepare IEC materials with "7Cs" :

- *Risk Factors*
- *Target Audience*
- *Desired Behavior Changes*

2.1a) Risk Factors: What are the factors that put people at risk of acquiring STD/HIV/AIDS infection?

Various factors may influence behavior that leads to HIV infection. We can group these factors as:

- individual risk factors
- biological risk factors
- societal risk factors

1) Individual risk factors are the risk situations that result from an individual's attitudes, behaviors, and actions.

(Mark all the risks you think people in your community take:)

❑ Engaging in unprotected sex
  - Vaginal
  - Anal

❑ Having multiple partners

❑ Having faithful relationships but changing partners often

❑ Drug or alcohol use

❑ Poor STD symptom recognition

❑ Poor STD treatment-seeking behavior

❑ Sex during monthly menstrual period

❑ Other.......................................

2) Biological risk factors are risks that exist because of the biology of the human body.

(Mark all the risks associated with the biology of the human body that affect people in your community:)

❑ Women (more vulnerable to HIV infection from sex with an infected partner than men).

❑ Age (Children under 18, especially girls)

❑ Lack of circumcision in men

❑ Circumcision of females

❑ Other.......................................

3) Societal risk factors are social conditions that increase the risk of exposure to HIV.

(Mark all the societal risk factors that exist in your community:)

❑ Migration (short or long term)

❑ Refugees/Displacement

- ❑ Traveling or working away from home
- ❑ Sexual expectations (e.g. sex to prove manhood or fertility)
- ❑ Poverty
- ❑ Illiteracy (e.g. no access to health care information)
- ❑ Lack of employment opportunities
- ❑ Gender discrimination
- ❑ Sexual abuse
- ❑ Other ....

2.1b) Target Audience: What are the characteristics and needs of the people who are most at risk?

Concept: People are reached more effectively when information is adapted to their particular needs.

Participants will list the target audience of their project and prioritize the primary and secondary audience that needs urgent attention.

The following is hereby reported as a guide in compiling the list of their target audience.

1) Primary target audiences for HIV/AIDS prevention are people who practice high-risk behavior.

(Mark the primary target audiences or gatekeepers for your project:)

- ❑ People with multiple partners
- ❑ Sex workers (SWs)
- ❑ Clients of commercial sex workers
- ❑ Men in the commercial sex industry
- ❑ STD patients
- ❑ Men and women away from home
- ❑ Military
- ❑ Community leaders
- ❑ People living with AIDS
- ❑ People in the workplace
- ❑ Men who have sex with men
- ❑ People whose partners have multiple partners
- ❑ Adolescents
- ❑ Students
- ❑ Out-of-school youth (cont'd)

- ❑ Individuals in high HIV prevalence areas
- ❑ Population/general public
- ❑ Children of infected mothers
- ❑ Individual whose partners are IV drug users
- ❑ Regular partners and spouses of high-risk individuals
- ❑ Other ....

2) Secondary target audiences are people who influence the primary audiences. Some secondary target audiences are also known as gatekeepers. Gatekeepers can help you reach the primary target audience.

(Mark the secondary target audiences or gatekeepers for your project:)

- ❑ Top-level decision makers
- ❑ Pharmacists
- ❑ Health care workers
- ❑ Traditional healers
- ❑ Community leaders
- ❑ Politicians
- ❑ Parents
- ❑ Older siblings + friends
- ❑ Older neighbors
- ❑ Religious leaders
- ❑ Business leaders
- ❑ Media executives/officers
- ❑ Educators
- ❑ Cultural leaders
- ❑ Other ....

Participants will identify:

- characteristics,
- needs and
- specific behaviors of their selected primary and secondary target audiences

Important characteristics of the primary and secondary target audiences must be identified in order to prepare IEC materials with the "7Cs." Here is a basic list of characteristics:

Economic: Do they need to do sex work? Can they afford condoms?

Geographic: Where and when do they meet (so that you can reach them)?

Social: Are they practicing illegal behavior? Are they looked down on by society?

Important needs of the primary and secondary target audience must be identified in order to prepare comprehensive contents of the IEC materials. Here is a basic list of needs:

- Information on and access to (free) condoms
- Information on and access to counselling
- Information on and access to STDs clinic

Specific behaviors: To understand specific behaviors of the primary and secondary target audience, the following questions are useful:

a) What words do they use to describe risky behavior?
b) What do they understand as the advantages of practicing safer sex?
c) What are their attitudes toward people with HIV/AIDS?
d) In what ways do they discriminate against people with HIV/AIDS infection?
e) Where and when do they like to get information, especially about sexual and family topics?
f) Do they think they may ever be infected with an STD or HIV/AIDS? Explain:
g) What do their friends believe are acceptable sexual behaviors for STD and HIV prevention?
h) When and where is it convenient to distribute condoms?
i) When and where is it convenient to make STD treatment services available?

2.1c) Desired Behavior Change: What behavior changes are desirable?

Concept: It is not realistic to assume that people will change their behavior during a brief HIV prevention project. Long time is needed because many steps are involved in behavior change: knowledge, attitudes, beliefs, awareness, motivation, skills, trial practice and a supportive environment.

The participants will decide which behavior and attitude the selected primary and secondary target audience should change to lower the risk of HIV and STDs infections.

Participants will compare their own list with the reported lists below to check for missing important behavior changes.

1) Use your knowledge of the behavior change process and the information you collected about your target audience to think about the behavior changes you will encourage in your project.

(Mark the appropriate changes:)

- ❑ No sexual activity
- ❑ Delay of sexual activity
- ❑ Mutual faithfulness
- ❑ Partner reduction
- ❑ Condom use with all partners
- ❑ Condom use with casual partners
- ❑ Ability to negotiate condom use
- ❑ STD symptom recognition
- ❑ Early and professional STD treatment
- ❑ No anal intercourse
- ❑ No sex during monthly menstrual period
- ❑ Increased knowledge of modes of transmission
- ❑ Ability to assess own risk
- ❑ Ability to talk to sexual partner about STDs/HIV/AIDS
  - – IEC material for individual change.
  - – IEC material for cultural change.
- ❑ Ability to talk to children about sexual issues
- ❑ Ability to obtain condoms
- ❑ Other ....

(Mark the attitudes you will promote in your project:)

- ❑ Increase comfort with going to STD clinics
- ❑ Increase comfort with purchasing condoms
- ❑ Recognize it is possible to get HIV/AIDS
- ❑ Increase understanding and compassion for people with HIV/AIDS

- ☐ Recognize the economic and community impact of HIV/AIDS
- ☐ Think of condom use as acceptable or "cool" behavior
- ☐ Create a supportive environment for people with HIV/AIDS
- ☐ Recognize the need to fund, implement, and support HIV/AIDS prevention programs
- ☐ Other ....

For the selected behavior and attitude, the participants will state:
– What the benefit for change will be.

(*Note*: Participants are given as a reference the EC conceptual framework on behavioral change.)

- Learning Objective 2.2: Participants will know how to prepare printed IEC materials that are captivating, clarify the benefits, comprehensive, correct, clear, culturally appropriate and care for women.

To design printed IEC materials, participants have to:

– *Review* existing printed messages and materials the target audience is already receiving.

– *Ask experts* if the contents of the messages are correct.

– *Organize focus group discussions* with members of the target audience to gather more information on existing printed messages. Participants are given the following guidelines for focus group discussion.

Using samples of existing materials, ask your focus group the following questions to determine whether they are suitable for your project:

1) What do you understand the messages and materials to be saying?
2) Do the messages make sense to you?
3) Do they provide you with all the information you need to know?
4) Are they appropriate given your life situation?
5) Do you think your friends would understand the messages?
6) Do these materials and messages motivate you to change?

7) Considering the information you have about the goals of the project, would these materials help achieve these goals? If so, how? If not, how could they be modified to achieve these goals?
8) Have you seen these materials so many times that you are tired or bored by them?"

As a result of the review and of the focus group discussion, participants need to decide if they:

❑ Want to adapt existing messages. That, for instance, is the case if the existing messages:

- conflict with what participants want to deliver,
- insufficiently cover what the participants want to deliver,
- are not clear, etc

❑ Want to create a new message to cover additional needs (if so, participants go to the next section).

– *Develop* the messages themselves.

Concept: No material can cover all messages; however, brochures can cover more than posters. Participants receive the following tips to help develop successful messages.

It is now your turn to develop messages. Keep in mind that no material can cover all possible messages. However, certain media, such as brochures, can more easily accommodate several ideas, whereas other, such as posters cannot.

Here are seven tips to help you develop successful messages and materials:

TIP	*EXAMPLE*
Identify the benefit(s) of making the desired behavior change.	"If you choose condoms, your wife will be protected from STDs."
Support the benefits with relevant information.	"STDs can cause infertility in women and harm unborn children."

Make the messages clear and simple.	"Safe Sex. It is easier than you think."
Highlight the main points.	"GET YOUR CONDOMS TODAY."
Limit the number of ideas in any one material.	"Regular use of condoms prevents the spread of STDs to you, your wife and your unborn children."
Create a feeling appropriate with the information you are delivering.	"Love alone will not protect you from STDs and AIDS. Love each other enough to use condom sense."
Find credible sources to deliver your information.	"As a professional football prayer I know the importance of achieving my goals. Stay alive long enough to achieve your goals. Use condoms."

Additional hints:

When you produce materials for an audience, it is a good idea to develop a theme or "saying" that will be repeated throughout the campaign. This theme should be simple (one or two sentences) and easy to recognize and remember.

Some "sayings" that have been developed by AIDS prevention projects include:

- "Using a condom is the way to live. Keep on keeping it on."
- "Be faithful. Be safe."
- "AIDS. It's everybody's business."
- "Get the facts, not AIDS."

You should plan to deliver more than one message over time. It is important to plan so that each new message helps push the

target audience toward the next step in the behavior change process.

On the next page make a list of the messages you are proposing. Refer to the chart in Section III to remind yourself of the behavior change steps you want your audience to take. Use these steps to help design your messages.

MESSAGES	*What benefits will the target audience get by following the message?*	*Is the message simple?*		*What do you want the audience to feel when they read the message?*
		Yes	*No*	
Example: Having sex doesn't make an adolescent an adult	There is no pressure to grow up too quickly. Enjoy yourself now.	✓		Adolescents should feel that there is nothing wrong with delaying sex.
a)				
b)				
c)				
d)				
e)				

Don't forget!

Effective messages help the target audience to:

– Make a personal commitment to make the desired changes.

– Acquire the skills to implement the changes.

– Create a supportive environment for practicing the behavior.

Find an artist/writer/photographer to turn the message into reality. Make print material easy to read.

Many of you will be creating print materials. Here are some basic guidelines for making print materials easier to read:

The text should be:
– Introduced, stating the purpose. – Summarized at the end to review major points. – Presented in short sentences and short paragraphs. – Broken up with visuals placed to emphasize key points. Some text can be used as "bullets." Titles or subtitles reinforce important points. – Written in the active, not passive voice (e.g. "I love you" not "I am loved by you"). Very important information should be underlined, boldfaced, or put in text boxes for reinforcement. – Possibly written in a positive statement not a negative one (e.g. "be faithful" to your partner and not "don't betray" your partner). *Clarified with the use of examples.*
Try to avoid:
– Technical language. – Abbreviations and acronyms. – Too much information in a small space.
The graphics should be:
– Simple and uncluttered. – Immediately identifiable. – Relevant to the subject matter and reader. – Used to reinforce, not compete with the text.
Try to avoid:
– Small type (less than 10 point) – Lines of type that are too long or too short. – Using all capital letters. – Justified right margins. êPhotographs that won't reproduce well. – Technical diagrams.

Research shows that effective projects reach a target audience in several ways. This means that planners use interpersonal, small media, mass media, and other activities in combination.

If you choose to use mass media, please refer to the AIDSCAP handbook on Mass Media for HIV/AIDS Prevention.

- Learning Objective 2.3: Participants will know how to pre-test printed IEC materials

When draft materials have been developed, pre-test them with members of the target audience before printing or producing them.

Materials are pre-tested to:

– Assess comprehension and readability.

– Assess recall of the messages.

– Identify strong and weak points.

– Determine whether the personal benefits are strong enough to promote behavior change.

– Look for sensitive or controversial elements.

There are two ways to pre-test a material:

– Individual interviews.

– Focus group interviews.

No matter which pre-testing method you choose, you will need to provide respondents with a quiet environment in which they feel comfortable discussing the messages and materials you show them.

Start by greeting them, thanking them for their time and introducing yourself and the work you are doing and AIDS Prevention and Care.

Give the respondent a copy of your draft material and ask some of these questions (grouped according the "7Cs" and, firstly, concerning the message, secondly, the figures):

MESSAGE

7Cs	*Questions*
Captivating (attractive)	1) Is there anything you like/dislike about these messages? 2) Is there something that really attracts you?
Clarifying the benefits	What are the benefits, what are the happy things this message tells you?
Comprehensive	What information is this page trying to convey?
Correct	
Clear	1) In your own words, what does the text mean? 2) Are there any words in the text you do not understand? Which ones? (If so, explain the meaning and ask respondents to suggest other words that can be used to convey that meaning). 3) Are there any words that you think others might have trouble reading or understanding? (Again, ask for alternatives). 4) Are there sentences or ideas that are not clear? (If so, have respondents show you what they are. After explaining the intended message, ask the group to discuss better ways to convey the idea).
Culturally appropriate	Is there anything controversial or sensitive about these messages or pictures?
Care *for women*	Does this message (figure) show any concern regarding situation of women?

FIGURES/PICTURES

7Cs	*Questions*
Captivating (attractive)	Is there anything you like/dislike about the figures/pictures (use of color, kind of people represented, etc.)?

Clarifying the benefits	What are the benefits, what are the happy things these pictures/figures tell you?
Comprehensive *Correct* *Clear*	1) What does this figure/picture actually show? 2) What does the figure/picture intend to show? 3) Is it telling you to do anything? If yes, what? 4) Do the words match the figure/picture on the page? Why or why not?
Culturally appropriate	Is there anything controversial or sensitive about these figures/pictures?
Care for women	Does this message (figure) show any concern regarding situation of women?

GENERAL QUESTIONS

1) We want the materials to be as good as possible and easily understood by others. How can we improve the pictures?
2) What other suggestions do you have for improving this material (pictures, words or both)?
3) (After collecting the material say...) "Let's review. Tell me what you think were the most important messages."

When you finish pre-testing the materials, you will probably need to make some changes. Answer the following questions to help you decide on any necessary changes.

1) Were the target audience members able to understand the messages and the language in which the messages were presented?

❑ Yes ❑ No

Explain.

2. Were the target audience members able to remember the messages they were presented?

❑ Yes ❑ No

Explain.

3. What did the target audience like best about the materials and messages?
   ❑ Yes ❑ No

   Explain.

4. What did the target audience like least about the materials and messages?
   ❑ Yes ❑ No

   Explain.

5. Was the target audience able to perceive the benefit(s) recommended in the messages?
   ❑ Yes ❑ No

   Explain.

6. Were there any controversial or sensitive issues raised by the target audience?
   ❑ Yes ❑ No

   Explain.

7. What changes, if any, were recommended by the target audience?
   ❑ Yes ❑ No

   Explain.

If the answers to these questions tell you to change the messages and materials, be sure to test them again after the revisions.

LEARNING OBJECTIVE 3

- Participants will learn to evaluate printed IEC materials. To evaluate printed IEC materials is a three-step process.

1st step: Assess if the printed IEC materials have the "7Cs" as relevant (evaluation of the "means").

2nd step: Assess if the printed materials are available, used, remembered and understood (evaluation of the "results").

3rd step: Assess if the use of printed materials is linked to the desired behavior change (evaluation of the "outcome").

Examples of questions needed for the 1st step (evaluation of the "means") are:

Does the printed material have the "7Cs" relevant to the message we want to convey to our target audience? (See Learning Objective 2.3.)

Examples of questions needed for the 2nd step (evaluation of the "results") are:

– Have the materials been produced?

– Have the materials been distributed to the target audience?

– How have these materials been used?

– Did the target audience recall the whole message (i.e. were the materials comprehensive)?

– Did the target audience understand the right messages (i.e. were the materials clear and correct)?

– How did the target audience react to them (i.e. where the messages culturally appropriate)?

– Did the target audience like the materials (i.e. were the materials captivating)?

– Did the target audience see the benefits of behavior change (i.e. did the materials clarify the benefits)?

Examples of questions needed for the 3rd step (evaluation of the "outcome") are:

– Did the target audience report a change in skills (e.g. condom use negotiation)?

– Did the target audience report a change in attitudes (e.g. condoms are a "cool" thing to use)?

– Did the target audience report a use of condoms?

– Did the target audience report a reductions in the number of sexual partners?

– Did the target audience increase the attendance to STDs clinic?

Collect the above information through:

– Observation of target audience that has used the IEC materials.

– Focus group discussions (it is the easiest way) with the audience that has used the IEC materials.

– Few questions added to a survey questionnaire designed for larger project purposes.

Cultural Ideas and Expectations about Men and Women Regarding How They Should Behave in Various Situations (Especially Sexual Situations)

Men:

- Boys play with guns. Girls play with dolls.
- Men are expected to be sexually experienced at all costs (regardless of affection or respect for the partner).
- Male sexuality is expected to be instinctive, uncontrollable and aggressive (as a result, harassment is not seen as wrong, and if wrong, not criminal).
- Men are expected (by parents and friends) to be physically strong, emotionally stable, daring, virile, not to cry or show weakness. Boys do not cry.
- Men drink alcohol together (they can cry when they are drunk).
- Boys who are brought up to believe that "real men don't get sick" often see themselves as invulnerable to illness or risk.
- Men should be the breadwinner (that's why they tend to migrate more than women).
- Boys experience considerable pressure to become providers for the family.
- Men are NOT expected to be caregivers of PHAs.

Men need to consider:

- How masculine identities are socially constructed.
- What actions are needed to contribute to more equal gender relations.

- How much are men paying by insisting on separate gender roles (stress, early death, cannot cry, admit weaknesses).

Women:

In a patriarchal society (many African and Asian countries).

- Girls are brought up to be subservient to men, a training that does not build a sense of self-esteem an individuality.
- Girls are taught to ensure that they please men sexually (for instance by stretching the labia minora and suing vaginal drying agents).
- It is culturally unacceptable for women to control sexual relations or to negotiate safer sex, particularly in the case of wives.
- Women should believe and trust men implicitly.
- Sexual abuse occurs in the home, schools and streets (PHAYA).
- Pregnant schoolgirls must leave school and may be rejected by families, often ending up on the street in sex work.

Girls are most at risk and suffer the most serious consequences through sexual activity.

Both men and women who do not act according to these norms are punished by redicule and humiliation.

The above cultural ideas and expectations are widespread all over the Asian countries (and to a lesser degree still in western countries).

These expectations clearly give power to men.

Power to decide on behalf of the women (wife and girlfriends or casual partner):

- power to use free time (men go to pubs after working hours, women go to the kitchen),
- power to have more pleasure (men have more sexual partners).

Relation between Present IEC Materials and Gender

1) Most materials are inappropriate because they are based on the premises that women would be in control of their sexual practice. In reality most women lack power to determine where, when and how sex takes place.

2) Many safer sex messages emphasize the need to use condoms, but this reinforces women's dependence on men to protect their health.

Education material (initiatives) need to convey the message to women to act on whatever power they do have. Women can act on whatever seed of power they have and build upon them (e.g. female condoms, microbicides and spermicides, or contraceptive pills).

3) Women do not learn from IEC about how to ask the right questions at the right time to assess their personal risk (e.g. to check if the partner is an intravenous drug user, bisexual, has other partners). Assertiveness development is necessary.

4) Messages should be supportive, positive and meaningful:

- Every woman has the right to protect her health.
- Learning about HIV/AIDS is one way to take care of yourself.
- It's safe to talk about AIDS .

5) In the few cases IEC give messages to women to protect themselves (e.g. IEC showing women asking male partners to use condoms), the scenarios do not face up to the real difficulties. It is one thing to ask a casual partner to use condom; it is another thing to ask a man who has sworn fidelity to you and has been with you for years.

– Gender-based power imbalances make suggesting condoms unthinkable. Men asked to use condoms:

  - often refuse,
  - may even become abusive,
  - may reject or abandon their female partners.

– What to do if the women are economically dependent? She and her child end up on the street). Due to "low self-esteem" and "limited finances" women cannot afford to be rejected they cannot walk away from a potentially harmful situation.

– Condoms are used for having sex with others, not with one stable partners. Condom has become a negative sign of the level of trust in a relationship rather than a sensible means of protection.

6) Women often accept what their partners have done wrong against them, and at most, they regretfully shake their heads.

7) Innovative resources and appropriate messages are needed to support women in violent relationships.

Note: Some sections of this paper were taken from the following sources:

"How to create an effective communication project"

The AIDS Control and Prevention (IADSCAP) Project, implemented by Family Health International, is funded by the United States Agency for International Development. Project 936-5972.31-4692046. Contract HRN/5972-C-00-4001-00. USAID.

"How to conduct effective pre-tests"

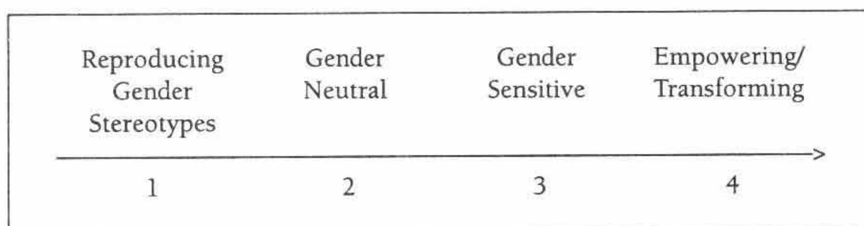
The AIDS Control and Prevention (IADSCAP) Project, implemented by Family Health International, is funded by the United States Agency for International Development. Project 936-5972.31-4692046. Contract HRN/5972-C-00-4001-00. USAID.

Harvesting Lessons and Showcasing Good Practices in HIV Preventive Education

Carolyn Medel-Añonuevo

The experience of women and men collectively listening, discussing, critiquing and finally crafting a project is a powerful one. There is no doubt that even as the workshops provided spaces for collective learning, individually, participants also brought home a wealth of materials—more information, new skills and hopefully new ways of doing things. Addressing gender relations in HIV preventive education work requires two elements—a gender perspective and a set of skills. Many times, people working in the field have only one—either the framework or the techniques. Even during the workshops, it was clear that it was easier for participants to learn skills and get excited about using an array of techniques. As mentioned earlier, changing perspectives can be a much more difficult task as it involves a change of mindset and behavior not only of the others but also of one's own.

As a way of summarizing the lessons of the workshops, the word GENDER is used to denote the six main elements to consider in HIV preventive education and to remind us, once again, of the centrality of the concept of gender. *G* is for gender awareness and sensitivity in looking at educational strategies and IEC materials. It is clear that the gender perspective has to be developed and honed, if we are to use this actively in HIV preventive education work. This perspective can be applied in the analysis of the IEC materials, for example. Comparing the IEC materials that have been produced in the region, we are able to come up with a scale to assess the state-of-the-art of IEC materials in so far as responsiveness to gender issues are concerned.



The first type of materials reproduce gender stereotypes and contribute further to unequal relations. One typical example is putting the blame on women. A poster, for instance, shows a woman who has not fixed herself up and is told that her husband has gone to the prostituted woman because she has not made herself attractive enough for her husband. Hence, the husband's potential of getting HIV is supposedly a result of her own neglect.

The second type of materials do not depict gender differences; they use inanimate objects or symbols that are not specifically tied up to men or women, or use statements that do not pertain specifically to men or women, and therefore are gender neutral. A typical example can be seen in Germany's campaign for condom use with the play of images on the condom without attaching it to either men or women.

The third type of materials are gender sensitive as they relate to specific needs of men and women. An example shows a man using a condom so that he is able to protect himself and his partner. Another shows women that they have to get more information and ask questions to protect themselves. Given that women have less access to information and services, such materials recognize and convince women to change this reality.

The final type of IEC materials show empowering and transformed gender relations. This is not so easy to find since many of those who conceptualize and execute IEC materials are not able to imagine transformed gender relations or are hesitant to be avant garde by illustrating such possibilities. An example of this type of IEC material shows an Asian woman offering her partner a condom. This is transformative in two counts: it challenges the notion that only the prostituted women can propose the use of condom and it shows women can also do something to protect herself and not only depend

on the men. Such material is powerful because it offers women audience the possibility of acting on their power and not simply be acted upon by societal forces.

Using the scale, we can proceed to examine existing materials and reflect on how we can develop more gender-sensitive and empowering IEC materials. A clear gender framework has facilitated the analysis of existing materials and we can do the same for educational strategies and approaches.

This leads us to the next element—educational strategies. The sharing of the participants show a relatively advanced knowledge based on the use of participatory methodology. For instance, when asked how they arrived at their educational strategies, many of them indicated that they did needs analysis (through baseline studies, focused group discussions) or that they held consultations and joint planning sessions. Others answered that they went through monitoring and evaluation. The discussions also reveal a synergy between government and NGOs as they work together in the implementation of various strategies identified. The sharing also revealed a wide range of methodology in the implementation of these strategies—from the usual IEC materials to theater, to popular media (e.g community wall paper). When asked whether their educational strategies are gender-sensitive, many of them said yes. However, when asked to explain their answers, it became evident that not everybody is clear on what a gender-sensitive educational strategy looks like. This means that the challenge is to develop a comprehensive gender sensitive strategy that takes into account particular needs of women and men, young and old, using non-formal education and the formal educational system.

The next element—networking. The workshops have demonstrated the powerful effect of the synergy when women and men coming from different backgrounds (health, education and women) in government, NGOs, research institutions and women's groups are able to share their orientations and experiences. Given the nature and magnitude of the AIDS pandemic, networking is crucial as it allows us to share our perspectives and competencies. HIV is not only a gender issue, it is not only a health issue, it is not only an educational issue. As a societal issue, it needs the concerted efforts of

women and men in medicine, in education, in women studies and gender-related work, and even in religious activities. After the workshops, we learned that some of the participants still communicate with each other and exchange information. One good example of networking may be gleaned from the Cambodians who have organized their own national workshop after getting one of the resource persons, Dr. Alessio Panza to agree to come to their country.

Developing IEC materials is a skill that needs to be constantly honed. Dr. Panza was able to lead us through this process and the result of his efforts can be seen in the prototype materials that the participants were able to come up with in the last day of the workshop. Initially starting with the 6Cs of examining IEC materials, Dr. Panza has added another C—caring for women—during our discussions in the Chiangmai workshop.Upon pointing out that his 6Cs guidelines did not contain any reference to the just discussed gender perspective, participants gamely involved themselves in looking for the seventh C and we did come up with it. After trying their hand at developing IEC materials that fulfill the 7Cs, and realizing the difficulty of fulfilling the 7Cs, participants inquired if the 7Cs were a must. Dr. Panza explained that they are guidelines that should help us develop more effective materials and evaluate our practices and not strict rules with penalties for those who are unable to fulfill each C.

This leads us to the fifth element—evaluation and monitoring. The exercises during the workshops demonstrated the value of reviewing and assessing one's work. Given the heavy workload, evaluation and monitoring usually are not allocated the appropriate time and effort. After engaging in an activity, many find it is easier to proceed to the next activity without careful reflection on what has just been done. During the discussions on the evaluation of the IEC materials, it was evident that many of the participants did not have so much practice in this area. We hope that the simulating evaluation exercises during the workshop would have added to their knowledge base.

Finally, the last element—research. Gender and AIDS as they have become popular in the development world have also led to many misconceptions and wrong notions. Given this situation, it is imperative

to do research to validate claims whether it be from the health workers or educators. It is important to test commonly held notions with well-designed research projects so that we can develop our perspectives and consequently, our strategies. During the workshop, Dr. Panza would always cite findings and research results to support many of the arguments he presented. Many times, they run counter to commonly held beliefs. For example, it is commonly believed that not many young boys and girls engage in sex. Studies cited by Dr. Panza indicate that, in fact, boys and girls start to have sex at a younger age and that some, by the time they reach 18, would have had several partners. Undertaking research is the key to sharpening our understanding of the gender dimension of AIDS. During the Philippine workshop, Dr. Nymia Simbulan presented her research findings on women prisoners and their vulnerability to sexually transmitted diseases (STDs) and consequently to HIV. If there was no research conducted, we would have assumed that given the isolation of women prisoners, they would not be vulnerable to STDs.

Our experiences have shown that there is still room for improving our work so that we can be more effective in dealing with the HIV crisis. Aside from putting gender at the core of our work, we should also remember that GENDER denotes *G*ender perspective, *E*ducational strategies, *N*etworking, *D*eveloping IEC materials, *E*valuation and Monitoring and *R*esearch—six elements that are critical to our HIV preventive education work. Sharpening our understanding of the gender perspective and honing our skills (to develop educational strategies, to network, to develop IEC materials, to evaluate and monitor, and conduct research) are tasks that need to be addressed urgently.