C-CHANGE COMMUNICATION FOR CHANGE

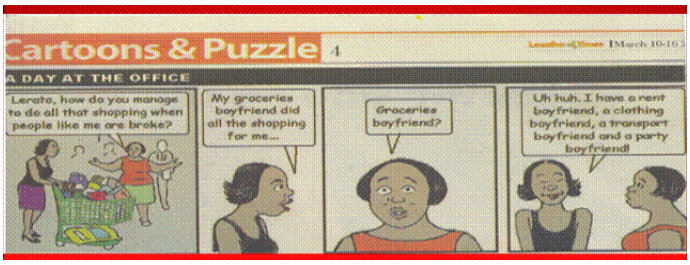
CASE STUDY

INTIMACY WITHOUT RISK: COMMUNITY DIALOGUES TO REDUCE CONCURRENCY IN LESOTHO

September 2012

Background

The cartoon below, from a local Lesotho newspaper, depicts a scene between two Basotho women, one of whom is showing pride with all her boyfriends who pay for her various needs. While the cartoon is intended to be humorous, it depicts a tragic scenario that is all too common in Lesotho and furthers a social norm of the practice of concurrent sexual partnerships (concurrency).



The National AIDS Commission (NAC) and the Ministry of Health and Social Welfare (MoHSW) in Lesotho worked with the US Government PEPFAR-funded C-Change Project beginning in 2009 to reduce the prevalence of concurrency through social and behavioral change communication (SBCC) interventions. To affect changes in social norms around an issue as complex as concurrency, C-Change in partnership with a local non-governmental organization (NGO), Phela Health and Development Communications (Phela) implemented a community dialogue intervention entitled, *Relationships: Intimacy Without Risk*. This involved working with existing community groups to engage adult community members and couples in open dialogue to raise awareness of concurrency, address key factors that perpetuate these relationships, such as alcohol, migration and intergenerational and gender inequality and pervasive social norms of concurrency, and to encourage positive and responsible sexual behavior.

In contrast to the above cartoon, participants of the C-Change community dialogues perceived that they had adapted a different norm:

"We used to like engaging in multiple sexual activities, everywhere with many people, but now we like practicing what is right, like we were told or shown. We should have one partner and we are spreading these messages that each person should stick to one partner."

- Female, age 30+, Mafeteng

"I am saying that I used to have two partners, one in Lesotho, the other in Gauteng. I no longer go to South Africa. I have told myself that I will remain with the one in Lesotho. I am now settled; I no longer move about."

- Male age 18–24, Butha-Buthe

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Concurrent Sexual Partnerships

Concurrency, along with transactional and intergenerational sex are considered to be significant drivers of HIV and AIDS in Lesotho, and are associated with underlying socioeconomic factors such as high unemployment, poverty and food security.

Evidence shows that concurrency is linked to between 32 and 59 percent of all new HIV infections in Lesotho (Khobotlo, Tshehlo, Nkonyana, et al. 2009). And, while respondents is a 2009 baseline survey of Lesotho men showed high levels of HIV and AIDS awareness, 45 percent reported having more than one sexual partner at a time and only 13 percent reported using condoms with their regular partners (Tan et al. 2009).

Reducing the number of sexual partnerships could potentially help reduce HIV transmission. Uganda's "zero grazing" campaign of the 1980s, which focused on partner reduction and faithfulness, led to a decline in multiple sexual partnerships. Along with other factors, including condom use, these reductions contributed to a sharp drop in Uganda's HIV prevalence in the 1990s (Green et al. 2006).

Concurrency and HIV Transmission

- Concurrent sexual partnerships or 'concurrency' is when two or more partnerships overlap in time.
- Concurrency together with factors such as low rates of male circumcision and/or incorrect or inconsistent condom use may be drivers of HIV infection in parts of East and Southern Africa.
- Concurrency may be part of wide sexual networks. If an individual acquires HIV, then the virus can spread rapidly to others.
- A dramatic increase in a person's viral load in the first few weeks after contracting HIV exponentially increases the risk of infecting others.
- Mathematical modeling has demonstrated that HIV will spread more rapidly in populations where long-term concurrency is common.
- However, modeling suggests even small reductions in the amount of concurrency could have a large impact on reducing HIV transmission.

Community Dialogue Development, Planning and Implementation

What are community dialogues?

In the context of Lesotho, C-Change community dialogues were facilitator-led, informal, participatory groups that were provided with open space for group members to become comfortable with discussing sexual issues, identify the drivers of HIV within their wider social and cultural contexts and address their own attitudes and behaviors toward the virus in order to make positive individual and collective decisions and plans to further disease reduction.

Planning for community dialogues was a multi-step development process that included setting objectives, stakeholder priority setting, formative research, intervention design and field testing.

Stakeholder priority setting. Initially, C-Change met with lead stakeholders—PEPFAR, the National AIDS Council (NAC) and the Ministry of Health and Social Welfare (MoHSW)—to discuss technical support to reduce the prevalence of concurrency through SBCC activities. A subsequent Communications Priorities Workshop was held with a wider group of stakeholders and partners that resulted in a set of key recommendations and an action plan that focused on addressing concurrency.

Community Dialogue Development Steps

- **Objectives:** Focus on individual-level behavior change and community-level normative change
- **Stakeholder Priority Setting:** Consultation with key lead stakeholders to clarify the focus for SBCC activities
- **Formative Research:** Conduct of HIV prevention inventory review and qualitative and quantitative formative research
- **Intervention Design:** Use of formative research findings to develop curriculum, facilitator guide and SBCC materials
- **Field Testing:** Stakeholder input and use of draft program materials with intended audiences; revision and finalization.

Formative research. To understand the context for new SBCC intervention design, C-Change conducted an inventory review of existing HIV prevention communication materials and ongoing prevention programs in Lesotho.

In addition, the project conducted survey research with approximately 1,600 sexually active Basotho males which showed that ~44% were practicing concurrency, and of those who did, only 40% consistently used condoms with their most recent partner (Tan et al. 2009).

In addition, C-Change contracted locally with Social Surveys for formative research to better understand how culturally-embedded communication about HIV and AIDS and sexual behavior contribute to sustaining the practice of concurrency in Lesotho (see Sigamoney 2009).

The research, conducted with traditional healers, youth leaders, health care workers, volunteers involved in HIV and AIDS and reproductive health work, local area chiefs, and church leaders, found that Basotho were very indirect in their language and felt that silence and secrecy around sexual issues of concurrency and HIV was the culturally appropriate communication norm. Both the quantitative and qualitative research findings helped provide the rationale for dialogue intervention to promote more open communication about concurrency and HIV.

Intervention design. C-Change designed a community manual to guide the dialogue intervention entitled *Relationships: Intimacy Without Risk* (C-Change 2010). The manual includes a facilitator's guide, a training manual and communications materials. The intervention consists of 11 sessions including: HIV basics, Relationship between HIV and MCP, Sex & sexuality, Facts & myths around HIV and AIDS, Problems and pleasures of MCP, Couples communication around love and sex, Gender and culture, Real men & real women, Stages of behavior change, and Yes, I can change my behavior.

The facilitator's guide provides guidance on conducting monitoring activities and preparing and leading dialogue sessions using participatory methods including role plays, questions and discussions, case studies and community outreach activities. Additional material used for community outreach events included videos (developed by Phela) for group discussion and movie and game nights for couples.

C-Change partnered with CARE to conduct a series of meetings with existing partners for potential involvement in the dialogue program. They developed memorandums of understanding with community-based organizations (CBOs), local organizations and district health leadership to guide program implementation and generate community buy-in. Phela worked closely with C-Change during both the design and implementation phases of the program by providing substantive technical assistance on community mobilization.

Field testing. National-level stakeholders provided feedback on the community manual and field testing was conducted with local leaders and community groups in Butha-Buthe, Mokhotlong and Mafeteng Districts. Images, language, and

the presentation of sensitive topics were revised and finalized based on the feedback from stakeholder consultations and the field tests. The manual was later revised to include two additional sessions on alcohol and communication.

Implementation

Program implementation included four phases of group and facilitator selection, training, and conducting community dialogue groups and community outreach.

Group and facilitator selection. C-Change provided technical assistance to district health leadership and CBOs to engage with community councils and select community groups to participate in the planned community dialogues.

To ensure sustainability, only community groups that were registered with their community councils and met on a regular basis were selected to participate. From each of these groups at least two community group facilitators (CGFs) were selected to take part in the community dialogue training. By working through councils and established groups, the C-Change approach enabled the community to take the lead in the movement to reduce concurrency and adopt new HIV prevention behaviors. Approximately 150 groups and 350 facilitators were selected across the five districts of Maseru, Leribe, Butha-Buthe, Mokhotlong and Mafeteng.

Community Groups by District

District	Groups
Mafeteng	34
Maseru	29
Leribe	24
Butha Buthe	31
Mokhotlong	34

Training. C-Change program staff (Phela) trained the 350 CGFs to carry out discussion sessions aimed at stimulating deeper dialogue around relationship issues and HIV prevention. The four-day training covered the topics in the *Relationships: Intimacy Without Risk* which included the basics of HIV, how to lead dialogue sessions and participatory activities around prevention topics. The trainings also covered facilitation skills and how to fill out monitoring forms. In addition to the topics in the manual, training sessions were modified and added based on feedback from CGFs and groups during site visits. CGFs were expected to conduct dialogues with their group members on a weekly or bi-weekly basis for a period of 11 weeks, corresponding to the topic areas in the community manual. In addition, they were expected to complete reporting forms to monitor their activities.

Community dialogue groups. A total of 689 community members participated in the dialogue groups. Along with these groups, C-Change also engaged hard-to-reach groups including couples, correctional facilities inmates and staff, garment factory workers, police and security company staff, in day-long orientation workshops on concurrency and HIV. In addition, college students were engaged to carry out a compressed dialogue program with their peers.

Spectrum of Selected Community Dialogue Groups:

- Agricultural groups
- Burial associations
- Herdboy associations
- PLWHA support groups
- Poultry association
- Soccer clubs
- Traditional healer groups

Community outreach. Each group that participated in the dialogue program was encouraged to organize at least two outreach events. These events were aimed at engaging with members of the wider community who were not part of existing community groups. Some of the outreach activities

conducted by groups included: screening of MCP Drama, 'Monna oa Motsamai' that was developed by Phela, discussions at local bars, and health talks on concurrency and HIV with health care providers. A total of 2,221 people from the wider community participated in these event.

and community members from the targeted districts where dialogues were conducted were invited to participate in discussions. Community members from outside Maseru could also call into the show to ask questions and participate in the discussions.

"My group was able to hold 11 dialogues and make 2 outreach activities. I was proud since this was enhanced by Relationships: Intimacy Without Risk. Holding the dialogues helped my group because members promised that they would sit down with their spouses and talk about their needs."

– 'Manthati Maroi, 32 years of age, Mokhotlong District

Community Dialogues Reinforced by Mass Media Campaign

The community dialogues were complemented and reinforced by being part of a larger regional campaign to address concurrency. Entitled *OneLove*, and conducted by the Soul City Institute for Health & Development Communication and Phela in Lesotho from 2009 to 2011, this larger mass media campaign allowed community members in the dialogues to discuss concurrency through additional communication channels. C-Change supplemented the booklets, flyers, and posters used by the *OneLove* campaign in Lesotho with billboards and radio talk shows, radio public service announcements (PSAs), and a concurrency pamphlet.

Links between community dialogues and the larger mass media campaign were reinforced in several ways. For example, talk shows[1] targeted both male and female audiences and addressed such themes as gender norms

and their influence on the way in which men and women behave and their risk of HIV. For each talk show, experts

PSAs related to risk and reduction of concurrency were launched across four radio stations in Lesotho (Harvest FM, Moafrika, Radio Lesotho, PC FM). In addition, billboards on HIV drivers were developed and displayed in each of the five districts where the community dialogues were implemented. In addition to the stationary billboards, C-Change arranged for mobile billboards through a local bus company. Billboards were placed on the backs of buses which covered 10 long distance routes throughout all of the country's districts.

Three-Pronged Sustainability Strategy

C-Change developed a three-pronged sustainability strategy for the community dialogue program that included certificates of completion, follow-up training, and the community conversation toolkit.

Certificates of completion. C-Change provided certificates of completion and ceremonies to recognize the groups that completed the 11-week dialogue program and at least two outreach activities. C-Change encouraged groups to continue engaging around concurrency and HIV within their groups and the wider community after the 11 weeks. Program staff continued to make themselves available to groups by phone

1 The 12 topics used in the talk shows were taken directly from the C-Change community dialogue manual.

and through the provision of questionnaires, risk and value forms, and monitoring and evaluation (M&E) forms that would allow groups to track individual and group change.

Follow-up training. During the last year of the program, C-Change provided further training of CGFs to upgrade their status to Community Mentors to enable them to liaise with community council members and provide guidance to new groups in getting started, organizing outreach activities and helping them problem solve around challenges.

Community Conversation Toolkit. C-Change developed the *Community Conversation Toolkit*, an additional resource for community groups that completed the dialogue program (C-Change 2010). The interactive materials in the toolkit responded to feedback from CGFs that it was challenging to initiate conversations on HIV in certain social situations (e.g., bars). Six distinct materials designed for the use of small groups in facilitated or social settings are grouped around a guide intended to mobilize communities for HIV prevention. Finalized materials are in Sesotho, with adapted artwork. They comprise a facilitator's guide, community mobilizers' cards, role-play cards, storytelling-finger puppets, promotional proverbs and best-kept-secrets throw boxes, promotional playing cards, and dialogue buttons. These materials aim to assist community groups to expand their outreach activities into environments where playing cards and the other materials can serve as job aids in facilitating their discussions. C-Change printed 200 copies of the Community Conversation Toolkit for the use of community groups and conducted trainings on use for selected groups in the five districts.

Community Dialogue Evaluation

C-Change, commissioned Health Sciences Research Council (HSRC) to conduct a qualitative evaluation of the community dialogues. A sample of 158 women and 107 men ages 18 and older from all districts where the dialogues took place participated in in-depth interview (IDI) and focus group discussion (FGD) methodologies to assess how the community dialogues had affected participants and the community as a whole. Most participants perceived that the dialogues had had an overwhelmingly positive impact on both their communities as well as their sexual relationships. Documented perceived positive seffects included:

- improved sexual behavior (reduction in concurrency practices, increased practice of protected sex, and reduction of transactional sex);
- more open communication about sex and other sensitive issues in communities and with sexual partners, spouses, children, parents, families, and peers;
- improved relationships with sexual partners, including strengthened emotional ties, trust, and commitment, improved sexual techniques and altered gender norms relating to women taking the initiative in sexual relationships;
- increased information dissemination and knowledge about HIV and AIDS;
- improved health-seeking behavior, including increased uptake of HIV testing;
- increased acceptance of one's own HIV status; and
- increased sense of personal contribution and empowerment in the community.

"They have personally helped me a lot, as I am now free to talk about sex issues, unlike before, when I used to think that they can only be initiated and discussed by my husband. It is now our collective business. I am free to talk to him about sex as a result of dialogues."

- Female IDI (age 42), Leribe

A minority of participants expressed critical views about the community dialogues and open discussions of sexual practices and concurrency, charging that this was culturally unacceptable and not of interest to some people. A few participants said the community dialogues did not lead to social and behavior change or that the dialogues had instigated community and interpersonal conflicts, including undermining trust in sexual partnerships.

What Worked Well

Partnerships with stakeholders: The community dialogue project was a collaborative effort. C-Change made concerted efforts to build relationships at national, district, and community levels. This occurred through participation in technical working groups to share program progress, tools, successes, and lessons learned. During community dialogue trainings, organizations such as Population Services International (PSI) and Lesotho Planned Parenthood Association (LPPA) facilitated sessions on HIV and AIDS. Following the trainings, C-Change referred community groups to PSI and LPPA reproductive health services and condoms. C-Change worked with NAC throughout the program, but especially during the initial stages to identify community councils and mobilize communities to participate in the dialogue program.

Use of existing community groups: C-Change worked with existing community groups to engage community members and couples in the dialogues. These groups were recognized by local leadership and met on a regular basis around a specific objective prior to the C-Change program. While there were challenges around compensation, scheduling, and outreach activities, this approach allowed for HIV prevention to be mainstreamed into ongoing community groups and contributed to sustainability.

Integration of community mobilization and mass media components: The C-Change program used a multi-channeled SBCC intervention. The *OneLove* campaign worked to increase awareness of the risks related to concurrency among adults ages 18–50, which was linked with tools for groups to carry out community-level discussions. These two mutually supporting components of mass media and community mobilization, effectively used different channels to communicate mutually reinforcing messages. The radio PSAs and talk shows provided community dialogue groups with additional topics for discussion within HIV prevention. This linkage between the community-based activities and the wider *OneLove* campaign, provided groups with catchy and well-recognized terms to converse with others about the program.

Support visits: While the dialogues were run by trained community members, providing ongoing technical assistance and monitoring was crucial. Phela staff working in the C-Change program conducted regular support visits to the community groups. This was an opportunity for program staff to collect data, provide the group with additional materials (e.g., flip charts, pamphlets, condoms), and talk to groups about their successes and challenges.

Lessons Learned

Lack of consistent partnerships and staffing: In the early stages of the program, Phela led the mass media activities and CARE was well placed to lead the community component with its established relationships with local leadership and CBOs. With this model, it was envisioned that local partners would create buy-in and take ownership of the program and that C-Change would largely provide technical support via training of trainers. When CARE was unable to develop the community manual and maintain these relationships, C-Change worked closely with Phela to take over this program component. While there were several successes under Phela's leadership, the main driver at the community level should have been community-based partners and local leaders to foster sustainability. Along with

issues of keeping consistent partners on the project, C-Change also experienced its own change of staff on the project which affected relationships with USAID in Lesotho and credibility with the Mission.

Seasonal effects on dialogue retention: Several of the community groups were not able to meet weekly or bi-weekly to participate in the 11-week program. The dialogues had to compete with winter weather as well as harvest times and other income-generating activities. As most community dialogue participants were engaged in agriculture for income generation, the program was at a standstill during harvest season with members needed to spend all of their time in the fields. The majority of the dialogues were also at a standstill during the winter when temperatures drop drastically and some districts have snow. Further some CGFs left their villages for education and other employment opportunities. Gaps of several weeks between dialogues caused groups to lose momentum for discussion, follow-up action, and outreach events. Efforts were made to replace groups that dropped out, though engaging new groups and conducting trainings were time and resource intensive.

Sensitivity of topics: Some group members were not comfortable discussing sexuality and MCP related issues. Mainly older women found the topics to be culturally taboo, while other groups felt that discussion would have flowed more readily if they were divided by age and gender. Furthermore, three years is not a sufficient amount of time to change social norms on such sensitive topics. Community participation requires time and significant buy-in from local and district leadership.

Lack of compensation: Many respondents from the community dialogue evaluation mentioned that they would like to be compensated for their time to lead and participate in the dialogues. Despite being members of existing groups that would meet regularly, community members felt that the dialogues took time away from income- generating activities and child care. In certain cases, lack of value was placed on the dialogue program—some community based organizations (CBOs) did not view it as capacity strengthening in terms of the knowledge and skills gained from the dialogues and this, in turn, led to high levels of drop-out.

Issues with linking mass media to community mobilization: C-Change aimed to reinforce the dialogue program component with the mass media program component by providing groups with mass media products such as radio dramas and movies. While some groups were able to use the mass media products during outreach events, others did not have the necessary equipment or electricity to do so. In addition, the high costs of airtime for billboards and radio prevented C-Change from expanding the number of billboards and the frequency of the radio talk shows and PSAs.

Lack of experience with data collection: There were vast differences in the experience levels of groups with data collection. Some groups were familiar with data collection through their work with people living with HIV/AIDS (PLHWA), orphans and vulnerable children (OVCs), and other community health programs, while other groups had no experience. C-Change provided training on data collection to CGFs and simplified forms for easier monitoring. Despite these efforts, it was challenging for the groups to understand how to fill out forms and the usefulness of data for replanning and donor reporting. As a result, C-Change staff spent considerable time traveling to groups to verify incorrect, incomplete, or manipulated data.

Recommendations

The challenges of the community dialogue project in Lesotho suggest several recommendations for others exploring the use of this community-based intervention.

More in-depth consultations with community councils and groups: While C-Change worked with a local implementing partner, the community dialogue program should be led by local organizations based at the district or community level. In addition, substantive consultation with local leadership should take place prior to selection and participation of community members in the training. This should include additional feedback and consensus about the most appropriate timing, duration, and frequency of community dialogues.

More defined criteria for selecting CGFs and community groups: Lessons from Lesotho showed that groups that had the highest chance of completing the dialogue program and outreach activities were groups that met frequently (e.g., soccer clubs, PLHWA support groups) rather than groups that met only periodically (e.g., burial groups) or had members that were spread across a few villages. This information should inform the types of groups to recruit. In addition, in the selection of CGFs there is need for a certain level of literacy with the expectation that future CGFs will be trained in a curriculum, fill out monitoring forms, and facilitate discussions/games taken largely from a text-based manual. Moreover, the issue of no incentives/compensation should be fully clarified at the time of recruitment.

Expansion of the program to institutions: To further integrate the intervention, it would be beneficial to expand/adapt the community dialogue program to schools (students, teachers) criminal justice institutions (i.e., prison staff and inmates), and local businesses.

Increased support to groups for outreach events: To allow the learnings of dialogue members to more effectively impact the larger community, more support should be made available for increased strategic cultural and community outreach activities such as dramas related to concurrency, HIV counseling and testing at local rallies, and sponsored community competitions among youth.

Division of community groups by age and gender: Due to the sensitivity of topics around concurrency and the cultural context in many environments, dialogues within existing community groups should be separated by age and gender. Options around having these sub-groups come back together as a large group to summarize the discussion should be explored.

Acknowledgments

C-Change would like to acknowledge the work of their Lesotho partners, CARE, in assisting with design of the community dialogues; Phela in assisting with the implementation of the the community dialogues and in the implementation of the mass media campaign, *OneLove* in Lesotho, and with HSRC in the implementation of the evaluation of the community dialogues. Credit is also given to Lesotho Times for the use of the cartoon at the beginning of this case study.

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Sarah Meyanathan and Susan Rogers prepared this case study. This publication is made possible by the generous support of the American people through the US Agency for International Development (USAID) under Cooperative Agreement No. GPO-A-00-07-0004-00. It was produced by C-Change, managed by FHI 360, a project to im¬prove the effectiveness and sustainability of social and behavior change communication (SBCC) as an integral part of development efforts in health, environment, civil society, and other sectors.