NEW, INNOVATIVE APPROACH for HARM REDUCTION and PRIMARY HIV PREVENTION

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ARMENIA

EPIDEMIOLOGICAL DATA

Modes of HIV infection transmission

- → 53,6% injecting drug usage;
- → 38,2% heterosexual practices

Sentinel Epidemiological Surveillance

- → 68,5% of IDUs use disposable syringes and only 2% change the needle
- → 48% of FSWs and 25% of IDUs use always condoms
- → 26% of married IDUs use condoms

THE GOAL:

Increase safe practices for HIV prevention among vulnerable groups

THE OBJECTIVES:

- Identify Positive Deviants and discover specific practices
- Promote specific, safe and acceptable practices through existing resources from within

THE KEY QUESTION?

What special practices or strategies enable some members of the community/group



(the "Positive Deviants")

to address pervasive problems better than members with access to same resources?

Positive Deviance Approach

STEP 3: Behavioral Change Strategy

STEP 2: Community Mobilization

STEP 1:

Baseline Assessment

Response

Problem

THE POSITIVE DEVIANCE APPROACH

Asset – based approach which enables the community to find sustainable solutions to problems requiring behavior and social change from within

The 6D's Positive Deviance Process

Discover

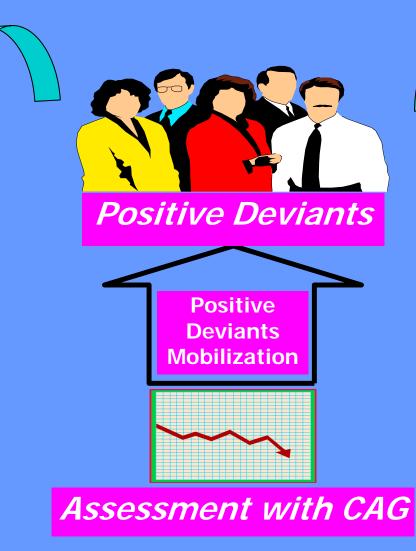
Determine

Disseminate Discern Design

Define

THE KEY PROJECT STRATEGIES

BEHAVIORAL CHANGE





BEHAVIORAL CHANGE

METHODOLOGY

 Pre-interview screening to identify positive deviants among FSW and IDU, including opinion leaders

- Selection criteria for positive deviants:
 FSW always use condoms
 IDU always use clean syringes
- In-depth interviews with identified positive deviants in both target groups

COMPARISON of TRADITIONAL and POSITIVE DEVIANCE APPROACHES

TRADITIONAL

- Needs based:"What's wrong here?"
- Based on <u>missing</u> resources
- Assessment surveys, up to 6 months
- Participants are beneficiaries

POSITIVE DEVIANCE

- Asset based:"What's right here?"
- Based on <u>existing</u>
 resources
- Positive deviance inquiry: up to 1 week
- Participants are <u>actors</u> in own development

COMPARISON of TRADITIONAL and POSITIVE DEVIANCE APPROACHES

TRADITIONAL

- External Input
- Donor/Expert Driven
- Short-term Impact
- <u>KAP</u>: Knowledge, Attitude, Practice
- Knowledge change approach

POSITIVE DEVIANCE

- Inputs from community
- Community Driven
- Sustained Impact
- PAK: Practice, Attitude, Knowledge
- <u>Behavioral</u> and <u>Social</u> change approach

RESULTS ACHIEVED

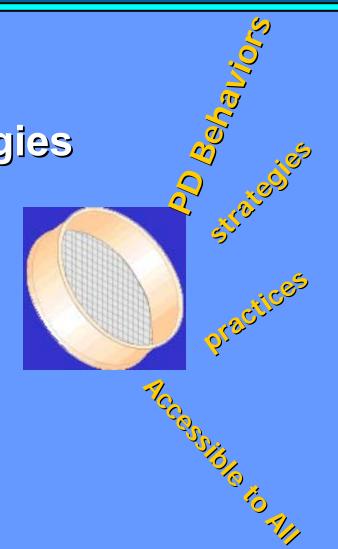
 87,2 % of IDUs use only clean syringes and needles

- 67,2 % of FSWs and 45% of IDUs permanently use condoms
- Improved practices substantially increased the members commitment to their own health and health of their partners

RESULTS ACHIEVED

Only those behaviors/strategies
 <u>accessible</u> to all should be
 kept

True but Useless
 behaviors/strategies should
 be discarded



 PD approach is asset – based and enables target group to find own sustainable solution for prevention of HIV infection, since based on "indigenous" knowledge

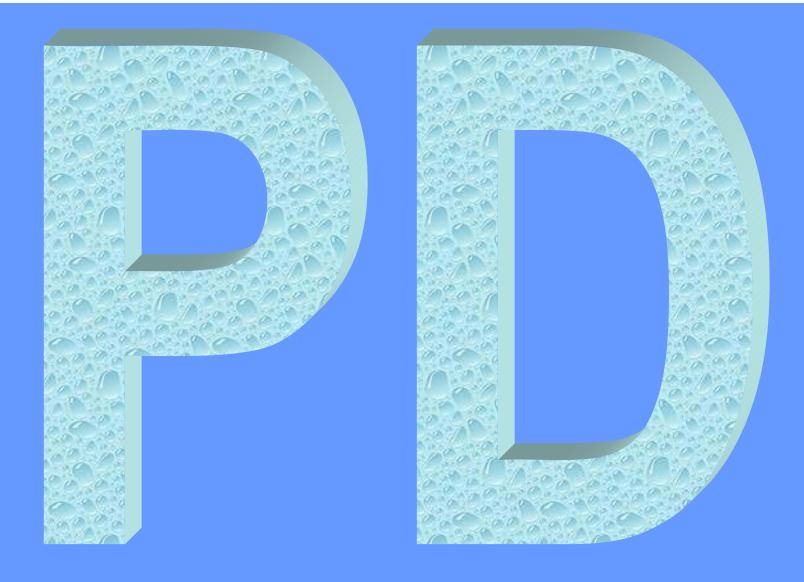
 PD is a behavioral change approach, since focuses on practice rather than knowledge

 Input from group ensures low – cost, long – term and sustained impact

 Involvement of Community Active Groups (CAG) facilitates reaching of target groups and shortens baseline assessment up to 1-3 days

 The choice of a positive deviant behavior is influenced by group and contextual factors upon which the actor has little or no influence. However, the choice also depends on some psychosocial ideational factors that are subject to volitional control on the part of the positive deviant, including:

- Self-confidence
- Lofty life ambitions
- Perceptions about partner and family health
- Risk perceptions
- Perceived self-efficacy
- Perceived severity of HIV/AIDS and STI



It is Your Choice