Assessing conformity of HIV and AIDS education to acceptable communication principles

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Abstract

HIV epidemic remains a serious health concern that has claimed thousands of lives and orphaned millions of children. This study analysed effective communication planning and implementation process among non-governmental organizations providing HIV and AIDS education.The study's overall objective was to analyse the planning and implementation of the communication interventions within non-governmental organisations dealing with HIV and AIDS. The study aimed at analysing the planning of the communication process of HIV and AIDS NGO's with focus on assessing their conformity with acceptable communication principles. The research was conducted in Nairobi and Kisumu. Sample was drawn from of six hundred and forty-five organisations registered by the Kenya NGO AIDS Consortium (KANCO). Two hundred and sixty organisations offered educational and communication interventions and these were isolated for study. The researcher used both primary and secondary sources of data. Semi-structured questionnaires and key informant interview guides were the methods used to collect primary data. Data collected from primary source was analysed using the Statistical Package for Social Sciences (SPSS), while data from the key informant interviews were analysed along thematic areas and used to support the information derived from the semi-structured interviews. Triangulation, graphics and bar charts and pie charts were the methods used to present findings. The study disclosed the presence of components of behaviour change communication, combined with awareness-raising for about 50% of the organisations. The conclusion of the study was that about a half of the organisations had embraced effective communication principles in the implementation of their interventions.

1.1   Introduction

Two decades after the first reported AIDS cases, AIDS and HIV continue to threaten development goals, objectives and efforts in the developing world (Piot, 2005a). The figures have escalated to alarming proportions and the number of people living with HIV and AIDS (PLWHA) has risen sharply particularly in Africa and Asia, most notably in sub-Saharan Africa (UNAIDS, 2004). The HIV and AIDS pandemic has demonstrated human inability to deal with an epidemic like none other in the historyof mankind and it continues to become more complex every year- a staggering challenge (McKee et al., 2004).This is in spite of the global commitments to reducing the prevalence rates of HIV and AIDS, including placing the pandemic as a priority issue in the Millenium Development Goals (Panos Institute, 2004). Millenium Development Goal 6 seeks to halt the spread of HIV and AIDS (as well as malaria and other diseases) and to begin to reverse the spread of the pandemic by the year 2015 (UN, 2008).

At the global level, political commitment has greatly increased, yet the statistics on the HIV and AIDS pandemic are rising in some regions (Panos Institute, 2004). A better understanding of the pandemic now exists, with a shift in the framing of approach from being viewed as a sexual pandemic, to the holistic perspective of it as a development challenge. This shift lays emphasis on the need to focus on contextual factors-political, economic, social, and cultural-as well as individual behavioural change (Mischewski, 1996; UNAIDS, 2000b; Rockefeller, 2002; Panos Institute, 2004; Singhal& Rogers, 2003). Indeed, Singhal and Rogers (2003) have argued that in the absence of a cure for HIV and AIDS, educational and communication efforts represent a key 'social vaccine' (Singhal& Rogers, 2003).

The recent statistics indicating a decline of the HIV and AIDS prevalence rate in Kenya, and the concerted efforts at the national and local levels belie the fact that Kenya was ranked third on the list of countries with the highest numbers of AIDS orphans, behind Nigeria and Ethiopia, respectively. Kenya had 890,000 AIDS orphans,

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compared to one million in Nigeria and 990,000 in Ethiopia (Kawi News, 2002). Up to 2015, 660,000 children were recorded as being orphaned by AIDS in Kenya

This decline also masks the impact of the pandemic on women and girls who have been greatly hard hit (USAID, 2003; UNAIDS, 2006 UNADS 2016), and on the most productive cadres of society. Similarly, the impact of HIV and AIDS on adolescents is high, and this section of the population, previously viewed as the 'window of hope' is severely threatened (PCI, 2004; WHO, 1998; Mischewski ,1996).

A recent study by Deloitte & Touche and NACC (2006) estimated that 'prolonged illness leads to a decline of per capita output from Kshs 1437-1415 (in the agriculture sector) and Kshs 3140-3092' (in the commerce and industry sector). This works out to a decline of per capita output of Kshs 22 and 48, in the two sectors, respectively. The same study has estimates on the possibility of Kenya's GDP declining by 1.5% due to AIDS, and discusses the feminization of poverty due to the high incidences of morbidity in female-headed households. Overall, economic productivity continues to decline due to: reduced savings and diversion of investments; lower productivity due to high mortality rates among the labour force and time spent on sick leave, as well as absenteeism to care for PLWHA; higher medical expenses for organisations and families; and an increase in orphans (Okeyo et al., 1996; Forsythe et al., 1996; MOH/NASCOP, 1998; UNAIDS, 2004; Deloitte &Touche and NACC ,2006).

1.2 The Functions of Communication in HIV and AIDS Interventions

Various development planners and practitioners have come to depend on communication in its various forms (such as mass media, interpersonal and group communication) to support and facilitate the process of development (Obeng-Quaidoo and Gikonyo, 1995). Communication planners and scholars have in recent years been advocating for the effective use of communication in development. They assert that often communication is utilised only as a tool, rather than as integral to the primary process (Agunga, 1992; Parrish-Sprowl, 1998; Pratt, 1987). This attitude often translates into people resorting to the use of communication in a hurried manner, in what is often referred to as 'fire fighting'. This last minute action means that the communication process is not adequately planned.

There are now numerous examples which demonstrate the benefits of utilising specific communication approaches within varying contexts, some of the most notable being those in the development support communication (DSC) sector which originated from the United Nations group of agencies (Melkote & Steeves, 2001; Obeng-Quaidoo and Gikonyo, 1995). UNICEF and WHO have used DSC and this has contributed to a significant reduction in childhood mortality through immunization (Obeng-Quaidoo and Gikonyo, 1995). There are also examples from the nutrition communication projects which attest to the effectiveness of carefully designed and planned communication processes (Obeng-Quaidoo and Gikonyo ,1995; Pratt, 1987).

Because communication is a relatively young discipline, specific or standard models which can be easily referred to in development have been elusive as the discipline develop. Much of the effort has involved experimentation but there are clearly principles which cannot be ignored for efficient and effective communication processes.

The ingredients of effective communication strategies have been identified by various scholars and borne out in the experiences of communicating on development issues. One of these is good planning which focuses on the need to set out clearly and specifically the communication objectives to be achieved (Agunga, 1992; Fluty & Clay 1992; Hancock, 1992). Secondly, an emphasis on the audience is the paramount element in any communication or media effort (Alkin et al. 1987; Masilela, 1987; Hornik, 1992). Thirdly, effective development of messages that will attract and engage the audience is necessary (Bagui, 1995; Frey &Pyakuryal, 1997; Opubor, 1996; Panos Institute, 2004; Visser, 1992). Finally, it is important to focus on efficient monitoring and evaluation.

1.3 Problem Statement

The HIV and AIDS pandemic has been the greatest development challenge for most countries in sub-Saharan Africa, Kenya included. Literature and statistics indicate that interventions by Government and civil society have fallen far short of producing the desired behavioural changes, particularly among certain sections of the population in Kenya (Panos Institute, 2004). However, there are high awareness levels among all sectors of the population (GoK, 2003). Thus, a gap exists between the high awareness levels and the desired behavioural changes on HIV and AIDS. One of the possible causes of this gap could be the lack of involvement of effective

communication processes, leading to communication interventions that were at times inappropriately planned and implemented (see, for example, McKee et al., 2004; Panos Institute, 2004).

1.4 Research Question

This study was therefore designed to answer the following core research question: Has the planning of the communication process been done in accordance with accepted communication concepts and best practices?

1.5 Objective of the Study

1.5.1 General Objective

The overall objective of this study was to analyse the planning and implementation of the communication process of the said organisations with a view to assessing their conformity with acceptable communication principles.

1.6 Justification of the Study

The discourse on relevant HIV and AIDS communication approaches continues, and this thesis contributes to the on-going dialogue and debate. An analytical model, based on several theoretical frameworks and other models has been developed, thereby contributing to the discourse on theories and concepts relevant to HIV and AIDS communication. Beyond the discourse, one model that is relevant to HIV and AIDS communication at the NGO level has been developed. This represents a contribution at the conceptual level

There is now recognition by agencies, including governments, of the significance of communication, which is represented in the proposal by the government to develop a policy on HIV and AIDS communication under NACC. This study sought to identify the constraints in current communication planning and implementation and would input on the on-going process of policy-making on HIV and AIDS, particularly regarding communication in the context of health policy. It should, therefore, have a practical contribution for stakeholders working on HIV and AIDS education and communication.

1.7 Scope of the Study

The focus of this study was on HIV and AIDS communication. The study had a central emphasis on the planning and implementation of communication interventions by non-governmental organisations (NGOs) in Kenya. The study was conducted in Nairobi, and in Kisumu. This entailed the following:

- Analysis of the extent to which participation and cultural relevance were integrated into the communication interventions.

- A study of the constraints and strengths experienced by the organisations regarding communication on HIV and AIDS.

1.8 Limitations of the Study

There were conceptual difficulties during the process of the research. There is still much ongoing discourse with regard to HIV and AIDS communication, and there have been very recent paradigmatic shifts. HIV and AIDS communication work was initially   implemented within the framework of health communication approaches and other development communication approach

This study did not analyse details on message development and packaging or of the design of communication interventions. Although the scope of the study was deliberately on planning and implementation, details on these aspects would have provided deeper insights into the practical challenges during the implementation phase.

2.0 Literature Review

2.1 Introduction

In this section, issues related to the magnitude of HIV and AIDS in relation to the communication process, as well as emerging discourse on HIV and AIDS communication are examined. The literature is drawn from the

fields of anthropology, sociology, development communication, behavioural communication, health communication, and communication for social change fields.

2.2   HIV and AIDS in Kenya

Unlike Uganda and Senegal, Kenya missed the early opportunity of facing the seriousness of the HIV and AIDS pandemic, through denial. There was the misguided view that admission would damage one of Kenya's key revenue earners-the tourism industry. Singhal and Rogers (2003) have observed that President Moi was emphatic that there was no AIDS in his country, Kenya, for several years.

This early denial has contributed to the exacerbation of the pandemic. As aptly described by the Panos Institute (2004), early political intervention in the cases of Senegal and Thailand and at a later date, Uganda, made the difference in arresting the spread of the pandemic. In Uganda specifically, there was a powerful political commitment in the instruction of free frequent broadcast spots on AIDS.

Singhal and Rogers (2003:99) describe this as 'an all-out communication campaign intended to blunt the force of the epidemic'. Uganda's efforts have been viewed as a battle and a war. The overall intensive interventions contributed to the reduction of new HIV infections in Uganda from 143,000 in 1991 to 29,000 in 2000 (Singhal and Rogers 2003).

2.3   Communication and HIV and AIDS in Kenya

The absence of a cure or vaccine for HIV and AIDS, and the prominence of HIV and AIDS prevention demonstrate the significance of strategic and systemised communication strategies. The Government of Kenya's '*Sessional Paper No. 4 on AIDS*' (Ministry of Health, 1997), aptly states that the focus in communicating on HIV and AIDS should be in the context which makes individuals and communities vulnerable to HIV and, consequently, AIDS. Those who are infected should also be targeted to ensure that the infection of others does not continue occurring. Due to this the Ministry developed The Kenya AIDS Strategic Framework (KASF) to guide the delivery of HIV services for the period 2015-2019. This framework succeeds the Kenya AIDS Strategic Plan 2009-2014. The most important strategic direction is to reduce new infections.

Experiences in HIV and AIDS education reveal that the target should be preventing and facilitating change in high-risk sexual behaviour. In the behavioural change communication concept, the five major stages of behaviour change have been outlined. The first step involves people becoming aware of the problem, after which they gather knowledge and skills on how to cope with the problem, which is second stage.

Motivation to take action by addressing the problem (in our case changing high risk sexual behaviour), is the third stage: this prepares the ground for the fourth stage, which involves their trial of the new behaviour and, finally, the last stage, which is the sustaining of the new behaviour (AIDSCAP/FHI, 1997). The high levels of awareness on some transmission patterns indicate that in Kenya we are predominantly at the first level, though some sections of the population have gone on to the second and third levels (the focus has been on behaviour change).

The method outlined above has been used to train outreach workers, health providers, peer educators, counsellors and community leaders on the skills needed to influence and support behaviour change. Handbooks on effective communication approaches have been developed and used as teaching tools and reference materials (Hughes, 1997).

In communicating on HIV and AIDS in Kenya, information has been provided to institutions like schools, religious organisations and health care centres. The observation by Parrish-Sprowl (1998) that the severity of the impact of some issues like HIV and AIDS demands action even in the context of communication approaches that are not agreed on is appropriate. His argument holds true when one reviews the literature which shows that communicating on HIV and AIDS has taken many forms and that this has been done in the expectation of discovering the best ways of slowing the spread of HIV. Apart from information and education, other HIV prevention activities include counselling programmes, condom promotion and distribution and STDs control.

Several communication approaches have been used or adopted in communicating on HIV and AIDS. Social marketing is a concept developed in the population education sector and has been used widely to promote condoms, particularly among segments of the population who are prone to high risk sexual behaviour. The concept involves packaging, pricing and presenting a product or behaviour to the target market in an appealing manner and soliciting for the participation of wholesalers and retailers in the distribution and conventional trade

promotions. The mass media are utilised to convey the benefits of the desired behaviour for a particular target audience (Okeyo et al., 1998; AIDSCAP/FHI, 1997; Hughes, 1997).

The existing literature unveils a variety of channels and media in the communication of HIV and AIDS prevention (UNAIDS 2002, 2003). These range from posters, leaflets, booklets, comic stories, cartoons, drama and poems to use of the mass media. What is important is the participation of the target audience in the whole communication process from the planning to evaluation stage. This includes testing of existing materials to determine whether new material is required or if what exists can be modified. This is important given the observation that many information, education and communication (IEC) images in Kenya have presented conflicting messages in the text and visually (AIDSCAP/FHI, 1997; Ministry of Health/NASCOP, 1998).

The mass media are important agents in communicating HIV and AIDS messages because they have the ability to influence public opinion and to stimulate debate. In addition, the media can be used for advocacy as they can sustain a topic or theme in the public forum for long periods of time. The main recommendation regarding the media has been that they are useful in raising awareness, and reinforcing messages being communicated through other channels, such as those which are interpersonal (AIDSCAP/FHI, 1997; Hughes, 1997)

The urgent need to provide a forum for the youth to discuss issues relating to their sexuality and HIV and AIDS, is demonstrated in the keen response that the 'Straight Talk' insert in the *East African Standard* has got since its inception. The insert is an initiative of the Kenya Association of Professional Counsellors and is based on an example from Uganda. The promotion of participation has facilitated positive and open dialogue between adolescents and between them and their parents on the subject of sexuality (Ministry of Health/NASCOP,1998).

2.4 Paradigmatic shifts in HIV and AIDS communication

The major contributions on this topic have been fronted by UNAIDS, the Panos Institute and the Rockefeller Foundation. Communication scholars working under various forums have debated on the theoretical framework that best addresses communicating on HIV and AIDS. According to the Panos Institute (2004:1):

While HIV/AIDS information and key health messages remain crucial, it is important to look beyond these messages-no matter how empowering and context-sensitive they might be- and help to develop environments where vibrant and internally derived dialogue can flourish.

Following is a summary of the core lessons learnt after twenty years in HIV/AIDS communication:

- The focus in HIV/AIDS communication needs to shift from disseminating messages to giving a voice to those infected and affected. (The message is out there, it has been heard, but with what effect or impact?).

- This shift also demands a change from the paradigm of rationality and passing on knowledge that characterises behaviour change models. In addition, the shift involves a modification from the media-centric to the human-centric approach, hence the phrase 'from message to voice'.

- An urgent move taking HIV and AIDS from the purely health discourse to political, social, economic and cultural contexts is required. (The South African campaign for affordable anti-retroviral drugs and access for all PLWHA to ARVs benefited from the experience and skills of the human rights movement, propelling the cause to national and global agendas). A key component is the extent to which people talk about, debate and discuss HIV and AIDS (as in the case of Uganda, where the President set the agenda for discussion on HIV and AIDS).

- It is important to address social cohesion in a community, which assists in developing competence at this level in designing and implementing community response to HIV and AIDS. At the contextual level, social inequalities have to be tackled, as well as the need for participation in decision-making, and community mobilisation.

- Global and national strategies in HIV and AIDS should steer towards renewed emphasis on communication: this would also include the need for vibrant, professional, free and independent media (media advocacy).

This discourse has revolved around the fact that most communication models have proved insufficient in addressing HIV and AIDS, and that long-term social change is vital in effectively addressing the epidemic. In addition, HIV and AIDS communication should include advocacy which is a human rights and political issue.

2.5   Challenges of Communicating on HIV and AIDS

The revival of conceptual and theoretical discourse with regard to HIV and AIDS and HIV and AIDS communication, based on the assessment of early responses and case studies that have worked, presents a menu for modification at the country level (Panos Institute, 2004). One key element is the need to embrace HIV and AIDS from a more holistic perspective, away from the sole focus on the pandemic as a health challenge. For instance, the aggressive politicisation of HIV and AIDS in terms of care and availability of anti-retroviral drugs in South Africa, has resulted in intensive, widespread national deliberation on the pandemic and its impact in the region (Panos Institute, 2004).

One of the underlying challenges for scholars and practitioners working on HIV and AIDS communication is that theories, concepts and models have to take account of the varying approaches required at the individual, community and societal levels. The approaches applied at each level encompass:

- *The Individual*: Behaviour change models are highly relevant. However, this does not discount the environmental factors that influence individuals, including the role of culture and religion, particularly in Africa.

- *The Community*:Participatory models are pertinent when working with communities. However, it is important to include the components of social condition, social justice and structural influences.

- *The Society*: The approaches here are related to those of the community but widened to include the need for social change. Other changes may be required at the national level, concerning the political, economic and cultural environment (Panos Institute, 2004).

Herein lies the dilemma for most agencies. The trend has been to focus at the local level and to target the individual. In the absence of a communication framework, there has been neglect at the community and societal levels. The weaknesses and the lack of behavioural change can be partly attributed to the use of informational models, as well as the lack of attention to the influences of an individual by the community and the society.

2.6   Theories and concepts of health communication

The field of health communication has led to several theories such as the theory of reasoned action and the social cognitive theory that address behavioural change. The theory of planned behaviour (TBA), as postulated by Ajzen and Fishbein in 1980 states that "a person's behaviour is determined by the intention to perform behaviour: intention is a function of one's attitude and subjective norm" (Rimer&Glanz, 2005). Intention is determined by a person's readiness to perform a given behaviour, which is driven by the person's attitude, subjective norms and their perception of their ability to perform a given behaviour. Subjective norms are influenced by a person's view of what other people will think if they perform certain behaviour/s (Rimer&Glanz, 2005).

The theory of planned behaviour encompasses the concepts of "behavioural intention (perceived likelihood of performing behaviour), attitude (personal evaluation of the behaviour), subjective norm (beliefs about whether key people approve or disapprove of the behaviour; motivation to behave in a way that gains their approval) and perceived behavioural control (belief that one has, and can exercise, control over performing the behaviour)"- (Rimer&Glanz, 2005: 17). Thus, this model explains that attitudes about behaviour are influenced by beliefsabout what is involved in performing the behaviour, and the outcomes of the behaviour.

The central focus of this theory is on people's beliefs regarding whether or not they can control a particular behaviour, with the proposal that people would make greater attempts to perform behaviour based on the degree of control that they feel they have over the behaviour.One of the first theories of health behaviour, was the health belief model, which was developed in the 1950s by a group of U.S. public health service social scientists (Rimer and Glanz, 2005). These scientists sought to elaborate on why few people were participating in prevention programmes. They postulated that people's beliefs on their susceptibility to disease and their perceptions of the benefits of   attempting to avoid a disease, shaped their readiness to act. This model was expanded in later years to include the following six main constructs, as explained by Rimer and Glanz (2005:13):

- Believe they are susceptible to the condition (*perceived susceptibility*).

- Believe the condition has serious consequences (*perceived severity*).

- Believe that taking action would reduce their susceptibility to the condition or its severity (*perceived benefits*).

- Believe costs of taking action (*perceived barriers*) are outweighed by the benefits.

- Are exposed to factors that prompt action (e.g., television ad or a reminder from one's physician to get a mammogram) (*cue to action*).

- Are confident of their ability to successfully perform an action (*self-efficacy*).

The key emphasis of this model is health promotion, making it useful in addressing behaviour that raises health concerns, including the possibility of contracting HIV and AIDS. Its application in the design of programmes is anchored on the understanding of the perceived susceptibility by a population to the health problem (Rimer and Glanz, 2005).

2.6.1   Development Communication (DC)

The health communication theories that, as mentioned earlier have evolved in the context of developed societies, would be inadequate without inquiry into the specific challenges of communication and social empowerment in the context of the developing countries, and in particular, Africa.

The point of departure for this study is that communication in developing countries, has been considered as a tool rather than a primary process as elaborated by Parrish-Sprowl (1998). Scholars concerned with the role of communication in development have attempted to define development communication, described by Moemeka (1996:6) as:

Concisely, development communication is the application of the process of communication to the development process. It is the use of principles and practices of exchange of ideas to development objectives. It is therefore, an element of the management process in the overall planning and implementation of these programmes.

This definition is significant because it buttresses the need to put communication at the core of project or programme planning. Communication is also defined as a process rather than as a tool- the latter definition often results in the relegation of communication to the background where it remains unplanned and unsytematised. Such relegation has perhaps been based on what people construe as the meaning of the process of communication (Parrish-Sprowl, 1998). Such a perspective of communication has focused on the user or the sender in the communication process as the most significant part. One needs to understand the emerging trends in communication theory as they partly explain the tendency to use communication as a tool.

The more contemporary thinking on development communication offers a more substantive notion of communication as a whole. Moemeka's definition of development communication becomes even more significant when one considers how communication has been interpreted in varying contexts as observed by Parrish-Sprowl (1998:2). Moemeka (1996) states that, historically, communication has been viewed as a secondary process and that usually development communication are interpreted as the use of information agents and the mass media 'persuading or informing people of government initiatives or policies…'

2.6.2   Development Support Communication (DSC)

The urgent need for feasible and practical responses to development catalysed the growth of the field of development support communication (DSC), which has been defined as a sub-set of development communication that is specifically designed and implemented to support a particular development programme or project ((Ngugi, 1996: 283). Development support communication was 'coined and popularised by Childers in 1976 (Melkote and Steeves, 2001:349).

In discussions of communication support, Masilela (1987) observes that this type of communication support involves the planned use of communication activities to enhance project implementation and the achievement of project objectives. This is done through providing packages that are carefully designed for informational, educational and motivational activities. Thus, those targeted as beneficiaries are encouraged 'to participate in the

project, by helping to ensure that the promised project benefits accrue, by preventing negative project impacts, and by improving the institutional efficiency of the implementing agency' (Masilela, 1987).

Jayaweera and Amunugama (1987), while discussing the differences and the relationship between development communication (DC) and development support communication (DSC), note that DSC is common at local levels, is concerned with effects and has time limits within which certain goals and objectives should be attained. Further, the messages are carefully designed in line with the goal/objectives and DSC is interactive and participatory.

Jayaweera and Amunugama (1987), as well as Ngugi (1996), acknowledge that DSC has gained in credibility and stature over DC, in spite of their interelatedness. This has been attributed to the wide and successful use of DSC principles in development projects at the United Nations; indeed the term was coined by Erskine Childers, then at the UNDP (Jayaweera and Amunugama, 1987). Melkote and Steeves (2001: 349) have quoted Ascroft and Masilela (1987), on the shift that this concept brought:

With this term, the emphasis changed from viewing communication as an input toward economic growth to visualising communication more holistically and as a support for people's self-determination, especially at the grassroots level.

The core tenets of DSC include: horizontal knowledge sharing between participants; a participatory paradigm of an endogenously directed quest to maintain control over basic needs; efforts focused on the local and grassroots level; the use of small media, including group and interpersonal media; and the creation of a climate of mutual understanding between participants (Melkote&Steeves, 2005: 350).

The significance of DSC has been well described in the writings of several communication scholars who have illustrated the contribution of communication based on the results of certain communication programmes. Obeng-Quaidoo and Gikonyo (1995) note "the success of UNICEF in the IEC intervention in its growth, monitoring, oral rehydration, breast feeding and immunization programmes (GOBI) as well as that of WHO in its Expanded Programme of Immunization (EPI) 'which have brought about significant reductions in the level of childhood mortality through immunization against six of the major infectious diseases prevalent in developing countries…'. (p.73).

Another example is that of radio farm forums for rural development in Ghana (Ugboajah, 1996) and a similar approach, the radio listening, groups strategy, in Zimbabwe and Kenya (George, 1993). Thus, while the specific effects of communication cannot be articulated precisely, the contribution is based on the crucial function of communication because development is information-dependent or information-related (Boafo, 1996).

It has been observed by Melkote and Steeves (2005), however, that DSC was not wholly embraced among all UN agencies, although there was the encouragement by some of the agencies on the need for interpersonal and participatory communication. In addition, DSC has not been completely consolidated in development agencies in terms of operationalizing the participatory approaches. The concept of participation is anchored on participatory theories which arose from the criticism of the modernisation paradigm as being top-down, ethnocentric and paternalistic.

In terms of communication, and as observed by Waisbord (2001), one of the most powerful inputs into participatory communication came from Paulo Freire who argued that the failure of early development approaches and interventions was linked to their authoritarian conception of communication, which was primarily persuasive. Freire proposed a communication approach that emphasized conscientisation, free dialogue, and cultural identity and trust (Waisbord, 2001).

Participatory communication is crucial because of the centrality of giving the individual the chance to express his/her opinion at all levels of the process, because individuals are considered as being key to the project or programme which is ultimately in their interest. The growth of the use of concepts such as social marketing and social mobilisation have led to the prominence of participation because this accords the programme/project planners and implementers, the opportunity to include and change certain aspects of their programmes based on solid evidence and experience by the end-users or beneficiaries, as discussed in the literature review.

Obeng-Quaidoo&Gikonyo (1995), have emphasized the importance of the participatory element in *decision-making, in implementation, in benefits* and in *evaluation*. Participation, it is argued, give members of a

community a sense of ownership, besides exposing them to different approaches, thereby *empowering* them and giving semblance to elements of *sustainability*.

2.7   Conceptual Model

As observed above, HIV and AIDS programming and interventions continue to present theoretical and conceptual challenges. The theories and approaches that were found to be partially applicable to this study were the social cognitive theory, the group dynamics approach and the development support communication approach. However, these theories could not sufficiently explain this research study. To operationalise this research, therefore, it was necessary to employ a revised version of the strategic conceptual framework for extension campaigns, which offers an integrated analytical framework, applicable for communication interventions. The strategic conceptual framework for extensions campaigns (SEC) is based on various theories and concepts in the development support communication field. We defined this modified model as **the Wambui Kiai conceptual model (Fig. 2.2).**

The basic premise of the SEC, is that for communication to be effective, planning and strategies should be specific, systematic and well-planned (Adhikarya, 1987). The SEC conceptual framework (see Fig. 2.1) for extension campaigns has the following phases, categorised in two parts: campaign strategy development and campaign management planning.
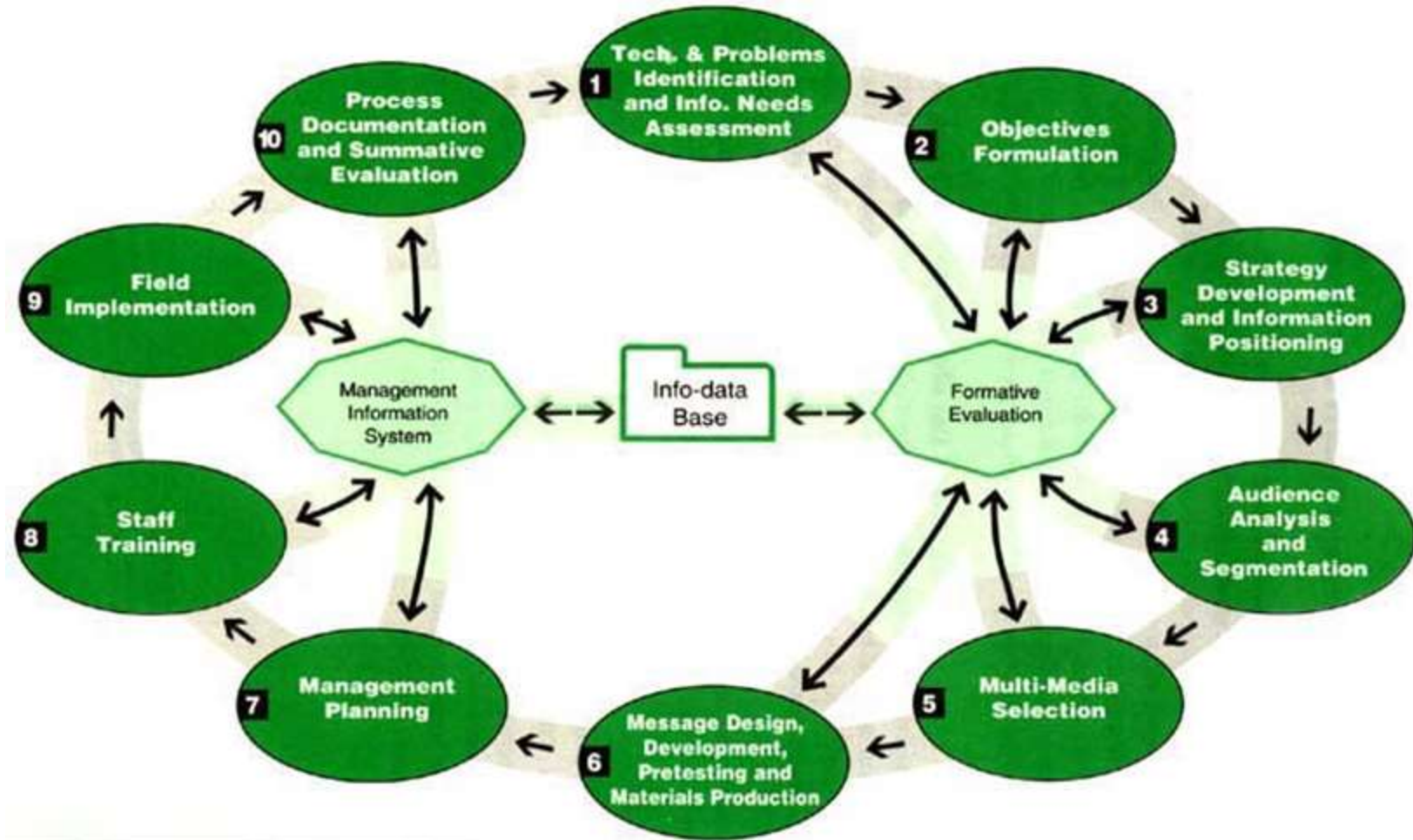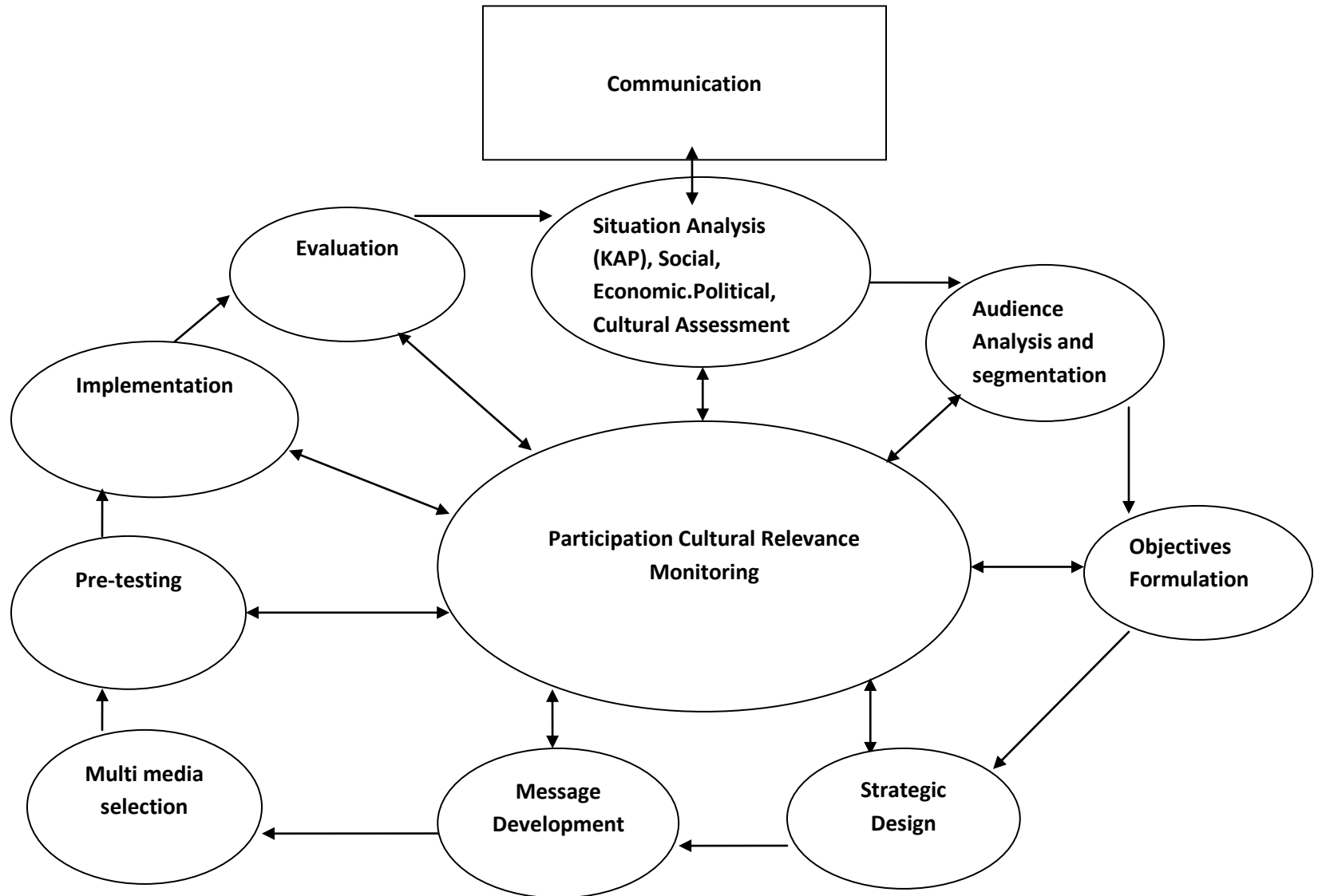
Fig 2.1: Conceptual Framework for Strategic Extension Campaigns

(Source: Adopted from Adhikarya, 1987).

Communication

Evaluation

Situation Analysis (KAP), Social, Economic.Political, Cultural Assessment

Audience Analysis and segmentation

Implementation

Participation Cultural Relevance Monitoring

Objectives Formulation

Pre-testing

Multi media selection

Message Development

Strategic Design

Fig 2.2: The Wambui Kiai Conceptual Model for Strategic Communication Planning for HIV and AIDS.

2.8 Relevance of the Wambui Kiai Conceptual Model to the Study

The Wambui Kiai Conceptual Model was used to guide this study as it lays emphasis on good planning and implementation and the need to integrate the challenges of a target audience or target beneficiary. This model also focuses on the need for a communication department, and for personnel who are trained and experienced in communication to plan and implement communication interventions in organisations. In addition, there is a focus on how information and communication can be utilised effectively in interventions to address various development challenges. The guideline on being specific and systematic in the planning and implementation of interventions was an emphasis in this study.

The model also strongly advocates for the integration of participation in   all phases in planning and implementation, hence its centrality in the model. Specifically, participation can be actualised through focus group discussions, and consultations with the target audiences, at various levels, such as: the situational analysis and needs assessment (this also involves a KAP study); the audience analysis and segmentation, in the objectives formulation, strategic design and in message design and development (through pre-testing). In addition, more prominence has been given to situational analysis, since this forms the basis of the conceptualisation, planning, design and implementation of communication interventions. Implementers using this framework, have to remember that it ought to be flexible enough to address local conditions, meaning planning should be adaptable to issues like culture.

3.0 Methodology

This section details the methodology that was deployed in this study, describing the study design, the research sites, the sampling procedures, and the methods used to collect data. The chapter also has a brief account of the method and model utilised to analyse the data. This section also highlights some of the problems and constraints and limitations encountered during the process of data collection.

The sites for this study were selected purposively owing to the fact that the focus on the planning of the communication component in HIV and AIDS programmes and projects targets the headquarters of the organisations in question. The study wascarried out in Nairobi and Kisumu, with the expectation that this would provide comparative data based on the following criteria: rural/urban dichotomy; cultural diversity; and differential HIV/AIDS prevalence rates. This expectation, however, was not met.

Nairobi is the capital city of Kenya, and the headquarters of Nairobi County. It is a leading financial and political centre, with a cosmopolitan character and the highest urban population in East Africa, which is estimated to be between 3 and 4 million people. Nairobi also serves as an international centre, and as a communication focus, as it is host to many international and regional organisations (Nairobi County, 2017).

Rapid and high urbanisation (at an estimated annual growth rate of 6.9%), presents some serious challenges including the growth of the city's slum population, and threats to security, with implications for cases of sexual assault (Nairobi City Council, 2008).The HIV and AIDS prevalve in Nyanza region was at 15.3% in 2016. This is the highest rate followed byNairobi Countywith9.0% (KAIS, 2008, 6.8% 2016).Reportby NACC 2016.

This study utilised a cross-sectional and descriptive research design to investigate effective communication integration in planning and implementation processes of HIV & AIDS intervention. Both qualitative and quantitative data were collected. Quantitative data were collected using a semi-structured questionnaire, while qualitative data were collected from literature, and documents from organisations. These data were then subjected to both quantitative and qualitative analyses. While qualitative analysis yielded thematic descriptions and generalisations, quantitative processes generated appropriate frequency and percentage distribution tables.

There are a total of 645 NGOs in Nairobi and Kisumu working in the area of HIV and AIDS, based on the inventory of KANCO (2005). The unit of analysis was the organisation, and the respondents were officials in charge of the communication unit or function in the organisation.The sample size of sixty organisations was drawn from the six hundred and forty-five organisations registered with the Kenya NGO AIDs Consortium (KANCO-2001). The total number of organisations involved in IEC, using the KANCO inventory, was two hundred and sixty-six country-

wide. One hundred and ninety one of these organisations were based in Nairobi, and thirty four were based in Kisumu.

Purposive sampling was used to sample organisations with the following characteristics:Organisations that were well- with international or regional in stature. The researcher was interested in examining whether higher budgets and international scope influence the planning of communication. Medium sized NGO's which were national or provincial in geographic coverage, for comparison purpose. The final category was for the newly established NGO's which were limited to geographic coverage of 2 areas or 1 province.

Data collection methods included both primary and secondary sources. Forty nine respondents (49) and eleven (11) key informants were interviewed. Semi- structured questionnaire was administered and interview guide was used to collect data from key informants.

Secondary data were derived from literature in published and unpublished documents in the medical/health and communication areas from various academic institutions and scholars as well as international and national organisations dealing with HIV and AIDS. Additional secondary data were collected from organisational records such as plans, annual reports, proposals, evaluation reports, project appraisal and monitoring documents.

Data obtained from the questionnaires were analysed to allow for inferences and interpretations using the Statistical Package for Social Sciences (SPSS). Descriptive and inferential statistics were used to interpret data obtained on variables relevant to the study objectives and hypotheses.

Data from the key informant interviews were analysed along broad themes and used to support the information derived from the main instrument, the semi-structured interview schedule. Thus, triangulation was done from the information derived from the key informant interviews, within the framework of the questionnaire. Secondary data were also used in this triangulation.Bar charts and pie charts were used to present findings. The findings from the key informant interviews were presented as narratives.

There were several problems and constraints experienced in the course of this study, as with any other research. The inventory contained highly generalised information, making it difficult to distinguish the organisations engaged in serious HIV and AIDS education and communication programmes or projects. Organisations involved in the distribution of pamphlets, posters and other materials on HIV and AIDS, listed themselves as working on AIDS information, education and communication (IEC). This resulted in constraints during the sampling. There was no clear distinction between NGOs and CBOs, necessitating visits to KANCO and telephone calls to make this distinction.The researcher maintained the confidentiality of the data and used it for academic purposes only. Skilled research assistant were used.

4.0 Study Findings

4.1   Introduction

This Chapter presents the findings on strategizing and implementing the communication process. This is done on the basis of the following sub-themes: needs assessment; selection of audiences; the process of message development; and the channels utilised in communication effort by organisations.

4.2 Needs Assessment

Fifty-eight per cent of the respondents said that a needs assessment had been done, while 26% indicated that a needs assessment was not conducted in their communication programmes regarding HIV and AIDS.Of concern was the non-response, comprising 16% of the organisations which, when combined with those who had not conducted a needs assessment, makes 42%, a substantial proportion.

One half (50%) of the respondents,said that the knowledge, attitude and practice (KAP) levels of the audience were considered. Only 4% said no consideration was given to audience KAP levels, while 44% did not respond to this

question. . KAP levels are crucial in communication, to clarify the knowledge that an audience has, as well as its prevailing attitudes and practices.

In the words of one of the key informants: "Kenya is a complex heterogeneity of communities, anthropologically and culturally which is critical". This has posed a great challenge to the efforts of those in HIV and AIDS education as far as communication is concerned.Consideration of the KAP levels by 50% of the organisations suggests an effort to respond to recommended principles of effective communication, and good practices. KAP surveys were popularised in the field of population communication, and in particular in the family planning sector, when it was realised that more than the dissemination of information and knowledge was required.

Fifty per cent of the respondentssaid that they consider the socio-economic background of their audience, while only 2% do not. However, almost a half (48%) of the respondents did not answer this question.More than a half (56%) of the respondents have considered culture in their programmes and projects, with only 2% saying that they did not consider culture. However, a sizeable 42% of the respondents showed a non-response to this question.Most scholars have attributed some of the failures of past HIV and AIDS interventions to the lack of incorporating culture in them.

Culture is also key to understanding the value systems that guide a community in particular, and how this shapes or relates to attitudes and beliefs. For those involved in HIV and AIDS interventions, this is critical in the areas of sexuality, perceptions of risk and in assisting to incorporate cultural diversity and creativity in the implementation of activities.

Just over a half (56%) of the respondentssaid that they consider the media patterns, habits and preferences of their audiences. Two per cent did not take these issues into consideration in their communication programmes, projects or activities. Many other respondents (42%) did not answer this question.This consideration is vital as communicators need to work along the existing media patterns, habits and preferences of their audiences.

An example given by one of the key informants is that one of the major problems in most HIV and AIDS communication programmes/projects/strategies has been the approach used, where "one-model- fits all". This fails to account for the differing needs of the various reproductive ages of audiences.

The findings on whether organisations consider existing messages on HIV and AIDSshowed that, more than one-half (56%) of the organisations took into consideration the existing messages on HIV and AIDS, while 4% did not consider these existing messages. However, 40% of the organisations did not respond to this issue, which is of great import given the early conflicting messages sent out by different sectors.

Fifty four per cent of the respondents indicated that in their communication programmes, structural obstacles such as access to health were considered. Very few respondents (4%) attested to not considering this issue. However, there was a considerable proportion (42%) of organisations that did not indicate whether or not they consider structural obstacles.

The key issues emerging for those who conducted needs assessments showed lack of counselling skills (12%); the need to review key messages (12%); and the existence of misinformation (12%). Other key issues were: that there has been a rise in HIV and AIDS infection (8%); that there is a need to increase access to information (6%); that there are economic constraints to HIV and AIDS work (4%); and that infrastructural obstacles exist (4%). There was a non-response return of 42%.

The key issues that emerged from the organisations' assessments cumulatively make 58%. These issues demonstrate the importance of conducting needs assessments, as organisations would run the risk of developing messages that are ineffective, not addressing the issue of misinformation, or ignoring the need for counselling within the communities they seek to work in.

One half (50%) of the organisations in this study,target a general audience in their communication programmes, projects and activities. The youth were a target audience for 26% of the organisations, which is quite significant. Those who are middle-aged comprise 14% of the target for organisations, while only 2% of organisations target the elderly. Eight per cent of the organisations did not indicate their target audience.In the literature review, the youth,

described as the 'window of hope', have been identified as an audience in great need of protection against HIV and AIDS (GoK, 1997; Ministry of Health/NASCOP, 1998, 2016).

4.3   Selection of Audiences

The selection of audiences is critical: one of the greatest gaps identified in early HIV and AIDS intervention work, was the lack of audience segmentation, also raised by some of the key informants.There were indications of audience segmentation in 42% of the organisations.Segmentation was popularised in population and family planning communication, and in the field of health communication.It was found that this improved effectiveness and efficiency of a message, as this was targeted along the predispositions of a sub-group with similar characteristics-either age, sex, or susceptibility, among others (Salmon &Hutley, 2003).

Significantly, the emphasis in the youth has been justified also by descriptions of this age group as 'the AIDS generation', and the need to ensure that they do not get infected with HIV (AAWORD, 2001; Kiai et al., 2004).

An important consideration is whether most audiences are included in HIV and AIDS interventions. This is because an emphasis on one particular audience, can lead to neglect or inadequate attention to other audiences. This may explain why organisations seek to have broad awareness interventions, in their desire to accommodate a variety of audiences, particularly in the context of crises and emergencies like the HIV and AIDS pandemic.

4.4 The Process of Message Development

It is noteworthy that 28% of the respondents attested to the participation of their target audiences in the process of message development. Another 20% of the organisations used creation of awareness in the process of developing messages, while 18% integrated research in developing their messages. Fourteen per cent of the respondents said that they followed the behaviour change process, while 2% said that they did not follow any specific process. There were, however, 18% of the respondents who did not indicate the process followed in developing messages.

For those who considered the existing messages on HIV and AIDS, 14% found that there were messages on the awareness of STDs; 14% said that there were messages on abstinence from sex; 12% said that the message they found was "Help Crash AIDS"; while 4% of the respondents found messages on the "Need to adhere to ART". However, slightly over a half (54%) of the respondents did not indicate what messages they found.

The existing messages had an influence on some of the organisations' message development process.This influence was in the form of enhancing the process for 30% of the organisations. Six per cent of the organisations were able to avoid duplication based on their consideration of the existing messages. On the other hand, for 4% of the organisations, this process assisted them by having messages that avoided creating fear in audiences.

Another 4% of the organisations created effective messages, arising from their consideration of existing messages on HIV and AIDS. However, over a half (56%) of the respondents did not respond to this question.Most of the organisations (68%) have developed messages with the aim of providing information, while 32% did not indicate the aim of their messages. Thiscorresponds well with the findings on the major communication objectives indicated -of providing information, and the tendency to focus on creating awareness. This, however, has to be viewed in tandem with the other aims of the messages developed as stated by the organisations.

The majority of organisations (76%) indicated that they seek to raise awareness on HIV and AIDS in their messages. On the other hand, twenty-four per cent of the organisations did not respond to this question. On the other hand, A half (50%) of the respondents stated that in their messages, they have the aim of building knowledge and skills.The other half did not respond to this question. A majority of the organisations (82%) indicated that most of their messages address the need to achieve behaviour change. Only 18% did not respond to this question. As observed by a key informant, a major challenge in HIV and AIDS communication is that messages have been targeted at the rational human being.

Cultural relevance and appropriateness were taken into consideration by the majority of respondents (72%). However, 16% of the organisations indicated that they did not consider cultural relevance and appropriateness, while 12% of the respondents did not return a response to this question.

The finding that the majority of organisations in the study considered cultural relevance and appropriateness indicates a great strength in this sector. This is because it is important to ground interventions into a community's traditions, beliefs and values, for sustainability and meaningful behavioural and social change.In addition, there is an opportunity to view cultural components that can enhance interventions.

The findings on the reasons given by organisations for considering culture, or for not considering culture revealed that, 50% of the organisations, cultural influence and difference were considered to be important, hence the reason for the consideration of culture. The findings from the needs assessment conducted demonstrated the importance of culture to 14% of the organisations. Ten per cent of the organisations did not find reference to culture necessary, while 4% of the respondents said their audience was general. There was no choice over IEC materials, according to 4% of the respondents, while 24% of therespondents returned a non-response.

It is significant that the key role played by culture was recognised by the majority of respondents. The importance of conducting needs assessment can be seen as it demonstrated the need to consider culture in the case of 14% of the organisations. The spill-over of the early focus on awareness creation is clear in the case of 22% of the organisations (audience is general-10%, culture not relevant-10% and no control over IEC materials- 4%).

4.5 Channels Used

Face-to-face communication is given as a channel or method used by 54% of the organisations. However, 46% of the organisations did not indicate whether or not they use face-to -face communication.While the use of mass media has been popular for widespread reach, face-to-face communication is critical when one is focusing on building skills and on behaviour change.

As explained by one of the key informants and in the literature (Ministry of Health/NASCOP, 1998), interpersonal communication has been found to provide a forum for clarification and for interaction. This has worked particularly well, when peer counselling has been the approach used.Some of the key informants were of the opinion that the focus on producing materials such as pamphlets and posters has prevented effective communication which calls for interaction, and resulted in there being more information than communication.

Again, in the experience of another key informant, interpersonal communication facilitates a response to real life challenges of an audience, and to the reality of their lives. This channel promotes a human-centred approach, away from the transmission model which encourages communities to participate in decisions affecting their lives.

Slightly over a half of the organisations utilise Overhead Projectors in their work, implying that there is a lot of face-to-face communication through workshops, seminars, and meetings. The rest of the organisations did not register a response to this question. As stated above, face-to-face communication, including interpersonal communication is highly preferred when addressing behaviour change in Africa.

The majority (74%) of organisations do not utilise workshops and seminars as a channel. Only 26% of the organisations in the study use this channel or method of communication. The findingsshowed that face-to-face communication is used by 54% of the organisations, implies that 26% of these organisation may be using methods like visits and small group meetings, or focus group discussions.

About one half (52%) of the respondents indicated that they use billboards, posters and brochures in their programmes, projects and campaigns. However, the remaining respondents (48%) did not respond to this question.These methods were predominantly used in the early days of HIV and AIDS education in an effort to reach as many people as possible in the shortest time, given the urgent nature of the pandemic.According to the majority (90%) of the respondents, written communication was not a preferred channel. Only 10% said that they used this method.

Providing a deeper understanding of issues was the reason given for the selection of channels for many (46%) organisations. The other reason cited was that workshops and media are cost effective as methods (30%). Other organisations stated that this was what the budget allowed (4%), that it was the suggestion of donors (2%), or that it

was the idea of project implementers (2%). Twelve per cent of the organisations did not register any response to this question. Funding and the objectives of organisations usually influence the channels that are selected. However, the primary consideration must be the effectiveness of a channel among the targeted audience.

This chapter has emphasized the findings along the themes of strategising and implementing the communication process in organisations involved in HIV and AIDS interventions. In particular, the focus was on: needs assessment; selection of audiences; the process of message development; and the channels utilised in communication effort by organisations.

5.0 Conclusions and Recommendations

5.1 Level of conformity with accepted communication concepts, and best practices in Planning and Implementation

An important finding of the study is that there were components of the behaviour change communication process, combined with awareness raising or creation for about 50% of the organisations. This is best exemplified in the analysis and conclusions regarding the level of that indicate the score of organisations against those components that are the most basic for effective communication interventions. These components are: the rank of the person handling communication; whether a communication/information department existed; whether the person handling communication had training in communication; the communication objectives of an organisation; whether a needs assessment was conducted; segmentation of the audience; the aim of the message/s; the channels used; whether pre-testing has been done; levels of participation; and whether culture was considered.

Only one organisation, representing 2% of the organisations studied, had incorporated all the basic elements of an effective communication process. Another 12% of the organisations studied had complied with 75% of the critical components required for an effective communication process to occur. The Table indicates that 66% of the organisations studied had incorporated 50% and above of the essential components of an effective communication process. This also means that 34% of the organisations were following less than 50% of the critical steps required for effective communication interventions.

What is significant, however, is that most of the organisations that had 75% compliance, are international organisations. This possibly reflects their adoption of the international emphasis, which began in the mid-1990s, of behaviour change communication in HIV and AIDS interventions.

An important finding in this regard is that behaviour change communication components were clearly included in the communication process of some of the organisations who had incorporated the practice of conducting needs assessment in their communication efforts. Again, at least a half of the organisations in the study sought to understand in their needs assessment: the existing communication systems; the KAP levels of their audiences; the culture of their audiences; the media patterns, habits and preferences of their audiences; the existing messages on HIV and AIDS; and the existence of structural obstacles (such as access to health facilities).

However, this component is a departure from the stated objectives of providing health care; creating awareness; general development and human rights work which was the response of most of the organisations. The process followed based on the objective of creating awareness, is dissemination, which treats the audience as amorphous, homogeneous and passive, meaning it is largely informational.

5.2 Conclusions

On the basis of the above discussions, the following conclusions can be drawn.most organisations have not fully embraced the systematic and efficient communication process. This is confirmed by the fact that about two-thirds of the organisations in the study had an adherence level of 50% of accepted effective communication principles and 'best practices'. This un-coordinated manner of planning and implementing communication interventions can be linked to the first conclusion, meaning that communication in its entirety has not been integrated into organisations working in HIV and AIDS education.

5.3 Recommendations

5.3.1   Recommendations with Policy Implications

▪ A comprehensive communication strategy must be developed and effectively implemented at the national level through the National Aids Control Council (NACC). In particular, a systematic communication process for all interventions whether national or local is desirable. A strategy would also provide a framework for networking and sharing of lessons learnt, and best practices, while the mapping would indicate key gaps in the country's overall efforts.

5.3.2   Recommendations for Further Research

Arising from the study and the discussion above, the following research areas are recommended for future research:

▪ Studies that comprehensively examine the contribution of communication are critical. This is especially urgent, given the lack of frameworks that could guide communication interventions at the onset of the pandemic. Documentation of HIV and AIDS communication, besides the commendable best practice method, would also encompass discourse on the conceptual complexities as informed by the practice of HIV and AIDS interventions.

▪ In-depth research on culture, sexuality, sexual behaviour and communication: the HIV and AIDS pandemic has exposed the inadequacy of social systems in handling and passing on of knowledge and information, with regard to sexuality and sexual behaviour. The interplay between modernisation and culture as this has impacted on sexuality and sexual behaviour has not been well researched, especially in the context of the pandemic.

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