Factsheet 10
How to develop educational resources that resonate with key populations

This factsheet provides information on how to develop materials that will resonate with key populations affected by HIV and/or hepatitis in Europe. It also provides information on the possible barriers some people may face when accessing educational materials and guidance and some suggestions to try to overcome these.

What are key populations?

Key populations are defined groups who, due to specific behaviours, are at increased risk of HIV irrespective of the epidemic type or local context. Higher vulnerability of key populations to HIV and many other illnesses (e.g. hepatitis) results from social and structural factors, including criminalisation, discrimination, stigma, violence, social and economic marginalisation and/or exclusion to which they are often subjected. Also, they often have legal and social issues related to their behaviours that increase their vulnerability to HIV.[1]

Why develop tailored educational resources for key populations?

Different populations may have varying levels of education, speak different languages, have different religious or cultural beliefs and will access information in different ways. It would be ineffective to develop one type of material and share it equally across all key populations – ignoring the epidemiology and access barriers for each population. That is why tailored educational resources are important.

How can you develop materials that are appropriate for key populations?

It is important to map out the key populations in your country who you would like to engage with around testing week, so that they can access useful, relevant information and education around HIV and hepatitis, including the importance of testing (see Factsheet 9 and Toolkit 4). Getting members of key populations involved in developing materials will ensure wider interest and understanding of testing week.

Once you have identified and engaged with the specific organisations supporting key populations in your country, work closely with them from the beginning and throughout the process to develop educational resources, as they will better understand the following;

- How large the key population is in your country
- Where geographically are they based
- What channels they currently use (if any) to access health information
- Important stakeholders within key population social networks to disseminate and develop new accurate information
- Their literacy and education levels
- The format of information that would be most appropriate i.e. hard-copy/soft-copy?
- What their religious beliefs are
- What barriers to healthcare information or stigmatism they may experience

You may wish to consider holding focus groups, questionnaires or advisory board meetings in partnership with the key population organisations you identify, to fully understand what engages different populations best in your country.

Barriers key populations may face in accessing appropriate information

Below are some examples of possible barriers for key populations in accessing educational materials and information about HIV/hepatitis.

Possible barriers to consider
Lack of involvement of key populations in material development • Key populations will have an optimum understanding of their own population or community and can therefore advise on the development of educational materials to ensure they are relevant, relatable and accessible • From the beginning and throughout the process, stakeholders from key populations should be included to shape the materials being developed
Criminalisation • People who inject drugs (PWIDs) are a criminalised population and may be punished by law, as injecting drugs is commonly considered a criminal act in European countries • In most countries sex work is illegal or otherwise legally oppressed. Therefore criminalisation, violence, stigma and discrimination may occur and result in limited access to health-related services, information and education for sex workers. There may also be a lack of educational programmes and funding for this population, given the high level of stigma targeted at their work

- Inappropriate, ineffective and excessive laws in different countries may prevent information being developed with these populations in mind

Sexual orientation or gender identity being stigmatised or considered 'illegal'

- Transphobia exists in some European countries, which can make it harder for trans people communities to access or provide information on HIV and hepatitis
- In some countries being a trans person is illegal or otherwise oppressed and homosexuality may be oppressed. Therefore criminalisation, stigma and social exclusion may limit access to information for MSMs and trans people and result in poor access to health services
- If there is inadequate investment in educational HIV/hepatitis health programmes for these key populations in your country, this will result in lack of educational materials

Language barriers

- Language can provide a barrier to how much information some communities, such as migrants, can understand
- These populations may also be vulnerable to exploitation, stigma and discrimination because of a language barrier
- Information may not be readily available or developed with other languages in mind

Lack of access to healthcare resources

- Not everyone may be able to access the national healthcare system (e.g. migrants, people who are in prison, trans people)
- Within prisons across many countries, healthcare needs are not properly addressed, and overcrowding may result in information not being available to everyone
- Migrants may experience difficulty in accessing in-country healthcare services and therefore information provided through the national health service may not reach them

Low perception of risk

- This sometimes occurs in some faith or country-specific communities, so accurate information on HIV or hepatitis may not be available
    - Specific information for the key population BAME (Black, Asian and Minority Ethnic) heterosexuals is sometimes viewed as 'racial profiling'

rather than helping a community who statistically have a high prevalence of HIV and so may not be readily available to this population
- Denial of infection or low perception of risk can cause stigma around condom use and a high rate of condom failure. Materials will need to be developed with these attitudes in mind

Lack of investment to help certain populations
- There may be widespread stigma around certain populations not wanting to seek help
- This can result in a lack of national investment in these populations, including investment in HIV or hepatitis prevention, resulting in inadequate or absent information/education
- For some populations (e.g. trans people) discrimination around the right to education, employment and/or healthcare still occurs in many countries, leaving certain populations to feel stigmatised and un-invested in

Lack of understanding how certain populations identify and access information
- There are a variety of individuals included within a key population and it is important to consider whether materials need to be tailored further to resonate with all individuals within that population
- Generalisations around key populations may lead to materials being developed that will not resonate with all individuals. For example, trans women can incorrectly be assumed to access information via MSM channels and similarly, trans men may wrongly be excluded as accessing information via MSM channels. Other examples include sex workers, where materials are often aimed at females, creating a barrier to information for male sex workers

Discrimination
- Discrimination in the health system is common and there may be less of a desire to help certain populations who are at a higher risk of HIV or hepatitis infection

Social determinants of health
- Unemployment, poverty, precarious housing and uncertain immigration status etc. can often mean that sexual health is not seen as a priority

Things to consider when developing materials for different, key populations

Below are areas to consider when developing materials for key populations. Once you have identified appropriate, local, key population organisations to partner with, they will be able to provide more advice around how to successfully engage with their individual communities.

Opportunities to develop materials for different, key populations	
Events	Are there any key events you can develop and hand out educational materials at? • e.g. PRIDE for gay/lesbian/trans people/MSM communities
Newspapers and magazines	How can you access different populations through what they're already reading? What do the various key populations read? • e.g. migrants may read specialised newspapers in a language different to the national language of the country they live in
Providing contraception	Contraception that is either compatible with a person's HIV or hepatitis or can prevent HIV infection. Consider thinking: Where do key populations go and can free condoms be given out there? • e.g. giving free condoms to sex workers that includes information on HIV and hepatitis testing; having free condoms in LGBT clubs and bars
Partnering with a trusted role model	Is there a key, influential leader within a key population who can get educational/health messages across, perhaps better than a patient group can? • e.g. faith leaders in a migrant population who will be close to and trusted within the migrant community; LGBT celebrities or key influencers who can endorse HIV and hepatitis testing to MSMs and trans people communities
Hard copy materials or online resources	Consider how key populations would like to receive their information and whether they will need to be discreet • e.g. sex workers may prefer to access online resources, such as videos, to not be carrying around HIV or hepatitis educational resources

Text-heavy or picture heavy	Analyse how the differing populations may wish to receive information and if they would engage better with test-heavy materials or image-based materials? • e.g. pictures may be better for migrant communities who may not speak the national language
Social media	Some populations, particularly younger generations, access a lot of information through Facebook, Twitter and Instagram and you may wish to consider using these channels to disseminate educational/health information • e.g. tweeting or putting on Instagram information about where testing centres are and how they can be reached
Websites	Consider which websites different key populations might visit. How can you incorporate awareness-raising messages within content they regularly access i.e. via online advertising? • e.g. testing week banner ads on gay club websites
Health clinics	Consider leaving testing week leaflets and information in health clinics accessed by key populations i.e. drop in centres near sex worker areas or sexual health clinics

It is important to ensure that beyond testing, there is support to access treatment and post-test counselling for anyone who tests positive. This can be achieved by working with the local organisations to ensure this is accessible, available and acceptable to key populations.

References

1 WHO (2014) Guidelines, Consolidated Guidelines on HIV prevention, diagnosis, treatment and care for key populations http://www.who.int/hiv/pub/guidelines/keypopulations/en/ Accessed: October 2016