



Model for Capacity Building in Behavior Change Communication (BCC) Program for HIV-AIDS Prevention in Malang, East Java

By

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Abstract

The increasing number of HIV-AIDS cases in 2013 has concerned local government, NGOs and people in Malang. Volunteers are the backbone of the process of preventing the spread of HIV-AIDS. The method they use is *Behavior Change Communication* (BCC) Program, a strategy for convincing people living with HIV-AIDS (PLHIV) and most-at-risk populations (MARP) into engaging in safe-sex practices. The purpose of BCC is to decrease and prevent HIV-AIDS incidence in Malang.

As actors in BCC Program, volunteers need skills to persuade people living with HIV-AIDS (PLHIV) and most-at-risk populations (MARP) to have safe-sex. Hence, the objective of this research is to identify and evaluate capacity building strategies for volunteers and institutions through workshops, periodic meetings, mass media campaigns and implementation of BCC Program. Both quantitative and qualitative methods were employed.

This research shows that capacity building for volunteers is carried out during recruitment and throughout the Program. Capacity building is conducted by many institutions: NGOs, foundations and government. Besides, BCC has proven to be effective in preventing HIV-AIDS among target groups.

Keywords: Capacity Building; BCC; model; HIV-AIDS



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A. Introduction

This research focuses on HIV-AIDS, a disease that has become a major problem in the world. The first case of HIV-AIDS in Indonesia was diagnosed in 1987. Until March 2009, the number rose to 23.632 cases (Tangkas, 2009). According to the Department of Health, in 2012, 21.511 people were infected with HIV and 5.686 people developed AIDS (Detik.com, 2013). In 2013, the proportion of cases increased 25% (Merdeka.com, 5 February 2013). If people are not aware of HIV-AIDS, it is likely that the infection will continue to spread.

Moreover, Papua is not the province with more cases of HIV-AIDS, but has the highest prevalence rate in Indonesia. In Fact, currently Jakarta is in absolute number of cases with 2.810, followed by East Java with 2.753 and then Papua with 2.605 cases. Malang, East Java, has registered 1.035 cases in 2009; men accounted for 74.5% and women for 25.5%¹. HIV-AIDS prevention in East Java has been conducted by local NGOs that cooperate with initiatives from the local government and overseas. Particularly in Malang, HIV-AIDS prevention program exists since 2009, when Malang registered 900 cases².

The capacity of volunteers is an important factor for the success and effectiveness of the social campaign to prevent the transmission of HIV. Therefore, institutions at local, national and international level provide workshops, counseling, and communication skills training for volunteers.

This research has purpose to examine how volunteers are capacitated to use BCC tool. Both quantitative and qualitative methods are employed. Moreover, this research aims to synthesize an effective model for capacity building.

B. Research Problem

1. How strategies to improve the capacity of volunteers help the implementation of BCC tool?
2. How effective is BCC tool to persuade people living with HIV-AIDS (PLHIV) and most-at-risk populations (MARP) into safe-sex practices in Malang?
3. What is the ideal model of capacity building for volunteers?

C. Literature Review

Communication Strategy

Communication strategy involves planning and management for a purpose. According to Harold D. Lasswell, communication strategy considers "Who (says) What (to) Whom (in) What Channel (with) What Effect". From this definition, communication strategy is expected to enlarge information, accomplish persuasion, and conduct instruction.

Persuasive communication is expected to influence cognitive, affective, and behavioural changes. In this process, interpersonal communication happens through face-to-face interaction and other means, involving verbal and non verbal exchanges, direct response, dinamism and persuasion (Defito, 2007).

Social marketing

Social marketing is a program for design, implementation, and control with the purpose of increasing acceptance of certain ideas or behaviors within a group (Kotler and Roberto, 1989: 23). In addition, Kotler affirms that social marketing is a strategy to change people or group behavior by combining the following basic elements: planning, action, communication technology and marketing capacity (Kotler and Roberto, 1989: 24).

P. Kotler and G. Zaltman (1997: 48) assert that Social marketing is the design, implementation and control of a calculated intervention to influence the acceptability of social ideas. It involves product planning, pricing, communication, distribution, and marketing research. Furthermore, it can be said that social marketing is a new approach for disseminating social ideas or programs to change particular behavior. Social marketing means that the organization (government or private) must give attention to the social welfare when they want to reach the goal. Social marketing sells products and behavior related to the desires of society.

¹ Dept of Health of Malang City, 2009

² Non Government Organization of Paramitra in East Java, 2009

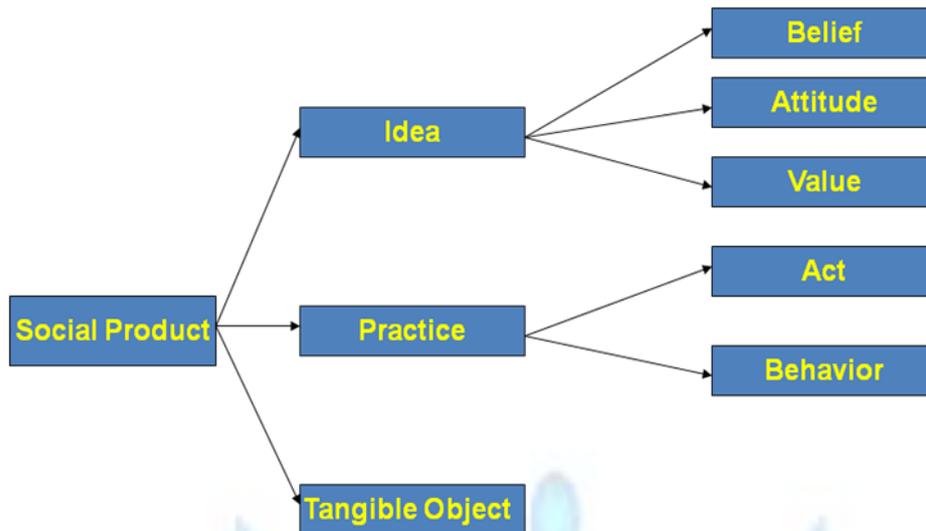


Figure 1: Marketing of Social Product

The main targets of social marketing are individuals, groups and population. As consumers of the product campaign, they can be referred as adopters. Meanwhile, the factors that influence capacity building are experience, performance, and information from mass media.

Behavior Change Communication (BCC)

BCC is an interactive process that involves the whole society. BCC program has the following stages:

- Awareness, preparedness, practice, and maintenance of new behavior.
- Developing messages and approach designed specifically to the adopter group.
- Utilize various communication mechanisms.
- Building positive behavior.
- Promoting and perpetuating the best behavior for individuals in society.

Capacity Building

Capacity building is an effort to empower community based on structure of values, priority of need, and organising the population to conduct the program by itself. Syahyuti explains that “capacity building is strengthening people’s capacity to determine their own values and priorities, and to organise themselves to act on these”. It is developed “... to enhance the capability of people and institutions sustainably to improve their competence and problem-solving capacities”. GTZ assert that capacity building is conceived as a cyclical process that mirrors a strategic planning process, for example: analysis, planning, implementation and evaluation of capacity building interventions³.

D. Methodology

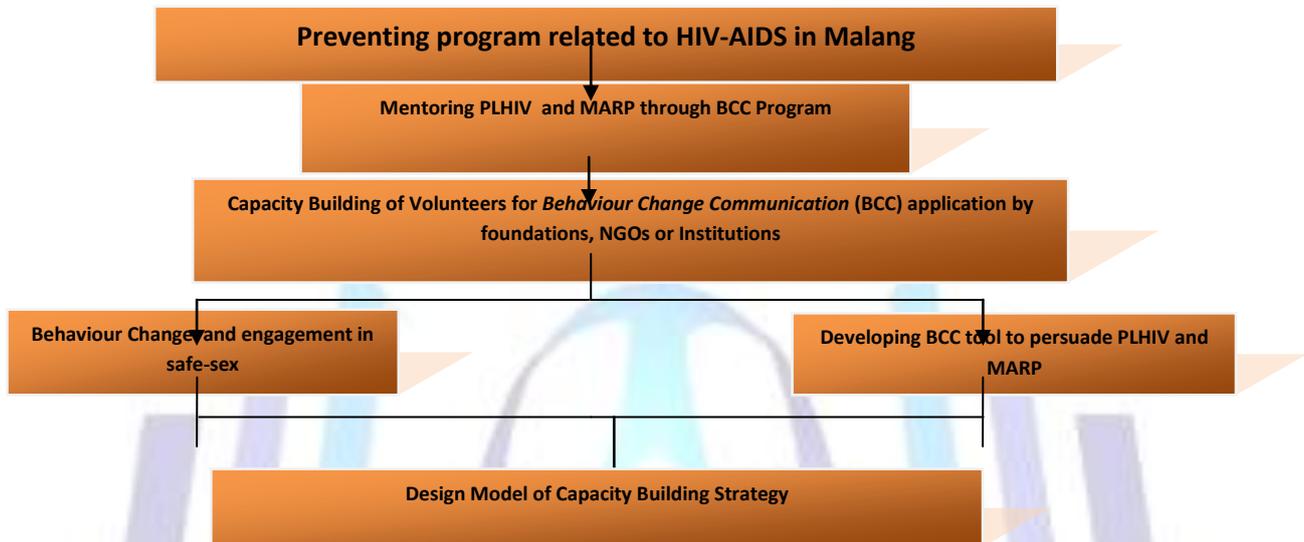
This research uses mixed methods: quantitative and qualitative. Quantitative method is employed to examine the effectiveness of BCC by using Kendall correlation. Qualitative method is applied to investigate the meaning of attitudes, values and beliefs from participants to the model of capacity building for BCC.

This study examines adopter groups in three areas: Malang city, Malang regency and Batu city. Participants in this study are people living with HIV-AIDS (PLHIV) and most-at-risk populations (MARP) assisted by the following institutions: The NGO of Paramitra East Java, Wamarapa, Sadar hati and Igama.

³ GTZ, 2008, Guidelines on Capacity Building in the Regions Module B: *Methods and Instruments for the Capacity Building Cycle („Toolkit“)*, GTZ, pp.10

The methods of data collection are in-depth interview, Focus Group Discussion (FGD) and questionnaires. Other methods include documentation, research reports and newsletters. The method for analyzing qualitative data is recursive or iterative process, in which the researcher collect, analyze, and interpret data during fieldwork (Hesse-Biber & Leavy, 2006; Willis, 2007). Furthermore, the method of analysis for qualitative data is triangulation. The effectiveness of BCC tool will be measured with Kendall correlation; the scale of data is ordinal.

Figure 2
The Design of Research



E. Findings and Discussion

Capacity Building Strategy for Volunteers

Volunteers are enlisted through internal and open recruitment by institutions concerned with the prevention of HIV-AIDS. Most volunteers come from PLHIV and MARP community. Securing the group from outsiders is a specific characteristic of the adopter group.

Volunteers are provided tutorial and workshop before reaching the adopter group. Foundations, local institutions or NGOs provide the material. This workshop is very useful for campaign process and social marketing. The capacitation of volunteers is conducted by local institutions in East Java: IGAMA, WAMARAPA, SADAR HATI, and YAYASAN PARAMITRA, as well as international foundations such as USAID, GLOBAL FUND, AUSAID, HIVOS.

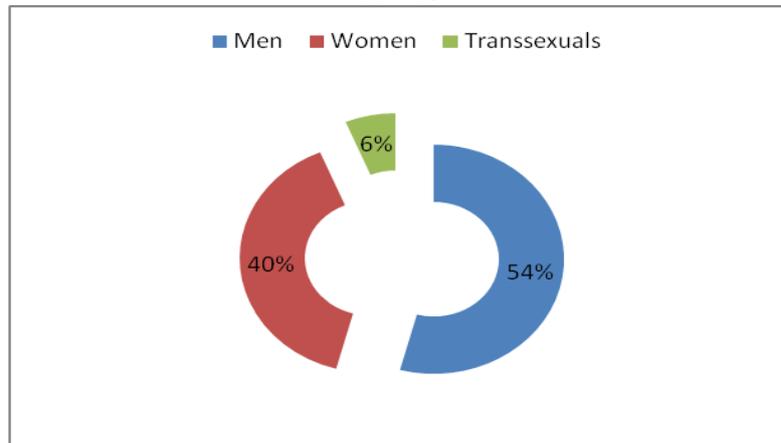
However, volunteers face obstacles related to the implementation of BCC, for example: communication capability, need for different campaign strategies for rural and urban communities, limitations to campaign strategy from local culture. This research shows that the success of volunteers in implementing BBC tool is influenced by the place of residence of the adopter group, educational background, access to HIV-AIDS media campaigns, knowledge and information about HIV-AIDS, economic background and the intensity and capability of volunteers. In urban environments, there was a significant improvement in HIV-AIDS risk awareness comparing to previous years.

Level of Effectiveness – BCC Tool

Participants in this research were 48 respondents from MARP group: 6% transsexuals, 40% women and 54% men. All of them belong to the adopter group from some institution or NGOs in Malang that uses BCC tool.



Figure 3
Sex of Respondents
N = 48



Source: Questioner

Table 1 shows that information related to HIV-AIDS is fairly provided by volunteers: above 80% respondents asserted that all the information about STDs, HIV-AIDS, condom, health facilities, VCT and the place of VCT were presented by volunteers in a clear and understandable way. This situation suggests that BCC tool has been effective and the majority of respondents understands how HIV-AIDS is transmitted. The volunteers use materials to deliver information including posters, small guidance book, sticker, VCD, condom, and T-shirt.

Table 1
Information provided by volunteers
N = 48

Information	1	2	3	4	Total
1. STD (Sexually Transmitted Diseases)	4,2	2,1	2,1	91,7	100
2. HIV-AIDS	0		8,3		100
3. Condom	0	2,1	4,2	89,6	100
4. Health facilities	0	2,1	14,6	93,8	100
5. Voluntary Counseling Test (VCT)	0	2,1	8,5	83,3	100
6. The place of VCT	4,2	1		3	100
7. Others (Human rights, community etc.)	89,5	2,1	10,4	89,4	100
			2,1		
		2,1		87,0	
		0		8,4	

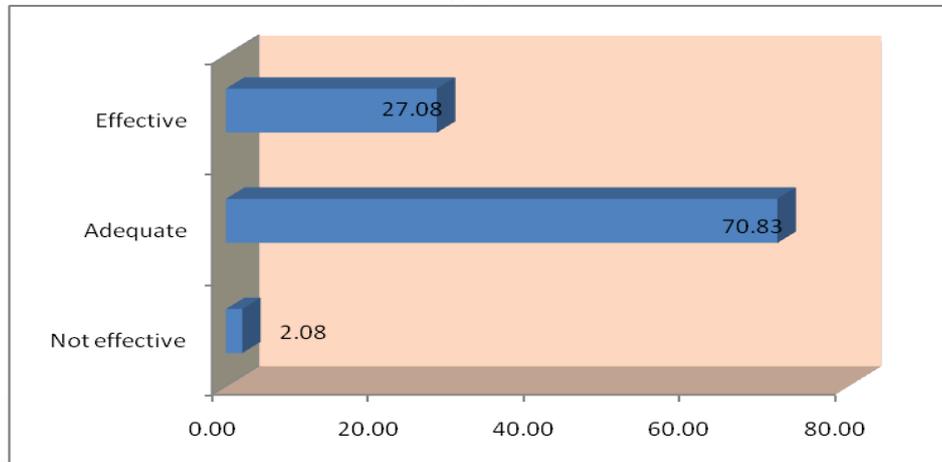
Source: Questionnaire P.6

Notes: 1. No; 2. Yes, but not clear; 3. Yes, but less clear; 4. Yes, clear



Concerning the effectiveness of BCC tool, 70.83% respondents consider it adequate and only 2.08% said it is not effective. Hence, volunteer's skills still need to be improved to construct effective communication with MARP group. As a result, people at high-risk of HIV-AIDS will have a better understanding of the information provided by volunteers.

Figure 4
The level of effectiveness of BCC tool
N=48



Source: Questionnaire

The changing of attitudes and behavior of MARP

Before the volunteers provided information related to HIV-AIDS, the respondents were less aware of the risk HIV-AIDS. This situation is related to the education background of respondents about middle level. After some volunteers provide information through BCC tool, respondents said they have changed attitudes and behavior, particularly related to safe-sex and keeping their physical condition as can be seen at table 2.

Table 2
Changing of attitude and behavior of MARP after information from volunteers
N = 48

Changing of attitude and behavior	1.No	2. Yes, sometimes	3. Yes, always	Total
1. Keep physical condition		10,4	89,6	100
2. Use condom	8,3	37,5	62,5	100
3. Check up about HIV-AIDS		29,2	62,5	100
4. Not use antibiotic medicine assumed to prevent HIV-AIDS	31,2	14,6	54,2	100

Source: Questioner P.21

To examine the correlation between the effectiveness of BCC tool and changing of attitudes and behavior, this research uses Kendall correlation. The scale of the data is ordinal. Table 3 demonstrates that the correlation between the effectiveness of BCC tool and changing of attitude and behavior of MARP is 0.053. The alpha was set at 0.1, which means the null hypothesis (H0) is rejected. In other words, there is correlation between the effectiveness of BCC tool and changing attitude and behavior of MARP in alpha 0.1.

Table 3
Kendall Correlations



			Level of Effectiveness	Change of Behavior
Kendall's tau_b	Level of Effectiveness	Correlation Coefficient	1.000	.253
		Sig. (2-tailed)	.	.053
		N	48	48
	Change of Behavior	Correlation Coefficient	.253	1.000
		Sig. (2-tailed)	.053	.
		N	48	48

F. Conclusion

1. The obstacles related to the implementation BCC tool are communication capability, need for different campaign strategies for rural and urban communities and limitations to campaign strategy form local culture.
2. Improving quality and capability of volunteers has been the aproach of institutions or NGOs in HIV-AIDS prevention. Volunteers are recruited from MARP groups and subjected to capacity building before meeting with the adopter group.
3. Increasing HIV-AIDS risk awareness produce the effect of changing attitudes and behavior toward safe-sex practices. Transsexuals and women who work in prostitution seem to have started to refuse costumers who do not wish to use condom. These outcomes are expected tp reduce HIV-AIDS incidence in Malang.
4. The effectiveness of BCC tool can be demonstrated by the increase of awareness from adopters group.
5. Statistic test with Kendall correlation shows that there is correlation between the effectiveness of BCC tool and changing of attitude and behavior of MARP.

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