



BACKGROUND

A high level of illiteracy is a main driving force of the HIV epidemic in many affected countries, such as Mali where illiteracy has been estimated between 60 – 80%. A low level of literacy is also frequently present in asylum seekers and migrant population groups. In order to reach those populations with AIDS education, frequently repeated interventions using multiple approaches are recommended. Currently, no flyers specifically designed for illiterates have been used in these settings, which could be an easy to use tool accessible to a broad audience.

AIMS OF THE STUDY

1. Develop an HIV prevention flyer, which can be independently understood by illiterate and functionally illiterate persons
2. Assess acceptance and experience using the flyers in Bamako, Mali

METHODS

Two separate flyers addressing homo- and heterosexual risk behaviour were developed by a trained Malian AIDS worker (illiterate until age 20), in collaboration with Swiss HIV researchers, clinicians, and representatives of patient organisations.

The flyers were further elaborated within **3 phases** using the “think-aloud protocol”

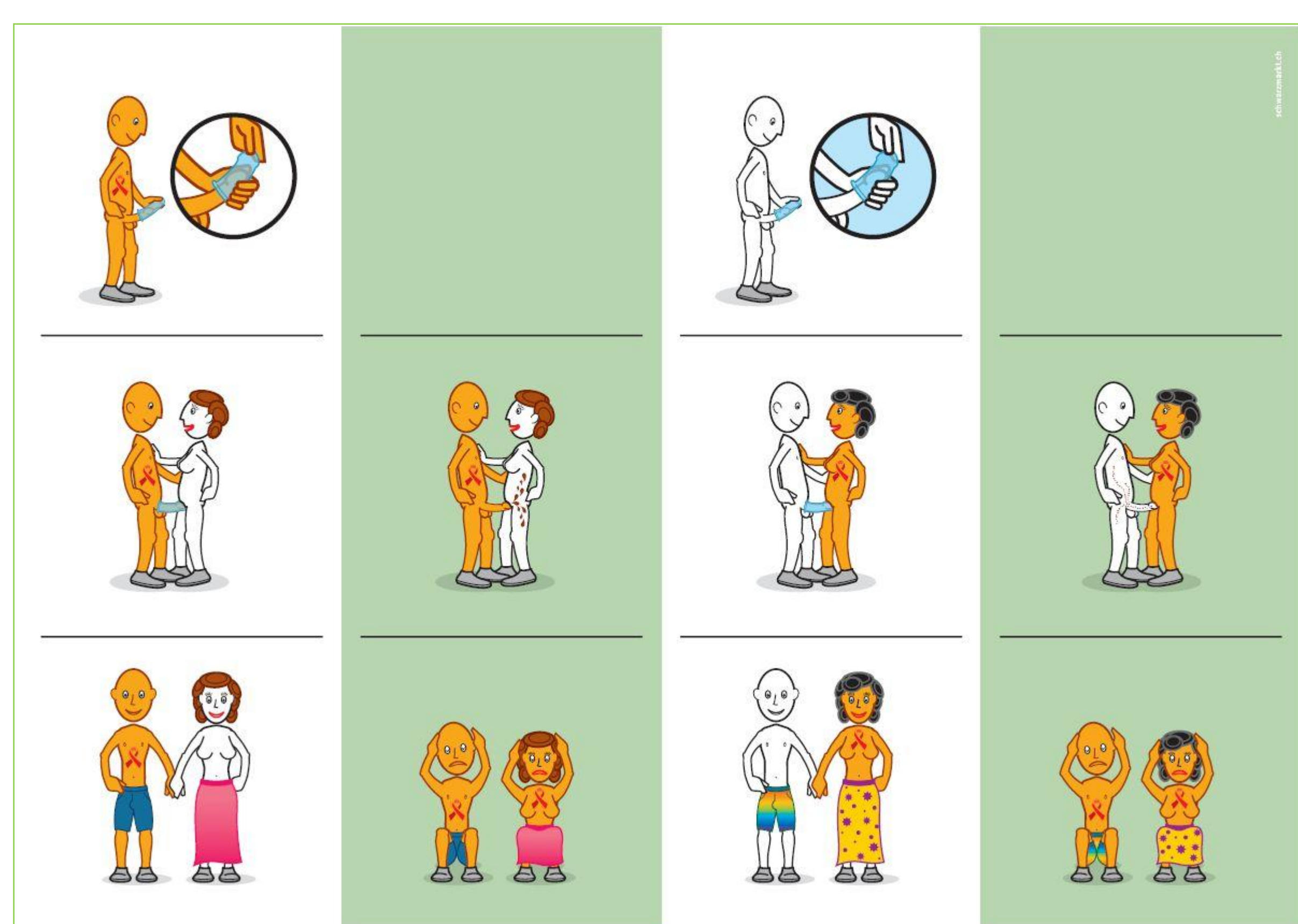
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|-----------------------------|-------------|--|
| 1st phase | Switzerland | Native Swiss: n=20; 100% literacy |
| 2nd phase | Switzerland | Asylum seekers: n=28 men, 3 women
estimated illiteracy ≈ 70% |
| 3rd phase | Mali | 100% illiterates: n= 5 men, 15 women
Functional illiterates: n= 5 men, 15 women |

During a period of 10 month, general acceptance of finished flyers was assessed in Bamako, Mali

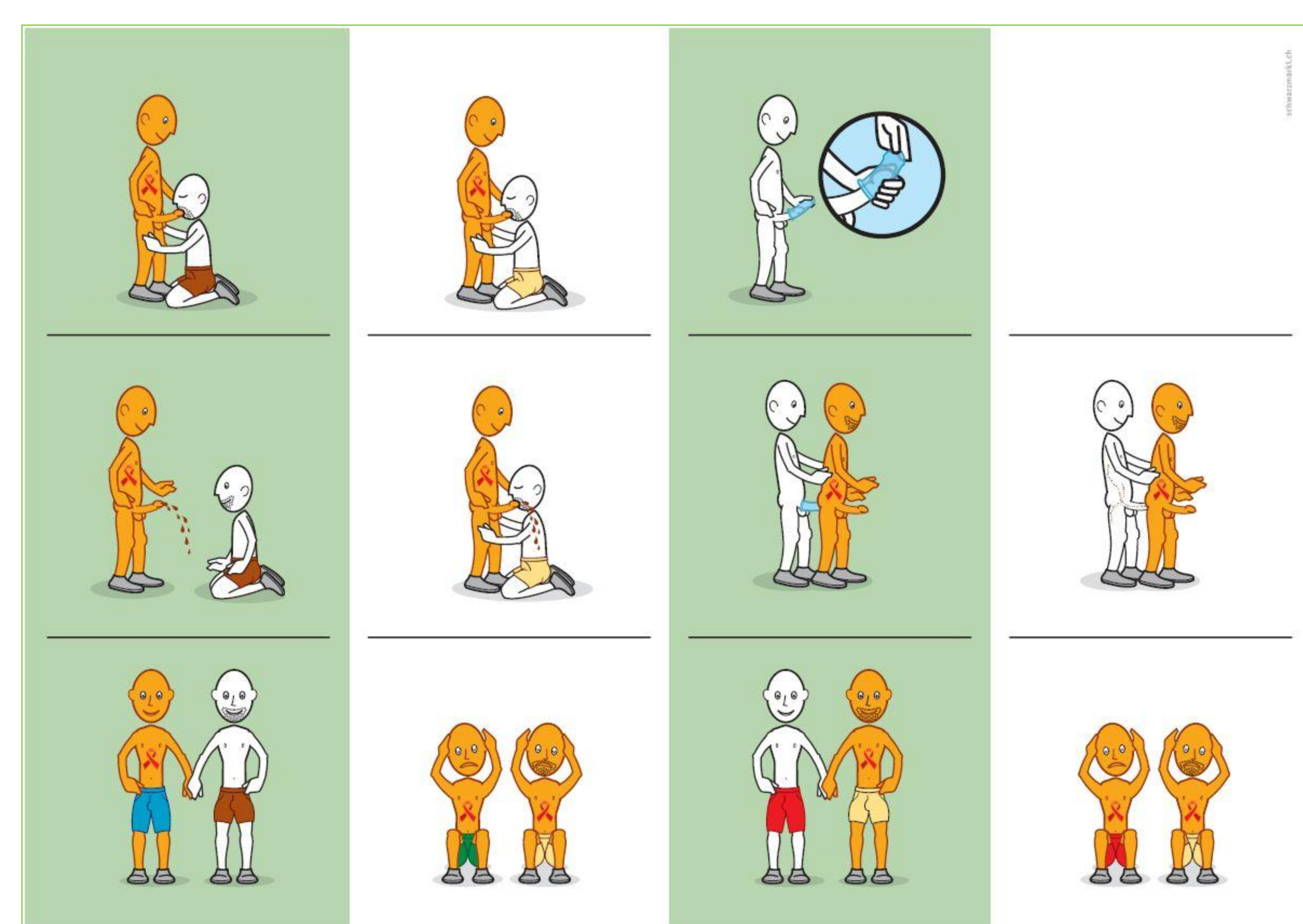
RESULTS / LESSONS LEARNED

1. Questionnaire development

1. All **functional illiterate** persons were able to correctly and independently understand and explain HIV prevention messages
2. 80% of **illiterates** were able to correctly and independently understand and explain HIV prevention messages
3. Ability to recognize the official “Red Ribbon” was a significant contributing factor in the ability to correctly interpret HIV prevention messages
4. Illiterate persons needed significantly more time (3-4 times) to understand the flyers



Picture 1: Heterosexual Flyer



Picture 2: Homosexual Flyer

2. Distribution in Mali

Distribution of the heterosexual flyer was granted by local authorities. Approval and distribution of the homosexual flyer is still in process.

The heterosexual flyer was distributed in various group settings consisting of: female domestic workers, female street vendors, truck drivers, craftsmen, students and other young people.

Reactions from group members were observed and discussed by trained HIV health workers.



Picture 3&4: Distribution of flyers at a youth gathering in Bamako, Mali

Comments given by illiterate persons

“We do not know how to read and write, but we were very well able to see these pictures that **“talk”**, and we did understand. These flyers are **ours**”

“Finally something has been made for us, with no confusing text. Here we can also talk and be part of the discussion”

Comments given by HIV health workers distributing the flyer

1. Giving the opportunity to the illiterate person to interpret and explain HIV prevention messages, shifted the “talking/explaining” role away from the health worker to the illiterate person. This shift was an important empowerment, making the illiterate person “in charge” of the discussion
2. The flyers were ideal as an introductory tool for the promotion of group discussions
3. Individuals often differ significantly in their background. The images without text gave everybody more or less the same start. Irrespective of education level, everybody could contribute to the discussion
4. The job of the HIV health workers could be limited to intervene at the end of each meeting by clarifying/reinforcing important points. This strategy was shown to be very rewarding, as many wrong ideas or stigmatic views emerged during group discussions, which could thus be corrected

Next steps

1. Make flyers available for distribution in other African countries within local HIV prevention projects
2. Use flyers in connection with AIDS education programs in migrant population groups in Switzerland
3. Currently an illiterate flyer addressing HIV, pregnancy, birth and early breast-feeding is being tested in Mali



CONCLUSION

1. Flyers explaining HIV transmission risks can be designed such as to be individually understood by most illiterate and functionally illiterate persons
2. To make the flyer understandable the “Red Ribbon” had to be used, which can be criticized as stigmatizing
3. Using the illiterate flyer enabled a shift in focus from the health care worker to the illiterate person → empowering the illiterate individual
4. Awareness that this mode of information is possible in illiterates