Making clear messages

**Materials developed with the people you work with are most likely to be successful.**

**W**HATEVER HEALTH education activities you do, well chosen and properly used materials can help you do it better. For example, if you are teaching people about how the body works, a flipchart can make it easier to explain. If you are having a group discussion about sexuality, flashcards and games can help to stimulate discussion. If you are teaching people how to use a condom, they will learn better by touching real condoms and practising putting them on a model, such as a bottle.

How do you decide what you need, and how do you develop and use it? The key is to link the materials to your overall plan. Think about what you are trying to achieve. Do you need to convey simple facts or complicated information, develop problem-solving or practical skills, or promote changes in attitudes and behaviour? Who are you trying to reach? Once you know this, you can decide what activities to use and what materials you need to support these activities.

People usually learn more from doing something themselves than by watching someone else or reading about it. Materials that are produced by the people you are working with, or that can be used by them, are most likely to be successful.

This 16-page issue of AIDS Action provides suggestions on how to develop materials to support education about sensitive issues around HIV and sexual health. It offers ideas and examples of how some organisations have used different methods, and suggests where to get further information.

This issue also celebrates our 21st birthday. Healthlink Worldwide (formerly AHRTAG) has been working since 1977 to tackle the causes of ill health through practical and appropriate information. We thank all our readers for their support over the past 21 years and encourage you to continue to keep in touch.

**Contents**

2 What works best?
3 Planning and pre-testing
4 Leaflets
5 Adapting materials
6 Writing
7 Visual aids
8 Posters
10 Drawing
11 Cartoons
12 Games and models
13 Puppets
14 Video and film
15 Using the media

AHRTAG has a new name: Healthlink Worldwide. The new name highlights the organisation's focus on health worldwide and describes its way of working: linking information and health workers, linking partners, linking policy and practice.
ASK YOURSELF these questions to help you select or prepare materials.

Who is your audience? Just as one shoe cannot fit all feet, the same materials do not suit everyone. It is important to know the particular needs of your target group before choosing or producing materials. Are your audience young or old, women or men, men who have sex with men, rural or urban, able to read or not?

What do you hope to achieve? What materials will help you accomplish your goal? You need to match the needs of your target group with your own objectives.

Is the language appropriate? Is it clear, or is it filled with complicated, technical words?

Are the illustrations appropriate? Are they clear? Will the target group identify with the images? For example, a poster showing tall, concrete buildings will not be suitable for a rural audience.

Does it look good and grab your attention? Is the design and colour attractive? Materials that look appealing are more likely to raise interest. Materials that involve the target group are more likely to be understood and remembered.

Does it avoid labelling people? Avoid images that can mislead or discriminate. For example, posters showing women in short skirts as the source of HIV can lead to unfair discrimination against women who wear modern clothes. Illustrations showing people with HIV looking thin and ill can make people believe that all people with HIV are sick.

Does it avoid messages based on fear? Many HIV materials contain negative messages such as 'AIDS kills!' to try to scare people into changing their behaviour. However, fear-based messages do not motivate people to change. Positive messages that encourage good health in practical ways are more likely to bring results. For example: 'Using condoms means that you care for your own and your partner’s health’ is better than: ‘Being unfaithful means death’.

Does it avoid preaching and moralising? Being told: ‘You should not do this’ can make people feel guilty and less open to discussion. For example, condemning sex before marriage can discourage young people from being open about the fact that they are having sex, and can put them off seeking help to protect themselves and their partners. The best materials provide clear information in a respectful way, and enable people to make their own decisions.

Does it build up skills and make people feel confident? Information alone is not enough to bring about healthy practices. For example, it is not enough for someone to know how and why to use a condom if they feel unable to convince their partner to use condoms consistently?

Does it help to build up supportive environments? Individuals can achieve a lot, but much more can be done in an environment where other people are promoting the same messages, or working to improve legislation or health services.

With thanks to Rakesh Rajani, kuleana, Tanzania.

What works best?

What materials will be appropriate for your work? The questions on this page highlight some key principles.

What materials will be appropriate for your work? The questions on this page highlight some key principles.

Have you got a sexually transmitted disease?

It can be treated!

Suit the materials to the audience. These posters carry the same message, but one is for people in rural areas and one is for people in cities.

WHAT MATERIALS DO YOU NEED?

Imagine you are opening a new clinic specialising in sexually transmitted infections (STIs). What materials would be useful? They could include:

- posters announcing the clinic’s location and opening hours
- local radio or newspaper advertisements, reaching a wider audience
- local radio or newspaper interviews, discussing the importance of detecting and treating STIs, which might encourage more people to visit the clinic
- posters for the clinic walls, with simple messages about preventing STIs
- leaflets for people to pick up or be given at the clinic, with information about symptoms, prevention and treatment
- factsheets for community health workers, with more detailed information
- training aids such as flipcharts or flashcards for health educators working with groups.
Getting it right

Whatever materials you produce, the key steps remain the same.

Careful planning is important. You need to ask yourself:
• Who are the audience?
  What is their existing knowledge of the subject?
  What is their literacy level?
  What activity is the material supporting?
  What do you hope to achieve?
  How will the material be used?
• What is the main message you want to get across?
  What information do you need to include?
  How will you obtain it?
• What is happening in your area that might affect how your message is understood?
• What language is appropriate?
  What illustrations are appropriate?
• Is existing material available?
  Can you use or adapt it?
  How will the material be distributed?
• What equipment will be needed?
  What staff and skills are required?
  How much will it cost?
  How will it be funded?
• How long will it take to produce and distribute?
  List all activities and work out a realistic schedule. Consult colleagues for ideas and check that the material is accurate.

Pre-testing
Pre-testing means asking some of the target audience what they think of the material before it is produced in its final form, to ensure that it will attract attention, be correctly understood, and be acceptable and relevant. Pre-testing is especially important for materials such as posters, when the message has to stand on its own and there is no opportunity to explain what it means.

The simplest method is to carry out individual interviews, using a questionnaire. Decide what you need to find out, then list questions. For example:
1. What does this picture show?
   What is happening in this picture? (Point to different parts of the picture if necessary.)
2. What does the picture mean? Is it telling you anything? If yes, what?
3. What do you like or dislike about it?
4. Is there anything in the picture which is unclear? If yes, what?
5. What would you change to make it more easily understood?
6. What would you change to make it more acceptable?
7. Is there anything missing from the text? Then look at the text, if any.

Do this separately, for example, by covering up the words on the picture.
8. What do these words mean to you?
9. Do the words match the picture? If not, ask what words would be better, or what the picture should look like to match the words.

Pre-test with people who are the least likely to understand the material and most likely to benefit from it. Ask them in advance for permission. Explain that you are asking their opinion, not testing their knowledge. Do not test more than ten pictures at a time.

The number of people you pre-test material with depends on how soon a consistent response emerges. As a rough guide, if three-quarters or more like and understand it, you need only make a few changes. Note which comments and suggestions are repeated frequently. Use these to decide what changes to make.

With thanks to Linda Ncube, Information Officer, Matabele AIDS Council, PO Box 1280, Bulawayo, Zimbabwe.

Other sources: 'How to make and use visual aids', 'Communicating Health' (see page 16).

Feedback
Plan some time to evaluate the effect the material has on your audience. Keep notes of any comments, letters or enquiries that you receive about it. Also measure the impact with methods such as focus group discussions and questionnaires. A focus group discussion involves talking about a particular topic in detail with a small group. A questionnaire can obtain less detailed feedback from more people.

For example, to find out how effective a wallchart has been for teaching student nurses about HIV transmission, you could ask students whether they have seen the wallchart, how they have used it, and whether they have any ideas for improving it. Evaluation results are useful not simply to review a project, but to guide its future development.
Key facts

Leaflets about HIV and sexual health are a good way of providing simple facts and local information.

Leaflets are useful for giving out after a talk or counselling session, leaving in places such as clinics, sending out in response to enquiries, or describing the services offered by your organisation. Leaflets can be helpful for providing information about sensitive subjects such as sexually transmitted infections, which people might be too embarrassed to ask about.

If your organisation receives a lot of enquiries, you might find it useful to produce a leaflet or series of factsheets containing answers to the most frequently asked questions. For example, the information programme of the Matabeleland AIDS Council (MAC) in Zimbabwe, which supports staff, resource centre users and others, has produced a leaflet to send out in response to enquiries.

The process of producing a leaflet is similar to producing other materials, including careful planning and pre-testing (see pages 2-3). Think about where your leaflet will be seen, and how to make it look attractive, especially if it will be left somewhere for people to pick up. Think about how many leaflets you will need. If you are having them printed, the cost per leaflet usually goes down the more you have printed. However, there is no point ordering more than you need.

It is useful to collect examples of leaflets from across the world. Most organisations are willing to send one free. You will probably be able to produce a leaflet more quickly by basing it on an existing leaflet. It is also a good idea to keep a file of cuttings and ideas from magazines of layouts and designs that you may want to use.

Remember to include the name and address of your organisation on the leaflet and who to contact for more information.

Commissioning
You may need to commission work from writers, designers, illustrators or photographers. It can be useful to consult a professional designer, who can open your mind to new ideas. If your budget is low, you could commission a design student from college.

The following are tips on commissioning illustrations, but can also be applied to commissioning other work. Look at the work of several illustrators. Choose an illustrator who is good at doing the sort of work you want. Discuss what you need. Provide written instructions including: timescale, payment, how and when to pay, what the payment covers, what the illustration is for, who the target audience is, what reference materials you will provide (photos or drawings to base an illustration on), what you want the illustrator to provide (usually a rough drawing before producing the final artwork), size, colour, copyright arrangements (usually, the illustrator owns the illustration unless agreed otherwise).

Remember to pay the illustrator on time, return any materials as agreed, send the illustrator a copy of the material, and, if you are pleased, tell them!

Printing
To choose a printer, try to visit several to see what they can offer. Ask them to estimate a price. You will need to tell them the number of copies, size (page area), number of pages, whether the material is to be printed in black and white or colour, type of paper or card, what you will supply (such as artwork or computer disk), how many photos or illustrations they will need to process, what sort of proofs you want to see, and how to bind, pack and deliver the material.

Choose a printer not only for a good price, but also for good service. It is important to have a good relationship with your printer. Discuss with them what you want the material to do and what image you want to portray, so that they do a good job and are proud to be associated with your project.

With thanks to Linda Ncube, Information Officer, Matabele AIDS Council, PO Box 1280, Bulawayo, Zimbabwe.

Leaflets about HIV and sexual health are a good way of providing simple facts and local information. 

Leaflets produced by the Matabeleland AIDS Council are sent out in response to enquiries.
Exchanging ideas

A regional youth education programme in Asia has produced several versions of a training manual for different countries.

A training manual on reproductive health is a key tool in the HIV/AIDS youth peer education programme of the Asian Red Cross and Red Crescent AIDS Task Force (ART). The programme developed different versions of the manual for use in countries such as Cambodia, China, Laos and Vietnam, with support from the Australian Red Cross.

Young people participated in the project from the beginning. They worked with ART project staff to develop a common outline for all editions of the manual, covering:

- sexual health and reproduction
- personal development
- support from friends
- gender relations
- HIV/AIDS
- other youth health issues
- factors affecting risk behaviour.

Each country programme took responsibility for drafting the manual for their country. Teams of young people and project staff produced first drafts based on the common outline. They mainly ‘cut and pasted’ material from existing Red Cross materials.

Two young people from each country then attended a regional workshop, hosted by ART, to develop skills in producing and using a training manual. The first drafts were sent to the ART secretariat for feedback. They were also shared among the different teams. This was an important step, as some countries that had not addressed sensitive issues such as masturbation, bisexuality and homosexuality were encouraged to do so after seeing the drafts from other countries.

The working groups then revised the drafts. They pre-tested the revised drafts with young people. Illustrations were then added. The illustrations, title and cover design were also pre-tested. In some countries, government approval was required before the manuals could be printed.

Reflecting needs

Each edition of the manual reflects both the aims of the regional programme and the needs of individual countries. For example, the ‘HIV/AIDS risk game’, has been adapted in different ways. In the original version (from the Jamaica Red Cross peer education manual, Together we can), workshop participants are asked to place flashcards (cards with brief text or pictures) under one of three headings: ‘high risk’, ‘some risk’, ‘no risk’. However, ‘some risk’ does not translate well into Vietnamese, so in the Vietnamese edition, ‘some risk’ has been replaced by ‘depends on...’ In the Cambodian edition, illustrated flashcards have been developed to suit people who cannot read. In both Vietnam and Cambodia, statements correcting local myths about HIV transmission have been included on the flashcards.

Angela Savage, former Coordinator, Australian Red Cross Greater Mekong Sub-regional HIV/AIDS Network (ARC/SAN), Apt 6, 39 Soi Prachanimit, Pradipat Road, Phayathai, 10400 Bangkok, Thailand.

A PRACTICAL CHECKLIST

The following lessons were learnt during the project:

✓ Involve young people from the beginning.
✓ Ensure that equal numbers of young women and men participate, and that all team members understand the importance of gender sensitivity (reflecting the different experiences of young women and men).
✓ Ensure that youth participants are representative of youth in the community (they include students, workers and unemployed youth) and adult team members are ‘youth-friendly’.
✓ Develop good relationships with officials who can assist in having material approved for publication.
✓ Pre-test for both language and content: even when the language describing an activity is appropriate, the activity may not ‘work’ in practice.
✓ Consult other agencies to ensure consistency of key messages; this also makes other agencies more likely to use the materials that you are producing.
✓ Look at examples of materials produced in other countries in the region.
✓ If working in English and the local language, employ two translators – one a native speaker of the local language and one a native English speaker.
✓ Pre-test illustrations, title and cover.
✓ Regularly make back-up disks of all work.
✓ Check what software your printer uses before doing layout.
✓ Launch the completed materials: invite supporters of the programme and media representatives and ask the young people to give presentations on their experience.
Good writing means attracting readers’ interest, making your meaning clear, and being accurate. Think about who you are writing for. What do they already know about the subject? Think about the message you want to convey. What is the simplest way of doing this? Think about the material that you are writing for. How many words will fit?

It is a good idea to ask someone else to read your text before you finalise it. Ask them if there are things that are not clear.

The number one rule is: write clearly and simply. Do not use unnecessary words. For example: ‘an adequate number of’ = ‘enough’, ‘the southern half of the African continent’ = ‘southern Africa’.

Use simple language, not ‘bigger’ words that mean the same thing. Use ‘try’, not ‘endeavour’; ‘between’, not ‘interspersed’.

Write short, straightforward sentences. Break up longer sentences. For example: ‘Even families from low-income groups who do not have access to expensive sources of protein can, with careful planning, obtain a nutritious diet which will obviate the need for purchasing supplemental vitamins.’ = ‘Families do not need to have a lot of money to eat well. It is much better to plan nutritious meals than to buy unnecessary vitamin tablets.’ Vary the sentence length to keep the writing interesting.

If you are writing an article, grab your readers’ interest with an interesting beginning. For example, think of a more interesting way to say ‘The 47th World Health Assembly of the WHO launched a global initiative to...’

If you are describing an event, put the most important facts first. Answer the five Ws and one H: who, what, where, when, why and how.

Add interest by using personal stories and real-life examples.

Avoid a lot of numbers or statistics, unless you are writing a very technical report. Most readers cannot take in more than two statistics per article. For example: ‘48.7 per cent’ = ‘about half’, ‘495,000’ = ‘about half a million’ or ‘about 500,000’.

Avoid jargon and explain any specialist terms, unless you are sure that all your readers will understand it. If you have to use a word that will be unfamiliar to your readers, explain what it means the first time you use it.

Repeat words if necessary to make your meaning clear. For example: ‘Strategies to prevent diarrhoea include drinking boiled water, washing hands frequently with soap, storing food under cover, washing eating and cooking utensils, and disposing of waste properly. The first is best, but is often not possible.’ The first must be clear. It is clearer to write: ‘Drinking boiled water is best, but is often not possible.’

Use active verbs as much as possible. They are clearer than passive verbs. For example: ‘Care should be taken to prevent injuries when handling sharps.’ = ‘Take care to prevent injuries when handling sharps.’

Sources: ‘Simple English is better English’; ‘How to produce a newsletter’.
Wallcharts are pictures or diagrams put up on a wall. They can contain more information than posters, because the trainer is there to explain.

Flashcards are series of cards, showing pictures or words, which are shown to a group to stimulate discussion.

Flipcharts are large sheets of paper which are turned over one at a time to illustrate key points or stimulate discussion.

Other visual aids include Flannelgraphs (pictures on cloth), slides and overhead projector transparencies.

What pictures can do

- Convey visual information (e.g., what a latrine looks like)
- Show something people cannot see in real life (e.g., internal organs)
- Provide a substitute for the real thing if it is difficult to obtain (e.g., out-of-season food)
- Make difficult ideas easier to understand (e.g., showing steps doing a task)
- Help people remember key points
- Arouse people's interest and gain attention
- Stimulate participatory learning and development of problem-solving skills (e.g., a picture posing a problem for which the group is invited to offer solutions).

Many learning aids contain both words and pictures. However, visual aids can be misunderstood. Wherever possible, use the real thing. Do not show a picture of a condom if you can show a real one. If you cannot show the real thing, try to use a model. A model might be easier to understand than a picture. If you use a picture, be certain that it will be understood. Make visual aids as lifelike and natural as possible.

Before using visual aids, ask yourself:

- Will the visual aid help or hinder people's understanding? Pictures can be more powerful than words, but they can be misunderstood. Use pictures or symbols that your target audiences will understand.
- What text is suitable? Which language or dialect? What words? Choose simple words and phrases. Write in the group's own language. Do not have the words translated, because the translation might not convey the meaning that you had intended.
- What social, cultural and religious beliefs and practices do you need to take into account?
- Do specific colours have special significance? For example, does red mean danger? Is white traditionally used for mourning?

Making your own

Whenever possible, make your own visual aids. Making your own is less expensive than buying materials or employing someone to make them for you. It means that you can illustrate exactly what you would like to teach. If possible, involve your target group in making the visual aids, rather than making them for them. Use and build on the skills of the group.

Sources: 'Helping health workers learn'; 'Communicating health'; 'How to make and use visual aids'.

Pictures for learning

Pictures can be useful learning aids, if they are well chosen and used in a way that the audience will understand.

Flashcards stimulate discussion about sexual health and help people remember key points.
Attracting attention

Posters are useful for announcing events, reinforcing a message conveyed through other media such as radio or face-to-face discussions, and providing a talking point for discussion.

Good posters have simple messages and do not try to say too much. They need to be clear enough to be understood on their own, with a single focus of attention. They need to be eye-catching, with a striking picture, bright colours or interesting content.

Posters need to be displayed where your target audience will see them. For example, if you only display them in health centres, people who do not visit health centres will not see them. Think about who your target audience is — young people, men, pregnant women, long-distance drivers, soldiers — and the places they go. Do not leave the same poster up for too long as people will become familiar with it and stop noticing it.

You may decide to produce your own poster, commission someone else, or develop a poster as part of a group activity. Posters need to be carefully planned and pre-tested (see page 3).

Pictures and text

Try to make figures and objects stand out clearly from the background. Colour can help to do this. Make sure that images and symbols will be easily understood.

Neat lettering is important. Plan what you are going to write and make sure that it will fit the space. Use mostly lower case (small) letters. They are easier to read than upper case (capital) letters. Try to find some lettering that you like and make stencils out of strong card. Make sure that all the vertical lines in the letters are parallel (equal distances from each other). Make sure that the height of all capital letters is the same and that the height of all small letters is the same.

Sources: 'Communicating Health'; 'Pictures, People and Power'.
Discussions with a dentist

A dentist describes how he uses posters and leaflets, combined with sympathetic advice, to educate people about HIV.

For the past four years I have put up posters and left leaflets about HIV/AIDS in the waiting rooms and treatment rooms of my dental clinic. However, displaying these materials does not mean that people will read them. I attempt to make people respond to them. For example, while waiting for a local anaesthetic to become effective I might ask someone: ‘Have you read that poster on the wall or that leaflet in your hand? What do you think about it?’ Or I might start the conversation: ‘Look, I keep these materials in the dental clinic because I am very concerned about the AIDS situation in the community. Similarly I am concerned about my patients. So, I am going to ask you…’

Most of the younger clients know how HIV is transmitted and how they can protect themselves. If there is a risk factor, I talk to them about their risky behaviour. They often listen with interest and ask questions.

Sometimes I refer to a poster on the theme, ‘Children living in a world with AIDS’ and ask people what they think about that message. There are two main responses: first, they are sympathetic towards children born with HIV and voice concern about the parents’ sexual behaviour; secondly, they are concerned that parents talk to their older children about injecting drug use and sexual behaviours.

I have noticed that men sometimes pick up pamphlets about pregnancy and AIDS, or women and AIDS, which shows that they are concerned about their sexual partners.

There are some occasions when it may not be desirable to talk about AIDS, such as when someone is about to undergo dental surgery and is feeling nervous. There are also instances when giving out pamphlets may be inappropriate, and you may have to talk instead. Recently, a man sitting on the dental chair told me that he had had unprotected sex with a woman and was suffering painful urination and itching around his penis. He was very afraid that he might have AIDS. I could not just say: ‘I am sorry, I cannot help you, go and see your doctor. Here are some pamphlets’. It was more appropriate to calm him down by listening to him and giving information, and then advise him to seek help from his doctor, or give him details of a responsible agency. We have to be sympathetic and helpful.

On the other hand, there are patients such as a woman who dashed into my treatment room, saying in a loud voice: ‘Do you know the gentleman who just left? People say that he has AIDS. I do not want to sit on that chair.’ We have to compose our feelings and try to give a rational response. Once people calm down, you can show them how you carry out infection control procedures. The woman said: ‘I understand what you say but my mind is not ready to have treatment today.’ A few weeks later she and her family started to use the dental services as before. What a pleasure to see them again!

Dr S Vignarajah, Dental Clinic, Cross Street, PO Box 1428, St Joh’s, Antigua, West Indies.
Producing pictures

You don't have to be an artist, if you follow some basic guidelines about copying and adapting pictures.

If possible, collect drawings that you can use or adapt. Keep them in a file, sorted by subject, such as 'young people' or 'condoms'.

Copying drawings
You may not need to produce your own drawings, if you have access to pictures that you can copy or adapt. You may need permission from the artist or publisher to use them. Permission is often freely given, provided you acknowledge the source.

The easiest way to copy a drawing is to photocopy it. Otherwise you can trace it using tracing paper, carbon paper or a window. Lay tracing paper over the drawing that you want to trace, and draw over the main lines of the drawing with a soft pencil. Turn the tracing paper over and draw over the same lines on the back of the tracing paper. Turn the tracing paper over again and place it the right way up on a sheet of plain paper. Draw over the main lines on the tracing paper, so that the lines on the back of the tracing paper appear on the plain sheet.

To trace a drawing through a window, stick the drawing that you want to trace to a window, so that light from outside shines through the drawing. Hold a sheet of plain paper over the drawing and trace it.

You can use a grid to make a drawing larger or smaller than the original. Draw straight lines across and down the picture so that the picture is covered with squares (grid). Draw a grid with the same number of squares on a sheet of plain paper. To make the drawing twice as large (or small) as the original, make the squares on the plain paper twice as large (or small). Copy what is in each square of the original drawing in the corresponding square of the grid on the plain paper.

Your own drawings
Often the biggest barrier to drawing is lack of confidence. You can develop your confidence by drawing freely on large sheets of paper – cover the paper with scribbles to loosen up your hand and arm. Hold the pencil in different ways to see the different kinds of lines you make. Press hard and then lightly.

Draw some faint lines with a soft pencil (2B–4B). If the lines are not right, draw more lines until they look right. Then draw some darker shapes. Start with simple shapes such as circles, ovals and rectangles. Turn them into objects such as a head (upside-down oval) or building (rectangle).

Use shading to make objects and figures look more three-dimensional. Think about where the light might shine. Shade in dark areas and leave light areas unshaded.

People and faces
The height of an adult is about seven times the height of the head; for a child aged four to five years it is about five times; and for a child aged under two years it is about four times.

Make arms long enough - fingertips normally reach halfway between the hip and knee. Make hands large enough - most people's hands are big enough to cover their face. Make feet big. Adults' feet are at least as long as the distance from the top of the head to the chin. Men's shoulders are usually broader than their hips. Women's hips are usually at least as broad as their shoulders.

The eyes of an adult are slightly less than halfway down the head. The space between the eyes is usually the same as the width of an eye. The nose fits between vertical lines between the eyes. The top of the ears is about level with the eyes and the bottom of the ears is about level with the bottom of the nose.

Sources: People, pictures and power; 'Where there is no artist'.

People and faces

The height of an adult is about seven times the height of the head; for a child aged four to five years it is about five times; and for a child aged under two years it is about four times.

Make arms long enough - fingertips normally reach halfway between the hip and knee. Make hands large enough - most people's hands are big enough to cover their face. Make feet big. Adults' feet are at least as long as the distance from the top of the head to the chin. Men's shoulders are usually broader than their hips. Women's hips are usually at least as broad as their shoulders.

The eyes of an adult are slightly less than halfway down the head. The space between the eyes is usually the same as the width of an eye. The nose fits between vertical lines between the eyes. The top of the ears is about level with the eyes and the bottom of the ears is about level with the bottom of the nose.

Sources: People, pictures and power; 'Where there is no artist'.

People and faces

The height of an adult is about seven times the height of the head; for a child aged four to five years it is about five times; and for a child aged under two years it is about four times.

Make arms long enough - fingertips normally reach halfway between the hip and knee. Make hands large enough - most people's hands are big enough to cover their face. Make feet big. Adults' feet are at least as long as the distance from the top of the head to the chin. Men's shoulders are usually broader than their hips. Women's hips are usually at least as broad as their shoulders.

The eyes of an adult are slightly less than halfway down the head. The space between the eyes is usually the same as the width of an eye. The nose fits between vertical lines between the eyes. The top of the ears is about level with the eyes and the bottom of the ears is about level with the bottom of the nose.

Sources: People, pictures and power; 'Where there is no artist'.
Picture stories

Cartoons, comic strips and photo stories are very popular forms of story telling. They can be useful for stimulating discussion.

If you are working with a group, you could prepare a simple strip cartoon with empty speech bubbles for people to fill in. Participants could use the bubbles to put some of their dilemmas, questions and solutions about HIV into their own words. Try showing the cartoon below to a group of young men and women. You will find that each person will use it to tell a different story.

Photo stories help to raise issues that young people identify with. You could link up with a photographer and ask local people to be the ‘actors’. Remember to make clear that the people represented in the photos are only acting.
Board games such as adapted ‘snakes and ladders’ game are an entertaining way of discussing health issues with children or adults. Certain squares on the board can carry brief statements or questions, or an instruction to pick up a ‘question and answer’ card.

One organisation in Chile made a very large AIDS education board game. The game was put in the middle of a football field and young people jumped about on it.

Models can be made from various materials, such as clay or dough. In Brazil, clay figures are a popular form of communication. A small clay man called Zé Cabra-Macho, based on one of these figures, was used to start discussions about HIV and safer sex among workers on building sites.

A clay model of a building site worker starts discussions on HIV and safer sex.

Photographs of Zé Cabra-Macho, representing a construction worker, showed him having safer sex.

Model penis
HIV education often requires a demonstration of how to put on a condom. For this, a model penis is needed. This need not look like the real thing. Many HIV educators have found that using bananas or other fruits breaks the ice and makes it easier for people to practise putting on condoms. Alternatively, you can use wood, dough, papier mâché models (see page 15) or empty beer bottles.

Reproductive system
Teaching about contraception and safer sex means understanding how the male and female reproductive systems work. Models are often more effective than photographs, because they are three-dimensional.

Health Action Information Network (HAIN), a non-governmental organisation in the Philippines, starts its workshops on reproductive health and family planning with a group activity – making paste models of the reproductive and sexual parts of the body. The activity enables the trainer to find out, in a non-threatening way, how much participants know and how they feel about their bodies and sexuality.

Making paste models encourages creativity and cooperation. Participants and trainers learn from each other as they work. For example, they exchange local words and medical terms for parts of the body. Participants also gain a sense of achievement, as well as a greater appreciation of themselves as sexual beings.

Ced Apilado, Health Action Information Network (HAIN), Philippines.

Making paste models of reproductive organs enables the trainer to find out how much people know about their bodies, Philippines.

Making paste models
To make paste you need:
- 2 teaspoons cream of tartar
- 1 cup of flour
- ½ teaspoon rock salt
- 1 tablespoon oil
- 1 cup of water

Mix the ingredients together. Cook over a low heat, stirring constantly, until the mixture has thickened to the consistency of modelling clay. Remove from the heat. Knead the paste after it has cooled down a little. (For 25–30 participants, use 20 cups of flour.)

Learning through games

Games and models can be an amusing way to start discussions about serious topics and allow people to raise sensitive issues.
Bringing it to life

Puppets can provide a useful way of expressing ideas which people might otherwise find too embarrassing to talk about.

Puppets are a traditional way of telling stories – as well as being fun, they can ‘say’ things which people sometimes feel too shy to say.

Puppet power

I am a puppeteer, teaching puppetry and traditional entertainment at university.

By using puppets I find both myself and my students much empowered, especially when communicating sensitive issues around gender and sexuality. The puppet speaks for the puppeteer. Even though members of the audience are aware of the puppeteer, they pretend that the puppet has come to life. The audience readily accepts the messages that might otherwise be too embarrassing to convey.

One hurdle is the notion of puppetry being not serious and therefore only for children. Occasionally I have noticed that an adult audience has become self-conscious. I feel that this is because the adults are aware of indulging in a seemingly light-hearted activity. Most of my puppet shows must therefore be accompanied by a talk on the value of puppets, even for adults.

An NGO recently invited me to train rural social workers. The social workers then performed puppet shows in villages on issues such as women’s health, family planning and child marriage. The social workers had never openly spoken to the villagers about most of these issues.

Varun Narain, Mass Communication Research Centre, Jamia Millia University, New Delhi, India.

Puppet shows can be used to present many ideas. For example, if you work with street children, you could develop a puppet show that looks at how street children are treated by the police.

Puppets need not be expensive. Simple puppets can be made from local materials. If there are traditional ways of making puppets in your area, you could invite someone to teach your group how to make them. A puppet theatre can be made by hanging a cloth over a stick across a doorway, or hooking a cloth between two trees.

Here are some tips on developing a puppet show:

- First, develop a story. You could use role-play to help you do this.
- Think of the character and attitude of each puppet. Ask the group to study people’s faces and movements.
- Make puppets with distinctive features which express emotions clearly.
- Practise moving the puppets’ arms. Hold the arms out straight, wiggle them and bring them back to their sides.
- Practise moving the puppets’ bodies. Use exaggerated movements to show emotions such as surprise, shyness, anger, happiness and embarrassment.
- Start developing your puppets’ characters by making them greet each other.
- Once you have developed the puppets’ characters, you can start to develop the play.

Making puppets

There are many ways to make puppets. Choose a way that suits local materials and skills. For example, if cloth is easily available, make cloth puppets. If sticks and cardboard boxes are available, use these.

You can make a puppet’s head from clay, maize cobs, banana fibres bound with string, or papier mâché. To make papier mâché, soak small pieces of newspaper in hot water, keep for a day, stir the mixture into a pulp, drain it, then add a few drops of flour and knead the mixture until soft enough to mould into shape.

To make a papier mâché head, put a ball of papier mâché on the end of a stick. Secure the stick firmly, for example, in the ground. Shape the head and then remove the stick.

Use wool, wood shavings or coconut fibres to make hair, eyebrows or a beard. Use straw to make glasses. Use cloth, feathers or anything else you can find to make a hat or turban.

Make the body from cloth or flour bags to hide the performer’s hand. Leave a gap at the neck, large enough to tie the head in.

Adapted with permission from ‘Puppets for better health’ by Gill Gordon, published by Macmillan.
SHORT VIDEOS OR FILMS can have a strong impact. They are useful for conveying information and stimulating discussion. Because they show moving pictures, they can also be useful for demonstrating skills such as how to counsel a person who might have HIV or how to organise a drama session. Do not rely entirely on the video or film to convey a message. Introduce it beforehand and summarise and discuss key points afterwards.

Be aware of the practical limitations. Videos shown on small screens are not suitable for groups of more than 20. Films need to be shown in a darkened area.

Videos are increasingly available from suppliers of health education materials. Useful programmes are sometimes shown on television, and you can obtain permission to record these for use in educational work. Alternatively you may wish to produce your own video in collaboration with an individual or company who specialises in video or film-making.

Before you show a video or film, check that the equipment is working and the video or film is not damaged. Give a short introduction - give hints about what to look for, explain words that people might find difficult, and warn people about anything that might be incorrect or distracting. Make sure everyone has a clear view. During the showing, stay near the video recorder or projector to adjust the sound or focus or sort out any problems. Afterwards, discuss the issues raised by the video or film with the audience. This gives you a chance to see whether they have understood the main points and to explain anything that is confusing.

Source: 'Communicating Health'.

In many areas, people gather together to watch videos - at a bar or in someone’s house – this can be a good place for discussion.

MOVING PICTURES

Videos and films are good at attracting an audience and keeping their attention. They are useful for generating discussion.

Choosing a video

When choosing a video, check that it is:

- the correct format (VHS-PAL, NTSC or SECAM)
- of good technical quality (sound and picture)
- suitable for your target audience – children, general public, health workers, students or others
- interesting
- culturally acceptable and unlikely to cause offence
- relevant and appropriate to your problems and your ways of dealing with them
- accurate
- useful for stimulating discussion.

Involving the audience

Bukumbi Hospital in Tanzania originally used existing films for health education sessions in villages and nearby institutions. The films attracted people, but the questions afterwards were very general. Also, the films showed people in different circumstances from those of local people. Some of the films were too long.

The AIDS Committee therefore made its own 30-minute video, set in an environment that villagers would recognise. Committee members and others volunteered to play different roles. The video was made with a camcorder and edited directly on a VHS recorder. Sound was mixed afterwards. The film, Tufanye nini (‘What shall we do?’) showed six problems in six short scenes.

The audiences were small groups, such as students. After every scene, a committee member stopped the video and asked questions. Each scene showed a person asking advice. For example, a woman asked a health promoter: ‘I know what AIDS is and how to prevent it, but my husband sleeps around. What can I do?’ The audience was invited to give advice.

After the discussion, interviews with a village chairman, village girl, village boy, hospital worker, teacher and priest were shown. Some of their reactions were contradictory and intended to provoke discussion.

The facilitator had an important role. He or she could stimulate discussion by redirecting questions back to the audience, and asking whether their suggestions were realistic. The facilitator could then lead the discussion on to motives for certain behaviours, eventually bringing general comments about the problem to the local situation.

Generally the audiences responded to the questions with excitement, because they shared their problems.

WELL PLANNED use of mass media can raise awareness, inform people of new services and products, influence opinion and stimulate behaviour change.

The same guidelines apply to using the media as producing materials – you need to understand your audience, pre-test the message and evaluate the impact. Try to find out whether the people you want to reach watch television, listen to the radio or read newspapers or magazines. If they do, find out what programmes or publications they like. You may have to carry out your own survey, or you may be able to obtain information from surveys carried out by the media.

Think about the advice you want to give through the media. Make sure that it is correct, realistic, acceptable and easy to understand. Think about what format to use. There is a wide choice. For newspapers or magazines, there are news items, events listings, advertisements, feature articles, letters and advice columns (‘Dear Doctor’ columns). For radio and television, there are news items, spot announcements, jingles, discussions, phone-ins, interviews, documentaries, drama, music, quizzes, panel games and magazine programmes.

Meeting journalists
It can be easier, cheaper and more effective to encourage newspapers, radio and television to take up health issues, than preparing your own programmes. Try to find out the names of journalists and writers. You could meet them informally and tell them about the work you are involved in. You could suggest topics to include in a drama they are preparing, provide background papers on health topics, provide questions to include in a quiz programme, or write letters responding to items in newspapers.

Remember that journalists are very busy and will only be interested in a topic if it is of general interest, relevant to other issues in the news, unusual, new or controversial. You may be able to arrange for a newspaper or magazine to distribute your own materials. For example, Straight Talk, a monthly newspaper promoting the sexual health of young people in Uganda, is distributed directly to schools, colleges, youth clubs and NGOs, and as an insert in the national daily newspaper, The New Vision, to reach an estimated one million young readers. An advice column in which young people replying to each other’s problems is a popular feature of Straight Talk.

Media events
You could include ‘media events’ in your programme, such as a ceremony with important guests to launch a new activity or celebrate an anniversary, official opening or prize-giving. Make the event visually interesting so that newspapers will want to include a photograph. Let the media know about the event in advance. You can do this by issuing a press release – a sheet of paper describing what you are doing, why, where and when, with your contact details in case they need more information.

You can encourage people to listen to radio in a group, and discuss issues raised by the programme afterwards. A group leader could introduce the programme and lead a discussion. Visual aids such as posters or a flipchart can help to stimulate discussion and leaflets can be useful for people to take away. Ask the group questions to make them think about the programme and the key messages.

Source: ‘Communicating Health’.

Being interviewed
If you are being interviewed on radio or television:

- be prepared (know your facts or have details handy)
- be clear and concise
- make it interesting – sound enthusiastic, include examples
- keep the language simple
- make it clear when you are speaking on behalf of an organisation and when you are giving your own views
- keep calm — if you don’t like a question, change the subject or ask a question back.
Communicating health explores the role of communication in improving people's health and discusses strategies for health education and health promotion. It gives practical guidelines on effective communication in a wide range of settings including the family, community, schools, health services and the mass media. Available for £6.70 from TALC, PO Box 49, St Albans, Herts AL1 5TX, UK. (talcuk@btinternet.com)

The Copy Book provides over 100 pages of pictures which can be copied by anyone who wishes to make their own visual aids. Available for £10.95 plus postage and packing from IT Publications, 103-5 Southampton Row, London WC1B 4HH, UK.

How to make and use visual aids offers low-cost, practical suggestions for simple visual aids, with examples of how they can be used in your daily work. Available for £4.40 from TALC.

Pictures, people and power is a book for people who want to make and use pictures for development. It gives practical guidelines to enable non-artists to make their own visual aids such as discussion starters, picture cards, flannelboards and community maps. It includes information on how to run training workshops in designing and adapting materials. Available for £5 plus £2.75 postage (surface mail) from TALC.

Simple English is better English is a short booklet for people who want to communicate effectively in English. Available free from TALC.

Teaching and learning with visual aids gives suggestions for trainers on why, when and how to use different visual aids. Available for £5.20 from TALC.

Where there is no artist provides more than 400 drawings by Petra Rohr-Roendaal relating to health and education issues which can be copied, with advice on copying and adapting pictures. Available for £12.95 plus postage and packing from IT Publications.

Working with young people on sexual health and HIV/AIDS provides samples of educational materials that can be adapted for use. Available in English and Portuguese from Healthlink Worldwide.

How people use pictures describes participatory methods for using pictures and includes a bibliography of books and articles on different ways to present and use visual images. Available for £15 plus postage and packing from IIED Publications, 3 Endsleigh Street, London WC1H 0DD, UK (bookshop@iied.org)

Developing health and family planning materials for low-literate audiences is a guidebook assists users to develop and test their own materials. Available free to developing countries (US$8 elsewhere) from PATH, 1990 N Street NW, Suite 700, Washington DC 20036, USA.

AIDS Action provides a forum for the exchange of information about care and prevention issues concerning AIDS, HIV and sexually transmitted infections.

The international English edition is published four times a year by Healthlink Worldwide (formerly AHRTAG) in the UK.

An electronic text edition is available in some developing countries via Satellite's computer network, HealthNet.

Contact: hme@usa.healthlink.org

Together with six regional editions, AIDS Action has a worldwide circulation of 160,000.

Publishing partners

English Asia-Pacific: HAIN, The Philippines;
English Southern Africa: SANASO Secretariat, Zimbabwe; French: ENDA, Senegal; Portuguese for Brazil: ABIA, Brazil; Portuguese for Africa: consultants based at University Eduardo Mondlane, Mozambique; Spanish: Colectivo Sal, Mexico

Commissioning editor: San Long
Executive editor: Celia Till
Design and production: Ingrid Emenden

Editorial advisory group

Calie Almeida, Filipopo Lawson
Kathy Attawell, Dr Tui Parway, Merani
Nina Castillo-Carandang, Dr Chandra Mouli
Nancy Feen, Dr Artley, Pintel
Susie Foster, Dr Sumi Roy
Peter Gordon, Daniel Taranto
John Lafortune, Dr Eric van Peer
Dr Sam Kalbath, Rakesh Rajani
Dr Ute Kipper

Healthlink Worldwide's AIDS and Sexual Health Programme is supported by CAFOD, Christian Aid, DFID/DFPS, Finnish Government, HIVOS, IFCO, Mineduc, NORWEGIAN RED CROSS, OXFAM, SAVETR, and the Family Fund.

This special issue is funded by the UK Department for International Development (DFID) and States of Jersey.

Reproducing articles

Healthlink encourages the reproduction of articles for non-profit uses. Please clearly credit AIDS Action/Healthlink Worldwide as the source and send us a copy of the reprint article.

ISSN 0953-0096
Printed by Russell Press, Nottingham

SUBSCRIPTION DETAILS

To receive AIDS Action please write with details about your work to:
Healthlink Worldwide (formerly AHRTAG)
Farringdon Point, 29-35 Farringdon Road
London EC1 M 3JB, UK
Telephone: +44 171 242 0606
Fax: +44 171 242 0601
E-mail: info@healthlink.org.uk
http://www.healthlink.org.uk
Registered charity no. 274360

Annual subscription charges

Free: Readers in developing countries and students from developing countries
£6/US$12. Other students
£12/US$24. Individuals elsewhere
£24/US$48. Institutions elsewhere
Discount available on bulk orders.

Healthlink Worldwide (formerly AHRTAG) aims to promote policies and practices in health which are appropriate, sustainable and cost-effective. Healthlink Worldwide provides information on health and disability issues in developing countries, and provides technical support and training to partner organisations.