

2.0 INTRODUCTION TO IPC

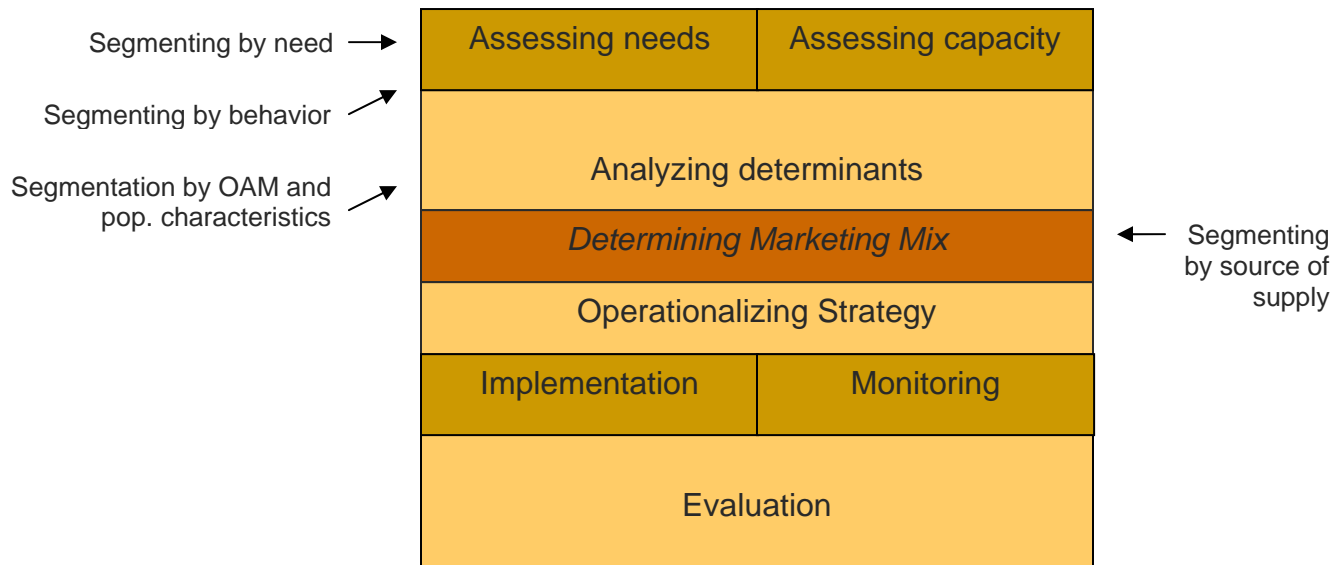
Learning Objectives

By the end of chapter 2.0, the reader will be able to:

1. Understand how IPC program development fits into PSI's Social Marketing framework.
2. Define high risk groups.
3. Understand when to use IPC vs mass media.
4. Understand IPC's place in behavior change theory.

How does IPC Program Development fit within PSI's Social Marketing Framework?

The Social Marketing Process is a framework that highlights the overarching steps and activities PSI country programs go through when designing social marketing programs. The framework pictured here, developed by PSI, demonstrates the context in which social marketing development takes place and indicates how PSI's activities are linked to and build upon each other. PSI encourages the use of this framework to improve marketing plans and activities. The Social Marketing Process explains how effective social marketing is a process driven by evidence, and therefore the more programs are grounded in research and lessons learned, the more likely they are to be successful.



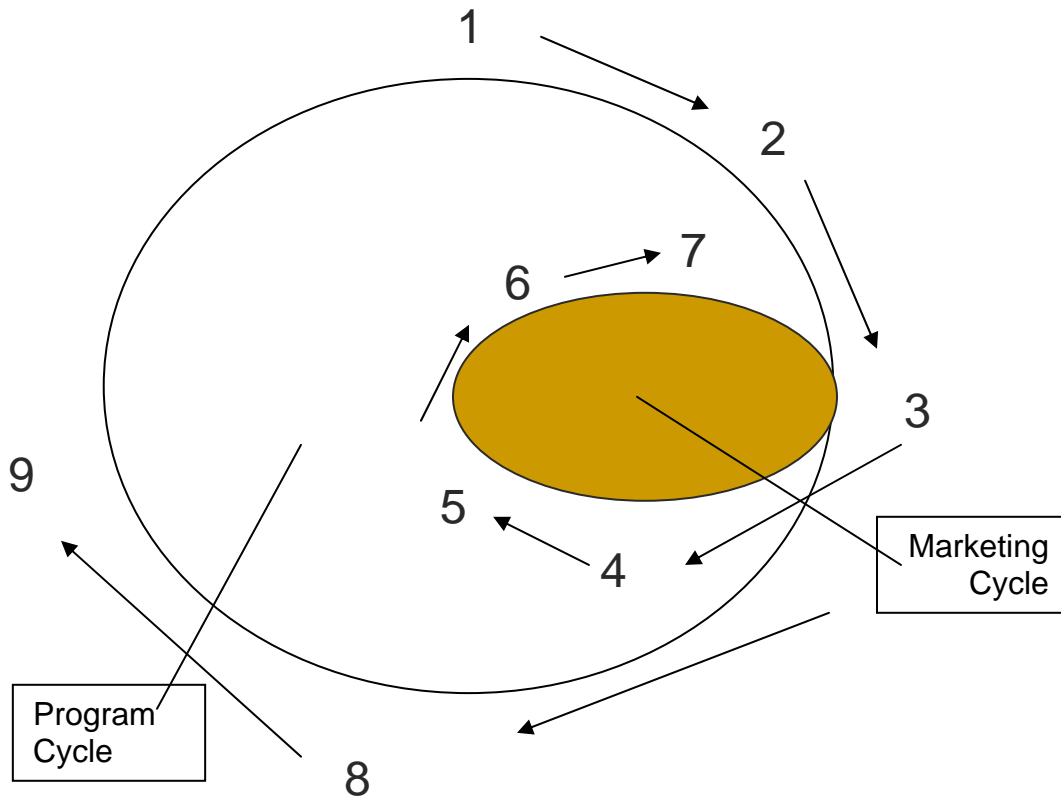
There are 9 steps to the PSI Social Marketing Process:

1. **Assessing needs** involves conducting literature reviews and *epi pies* (graphs that show the demographic and behavioral breakdown of a country's epidemic), with the purpose of choosing a target group and a target behavior. At this stage, a population is segmented by health need or risk in order to prioritize the groups with the greatest risk. Once this is

done program planners should be able to state the goal and purpose sections of a logframe.

2. **Assessing capacity** is done simultaneously with assessing needs because the capacity of the organization is relevant to the choice of target group. One tool for assessing capacity is conducting a SWOT analysis.
3. **Analyzing behavioral determinants** involves analyzing segmentation tables, and other evidence which helps understand why some people in the target group adopts the desired behavior and why others don't. The key outcome at this stage is a choice of which behavioral determinants to focus on and some hypotheses on how the social marketing intervention can influence those determinants. Organizational capacity is relevant to this decision as well, so SWOT analysis may also be done at this stage.
4. **Determining marketing mix** involves developing a marketing plan including a situation analysis, decisions about marketing mix (4Ps), designing an M&E plan, and developing a marketing budget. This is a topline strategy for influencing behavior determinants with as many components of the marketing mix as possible.
5. During the step of **Operationalizing the strategy**, social marketers translate the topline strategy into specific communication, distribution, pricing and product action plans. This step may include writing creative briefs, a media plan, a distribution plan, price structure, positioning statement, and channel selection.
6. **Implementing & monitoring** involves two simultaneous processes; the execution of marketing activities and the collecting of data to monitor the marketing intervention. On the implementation side, this means selling products, conducting promotional events, organizing IPC sessions, broadcasting spots, etc. On the monitoring side, it means collecting sales data, exposure data, carrying out MAP and TRaC surveys, and tracking process indicators.
7. **Evaluation of the marketing intervention** for behavior change entails assessing behavioral impact through evaluation dashboard tables that incorporate exposure. Evidence from all the monitoring data can be useful in determining the success of the intervention. The key question is whether more people in the target group adopted the target behavior as a result of exposure to the elements of our marketing mix.
8. **Evaluation of changes in the institution** can be assessed through the PRISSM report, stakeholder analysis, and/or strategic sustainability plans. As a result of implementing and monitoring the intervention, has the capacity of the social marketing organization changed? Has the competitive position of the organization in the country changed?
9. **Evaluation of health outcome** is difficult to do and general only occurs after several rounds of the marketing cycle and some time has gone by. The key question is whether the health needs of the overall population have changed as a result of the social marketing program or due to other factors? Such evaluations are important when considering whether one should change the target group

Consistent with most marketing or communication processes, it is a cyclical, iterative process with the results of the evaluation phase feeding back into the first step of assessing needs. This iterative process is demonstrated by the graphic below.



There are two cycles within the process: the program cycle and the marketing cycle. In the program cycle (steps 1-9), evaluations of the impact of marketing interventions, institutional evaluations, and health impact evaluations are fed back into a general needs assessment of the public health needs of the country. In the marketing cycle (steps 3-7), the evaluation of the effectiveness of the behavior change intervention is fed back into the process of analyzing the determinants of behavior.

The PSI marketing cycle is essentially the same as the P Process framework (and other communications processes) that provides the backbone for this manual as well as the steps for designing an IPC program. The chief difference between PSI's Social Marketing Process and a framework such as the P Process is that in social marketing, the knowledge of the target group – which should deepen with each revolution of the marketing cycle – is fed into a strategy which includes the 4 P's: promotion or communication, product strategies, pricing strategies, and place or distribution strategies. Since interpersonal

communications is one of many channels of a communications or promotional strategy, it can use a traditional approach to the behavior change process such as the P Process.

What are High-Risk Groups?

High-risk groups are made-up of people who are particularly vulnerable to HIV infection because they engage in behaviors that put them at a greater risk of HIV acquisition than that of the general population. For the purposes of this tool kit, high risk groups will include commercial sex workers (CSW), injecting drug users (IDU), men who have sex with men (MSM), migrant workers, transport workers, and uniformed services personnel. Such high risk behaviors may include having unprotected sex, having unprotected sex with multiple partners, engaging in anal intercourse, or sharing injection needles. High risk groups are also more susceptible due to their socioeconomic position in society or other factors that might predispose them to HIV infection (e.g. frequent travel away from home). Although behaviors in which high risk groups engage may be more hidden than in other populations, high risk groups are reachable through cost effective interventions.

What is Interpersonal Communication?

Interpersonal Communication (IPC) focuses on one-on-one interactions that address the underlying causes of risk taking and specific barriers to behavior change. IPC programs take into consideration the context in which risk occurs and work at the individual or small-group level to create new understandings, increase self efficacy, and ultimately create positive behavior change. The justification for IPC is that its' human, personal and targeted methods will better enhance behavior change than mass media interventions by addressing issues/context surrounding a given risky behavior (e.g.: decision making or condom negotiation). What defines any IPC method is the level of targeted and individual attention given to each participant and to each behavior change factors.

IPC programs are a proven methodology for accessing and addressing those who are hard to reach. This is because risky behaviors exhibited by members of high risk groups may marginalize them from the mainstream population, requiring more highly focused intervention strategies. When added to an existing intervention, IPC increases program intensity because it adds another channel and it increases duration because the average length of exposure during an IPC session is much longer than exposure from other media.

IPC methods, such as one-on-one and small group communication techniques, or even large group processes such as workshops that include IPC methods such as role plays or work in dyads provide opportunities for target group members to examine their own behaviors and develop personal strategies to make changes. Combining IPC activities with popular education materials, such

as pictures, brochures, fact sheets, flip charts, or activities such as street theatre, increases the effectiveness of the outreach.

Examples of IPC Programs include peer education programs, an on-going, facilitated discussion group of sex workers, interactive workshops that include work in dyads or small groups, and popular education techniques that allow for reflection and self analysis.

VCT as IPC

Health care provider and client or patient interactions can be considered IPC at its essence. Health care worker interactions provide opportunities for one-on-one or one on two (in the case of couples) interactions in which sexual risk factors, HIV prevention, transmission and other sexual and reproductive health care issues may be discussed. The quality of the counselor-client interaction and the effectiveness with which any information is conveyed can impact health behavior. Voluntary Counseling and Testing (VCT) programs, for example, utilize interpersonal communication techniques to change health behavior. VCT programs aim to foster behavior change and individual self-efficacy, correct misconceptions about HIV/AIDS transmission, de-stigmatize HIV/AIDS, strengthen community support systems to sustain behavior change, and increase awareness, demand, and accessibility for high quality VCT services and referrals to care and support following testing.

HIV VCT programs have demonstrated their ability to increase safe sexual behavior and the use of care and support services among clients. By helping clients learn their HIV status and create a personalized risk reduction plan, VCT can provide the information and support necessary to change risky behaviors that could lead to HIV infection. VCT programs are client-centered and counselors are trained in interpersonal communication techniques including counseling and risk reduction techniques as well as in emotional support. IPC can

When to use IPC

Although IPC can be an effective communication tool, it may not always be an appropriate technique. The decision to utilize IPC can be determined by a variety of factors including the population with whom you plan to target, the behaviors or behavioral determinants you wish to address, and the resources available. If you want to design an intervention that does not utilize mass media, IPC is not necessarily the answer. Conversely, just because an intervention does not use mass media does not mean that it is IPC.

IPC is not appropriate if you are merely trying to disseminate a message or transfer information. If the behavioral problem is relatively simple, and does not require in-depth reflection by the target group, again, IPC may not be the best tool to use. If you have a very short time-frame for an intervention, IPC may not be beneficial since establishing networks and fostering target group reflection can be time consuming.

Typically, it takes a combination of interventions to identify and influence factors related to behavior change. Interventions can work at both the community and individual level. Mass media can be effective at the larger community level by creating awareness about a health issue, working to change social norms, and overcoming stigma. IPC on the other hand is more effective on an individual-

level by helping people improve personal risk perception, model self-efficacy, and learn and practice specific life skills.

While mass media campaigns have proven to be a cost-effective method for reaching large numbers of people rapidly, they are more effective at changing larger social norms (such as making condoms more acceptable in an overall population) rather than individual behavior (increasing self efficacy to use a condom every time). The IPC context provides for more honest, open, and flexible communication, as the interactions are tailored to meet the needs and sexual realities of the individual or small group. Mass media campaigns incorporate a slogan or tag line to focus on one element of behavior change. For example, a 30 second TV spot might depict a girl resisting her boyfriend to have sex in favor of staying home to study as a way to promote delayed debut. The main message being communicated is: It is better to wait to have sex. An IPC program will focus on the context of the delayed debut, or barriers that would prevent a youth from waiting, such as peer pressure, lack of negotiation skills, or low self esteem. An examination of current theories of behavior change can better illustrate this point.

Theory behind the Practice

Behavior change theories provide communicators with indicators and examples of what influences behavior, and offer foundations for planning, executing, and evaluating communication projects. There are a variety of theories that are particularly relevant to health communication and that are applied to inspire and maintain behavior change. The Health Belief Model, the AIDS Risk Reduction Model, and Stages of Change model are three of the most common. For each model, IPC has its own place in getting to the underlying cause of risk. Briefly looking at these models can provide a more concrete picture of how IPC fits into the behavior change context and how it can be integrated into health communication programs.

Theory of Reasoned Action

The Theory of Reasoned Action states that the intention of a person to adopt a recommended behavior is determined by the person's attitudes towards the behavior and his/her beliefs about the consequences of that behavior. It also states that the person's personal viewpoint about the health issue in question as well as what the person perceives social norms dictate about those health behaviors impact their ultimate action. In the context of IPC, this is relevant considering that people's attitudes are highly influenced by what their peers think and do. An IPC program that utilizes peer education, therefore, might be relevant when operating under the Theory of Reasoned Action.

Social Learning/Social Cognitive Theory

Social Learning theory is largely based on the work of psychologist, Albert Bandura. His theory posits that the likelihood of an action, such as using a condom, is determined by an understanding of what is needed to avoid an

unwanted outcome, such as pregnancy. Therefore, a youths' belief that he/she can successfully use the condom, is determined by his/her belief that condoms will be effective in pregnancy prevention. This theory can be applied in an IPC program through discussions in which participants assess how specific HIV/AIDS cases could have been avoided, and the application of those concepts to their own lives by critically examining their own behaviors. Including interactive and experimental learning activities within the IPC program would also be important given Bandura's emphasis on self-efficacy. The more program participants have the opportunity to practice and model behavior change techniques, the more likely they are to enact them in real-life situations.

Diffusion of Innovations

This theory argues that social influence plays an important role in behavior change. The role of opinion leaders in the community, acting as agents for behavior change is a key element of this theory, which suggests that these role models can have a tremendous impact on group norms through person-to-person exchanges and discussions. In the context of IPC, IPC agents can be on-going agents of change, acting as opinion leaders, engaging the target group members with one-on-one interactions, disseminating information to peer groups, and modeling new behaviors.

Health Belief Model

The Health Belief Model states that an individual's behavior can be predicted based upon certain issues an individual may consider, such as perceived susceptibility and perceived severity, when making a decision about a particular behavior. The likelihood that a person will take action concerning a health condition is determined by the person's desire to take action and the perceived benefits of the action weighed against the perceived cost of the barriers. IPC methods can best handle the advancement of individual perception around risk because it employs more personal, reflective processes that focus on this aspect of behavior change.

AIDS Risk Reduction Model

The AIDS Risk Reduction Model (ARRM) was developed in the 1990s and drawing from other behavior change theories provides a framework focused specifically on behavior change efforts related to sexual behavior and HIV/AIDS transmission. The ARRM has three stages: Recognition and labeling of one's behavior as high risk; Making a commitment to reduce high-risk sexual contacts and to increase low-risk activities; and Taking action. One can imagine the usefulness of mass media in raising awareness about a risky behavior in stage one, however, the other stages require that the individual also have a strong sense of self-efficacy. Decision making skills and sense of personal power are sensitive areas that are best handled through IPC methods. In addition, for an individual to move toward action, certain personal and community conditions must be present. IPC is critical at the individual level in developing, for example,

the person's ability to communicate with his/her partner, one's problem solving skills, and one's level of self esteem.

Stages of Change

In applying the Stages of Change model, an individual moves through five stages: pre-contemplation, contemplation, preparation for action, action, and maintenance. In the Contemplation stage, where the individual recognizes the problem and is seriously thinking of changing, IPC methods can be useful in helping the person to weigh the risks and benefits of changing behavior, such as opting to undergo HIV counseling and testing. In the Preparation for Action stage when the individual makes plans to change the behavior, IPC can assist in developing and enacting a personalized behavior change plan. Both IPC and mass media can be helpful in ensuring the Action stage of the model. At this point, the individual has enacted consistent behavior change for less than six months. IPC methods, particularly role models and peer support can provide the helping relationships needed to arrive at and succeed in this stage.

Popular Education

Popular education is a form of adult education that encourages learners to examine their lives critically and take action to change social conditions. It is popular in the sense of being "of the people". Popular Education emerged in Latin America in the 1960s-1970s. Paulo Friere originated and helped promote the concept. The goal of popular education is to develop peoples' capacity for social change through a collective problem solving approach emphasizing participation, reflection, and critical analysis of social problems.

Key characteristics of popular education are as follows:

1. Everyone teaches and learns.
2. Leadership is shared
3. Starts with learner's experiences and concerns, high participation, creation of new knowledge, critical reflection, and connecting the global to the local
4. Creates collective action for change

Because it is strongly community-based, popular education takes a variety of forms. The process usually follows a pattern described as action/reflection/action. Beginning with people's experience, participants identify problems, reflect on and analyze the problem then plan and carry out action for change. Facilitators can help the process along by serving as democratic collaborators who ensure that learning takes place and that leadership and self-direction develop in the group. Facilitators keep the group on track and encourage participation, but they also try to foster a long-term perspective on the problem addressed, helping the group place the issues in social, historical and political contexts.