



# **BEHAVIORAL CHANGE COMMUNICATION**

**to increase use of Family Planning  
and reduce risk & vulnerability to HIV  
- a Best Practice Model -**

**presented by Dr Barbara Pose, CARE Int. in Ethiopia  
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# Population and AIDS program in Ethiopia

- ✦ Since 1996 CARE Int. in Ethiopia has been implementing SRH programs
- ✦ Funded by Royal Netherlands Embassy
- ✦ Phase 1-2 reached 1.3 Mill. People
- ✦ Phase 3 (ongoing) reaches 2.2 Mill.



# This presentation provides answers to 3 questions

- ✦ Has the program been successful in raising awareness on HIV/AIDS?
- ✦ Was the project successful in increasing family Planning Use?
- ✦ What were the successful approaches?

## Significant ( $p=0.00$ ) changes of Phase II

Indicator	Baseline May 2003	Final evaluation September 2005
<b>Heard about FP</b>	<b>90.7%</b>	<b>94.2%</b>
Know at least two FP methods	60.4%	84.6%
<b>Women who have ever used FP</b>	<b>28.9%</b>	<b>39.4%</b>
Women currently using FP	14.7%	29.8%
Modern Contraceptive prevalence rate	<b>2.6%</b>	<b>7% condoms</b>
	8.9%	35.7% pills
	<b>3.7%</b>	<b>40.1% injectables</b>
Have Multiple sexual partners (Borena Zone)	45.7%	26.6%
<b>Heard about HIV/AIDS</b>	<b>95.2%</b>	<b>99%</b>
Don't know how to prevent HIV	6.8%	1.6%

# Positive changes in behavior

- + Practices like sharing needles, sharing razor blades for shaving has decreased
- + Multiple sexual partners are reportedly reduced
- + Risky traditional practices that encourage promiscuity decreased
- + Harmful traditional practices such as FGC and widow inheritance on decline
- + Improved use of condoms among youth
- + Increased willingness to test for HIV

# Cross-sectional Survey to Identify Successful BCC Approaches

- + Geographical areas of Oromiya/Ethiopia
  - + Borena, West Harerge and East Harerge zones
- + Qualitative Data
  - **Focus Group Discussion (n=15)**
  - **Key informant interviews**
- + Quantitative Data
  - multi stage sampling technique (district, PA, households)
  - one person between 15–49 years interviewed per household
  - Sample size: n=937

# BCC Approaches

- ✦ **Community Based Distribution Program (CBD) relying on volunteers**
- ✦ **Peer Education Program**
- ✦ **Community Advocacy**
- ✦ **Anti-AIDS Clubs**
- ✦ **Youth Centers**
- ✦ **Service quality improved at health facility**
- ✦ **Intensive work on cultural governance system (advocacy targeting leaders)**

# Communication Channels

Messages and materials were pre-tested

- ✦ Interpersonal communication by PE and CBRHA (volunteers)
- ✦ Learning from role models (volunteers)
- ✦ Print materials
- ✦ Listening and Discussion Groups
- ✦ Mini-media in school and urban areas
- ✦ Drama and role plays
- ✦ Public events
  - ✦ soccer match, bicycle races, questions and answer programs, radio (West Hararge), T-shirts



# Coverage

## Sources of information on FP and HIV

- At baseline:  
friends and radio
- At end of project:  
CARE frontline workers,  
community volunteers: CBRHAs and  
Peer Educators trained by CARE