

An assessment of community readiness for HIV/AIDS prevention interventions in rural Bangladesh

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Objective: To measure the readiness of various community groups in Bangladesh to adopt HIV prevention activities for young people.

Methods: A survey of diversified community group members and youth was conducted in 3 rural areas, using group discussions, in-depth interviews, key informant interviews, and vignettes.

Results: Community groups are generally homogeneous with respect to their stage of readiness to change, with most at the pre-planning stage.

Conclusion: Communities are not well prepared to work with HIV/AIDS prevention messages. We need to work with communities and their representative groups to better prepare them for HIV prevention and to encourage their active participation in HIV/AIDS prevention.

Key Terms

Gatekeepers: policy makers, religious and community leaders, teachers and parents who maintain religious, cultural and social norms, and wield strong influence on societal behaviour. **Union parishad:** development committee.

The issue

Given its relatively conservative religious and cultural norms, Bangladeshi society is expected to resist the introduction of HIV/AIDS prevention messages addressing sexual behaviour and the use of condoms. Community groups such as religious leaders, teachers, health professionals, and union parishads have together created a consensus about prescriptive norms of sexuality for youth, including that unmarried youth should not be able to purchase or access condoms and schools should not discuss sexuality. Consequently, health professionals are aware that beginning HIV prevention activities for youth will require a working partnership with these groups at the community level.

By 2009, the GFATM project in Bangladesh aims for improved commitment and support from policy makers, religious and community leaders, parents and teachers for programmes to prevent young people getting infected with HIV. Strategies that are in varied stages of implementation include mass media awareness campaigns, school health education, youth friendly health services, sensitization of community leaders and condom promotion campaigns. Advocacy with gatekeepers can create an enabling environment for youth to adopt safe behaviour. This study assessed how ready various community organizations and local stakeholders are currently to begin facilitating HIV prevention activities.

The research

Internationally researchers have been examining the role of communities and their influence on the prevention of high-risk youth behaviours. Studies have found that communities can have a profound, positive influence on prevention outcomes, but only if they are ready. The stages of readiness of a community organization to act on behalf of HIV prevention include awareness of the country's vulnerability, knowledge of transmission and prevention, planning to act, preparation to act, and initiation of activities.

To measure the readiness of various community groups, both members and key informants of these groups were interviewed and rated for their activities at each stage. The questions were designed to elicit information about how each community group was understanding and acting on information about the imminent HIV epidemic as it may affect youth in Bangladesh. Included were questions on HIV/AIDS awareness and its spread, the HIV pandemic, the country situation, perception of youth risk-taking behaviour as a problem in the community, ownership of the problem, awareness of prevention methods, organizational responses to HIV, and actual community-based activities, such as a prevention plan, working strategies, action taken, and networks among groups and external relations. Attitudes towards specific preventive strategies, such as mass media messages and condom access for youth, were assessed. Finally, with the help of vignettes and in-depth interviews, youth discussed their own perceptions of community barriers to prevention strategies. It is anticipated that these results will form the foundation for more effective community and public health partnerships and in the end, more effective HIV/AIDS prevention efforts.

The descriptive study used a multi-method, multi-informant approach. Qualitative and quantitative methods were applied to collect information from members of community groups, key informants and youth in rural settings of Bangladesh. Data collection was initiated in April 2005 and ended in December 2005.

Stages of Community Readiness

1. Awareness/vulnerability
2. Transmission knowledge
3. Prevention knowledge
4. Pre-planning
5. Planning
6. Implementation
7. Stabilization

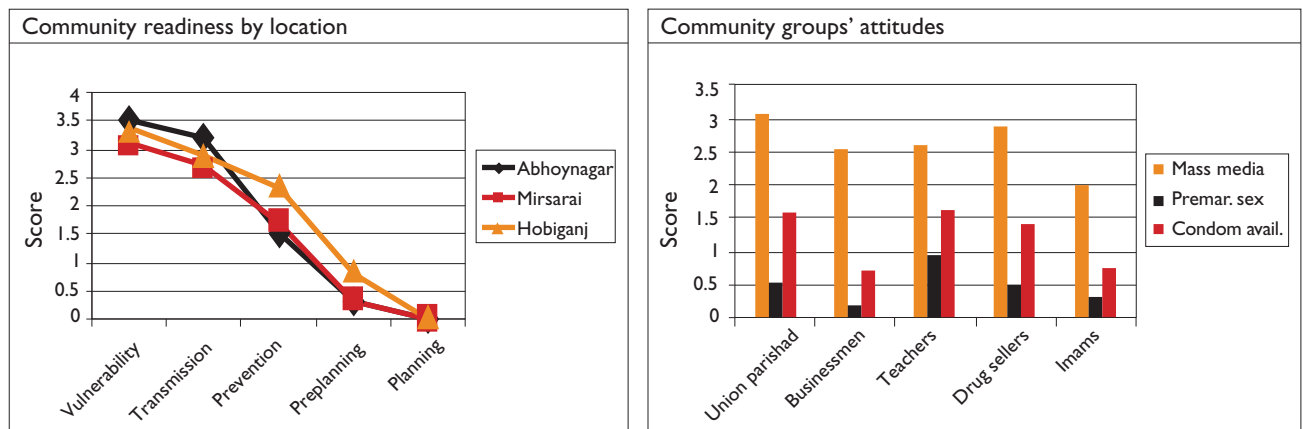
A survey of diversified community groups was conducted to assess how ready they are to facilitate HIV preventive activities, including:

- teachers
- religious leaders (imams)
- union parishad members.
- businessmen
- drug vendors

Group discussions, in-depth interviews, key informant interviews, and vignettes were conducted.

Key results

Community readiness amongst the different groups was overall remarkably similar, with some small variations by type. With the exception of imams, community groups were quite supportive of mass media HIV/AIDS awareness campaigns. The groups' attitudes were much more uniformly intolerant of premarital sexuality or condom availability. Nearly all groups recognized that condoms could prevent HIV infection and save lives. Nonetheless, acceptance of condom availability for unmarried youth was uniformly low: making condoms available was viewed as encouraging premarital sex. Drug sellers, who have a pivotal role in HIV prevention, were particularly not ready to accept prevention messages. None of the organizations interviewed had begun serious preparation for HIV prevention by taking decisions or identifying resources, and no activities had been initiated.



Key messages

Levels of knowledge are high in the community groups, as is agreement on the existence of the problem but preparation for HIV prevention programming is absent. Tacit agreement underpins these positions, but the groups have not yet organized meetings or formed any kind of coalition or cohesive approach with each other to openly discuss their knowledge or opinions. Strategies to overcome barriers to community-wide communication and to prepare for preventive activities are now needed. Building community cohesion among groups for a mass media strategy could be the first step. Stronger communication needs to be fostered between these groups, leadership initiatives need to be encouraged, and input provided for groups to start planning and participating in HIV prevention activities.

1. Communities are not prepared for meaningful prevention messages.
2. We need to work with communities/groups to better prepare them for HIV prevention messages.
3. Community readiness must be promoted, otherwise HIV prevention messages for young people in Bangladesh will be opposed.

Further information

ICDDR,B
www.icddrb.org
 GFATM Bangladesh
www.bdnasp.net/gfatm_project.htm
 National AIDS/STD Programme (Bangladesh)
www.bdnasp.net

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