

MAIN TOPICS

- ❑ The materials development process explained in this manual has been used effectively to develop educational materials in over 45 countries.**
- ❑ This same process can be used to develop materials for other audiences, on other topics, and/or with other media.**

Conclusion

This manual describes techniques used by PATH, Save the Children, and their respective implementing partners and colleagues in over 45 countries. The essence of the materials development process described in the Guide is continuing interaction with representatives of the groups for whom the materials are developed. Members of the target audiences are “experts” about messages that need to be conveyed, and about how best to communicate these messages.

This methodology also applies to developing both print and nonprint materials for target audiences, and may extend beyond the scope of health and HIV/AIDS and STI prevention to other issues, such as water and sanitation, agriculture, nutrition, and food preservation. Regardless of the issue or audience, each step in the materials development process helps to ensure that graphically communicated messages will be understood and well received by intended audiences.

For more information on a variety of BCC materials and methods, including some advantages and limitations of each, see Appendix D.

References

1. Haffey, J., Zimmerman, M.L., Perkin, G.W. Communicating contraception. *POPULI* 2:11 (1984).
2. HealthCom. *A Skill-Building Guide for Making Focus Group Discussions Work*. Academy for Educational Development, Washington, D.C. (March 1995).
3. Folch-Lyon, E., Trost, J.R. Conducting focus group sessions. *Studies in Family Planning*. 12(12): 443 (1981).
4. Basch, C.E. Focus group interview: an underutilized research technique for improving theory and practice in health education. *Health Education Quarterly*. 14:4,411-448 (Winter 1987).
5. Debus, M. *Handbook for Excellence in Focus Group Research*. Washington, D.C. HEALTHCOM, Academy for Educational Development. (1988).
6. Shearer, S.B. The value of focus group research for social action programs. *Studies in Family Planning*. 12(12): 407 (1981).
7. National AIDS Control Organization and Xavier Institute of Communication. *Communicating About STDs/AIDS: How to Adapt, Develop, and Use IEC Materials*. National AIDS Control Organization (NACO), New Delhi (March 1996).
8. PATH. *Guidelines for the Use of Qualitative Research Methodologies*. Prepared for the Agenda for Action to Improve the Implementation of Population Programs in Sub-Saharan Africa in the 1990s, Washington, D.C.: PATH (October 1989).
9. UNICEF ESARO. *Formative Research Process in the Sara Communication Initiative: A Report and Resource Book*. UNICEF, Eastern and Southern Africa Regional Office, Nairobi (September 1999).
10. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. *Pretesting in Health Communications: Methods, Examples and Resources for Improving Health Messages and Materials*. Bethesda, Md.: National Cancer Institute. (1983).

11. Younger, E., Wittet, S., Hooks, C., Lasher, H. *Immunization and Child Health Materials Development Guide*. Washington, D.C.: Children's Vaccine Program at PATH (April 2001).
12. HealthCom. *A Tool Box for Building Health Communication Capacity*. Washington, D.C.: Academy for Educational Development (April 1995).
13. Family Health International. *Behavior Change Communication Strategic Approach*. Arlington, Va. (2001).
14. Beiser, M., Williams, J. *Redevelopment of HIV-positive and STRONG*. Johns Hopkins University, Center for Communication Programs (April 2001).
15. Institutes for Research. *Guidelines for Document Designers*. Washington, D.C.: Institutes for Research (November 1981).
16. National Development Service and UNICEF. *Communicating with Pictures in Nepal*. Kathmandu: UNICEF (1975).
17. Haaland, A. *Pretesting Communication Materials*. Rangoon: UNICEF (1984).
18. Haffey, J., Steckel, L., Zimmerman, M. *Strategies for Communicating the Health Benefits of Family Planning*. Prepared for the WHO Program Advisory Committee on MCH. Unpublished, Program for the Introduction and Adaptation of Contraceptive Technology (PIACT), Seattle, WA. (October 1985)
19. Zimmerman, M.L., Steckel, L., Bashir, I.A. Developing visual communications materials: learning from the target population. *Child Survival Action News*, No. 3:2 (Spring 1986).
20. PATH. *Planning a Communication Strategy*. Mimeographed handout, Washington, D.C. (1988).

Resources

The following organizations may have additional information on developing materials for target audiences:

Academy for Educational Development

1875 Connecticut Avenue, NW, Suite 900

Washington, DC 20009-1202

Tel: (202) 884-8000

Fax: (202) 884-8408

E-mail: admin@aed.org

Web site: www.aed.org

American Public Health Association

1015 15th Street, NW

Washington, DC 20005

Tel: (202) 789-5600

Fax: (202) 789-5661

E-mail: media.relations@apha.org

Web site: www.apha.org/media/

Healthlink Worldwide (previously AHRTAG)

Cityside, 40 Adler Street

London E1 1EE, UK

Tel: +44 20 7539 1570

Fax: +44 20 7539 1580

E-mail: info@healthlink.org.uk

Web site: www.healthlink.org.uk/

The Johns Hopkins University Center for Communication Programs

Population Communication Services

111 Market Place, Suite 310

Baltimore, MD 21202-4024

Tel: (410) 659-6300

Fax: (410) 659-6266

E-mail: webadmin@jhuccp.org

Web site: www.jhuccp.org/

**International Clearinghouse on Adolescent Fertility (ICAF)
Advocates for Youth**

1025 Vermont Avenue, NW, Suite 200
Washington, DC 20005
Tel: (202) 347-5700
Fax: (202) 347-2263
E-mail: info@advocatesforyouth.org
Web site: www.advocatesforyouth.org

Program for Appropriate Technology in Health (PATH)

1455 NW Leary Way NW
Seattle, WA 98107
Tel: (206) 285-3500
Fax: (206) 285-6619
email: info@path.org
Web site: www.path.org

Save the Children

54 Wilton Road, Westport
Connecticut 06880 USA
Tel: (203) 221-4000
Fax: (203) 221-3799
Web: www.savethechildren.org

Teaching Aids at Low Cost (TALC)

P.O. Box 49
St. Albans Herts
AL1 5TX UK
Tel: +44(0)1727 853869
Fax: +44(0)1727 846852
E-mail: info@talcuk.org
Web site: <http://www.talcuk.org/>

U.S. Department of Health and Human Services

330 Independence Avenue, SW

Washington, DC 20201

ph (202) 619-0257; (toll-free) (877) 696-6775

E-mail: [hhs@mail@os.dhhs.gov](mailto:hhs@mail.os.dhhs.gov)

Web site: www.os.dhhs.gov/

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior Change Communication
CDC	Centers for Disease Control
FGD	Focus Group Discussion
FHI	Family Health International
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
IDU	Injecting Drug User
KAP	Knowledge, Attitudes, and Practices
MOH	Ministry of Health
MTCT	Mother-to-Child Transmission
NGO	Nongovernmental Organization
PATH	Program for Appropriate Technology in Health
SHIP	STI/HIV Prevention
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counseling and Testing

- ❑ **Appendix A. Draft Sample FGD Guide**
- ❑ **Appendix B. Forms to Use When Developing and Pretesting Materials**
- ❑ **Appendix C. FGD and Pretesting Job Aids**
- ❑ **Appendix D. Characteristics of Various Communication Materials and Methods**

Appendix A. Draft Sample FGD Guide

Date (day/month/year): _____ Time focus group began: _____

Name of facilitator: _____ Time focus group ended: _____

Name of recorder: _____

Georgia SHIP Project

Focus Group Discussion Topic Guide

Female sex workers (FSW)

Introduction

Introduce yourself and explain the purpose of the group. Tell participants that if at any time they don't feel comfortable with a topic, they are not required to speak, and that there are no wrong or right answers. Also remember that it is not necessary to ask every question or to ask the questions in the exact order given. Sometimes, a topic will come up spontaneously and it is advisable to explore that topic even if it is being discussed in an order different from that of the guide.

It is also not necessary to ask every question in the "probe" sections. These questions will help you to explore the topic more deeply and can help motivate participants to talk but if the group is already talkative, they may not be needed. The facilitator should be very familiar with the guide before starting the focus group discussion so that topics that come spontaneously out of order can be followed and so that s/he will know when it is necessary to use the "probe" sections extensively.

The facilitator should begin the discussion by saying:

“Today we will be discussing some issues that are important to men and women in Georgia—that is sexual health, including sexually transmitted diseases and HIV/AIDS. We are interested in learning about opinions and practices of people in Georgia including your own, as well as how information about how sexual health is learned in your community.”

HIV/AIDS in Georgia

1. How aware are people in your community about HIV/AIDS?
[probe]:
 - Do your neighbors or friends know what HIV/AIDS is?
 - What do people in your community think HIV/AIDS is?
 - Where do people in your community learn about HIV/AIDS?

2. Do people in your community feel that their lives have been changed because of HIV/AIDS?
[probe]:
 - If so, how have their lives been changed? If not, why not?
 - How about you, do you feel that something in your life has changed because of HIV?

Knowledge and Attitudes about STIs/AIDS

3. What do you think HIV/AIDS is?
[probe]:
 - Do you think it is a sexually transmitted infection (STI)?
 - What is an STI?
 - Why are some diseases called “sexually transmitted infections”?

4. How do people get STI including HIV/AIDS?

[probe]:

- What activities do people engage in that causes them to get STI including HIV/AIDS?
- How do you know that you are healthy and that you don't have an STI?
- What are some signs that tell you that you might have an STI?
- Have you ever heard of screening tests for STI?
- If so, how do they work and what do they tell you?

5. Is there some way to prevent getting an STI?

[probe]:

- If so, what are some of the ways?
- Are these things difficult or easy to do? Why or why not?
- Is there something special that a person has to do to avoid getting HIV/AIDS?
- If so, what is it?

6. Do you think that treatment exists for all STI including HIV/AIDS?

[probe]:

- If so, what do you think the treatments are?
- Which ones can be treated and which ones cannot be treated successfully?

7. Have you ever had an STI?

[probe]:

- If so, how did you know that you were sick?
- What kind of symptoms did you experience?
- Did you go for treatment?

8. Do you know anybody who is living with HIV or AIDS?

[probe]:

- If so, how did they become infected with the disease?
- Can anybody get an STI or are there certain people who are more likely to get an STI? Who are these people?
- Where do people who have HIV or AIDS get on-going care for their illness?

Condom Use

[If the topic of condoms has already come up, the facilitator should say,

“We have already talked a bit about condoms but let’s talk more deeply about this topic now”.

If the topic of condoms has not already come up, the facilitator should say,

“Let’s take some time to talk about a new subject—experience with condoms”.]

9. What are condoms?

[probe]:

- What are condoms used for?
- Are condoms used more for family planning or more for infection prevention?
- Are there slang names for condoms? If so, what are they?
- How do people get condoms?
- How much do condoms cost to purchase?

10. Have any of you ever used condoms?

[probe]:

- Do you like to use condoms? Why or why not?
- Does your partner like to use condoms? Why or why not?
- Have you ever had to negotiate condom use with a partner?
- If so, what was that like?

→ What is the proper way to use a condom?

11. How often do you use condoms with your clients?

[probe]:

→ What are some reasons why clients refuse to use a condom?

→ What did you do when they refused?

→ What are some successful arguments to persuade your client to use a condom?

→ When you are with a regular client, is the situation with condom use different? How is it different?

→ Have you successfully persuaded a regular client to use a condom?

→ If so, how did you persuade them?

Here, the facilitator should define a regular sexual partner; (a spouse/boyfriend/ person with whom a FSW cohabitates or with whom they have established regular sexual contacts without exchanging money).

12. How often do you use condoms with a romantic/regular partner?

[probe]:

→ Who decides whether or not you use condoms?

→ Do you want to use condoms with your partner? Why / Why not?

→ How do you feel while proposing to your partner that you should use a condom?

→ Have you ever successfully persuaded your partner to use condoms when he didn't want to? If so, how did you convince him?

→ What advice would you give to other colleagues to help them in succeeding to convince their partners to use a condom?

Gender Based Violence & Trafficking

[Here, the facilitator should say:

“Now I would like us to move onto another subject. We are interested in ways that you are able to tell if a client could be violent or dangerous. Violence includes beating, offensive words said to you, threats and sexual violence, which can be in many forms; it can include rape, which is when you have any kind of sex—oral, vaginal, anal—when you are unwilling to do so. This also includes cases where you are verbally threatened if you do not agree to do what the client asks you to do, such as unwanted touching in sexual areas on your or his body, use of objects that harm your body or dignity, etc. Sexual violence does not necessarily have to include actual penetration, but anything that may sexually offend you or force you into unwanted situations. For these next questions, please keep this definition of sexual violence in mind.”]

13. Have any of you experienced violence when/if you refused to have sex without a condom? (with either clients or partners)

- What did you learn from this?
- What would you avoid from now on?
- Are there any signs that make you feel like you should be more careful with a client because he could be violent with you? What are those signs?
- Have any of you successfully avoided a potentially violent situation or client? How did you do it?
- What advice would you give to your colleagues to prevent violence - including physical violence and rape?

14. Have you ever been taken to work abroad as a sex worker?

- If so, did the person(s) who took you abroad, inform you that you would work as a sex worker?
- On that occasion did you go abroad voluntarily, or were you forced/threatened?
- To which country were you taken?
- Are you interested in emigrating to work abroad as a sex worker?
- Do you know of other female sex worker colleagues who have been taken abroad and forced into sex work?

Personal Risk Practices

["Now let's talk a bit about your work and behaviors that might put you at risk of getting a sexually transmitted infection".]

15. What are the different types of female sex workers (use appropriate local name for FSW) - in this area and how are they different?

[probe]:

- How do FSWs operate? (Probe: where do you pick/get picked by clients; where does the sexual encounter take place, who are the main clients, what time does this happen, etc.?) How does it all work?
- What roles do bar, hotel, disco and nightclub managers play?
- Are there pimps, Madames or brothels?
- Are there other forms of commercial sex work such as housemaids, salon workers, etc., and how do they work?
- Do the pimps protect you from physical or sexual violence?

16. How frequently do you have sex?

[probe]:

- Do you take money or gifts in exchange for sex sometimes? If so, how often?
- How many clients do you usually see in a 24-hour period?
- How much do you usually charge per shot/service/night?
- How are you usually paid? In kind? In cash?

17. How many sexual partners do you have?

[probe]:

- Are your sexual partner(s) male or female, or both?
- What kind of sexual relations do you have with your partner(s) (i.e; anal, vaginal, oral sex)?
- Are your sexual partners friends or are they people that you don't know very well?
- Do you have a sexual partner who you would call your boyfriend?

18. Do you think you are at risk for STIs or HIV/AIDS?

[probe]:

- What, if anything, do you do about this?
- Would you still insist in using a condom if the client offered you more money?

19. How about drugs—how frequently do you use them (if ever)?

[probe]:

- What types of drugs have you used, and how do you take them?
- How frequently do you share an injection syringe and needle with other people?
- What do you do with the injection syringe/needle after you have finished?

Health-Seeking Behavior

["Now, let's talk a bit about how you and people in your community find information about health and health care."]

20. Would you go on your own for STI testing or HIV screening?

[probe]:

- Where would you go for STI treatment?
- What kind of medical care do you get?
- If treated, how long do you take the medication?
- Is it easy to get? Where do you get it? How expensive is it?
- How do medical personnel treat you?

21. Where do you go to get information about health?

[probe]:

- What source of information do you trust the most, and why?
- If the media, what kind of media?
- If people, what kind of people?

- If printed materials, please describe the kind that you like the best.
- Why do you prefer this source of information?
- What makes this source of information trustworthy?

22. Where do you obtain condoms?

[probe]:

- What kinds of people or facilities provide condoms?
- Do friends or co-workers provide condoms?
- Do your clients/partner provide with condoms?
- Are condoms available from a health care provider?

Voluntary Counseling and Testing (VCT)

["We are interested in your attitudes towards, and experiences with HIV counseling and testing. Your input will help us to design a training program about VCT for medical providers or counselors."]

23. What is the purpose of HIV counseling and testing?

[probe]

- In your opinion who should seek HIV testing?
- Do you think there would be any embarrassment or social stigma about going to an HIV counseling or testing appointment? If so, why?
- Who do you think should receive HIV counseling and testing?
- What are the main things that you would want to learn during an HIV counseling visit?
- What are your fears or concerns about going to get an HIV test, if any?

24. What is your experience with HIV counseling and testing?

[probe]:

- Where did you go to get tested?
- Did you feel like you learned about HIV when you were being counseled?

- What did you like about the counseling that you received?
- What didn't you like about the counseling that you received?
- Did you feel that the counselors respected you?
- Was your visit conducted in privacy?
- Did you feel that the counselors maintained confidentiality about your visit and your test result? Why or why not?
- How should voluntary counseling and testing (VCT) services be offered in the community?

Sexual Health Education Materials

["Finally, let's imagine that we are working together to design some sexual health education materials for our community. We are very interested in any ideas that you have about what might make a health message interesting to you and your community.]

25. How do you think we can encourage people to use condoms to prevent STI including HIV/AIDS?

[probe]:

- What messages are the most important to pass to the public about STI including HIV/AIDS?
- How would you tell a friend about STI including HIV/AIDS?
- Where did you first hear about STI and HIV/AIDS?
- From what source would you like to learn more about STI and HIV/AIDS?
- If you saw some sexual health education materials on the radio or television, what would make you take it seriously?

Conclusion

We will close today's meeting with some final thoughts.

The facilitator should read the following text to the participant:

“Some of the topics we discussed today are very personal things for people to talk about. We want to thank you for sharing your honest thoughts and personal opinions today. Think for a moment about what we have talked about. Before we end, I would like to go around the room and see if you have anything else to add.”

Ask each person if there is anything else s/he would like to add. Conclude by saying:

“We are now finished. How do you feel about our discussion? Do you have any suggestions for improving the group process?”

Here are our business cards in case you have any more questions or comments you wish to share after the interview. We have refreshments, coffee, and cookies if you like.”

The facilitator should thank the participants and tell them that their contribution has been very valuable. Emphasize that this information is being used to improve health education campaigns according to their realities and preferences.

Now is the time to clarify/correct any major misinformation that may have come up during the session or to answer any questions participants may have raised.

After the Focus Group

Immediately After the Discussion:

- Facilitator and notetaker debrief together.
- Look over the participants' background information forms.
- Make a note of suggested changes in the way the group or interview is conducted or in the technical aspects of the logistics.
- Revise, edit, and complete notes.

That Afternoon or Evening (notetaker &/or facilitator)—DO NOT DELAY THIS STEP:

- Review the recording; make clarification notes as necessary.
- Complete and correct the notes in accordance with the recording.
- Summarize important themes or points made in the summary section of the interview.
- Send the tape and the clarification notes to be transcribed.
- Meet with the other project staff to discuss how the focus group discussions and interviews are going. Share suggestions for changes for the guide or about the interviews/focus group discussions.

Date (day/month/year): _____ Time interview began: _____
Name of interviewer: _____ Time interview ended: _____

Georgia SHIP Project

In-Depth Interview Guide

Injection Drug Users (IDU)

Introduction

Introduce yourself and explain the purpose of the interview. Tell the respondent that you would like to ask them questions about AIDS prevention. Tell them that, if at any time they don't feel comfortable with a topic, they are not required to speak, and that there are no wrong or right answers. Remember that the probe questions serve as a reminder of topic areas to cover rather than a strict list of questions to be systematically asked.

The interviewer should begin by saying:

"Today, I would like to ask you questions about some issues that we believe will help you and many of your friends to prevent sexually transmitted diseases and HIV/AIDS. Myself and my organization are interested in learning about your opinions and practices regarding these issues; your experiences and knowledge are very important to us, and will help us to create effective educational messages."

HIV/AIDS in Georgia

1. How aware are people in your community about HIV/AIDS?
[probe]:
 - Do your neighbors or friends know what HIV/AIDS is?
 - What do people in your community think HIV/AIDS is?
 - Where do people in your community learn about HIV/AIDS?

2. Do people in your community feel that their lives have been changed because of HIV/AIDS?

[probe]:

- If so, how have their lives been changed? If not, why not?
- How about you, do you feel that something in your life has changed because of HIV?

Knowledge and Attitudes about STIs/AIDS

3. What do you think HIV/AIDS is?

[probe]:

- Do you think it is a sexually transmitted infection?

4. Have you heard of other kinds of sexually transmitted infection (STI) besides HIV/AIDS?

[probe]:

- Please name each STI that you have heard of.
- What are the slang names for STI?
- What activities do people engage in that causes them to get STI including HIV/AIDS?
- How do you know that you are healthy and that you don't have an STI?
- What are some signs that tell you that you might have an STI?
- What would you do if you suspected that you had an STI?

5. Is there some way to prevent getting an STI?

[probe]:

- If so, what are some of the ways?
- Are these things difficult or easy to do? Why or why not?
- Is there something special that a person has to do to avoid getting HIV/AIDS?
- If so, what is it?

6. Do you think that treatment exists for all STI including HIV/AIDS?

[probe]:

- If so, what do you think the treatments are?
- Are there treatments for all STI or only some of them?
- Which ones can be treated and which ones cannot be treated successfully?
- Have you ever gone for STI testing or treatment?
- If so, where did you go and what kind of treatment did you receive?

7. Do you know anybody who is living with HIV or AIDS?

[probe]:

- If so, what is your attitude toward these individuals?
- How did they become infected with the disease?
- Can anybody get an STI or are there certain people that are more likely to get an STI?
- What do people living with HIV/AIDS feel?
- Do you think you are at risk for catching HIV infection?
- Where do people who have HIV or AIDS get on-going care for their illness?

Condom Use

["Let's take some time to talk about a new subject—experience with condoms."]

8. What are condoms used for?

[probe]:

- Are condoms used more for family planning or to prevent infection?
- Are there slang names for condoms? If so, what are they?
- Are there special situations when people use condoms? If so, what are they?
- How much do condoms cost?

- Where do people in your community generally obtain condoms?
- What kinds of people or facilities provide condoms?
- What source of condoms do you trust the most, and why?
- What makes this source of supplies safe for you?

9. Have you ever used condoms?

[probe]:

- If so, how often do you and your partner(s) use condoms?
- Do you like to use condoms? Why or why not?
- Do(es) your partner(s) like to use condoms? Why or why not?
- Have you ever had to negotiate condom use with a partner?
- If so, what was that like?

Personal Risk Practices

["Now let's talk a bit about behaviors that might put you at risk for getting an STI".]

10. How many sexual partners do you have?

[probe]:

- Do you have a sexual partner who you would call your boy/girlfriend?
- How often do you have sex with a commercial sex partner?

11. What kind of injecting drugs are available in your city?

[probe]:

- Has the price of Heroin gotten cheaper in the last 6 months?
- Have you been able to get Heroin every time you want to inject?

12. What is your experience using drugs?

[probe]:

- Under what circumstances did you first inject drugs?
- What types of drugs have you used, and how do you take them?
- In what sorts of locations do you inject drugs?
- Do you ever inject drugs in another city/country? If yes, where?
- Do you ever buy syringes that have already been filled with drugs?

13. How do people that you know use drugs?

[probe]:

- In your experience, what drugs are most commonly injected?
- How do people usually inject?
- Is a common jar used for the drug? If so, how is the jar disinfected?
- When somebody overdoses, is a different syringe used to inject the substance for relieving the effects of the overdose? Please explain the process used.

14. In your experience, in what situations do people share their injection syringe and needle?

[probe]:

- How frequently do you share your injection syringe and needle with other people?
- Where do people get injection syringes and needles?
- Do you use your own syringe or do you borrow from others?
- How often do you borrow a syringe from others?
- Do you ever use a needle/syringe that was left at the place of gathering (e.g. where the drugs were prepared, the apartment, elsewhere)?
- Do you use shared bottle, spoon, boiling pan/glass/container, cotton/filter or water?
- Do you ever use a liquid drug diluted with somebody else's blood?

15. What do people generally do with the needles or syringes after they've used them once?

[probe]:

- What do you do with the syringe/needle after you have injected?
- In your experience, are needles or syringes ever cleaned or disinfected for re-use? If so, in what way?

16. Do you consider drug addiction an illness?

[probe]:

- Do you consider your drug addiction an illness?
- Are you interested in stopping your drug use?
- Who are those individuals who have influenced you most to quit using drugs?
- Have you ever quit injecting drugs but started again because of pressure from friends who wanted you to inject with them?

17. Have you ever got any medical treatment because you are a drug user?

- If so, what kind of medical treatment or assistance have you taken?
- What kind of services are available for drug addicts in your community?
- What kinds of people or facilities provide treatment for drug addicts?

Health-Seeking Behavior

[Now, let's talk a bit about how you and people in your community find information about health and health care.]

18. Would you go on your own for STI testing or HIV screening?

[probe]:

- Where would you go for STI treatment?
- What kind of medical care do you get?
- If treated, how long do you take the medication?
- Is it easy to get? Where do you get it? How expensive is it?
- How do medical personnel treat you?

19. Where do you get information about health?

[probe]:

- What source of information do you trust the most, and why?
- If the media, what kind of media?
- If people, what kind of people?
- If printed materials, please describe the kind that you like the best.
- Why do you prefer this source of information?
- What makes this source of information trustworthy?

20. Where do people in your community generally obtain injection syringes?

[probe]:

- What kinds of people or facilities provide injection syringes?
- Do friends or co-workers provide these supplies?
- Do family members or your spouse/partner provide these supplies?
- Are these supplies available from a health care provider?

21. Where do you go to get your injection syringes?

[probe]:

- What source of supplies do you trust the most, and why?
- Why do you prefer this source of supplies?
- What makes this source of supplies safe for you?

Voluntary Counseling and Testing (VCT)

["We are interested in your attitudes towards, and experiences with HIV counseling and testing. Your input will help us to design a training program about VCT for medical providers or counselors."]

22. What is the purpose of HIV counseling and testing?

[probe]

- What kinds of people seek HIV counseling and testing?

- Do you think there would be any embarrassment or social stigma about going to an HIV counseling or testing appointment? If so, why?
- Who do you think should receive HIV counseling and testing?
- What are the main things that you would want to learn during an HIV counseling visit?
- What are your fears or concerns about going to get an HIV test, if any?

23. What is your experience with HIV counseling and testing?

[probe]:

- Where did you go to get tested?
- Did you feel like you learned about HIV when you were being counseled?
- What did you like about the counseling that you received?
- What didn't you like about the counseling that you received?
- Did you feel that the counselors respected you?
- Was your visit conducted in privacy?
- Did you feel that the counselors maintained confidentiality about your visit and your test result? Why or why not?

Sexual Health Education Materials

["Now, let's imagine that we are working together to design some sexual health education materials for our community. We are very interested in any ideas that you have about what might make a health message interesting to you and your community."]

24. How do you think we can encourage people to use condoms to prevent STI including HIV/AIDS?

[probe]:

- What messages are the most important to pass to the public about STI including HIV/AIDS?
- How would you tell a friend about STI including HIV/AIDS?
- Where did you first hear about STI including HIV/AIDS?

- From what source would you like to learn more about STI including HIV/AIDS?
- If you saw some sexual health education materials on the radio or television, what would make you take it seriously?

Identification of positive practices vs. barriers to behavior change

["Finally, we will be discussing some issues that we believe will help you and many of your friends to reduce the probability of being infected. We are interested in learning your opinions and practices about these issues."]

25. What "safety rules" do you observe while injecting (for example, always use new syringe/needle, and don't share injection equipment)?

[probe]:

- If no, what stops you from doing so? For example, what keeps you from using a new syringe/needle every time?
- When you have withdrawal symptoms, what do you do first, and why?
- If your friend refused to share his syringe or needle with you, what would you think?
- What arguments of your friend would be acceptable for you?
- How could you avoid sharing injection equipment?
- What would motivate you to always use safe injection practices?

26. Do you practice safe sex (i.e.; 100% condom use)?

[probe]:

- If not, what stops you from practicing safe sex?
- Do you want to use condoms with your regular sexual partner?
- What are the main arguments you would use in favor of using condoms with your regular partner?
- What are the main arguments you would say against using condom with regular partner?
- What would motivate you to be consistent in using condoms?

27. Are you able to talk about safe injection practices with your injection partner or someone from the drug-addict community?

[probe]:

- If so, how would you tell a friend to always use safe injection practices?
- When is the best time for you to talk with your friends about safe injection practices?
- What would make it easier for you to start talking about it?
- What are some successful arguments you would use to persuade a drug addict to use safe injection practices?
- What do you believe your injection partner thinks when you suggest using new syringes/needles or not sharing injection equipment?
- Have you talked to your friends about these issues? If not, why not?

28. Are you able to talk about safe sex practices with your injection partner or someone from the drug-addict community?

[probe]:

- If so, how would you tell a friend to always practice safe sex?
- What would make it easier for you to start talking about it?
- What are some successful arguments you would use to persuade a drug addict to practice safe sex?
- What are some of the reasons you have not talked to your friends about these issues?

Conclusion

“We will close today’s meeting with some final thoughts. We want to thank you for sharing your ideas and opinions today. Do you have anything that you would like to add?”

We are now finished. How do you feel about the interview? Do you have any suggestions for improving the interview process?

Here are our business cards in case you have any more questions or comments you wish to share after the interview. We have refreshments, coffee, and cookies if you like.”

The facilitator should thank the respondent and tell him/her that their contribution has been very valuable. Emphasize that this information is being used to improve health education campaigns and develop training on voluntary testing and counseling for health care providers.

Date (day/month/year): _____ Time interview began: _____
Name of interviewer: _____ Time interview ended: _____

Georgia SHIP Project In-Depth Interview Guide

Key informants – medical provider

Introduction

Introduce yourself and explain the purpose of the interview. Tell the respondent that you would like to ask them questions about AIDS prevention. Tell them that, if at any time they don't feel comfortable with a topic, they are not required to speak, and that there are no wrong or right answers. Remember that the probe questions serve as a reminder of topic areas to cover rather than a strict list of questions to be systematically asked.

The interviewer should begin by saying:

“Today, I would like to ask you questions about some issues that are important to men and women in Georgia—that is sexual health, including sexually transmitted infections and HIV/AIDS. I am interested in learning about opinions and practices of people in Georgia as well as how information about sexual health is learned in your community. As a medical provider, your opinions and experiences are important to us, and will help us formulate effective educational messages.”

HIV/AIDS in Georgia

1. How aware are health care providers in Georgia about HIV/AIDS?
[probe]:
 - How about your neighbors and friends, do they know what HIV/AIDS is?
 - What do your patients think HIV/AIDS is?
 - Where do people in Georgia learn about HIV/AIDS?

2. Do your patients feel that their lives have been changed because of HIV/AIDS?
[probe]:
 - If so, how have their lives been changed? If not, why not?
 - How about you - has anything changed in your life because of HIV/AIDS?

Knowledge and Attitudes about STIs/AIDS

3. What do your patients think HIV/AIDS is?
[probe]:
 - Do they think it is a sexually transmitted infection (STI)?
 - What do they think an STI is?

4. Have your patients heard of other kinds of sexually transmitted infections besides HIV/AIDS?
[probe]:
 - If so, what are they?
 - What are the slang names for STI?

5. How do people get sexually transmitted infection, including HIV/AIDS?

[probe]:

- What activities do people engage in that causes them to get STI including HIV/AIDS?
- How do you know that a person is healthy and that they don't have a STI?
- What are some signs that indicate a person might have an STI?
- What screening tests for STIs do you know of?
- If so, how do they work and what do they tell you?
- What STI or HIV screening tests are available in the health facility where you work?

6. Is there some way to prevent getting a sexually transmitted infection?

[probe]:

- If so, what are some of the ways?
- Are these things difficult or easy to do? Why or why not?
- Is there something special that a person has to do to avoid getting HIV/AIDS?
- If so, what is it?

7. Do you think that treatment exists for all sexually transmitted infections including HIV/AIDS?

[probe]:

- If so, what do you think the treatments are?
- Are there treatments for all STI or only some of them?
- Which ones can be treated and which ones cannot be treated successfully?
- What STI or HIV/AIDS treatments are available in the health facility you work in?

8. Do you know anybody who is living with HIV or AIDS?

[probe]:

- If so, how did they become infected with the disease?
- Can anybody get an STI or are there certain people who are more likely to get an STI?
- Where do people who have HIV or AIDS get on-going care for their illness?

Condom Use

[“Let’s take some time to talk about a new subject—experience with condoms”.]

9. Are there special situations when people use condoms?

[probe]:

- If so, what are they?
- How do people get condoms?
- How much do condoms cost to purchase?

Personal Risk Practices

[“Now let’s talk a bit about behaviors that might put your patients at risk of getting an STI”.]

10. What behaviors put your patients at risk for sexually transmitted infections?

- Do your patients take money or gifts in exchange for sex sometimes?
- If so, how often? How common do you think this is?
- What do you know about commercial sex work in Georgia?

11. How many sexual partners do your patients have?

[probe]:

What kind of sexual relations do your patients have with their partner(s) (i.e.; anal, vaginal, oral sex)?

- Are their sexual partners friends or are they people that they don't know very well?
- Do your patients have a sexual partner that they would call a boy/girlfriend?
- If so, how is their relationship with that person different from other sexual partners?

12. What are the experiences of your patients using drugs?

[probe]:

- Under what circumstances do people first inject drugs?
- What types of drugs do people use, and how do they take them?
- How do people usually inject?
- Do people ever buy syringes that have already been filled with drugs?
- Do you ever see patients who have overdosed on drugs? If so, how are they treated within the health facility you work in?

13. In what situations do people share their injection syringe and needle?

[probe]:

- How frequently do your patients share an injection syringe and needle with other people?
- Where do people get injection syringes? How about needles?
- Do your patients use their own syringe or do they borrow from others?

14. What do people generally do with the needles or syringes after they've used them once?

[probe]:

- What do your patients do with the injection syringe/needle after they have finished?
- In your experience, are needles or syringes ever cleaned or disinfected for re-use? If so, in what way?

Health-Seeking Behavior

["Now, let's talk a bit about how you and people in your community find information about health and health care."]

15. Where do you go to get information about health?

[probe]:

- What source of information do you trust the most, and why?
- If the media, what kind of media?
- If people, what kind of people?
- If printed materials, please describe the kind that you like the best.
- Why do you prefer this source of information?

16. Where do people in your community generally seek health care?

[probe]:

- What kinds of people or facilities provide health care?
- Is health care available from a health care provider?
- When do people generally seek health care?

17. Where do you go to get health care?

[probe]:

- What source of care do you trust the most, and why?
- Why do you prefer this source of health care?
- What makes this source of care safe for you?

18. Where do people in your community generally obtain supplies such as condoms or injection syringes?

[probe]:

- What kinds of people or facilities provide these supplies?
- Are these supplies available from a health care provider?

19. Where do you go to get your supplies?

[probe]:

- What source of supplies do you trust the most, and why?
- Why do you prefer this source of supplies?
- What makes this source of supplies safe for you?

Voluntary Counseling and Testing (VCT)

["We are interested in your attitudes towards, and experiences with, voluntary counseling and testing (VCT) for HIV. Your input will help us to design a training program about VCT for health care providers and counselors."]

20. What is the purpose of voluntary counseling and testing (VCT)?

[probe]:

- What kinds of people get VCT?
- Who do you think should get VCT?
- Do you think there would be any embarrassment or social stigma about going to a VCT appointment? If so, why?
- Do you conduct HIV testing and counseling yourself?
- If so, please describe what you do during a VCT session with a patient.
- What are the main things that you would want your patients to learn when they come to you for counseling and/or an HIV test?
- What are patients' your fears or concerns about going for VCT, if any?
- Have you yourself been counseled or tested for HIV?
- What are your fears or concerns about going for VCT, if any?

21. What is the VCT experience like?

[probe]:

- Where do patients go to get VCT?
- What would patients like about the counseling that they receive?
- What would patients not like about the counseling that they receive?

- Should counselors respect the patient? If so, how would the counselor demonstrate respect?
- Should visits be conducted in privacy?
- How do counselors maintain confidentiality about visits and test results?
- Is confidentiality an important issue to consider when offering VCT? Why or why not?

22. How should VCT services be offered in the community?

[probe]:

- Should VCT services be free of charge to everybody? Why or why not?
- Where should VCT services be available (special clinics, private doctors, etc.)?
- What kind of setting would make you feel comfortable during a VCT visit (lighting, furniture, privacy)?
- What kinds of attitudes or actions would make you feel that the VCT counselor is trustworthy?
- What is the best way to maintain privacy during a VCT visit?
- How should VCT services be advertised?

Sexual Health Education Materials

["Finally, let's imagine that we are working together to design some sexual health education materials for the public. We are very interested in any ideas that you have about what might make a health message interesting to the public.]

23. How do you think we can encourage people to use condoms to prevent sexually transmitted infection including HIV/AIDS?

[probe]:

- What messages are the most important to pass to the public about STI including HIV/AIDS?
- How would you tell a friend or family member about STI including HIV/AIDS?
- Where did you first hear about STI including HIV/AIDS?

- From what source would you like to learn more about STI including HIV/AIDS?
- If you saw some sexual health education materials on the radio or television, what would make you take it seriously?

Conclusion

“We will close today’s meeting with some final thoughts. We want to thank you for sharing your ideas and opinions today. Do you have anything that you would like to add?”

We are now finished. How do you feel about the interview? Do you have any suggestions for improving the interview process?

Here are our business cards in case you have any more questions or comments you wish to share after the interview. We have refreshments, coffee, and cookies if you like.”

The facilitator should thank the respondent and tell him/her that their contribution has been very valuable. Emphasize that this information is being used to improve health education campaigns and develop training on voluntary testing and counseling for health care providers.

Appendix B. Forms to Use When Developing and Pretesting Materials

Appendix B. Form No. 1

Research Phase: Participant Screening Questionnaire

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)

Appendix B. Form No. 2
Pretest Background Sheet

Interviewer(s): _____																			
Pretest Round: _____																			
Pretest Background Sheet																			
Topic: _____										Material: _____									
Region: _____										Language: _____									
Date	Resp No.	Schooling				Sex				Age									
Total		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%

Appendix B. Form No. 3
Pretest Data Collection Sheet

Pretest Data Collection Sheet									
Topic of Material		Pretest							
Language		Round							
Region		Date							
Interviewers		Message							
		No.							
Describe Picture		Write Text:		How do you feel about the picture and/or words?		What would you change?		Coding	
Res. No.	What do you see?	What do the words mean to you?	Is the message asking you to do anything? What?	Why?—or suggestions on how to improve	OK	Not OK	OK	Not OK	Text
1.									
2.		R/H							
3.		R/H							
4.		R/H							

Appendix B. Form No. 5

Sample Questions for Group Pretests

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 B. Form No. 6
Group Pretest Answer Sheet

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

Appendix B. Form No. 7

Identification of Changes and Modifications Sheet

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:	

Appendix C. 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' KAP
- 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 postsession 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 IDIs conducted for each category of participant.
- Location of each FGD or IDI (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. Develop a profile of the target population with whom you will conduct pretest.

C. Determine approximate number of people you will need for pretest.

D. Select a site(s) to pretest where members of the target population will be available.

E. Select times to pretest when members of the target population are available.

F. Select the interviewer(s) who will conduct the pretest interviews.

G. Select the note-taker(s) who will take notes during pretest interviews.

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

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

H. Complete general information on the Pretest Background Sheet (Form 2) and each Pretest Data Collection Sheet (Form 3).

I. If not using the Pretest Data Collection Sheets, draft your own pretest questions (see sample questions in Form 5).

J. Develop criteria for determining when the picture and text are considered understood and accepted by target audience.

If:	And:	Then:
Visual alone	Less than 70% interpret correctly	1. Revise visual. 2. Pretest again with 15-20 people.
	70% or more interpret correctly	1. Revise visual, if need be. 2. Incorporate into final draft.
Visual and text	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.

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

If conducting:	And BCC material is:	Then:
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.

L. For planned interviews, arrange to meet participant at a predetermined site.

Conducting Pretest of BCC Materials

A Job Aid

I. Individual Interviews

A. Initiate the pretest interview

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

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. 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.

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

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 D. Characteristics of Various Communication Materials and Methods

A wide variety of BCC materials and methods can be used in HIV/AIDS and STI prevention, control, and care programs. Each type of material has its own characteristics. While this Guide focuses 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.^{7,20}

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

Advantages

- 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.

B. Radio (for jingles, songs, question and answer programs, dramas, interviews, information programs)

Advantages

- Reaches wide audiences.
- Provides information through sound.
- 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 and/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

- 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 to or 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 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 nonthreatening 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.

To request additional copies of this manual, or for further information, contact:

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