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Ain't misbehavin' : beyond individual behaviour change

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• Introduction

The International HIV/AIDS Alliance supports 'linking organisations' in various developing countries which, in turn, support local non-governmental organisations (NGOs) to carry out HIV/AIDS activities with local communities. Such linking organisations include HIV/AIDS/STD Alliance Bangladesh (HASAB), the Philippine HIV/AIDS NGO Support Programme (PHANSuP), Alliance Lanka in Sri Lanka and the Khmer HIV/AIDS NGO Alliance (KHANA) in Cambodia. As linking organisations started mobilising community groups to respond to AIDS in their respective countries (in the mid 1990s) they found that the majority of NGOs wanted to continue to focus, often exclusively, on basic information provision (such as awareness seminars).

However, experience and accumulated evidence has shown that information, education and communication (IEC) alone is often insufficient to bring about sustained behaviour change, or substantially impact on people's ability to protect themselves from HIV infection. This might have to do with the fact that many IEC initiatives were either technically weak or socially inappropriate, or both. However, a fuller explanation is likely to be that many programmes lacked strategies beyond awareness raising, or focused merely on individual 'behaviour change', which brings us to our starting point.

• 'Ain't misbehavin' – what's your problem, anyway?'

We should start by noting a range of factors, which also influence an individual's risk of infection, but are not directly related to her/his behaviour. Some obvious examples would include:

- access to risk/harm reducing technology, such as condoms or clean needles;
- power of the individual to make her/his own choices;
- elevated biological vulnerability to infection; e.g. as a result of having a pre-existing Sexually Transmitted Disease (STD);
- infection levels within the broader community and partners; and
- lack of knowledge of own or partners' HIV sero-status (i.e. whether infected or not).

Whilst there are certain behavioural aspects to some of these 'problems' and some themselves present obstacles to behavioural adaptation, it is not useful to describe them as mainly 'behavioural' issues. Each problem listed can be addressed with dedicated or combined strategies, which are not only awareness raising or behaviour change strategies. Indeed, there is a whole range of types of valid strategies beyond awareness raising or behaviour change communication (see Figure 1).

• Shifting the primary focus to vulnerability

By shifting our focus away from the behaviour of individuals and concentrating on HIV related vulnerability within communities, the *communities themselves* are more likely to be able and willing to help *us* identify relevant and effective responses.

Vulnerabilities may involve factors both independent of behaviour and factors underlying behaviour, which are often more

important to address than the behaviour itself, (see Figure 2). Whether a particular vulnerability affects risk of infection independently of behaviour or presents an underlying obstacle to behaviour change, the point is that it is the real vulnerabilities that are important to address primarily.

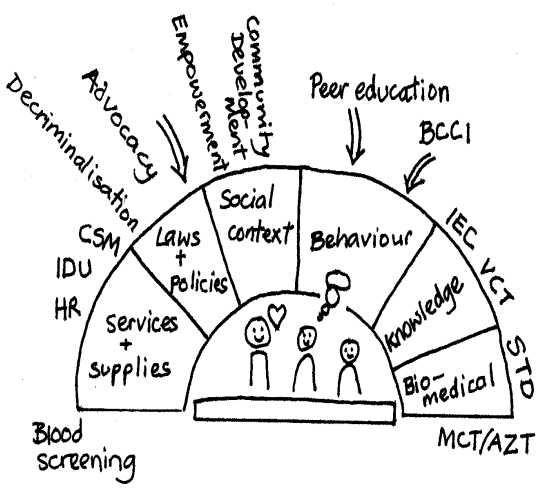

Figure 1. Examples of types of factors affecting likelihood of HIV infection, and related types of strategies to affect change

IDU,HR = harm reduction (HR) strategies for injecting drug users (IDU); CSM = Condom Social Marketing; BCCI = Behaviour change communications interventions; IE&C = Information, education and communication; VCT = Voluntary counselling and testing (for HIV); STD = treatment of sexually transmitted diseases (here); MCT/AZT = Reduction of mother-to-child transmission through treatment of pregnant women with AZT (anti-retroviral for HIV infection).

Rather than working as outsiders coming in to solve the behavioural problems of 'the locals', it is crucial to recognise that the sources of HIV related vulnerability tend to be very complex indeed at the local level. It is when *those* vulnerabilities are mitigated that people can respond to knowledge and information.

Addressing vulnerability through participation and empowerment

It is primarily as a result of this realisation that the Alliance has turned away from asking the 'experts' for the answers and turned to local communities themselves. From 1996 onwards, we have increasingly focused on using a more flexible approach, with a 'tool bag' of both participatory methods and processes. These include tools and approaches used in Participatory Rural Appraisal (PRA), or participatory action and reaction, which may be a more appropriate phase, since it better encapsulates the application of participatory methodologies in sexual health, in different types of activities and in different contexts.

The key components of the 'tool bag' include social maps, discussion groups, Venn diagrams, ranking and scoring, body mapping, causal analysis flowcharts, life-lines, historical time-lines, trend diagrams, income and expenditure charts, and HIV wheels (where vulnerabilities are identified as segments in a pie chart, and filled in according to their significance) etc. These 'tools' have been used by, or with, community members to describe and analyse the issues of concern to them, and to explore how those issues link to sexual vulnerability and HIV/AIDS. This has enabled local grassroots NGOs to actually involve community members in all stages of projects; community assessments, project design, implementation and monitoring and evaluation.

Figure 2. Some causal flows between community factors, behaviour and infection risk

The mere use of participatory tools *can* cause shifts in perceptions as well as spark off participatory processes in different ways. However, the tools are no guarantee for success by themselves. Their effectiveness also relies on skilled facilitation, as well as on adopting enabling processes and frameworks.

Participatory community assessments formed a starting point for longer interactive processes, where project responses were jointly identified and tried out, then reviewed in order to revise project strategies and approaches. The important point was to adapt the process to the capacity and situation of the local NGOs and their communities, in order to allow for effective participation.

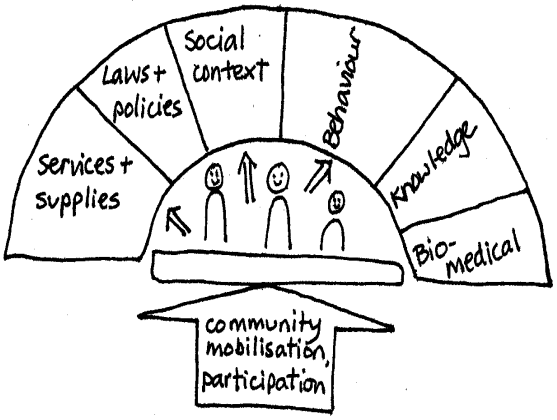

Figure 3. Capacity building to support participation in community assessments and designing responses to HIV/AIDS vulnerability

• Examples of community-identified strategies responding to HIV/AIDS

The following section describes a range of different types of ways in which local NGOs have been helped to address HIV/AIDS related vulnerability and move beyond awareness raising or individual behaviour change.

Addressing social contexts and peer norms in participatory group work

As a result of the increasingly participatory approaches used in supporting NGOs to carry out community assessment in different countries, a natural development has been for many NGOs to start to develop strategies for responding to AIDS with group activities, also using participatory techniques in the process.

One example of this is the work of Rajarata Sahabagitha Padanama, in Sri Lanka, which now uses a very participatory and gender sensitive group work approach to peer education and condom promotion/distribution. The organisation now has a very effective programme, which supports the community in facing the challenges identified by them. Even the local government health worker seeks support from the leaders to reach and support the community.

Such group work can be particularly effective in gender specific groups of similar ages and they can help women or men explore their own issues, attitudes and options, whilst learning about HIV/AIDS and STD through working together.

Addressing people's vulnerability by working with other sexual partners

In some cases, however, it can be harder to help community members respond to their own vulnerability without also working with other groups who may be sexual partners from outside the community, who are away for long periods or who may be harder to reach in the same way as described above.

In Cambodia for example, certain environmental factors, such as conflict and the presence of armed personnel etc., limit the capacity of local young women and men in putting their knowledge and skills (in safer sex) into practice. NGO project staff and volunteers in some communities work on these 'other' factors, rather than merely on the skills of the local young women and men themselves. Kasekor Thmey and the Khmer Buddhist Association (KBA) are two NGOs now working with young police and soldiers to

reduce their vulnerability to HIV/STD infection, as well as that of the young women in the community. They do this by working with the uniformed men to explore their own knowledge and attitudes on sexuality and on condom using skills, as well as by negotiating with senior officers to increase access both to condoms and to STD services.

Conversely, it can be useful to work with local sexual partners of mobile people in order to obtain access to an otherwise hard-to-reach group. In the Philippines, for example, overseas Filipino contract workers are a group of people considered to be at high risk of HIV infection. This is a result of higher risks of exposure to HIV when away from their families for long period and working in other countries in the region. One local NGO, Kaaraydan, who mainly support male Overseas Filipino Workers (OFWs) and their loved ones, designed a very simple but innovative project. Kaaraydan has developed, designed and provided partners with stationery, aerograms and postcards to enable the loved ones to write letters to their OFW partners. Furthermore, on the stationery are statements and captions about HIV/AIDS. As a central part of the project, Kaaraydan has also been conducting participatory group discussions in the communites of the loved ones of OFWs, which has helped them explore and understand the plight of the OFWs abroad, why sexual relations outside of the primary 'home' or partnership occurred etc.. They learned how loneliness may put OFWs at particular risk and that communiction is very important to their OFWs, which is why the strategy of supporting letter writing was developed. As a result, the loved ones, especially those married to OFWs are now able to negotiate for condom use with their OFW partners or husbands when at home and 'encourage' them to reduce sexual risk when abroad.

Addressing gaps in service provision

As NGOs have developed stronger responses to HIV/AIDS in their communities, a fairly common theme has been to find ways of improving community members' access to services, such as STD treatment, and supplies of condoms.

As mentioned briefly, several NGOs, supported by HASAB in Bangladesh, developed clinical STD service components of their HIV/AIDS projects, in response to community felt gaps in government service provision. One NGO, Assistance for Slum Dwellers (ASD), found it challenging to conduct both effective participatory outreach work and provide quality clinical services, but instead broadened their review and assessment approach to include a wider range of stakeholders, allowing them to develop more strategic partnerships. In particular they were now able to refer community members to the clinic of another HASAB partner NGO, Al-Fallah. This allowed them to help bridge the service gap whilst also focusing their energies on working more closely with their communities.

Addressing other contextual factors and linking those to HIV/AIDS

Aside from working on the most directly relevant factors of vulnerability to HIV, many NGOs have also worked with community members to either address broader contextual factors, such as discrimination, or used meeting community needs for recreational facilities or income generation schemes as entry-points for education, services and discussion on HIV/AIDS and STD.

For example, the NGO, Association of Farmers Development (AFD) in Cambodia, works with their rural poor community in many ways to meet their different needs, placing HIV prevention into the broader context of the community. Aside from a range of reproductive health work with both women and men, AFD also supports a women's income generating group (funded from other sources) and links the two projects to organise drama performances, using both for opportunities to have in-depth discussions about sexuality and sexual health.

Whilst poverty, for example, is often identified as the contextual root cause of most vulnerabilities, it is not always possible or realistic to try to impact on HIV by focusing scarce HIV/AIDS resources on, for example, income generation.

On the other hand, where NGOs are closely involved with their communities in addressing various aspects of their lives with different projects, it is often useful to draw strategic links between these to gain access to and time with a particular group. It can also be useful to make the HIV/AIDS work more relevant to the more keenly felt needs of communities.

Mobilising and empowering marginalised groups

To go even further, some NGOs have focused on mobilising and empowering marginalised groups such as gay men, drug users or sex workers. Such projects usually need to address a broad range of the needs of these groups to be truly effective, since their needs tend to be closely interlinked with their vulnerability to HIV/AIDS.

For three years now, PHANSuP in the Philippines has funded an NGO called IWAG Dabaw to run a centre for gay men in Davao, where the gay community can make use of its services including:

- counselling;
- a resource centre;
- STD referrals that include subsidy provision for the medicine; and
- a venue for activities, such as small group discussions on relevant issues, stepping stones sessions, film showing, condom distribution, etc.

This is a very innovative project, as the gay men have developed a sense of ownership of the project. The centre also helped them develop their self-esteem as it provides a place where they can go freely and be themselves, without the fear of either being discriminated against or abused. As the importance of the centre was enhanced by the project, gay men themselves established other such centres in the communities. These served as a 'local response' to the needs of the gay men and other stakeholders (e.g. gay men's parents, lovers, police, local executives and others).

One NGO in Bangladesh named SHEASS identified strategies for harm reduction among injecting drug users as a priority. SHEASS addressed this through involvement in outreach work and awareness raising on issues such as risk reduction, sexuality and STDs, and HIV/AIDS. Local leaders and members of the broader community were mobilised to help fight discrimination within the community. A drop-in centre providing a wide range of services for injecting drug users and their families, including needle exchange, condom distribution and education about general health, HIV/AIDS and harm reduction, was also established.

Not all NGOs are well placed to mobilise and empower marginalised groups, as this work requires excellent contact and credibility with the community in question. Offering practical services, as shown by the work of SHEASS and IWAG, can help to gain that trust and respect. Often, however, fundamental shifts in the perceptions and attitudes of NGO workers themselves are needed for this and, although participatory training and skills can help this, it does not take away the need for other skills and understanding of the deeper issues in relation to the particular community in question.

Ten lessons learned

- Behaviour is not the only relevant variable as a core-problem affecting vulnerability to HIV; nor is it the only, or even necessarily the main, factor to address.

- Vulnerability as a concept forces us to adopt a context-specific approach to situation and problem analysis.

- Vulnerability needs to be understood as being complex and working in different ways, through behaviour and independently of behaviour.

- A participatory bottom-up approach allows for more appropriate identification of the complexities of vulnerability; jointly 'owned' responses and project solutions with communities; better dynamics between NGOs and their communities, as well as mobilisation of members to work together for the changes required.

- Drawing a distinction between 'contextual' and 'linked' interventions is useful for understanding how certain

AIDS strategies beyond awareness raising or behaviour change deal with vulnerability to HIV and broader community issues.

- Participatory facilitation requires considerable skills and capacity building, but good facilitation of these processes also requires good HIV/AIDS skills.

- The process needs to be honest and sensitive, but firm in guiding assessments and reviews towards HIV vulnerability rather than ending up focusing on any community issues.

- There is often a need to purposely design and sequence the assessment process to involve particularly marginalised or at risk groups from early in the process.

- Scaling up capacity building and participatory processes may in fact be more important than scaling up 'intervention packages'. It is a common mistake to assume that it is the resulting strategies which primarily need scaling up to achieve an impact, when successful strategies usually derive their success from the process adopted.

- The first and most important attitudes and behaviours to address in good HIV/AIDS work are our own (as health, development and NGO workers).

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