

## HIGHLIGHTS

- Appendix A. Project Planning: Tips for Formulating a Workplan and Budget
- Appendix B. Draft Sample FGD Guide
- Appendix C. Forms to Use When Developing and Pretesting Materials
- Appendix D. FGD and Pretesting Job Aids
- Appendix E. SMOG Readability Formula
- Appendix F. Characteristics of Various Communication





## **Appendix A. Project Planning: Tips for Formulating a Work Plan and Budget**

After program managers have identified target audiences, they should develop a work plan and budget to schedule activities and allocate human and financial resources. The work plan should be part of a larger project or program, so that the development of materials does not function as a “stand-alone” activity.

Audiences’ print material needs may change over time as they move along the stages of behavior change. For example, if the primary audience is truck drivers who drive long distances and have great mobility, the program may initially educate them about the risks of unprotected sex, particularly with multiple partners. Once their awareness is high and they are motivated to change risky behaviors, materials may focus more on where to go for STI treatment, correct condom use, communication with sexual partners, and the kinds of commitment needed to maintain healthy behaviors. Project managers should keep in mind evolving materials needs as they prepare work plans and budgets.

### **I. Work Plans**

The following page contains an example of a work plan to develop BCC materials to reduce sexual risk behavior. It can be adapted to suit the specific needs of individual projects.

### **II. Budgets**

The sample budget that follows shows some items to consider when estimating costs. Each project will have different budget line items and costs reflecting the scope of the program, local resources, staffing patterns, and institutional contributions.

<b>Sample Work Plan for Materials Development for Behavior Change Communication</b>													
Activity	Weeks												
	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Recruit and interview personnel	X												
2. Train staff	X												
3. Recruit FGD participants	X												
4. Hold FGDs (for example, 2 FGDs per category for a total of 8 FGDs)		X											
5. Examine existing materials for possible adaptation		X	X	X									
6. Draft materials													
a. Analyze FGD data; develop messages		X	X										
b. Develop storyboard			X										
c. Work with artist on illustrations			X										
d. Draft the text			X	X									
7. Pretest and revise materials													
a. Pretest and revise until materials are satisfactory				X	X								
b. Preview by interested persons and organizations					X								
c. Revise and pretest further until materials are satisfactory					X	X							
8. Final approval by groups interested in using materials							X						
9. Print							X	X					
10. Train health workers/peer educators/ teachers, etc. to use								X	X	X	X		
11. Distribute									X	X	X	X	
12. Evaluate											X	X	X
13. Make changes as necessary													X

**Development of BCC Materials: Sample Budget**

Objective: Develop, field-test, revise, print, and evaluate a booklet for STI clients on correct condom use, as indicated in the sample work plan on the previous page.

**Personnel Cost**

**Amount in \$**

- Project Director (.10 time at \$xx/month)
- Project Coordinator (.30 time at \$xx/month)
- Program staff (for training, facilitating FGDs; .50 time at \$xx/month)
- Support staff (.25 time at \$xx/month)
- Driver (.25 time at \$xx/month)
- Benefits

**Consultants**

- Artist (20 drawings at \$xx/drawing)
- Field staff (35 days at \$xx/day)
- Evaluator (10 days at \$xx/day)

**Transportation**

- For training (2 trips x 10 participants at \$xx/trip)
- For FGD research (8 trips x 2 persons at \$xx/trip)
- For field-testing (4 rounds x 2 persons at \$xx/trip)
- For evaluation (5 trips at \$xx/trip)

**Per Diem**

- For training (6 days x 10 participants at \$xx/day)
- For FGDs (8 days x 2 persons at \$xx/day)
- For field-testing (20 days x 2 persons at \$xx/day)
- For evaluation (5 days at \$xx/day)

**Training**

- Site (6 days at \$xx/day)
- Refreshments (10 lunches, snacks at \$xx/person)
- For field-testing (20 days at \$xx/day)
- For evaluation (5 days at \$xx/day)

**FGD Refreshments (80 snacks at \$xx/snack)**

**Photocopying**

**Printing for booklet (5,000 copies at \$xx/copy) (Also see alternatives to printing in Section VIII)**

**Communication (telephone, telex, postage)**

**Administrative/Overhead Costs**

**Total**



## Appendix B. Draft Sample FGD Guide

(Change, add, and/or delete questions depending on scope of the project)

**Key Audience:** Youth/Adolescents

**Purpose:** To determine knowledge (and/or misinformation), attitudes and practices regarding STIs, including HIV/AIDS, and to identify effective and appropriate behavior change media, messages, and materials for youth.

### I. Introduction

- Welcome participants and introduces yourself or herself and note-taker.
- Explain purpose and procedures of the group discussion. (We are collecting information to enable us to prepare useful messages that may help improve the health of young people like yourselves using various materials/media. You are the experts and therefore we need your ideas and opinions in this discussion.)
- Explain role of note-taker; if planning to use a tape recorder, explain why (everything you say is very valuable to the project and we don't want to miss anything) and then ask permission to tape.
- Encourage each member to participate, as everyone's opinion is important, and assure confidentiality. (Please feel free to say what you think, even when you disagree, as there are no right or wrong answers. We won't say who said what, but we will talk with other health communicators about what the entire group said.)
- Have group members introduce themselves (first names are enough), including their age, years of schooling, and one thing they like about themselves.

## II. Warm-up Questions

To get started (only a few minutes—not too detailed)

- As young people you are probably beginning to make some decisions about your future. What are the kind of things that you are thinking about? (Probe for school continuation, employment, marriage, etc.)
- Who—or what—do you think has the most influence on any decisions you make? Why? (Probe for peers, family, teachers, etc.)
- What is the key to good health?
- Are there any health problems young people worry about these days? If so, what are they?

## III. Main Focus of Group Discussion

Knowledge and Attitudes about STIs, including HIV/AIDS:

- (If not mentioned during warm-up) Can having sex affect your health? If so, how? If not, why not?
- Has anyone heard of diseases/infections you can get through sex? If yes, how many can we name?
- Can you think of a word that could stand for all the different kinds of diseases that you can get through sex? (Probe for STIs, STDs, any words that mean transmission through sexual intercourse. From here on, try to use words—if appropriate—with which participants are already familiar.)
- Have you heard about HIV and AIDS? What have you heard about each? Are they the same? If not, how are they different? Who else has heard that? Do you agree or disagree? Why? Where have you heard about HIV/AIDS?
- What do you think causes someone to get HIV/AIDS or any other STI? (Probe for: Can these diseases be transmitted without having sex? How? Can children get AIDS? How?)
- What kind of people get STIs/HIV/AIDS? Why? Describe their characteristics and behavior. (Probe for: Can anyone else get it?)
- Have your parents ever told you anything about HIV or AIDS? What have they told you? How about your teachers? In what settings/circumstances do they tell you about HIV and/or AIDS? Who else has ever talked to you about this? What have they told you?
- Have you known anyone with HIV/AIDS? How did you know they had AIDS? What did they look like? What did you do when you learned they were infected? Why?

- Are young people afraid of getting STIs? Why? Of getting HIV, the virus that leads to AIDS? Why?
- Can we protect ourselves from getting STIs, including HIV and AIDS? (Probe: If yes, what are different ways we can protect ourselves?)
- Can someone get HIV and never gets AIDS? (Probe: What have you been told about this? By whom?)
- Can an adolescent tell if he/she has an STI? How? (Probe for any symptoms) Can they get treatment? Where? Do you know anyone who has or had an STI? Was that person treated? Where? Did they tell you anything about it? What did you learn? (Further probe: Can all STIs be cured through treatment? Discuss, based on responses.)
- We've heard that AIDS patients are sometimes mistreated. In your experience, is this true? In what ways? How do you feel about this?
- Have you discussed HIV/AIDS and/or STIs with anyone recently? If so, with whom?
- With whom would you feel comfortable discussing HIV/AIDS/STIs? Why?

### **Sexual Practices**

- Have you—or your friends—ever had sex? Why/why not?
- How does the thought of getting HIV and/or AIDS make you feel? Describe some of your feelings.
- At what age do most young people have sex for the first time? In your opinion, do they have sex with people who are older, younger, or their same age? Why? Do you think having many sexual partners puts one at risk of getting HIV? Why or why not?
- What kind of people have many sexual partners? Are they likely to be single or married people? Why?
- What can young people like yourselves do to protect themselves from AIDS? Are they doing this? Why? Why not? What can we do to get them to do this? Are there other ways to avoid getting AIDS that don't have anything to do with sex?
- Has anyone heard the term “safe sex” or “safer sex?” What does it mean? What kinds of sex are safe? What kinds aren't?
- With whom would you feel comfortable talking about sex? Why?
- Have you discussed sex with anyone in the last year? If so, with whom?

Scientists have found that condoms are one way to prevent a person from getting HIV from someone else:

- (If not mentioned previously) Have you ever heard of a condom? Where did you hear this? Have you ever seen a condom? Where did you see one?
- What do you think of the advice, “Stick to one sexual partner” or, “Use a condom every time you have sex?” Why? How about the advice, “Don’t have sex until you are married—and then just have sex with that partner?” Why?
- Would you use a condom? Why/why not? If you’ve had sex, but never used a condom, why didn’t you use one?
- What reasons do people have/give for not using condoms? Do you agree? Why/why not?
- What would you say to a **friend** who would not use a condom? To a **partner**?
- How can we get young people to use condoms to prevent HIV and other STIs? Why do you recommend this?
- What can we say or do that would motivate young people to change their sexual behavior?
  - To abstain from sex.
  - To stick to one partner.
  - To use condoms.
- What kind of support would you require to effect some of these **behavior changes**? Where—or from whom—would you seek this support? **Why**?
- Are there some words young people like yourselves use that mean “not having sex?” What are they?
- Have you discussed condom usage with any sexual partners lately? If so, with whom?
- With whom would you feel comfortable discussing condom usage? Why?

### Information Strategy

- If you were advising young people like yourselves about HIV/AIDS, what would you tell them? Why?
- How do young people like yourselves in this community/area best get information? (Probe for: different media, cinema, magazines, religious leaders, parents, teachers, community leaders, etc.) How would you rate these sources? Which are considered

most credible? Least credible? Do young people take information from these sources seriously? Why/why not?

- Media follow-up question: If radio and TV are considered reliable sources, find out listening patterns. (This can be useful for later phases of your communication program.) If print materials are mentioned, what types/items are young people most likely to be read? Why?
- If you were to be reached with information about STIs, including HIV/AIDS, what would you recommend that you (and young people like yourselves) be told? Why?
- How would you like to get this information? From which media/channel? Why?
- Who else would you recommend be given this information? Why?
- At what time or place do you think young people like you should be given this information? For older adolescents: Do you wish someone had given you this information when you were younger? Why or why not?
- (If your project plans to adapt any existing materials) Please look at these materials and tell us what you think about the way they look. Which ones do you like, if any? Dislike? Which would you share/not share? Why? Which would you keep/ not keep? Why?

#### **IV. Wrap-up and Closure**

- Would someone like to summarize some of the main ideas and recommendations we discussed today? Or would you rather we go around the room and everyone mention one important point discussed today?
- Who heard something with which he/she did not agree? Let's discuss further.
- Before we close, is there anything else you would like to add?
- Thank you all for participating. Your comments have been very helpful.
- Now that we are finished, I can briefly answer a few questions that came up during our discussion.



## **Appendix C. Forms to Use When Developing and Pretesting Materials**

**Appendix C. Form No. 1**

**Research Phase: Participant Screening Questionnaire**

Date \_\_\_\_\_

Place \_\_\_\_\_

Introduction:

Questions:

\_\_\_ Invite

\_\_\_ Do not invite

1.

2.

3.

4.

5.

6.

Thank you.

Notes :

Subgroup discussion invited to: \_\_\_\_\_ (date, time, place)

Name of screener/recruiter: \_\_\_\_\_

Participant's name and how to contact: \_\_\_\_\_ (if invited)







**Sample Questions for Group Pretests**

**Ask these questions about each page:**

1. What information is this page trying to convey?
2. What does the text mean, in your own words?
3. What does the illustration show?
4. Do the words match the picture on the page? Why or why not?
5. 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.
6. Are there any words that you think others might have trouble reading or understanding? Again, ask for alternatives.
7. 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.
8. Is there anything on this page that you like? What?
9. Is there anything on this page that you don't like? What?
10. Is there anything on this page that is confusing? What?
11. Is there anything about the pictures or the writing that might offend or embarrass some people? What? Ask for alternatives.

**Ask these questions about the entire material:**

12. Do you think the material is asking you to do anything in particular? What?
13. What do you think this material is saying overall?
14. Do you think the material is meant for people like yourself? Why?
15. What can be done to make this material better?

**Ask the above questions for each version of the material, then ask:**

16. Which version of the material do you prefer? Why?

**Appendix C. Form No. 6**

<b>Group Pretest Answer Sheet</b>	
Topic: _____	
No. of People in this Group: _____	
Group No.: _____	
Questions	Miscellaneous Information
Question 1: _____ _____	
Question 2: _____ _____	
Question 3: _____ _____	
Question 4: _____ _____	

**Appendix C. Form No. 7**

**Identification of Changes and Modifications Sheet**

Coder(s) \_\_\_\_\_  
 After Pretest Round \_\_\_\_\_  
 Region \_\_\_\_\_  
 Topic of Material \_\_\_\_\_  
 Number of Respondents \_\_\_\_\_

Existing Page of Material	Elements to be Changed	Reason(s) for Changes
	Visuals:  Text:	
	Visuals:  Text:	
	Visuals:  Text:	
	Visuals:  Text:	
	Visuals:  Text:	
	Visuals:  Text:	

**Appendix C. Form No. 8**

Monthly Record Form for Distribution of Educational Materials										
Name of Health Educator _____		Region _____			Month _____		Year _____			
No. of Materials Received							No. of Materials Distributed			
Date Received										
Booklets _____		_____		_____						
Flipcharts _____		_____		_____						
Flyers _____		_____		_____						
Others _____		_____		_____						
Date	Name of Facility	Market	Schools	Hospital	Clinic	Other	Booklet	Flipchart	Flyers	Others



# Appendix D. FGD and Pretesting Job Aids

## **Preparing to Conduct Focus Group Discussions (FGDs)**

### *A Job Aid*

#### **A. Determine profile of FGD participants**

1. Determine characteristics of your target population, including:
  - Sex
  - Age
  - Profession
  - Geographic location
  - Education
2. Group FGD participants according to characteristics they have in common.

#### **B. Invite suitable participants who do not know each other.**

#### **C. Select appropriate FGD facilitator.**

#### **D. Select a good note-taker.**

#### **E. Select a quiet and comfortable FGD site.**

#### **F. Develop FGD discussion guide. Most guidelines include:**

- Introduction of the facilitator, participants
- Explanation of how FGD will be run
- General topics to open up discussion
- Specific topics to reveal participants' knowledge, attitudes, and perceptions
- Reminder to ask probing questions to reveal more in-depth information or to help clarify earlier statements

#### **G. Prepare tape recorder, if one is being used.**

- Purchase enough cassette tapes.
- Make sure tape recorder works.
- Buy extra batteries for use during the FGD.

## Conducting Focus Group Discussions

### *A Job Aid*

#### **A. Begin the FGD Session**

1. Introduce yourself and the note-taker.
2. Explain purpose of tape recorder, and ask permission before turning on the tape recorder.
3. Explain general purpose of the discussion.
4. Establish ground rules, such as:
  - Setting time frame
  - Ensuring confidentiality
  - Stressing that participants' input is very valuable
  - Respecting the opinions of others
  - Noting that questions will be answered *after* the session
5. Begin to develop rapport with participants
  - Greet everyone.
  - Make eye contact with everyone.
  - Have participants introduce themselves using their name or alias.
  - Initiate general conversation to create a relaxed environment.

#### **B. Initiate warm-up discussion**

1. Use the FGD guide to initiate the warm-up discussion.
2. Begin by asking neutral questions, and then proceed to general questions.
3. Allow participants to talk uninterrupted.
4. Be supportive of the participants' interpretations and comments, even if the information presented is incorrect.
5. Try to establish trends and explore those in more depth.

#### **C. Probe more on the topic of discussion**

1. Use open-ended questions to probe more deeply into key issues mentioned by participants.
2. Allow for debate among group participants.

3. If participants ask questions, encourage the group to answer them.
4. Ensure that all participants have an opportunity to talk; encourage quieter participants to talk by calling on them directly.
5. Be supportive of respondents' comments.

Do *not* correct misinformation or wrong perceptions.

6. If information is not forthcoming, consider using creative approaches, such as:
  - Describing a scene and getting participants' reactions
  - Asking participants to imagine something (like the ideal health worker) and then describe it to you
  - Role playing
  - Sharing what other people have said about a topic and getting the group's reaction
7. Note responses and non-verbal cues

**D. Wrap up the session**

1. Review and summarize main points arising in the discussion.
2. Clarify conclusions and relative importance of responses with participants.
3. Identify differences of perspectives, contrasting opinions, and areas of agreement.
4. Allow a round of final comments and insights.
5. Thank participants for their time and participation and explain how valuable their comments have been.
6. Invite participants to refreshments, if available.

**E. Take advantage of post-session discussions.**

1. Answer participants' questions and clarify any misinformation provided by participants.
2. Leave the tape recorder running as participants disburse to capture any additional comments.

**F. Immediately after each FGD session, meet with the note-taker to review notes, and if necessary, add information that may have been missed.**

## Analyzing FGDs and/or In-depth Interviews

### *A Job Aid*

#### **A. Organize the notes from all the FGD sessions.**

#### **B. Review the FGD data to determine the following:**

- What does the target audience already know?
- What misinformation do they have?
- Why do they behave the way they do?
- What do they believe, and why?
- What do they want to know?
- What do they need to know?
- What are the barriers to change?

#### **C. Summarize major findings for the major questions asked during the FGDs.**

Emerging patterns and trends can be stated in the following way:

- Most of the participants said \_\_\_\_\_
- Some of the participants said \_\_\_\_\_
- A few of the participants said \_\_\_\_\_

Do *not* quantify FGD data by counting or creating percentages for number of similar responses.

#### **D. Include some participant quotes to support your findings.**

#### **E. Write a report that summarizes all of the findings. Key elements of a report should include:**

- Number of FGDs and/or in-depth interviews conducted for each category of participant.
- Location of each FGD or in-depth interview (city, clinic, home, etc.).
- Length of time for each interview/FGD.
- Major findings including:
  - Key points from the data
  - Patterns (trends) in the data
- Suggestions for messages/materials
- Next Steps

## Preparing to Pretest BCC Materials

### A Job Aid

#### A. Prepare draft of BCC material.

- Illustrations should be simple, such as line drawings that look like the objects they represent.
- Text should be simple, as it is likely to change.
- Later revisions should resemble the final product as closely as possible in color, size, and layout.

#### B. Determine type of initial pretest.

If BCC material is:	And target population is:	Then:
Print	Low-literate	Pretest draft material(s) with one member of the target population at a time.
	Literate	Pretest draft material in a small group.
Mass media, such as video, TV, radio, etc.	Low-literate	Pretest draft materials individually, if possible.
	Literate	Pretest draft material in a small group.

#### C. Develop a profile of the target population with whom you will conduct pretest.

#### D. Determine *approximate* number of people you will need for pretest.

If:	Then:
Testing with individuals, especially low-literate populations	<ol style="list-style-type: none"> <li>1. Pretest <i>first</i> draft with at least 10 members of the target population.</li> <li>2. Pretest <i>subsequent</i> drafts with 20 members of the target population.</li> <li>3. Pretest <i>final</i> draft with 10-12 members of the target population.</li> </ol>
Testing in a small group	<ol style="list-style-type: none"> <li>1. Pretest <i>first</i> drafts with 8-12 members of the target population.</li> <li>2. Pretest <i>subsequent</i> draft(s) with 10-12 members of the target population.</li> </ol>

- E. Select a site(s) to pretest where members of the target population will be available.**
- F. Select times to pretest when members of the target population are available.**
- G. Select the interviewer(s) who will conduct the pretest interviews.**
- H. Select the note-taker(s) who will take notes during pretest interviews.**

When at all possible, involve the artist/graphics team in the pretest.

- I. Complete general information on the Pretest Background Sheet (Form #2) and each Pretest Data Collection Sheet (Form #3).**
- J. If not using the Pretest Data Collection Sheets, draft your own pretest questions (see sample questions in Form #5).**
- K. Develop criteria for determining when the picture and text are considered understood and accepted by target audience.**

<b>If:</b>	<b>And:</b>	<b>Then:</b>
Visual alone	Less than 70% interpret correctly	1. Revise visual. 2. Pretest again with 15-20 people.
Visual and text	70% or more interpret correctly	1. Revise visual, if need be. 2. Incorporate into final draft.
	Less than 90% interpret correctly or do not accept message	1. Revise visual and text. 2. Pretest again with 10-15 people.
	90% or more interpret correctly and accept message	1. Revise, if need be. 2. Incorporate into final draft. 3. Have collaborating institutions review final draft prior to publication.

**L. Make enough copies of BCC material for use during the pretest.**

<b>If conducting:</b>	<b>And BCC material is:</b>	<b>Then:</b>
Individual interviews	Print	Use one copy of draft material for all interviews.
Group interviews	Print and for individual consumption	Make a copy of draft material for each person in the group.
	Video, film, or radio	Use one copy for testing in the group.

**M. For planned interviews, arrange to meet participant at a pre-determined site.**

## Conducting Pretest of BCC Materials

### *A Job Aid*

#### I. Individual Interviews

##### A. Initiate the pretest interview

<b>If:</b>	<b>Then:</b>
Planned interview	<ol style="list-style-type: none"><li>1. Meet respondent at pre-determined site.</li><li>2. Introduce yourself.</li><li>3. Explain purpose of pretest.</li><li>4. Introduce note-taker and explain his or her purpose.</li><li>5. Assure respondent that you are testing the material, not him or her.</li><li>6. Assure respondent that comments are confidential.</li><li>7. Tactfully gather characteristics of respondent, such as age, marital status, level of schooling, etc.</li></ol>
Intercept interview	<ol style="list-style-type: none"><li>1. Introduce yourself to someone who looks like they represent the target audience.</li><li>2. Determine whether person is an appropriate pretest candidate using the criteria on the Profile sheet.</li><li>3. If not, thank the person and continue to look for potential respondents.</li><li>4. If so, ask whether respondent has time to participate in the interview.</li><li>5. Select a private place to talk.</li><li>6. Proceed like a planned interview. (See steps 2 to 7 above.)</li></ol>

**B. Pretest illustration of message #1 first.**

1. Fold or cover material so that only the illustration shows.
2. Ask questions about the illustration following the questions on the Pretest Data Collection Sheet or your own pretest guide.
3. Be supportive of the respondent's interpretations and comments.
4. Note responses on Pretest Data Collection Sheets or your own pretest answer sheet and code accordingly.

**C. Pretest text of message #1 next.**

1. Fold or cover the material so that only the text shows.
2. Have participant read text, if they can. Otherwise, read it to them.
3. Ask questions about the text following the questions on the Pretest Data Collection Sheet or your own pretest guide.
4. Be supportive of respondent's comments.
5. Note responses on Pretest Data Collection Sheets or your own pretest answer sheet and code accordingly.

**D. Pretest text and illustration of message #1 together.**

1. Show the illustration and the text together.
2. Ask if the illustration and text match.
3. Ask participants what they would change, why, and how they would change it.

**E. Pretest all messages in the manner described above.**

**F. End interview.**

1. Thank respondent for their participation and time.
2. Provide refreshments, if possible

**G. Pretest team codes responses on Pretest Summary of Results form.**

1. Review all the responses noted on the individual Pretest Data Collection Sheets (Form #4).
2. Determine whether picture and text are "OK" or "Not Ok" using criteria developed beforehand.
3. Mark the appropriate box on the Pretest Summary of Results form.
4. Summarize suggested changes.

**H. Modify BCC materials accordingly.**

## II. Group Interviews

### A. Begin interview

1. Introduce yourself.
2. Explain purpose of pretest.
3. Introduce note-taker and explain his or her purpose.
4. Assure respondent that comments are confidential.
5. Distribute draft material to each member of the group.

### B. Pretest BCC material

<b>If:</b>	<b>Then:</b>
<b>Print material</b>	<ol style="list-style-type: none"><li>1. Pretest picture first (see steps for Individual pretest).</li><li>2. Pretest text next:<ol style="list-style-type: none"><li>a) Have each group member take turns reading a section of the material out loud.</li><li>b) After each section, ask group to discuss and provide suggestions for improvements.</li><li>c) Listen for words that readers have difficulty reading or understanding.</li><li>d) Be supportive of respondent's comments.</li><li>e) Note participants' responses on data sheets.</li></ol></li><li>3. Pretest picture and text together (see steps for Individual pretest).</li><li>4. Ask participants what they would like to change and why.</li></ol>
<b>Audio material or video</b>	<ol style="list-style-type: none"><li>1. Play the audio material/video for entire group.</li><li>2. Ask open-ended questions to assess (1) comprehension, (2) acceptance, (3) inducement to action, or (4) attractiveness.</li></ol>

**C. As the group talks, the note-taker completes the Group Pretest Answer sheet (see Form #6) or other form.**

**D. End interview**

1. Thank respondents for their time and participation.
2. Provide refreshments, if possible

**E. Based on results, compile suggested changes on the Identification of Changes and Modifications Sheet (see Form #7).**

**F. Modify BCC materials accordingly.**

## Appendix E. SMOG Readability Formula

**Note:** Some dictionaries in word processing programs can check readability when also set to check grammar. To access this feature in Microsoft Word, for example, click “Options” in the spell-check dialog box, choose “check grammar,” then select “readability.”

G.H. McLaughlin developed the SMOG (Simple Measure of Gobbledegook) formula to determine readability in the English language.<sup>28</sup> The adaptation used here has been tested with Spanish and three African languages. The results show that the SMOG formula is also a very good indicator of reading difficulty in these languages. Try it in your language to determine whether it will be a useful tool for you. If not, read your document and try to eliminate long sentences and long words. Do not write in a childish way, but do write in a way that makes the message very clear even to people who rarely read. Checking for readability before pretesting can save time and effort.

Below are instructions for assessing readability using the SMOG formula.

For written materials at least 30 sentences in length:

- Select 10 sentences near the beginning, in the middle, and near the end of the material.
- You now have a sample of 30 sentences. Circle all the words containing three or more syllables in this sample, including repetitions of the same word.
- Count the number of words circled.
- Take this number and compare it to the SMOG Conversion Table to determine the estimated reading level of your material.
- Estimate the educational level of most people in your target group. Rewrite your text, if necessary, to the appropriate readability level for these readers.

<b>SMOG Conversion Table*</b>	
<b>Total Number of Words with 3+ Syllables</b>	<b>Estimated Reading Level</b>
0-6	Low-literate
7-12	Primary school
13-30	Some secondary school
31-72	Secondary school graduate
73+	University or post-graduate education

*\*Adapted from Harold C. McGraw, Office of Educational Research, Baltimore County Schools, Towson, Maryland.*

Adapted from *How to Conduct Effective Pretests: Ensuring Meaningful BCC Messages and Materials*, AIDSCAP, Family Health International; and *Immunization and Child Health Materials Development Guide*, Bill and Melinda Gates Children’s Vaccine Program at PATH.

## Appendix F. Characteristics of Various Communication Materials and Methods

A wide variety of BCC materials and methods can be used in HIV/AIDS/STI prevention, control and care programs. Each type of material has its own characteristics. While this Guide focuses solely on print materials, other media can be used advantageously at different stages of the behavior change process. Program staff can use this outline to decide which available communication methods and materials might be most appropriate as project needs change or expand.<sup>25,27</sup>

### **A. TV and Film** (for advertisements, interviews, dramas, information programs)

#### **Advantages**

- Suitable for both literate and low-literate audiences
- Can cover a very large and diverse audience
- Powerful method/medium
- Highly visual and intimate medium
- Viewer receives simultaneous audio and visual messages
- Usually used in mass communication for creating awareness, presenting facts, and entertaining

#### **Possible Limitations**

- Requires a power source
- Difficult to tailor programs to specialized audiences
- Can be difficult to coordinate media and service delivery
- Expensive to produce; may not be cost-effective
- Allows one-way communication only

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<sup>25,27</sup> Adapted from NACO's "Communicating about STDs/AIDS" and PATH's "Planning a Communication Strategy"; see Bibliography for full citations.

**B. Radio** (for jingles, songs, Question and Answer programs, dramas, interviews, and information programs)

**Advantages**

- Reaches wide audiences
- Provides information through sound
- Suitable for both literate and low-literate audiences
- Can complement other media, especially print and interpersonal communication
- Usually used in mass communication for creating awareness, presenting facts, and entertaining
- Relatively easy and inexpensive to produce
- Messages can be repeated many times, usually at low cost

**Possible Limitations**

- Needs electricity or batteries
- Difficult to tailor programs to specialized audiences
- Can be difficult to coordinate media and service delivery
- Allows one-way communication only

**C. Slides and/or Videos** (for training sessions, presentations, recording group discussions)

**Advantages**

- Highly visual medium
- Usually used with medium-sized groups such as community meetings, training programs, or in classroom settings
- Usually provides specific information
- Usually used to present facts, teach skills, stimulate discussion, create awareness, summarize information, change attitudes, and entertain
- Can also be used to introduce new ideas, complicated concepts, technical issues, and case studies
- Allows flexibility in presentation

- Can be used as interactive media: key points presented in the slides or video can be discussed by participants
- Can provide “instant” feedback at local level

#### **Possible Limitations**

- Requires special equipment and a power source

### **D. Interpersonal Communication** (for person-to-person and small group exchanges, training sessions)

#### **Advantages**

- Probably most influential and widely used communication method
- Can address individual needs
- Can be used with other methods and materials
- Powerful in counteracting rumors and negative beliefs and ideas and in supporting positive actions

#### **Possible Limitation**

- Time consuming and labor-intensive

### **E. Group Discussion** (for health education sessions, community outreach, and training sessions)

#### **Advantages**

- Used to share information, exchange opinions, clarify misconceptions, and strengthen interpersonal skills
- Can be used to reinforce other media such as posters, flip charts, trigger cards, and audio programs
- Provides an opportunity to increase tolerance and understanding through an exchange of views
- Can be used to create awareness and mobilize public opinion

#### **Possible Limitation**

- Effectiveness depends upon having a skilled facilitator/discussion leader

## **F. Role Play** (for training sessions, practicing a new skill)

### **Advantages**

- Good for practicing real-life situations
- Can be used to debate issues
- Good for stimulating active audience participation

### **Possible Limitation**

- Usually used in small groups

## **G. Demonstration** (for skills training)

### **Advantages**

- Used to teach a new skill or procedure through a step-by-step description
- Provides opportunity for learning-by-doing

### **Possible Limitation**

- Best when used in small groups

## **H. Case Studies** (for training sessions, presenting a short narrative description of a specific situation)

### **Advantages**

- Good for illustrating a problem or describing key issues related to a specific topic
- Enhances problem-solving skills
- Provides scope for discussions

### **Possible Limitation**

- Requires participants to invent solutions

## **I. Flip Charts** (or Flash or Trigger Cards; for group or individual education/instruction sessions)

### **Advantages**

- Usually used to present information and stimulate discussion
- Usually presents ideas in sequence

- Allows presentation to be interrupted at any time for further discussion
- Can be inexpensive to produce
- Reusable
- Best suited for small group settings such as community meetings, clinic waiting rooms, and training programs
- Can also be used in one-to-one counseling or health education sessions

#### **Possible Limitations**

- Sometimes too cumbersome to carry from site to site
- More effective when used by a skilled facilitator/ leader

### **J. Posters** (for mass and group communication)

#### **Advantages**

- Usually focuses on a single message that can be read or understood easily
- Used to draw attention, present information, and generate discussion
- Can be used in several innovative ways: information, motivation, empowerment, self-expression
- Can be inexpensive to produce

#### **Possible Limitation**

- Not long lasting; paper often too fragile

### **K. Newspapers** (for mass communication)

#### **Advantages**

- Provides timely information
- Provides information in a variety of ways: news reports, features, in-depth analysis, editorials
- Can be used to create awareness
- Distribution systems already in place

#### **Possible Limitations**

- Requires a literate audience
- May have limited rural distribution

## **L. Leaflets/Small Booklets** (for presenting facts and giving instructions)

### **Advantages**

- Often used to create awareness, present facts, provide sources of further information, and stimulate discussion
- Can be used effectively to support and reinforce interpersonal communication
- Good for in-depth presentation of technical information
- Can be directed to specific audiences
- Can be passed/ shared with others in that same intended audience
- Can be produced locally
- Reproduction is relatively inexpensive
- Can help health workers or community outreach workers provide accurate, standardized information
- Reusable
- Useful as take home, reference material to reinforce a verbal message.

### **Possible Limitation**

- Need to budget funds for reprinting and updating as necessary.

## **M. Cartoons** (for use with either print or electronic methods/media)

### **Advantages**

- Especially popular with young people, and increasingly popular with all age groups
- Usually used for entertaining as well as for creating awareness and motivation
- Can be used with low-literate audiences
- Can diffuse panic and anxiety by introducing humor to discuss frightening and embarrassing subjects

### **Limitation**

- Often used out of cultural context

## **N. Puppets** (for educating and informing while entertaining)

### **Advantages**

- Uses entertainment to educate and inform

- Depending upon the culture, may be more traditionally acceptable than some “modern” methods of communication
- Can be used to present embarrassing and/or frightening facts in a humorous and non-threatening manner
- Can be used to say or do things that real-life performers might find difficult to communicate
- Can be developed by local groups
- Familiar, credible, and accessible to a great majority of people
- Good for reaching those sections of people who have little access to modern means of communication
- Provides opportunity for audience involvement and two-way communication

#### **Possible Limitations**

- Puppeteers may not be available when needed
- A general lack of trained practitioners
- May only reach a relatively small audience

**O. Stories** (for delivering motivational and educational messages through entertainment)

#### **Advantages**

- Health messages about STIs/HIV can be put into a familiar and traditionally acceptable context
- Good for stimulating discussion
- Can place facts in a context that involves people in a personal way
- Good for reaching those sections of people who have little access to modern means of communication

#### **Possible Limitations**

- Relies on the resources of the human voice to create drama and impact
- A storyteller is needed each time this method is used
- Can pose a problem without providing solutions

**P. Songs** (another method for delivering motivational and educational messages through entertainment)

**Advantages**

- Draws on folk and popular culture; traditionally acceptable communication method
- Health messages about STIs/HIV can be incorporated into a familiar context or tune
- Encourages high audience involvement
- Can be used to present information in a nonthreatening way
- Can be used in a variety of ways during group discussions, fairs, community meetings, and other places where large segments of the intended audience gather

**Possible Limitation**

- Singers and/or appropriate songs must be available at the same time as the people the program wants to motivate/educate

**Q. Street Plays** (for emulating real life situations and providing narratives that encourage the audience to take positive actions)

**Advantages**

- If well-acted, dramatic performances can evoke an immediate response from the audience
- Can be performed anywhere in the open—usually on the streets—hence requiring neither stage nor sets
- Interactive medium: songs and direct address to onlookers encourage audience participation
- Ability to improvise allows performers to react to audience response
- No reliance on technology—only on a script outline and performers’ voices and bodies
- Can incorporate other communication materials—such as posters, banners, and songs—into the script
- Can be developed and performed by local groups

**Possible Limitation**

- Difficult to ensure that the audience your program wants to reach will be present when the play is performed

