

**NATURE AND EFFECTIVENESS OF HEALTH
COMMUNICATION INTERVENTIONS: A
STUDY OF KENYAN HIV/AIDS NGOs**

BY

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COMMUNICATION INTERVENTIONS: A STUDY OF
KENYAN HIV/AIDS NGOs**

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Requirements for the award of Doctor of Philosophy Degree in
Communication Studies.**

Moi University

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DECLARATION**Declaration by Candidate**

This thesis is my original work and has not been presented for a degree or diploma in any other university. No part of this thesis may be reproduced without prior authority from the Author and/or Moi University.

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Declaration by supervisors

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DEDICATION

To the memories of my late father, Morris E H Nyiro,
to my wife Kadzo and my daughters, Maku and Nyadzua

ABSTRACT

The study examined the health communication interventions among HIV/AIDSNGO's in Kenya. The researcher identified the health communication initiatives, assessed their planning and implementation and identified the gaps. The study was prompted by the fact that although billions of shillings have been spent fighting HIV/AIDS infections in the past 30 years, there was still very little to show for the effort considering that Kenya was rated among the five most affected in the world. A review of relevant literature pointed this failure to the inability of these efforts to translate to behavior change thus leading to mere provision of information which creates high awareness levels, but which did not translate to behavior and social change. This was the knowledge gap the project set to study and contribute to. The study found out that organizations involved in health communications have not integrated an effective communication process and the planning of the communication process is not done in accordance with accepted communication concepts and best practice. On the basis of the findings, the study recommends changes in the health communication interventions. The study involved 38 participants who included 30 Programme Officers who undertake HIV/AIDS programming and 8 peer educators and a focus group discussion involving 10 people living with HIV. This study was informed by relativist-interpretivist paradigm which is consistent with the qualitative approach and case study method. Data was collected using interviews, document reviews, observations and focus group discussion. After collection the data was analyzed thematically and presented in narrative form. All relevant ethical issues were considered. The study provides a basis upon which health communications among HIV/AIDSNGOs in Kenya and similar contexts could be based. It also fills a gap in the existing literature as well as contributing towards the continuing discourse on HIV/AIDS communication.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AAWORD	African Association of Women for Research and Development
AMR	Africa Media Review
AIDSCAP	AIDS Control and Prevention Project
CACCs	Constituency AIDS Control Committees
COMPRAM	Complex Problem Handling Methodology
CFSC	Communication for Social Change
DC	Development Communication
DDO	District Development Officer
DSC	Development Support Communication
DTCs	District Technical Committees
ERS	Economic Recovery Strategy
FAN	Forest Action Plan
FAO	Food and Agricultural Organization
FHI	Family Health International
FPPS	Family Planning Private Sector
HIV	Human Immunodeficiency Virus
KANCO	Kenya AIDS NGOs Consortium
KAS	Know AIDS Society of Kenya
KNASP	Kenya NationalAids Strategic Plan
KDHS	Kenya Demographic and Health Survey
MOH	Ministry of Health
NACC	National Aids Control Council

NASCOP	National AIDS and STD Control Programme
NGO	Non Governmental Organization
PLWHA	People Living With HIV AIDS
PMTCT	Prevention of Mother-to-Child Transmission
QL	Qualitative data
QN	Quantitative data
SAFAIDS	Southern Africa AIDS Information and Dissemination Service
SCT	Social Cognitive Theory
STDS	Sexually Transmitted Diseases
SEC	Strategic Conceptual framework for Extension Campaigns
UNAIDS	United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNGLS	UN non Governmental Liaison Services
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

OPERATIONAL DEFINITION OF TERMS

This section explains important terms and concepts that the researcher used in the study. These concepts and terms are used by different scholars to mean different things. This section is therefore intended to guide and help the reader to read the report in the perspective of the researcher and properly follow his argument.

AIDS: Acquired Immune Deficiency Syndrome, which means that the immune system does not function well

Akrasia: Is a Greek work that implies lack of command over self in acting against ones better judgments. In this study, it has the import of choosing virtue against vice

Attention: The ability to focus selectively and concentrate on some features of the environment to the (relative) exclusion of others. In this study it inclines towards being focused on ones original decisions made

Authenticity: The quality of sticking to what one judges to be good. In this study it implies being genuine and trustworthy with regard to the need to refrain from sexual activities

Awareness: Consciously informed. In this study it has the import of having knowledge

Better judgment: The rational decision in choosing against vice

Communication: The primary process which is ongoing, dynamic and cyclical. As such, the components of receiver and sender are not permanent. The process is interactive which means that the element of feedback is crucial ie sender, message, channel, receiver and the process of in-coding and en-coding to include the elements of horizontal communication, interaction and feedback.

In this study, communication combines IEC strategies, approaches and methods that enable individuals, families, groups, organisations and communities to play active roles in achieving, protecting and sustaining their own health. Embodied in communication is the process of learning that empowers people to make decisions, modify behaviours and change social conditions. Activities are developed based upon needs assessments, sound educational principles, and periodic evaluation using a clear set of goals and objectives.

Communication process: The communication process guides the implementation of effective communication. It is the exchange of meanings and it enhances the social relationships based on the exchanges

Communication intervention: A communication programme, project campaign or policy change that seeks to create change. In this study, it refers to behavior change and to some extent social change regarding HIV/AIDS. Communication interventions in HIV/AIDS seek to influence changes in individual behavior and in some cases community behavior such as practice of safer sex.

Communications programming: systematic and collective intervention modalities that work together to create conditions conducive to helping people adopt beliefs, attitudes and behaviors that reduce their risk of becoming infected with HIV, while helping those who are already HIV positive live healthy and responsible lives. These three modalities include advocacy, behavior change communication and education.

Communication strategy: This is the manner in which media communication channels are employed to achieve specific objectives.

Effective Communication: Is the extent to which a person interpreting a message does so in a way that is relatively similar to what was intended; minimizing misunderstanding”. In this study, this understanding was used to help the researcher investigate the effectiveness of communication amongst HIV/AIDS NGOs

Ethical: Acceptable as part of an organizational culture. In this study it has emphasis on moral values

Exposition: A comprehensive description or account of an idea or theory meant to explain a concept that is difficult to understand. In this study an exposition of the concept of akrasia is undertaken and used to explain the issue of HIV/AIDS infections

HIV Incidence: The proportion of people who have become infected with HIV during a specific period of time.

HIV positive: Showing indications of infection with HIV (e.g., presence of antibodies against HIV) on a test of blood or tissue. Synonymous with seropositive.

HIV Negative: Showing no evidence of infection with HIV. Synonymous with seronegative.

HIV prevalence: Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time. In this study, terms “prevalence” and “incidence” have been differentiated to avoid confusion. Incidence only applies to the number of new cases, while the term prevalence applies to all cases, old and new.

HIV: Refers to the Human Immunodeficiency Virus, which can be transmitted through unprotected sex. HIV leads to the fatal disease AIDS.

Ideal self: Is what a person wants to be. In this study, it focuses on efforts towards remaining free of HIV/AIDS or being authentic which is the quality of sticking to what one judges to be good

Information Education and Communication (IEC): Refers to a public health approach aiming at changing or reinforcing health-related behaviours in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles.

IEC combines strategies, approaches and methods that enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their own health. Embodied in IEC is the process of learning that empowers people to make decisions, modify behaviours and change social conditions. Activities are developed based upon needs assessments, sound educational principles, and periodic evaluation using a clear set of goals and objectives.

Semi structured Interview: Contains a mix of structured questions, often to get factual data, and more general open-ended questions which allow the respondent to elaborate on particular issues

Key informants: Are people who are known to have knowledge, experience, expertise and/or opinions specific to the subject of the research, and who are selected as data sources for this reason. In this study a total of eight key informants were interviewed

Knowledge: Justified true beliefs that portray a state of awareness. In this study it refers to the understating of facts given on HIV/AIDS and akrasia, empirical or social, as well as their justification

Nature and Framework of Communication

The term “nature of communication” was used in the study to mean the essential qualities or characteristics of communication. In the context of health communication in Kenya, the research will come up with a clear and intelligible description of that communication and how it works so that readers understand what that communication

really is. It will be a clear answer to the question “how does health communication take place in Kenya?” In the context of this study, the terms “nature of communication” and “communication framework” were used to mean the same thing.

Pandemic: A disease prevalent throughout an entire country, continent or the whole world.

Pedagogy: Social intercourse in the course of teaching and learning

Peer Education is an approach to health promotion, in which community members are supported to promote health-enhancing change among their peers. It is the teaching or sharing of health information, values and behavior in educating others who may share similar social backgrounds or life experiences.

Peer Educators: These are the people in peer education programmes in HIV/AIDS organisations who lead sharing of health information, values and behavior in educating others who may share similar social backgrounds or life experiences. In this study it refers to the 8 respondents who are beneficiaries of the peer education programmes in the 8 selected HIV/AIDS organisations

Principleness: Lack of Principleness refers to the tendency to choose the easier course of action even with its inherent evil rather than the hard course of action though perhaps with greater good. In this study it refers to the individual who abandons his original decision for an easier course of action when he finds that the

principle (eg of not having casual sex)that he has enacted for himself is difficult to live up to.

Real self: Is what a person is. In this study it inclines toward being free of HIV/AIDS or not

Reservoir perspective: A perspective of analyzing the prevalence of HIV/AIDS pandemic where focus is on the pandemic as ‘invisible’ and on the importance of translating the prevalence rates realistically. There is caution on the constraints of the sentinel surveillance, and the fact that most infected people are not represented in the surveillance, as they do not go for Voluntary Counseling and Testing (VCT).

Stakeholders: Are people with an interest (stake) in the research. In this study, the stakeholders include NGOs in HIV/AIDS programming, communications officers interviewed; National Aids Control Council-the Council, educational institutions, researchers, funding bodies, National Institute for Science and Technology who issue research permits among others.

Strategic communication: is an approach to the design and implementation of programmes that increases their impact on behavior and social change. It is multidisciplinary and systematic, combining a series of elements-extensive use of data, careful planning, stakeholder participation, creativity, high quality programming, and linkages to other programme elements and levels, among others, that stimulate positive and measurable behavior change among the intended audience.

Theme: Represents a level of patterned response or meaning from the data that is related to the research questions at hand. In this research, themes have been determined based on frequency of occurrence across the data set, and the researcher's judgment to decide which themes are more crucial. Themes have been used to provide an accurate understanding of the big picture. In this thesis, a theme is different from a code. The theme is considered the outcome or result of coding, not that which is coded. The code is the label that is given to particular pieces of the data that contribute to a theme. For example in this thesis, "Authenticity" is a code, but "lack of authenticity" is a theme.

Temptation: Refers to the quality of an individual to act under the influence of passion rather than reasoned deliberation. In this study, it refers to a situation where individuals who, fully aware of the dangers of HIV/AIDS and its consequences, still engage in sex, under the influence of passion and appetites.

Thick Description: A rich and extensive set of details concerning methodology and context provided in a research report. In this study, these details include inputs, timeframe, responsible people in the data collection and anticipated outputs. This description has been given to enhance credibility of the data gathered.

Will: Inner self or conscience

Wisdom: Utilization of knowledge in such a way that it brings about and promotes practical good to humanity.

CHAPTER ONE

1.0 INTRODUCTION

1.1 An Overview of the Introduction

The introduction gives the context of the study, gives and presents the background, problem, objectives and research questions. It also brings the justification and significance of the study and clarifies the assumptions, scope and limitations of the study. The chapter begins by giving the Kenyan situation explaining the HIV/AIDS communication gaps that form the motivation of this study and then opens up with the global perspective. In stating the problem of the study the chapter points out how the intricacies of HIV/AIDS present massive puzzles for inquiry justifying calls for academic research to take a leading role in unraveling these puzzles. The Chapter also defines the objectives, formulates research questions, gives justification of the study and explains its significance and points out assumptions made in the study. The chapter ends by giving the scope and limitation of the study.

1.2 Background to the Study

Although billions of shillings have been spent fighting HIV/AIDS infections in the past 30 years, there is still very little to show for the effort considering that Kenya is rated among the five most affected in the world in terms of HIV/AIDS prevalence. However research has shown that there are high awareness levels among all the sectors of the population, thus a gap exists between the high awareness levels and the desired behavioral changes on HIV/AIDS. This continuing lack of behaviour change in the context of valiant efforts by NGOs and government agencies demands that research be conducted to identify the causes of the gap between knowledge and behavior. A review of relevant literature revealed that despite the problem above, there

were no studies known to me that had empirically explored the reasons for the failure of these health communication initiatives although existing literature points to failure of these communication initiatives to their inability to translate to behavior change thus leading to mere provision of information which creates high awareness levels, but which did not translate to behavior and social change. On the basis of the findings, the study recommends changes in the communications interventions among HIV/AIDSNGOs in Kenya.

The study examined the planning and implementation of health communication interventions among HIV/AIDSNGO's in Kenya. The researcher identified the health communication initiatives, assessed their planning and implementation and identified the gaps.

1.2.1 Kenyan Perspective

The HIV/AIDS pandemic has been described as the greatest development challenge for Kenya (UNAIDS, 2012). This is reflected in the current paradigmatic shift that seeks to tackle the pandemic from a purely medical perspective to a more holistic developmental one (Muturi, 2011). This is also based on the impact that the pandemic has had on the drivers developmental spheres: economic, social cultural, political and psychological. Since the early 1980s, HIV/AIDS has gradually taken hold on Kenya, increasing health and welfare expenditure, reducing employment and household security and will potentially slow economic growth (NACC & NASCOP, 2012). Clearly the loss of young adults in their most productive years, among the best educated and professional category, will affect human resource development and reverse gains made in the quality of life indices (NACC & NASCOP, 2012).

The most affected category of Kenyans is that of those aged 15 and 45 years, the most productive cadre of people. This has severe economic implications because the country is denied professionals and family providers, which has a spiraling effect on education and the socio-economic status of communities. It is predicted that there is increased burden on the extended family and surviving relatives, which further impinges on productivity and socio-economic status of communities (Jeffrey, 2011). A unique characteristic in Kenya, as in the rest of sub-Saharan Africa, is that women are significantly more susceptible to the HIV virus, with young women aged between 15 and 24 years being particularly vulnerable (Jeffrey, 2011).

In seeking to control the HIV/AIDS pandemic, NACC has actively incorporated the participation of civil society and nongovernmental organizations. The participation of civil society has been deemed critical because of the sectors experience and influence in mobilization, and in working with communities at the grassroots. With respect to HIV/AIDS, this experience has proven crucial particularly among the most marginalized and disadvantaged communities.

NGOs in particular have been instrumental in influencing the incorporation of a human rights approach, and in the inclusion of PLWHA in efforts to control the pandemic (Jeffrey, 2011). The participation of PLWHA has resulted in the addition of value to the HIV/AIDS control efforts particular, the documentation of best practices regarding the control of the pandemic (Jeffrey, 2011).

Kenya is one of the countries that went into deep denial unlike other countries such as Senegal and Uganda, that faced the challenge of addressing HIV/AIDS squarely (UNAIDS, 2007). Thus the swift and intense investment in early interventions

witnessed in Senegal and Uganda were shunned in Kenya, leading to a steep rise in prevalence that could have been avoided. At this point also, Kenya embraced the thinking (as in many other countries) that HIV/AIDS was a medical rather than a development crisis (Muturi, 2011). Early attempts were thus uncertain, and did not incorporate the core dimensions of multi-sectoral collaboration. Early interventions would have resulted in the benefit of developing HIV/AIDS competence among many Kenyans. However, any interventions at the time were being implemented in the absence of a policy, meaning that the strategies were developed and acted upon in an ad hoc manner (Muturi, 2011).

1.2.2 Global Perspective

At the global level, the HIV/AIDS pandemic has had a devastating and incredible impact on humanity since the first reported case in 1981. The global attention and resulting efforts aimed at stemming the swift spread of the pandemic witnessed a remarkable growth from early 1990s (Jeffrey, 2011). Yet the persistent high prevalence particularly in some countries in sub-Saharan Africa continues to confound scholars, researchers and practitioners who have devoted their time to studying and developing interventions. This has led to some researchers to opine that the pandemic has benefited very little from the lessons of the past (Muturi, 2011).

Two decades after the first reported AIDS cases, HIV/AIDS continues to threaten developmental goals, objectives and efforts in the developing world (Piot, 2005). The figures have continued to escalate to alarming proportions and the number of people living with HIV/AIDS has continued to rise sharply particularly in Africa and Asia, most notably in sub-Saharan Africa (UNAIDS, 2012). This is in spite of the global

commitments to reducing the prevalence rates of HIV/AIDS, including placing the pandemic as a priority issue in the Millennium Development Goals (Muturi, 2011). In the Middle East and North Africa, the number of people newly infected with HIV increased by 35% between 2001 and 2011, and the rate of new HIV infections continues to rise in Eastern Europe and Central Asia. In Georgia, Kazakhstan, Kyrgyzstan and the Republic of Moldova the rate of new HIV infections rose by more than 25%. In the Russian Federation the annual number of new infections has dramatically increased in recent years, as reflected in an increase in reported cases of new HIV diagnoses, from less than 40,000 in 2006 to over 60,000 in 2011 (UNAIDS, 2012).

According to the UNAIDS World AIDS Day Report, 2012, the rate of new HIV infections reduced in only 25 countries between 2001 and 2011 (UNAIDS, 2012). This means the remaining 168 countries recorded an increase in new HIV infections. Sub-Saharan Africa continues to bear the brunt of the pandemic. The region is host to more than 33 million people currently living with HIV/AIDS, and in 2007 alone, 2.5 million people became newly infected with HIV and 2.1 million lost their lives to AIDS ((Jeffrey, 2011). (Jeffrey, 2011)) espouses that current efforts to eradicate the scourge do not reflect the results.

A study by Deloitte & Touché & NACC (NACC, 2012) done in Kenya estimated that prolonged illness leads to a decline of per capita output from Ksh 3140-3092 in the commerce and industry sector. This works out to a decline in per capita output of Ksh 48.

Deloitte consulting limited had been contracted to assess the socio-economic impact of HIV/AIDS on economic development, labour force, women and children. These findings were meant to provide the necessary information for the development of appropriate strategies to mitigate the disease burden. The overall objective of the study was to undertake a comprehensive analysis of the socio-economic impact of HIV/AIDS epidemic on key sectors namely: Agriculture, Health, Industry/Commerce, Education, Transport and Communication. These sectors are believed to be strategic and effective in expanding the national response due to their specific mandate and/or vulnerability of the populations they serve. In addition, current epidemic trends indicate that HIV/AIDS epidemic is particularly rife in these sectors. The socio-economic analysis focused on three clusters namely: households, gender and children, labour productivity and economic growth. In this study, the impact of the epidemic on the priority sectors is analyzed in the context of sector specific Economic Recovery Strategy (ERS) targets and the consequent link with the KNASP strategic vision of mitigating the socio-economic impact of the epidemic and the Millennium Development Goals (MDGs).

The same study further predicted 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 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 (NACC, 2012).

The HIV/AIDS pandemic has disrupted the social fabric and given birth to a myriad other issues relating to stigma attached to the pandemic. The pandemic spreads in a diffusion-like web, affecting not only those infected, but also members of the family, the community and by implication, the society at large (Bertrand, 2004). The social impact of the pandemic is evident in: the increase in violence and discrimination against women who disclose their positive status ((Jeffrey, 2011)); the overburdening of family structures; concealing of positive status due to stigmatization, and increase in the number of dependants for the elderly; the stretching of already overburdened women and girls in care-giving; absenteeism and dropping out of school for girls to devote time to care-giving and further vulnerability of orphaned children who have to survive (Jeffrey, 2011).

Similarly, at the global level, political commitment has greatly increased, yet the statistics of the HIV/AIDS pandemic are rising in some regions (Booyesen, 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 developmental challenge. This shift lays emphasis on the need to focus on contextual factors-political, economic social and cultural as well as individual, behavioral change (Piot, 2001). Indeed, (Jeffrey, 2011) have argued that in the absence of a cure for HIV/AIDS, educational and communication efforts represent a key 'social vaccine' (Singhal & Rogers, 2003).

1.2 Problem Statement

The intricacies presented by the disconnect between knowledge of HIV/AIDS resulting from communication efforts and behavior presents massive puzzles for

inquiry and calls for academic research to take a leading role in unraveling these puzzles so as to stimulate efforts towards eradication of the scourge.

Literature and statistics indicate that communication interventions by Government and civic society have fallen far short of producing the desired behavioral changes, particularly among certain sections of the population in Kenya (Muturi, 2007). However, there were high awareness levels among all the sectors of the population (NACC & NASCOP, 2012). Thus a gap exists between the high awareness levels and the desired behavioral changes on HIV/AIDS. One of the possible causes of this gap could be the lack of proper planning and implementation of these communication programmes.

It is due to the foregoing discussion, that the writer took the assumption that to be successful; there is need to review the planning and implementation of health communication programmes.

1.3 Objective of the Study

The overall purpose of this study was to determine the nature and effectiveness of health communication interventions among HIV/AIDS organizations in Kenya

1.4 Research Questions

This study was designed to answer the following research questions

- i. To what extent have organizations involved in health communications integrated an effective communication process at the decision planning level

- ii. To what extent do communication interventions help in reducing the weakness of the will (Akrasia) hence leading to authentic behaviours
- iii. Has the planning of the communication process been done in accordance with accepted communication concepts and best practice
- iv. What are the enhancing and constraining factors in the planning of communication as a process in organisations dealing health communications

1.5 Justification of the Study

The HIV/AIDS pandemic has had destructive social, economic, political and cultural impacts in sub Saharan Africa, in general and Kenya in particular. The projected statistics are still a cause for concern. This continuing lack of behaviour change in the context of valiant efforts by NGOs and government agencies demands that research be conducted to identify the causes of this gap. The existing literature indicates that communication initiatives have not managed to lead to behavior changed thus leading to mere provision of information which creates high awareness levels, but which does not translate to behavior and social change. This study represents an attempt to analyze current communication efforts.

The study can also be justified in two other ways. One is that of a conceptual contribution to the sphere of HIV/AIDS communication. The United Nations Agency on AIDS (UNAIDS) and other international agencies developed a feasible model on communicating on HIV/AIDS (UNAIDS, 2009). However, these efforts have been complicated by the fact that different communication approaches work for specific themes or topics. The discourse on relevant HIV/AIDS communication approaches continues and this thesis contributes to the ongoing dialogue and debate. An analytical

model based on several theoretical frameworks and other models will be developed thereby contributing to the discourse on theories and concepts relevant to HIV/AIDS communication. Beyond the discourse, one model that is relevant to HIV/AIDS communication at the NGO level will be developed. This will represent a contribution at the conceptual level.

Secondly, there is now recognition by agencies, including governments of the significance of communication which is represented in the development of a policy on HIV/AIDS communication under NACC. This study seeks to identify the constraints in current communication and may input on the ongoing process of policy making on HIV/AIDS, particularly regarding communication in the context of health policy. It should therefore have a practical contribution for stakeholders working on HIV/AIDS education and communication.

1.6 Significance of the Study

This study has significance in public health, education, communication and philosophy.

In terms of public health, this study will have complementary relevance to efforts of institutions charged with the fight against HIV/AIDS and HIV/AIDS Education: National Aids Control Council-the Council with the mandate to educate the public on the fight against HIV/AIDS in Kenya and HIV/AIDS school curriculum. This study will suggest pedagogic guidelines that the council may use to effectively carry out this mandate.

In the absence of pedagogical provisions, educational initiatives by HIV/AIDSNGOs do not have lesson plans. Lessons are not planned nor are they schemed. Ideally what seems to be happening is that these public educational programmes are playing the role of entertainment rather than educational.

In a study by NACC (NACC, 2012), it has been demonstrated that students were examined on themes of HIV/AIDS and the questions were compulsory. What emerges from such a practice could be understating that students who scored high marks in such an examination did not practice casual sex like those who scored less marks. This in itself cannot be entertained as learners could have studied for the purpose of passing examinations. Necessarily, the learners could have such knowledge and fail to practice.

Similarly, without clearly demonstrated guarantees for achieving the goals for public education such evaluation could not have achieved such a purpose. This observation implies that NACCs evaluation approach if there is any, falls short of established educational standards.

This study also has academic significance. As indicated earlier, the intricacies of HIV/AIDS communication present massive puzzles for inquiry and there is need for academic research to take a leading role in unraveling these puzzles of HIV/AIDS communication and stimulate efforts towards its eradication. The discourse on relevant HIV/AIDS communication approaches continues and this thesis contributes to the ongoing dialogue and debate. Beyond the discourse, one model that is relevant

to HIV/AIDS communication at the NGO level will be developed. This will represent a contribution at the conceptual level. The model of educational intervention in the fight against HIV/AIDS that is suggested in this study may be used by educational institutions to provide insights in the practice of education.

Philosophically, this study presents a contribution in the application of philosophy in the field of HIV/AIDS. As (Jeffrey, 2011) says, HIV/AIDS is a complex societal problem requiring interdisciplinary efforts. Handling complex societal problems involves knowledge, power and emotion and the knowledge for handling complex societal problems requires Complex Problem Handling method (COMPRAM) and comes from a variety of scientific disciplines. Injection of philosophy in this inquiry is therefore part of this effort.

A classical definition of philosophy is that it is 'love of wisdom'. One of the characteristics of love is that it implies the pursuit of the object of love. Philosophy as love of wisdom therefore entails the pursuit of wisdom.

Philosophy therefore implies a dedication to a kind of thinking that aims at the attainment of wisdom. Wisdom designates the capacity to employ knowledge, of whatever reality, to improve human life. This requires an incisive and precise grasp of knowledge. And philosophy unceasingly aims at this kind of grasp of knowledge of whatever reality.

This study therefore significantly points out the difference between knowledge and wisdom. Knowledge is simply the understating of facts, empirical or social, as well as

their justification; and this in itself is not wisdom. Wisdom has to do with utilization of knowledge in such a way that it brings about and promotes practical good to humanity. The moral knowledge is a prerequisite for wisdom. The moral knowledge in this case should be based on a relatively more objective and universal understanding of morality so as to accommodate as many people as possible. The understanding should reduce relativistic conception of morality to as minimal as reasonably possible. What I mean by this is that the moral knowledge should not be anchored on a relativist theory. Wisdom presupposes the knowledge of the realities that affect one's life both as an individual and a member of society. A wise person must be knowledgeable in matters of facts, values, ideals of one's society as well as the principles that underlie them. This would mean that a person who is narrow in knowledge could hardly be wise.

1.7 Assumptions of the Study

This study was guided by the following assumptions:

- i) That NGO communication initiatives have so far had a transforming function in the fight against HIV/AIDS
- ii) That NGOs in Kenya are closely related to international NGOs in the fight against HIV/AIDS
- iii) That human beings have the capacity to distinguish between virtue and vice
- iv) That education has the capacity to improve human moral concerns and social responsibility by empowering the will
- v) That HIV/AIDS is not just a medical problem but a societal and developmental problem

1.8 Scope of the Study

The study is about health communication in Kenya. However, much as the results might be applicable to other areas of study the focus will be on health communications. Therefore, it will only work with institutions that undertake communications programming especially in the area of HIV/AIDS.

In terms of methodology, the scope of this study focused on HIV/AIDS organisations that attended the second national biennial HIV/AIDS conference held from May 6-9, 2013. The total population of the study was 38 representing 42% of the organizations that attended the conference (Jeffrey, 2011) The study utilized exploratory or formulative design. Data was elicited from both primary and secondary sources. The primary sources were mainly interviews with programme officers and peer educators. Thirty eight (30 programme officers and eight (8) peer educators were interviewed. One focus group discussion was organized inMukurweini where one of the respondent organisations, ICAP has a peer education programme. Both primary and secondary data obtained was analyzed along broad themes

1.9 Limitations of the Study

This study encountered several aspects which the writer thinks need to be investigated further to give the whole issue of HIV/AIDS communications programming a wholesome picture:

Mass media was found to have a significant role in health communication interventions. However this study has not dwelt much on this subject. The precise effects if any of the mass media and HIV/AIDS deserves investigation.

This study identified [four domains of Akrasia](#), namely authenticity, attention, temptation and principleness as being instrumental in the fight against HIV/AIDS. However, in its endeavor to develop an IEC model for intervention, the study focused on authenticity, thereby leaving out the other three upon which further research is recommended.

This study found it difficult to identify organizations involved in comprehensive HIV/AIDS communication as most organizations involved in distribution of HIV/AIDS IEC materials identify themselves as undertaking programming in HIV/AIDS communication. A detailed assessment of the communication intervention of organizations is therefore necessary. This would also include a mapping of organizations involved in HIV/AIDS communication efforts capturing their geographical coverage and the types of interventions they are involved in.

1.10 Summary

This chapter has given a background to the study. It has established that HIV/AIDS is complex societal problem rather than medical problem requiring interdisciplinary efforts including study in several scientific disciplines. Handling societal problems involves knowledge, power and emotion.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 An Overview of the Literature Reviewed

This chapter reviews issues related to the magnitude of HIV/AIDS in relation to the communication process, as well as emerging discourse on HIV/AIDS communication, Non Governmental Organizations, HIV/AIDS in Kenya and communication in general. Health communication theories and their relevance to the subject are also discussed.

2.2 Non Governmental Organizations

Civil Society includes in addition to human rights and civil liberties watchdogs, Non-Governmental Organizations conducting community level and development work, like the environment. With respect to HIV/AIDS, Civil Society has been defined by (Jeffrey, 2011) as comprising people living with and affected by HIV/AIDS and Non Governmental Organizations that handle or have the potential to handle HIV/AIDS. This includes organizations working at the international and national levels, as well as faith based organizations (FBOs) working in the areas of human rights, education, health and development.

Civil society has been viewed as being critical in terms of being an intermediary between the family and the state (UNAIDS, 2013). The character of civil society organizations takes a less formal nature and reaches the grassroots level more easily. This has been one of the rationales underlying the inclusion of civil society by

UNAIDS (UNAIDS, 2013), which is the only UN body that has representatives of NGOs on its executive board (UNAIDS, 2016), as outlined in the major objectives of the General Assembly's Resolutions, that is, A/RES /60/224. In particular, the experience of working with disadvantaged and marginalized communities has given NGOs a critical role in the efforts to reverse the HIV/AIDS pandemic, by creating more awareness of the importance of community participation.

Another justification for working collaboratively and actively with civil society has been the background of success of NGOs working in the areas of democratization. NGOs have successfully mobilized 'people power' in the interests of the values of transparency, accountability, participation and good governance(UNAIDS, 2013).They have been critical because of the history of understating the various perspectives of grassroots communities, and their experience in terms of operations (Booyesen, 2004). These experiences, in turn, have been beneficial to the communities though their inclusion in the planning, design and implementation of programmes and projects(SAFAID & International AIDS Alliance, 2005).

Evidence based on experience in working with NGOs has further justified these grounds. Numerous examples documenting best practices have been generated from NGOs, while PLWHA have added the much required value in the HIV/AIDS efforts, particularly with respect to the inclusion of the human rights based approach, as well as the need to address stigmatization. Countries that have controlled the spread of the pandemic such as Uganda, Senegal and Thailand, registered substantial participation of NGOs (UNAIDS, 2003). In Brazil, NGOs have been described as the secret of

success in the national effort on HIV/AIDS, leading to this effort being an exception to the 'precariousness' of the country's public health system.

There has also been challenges with regard to NGOs work on HIV/AIDS, chief among these being the enormous need for strengthening and capacity building (SAFAID & International AIDS Alliance, 2005). Another constraint has been the need for coordination among NGOs at the regional level (SAFAID & International AIDS Alliance, 2005).

There has been great growth of NGOs in Kenya since 1980 (Jeffrey, 2011). According to him, the roots of NGOs lie in the philanthropic orientation. However, this original mandate has expanded to cover a wide range of themes such as the environment, health, shelter, gender and education (Jeffrey, 2011).

Work and research of NGOs is hampered by the lack of a comprehensive and clear administrative framework (Muturi, 2007). In the mid 1990s, most NGOs were found to be based in Nairobi. With respect to HIV/AIDS, the National Aids Control Council coordinates programmatic activities involving HIV/AIDS in Kenya.

The National AIDS Control Council (NACC) was established under Section 3 of the State Corporations Act Cap 446 through the National AIDS Control Council Order, 1999 published vide Legal Notice No. 170 of 1999. NACC is a non-commercial organization whose mission is to:

“Provide policy and a Strategic framework for mobilizing and coordinating resources for the prevention of HIV transmission and provision of care and support to the infected and affected people in Kenya”. (Jeffrey, 2011).

The NACC just like many other organizations under the Government of Kenya, has a devolved systems for decentralizing services to the Kenyan people. These decentralized structures comprise of Nine (9) Regional Offices across the country that are headed by the Regional NACC Field Officers. These regions are Central, Coast, Eastern ,Nairobi, North Eastern, North Rift, Nyanza, South Rift and Western Regions. Below these regional offices are the District Technical Committees (DTCs) whose coordinator is the District Development Officer (DDO). The DTCs form the technical arm of the District Development Agenda on HIV/AIDS programmes in order to realize an effective coordination, supervision and monitoring of the national response at grassroots levels. This ensures that HIV/AIDS is mainstreamed in the district development programs. The lowest structure is the Constituency AIDS Control Committees (CACCs) in all the 210 constituencies in the country to coordinate and supervise HIV/AIDS activities at the community/constituency level (Jeffrey, 2011).

2.3 HIV/AIDS in Kenya

Unlike Uganda and Senegal, Kenya missed the early opportunity for facing the seriousness of the HIV/AIDS pandemic, through denial. There was the misguided view that admission would cause damage to Kenya's key revenue earner -the tourism industry. (Jeffrey, 2011) have observed that President Moi was emphatic that there was no AIDS in his country, Kenya, for several years(Singhal & Rogers, 2003).

This early denial has contributed to the exacerbation of the pandemic. As aptly described by (Jeffrey, 2011), early political interventions 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 & Rogers, 2003)

(Jeffrey, 2011)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 & Rogers, 2003).

2.3.1 Kenya Adapts the ‘Reservoir’ Perspective

A historical review of literature on HIV and AIDS in Kenya, demonstrates that the high prevalence rates reached a peak of 13.1% in the year 2000, and sharply leveled off to 6.1% in the year 2005(Ministry of Health, 2001). This reduction has been attributed to several factors as mentioned in chapter one with the strategic approach taken by the National Aids Control Council (NACC) having a significant input. In 2001, Kenya adopted this strategic approach and took up the ‘reservoir’ perspective of analyzing the prevalence of the pandemic (Ministry of Health, 2001).

The significance of this approach lies in its focus on the pandemic as ‘invisible’ and on the importance of translating the prevalence rates realistically (Ministry of Health, 2001). There is caution on the constraints of the sentinel surveillance, and the fact that most infected people are not represented in the surveillance, as they do not go for Voluntary Counseling and Testing (VCT). The laudable drop in Kenya’s prevalence rates also masks high prevalence rates according to regions, age groups and gender (Ministry of Health, 2001). In addition, the resurging increase of prevalence rates in

Uganda, sound a warning of the dangers of complacency (Daily Nation, November 24, 2006). The recent upsurge in Kenya has raised some alarm again, and the efforts on prevention have to be strategically sustained. (Daily Nation, July 29, 2008).

The absence of a cure or vaccine for HIV/AIDS, and the prominence of HIV/AIDS prevention demonstrate the significance of strategic and systemized communication strategies. The government of Kenya's 'Sessional Paper No 4 on AIDS' (Ministry of Health, 1994, 1997), aptly states that the focus in communicating on HIV/AIDS should be in the context of 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.

2.3.2 Behavioral Change Communication Concept

Experiences in HIV/AIDS education revealed that the target should be preventing and facilitating change in high risk sexual behavior. In the behavioral change communication concept, the five major stages of behavior 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 behavior) is the third stage. This prepares the ground for the fourth stage, which involves the trial of the new behavior and finally the last stage which is the sustaining of the new behavior (Jeffrey, 2011). 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 method outlined above has been used to train outreach workers, health providers, peer educators, counselors, and community leaders on the skills needed to influence and support behavior change. Handbooks on effective communication approaches have been developed and used as teaching tools and reference materials (Hughes, 2012).

In communicating on HIV/AIDS, in Kenya, information has been provided to institutions like schools, religious organizations and health centers. The observation by (Jeffrey, 2011) that the severity of the impact of some issues like HIV/AIDS demands action even in the context of communication approaches that are not agreed on is appropriate. His arguments holds true when one reviews the literature which shows that communicating on HIV/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, the HIV prevention activities include counseling programmes, condom promotion and distribution and STD control.

2.3.3 Other Communication Approaches

Several other communication approaches have been used or adopted in communicating HIV/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 behavior. The concept involves packaging, pricing and presenting a product or behavior 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 utilized to

convey the benefits of the desired behavior for a particular target audience(Jeffrey, 2011).

The educational approach towards the support for people living with HIV/AIDS, has been utilized by organization such as the Know AIDS Society of Kenya (KAS). The method features establishment of an educational group which has the aim of educating others on HIV/AIDS in the evenings. KAS employs people living with HIV/AIDS as counselors in the realization that they are in the best position to understanding individuals and families living with the pandemic. The organization mobilizes people on how to live positively with HIV/AIDS and to inform other members of the community on HIV/AIDS prevention.

Peer education as a strategy of HIV/AIDS prevention education has gained prominence and been used at workplaces, colleges, universities and social gatherings. The method has been found by some organizations to be practical and cost effective while reaching a large number of people(Mwangi, 2010). A modification of peer education are the anti-aids clubs which can be started as extracurricular activities in schools and workplaces. The strength of the peer education approach lies in its ability to reach people through their own peers and this has contributed to its success especially in the workplaces(Mwangi, 2010). It has been recommended however that peer educators should be trained in the different communication methods and strategies and used for greater effectiveness (Mwangi, 2010).

Another method which has proved effective in the discussion of sexuality is that of group discussion where peers share information based on their experiences. Being

with their peers allows them to openly talk about subjects which would otherwise appear to be taboo (Mwangi, 2010). This method also features interpersonal or face to face communication and the opportunity to clarify issues instantly.

The existing literature unveils a variety of channels and media in the communication of HIV/ AIDS prevention (UNAIDS, 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 is the whole of communication process from 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 (Ministry of Health/NASCOP, 2008).

The Mass media are important agents in communication of HIV/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 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 (Hughes, 2012).

An important issue for mass media practitioners is the adherence to journalistic ethics, which are vital given the sensitive nature of handling information regarding HIV/AIDS. Journalists should avoid propagating negative stereotypes and coverage,

which would hold those infected with HIV/AIDS to ridicule. Effective coverage can only be realized through proper handling of the media by organizations dealing with HIV/AIDS education (Mwangi, 2010).

Communicating on HIV/AIDS demands a solid understating of the existing and available channels that can be used, including those which are not in the mainstream media. (Jeffrey, 2011), has discussed at length the benefits associated with using religious institutions noting that they have broad influence on the Kenyan population. The mission of religious institutions and organizations renders them useful in promoting community and home based care for AIDS patients as well as the strengthening of family and social structures that can contribute to HIV/AIDS prevention.

In seeking innovative ways of addressing HIV/AIDS prevention, some organizations have proposed that parents be encouraged to talk and sensitise their children on the topic HIV/AIDS(Mwangi, 2010). The issue of being role models is tied to this form of communication as is the need to discuss sexuality in the cultural context.

Concern about protecting the youth (or 'window of hope) has led to the collaborative efforts between UNICEF, and the Kenya Institute of Education (KIE) and some NGOs in an initiative called SARA-communication initiative (Mwangi, 2010). This isa major intervention for the youth in and out of school. The focus on the youth has been discussed in Sessional Paper No. 4 on AIDS (Ministry of Health, 1997), but it is important to note the controversy surrounding education for the youth as this relates to teaching on sexuality.

The urgent need to provide a forum for the youth to discuss issues relating to their sexuality and HIV/AIDS is demonstrated in the keen response that 'Straight Talk' insert in the East African Standard received. The insert was an initiative of the Kenya Association of Professional Counselors and was based on an example from Uganda. The promotion of participation facilitated positive and open dialogue between adolescents and between them and their parents on the subject of sexuality (Ministry of Health/NASCOP, 2008).

2.3.4 Challenges Encountered

Behavior change involves the acquisition of skills and knowledge and a suitable format for this is a training workshop. Analysis of issues can be done and sexual communication taught in small groups while accommodating the integration of issues raised by participation of group members. This however means that single sex subgroups should gain confidence through acquisition of skills before joint meetings of the whole group.

It has been noted that communication on HIV/AIDS cannot be effective if the topics of sexuality and sexual relationships are isolated from the facts (Airhihenbuwa, 2014). This is complex if one bears in mind that traditionally there has always been minimal communication about sex either within the family or between men and women. HIV risk groups such as commercial sex workers, migrant workers and those living on the streets pose a great challenge to those who are concerned with HIV/AIDS communication (Jeffrey, 2011).

An additional challenge lays in the fact that effective HIV/AIDS communication essentially calls for changes on community norms and values which have become engrained over a long period. The call for collaboration with communication professionals may contribute to the development of more effective communication models because specialized communication skills are at times called for (Ministry of Health/NASCOP, 2008).

These responses, programmes and projects in HIV/AIDS communication were implemented in the absence of a national communication plan as national communication strategy on HIV/AIDS began in 1999 and there is now a national communication framework for use by organizations involved in HIV/AIDS communication (NACC & NASCOP, 2012).

2.4 HIV/AIDS Globally

The sub-Saharan Africa regions is host to an estimated 20 million people living with HIV and continues to be ravaged by the pandemic (UNAIDS, 2012). It is significant that while the prevalence at the global level has stabilized in recent years, AIDS is among the major causes of deaths globally, and it remains a main cause of death in Africa. A unique characteristic in this region is that African women are significantly more susceptible to the HIV virus, with young women aged 15-24 years being particularly vulnerable (Jeffrey, 2011). The reasons given for this include the earlier onset of sexual activity for women, as well as the tendency to this age group to have sex with older partners. However, the picture is not uniform in Africa, since countries like Mauritania have prevalence rate of less than 1% compared to almost 40% in Botswana and Swaziland (UNAIDS, 2014).

In East Africa, HIV/AIDS prevalence rates fell in Kampala, Uganda, from 30% in the 1990s to 8% (UNAIDS, 2006). Uganda was then recognized as having accomplished a remarkable feat, as no other country has matched this decrease. However, claims that the pandemic has leveled off in most of Africa are countered by the explanation that this may be due to high mortality rates from AIDS related deaths (UNAIDS, 2003).

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 communication on HIV/AIDS. According to the Panos Institute:

While HIV/AIDS information and key health messages remain crucial ,it is important to look beyond these messages no matter how empowering and content sensitive they might be and help to develop environments where vibrant and internally derived dialogue can flourish (Panos Institute, 2003).

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

- i) The focus in HIV/AIDS communication needs to shift from disseminating messages to strengthening the will of an individual to act according to what they know is right. The knowledge is out here but can people act according to the knowledge they have? or is it a case of ‘the heart is willing but the body is weak’?
- ii) This shift also demands a change from the paradigm of rationality and passing on knowledge that characterizes behavior change models. In

addition the shift involves a modification from the media centric to the human-centric approach.

- iii) An urgent move taking HIV/AIDS from the purely health discourse to political, social, economic and cultural contexts is required. (The South African campaign for affordable antiretroviral drugs and access for all PLWHA to ARVs benefited from the experience and skills of the human rights movement, propelling the cause to nation and global agendas). A key component is the extent to which people talk about, debate and discuss HIV/AIDS(as in the case of Uganda where the president set the agenda for discussion on HIV/AIDS).
- iv) It is important to address national cohesion in a community, which assists in developing competence at this level in designing and implementing community response to HIV/AIDS. At the contextual level, social inequalities have to be tackled, as well as the need for participation in decision making and community mobilization.
- v) Global and national strategies in HIV/AIDS should steer toward 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/AIDS and that long term social change is vital in effectively addressing the epidemic. In addition, HIV/AIDS communication should include strengthening the will which is a philosophical and moral issue.

2.5 HIV/AIDS and Communication

The first known case of HIV in a human occurred in a person who died in the Congo in 1959 (Bertrand, 2004) later confirmed as having HIV infection from his preserved blood samples. More than 40 years have passed since this first reported case of AIDS. Scholars and practitioners working in HIV/AIDS and in communication and education have in recent years been reflecting on the weakness and gaps of early interventions with the benefit of hindsight (Panos Institute, 2001a).

One of the opportunities lost in addressing HIV/AIDS was the early perception of the problem as a health rather than a development one. This resulted in a focus that neglected the other facets of the pandemic, namely economic, political, social and cultural (Panos Institute, 2003). The life and death tone, underpinning early interventions also led to the translation of urgency into emergency and therefore short term responses.

The Panos Institute (2004) assessment of HIV/AIDS appropriately terms HIV/AIDS as a chronic crisis, requiring a long term commitment (Panos Institute, 2004). In Kenya this situation was aggravated by official denial (Tuju, 1996). The neglect of multifaceted dimensions in responding to HIV/AIDS saw the use of conventional health communication strategies. As is evident now, HIV/AIDS is a pandemic that defies the rational and systematic models developed for health issues like malaria, immunization and nutrition (Ministry of Health, 2003).

The revival of conceptual and theoretical discourse with regard to HIV/AIDS and HIV/AIDS communication based on the assessment of early responses and case studies that have worked, presents a menu for modification at the country level

(Adam, 2011). One key element is the need to embrace HIV/AIDS from, a more holistic perspective away from the sole focus on the pandemic as a health challenge. For instance, the aggressive policization of HIV/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/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:

- i) **The individual:** Behavior change models are highly relevant. However, this doesn't take to account the environment that influences individuals, including the role of culture and religion particularly in Africa.
- ii) **The community:** Participatory models are pertinent when working with communities. However it is important to include the components of social justice and structural influences.
- iii) **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 lays 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 neglected at the community and societal level. The weakness and the lack of behavioral 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.

It is clear that one of the constraints to effective HIV/AIDS education and communication was in the manner in which the pandemic was framed initially. As observed by (Jeffrey, 2011), the HIV/AIDS pandemic was originally conceived as a medical and health problem and not as a developmental and human challenge. This meant that the early effort tackled the symptoms of HIV/AIDS and not its myriad causes.

Furthermore, the urgency required in the early stages of the pandemic coupled with the sensitivity of the need to have dialogue on sexuality (a taboo subject in African societies) meant that the then existing health communication models were not adequate for HIV/AIDS communication. These models were basically transmission-oriented (informational), resulting in high levels of awareness but minimal behavior and social change. Communication was also inhibited by the framing of HIV/AIDS as a 'gay' disease and the result of stigmatization. Reconstruction is required with respect to framing of the personal risk, sexuality and HIV/AIDS (Mckee, 2004).

From the ongoing global discourse, and focusing on analysis of the other issues, in communicating on HIV/AIDS, the following obtain:

- i) How systematic can one be in communication on HIV/AIDS when this is intertwined with communicating on sexuality and sex, which are not rational?
- ii) How does one ensure effectiveness when communication is only one of multiple interventions required as in HIV/AIDS?
- iii) How can an environment of openness be cultivated where traditional and customs dictate that open discussions on sex and sexuality are taboo in the open?
- iv) How can communication facilitate a paradigm shift from denial, blame and stigmatization to a constructive progressive position that addresses the pandemic strategically?
- v) How can communication enable people to wade out of the dissonance caused by the relation of negativity and doom into a process that has life giving pleasures?

2.6 Health Communication Theories

Although there have been valuable conceptual contributions to HIV/AIDS programming, it has been observed by (Jeffrey, 2011) that most of the current theories and models of HIV/AIDS communication programming are insufficient in providing a framework for programming and interventions. This conceptual challenge is rooted in the lack of a systematic progression of the development of communication theories.

Theories of communication have progressed from the notion of a linear process to more participatory and dynamic paradigms (Casmir, 1994). Communication with particular reference to the mass media was viewed as being all powerful with almost

magical effects (Jeffrey, 2011). Although there is lack of consensus on a common theory of development communication, the same scholars agree that communication plays a critical role in development. The precise role of communication in development presents a further dichotomy of opinion with certain scholars claiming a direct role and others an indirect role of communication in development(Boafo & George, 2001).

The urgency of HIV/AIDS as a challenge increased efforts at the international level to develop a theoretical framework to guide programming and interventions in communication on the pandemic. There are two tracks of theoretical discourse relevant to HIV/AIDS programming and interventions: Health communication theories, based on the focus on behavioral change sought in HIV/AIDS educational doors and development communication based on the fact that HIV/AIDS is a great development challenge. Health communication theories have evolved mainly within the context of industrial countries, while development communication has built its concepts and frameworks in the contexts of developing countries(Jeffrey, 2011).

However, health communication has been described as being a unique form of communication housed on the personal sensitivity the highly technical vocabulary and a strong (powerful) group of gatekeepers in health knowledge, and pre-dominance of the bio medical analysis. Common to both health and development communication is that health is affected by the socio-cultural, gender, environmental, educational and spiritual factors' (Chetley, 2004). Two theoretical constructs of health communication are particularly relevant for the present study. The first is the group dynamics theory, and the second the social cognitive theory.

The field of health communication has led to several theories such as the theory of reasoned action and the social cognitive theory that address behavioral change. The theory of planned behavior (TBA) as postulated by (Jeffrey, 2011)⁸ states that a person's behavior is determined by the intention to perform that behavior: intention is a function of one's attitude and subjective norms' (Rimer & Glanz, 2005). Intention is determined by a person's readiness to perform a given behavior, which is driven by the person's attitude, subjective norms and their perception of their ability to perform a given behavior. Subjective norms are influenced by a person's views of what other people will think if they perform certain behavior (Rimer & Glanz, 2005).

2.6.1 Theory of Planned Behavior

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

The central focus of this theory is on people's beliefs regarding whether or not they can control a particular behavior with the proposal that people would make greater attempts to perform a given behavior based on the degree of control that they feel they have over the behavior.

One of the first theories of health behavior was the health belief model, which was developed in the 1950s by a group of US public health service social scientists (Rimer & Glanz, 2005). These scientists sought to elaborate on why a few people were participating in prevention programmes. They postulated that people's beliefs on their susceptibility to disease, shaped their readiness to act. This model was expanded in later years to include the following as main constructs, explained by (Jeffrey, 2011):

- i) Believe they are susceptible to the condition (perceive susceptibility)
- ii) Believe the condition has serious consequences (perceive severity)
- iii) Believe that taking action would reduce their susceptibility to the condition or its severity (perceived benefits)
- iv) Believe costs of taking action (perceived barriers) are outweighed by the benefits.
- v) Are exposed to factors that prompt action (eg television and or a reminder from one's physician to get a mammogram (cue to action)
- vi) 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 behavior that raises health concerns, including the possibility of contracting HIV/AIDS. Its application in the design of programmes is anchored on the understanding of the perceived susceptibility of a population to the health problem (Rimer & Glanz, 2005).

2.6.2 The Social Cognitive Theory (SCT)

This theory is derived from the theory of social learning, which was proposed by Miller and Dollard in 1941. The Social Learning theory was expanded by (Jeffrey, 2011), who incorporated the principles of observational learning and reinforcement (Rimer & Glanz, 2005). The theory addresses itself to the cognitive and emotional aspects of behavior, thereby leading to some understanding of behavioral change (Bandura, 1989). Its inherent assumptions are on how people acquire and maintain particular behavioral patterns. This theory also points out that the factors of environments and society are important when one is evaluating certain behavior.

The core assumptions and statements of the theory stipulate that the factor of environment, that is, the social and physical environment, can affect a person's behavior. This includes the people who surround a person, like family members, colleagues and friends. Environment and situation provide a framework for understating behavior (Bandura, 1991). With regard to the situation, reference is made to the cognitive or mental representations of the environment that may shape a person's behavior. The two scientists add that SCT includes the following concepts: reciprocal determinism, behavioural capability; self-efficacy; observational learning (modeling) and reinforcements (Jeffrey, 2011).

The SCT is relevant to this study in its emphasis on the environmental and situational factors, which was a key factor in this study, as it relates to the needs assessment for HIV/AIDS programming. In addition, this theory is relevant to behavior change communication, which is critical to HIV/AIDS programming as it deals with cognitive and emotional aspects of understanding behavior. The accent on the dynamic interaction of the person, the environment and behavior is central to

HIV/AIDS programming intervention. However, this theory does not address specific planning and implementation of HIV/AIDS communication interventions and is thus, insufficient in guiding this study.

One of the challenges of selecting a theoretical framework that can explicitly guide attitude and behavior change is a theory that accounts for human behavior is a really complex task. An additional difficulty was that this investigation was focusing on empowering the will.

2.6.3 The Group Dynamics Theory

This theory was developed by Kurt Lewin of the University of Michigan, and assumes a field theory orientation. Further, the main tenet of this theory is that the individual is not a passive processor of information, but is a social being with an intimate dependence on others for knowledge about the world and even the individual self (Rimer & Glanz, 2005).

In addition, it was proposed that a major factor contributing to change of attitude, beliefs and perceptions of the world was the discrepancy that exists between an individual's attitude or behavior and the group norm. More specifically, Lewin and his associates postulated that in groups, various pressures exist that cause people to behave, think and feel alike. Hence the ideas and attitudes that people adopt as their own often originate or are refined from the groups that people belong to.

The group dynamics theory is relevant to part of this study primarily in its emphasis on participation, which is critical to this study. This relevance lies in the essential

component of involving a community in an intervention, from conceptualization to the monitoring and evaluation stages.

The primary component of participation which is important in the group dynamics theory is crucial as it guides one towards paying attention to the local context, including incorporating local knowledge and cultural considerations (Rimer & Glanz, 2005). This also presents an orientation beyond being focused on mass media, towards having dialogue and being sensitive to the human element. There is a strong element on people understanding development processes, as opposed to the mere transmission of information. Further, relationships among people in the community as well as with development agents are key to participatory communication.

However, this theory is only partly relevant to the study regarding the element of participation. The empowerment of the will which is the focus of this study is not addressed in this theory.

2.6.4 Development Communication

The health communication theories that are mentioned earlier evolved in the context of developed societies and 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 in (Jeffrey,

2011). Scholars concerned with the role of communication in development have attempted to define development communication, described by (Jeffrey, 2011):

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.

The 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 unsystematic. Such relegation has perhaps been based on what people construe as the meaning of the process of communication (Melkote & Steeves, 2001). 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 of 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 (Jeffrey, 2011). (Jeffrey, 2011) states that historically, communication has been viewed as a secondary process and that usually development communication is interpreted as the use of information agents and the mass media 'persuading or informing people of government initiatives or policies...'

The urgent need for feasible and practical responses to development catalyzed 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 (Okigbo, 1996). Development support communication was 'coined and popularized by Childers in 1976 (Jeffrey, 2011).

In discussion of communication support, (Jeffrey, 2011) 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, 2007).

(Jeffrey, 2011) while discussing the differences and the relationships between development communication (DC) and development support communication (DSC) notes 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.

(Jeffrey, 2011) acknowledge that DSC has gained credibility and stature over DC in spite of their interrelatedness. This has been attributed to the wide and successful use

of DSC principles in development project as with the United Nations; indeed the name was coined by Erskine Childers, then at the UNDP (Ngugi, 2006). (Jeffrey, 2011) have quoted (Jeffrey, 2011) on the shift that this concept brought:

With this term, the emphasis changed from viewing communication as an input toward economic growth to visualizing communication more holistically and as a support for peoples self determination, especially at the grass roots.

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 understating between participants (Jeffrey, 2011). The significance of DSC has been well described in the writings of several communication scholars who have illustrated the contribution of communications based on the results of certain communication programmes. (Jeffrey, 2011) notes “the success of UNICEF in the IEC intervention in its growth, monitoring, oral rehydrartion, breastfeeding and immunization programmes (EPI) “which have brought about significant reductions in the levels of childhood mortality through immunization against six of the major infectious diseases prevalent in developing countries...’ (p73).

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 (Boafo & George, 2001). 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 & George, 2001).

It has been observed by (Jeffrey, 2011), 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 operationalising the participatory approaches. The concept of participation is

anchored on participatory theories which arose from the criticism of the modernization paradigm as being top down, ethnocentric and paternalistic.

In terms of communication, and as observed by (Jeffrey, 2011) 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 (Byrne, 2007).

Participatory communication is crucial because of the centrality of giving the individual the chance to express his or 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 mobilization 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.

(Jeffrey, 2011) has emphasized the importance of the participatory element in decision making, in implementation, in benefits and in evaluation. Participation, it is argued, gives 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 Components necessary for effective communication interventions

Effective communication has been defined as the extent to which a person interpreting a message does so in a way that is relatively similar to what was intended, minimizing misunderstanding (Byrne, 2007). In this study, this understanding was used to help the researcher investigate the effectiveness of communication amongst HIV/AIDS NGOs.

It is however observed that contemporary thinking, especially in the context of HIV/AIDS, emphasizes the uniqueness of each intervention based on the context within which the epidemic manifest itself. This is also in tune with the philosophical basis for this study as outlined in the methodology section. It is therefore acknowledged while some scholars have proposed communication principles that may guide a communication programme, these principles can not be could uniformly followed by different communication interventions.

That said however, the components necessary for effective communication interventions. Have been given as the rank of the person handling communication; whether a communication information department exists, whether the person handling communication has training in communication, the communication objectives of the organisation, whether a needs assessment is conducted before the intervention, segmentation of the audience, the aim of the message, the channels used, whether pre testing is done, level of participation and whether culture is considered. These components are tested against the various interventions and discussed in the findings section.

2.8 Aristotle's concept of Akrasia

According to (Jeffrey, 2011), Akrasia, occasionally translated as akracia (from Greek, "lacking command (over oneself) is a state of acting against ones better judgement.

Although this technical term is usually employed in its Greek form (ie akrasia/akratic) in English texts, it was once the philosopher's English language convention to use the precise English equivalent of akrasia/akratic, incontinence/incontinent. But now, the correct conventional term is akrasia.

Much of the philosophical literature takes akrasia to be the same thing as *weakness of the will*. (Jeffrey, 2011) sees weakness of the will as a tendency to revise one's judgement about what is best too easily. Holton explains that for example, a smoker who wants to quit smoking but s/he is unable to do so, acts against her better judgement (that quitting is best) due to a weak will. So the smoker might at one moment feel that she should give up, but at another, that the joy of smoking outweighs the risks, oscillating back and forth between judgments. Such a person has a weak will but is not acting akratically (Jeffrey, 2011).

This view is emphasized by (Jeffrey, 2011)who argues that incontinence, or weakness of the will occurs when someone consciously or deliberately makes a choice that he or she sincerely believes is wrong.

Akrasia then involves conflicts between our evaluations and our commitments, or between our commitments and acts falling under them. (Jeffrey, 2011), argues that when people act in their own better judgment, they temporarily believe that the worse course of action is better, because they have not made it judgmental but only basing it on a sunset of possible considerations.

(Jeffrey, 2011) observes that the most interesting cases occur when both of the conflicting elements are fully conscious or readily available to consciousness. Njoroge argues that when people behave akratically, they are often aware that this is what they are doing; this is not a form of behavior that has somehow, to be kept secret. The incontinent smoker is fully conscious of his/her resolve to give up her habit just as she reaches out for another cigarette. Indeed, as s/he acts, s/he may be fully confident that s/he will subsequently feel regret, shame or even guilt about what s/he is doing (Jeffrey, 2011).

2.8.1 An overview of Aristotle's theorization of Akrasia

Why do people act wrongly, when they know full well what right conduct demands? This phenomenon, known to philosophers as incontinence or akrasia, receives extensive treatment in Book Seven of Aristotle's *Nicomachean Ethics*. Aristotle holds that akrasia presents a special challenge for moral education. In this view, akrasia is a form of practical judgement. More precisely, it is a form of practical judgment that has gone astray (Jeffrey, 2011).

Aristotle argues that incontinents do possess knowledge of the good. In as much as akratics manage to achieve correct knowledge, they must be exercising reason. The first belief is thus mistaken: akrasia connotes neither ignorance nor irrationality. Second, it is impossible to simultaneously possess both knowledge of the good and strong feelings of pleasure. For Aristotle, akrasia has been wrongly defined as abandonment of reason, and to assume that it occurs in the face of appetite or pleasurable feelings is equally wrong. Nonetheless, Aristotle declares that:

(...)these common beliefs should not be discounted (...)while neither is entirely correct; each does contain a key insight regarding akrasia. The second premise is that the right to maintain that appetite is central to incontinence. What it fails to consider is the possibility that appetite is central continence as well (...) appetite is not the villain in the drama of akrasia. Its role must be explained in another way (Jeffrey, 2011)

Aristotle holds that it is right to assume that the correct reasoning leads to correct behavior. However, he observes that this fails to entertain the possibility that the reasoned judgment can conflict with a person's actual contact. In Aristotle's view, it is precisely the conflict between reason and behavior which makes akrasia so puzzling. He writes:

Though persuaded to act otherwise (...)the incontinent still acts wrongly. The incontinent person thinks it is wrong to pursue (...) the pleasant thing at hand, yet still pursues it (...) (Jeffrey, 2011)

2.8.2 The precise domains of Akrasia

From Aristotle's theorization of akrasia, several reasons could be advanced as why people act contrary to what they hold. With regard to HIV/AIDS, it translates to the understanding that people may still engage in unprotected sex despite their having knowledge of the devastating effects of such practices.

According to (Jeffrey, 2011), there are four weaknesses that make people act acrationally: authenticity, Attention, Temptation and Principleness. These are what constitute the domains of Akrasia.

First, a person who usually does not usually stick to his or her original decisions as concerns cases where he or she needs to make decisions is not authentic. By being not authentic, it implies that such a person lacks a quality of sticking to what he or she

judges to be good. The non-authentic person lacks the seriousness that would make him or her realize his or her potentialities. The authentic person heeds the voice of conscience. The non-authentic does not heed the voice of conscience. Such a person after doing what is contrary to his or her principles develops self blame (Jeffrey, 2011). Such is the person who lacks authenticity. Njoroge says that the authenticity has to be earned by an individual. The non authentic rarely have a self belief in what they want to do. They do not stick to judgments. This is because they do not persevere in the light of difficulties.

Aristotle observed that individuals sometimes attend to one premise at the expense of the other. Concentrating exclusively on the universal premise leads to incorrect conduct, because it is the particular premise which controls action. Focusing solely on the particular premise can also be misleading. Correct reasoning requires that the particular premise be properly classified. Aristotle maintains that correct classification cannot take place without a universal premise, for it is the universal premise which articulates general concepts and categories. In so far as universal premise is ignored, the, misclassification is likely. Incorrect classification of the particular, in turn, results in incorrect action.

Secondly, the person who discounts his or her principles lacks attention. Other things easily distract him or her. This person lacks concentration on the task at hand and is easily distracted through lack of self control. Attention with effort is all that any case of volition implies. The essential achievement of the will is to attend to a difficult object (James, 2000). Aristotle explains that the reason why knowledge and behavior sometimes conflict does not concern the knowing process, but rather the conditions under which knowledge is achieved. Aristotle observes that individuals may possess

knowledge; but they also may be asleep or mad or drunk. Such feelings distract their will from proper judgement and consequent commitment to action, That is from engaging in the action that is consonant with the judgment. With regard to the fight against HIV/AIDS, individuals may lack attention of what is required of them. People may lack attention of their professional ethics and code of conduct.

Third, man though conceived as rational, sometimes in the face of difficulties, has a tendency to opt for the easy course of action. If he finds that the principle that he has enacted for himself is difficult to live up to, he is bound to choose the easier course of action. He opts to choose the easier course of action even with its inherent evil rather than the hard course of action though perhaps with greater good. Aristotle says that a persons who is weak goes through a process of deliberation and makes a choice: but rather than act in accordance with his reasoned choice, he acts under the influence of passion (Aristotle, 2000).

The impetuous person does not go through a process of deliberations and does not make a reasoned choice; he simply acts under the influence of passion. Aristotle maintains that at the time of action, the impetuous person experiences no internal conflict. He argues that once his act has been completed, he regrets what he has done. One could say that he deliberates. If deliberation were something that post-dated rather than preceded action; but the thought process he goes through after he acts comes too late to save him from error.

Fourth the functionality of alternatives presenting themselves to the agent could also be a factor contributing to the discounting of principles. If for example the agents principle is “I will never steal” and in the courses of duty money comes to his

possession by virtue of his employment or duty, he may start thinking in terms of what money could do for him. How the money could be used to achieve what he has desired in this world. The more he is convinced that he could become better than he is at present in terms of status, the more he/she may deviate from his principle. He eventually may choose to steal the money with the consequent effects that stealing entails. In such a case, the agent chooses the evil instead of good.

As pointed above reducing opportunities for temptation in the fight against HIV/AIDS would facilitate the success of the efforts to stump out the vice. It has been shown earlier that sometimes lack of knowledge is sometime a possible cause of HIV/AIDS. However, it has also been shown that there are many incidences where people engage in sex even with the knowledge of its consequences.

2.8.3 Aristotle's analysis of the conflict between knowledge and behavior

Exploring common beliefs about incontinence thus leads to Aristotle to ask a series of questions which brings the dilemma of *akrasia* into focus. How is it possible for the *akratic* to arrive at correct conclusion, yet still act wrongly? Aristotle considers two reasons to explain why knowledge and action conflict.

The first reason (Jeffrey, 2011) says, derives from the fact that correct reasoning requires premises that are both universal and particular. Individuals, however, sometimes attend to one premise at the expense of the other. Concentrating exclusively on the universal premise leads to incorrect conduct, because it is the particular premise which controls action. Aristotle argues that:

Focusing solely on the particular premise is properly classified. Correct classification, cannot take place without universal premise for it is universal premise which general concepts and categories. In so far as the universal premise is ignored, then miss-classification is likely. Incorrect classification of the particular, in turn results in incorrect action (Jeffrey, 2011).

The second reason why knowledge and behavior sometimes conflict does not concern the knowing process but rather the condition under which knowledge is achieved. Individuals may possess knowledge, but they also may be “asleep or mad or drunk.” It is this second state of affairs which Aristotle best describes as *akrasia*. Like those who are asleep or mad or drunk, the incontinent is affected by strong feelings. Aristotle asserts:

Such persons both have knowledge in a way and do not have it (...) people affected by strong feelings may say knowledgeable things (...) this does not mean, however, that these persons actually understand the words they espouse. In this respect, the incontinent is like an actor who can convincingly recite verses seen though he does not comprehend them, or a young learner who is able to string together words without fully grasping their meaning (Jeffrey, 2011).

The central question thus comes into view: how, precisely, do appetites and strong feelings affect the reasoning process which persons knowingly act against their better judgement?

Aristotle offers this explanation: suppose, then, that someone has (a) the universal belief, and it hinders him from tasting, he has (b) the second belief, that everything sweet is pleasant and this is sweet, and this belief (b) is active; and he also has appetite. Hence the belief (c) tells him to avoid this, but appetite leads him on, since it is capable of moving each of the (bodily) parts. The result, then, is that in a way reason and belief make him act incontinently. The belief (b) is contrary to correct

reasoning (a), but only coincidentally, not in itself. For it is the appetite, not the belief, that is contrary (in itself to correct reason)

From the above explanation, Aristotle concludes that:

(...) beasts are not incontinent, because they have no universal supposition but (only) appearance and memory of particulars. (Jeffrey, 2011).

(Jeffrey, 2011) argues that people always seek knowledge to do what is good for themselves, but it is surprising that they (people) fail to do what they know is right. The inconsistency between knowledge and action according to him sounds a normal human affair. For this reason, he thinks that it is ridiculous to repudiate that fact that incontinence or *akrasia* is a normal feature for human beings. This was a reaction against Socrates' theorization of the nature of man. The Socratic thesis is that:

It is conceivable that anyone should act contrary to his knowledge of what is best for himself. No one would willingly do what is bad (Jeffrey, 2011).

Aristotle's understanding of *akrasia* may be understood in the light of his criticism of the Socratic view quoted above. He argues that such thesis contradicts everyday experience and we must enquire about what happens to such a man.

Akrasia is discussed in detail in chapter seven of Aristotle book: *Nicomachean Ethics*. The chapter pays special attention to the question of whether *akratic* or incontinent people act knowingly or not. In this regard, Aristotle makes a distinction between the incontinent and wicked man. This distinction gives clarity to what Aristotle means when he talks of the incontinent man. He says the incontinent person is:

Like a city which passes all the right decree and has good laws, but makes no use of them...but the wicked man is like a city that uses its laws but has wicked laws to use (Jeffrey, 2011)

The incontinent person enacts principles that are good. Such a person assents to follow them but fails to follow them when it comes. Both the incontinent and the wicked person do what is bad. However, the wicked person rationalizes such actions while incontinent does not. Aristotle says:

(...) The incontinent person does not know what he or she ought to do. Such a person is not ignorant of the principles that he or she enacts. Unlike the wicked person, the incontinent knows what is to his or advantage (...) (Jeffrey, 2011)

Aristotle's views have implications to HIV/AIDS programming:

The action of a wicked person emanates from choice, but, the incontinent acts not by choice, but by acts contrary to his/her choice and judgement. Normally the incontinent person has the intention to do that which is good. Due to choice of pleasant and harmful things the incontinent fails to act on the good judgment or principles that he or she enacted. The incontinent men (people) are therefore at variance with themselves. They usually have appetites for some things and rational desires for others.

Aristotle explained incontinence as resulting partly from the conflict between the principles in the Soul. He argued that when appetitive principle overcomes the rational principle, the incontinent person loses the capacity to do that which is consonant with his/her enacted principles. The incontinent person usually regrets

his/her actions. Such a person therefore is curable of the weakness but the wicked person is incurable. Aristotle states that:

There is no cure for that person who does not regret his/her errors. The incontinent man knows that he does is bad. He is therefore conscious, unlike the wicked person who is unconscious of his/her wickedness (Jeffrey, 2011).

2.8.4 Aristotle's view of knowledge

From the above, it is important to understand what Aristotle means by knowledge. According to him, there are two senses. He maintains that there are two senses of the word 'know'. One may have knowledge and use it. There is nothing strange in saying that an incontinent person has knowledge of the form sense. However saying that what he is doing is knowledge at work is absurd (Jeffrey, 2011)

In Aristotle's distinction between the two senses of the "know" lies a postulation of the difference between potentiality and actuality. Potentiality is a foundation to those states and forms that can be achieved or realized. The potentiality is realized only if effort is forthcoming. Actuality is the realization of the desired states and forms. It is a reality of a capacity inherent in a given thing. Aristotle explains that the knowledge that an incontinent man has is like that of a man who is asleep or drunk (Jeffrey, 2011).

In other words as Aristotle further explains, this is a case of a man who has knowledge in one sense. He has acquired the potentiality that comes with the possession of such knowledge. In this case Aristotle compares such knowledge to the case of an indisposed person. Such a person cannot act at that particular time for he/she is temporarily incapacitated or rendered impotent.

According to Aristotle, the main reason why a person may fail to act in a way consonant with the knowledge that he/she has lies in the non-translation of universal of general principle to particulars but the contrast is not always the same. Aristotle has in mind, a distinction within the class of universal or types. A universal is a general type while the particular is a specific type. In other places, the contrast is between types and individuals. Aristotle explains that:

(...)particulars are individuals while universal are types. The particulars may be understood in the two senses of knowledge as distinguished earlier. Knowledge of the particulars is specific while knowledge of the universals encompasses generalities. Universal means belong to, done by all affecting (...) (Jeffrey, 2011)

In Aristotle's view, the two levels allow the no translation of knowledge into action by agents. A person may act against these professed principles. This may result from the failure to see the action at hand as falling under the said principles. It is not, therefore absurd to say that a person acts against this knowledge. In the words of Aristotle:

There is nothing to prevent a person having both premise and acting against his/her knowledge, provided that he/she is using only the universal premises and not particular for it is the particular acts that have to be done (Jeffrey, 2011).

It appears from Aristotle account that the inconsistency between knowledge and action is a failure to proceed from the universal principles to the particular. Aristotle demonstrates this by practical syllogism. He gives the form which all practical syllogism must have. They must have two kinds of premises. The two represent the

two levels of knowledge. He says that the one premise or judgement is universal and the other deals with particular ...the first tells us that such a kind of man should, and such kind of act, and the second that this is in an act of kind meant, and a person of the type intended (Jeffrey, 2011).

Aristotle further argues that the universal premise is a judgement of value or an imperative. For example, all fruits are nutritious, or an imperative, all citrus fruits ought to be eaten. The conclusion following from the combination of such a universal premise with a minor, for example, this is a citrus fruit, is not merely a statement. It is an action: the subject eats the fruit. Aristotle tells us that the conclusion of a practical syllogism is an action.

Whereas the above explanation is plausible; the conclusion is not an action.

The conclusion as made by Aristotle is plausible as we can draw a similar conclusion from a theoretical syllogism. However, what is clear is that Aristotle seems to have equated a belief with action. This had resulted in some confusion. One may have a belief and not act on the belief. This seems to be a weakness of the practical syllogism. We can conclude that the basic determinant of actions which may obtain or fail is when the practical syllogism absolves the weakness.

2.8.5 Studies relating to Akrasia and human behavior

In psychological literature, several models have been proposed to aid the understanding of how behavior can be changed. These models are a product of

psychology, sometimes called the science of behavior, and more specifically of one of its relatively new fields, the psychology of health. The first model, the *Health belief model*, shows the importance of beliefs in the adoption of behavior (Becker, 2005).

The notion of motivation, in the form of the concept of intention, was introduced by the *Theory of reasoned action* (Ajzen & Fishbein, 2008) and the *Theory of planned behaviour* (Ajzen & Fishbein, 2008). *The Theory of interpersonal behavior* (Triandis, 2007) introduced the role played by habit. The *Self Regulatory model* showed that a subject's self evaluation of behavior creates a situation of feedback, which manifests itself not only at the cognitive but also at the emotional level (Leventhal, 1998).

The *Health locus of control* (Wallston, Wallston, & DeVellis, 2008) and the *Socio-cognitive Theories* (Bandura, 1991) highlight the psychological notion of self efficacy. The *trans-theoretical model of change* (Prochaska, 2003) attempts to explain the adoption of a behavior as a dynamic process, concerned not so much with what leads the subject to a change in behavior, but rather with how to describe the stages of the change. In the *Theories of reasoned action* planned behavior, the likelihood of adopting a behavior is closely associated with the intention expressed by the patient. In these models, the patient's intention to perform behavior is a construct combining her attitude toward performing the behavior and subjective norms, represented by beliefs, concerning the way the behavior is perceived by persons who may be important to her.

No one of these models incorporates the concept of weakness of will- which is surprising, given for example that the failure to diet or to refrain from smoking are

routinely used by philosophers as examples of paradigmatic cases of weakness of will.

(Jeffrey, 2011) while investigating the ethical curriculum argues that an ethical curriculum should seek to cultivate, in its students, not only ability to recognize what is good and right, but a disposition to hold to that good in practice. Further, graduates of such a curriculum should be empathetically equipped to recognize particular sources of akrasia among those they design for. They argued that the desire to act sustainably or compassionately can be thwarted by pressures of time, lack of equipment, bad habits or simply exhaustion.

The study by (Jeffrey, 2011) is informative with regard to setting goals and objectives of an ethical curriculum. However, it falls short of proposing what models could be used to impart such desired values. Their study also gives a general approach to ethical curriculum, without targeting a specific problem that needs a solution. The current study endeavors to bridge the identified gaps by seeking an educational model that could be used in the practice of HIV/AIDS education, while seeking clarity to why HIV/AIDS infections continue to grow despite campaigns against it.

(Jeffrey, 2011) investigates whether the teaching of ethics can help to make people engage in genuine, non-corrupt business. In her work, she argues that this is not possible and gives three reasons to support her position. First, it is a mistake to assume that akrasia is only a primarily a moral problem. A man acting against his own best judgments does not always act immorally. If his best judgment is not in the

interests of the good, then his akratic action may in a sense be more moral than an action consistent with his best judgement.

Second, it is a mistake to assume that the only or primary task of moral education is to address the problem of akrasia. The phenomenon of akrasia presents a special challenge to moral education: “Knowing what’s right is easy. It’s doing what’s right that’s hard” Presumably the special challenge for educators is to get people to do what’s right and not simply to know what’s right. She thus suggests that a central task for moral education today is to “engage everyone involved in defining just what ‘the good’ means.”

Third, it is a mistake to assume that pluralism is the main reason why it is not easy to know what is right. Practical judgement can go wrong in several ways, not all akratic and any of which could lead us to act wrongly. For instance, we may do the wrong thing because we do not always properly know what we are doing. While habituation of the right kind may be crucial in developing those virtues, a proper judgment of the situation and of the conflicting concerns that have bearing on it.

(Jeffrey, 2011) study underscores the role of education in changing people’s behavior with regard to moral obligations. The study further gives insights into how people act in accordance with their expectations, for instance it points out that “knowing what’s right is easy. It’s doing what’s right that’s hard.” However, (Jeffrey, 2011) did not endeavour a model that could be used to make people translate knowledge into action. The current study focuses on this gap.

But as (Jeffrey, 2011) point out, unrestricted or unusual power can have a similar tendency. Where power is unrestricted, the normal checks and balances which may serve on the side of right action are absent. The current study is an effort to bridge gaps as identified and complement the efforts by the two scholars.

2.8.5 Akrasia as weakness of the will

According to (Jeffrey, 2011), Akrasia, occasionally translated as akracia (from Greek, “lacking command (over oneself) is a state of acting against ones better judgement. Although this technical term is usually employed in its Greek form (ie akrasia/akratic) in English texts, it was once the philosopher’s English language convention to use the precise English equivalent of akrasia/akratic, incontinence/incontinent. But now, the correct conventional term is akrasia.

Much of the philosophical literature takes akrasia to be the same thing as *weakness of the will*. (Jeffrey, 2011) sees weakness of the will as a tendency to revise one’s judgement about what is best too easily. Holton explains that for example, a smoker who wants to quit smoking but s/he is unable to do so, acts against her better judgement (that quitting is best) due to a weak will. So the smoker might at one moment feel that she should give up, but at another, that the joy of smoking outweighs the risks, oscillating back and forth between judgments. Such a person has a weak will but is not acting akratically (Jeffrey, 2011).

Akrasia then involves conflicts between our evaluations and our commitments, or between our commitments and acts falling under them. (Jeffrey, 2011), argues that

when people act in their own better judgment, they temporarily believe that the worse course of action is better, because they have not made it judgmental but only basing it on a subset of possible considerations.

(Jeffrey, 2011) observes that the most interesting cases occur when both of the conflicting elements are fully conscious or readily available to consciousness. Njoroge argues that when people behave akratically, they are often aware that this is what they are doing; this is not a form of behavior that has somehow, to be kept secret.

2.9 Summary

This chapter has reviewed and analyzed studies on HIV/AIDS. It has presented the impact of the efforts in fighting HIV/AIDS globally and current initiatives by Kenya through various NGOs and Government bodies like NACC and NASCOP. Health communication theories and the concept of Akrasia and their relevance to the subject have also been discussed.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology used in the study. It discusses the philosophical paradigm, approach to the study, research method and data generation techniques, data presentation, discussion and analysis, sampling, trustworthiness and ethical considerations.

3.2 An Overview of the Research Methodology Adapted for this Study

This chapter traces the underlying theoretical framework of the study. It outlines the approach, the philosophical assumptions and interpretive frameworks adapted for this study.

By closely analyzing each approach, philosophical assumptions (paradigm) and interpretive frameworks, the chapter justifies the methodology used. The chapter also gives a brief account of the qualitative approaches available and goes ahead to justify why this study lends itself to a case study.

This section therefore seeks to discuss these factors in more detail, demonstrate awareness and understanding and conclude by describing the approach undertaken in this study, as a prelude to the full research design.

3.3 Philosophical Paradigm

When undertaking research of this nature, it is important to consider different beliefs. These beliefs have been called philosophical assumptions (Creswell, 2013), research paradigms (Denzin & Lincoln, 2011) and alternative knowledge claims (Jeffrey, 2011). Since these parameters describe perceptions, beliefs, assumptions and the nature of reality and truth (knowledge of that reality), they can influence the way in which the research is undertaken, from design through to conclusions, and it is therefore important to understand and discuss these aspects in order that approaches congruent to the nature and aims of the particular inquiry are adopted, and to ensure that researcher biases are understood, exposed, and minimised. Whilst (Jeffrey, 2011) cautions that we all have inherent preferences that are likely to shape our research designs, (Jeffrey, 2011) describes these aspects as part of a series of choices that the researcher must consider and he shows the alignment that must connect these choices back to the original research problem. If this is not achieved, methods incompatible with the researcher's stance may be adopted, with the result that the final work was undermined through lack of coherence.

(Jeffrey, 2011) argues that these aspects are highly relevant to social science since the humanistic element introduces a component of 'free will' that adds a complexity beyond that seen in the natural sciences and others. He draws attention to the fact that different paradigms 'encourage researchers to study phenomena in different ways', going on to describe a number of organisational phenomena from three different perspectives, thus highlighting how different kinds of knowledge may be derived

through observing the same phenomena from different philosophical perspectives. As well as stimulating debate, (Jeffrey, 2011) highlights how these different positions can result in much tension amongst academics.

(Jeffrey, 2011) tells us why philosophy is important in research: It shapes how we formulate our problem and research questions to cause-effect type of questions in which certain variables are predicted to explain an outcome different from an exploration of a single phenomenon as found in qualitative research. These assumptions are deeply rooted in our training and reinforced by the scholarly community in which we work. Thirdly, reviewers make philosophical assumptions about a study when they evaluate it. Knowing how reviewers stand on issues of epistemology is helpful to author researchers. When the assumptions between the author and the reviewer (or journal editor) diverge, the author's work may not receive a fair hearing and conclusions may be drawn that it does not make a contribution to the literature. This unfair hearing may occur within the context of a graduate student presenting to a committee, an author submitting to a scholarly journal, or an investigator presenting a proposal to a funding agency. On the reverse side, understating the differences used by a reviewer may enable an author-researcher to resolve points of difference before they become a focal point for critique (Creswell, 2013).

(Jeffrey, 2011) look at a philosophical paradigm as constituting a way of looking at the world and interpreting what is studied and therefore an indication of how research ought to be conducted, by whom and to what degrees of involvement and interpretation. According to them, all researchers operate within particular paradigms

to the extent that all researchers have a philosophical leaning (a way of interpreting the world) which may not be explicit but still influence the research process. (Jeffrey, 2011) argue that qualitative researchers are philosophers in that “universal sense in which all human beings...are guided by highly abstract principles”

(Jeffrey, 2011) contends that it is not possible to conduct rigorous research without understanding its philosophical underpinnings. Thus a good research inquiry ought to make the philosophical paradigms within which the study is situated explicit to show that a researcher is aware of their influence on the conduct of inquiry.

This section aims to discuss these factors in more detail, demonstrate awareness and understanding and conclude by describing the approach to be undertaken in this study, as a prelude to the full research design.

Two main issues to consider with regard to philosophical paradigms in research are ontology and epistemology, and the researcher’s commitments to them are critical in framing the research process (Denzin & Lincoln, 2011).(Jeffrey, 2011) has added two more research paradigms: axiological and methodological assumptions but these are not common and will not be explored in this study.

Table 1: Philosophical assumptions with implications for this study			
Assumption	Questions	Characteristics	Implications for this study
Ontological	What is the nature of reality	Reality is multiple as seen through many views	Researcher reports different perspectives as themes develop in the findings
Epistemological	What counts as knowledge? How are knowledge claims justified? What is the relationship between the researcher and that being researched?	Subjective evidence form participants; researcher attempts to lessen distance between himself and that being researched	Researcher relies on quotes as evidence from the participants (Voices); spent time in field with participants, and became an “insider”
Axiological	What is the role of values?	Researcher acknowledges that research is value laden and that biases are present	Researcher openly discusses values that shape the narrative and includes his interpretation in conjunction with the interpretations of participants
Methodological	What is the process of research? What is the language of research?	Researcher uses inductive logic, studies the topic within its context and uses an emerging design	Researcher works with particulars (details) before generalizations, describes in detail the context of the study and continually revises questions from experiences in the field

Source: Adapted from Creswell (2013)

3.3.1 Ontological Assumption

(Jeffrey, 2011) define Ontology as the nature of reality or the assumptions we have about reality of knowledge. Ontological assumptions can be conceptualized along a continuum with two extremes – realism and relativism. The realist perspective looks

at the world as an objective entity that has rules and regulations that govern behavior, hence the existence of an “objective truth”. The realist role in research is to be neutral and their purpose is to discover the objective reality (Blaikie, 2003).

The relativists on the other hand take a subjective position: that there is no single viewpoint of the world and therefore reality is internal and dependent on the individuals perceptions and experiences. It is not only that which is perceived, but that which is interpreted by the individual. Relativists argue that these individual interpretations are deeply embedded in a rich contextual web that cannot be readily generalized to other settings. Consequently, there is no objective reality but multiple realities socially and culturally constructed by individuals from within their own contextual interpretation (Jwan & Ong'ondo, 2011).

(Jeffrey, 2011) describes the root definition of ontology as ‘the science or study of being’ and develops this description for the social sciences to encompass ‘claims about what exists, what it looks like, what units make it up and how these units interact with each other’. In short, ontology describes our view (whether claims or assumptions) on the nature of reality, and specifically, whether this is an objective reality that really exists, or only a subjective reality, created in our minds. He goes on to highlight the complexity that is introduced when considering phenomena such as culture, power or control, and whether they really exist or are simply an illusion, further extending the discussion as to how individuals (and groups) determine these realities – does the reality exist only through experience of it (subjectivism), or does it exist independently of those who live it (objectivism).

As a result, we all have a number of deeply embedded ontological assumptions which will affect our view on what is real and whether we attribute existence to one set of things over another. If these underlying assumptions are not identified and considered, the researcher may be blinded to certain aspects of the inquiry or certain phenomena, since they are implicitly assumed, taken for granted and therefore not opened to question, consideration or discussion.

According to (Jeffrey, 2011), the ontological issue relate to the nature of reality and its characteristics. When researchers conduct qualitative research, they are embracing the idea of multiple realities. Different researchers embrace different realities as do the individuals being studied and the readers of the qualitative study. When studying individuals, qualitative researchers conduct a study with the intent of reporting these multiple realities. Evidence of multiple realities includes the use of multiple forms of evidence in themes using the actual words of different individuals and presenting different perspectives. For example, when writers compile a phenomenology, they report how individuals participating in the study view their experiences differently (Creswell, 2013).

In relation to ontology, (Jeffrey, 2011) point out that most qualitative research operates within the relativist tradition, takes the stance that there always exist multiple viewpoints on any subject under inquiry, depending on many factors.

When considering that different views exist regarding what constitutes reality, another question must be how is that reality measured, and what constitutes knowledge of that reality. This leads us to questions of Epistemology.

3.3.2 Epistemological Assumptions

(Jeffrey, 2011) have defined epistemology as “the nature of evidence and knowledge, the rules and principles by which we decide whether and how social phenomena can be known and how knowledge can be demonstrated. Every researcher brings some set of epistemological assumptions into the research process (even if they are not aware of them) and these assumptions influence how they understand and interpret their data.

The most common epistemological paradigms are positivist and Interpretivist-constructivist (Denzin & Lincoln, 2011). There are other epistemologies such as post-positivist and postmodernist. The Ontological positions of realism and relativism are consistent with epistemological viewpoints of positivism and interpretivist-constructivism respectively. (Jeffrey, 2011) explains that Interpretivist-constructivist epistemology seeks to generate data from people themselves, aiming to get knowledge about how people perceive, interpret, and understand issues that affect them in their contexts. Due to this, interpretivists/constructivists usually use interviews as the main technique of data generation.

Interpretative-constructivist epistemology is used in this study because it acknowledges that the researcher and the participants do not only co-construct the reality but also interpret and or construct the reality in their specific ways.

Questions of epistemology begin to consider the research method, and (Jeffrey, 2011) goes on to discuss how epistemology defines how knowledge can be produced and argued for. (Jeffrey, 2011) describes epistemology as ‘the theory or science of the

method or grounds of knowledge' expanding this into a set of claims or assumptions about the ways in which it is possible to gain knowledge of reality, how what exists may be known, what can be known, and what criteria must be satisfied in order to be described as knowledge. (Jeffrey, 2011) describes epistemology as 'how and what it is possible to know' and the need to reflect on methods and standards through which reliable and verifiable knowledge is produced. Hatch and Cunliffe (2006) summarise epistemology as 'knowing how you can know' and expand this by asking how is knowledge generated, what criteria discriminate good knowledge from bad knowledge, and how should reality be represented or described. They go on to highlight the inter-dependent relationship between epistemology and ontology, and how one both informs, and depends upon, the other.

In considering this link, the need to understand the position of the researcher becomes more obvious. If the researcher holds certain ontological positions or assumptions, these may influence the epistemological choices or conclusions drawn. Hence, as with ontology, both objective and subjective epistemological views exist. (Jeffrey, 2011) describe an objective epistemology as presuming that a world exists that is external and theory neutral, whereas within a subjective epistemological view no access to the external world beyond our own observations and interpretations is possible.

(Jeffrey, 2011) discuss this further, highlighting that certain researchers therefore argue that data collected from objects that exist separate to the researcher (an external reality) is less open to bias and therefore more objective, and that if social phenomena are studied, these must be presented in a statistical, rather than narrative, form in order to hold any authority, a position of course that many researchers would challenge and

(Jeffrey, 2011) contends that since social research involves so many choices, the opportunity for researchers values and preferences to influence the process makes it difficult to ultimately achieve true objectivity.

With the epistemological assumption, conducting a qualitative study means that researchers try to get as close as possible to the participant being studied. Therefore subjective evidence is assembled based on individual views. This is how knowledge is known – through the subjective experiences of people. It becomes important then to conduct studies in the field where the participants live and work – these are important contexts for understanding what the participants are saying. The longer researchers stay in the “field” or get to know the participants, the more they “know” what they “know” (Creswell, 2013).

3.4 Interpretative Frameworks

The discussions above lead us to the next area for consideration, which (Jeffrey, 2011) describes as the ‘interpretive frameworks’ and by others (Saunders, Lewis and Thornhill, 2007) as the ‘research paradigms’. (Jeffrey, 2011) describe a research paradigm as a ‘basic set of beliefs that guides action’ while (Jeffrey, 2011) describes them as “theoretical lens.” According to (Jeffrey, 2011), the philosophical assumptions are embedded within the frameworks that qualitative researchers use when they conduct a study. They are key premises that are folded into interpretive frameworks used in qualitative research. The categorisation of interpretive frameworks varies widely. (Jeffrey, 2011) categorisation consists of positivism, postpositivism, interpretivism, constructivism, hermeneutics, feminism, radicalized discourses, critical theory and Marxist models, culturalstudies models, queer theory and postcolonialism. (Jeffrey, 2011) has crystalised them into Postpositivism; Social

constructivism; Transformative/Postmodern; Pragmatism and Critical/
Race/Feminist/Queer/Disabilities

Table 2: Interpretive frameworks and associated philosophical beliefs

Interpretive frameworks	Ontological beliefs (the nature of reality)	Epistemological beliefs (how reality is known)	Axiological beliefs (role of values)	Methodological beliefs (approach to inquiry)
Postpositivism	A single reality exists beyond ourselves, “out there”. Researchers may not be able to understand it or get to it because of lack of absolutes	Reality can only be approximated. But it is constructed through research and statistics. Interaction with research subjects is kept to a minimum. Validity comes from peers, not participants	Researcher’s biases need to be controlled and not expressed in a study	Use of scientific method and writing. Object of research is to create new knowledge. Deductive methods are important, such as testing of theories, specifying important variables, making comparisons among groups
Social constructivist/ Interpretivist	Multiple realities are constructed through our lived experiences and interactions with others	Reality is constructed between the researcher and the researched and shaped by individual experiences	Individual values are honored and are negotiated among individuals	Literary style of writing used. Use of an inductive method of emergent ideas (through consensus) obtained through methods such as interviewing, observing and analysis of texts
Transformative/Postmodern	Participation between researcher and communities/ individuals being studied. Often a subjective-objective reality emerges	Co-created findings with multiple ways for knowing.	Respect for indigenous values; values need to be problematised and interrogated	Use of collaborative processes of research; political participation encouraged; questioning of methods; highlighting issues and concerns
Pragmatism	Reality is what is useful, is practical, and works	Reality is known through using many tools of research that reflect both deductive (objective) evidence and inductive (subjective) evidence	Values are discussed because of the way that knowledge reflects both the researchers’ and the participants’ views.	The research process involves both quantitative and qualitative approaches to data collection and analysis
Critical, Race, Feminist Queer Disabilities	Reality is based on power and identity struggles. Privilege or oppression bases on race or ethnicity, class, gender, mental abilities, sexual preference	Reality is known through the study of social structures, freedom and oppression, power and control. Reality can be changed through research	Diversity of values is emphasized within the standpoint of various communities.	Start with assumptions of power and identity struggles document them and call for action and change.

Source: Adapted from Creswell (2013)

3.4.1 Social Constructivism/Interpretivist

Social constructivism (which is often described as interpretivism) is a world view where individuals seek understanding of the world in which they live and work. They develop subjective meanings of their experiences – meanings directed toward certain objects or things. These meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrow the meanings into a few categories or ideas (Creswell, 2013). The goal of research then is to rely as much as possible on the participant views of the situation. Often these subjective meanings are negotiated socially and historically. In other words, they are not simply imprinted on individuals but are formed through interaction with others (hence social construction) and through historical and cultural norms that operate in individuals' lives. Rather than starting with a theory (as in postpositivism), it requires to generate or inductively develop a theory or pattern of meaning.

Interpretivism's main tenet is that research can never be objectively observed from the outside rather it must be observed from inside through the direct experience of the people. Furthermore, uniform causal links that can be established in the study of natural science cannot be made in the world of the classroom where teachers and learners construct meaning. Therefore, the role of the scientist in the interpretivist paradigm is to, "understand, explain, and demystify social reality through the eyes of different participants" (Jeffrey, 2011). Researchers in this paradigm seek to understand rather than explain.

The constructivist worldview is manifested in case studies as this one in which individuals describe their experiences.

3.4.2 Linking Philosophy of this Study and Interpretive Frameworks

According to (Jeffrey, 2011), the interpretive frameworks convey different philosophical assumptions and qualitative researchers need to be aware of this connection. The philosophical assumptions of ontology, epistemology, axiology and methodology take different forms given the interpretive frameworks used by the inquirer.

(Jeffrey, 2011) have given the assumptions (Epistemological and Ontological) that a researcher who views the world using a Social Constructivism/Interpretivist frameworks or lens, would make:

Table 3: Epistemological and Ontological assumptions	
Ontological Assumptions	Epistemological Assumptions
<ul style="list-style-type: none"> • Reality is indirectly constructed based on individual interpretation and is subjective • People interpret and make their own meaning of events. • Events are distinctive and cannot be generalized. • There are multiple perspectives on one incident. • Causation in social sciences is determined by interpreted meaning and symbols. 	<ul style="list-style-type: none"> • Knowledge is gained through a strategy that “respects the differences between people and the objects of natural sciences and therefore requires the social scientist to grasp the subjective meaning of social action” • Knowledge is gained inductively to create a theory. • Knowledge arises from particular situations and is not reducible to simplistic interpretation. • Knowledge is gained through personal experience.

Source: (Jeffrey, 2011)

Linking philosophy and the interpretive frameworks will entail a discussion of the interpretive framework used in the project by weaving together the framework used and discussing its central tenets, how it informs the problem of the study, the research questions, the data collection and analysis and the interpretation. This discussion would also mention the philosophical assumptions (ontology, epistemology, axiology, methodology) associated with the interpretive framework. Thus there would be two ways to discuss the interpretive framework: its nature and use in the study, and its philosophical assumptions.

Table 4: Manifestations of Social constructivism/Interpretivist interpretive framework in the study	
Tenet of the interpretive framework	Its manifestations in this study
Research can never be objectively observed from the outside rather it must be observed from inside through the direct experience of the people	In this study, the researcher observes from inside by getting the direct experiences of the phenomenon from programme officers and peer educators who are people living with HIV/AIDS in the selected organizations
Individuals seek understanding of the world in which they live and work	In this study, respondents seek to understand the phenomenon of HIV/AIDS communication
They develop subjective meanings of their experiences	Each of the respondents gives a meaning of the concept that is personal and unique to himself
These meanings are varied and multiple, leading the researcher to look for the complexity of views rather than narrow the meanings into a few categories or ideas	Individual experiences in this study are different hence a multiplicity of meanings is realised
Place great emphasis on communication and language,	Communication and language of respondents is used to bring meaning to the study e.g. through use of voices
Subjective meanings are socially constructed ie negotiated socially and historically, meaning they are not simply imprinted on individuals but are formed through interaction with others	The meanings of the different respondents are derived from the social experiences and interactions of the people
Do not start with a theory (as in postpositivism), but inductively develop a theory or pattern of meaning ie This study is inductive, rather than deductive and theory building, rather than theory testing	Literature has been used to inform the study, and the study did not set out to test pre-existing theory, for example through the use of hypothesis or experiments and instead relied upon qualitative data, with rich, open interviews with many respondents in organizations to discover and understand the individual and shared sense of meaning regarding the intervention.
Researchers in this paradigm seek to understand rather than explain.	The study is also interested in the factors that affect the different interpretations gathered from informants, but the emphasis here is on

	understanding the individual and shared meaning rather than on explaining underlying mechanisms, or identifying causal effects.
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Source: Author

(Jeffrey, 2011) says the practice of using social constructivist interpretive frameworks in a qualitative study as this may vary depending on the framework being used and a particular researcher's approach. In this study, the problems and the research questions being explored aim to allow the researcher an understanding of specific issues or topics e.g. the study examines the will and how it can be strengthened; the role communication can play in this and how Aristotle's ideas may be of use in this process.

The procedures of research, such as data collection, data analysis, representing the material to audiences and standards of evaluation and ethics emphasize an interpretative stance. During data collection, the researcher did not further marginalize the participants, but respected the participants and the sites for research. Further, the researcher provided reciprocity by giving or paying back those who participated in research and focused on the multiple perspective stories of individuals and who tells the stories. The researcher was also sensitive to power imbalances during all facets of the research process. Here respected individual differences rather than employing the traditional aggregation of categories such as men and women, black and white etc. Ethical practices of the researchers recognized the importance of the subjectivity of their own lens, acknowledged the powerful position they had in the research and admitted that the participants or the co-construction of the account between the researchers and the participants are the true owners of the information collected.

The research was presented as thesis and a call to action and transformation on the approach to HIV/AIDS communication.

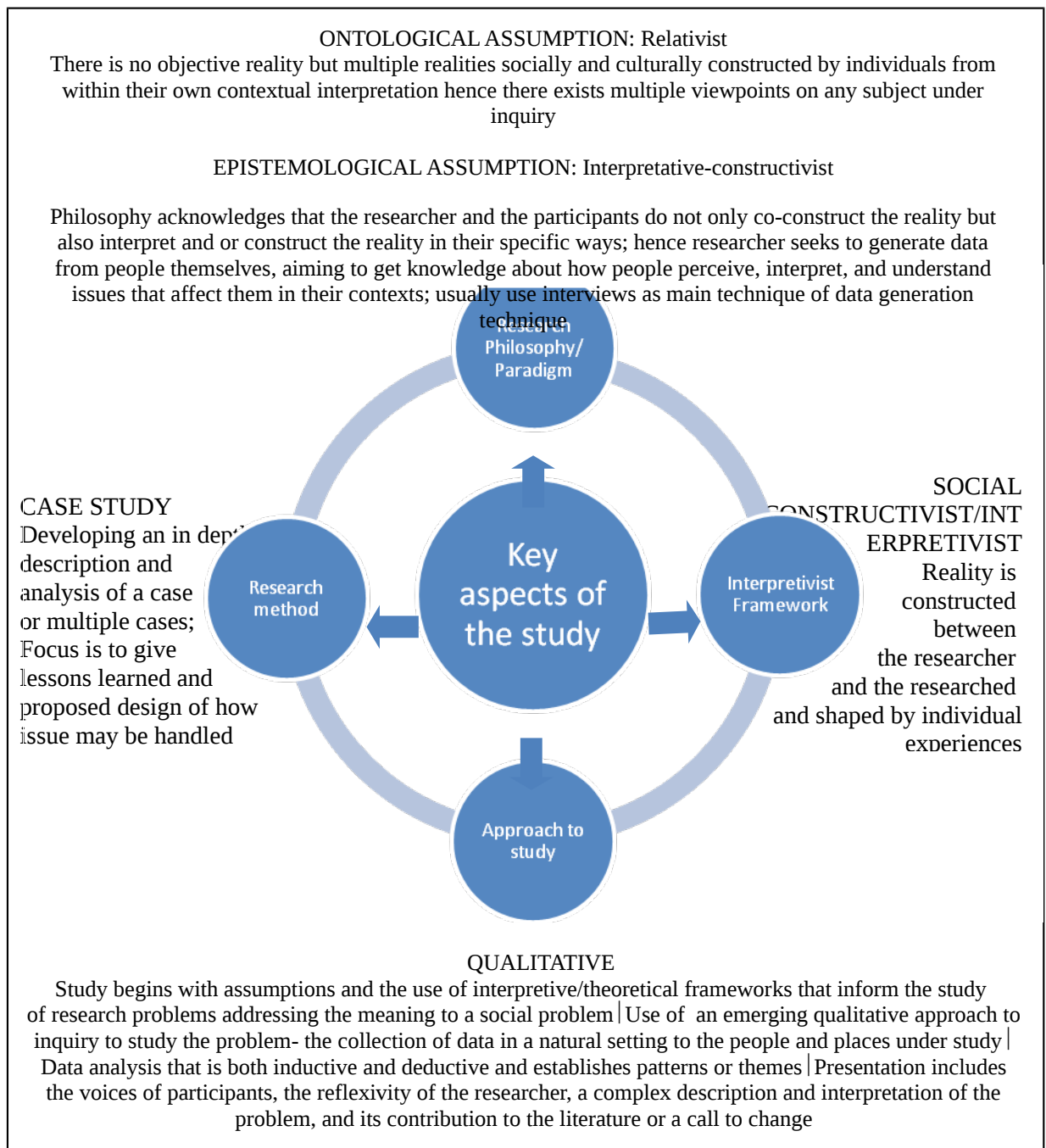


Figure 1: Research philosophy and key aspects of study

Source: Author (adapted from Partington 2002; Jwan & Ong'ondo 2011; Creswell 2013)

(Jeffrey, 2011), has metaphorically described qualitative research as an intricate fabric composed of minute threads, many colors, different textures and various blends of material. This fabric is not explained easily or simply. Like the loom on which the fabric is woven, general assumptions and interpretative framework hold qualitative research together. To describe these frameworks, qualitative researchers use terms - constructivist, interpretivist, feminists, postmodernist and so forth. Within these assumptions and through these frameworks are approaches to qualitative inquiry such as narrative research, phenomenology, grounded theory, ethnography and case studies. This field has many different individuals with different perspectives who are on their own looms creating the fabric of qualitative research. Aside from these differences, the creative artists have the common task of making a fabric. In other words, there are characteristics common to all forms of qualitative research and the different characteristics will receive different emphases depending on the qualitative project. Not all characteristics are present in all qualitative projects but many are (Creswell, 2013).

It's therefore important to begin by posing a definition for it. (Jeffrey, 2011), gives a working definition that provides greater emphasis on the design of research and the use of distinct approaches to inquiry as follows:

Qualitative research begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns or themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call to change (Creswell, 2013).

(Jeffrey, 2011), defines a research design as “an arrangement of condition for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure”. In fact the research design is the conceptual structure within which research is conducted. It constitutes the blue print for the collection, measurement and analysis of data. As such, the design includes an outline of what the researcher will do from writing the hypothesis and its operational implications to the final analysis of data. As such research design will vary for qualitative and quantitative studies. Research design is needed because it facilitates the smooth sailing of the various research operations thereby making research as efficient as possible yielding maximal information with minimal expenditure of effort, time and money.

(Jeffrey, 2011) define qualitative research as an approach to an inquiry that emphasizes a naturalistic search for relativity in meaning, multiplicity of interpretations, particularity, detail and flexibility in studying a phenomenon or the aspects of it that a researcher chooses to focus on at a given time. Qualitative research seeks to generate an understating of the various possible meanings of a subject in its natural setting (without undue manipulation of the conditions of existence). It aims at establishing the alternative interpretations of the existing manifestation of the subject, pursuing the particular, detailed explanations (rather than general characteristics) and exploring all possible, trustworthy and ethical ways of generating a deeper understanding of the subject.

A close examination of the above definition shows that this study lends itself to a qualitative approach:

Table 5: Why this study lends itself to a Qualitative approach	
Characteristic	Its manifestation in this study
Natural setting	Data for this research was collected in the field at the site where participants experience the concept of HIV/AIDS. The researcher did not send out instruments for individuals to complete such as in survey research. Instead the researcher gathered up close information by actually talking directly to people and seeing them behave and act within their context. The researcher had face to face interaction over time.
Researcher as key instrument	The researcher collected data himself through examining documents, observing behavior and interviewing participants. He used instruments, but designed by the researcher using open ended questions. The researcher did not to rely on questionnaire or instruments developed by other researchers.
Multiple methods	The researcher gathered multiple forms of data such as interviews, observations and documents, rather than rely on single data source. Then he reviewed all of the data and made sense of it, organizing it into categories or themes that cut across all the data sources
Complex reasoning through inductive and deductive logic	The researcher built his patterns, categories and themes from the “bottom up,” This inductive process involved researchers working back and forth between the themes. It also involved collaborating with the participants interactively, so that they had a chance to shape the themes or abstractions that emerged from the process. The researcher also used deductive thinking in that he built themes that are constantly being checked against the data. The inductive-deductive logic process means that the researcher used complex reasoning skills throughout the process of research.
Participants meaning	In the entire research process, the researcher kept a focus on learning the meaning that the participants held about the problem or issue, not the meaning that the researcher brought to the research or writers from the literature reviewed. The participant meaning further suggest multiple perspectives on a topic and diverse views.
Emergent design	This means that the initial plan for the research is not tightly prescribed, and that all phases of the process may change or shift after the researcher enters the field and begins to collect data. In this case for example, the questions, forms of data collection and the individuals studied and the sites visited changed as the research progressed. The key idea behind the research was to learn about the problem or issue from participants and engage in the best practices to obtain that information
Reflexivity	The researcher “positioned himself” in the study. This means that he conveyed in the method section, his experience, cultural background (eg work experience, history) how it informed his interpretation of the information in the study, and what he had to gain from the study. As (Jeffrey, 2011) said: “Our readers have a right to know about us... they want to know what prompts our interest in the topics we investigate, to whom we are reporting and what personally stand to gain from our study (p36)
Holistic account	The researcher developed a complex picture of the issue under study. This involved reporting multiple perspectives, identifying the many factors involved in the situation, and generally sketching the larger picture that emerged. This researcher was not bound by tight cause and effect relationships among factors, but rather by identifying the complex interactions of factors in any situation.

Source: Author (Adapted from Creswell 2013; Jwan & Ong’ondo 2011)

3.6 Methods and Methodology

According to (Jeffrey, 2011), by methods, we mean that range of approaches used in social science research to gather data which are to be used as a basis for inference and interpretation, for explanation and prediction. In this study, methods was used to refer to the techniques for eliciting responses to predetermined questions, recording measurements describing phenomena and performing experiments, participant observation, role playing, non-directive interviewing, episodes and accounts. The following therefore constitute methods: narrative research, phenomenology, grounded theory, ethnography and case study. The method used in this study is case study.

If methods refer to techniques and procedures used in the process of data gathering, the aim of methodology is

To describe and analyse these methods, throwing light on their limitations and resources, clarifying their presuppositions and consequences, relating their potentialities to the twilight zone at the frontiers of knowledge. It is to venture generalizations from the success of particular techniques, suggesting new applications, and to unfold the specific bearings for logical and metaphysical principles and concrete problems, suggesting new formulations (Jeffrey, 2011)

In summary, Cohen & Manion suggests that the aim of methodology is to help us to understand, in the broadest possible terms, not the products of scientific enquiry but the process itself. (Jeffrey, 2011) explain that every study must have a research design with different elements. It is the conceptualization of the principles and procedures of the different elements of the research design that forms the methodology of a research project. They use method to mean the major strategy adopted eg Case study, Narrative or ethnography.

3.7 Research Methods for this Study

It was important to determine the method adapted because it determined the structure of the qualitative inquiry and helped visualize how the structure shifted and changed given different approaches to research. Different authors have given various classifications. (Jeffrey, 2011) explains that (Jeffrey, 2011) provides a classification of 28. (Jeffrey, 2011) classified approaches in a tree diagram with branches of the tree designating strategies for data collection. (Jeffrey, 2011) organized 18 types according to the domain of human life of primary concern to the researcher, such as focus on the individual, the social world or the culture. In the field of education, (Jeffrey, 2011) categorized all qualitative research into traditions such as ecological psychology, symbolic interactionism and holistic ethnography. (Jeffrey, 2011) organized inquiry into discipline perspectives, such as anthropology, sociology, biology, cognitive psychology and history. (Jeffrey, 2011) have organized and reorganized their types of qualitative strategies over the years ((Jeffrey, 2011).

(Jeffrey, 2011) has crystalised these into five and although he has called approaches, they are still the methods as referred to by (Jeffrey, 2011) and (Jeffrey, 2011). This study will refer to them as research methods and they are: narrative research (originating from the humanities and social science); phenomenology from psychology and philosophy; grounded theory from sociology; ethnography from anthropology and sociology and case studies from the human and social sciences and applied areas such as evaluation research. The table below summarizes the characteristics of these five research methods:

Table 6: Characteristics of five Qualitative research methods

Characteristics	Narrative research	Phenomenology	Grounded Theory	Ethnography	Case Study
Focus	Exploring the life of an individual	Understanding the essence of the experience	Developing a theory grounded in data from the field	Describing and interpreting a culture sharing group	Developing an in depth description and analysis of a case or multiple cases
Types of problem best suited for design	Needing to tell stories of individual experiences	Needing to describe the essence of a lived phenomenon	Grounding a theory in the views of participants	Describing and interpreting the shared patterns of culture of a group	Providing an in depth understanding of a case or cases
Discipline background	Drawing from the humanities including anthropology, literature, history, psychology and sociology	Drawing from philosophy, psychology and education	Drawing from sociology	Drawing from anthropology and sociology	Drawing from psychology, law, political science and medicine
Unit of analysis	Studying one or more individuals	Studying several individuals who have shared the experience	Studying a process, an action or an interaction involving many individuals	Studying a group that shares the same culture	Studying an event a program an activity or more than one individual
Data collection forms	Using Primarily interviews and documents	Using primarily Interviews with individuals, although documents, observations and art may also be considered	Using primarily interviews with 20-60 individuals	Using primarily Primarily observations and interviews, but perhaps collecting other sources during extended time in field	Using Multiple sources, such as interviews, observations, documents and artifacts
Data analysis strategies	Analysing data for stories, “restorying” stories, and developing themes, often	Analyzing data for significant statements, meaning units, textual and structural	Analyzing data through open coding, axial	Analyzing data through description of the culture sharing group and themes	Analyzing data through description of the case and themes of the case as well as

	using a chronology	a description, and description of the “essence”	coding, and selective coding	about the group	cross case themes
Written report	Developing a narrative about the stories of an individual’s life	Describing the “essence” of the experience	Generating a theory illustrated in a figure	Describing how culture sharing groups work	Developing a detailed analysis of one or more cases
General structure of study	Introduction (Problem, questions) Research procedures (a narrative, significance of individual, data collection, analysis, outcomes) Report of stories Individuals theorize about their lives Narrative segments identified Patterns of meaning identified (events, processes, epiphanies, themes) Summary	Introduction (Problem, questions) Research procedures (a phenomenology and philosophical assumptions, data collection, analysis, outcomes) Significant statements Meanings of statements Themes of meanings Exhaustive descriptions of phenomenon	Introduction (Problem, questions) Research procedures (grounded theory, data collection, analysis, outcomes) Open coding Axial coding Selective coding and theoretical propositions and models Discussion of theory and contracts with extant literature	Introduction (Problem, questions) Research procedures (ethnography, data collection, analysis, outcomes) Description of culture Analysis of cultural themes Interpretation, lessons learned and questions raised	Entry vignette Introduction (Problem, questions, case study, data collection, analysis, outcomes) Description of the case/sand their context Development of issues Detail about selected issues Assertions Closing vignette

(Jeffrey, 2011)

3.7.1 Case Study as the Research Method for this Study

According to (Yin, 2009), a case study is an empirical inquiry that investigates a contemporary phenomenon within its real life context, especially when the boundaries between the phenomenon and the context are not clearly evident. (Jeffrey, 2011) quoting Bassey (1999) and Gillham (2000) have defined it as “a study of a singularity conducted in-depth in natural settings” and “that a case study investigates phenomena by using multiple sources of information from within the immediate context of the

case. Whatever the definition, I observe that case study is one of the popular methods in qualitative research which typically involves an in-depth observation of an individual unit such as a student, a family, a school, an entire culture and is used to gain in-depth understanding of the participants, focusing on the process rather than the outcome (Jeffrey, 2011). The basic idea is that one case or perhaps a number of cases is studied in detail, using whatever methods seem appropriate with the general objective being to develop full an understanding to the cases as possible.

From my readings of (Jeffrey, 2011) and (Jeffrey, 2011), I have formed an opinion that distinguishes a case study from a phenomenological one. While for both, during analysis, significant statements are clustered into broader themes, the final step for a phenomenological study is to write a description that conveys the essence of the experience and this is the endpoint for a phenomenological study. However for a case study, the interest after a discussion of the important themes is to give lessons learned and a proposed design of how the issue may be handled in future.

3.8 Sampling

The study adapted purposive sampling. Study sites were selected purposively based on the organizations that attended the Second National Biennial HIV /AIDS conference held May 6-9, 2013 (NACC, 2013).The justification for this is that these are organisations that are active in the area of HIV/AIDS. The unit of analysis was the organization and the respondents were programmes officers, peer educators who were people living with HIV.

The conference registered 89 organizations (Jeffrey, 2011) These organizations are mainly involved in HIV/AIDS programming and one of their main activities is HIV/AIDS information, education and communication.

A total of 38 participants who included 30 programme offices and eight peer educators (key informants)were interviewed from 38 organisations out of the 89 organisations that attended the conference. This represents 44% of the population. According to (Jeffrey, 2011), a sample of 44% is representative. In addition, one focus group discussion was held at Mukurweini in Nyeri with members of the Visions Garden support group.

The following sampling procedure was adopted:

Step 1: Isolated those from the NGO sector as the main interest of this study lie with NGOs

Step 2: From these I got those organizations which have IEC as a major component.

Step 3: Isolated organizations that are well established which are large and which are international or regional in stature. It is anticipated that these organizations have global links and higher budgets and international scope is likely to have influence on communication. Another issue is that of broad geographic scope, and how this will impact on audience segmentation.

Step 4: Isolated organisations that practice the KAS model educational approach towards the support for people living with HIV/AIDS. This method employs people living with HIV/AIDS as counselors in the realization that they are in the best position to understanding individuals and families living with the pandemic. The organization mobilizes people on how to live positively with HIV/AIDS and to inform other members of the community on HIV/AIDS prevention.

It was anticipated that peer educators who are PLWHIV have had many interactions and therefore have views from many people on the subject

Table 7: Determining sample size and sampling procedure						
	Name of Organisation attending conference	NGO with HIV/AIDS program	IEC as a major component	International in stature		PLWHIV Peer educator
1	Family Aids Care and Education Services (FACES)					
2	Catholic Medical Mission Board					
3	Kenya Aids Vaccine Initiative (KAVI)					
4	Regional Aids Training Network					
5	Family Health International					
6	Liverpool VCT					
7	Kenya Episcopal Conference – Catholic Secretariat HIV Aids					
8	Merlin					
9	Mission for Essential Drugs & Supplies					
10	International Centre for Aids and Treatment Programmes (ICAP)					
11	Pathfinder International					
12	Walter Reed Project - Kericho					
13	KEMRI/Welcome Trust Research Programme					
14	NASCOP (National AIDS and STI Control Programme)					
15	PATH					
16	Futures Group					
17	Pharm-Access					
18	Know Aids Society of Kenya					
19	NACC (National Aids Control Council)					
20	KENWA (Kenya Women with Aids)					
21	UNITID					
22	University of Maryland					
23	CDC (Center for Disease Control)					
24	Family Health International					
87	Friends of Norway Development Agency-Kilifi					
88	Kenya Sustainable Health Aid (KESHA)					
	No of organizations meeting the three criteria				38	8

See full table on appendix vii

3.9 Data collection methods

(Jeffrey, 2011) defines data collection in a qualitative study as a series of interrelated activities aimed at gathering good information to answer emerging research questions. According to Creswell, the process may begin with locating a site or an individual to study but extends beyond the typical reference point of conducting interviews or making observations.

Data collection in this study involved the following activities: Locating site or individual, Gaining access to site or individual and making rapport, purposefully sampling, collecting data, recording information, resolving field issues, and storing data.



Figure 2: Data collection activities
 Source: Adapted from Creswell (2013)

3.9.1 The site or individual

For this study participants were drawn from individuals in the organizations sampled.

3.9.2 Access and rapport

Since this is a case study where the sample included individuals working within organizations, it was important to get permission from gatekeepers. I therefore

readied myself with justification for choosing the particular sites and what was expected of the respondents during the research etc.

3.9.3 Purposeful sampling strategy

The sampling criterion that was used is criterion sampling. According to (Jeffrey, 2011), criterion sampling works well when all individuals studied represent people who have experienced the phenomenon being studied in various environments and therefore have multiple perspectives about the cases. This form of sampling therefore produced maximum variation hence extreme and deviant cases also comprised my collective study.

In terms of sample size, this study sampled 38 respondents. (Jeffrey, 2011) says the general guideline for sample size in qualitative research is not only to study a few sites or individuals but also to collect extensive detail about each site or individual.

3.9.4 Collecting data

Since this is a case study, data collection involved a wide array of procedures as the researcher build an in-depth picture of the case. I am reminded of the multiple forms of data collection recommended by (Jeffrey, 2011) in his book about the case studies: documents, archival records, interviews, direct observation, participant observation and physical artifacts.

3.9.4.1 Interviews

(Jeffrey, 2011) defines an interview as “a face-to-face interpersonal communication in which the interviewer asks the respondents questions designed to collect answers pertinent to the purpose of the research problem.” The interviewer asks questions tailored to the achievement of the objectives of the study.

Since this was an in depth inquiry, it was thought that the use of interviews as the main method of data collection was more appropriate for in depth information. Some interview schedules were prepared, which consisted of structured and semi-structured questions, the latter of which compelled the interviewees to discuss issues more openly and exhaustively.

The questions were unstructured, open ended and the interviewer was taking notes.

The questions were flexible enough, giving the researcher enough room to probe for in depth answers. The order in which the questions appeared on paper was not necessarily followed but largely depended on the answers given by the respondents. However, researcher subjectivity was minimized by ensuring that all participants responded to the questions in the interview schedule.

38 participants who included 30 programme officers and 8 peer educators in 38 selected organisations were interviewed. In addition one focus group discussion was conducted with PLWHIV.

Respondents were interviewed on strategizing the communication process, i.e. the selected audience and rationale for this; awareness of other messages on HIV/AIDS,

the aims and process of message development; the consideration of culture; the communication channels utilized; whether messages were pretested and the use of the findings; the monitoring mechanism of the communication process; the levels of participation of the audience; and the costing of the communication programme or project. Finally information on the constraints experienced in the planning and implementation of the communication process was elicited.

Information derived from these interviews was used to make recommendations related to the state of health communication and HIV/AIDS in Kenya; the existing constraints on communication and HIV/AIDS in Kenya; views on the current models in use in communication and HIV/AIDS; essential elements for an effective communication process on HIV/AIDS and how the communication process on HIV/AIDS can be strengthened.

The prepared interview schedule was used by the researcher as a guide while interviewing. This helped to ensure that the interview did not get out of focus by for example, venturing into areas outside the context of the discussion, or by disregarding the time factor. Prior arrangements were made with the supervisors for interview appointments. During the booking of these appointments, the researcher took some time to inform the would-be interviewees on the objectives of the study. The interviews were carried out in person by the researcher in the respondents' places of work. The interviewer recorded the responses on paper (interview schedule) as the interviewees responded to the questions asked. Each interview session took about half an hour.

Semi-structured interviewing was a useful method in this study for several reasons. The method is versatile. The researcher was therefore able to probe and prompt the interviewee for more specific and in-depth answers. The researcher was able to do this by paraphrasing and/or repeating the question whenever the response indicates that the question had been misunderstood. The interviews thus elicited more complete answers to questions. Through this method, qualitative data was obtained.

The interview method is also perhaps better than the questionnaire method and perhaps the only method for getting information from certain people such as busy or high-status people like the programme officers interviewed. With the interviews technique, the data came in the words of the interviewee. With questionnaires for example, the words are devised by the interviewer. Lastly, by using interviews the interviewer had control over the interview session and the interviewee. This way a comprehensive exploration of issues was undertaken.

Interviews with the HIV/AIDS programme officers at the 30 sites were meant to find out how each of them planned and executed HIV/AIDS programmes. The main objectives of these interviews were to generate an understanding of the way in which HIV prevention campaigns on each site were organized, the main messages that were passed to people during the campaigns, and the level of participation in the design and implementation of the campaign activities in the various organizations. Major themes emerging from the findings of the survey were also pursued during this interview. A total of 30 programme officers were interviewed.

3.9.4.2 Focus Group Discussion

A focus group discussion was held with members of the Vision Garden Home Based Care Group, which is a group of people living with HIV. The group is supported by ICAP which was one of the organisations sampled for the study. The discussion was geared towards getting views of PLWHIV how communications programming has helped them as PLWHIV.

3.9.4.3 Observation

(Jeffrey, 2011) says observation is one of the key tools for collecting data in a qualitative research. It is the act of noting a phenomenon in the field setting through the five senses of the observer, often with an instrument and recording it for scientific purposes.

In this study, the observation was based on my research purpose and questions. I watched physical setting, participants, activities, interactions, conversations and my own behaviors during the observation. I used my senses including sight, hearing, touch, smell and taste. Since it is impossible to write down everything, I started the observation broadly and then concentrated on the research questions. As a good qualitative researcher, I changed my role during the observation such as starting as a nonparticipant and then moving into the participant role.

3.9.4.4 Documents analysis

The process of collecting data from documents involved the following: Keeping a journal during the research study; collecting personal letters from participants; analyzing public documents e.g. official memos, minutes records archival materials etc; examining auto biographies and biographies; reviewing medical records etc.

Secondary data was derived from literature in published and unpublished documents in the medical/health, communication and philosophy areas from various academic institutions and scholars as well as international and national organizations dealing with HIV/AIDS. Materials were also accessed through various websites. This provided a solid framework on the prevalence of the pandemic, the socio-economic impact and lessons from on-going programmes and projects, with some cases from other countries, and emerging discourse on HIV/AIDS communications viewed as a primary or secondary process.

Additional secondary data was collected from organizational records such as plans, annual reports, proposals, evaluation reports, projects appraisals and monitoring documents to reveal the allocation of resources and details of the planning process. This was designed to derive information and general patterns on planning as related to communication.

3.9.5 Recording procedures

An interviewing protocol, a predesigned form, was used to record information collected during observation and interviews. The interview protocol enabled me to take notes during the interview about the responses of the interviewee. It also enabled me as the researcher to organize my thoughts on items such as headings, information

about starting the interview, concluding ideas, information on ending the interview and thanking the respondent.

During an observation, I used an observation protocol to record information. The protocol contained a header giving information about the observational session, descriptive notes section for recording the description of activities, a descriptive notes section to record the chronology of the flow of activities during data collection and reflective notes section for notes about the process, reflections and activities and summary conclusions about activities for latter theme development.

3.9.6 Resolving field issues

I anticipated the types of issues that may arise during data collection by viewing the issues as they related to several aspects of data collection. These issues included entry and access, the types of information collected and potential ethical issues.

Gaining access to organizations sites and individuals to study expected posed a challenge. Convincing individuals to participate in the study, building trust and credibility at the field site and getting people from a site to respond all posed challenges. To overcome these challenges, I chose sites where I had people I have dealt with before and who were familiar with my background. Specifically I avoided the word “evaluation” as I realized it evoked feelings of mistrust and suspicion.

The main challenge experienced during observation was determining the best timing for moving from a nonparticipant to participant observer. There were challenges as well with the mechanics of observing, such as remembering to take field notes,

recording quotes accurately or including in field notes, keeping from being overwhelmed at the field with information and learning how to funnel the observations from the broad picture to a narrower one in time.

One of the key interview challenges I experienced during interviewing is interviewer-interviewee relationship. (Jeffrey, 2011) advises that this should not be regarded as a completely open and free dialogue between two partners. Instead, the nature of the interviews sets up as an unequal power dynamic between the interviewer and interviewee with the interviewee being ruled by the interviewer, so that the interview becomes a dialogue conducted one way, providing information for the researcher based on the researchers agenda and leads to the researchers interpretations. However, this asymmetry need not necessarily be there. More collaborative interviewing where the researcher and the participant approach equality in questioning, interpreting and reporting would be more appropriate.

The challenge associated with documents and audiovisual materials was locating them often at sites far way.

I also experienced difficulty in distinguishing organizations engaged in serious HIV/AIDS communication programming e.g. organizations involved in distribution of posters, pamphlets and other materials on HIV/AIDS listed themselves as working on HIV/AIDS Information Education and Communication (IEC). To overcome this problem, I sought to establish the communication functions of the organizations and ascertained the extent to which they undertook communication activities.

I also found difficulty in drawing out the distinction between NGOs and CBOs as they all referred themselves to as NGOs. I had to seek to know the official registration of the organization and its mandate from the registrar NGO Coordination Board.

Since there was no funding for this study, I had to rely on personal resources which were limited. I however ensured that the sample was small enough but representative so that I did not have to spend too much research.

3.9.7 Storing data

The approach to storage reflects the type of information collected. This being a qualitative inquiry, the first step in data storage was to develop a filing system for the “wad of handwritten notes and tape”. I backed up information collected and noting changes made to the database. I used computers to store information as follows: Always backing up copies of the computer files, developing a masters list of types of information agreed, protecting the anonymity of the participants by masking their names in the data, developing a data collection matrix as a visual means of locating and identifying information for the study.

3.10 Data analysis

Data analysis in qualitative research consists of preparing and organising the data (ie text data as in transcripts, or image data as in photographs) for analysis, then reducing the data into themes through a process of coding and condensing the codes, and finally representing the data in figures, tables or a discussion(Creswell, 2013).

Data analysis is essential for ensuring that we have all the relevant data for making contemplated comparisons and analysis. According to (Jeffrey, 2011), processing implies editing, coding, classification, and tabulation of collected data so that they are amenable to analysis. The word analysis refers to the computation of certain measures along with searching for patterns of relationship that exist among data groups. Thus “in the process of analysis, relationships or differences supporting or conflicting with original or new hypotheses should be subjected to statistical tests of significance to determine with what validity data can be said to indicate any conclusions”(Kothari, 2008).

My analysis followed a six point procedure as suggested by (Jeffrey, 2011), for qualitative research: Transcribing the data; Re-familiarizing with the data; first phase coding, second phase coding; third phase coding and producing the report. Transcription involved turning data from the verbal and non verbal to the written mode which is relevant to interview data. This was the first stage in research methodology and I ensured that the transcription captured everything ie all the utterances as recorded including fillers, repetitions etc. coding on the other hand involved highlighting highlights of the transcribed data and labeling these in a way that they can be easily transcribed, retrieved or grouped (Jeffrey, 2011).

3.10.1 Organizing the data

This happened at an early stage in the analysis process. Typically, it involved organizing the data into computer files. Besides this it involved converting these files to appropriate text units (e.g. word, a sentence an entire story) for analysis.

3.10.2 Re-familiarizing with the data

Other writers have referred to this stage as “reading and memoing” but it really involves getting sense of the whole database. (Jeffrey, 2011), suggests that researchers “read the transcripts in their entirety several times to familiarize themselves with the data, Immerse yourself in the details, trying to get a sense of the interview as a whole before breaking it into parts” (p183). I wrote notes or memos in the margins of field notes or transcripts or under photographs helping me in this initial process of exploring a database. These memos were short phrases, ideas or key concepts that occurred to me.

3.10.3 Describing classifying and interpreting the data into codes and themes

This step represents the heart of qualitative data analysis. It involved building detailed descriptions, developing views or dimensions and providing an interpretation in light of their own views or perspectives in the literature. Detailed description means that authors describe what they see.

The process of coding involved aggregating the text and visual data into small categories of information, seeking evidence for the code from the different databases being used and then assigning a label to the code. (Jeffrey, 2011) has described this process as “winnowing the data”.

3.10.4 Interpreting the data

Interpretation involves making sense of the data to get the lessons learned. In this study, it involved abstracting out beyond the codes and themes to the larger meaning of the data. According to (Jeffrey, 2011), several forms exist such as interpretation based on hunches, insights and intuition. My interpretation was based on a combination of personal views as well as social science constructs and I linked my interpretation to the larger research literature developed by others.

3.10.5 Representing, visualizing the data

This is the final phase of data analysis. Here, I have presented the data by packaging what was found in text, tabular and figure form. E.g. in order to create a visual image I have presented comparison tables that compares variables in terms of the themes in the study. In this form of abstraction, the boxes contain text not numbers as is required in qualitative study. In some instances at this point I have obtained feedback on the initial summaries by taking information back to informants, a procedure known as member checking.

3.11 Reflexivity

Qualitative researchers need to position themselves in the writings. This is the concept of reflexivity in which the writer is conscious of the biases, values and experiences that he or she brings to a qualitative research study (Creswell, 2013). This researcher has embraced the concept of reflexivity by talking about his experiences with the

phenomenon being explored by relaying past experiences through work, and discussing how these experiences have shaped the interpretation of the phenomenon.

I have acknowledged my experience in health communications and with international NGOs involved with HIV/AIDS and the fact that I have chosen organizations with which I had constant interactions which made my data generation smoother. The fact that we used to attend the NGOs communication forums means that most of the programme communication officers involved in the study are familiar to me. This made me gain access to the chosen institutions easily.

Similarly, having worked in the area of HIV/AIDS communication with international NGOs for at least half of my working life, I witnessed lots of resources being utilised to fight HIV/AIDS. The amount of money international NGOs spend on HIV/AIDS activities in Kenya is almost equivalent to Kenya's annual budget (UNAIDS, 2012). Most of this money is used in running seminars and printing IEC materials on HIV/AIDS, thus a lot of information on HIV/AIDS is made available but little happens in terms of improving human moral concern and behavior change of the individuals. I therefore formed an opinion that these organizations are not sincere in their efforts in fighting HIV/AIDS but are only interested in spending the funds given to them by their home countries. Only a small percentage of the budget goes to implementing actual interventions hence leaving little room for these organizations to think of better strategies for combating the scourge. This opinion probably affected my interpretation of the study in that I had formed an opinion that they are interested in treating the symptoms and not the disease itself.

However, this familiarity need not lessen the trustworthiness of my findings. Although I have made efforts to minimize it, I have also used it to my advantage as how the respondents responded to my presence was informative as how they react to other situations, so I collected as much information as possible to generate the most confirmable data but conscious not to justify conceptions formed during my working life with them.

3.12 Trustworthiness

(Jeffrey, 2011) citing Lincoln and Guba (1983), define trustworthiness as ensuring that the research process is truthful, careful and rigorous enough to qualify to make the claims that it does. To demonstrate the trustworthiness of a research project, qualitative researchers tend to use terms like credibility (internal validity), transferability (external validity), dependability (reliability) and confirmability (objectivity).

Credibility is the extent to which the study actually measures what it claims to measure and reports what actually occurred in the field (Yin, 2009). In this study, this was achieved by reviewing the key concepts of the study, exercising triangulation, providing a chain of evidence and member checking.

Transferability, generalisability or external validity is the extent to which the findings of a study or aspects of it could be applicable to other contexts in which the study was not done (Jwan & Ong'ondo, 2011). (Jeffrey, 2011) has talked of analytic, fuzzy and naturalistic generalization. In explaining analytic generalisations, he notes that multiple cases can be used to enhance the transferability of a study. He argues that the

contexts of the two cases are likely to differ to some extent. If you can still arrive at common conclusions from both cases, they will have expanded the external generalisability of your findings compared to those from a single case alone. Similarly the contexts of the 38 respondents differ significantly and the fact that the study has arrived at common conclusions confirms the generalisability of the study.

Dependability is the extent to which a researcher provides sufficient detail and clarity of the research entire process in a way that would make it feasible for a reader to visualize and appreciate and for a researcher to replicate the study if necessary (Jwan & Ong'ondo, 2011). To ensure dependability, this researcher made thick descriptions of the entire research process and clarified the constructs in such detail that a similar study could be done again in another context if necessary. This involved for example recording speech acts, non verbal communications, descriptions in low inference vocabulary, careful and frequent recording of timing of events, observer's comments, detailed contextual data etc.

The last term used to describe trustworthiness is Confirmability or objectivity. The term is used in qualitative research to mean the extent to which the findings of a study are free of both internal and external influences either of the researcher, participants or institutions (Jwan & Ong'ondo, 2011). To address this issue, I have acknowledged in the methodology section my past experience in the field of HIV/AIDS communication and how these may possibly influence the study.

3.13 Ethical issues experienced

Regardless of the approach to a qualitative inquiry, a qualitative researcher faces many ethical issues that surface during data collection in the field, and in analysis and

dissemination of qualitative reports. (Jeffrey, 2011) has grouped ethical issues into informed consent procedures, deception or covert activities, confidentiality toward participants, sponsors and colleague; benefits of research to participants over risks and participant requests that go beyond social norms.

To deal with these issues, I followed the criteria of the (Jeffrey, 2011). In this criterion, a researcher protects the anonymity of the informants by assigning numbers or to individuals. I developed case studies of individuals that represent composite picture rather than an individual picture. Furthermore, to gain support from participants, I conveyed to participants that they are participating in as study, explained the purpose of the study and did not engage in deception about the nature of the study. In terms of disclosure I presented general information not specific information especially because the study is on a sensitive topic like HIV/AIDS to avoid participants from declining to be involved. Similarly, information shared “off the record” was not shared.

Another ethical issue I experienced was when I shared personal experiences with participants in an interview setting such as in a case study as this one. This sharing minimizes “bracketing” that is essential to construct the meaning of participants in a case study.

(Jeffrey, 2011) has summarized the ethical issues that are likely to come up in a qualitative study as this one. I include those I experienced here to show how I addressed them.

Table 8: Ethical issues experienced and how I addressed them

Where ethical issue occurred	Type of ethical issue	How I addressed the issue
Prior to conducting the study	Approval/permit to conduct research Gain local permission from site and participants Select a site without vested interests Negotiate authorship for publication	Submitted proposal to NCST Identified and went through local approvals Selected sites that will not raise power issues Gave credit for work done on project;
Beginning to conduct the study	Disclose purpose of study Do not pressure participants into signing consent forms Respect norms and charters of indigenous societies Be sensitive to needs of vulnerable populations eg children	Contacted participants and informed them of general purpose of study Told participants that they do not have to sign forms Found out about cultural, religious, gender and other differences that need to be respected Obtained appropriate consent
Collecting data	Respect the site and disrupt as little as possible Avoid deceiving participants Respect potential power imbalances and exploitation of participants eg interviewing, observing Do not use participants by gathering data and leaving site without giving back	Building trust, conveyed extent of anticipated disruption in gaining access Discussed purpose of the study and how data was used Avoided leading questions; withhold sharing personal impressions; avoided disclosing sensitive information providing rewards for participating
Analyzing data	Avoid siding with participants (going native) Avoid disclosing only positive results Respect the privacy of participants	Reporting multiple perspectives; report contrary findings Assigning fictitious names or aliases; developing composite profiles
Reporting data	Falsifying authorship, evidence, data findings conclusions Do not plagiarise Avoid disclosing information that would harm participants Communicate in clear, straightforward, appropriate language	Reporting honestly Using APA (2010) style guidelines for permission needed to reprint or adapt work of others Using composite stories so that individuals cannot be identified Using language appropriate for audiences of the research
Publishing data	Share data with others Do not duplicate or piecemeal publications Complete proof of compliance with ethical issues and lack of conflict of interest, if requested	Promised to provide copies of research once approved; will consider website distribution; will refraining from using the same material for more than one publication; have disclosed that I was not funded by anyone to undertake this research

Sources: Author (Adapted from APA 2010; Creswell 2012)

3.14 Summary

This chapter has discussed issues to do with the methodology used in the study. This study subscribes to the relativist paradigm has used interpretive methods. It is qualitative in nature and adopted a case study as a research method. The study worked with a purposive sample of people involved in health communications programming. Data was generated using interviews, focus group discussions, document review and observation. Data presentation, analysis and discussion was done following qualitative research guidelines. The chapter also explains what the research did to ensure trustworthiness and ethical guidelines followed to get the consent of participants.

CHAPTER FOUR

4.0 DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter takes an analysis of the communication interventions used by HIV/AIDSNGOs. It examines the sources through which these organizations access IEC materials related to HIV/AIDS and the nature of communication campaigns to which they have access. The chapter focuses on the use of both media and interpersonal communication channels the NGOs use to educate people about HIV/AIDS and to persuade them to adopt behavioural practices that minimise their chances of becoming infected with HIV, and the extent to which the audience is involved in HIV/AIDS activities. The chapter further seeks to evaluate the impact of these communication programmes with respect to sexual behavioural practices, in the light of prevention communication. The results discussed in this section are mainly based on qualitative data obtained through interviews conducted with 38 respondents and focus group discussion with PLWHIV from one of the 38 selected organizations working in HIV/AIDS. A qualitative approach is the best for this kind of study because it investigates meanings that shape the kind of attitudes and beliefs that people attach to sex and HIV/AIDS, which might explain why these messages do not have any impact on their sexual behaviours. Similarly, as shown by recent studies (Airhihenbuwa, 2014) there are several other intervening factors, such as education, religion, poverty, gender power inequalities and the desire to adopt modern lifestyles, that often hinder an individual's capacity to make rational sexual decisions. These can be exposed by a qualitative study as this one.

4.2 Background of Respondents and Organizations

This section presents findings on the educational background of the respondents, including their experience and institutional structure of the organizations. The institutional information profiles the background of the organizations including the training and rank of the HIV/AIDS programme officers as well as budgetary allocations.

4.2.1 Profiles of the organizations

The respondents were drawn from diverse categories of organizations including local, national and international. This diversity was included to assess whether organizations with international links and those with larger budgets have different approaches to communication planning and implementation with regard to HIV/AIDS. However, there were more national organizations represented based on the sampling frame and the need to focus on the headquarters because of the emphasis on planning. There was almost even distribution of respondents in terms of gender.

4.2.2 Training of respondents

Training is important because it shows whether the required knowledge and skills have been learnt. The results indicate that communication on HIV/AIDS was being handled by a variety of personnel not necessarily trained in communication. Scholars have so long pointed out that one of the challenges of most development programmes has been the neglect of the requisite training and qualifications of the personnel, who plan, implement and evaluate programmes. Literature from the field of population

communication has identified as a constraint the fact that few national managers incharge of information, education and communication(IEC) efforts had backgrounds and training in communication (Cohen, 2008). This finding suggests that most organizations are yet to respond to the challenge of having personnel who handle their communication planning and processes, well grounded in communication.

One of the concerns raised with respect to HIV/AIDS as well as other development areas has been the lack of inclusion of communication expertise in the management of most organizations. This in turn contributes to the inadequacy of planning and implementation of communication programmes. As one programme officer said:

Some NGOs have been conducting good programmes but they lack competence, including communication competence. This lack of communication expertise raises the question of the extent to which organizations can implement the programmes that they design... (Programme Officer Center for AIDS Prevention Studies, CAPS, August 2014 interview)

4.2.3 Institutional structure

HIV is being addressed by organizations concerned with health care and those specifically aiming at HIV/AIDS awareness. Some other organizations are dealing with the pandemic in the context of family life education and from general development and human rights perspective. There is a sense in which it is interesting that HIV and AIDS have become additional programmes within the wider development agenda, indicating the need to respond to the impact of the pandemic within communities where these organizations have been focused.

The structure of most NGOs dealing with HIV/AIDS communication, and their objectives were identified as one of the constraints in HIV/AIDS communication by

respondents. Behavior change in particular was not identified in the early days a key concern. One reason suggested for this was that there was wide information dissemination by NGOs in addition to their core concerns like health and other development issues. One key informant attributed this to the fact that most organizations were involved in IEC work in the development and population field, they factored in behavior change communication later.

One advantage of integrating HIV/AIDS into development concerns and other stated core functions of an organization is the benefit of reduced costs, and the strength of using an already existing network. Such organizations already have presence at the community level and knowledge of other challenges facing a community, which could be relevant to HIV/AIDS education. However, the critical element lies in the communication objectives of organizations.

The clarification of overall and communication objectives provides the opportunity to identify the most important challenge and to decide which of the challenges can be tackled by utilizing communication and education interventions(Cohen, 2008). As one HIV AIDS coordinator handling communication function said:

My organization does not have an existing communication or information unit. The existence of such a unit would be important as this would specifically chart out the direction of communication programmes. This would ideally result in the development of communication programmes, which is being proactive, according to me. The skills needed for success of this programme include behavior change communication, the production of IEC strategies and materials and home based care...(HIV AIDS coordinator, Center for HIV Information ,CHI, September 2014 interview)

One of the constraints identified was that most NGOs dealing with HIV/AIDS were built around the need for funding. Thus the entire process including planning of communication programmes were not well conceptualized and considered. Efforts of various organizations led to a greater interest being generated in HIV/AIDS education, resulting in the incorporation of HIV/AIDS into their programmes. This however is predicated on the training and expertise of the personnel working there, as well as managements acknowledgements of the role of communication in an organization planning and implementation of programmes.

Having a communication unit in organizations is crucial in providing a comprehensive, holistic plan to communication activities in the entire organization (Singhal & Rogers, 2003). This systematic planning enables the organization to implement its programmes along its overall objectives and policies ensuring that communication is not relegated to a secondary role. Thus the design and implementation cease to be ad hoc, and clear benchmarks are set, as well as having a synchronization of the communication process in the efforts and interventions of an organization.

Those heading the communication/Information departments are at the level of senior and middle management. This is an indication of recognition by many organizations that integrating communication into management is critical to the strategic implementation of interventions. This means that the communication process can be considered to be at the top most or senior level in most organizations. It is also indicative of the seriousness that communication has for many organizations, in terms of policy pronouncement.

The question of who handles communication was included to provide greater detail, particularly where a communication unit did not exist. The findings were that communication is handled by various personnel. So while some NGOs have rightfully identified communication as being integral to their organizations and they have placed communication at the managerial level, they lack the communication competence. This raises the issue of constraints as identified by some respondents who opined that this had resulted in poor conceptualization, poor design and execution of HIV/AIDS communication programmes.

Personnel who have training and experience in communication have the expertise to ascertain that the challenges relating to communication are addressed at the conceptualization level of an intervention. In addition, such a person would ensure the proper planning and executing of the intervention in tandem with effective principles of communication (Singhal & Rogers, 2003)

The question of annual operational budgets was aimed at assessing the scale of programmes which in turn shows the kind of communication programmes in place. Most organizations had a budget below KSh.1million therefore have projects that are modest in nature and by implication from the scale of funding, short term. One can infer that the projects are not part of a long-term programme, which is necessary for behavior change in HIV/AIDS. In addition, small scale funding usually provides for “one off” projects with no pledge of continuation for the community. This suggests that the availability of funds is the main factor that affects budget allocation for organisations dealing with HIV/AIDS and not funding from development partners for

their programmes. However, there is an opportunity for sustainability within communities, emphasized by one key informant:

In our programme we harness resources internally through various contributions like plots, building materials and labour for programmes on HIV/AIDS. This is based on collective identification of the challenge of the pandemic and the possible ways of dealing with the challenge (Programme Officer, Friends of Norway Development Agency, Kilifi, September 2014 interview).

The above follows the social mobilization process where the community identifies a challenge as a high priority and decides the course of action to take. While external inputs are important for most development efforts, it has been observed that in countries like Uganda, funding was not the most critical element in the process of reduction of prevalence rates (Panos Institute, 2003). The factors that were vital in Uganda were political commitment, as well as open dialogue and discussion regarding HIV/AIDS.

4.2.4 Communication at the planning level

Respondents cited the organization strategic plan as a factor that influences the budget allocation. Other factors were given as the area of focus, having a slim workforce and the number of activities. This response further confirms that the project approach as opposed to programmatic approach is what prevails in HIV/AIDS communication efforts. Most organizations in the study did not make reference to the strategic plan in the allocation of budgets, implying ad hoc and sporadic activities.

Asked the number of employees that would be ideal for a communication department, respondents indicated that the number of personnel in a communication department depends on the magnitude of the programme including the scope and variety of

communication activities required, the available funding and the organizations approach of an intervention or whether to outsource some of the activities. Some respondents said that their organization contract work out. This could indicate acknowledgement of the various skills and specializations required, depending on the communication strategy and plan selected. Conversely however, as observed by some key informants ,it brings to bear the issue of the communication competence of organizations dealing with HIV/AIDS education and the need to build capacity within an organization rather than relying on external consultants.

As noted by other respondents:

Consultants may conceive and plan the work, but organizations must take up the project or programme once the proposal or idea has been funded. The implementation of a programme conceptualized and designed by consultants can prove to be a challenge for the organizations at a later stage. In addition sustainability can become a concern, as an organization needs to develop skills, knowledge and overall competence to conceptualize, design, and implement communication efforts...(Programmes Director, MACAIDS, September 2014 interview)

The above view supports views by (Jeffrey, 2011) on the importance of community participation and empowerment of the people to avoid dependence on consultants that could hamper institutional memory and lead to disjointed ad hoc projects, based on the priorities of development partners.

Respondents indicated that communication is seen as being important to decision making in the HIV/AIDS education programmes. The early focus on HIV/AIDS continues to prevail in the sector with some respondents saying that this is the reason why communication is integral to the planning process. This was one of the

challenges of the early educational efforts on HIV/AIDS as the provision of knowledge alone does not automatically translate into behavior change, the ultimate goal. Respondents indicated that communication is important internally, which is an organizational issue.

As observed by one key informant, the early messages focused on warning people and they were fear messages. The high levels of awareness proved to be superficial as there was little communication on decision making with regard to behavior change.

4.2.5 Setting communication objectives

Most organizations sampled seek to increase HIV/AIDS awareness. Others focus on promoting development agenda with HIV/AIDS as a supplementary component. Only a few organisations have behavioral change as their main communication objective. Setting communication objectives is critical as one needs to set a target for their communication strategy and activities. Literature (Panos Institute, 2001a) and key informant interviews highlighted the lack of setting communication objectives as one of the constraints in HIV/AIDS interventions. The target should be to prevent and change high risk sexual behavior.

Again the criticism that there has been too much focus on awareness creation and paltry efforts aimed at behavioral change, which is what is ultimately needed in HIV/AIDS interventions. Some of the key informants in particular said that there is little distinction made between information and communication, and so the result has been the emphasis on information and awareness raising and little on communication, both of which have often been adhoc:

Beyond the awareness stage, capacity building in the organization on issues like audience-segmentation and relative strategies which are often ad hoc, there is the need to have a road map for behavior change among the various projects. Communication processes and strategies have generally been haphazard, meaning they are not comprehensively thought out or implemented...(Head of Communication, KEMRI/Wellcome Trust Research Programme, Kilifi, September 2014 interview)

One of the main arguments from recent experiences is that the message has been put there, but that the effect and impact of past HIV/AIDS communication efforts was unclear. One of the challenges identified was the need to shift from disseminating messages (Panos Institute, 2003). An emphasis on awareness that follows the linear model of communication, as opposed to the recommended model where communication is horizontal (Moemeka, 2008). There is an implication that an audience is treated as homogenous and unknown with an emphasis on numbers (Moemeka, 2008).

A clear statement of communication objectives is essential: how does one expect to facilitate behavior change amongst a community when the stated objective is to raise awareness. Significant also is that the national desire expressed has been one of behavior change or modification, but the efforts being conducted are planned along the focus on raising of awareness.

Communication objectives in an organization represent an approach of what the expected outcomes of an intervention are, and they support the translation of the overall objectives of an organization, into communication interventions. As noted by (Jeffrey, 2011) such objectives state the intention of a strategy of campaign and help in designing the implementation and in the evaluation.

Respondents indicated that their communication objectives are based on their overall organizational objectives. This tallies well with the organization objectives of offering excellent health care and creating awareness on HIV/AIDS. The other organizations based their communication objectives on community participation, previous experience on HIV/AIDS, enhancing the organizational image and the need for human rights awareness. This shows the dominance of the bio-medical approach in the organizations focusing on health care. There was no mention of the need to facilitate behavior change and by extension social change as a basis for setting communication objectives. This follows in the need identified by key informants of HIV/AIDS communication:

HIV/AIDS communication should be goal oriented. This is because the pandemic being a life and death issue requires a systematic specific and deliberate approach to make its potential consequences and impact visible... (Communication and Resource mobilization Manager, DSW, September 2014 interview)

4.2.6 Summary

In this section the findings relating to the socio-economic information of the respondents and institutional structure of the organization have been presented. These findings depict the background of the organization, including the rank of the personnel who handle communication matters, the training and expertise of the personnel charged with managing the implementation of the communication process and budgetary allocations and issues.

4.3 Strategizing and implementing the communication process

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

4.3.1 Needs assessment

A needs assessment is considered an absolute necessity for effective communication programmes as it gives details on ones audience, enabling one to plan and design communication activities that respond to the audiences needs and profiles. As observed by respondents, there has been poor conceptualization of communication programmes in terms of making use of communication situation surveys and audience analyses such that NGOs have not been responding to the needs of their audiences:

NGOs have not been responding to the needs of their audiences, as they are driven by donor priorities. This indicates the pervasiveness of awareness raising in a number of organizations. When the concentration is on awareness creation as an objective, the necessity of conducting a needs assessment is not vital, as the assumption is that the provision of knowledge leads be to behavior change... (Advocacy officer, Elizabeth Glaiser Pediatric Aids Foundation, EGPAF, October 2014 interview)

As observed by scholars, providing accurate knowledge has worked for concerns like immunization, nutrition and antismoking, but HIV/AIDS requires more to result in behavior change (Panos Institute, 2004). A needs assessment supports the perspective and emphasis on the audience, which is considered to be more effective in the behavior change and social change approach.

Majority of respondents consider existing communication system as important. Existing communication systems are important as the communication programme should utilize the predominant communication channels that are already in place. This assists in the design of the programs as the strategies and channels that are not prevalent among or popular to a community are not used.

In the words of some respondents,

“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/AIDS as far as communication is concerned.....(Head of Communication, KEMRI/Wellcome Trust Research Programme, Kilifi, September 2014 interview)

Communication scholars have for long observed that audiences are the most essential element in any communication or media effort (Alkin & Walck, 1990; Masilela, 2007).

Consideration of the KAP levels of the organization suggests an effort to respond to recommended principles of effective communication, and good practices. KAP surveys were popularized in the field of population communication and in particular in the family planning sector, when it was realized that more than the dissemination of information and knowledge was required. Studying the attitudes and beliefs of an audience are vital as this indicates potential hampering factors and possibilities of resistance, as well as supporting beliefs and attitudes (Masilela, 2007).

Respondents also indicated that they consider the socio-economic backgrounds of their audience when designing messages. Knowing this background is important since

the HIV/AIDS pandemic has been linked to poverty for instance which would have an implication on the communication interventions being implemented. Interventions aimed at promoting the use of condoms for instance would be inappropriate where an audience lacks the economic power to purchase them. Interventions popularizing visits to the voluntary counseling and testing (VCT) centre have to contend with issues of distance as well as time for some particular audiences. One has to also contend with the audiences prevailing political, social cultural and economic context as noted by key informants and in some previous studies (Panos Institute, 2003; Singhal & Rogers, 2003).

Research into the social aspects of an audience is important in identifying social networks for utilization in communication interventions, the power structure and relations (in the case of interpersonal communication) and the different relationships with a given community (Panos Institute, 2003).

In addition and as observed by respondents, the meaning of a message has to be clear to an audience. This necessitates a clear understating of an audiences coding system which can be understood following a needs assessment. Cultural mechanisms which facilitate discussion on sexuality are particularly important. Also the circumstances leading to attitude and behavior change of different audiences and in different cultural contexts need to be studied and understood.

Culture is also key to understanding the value system that guide a community in particular, and how this shapes or relates to attitudes and beliefs. For those involved in HIV/AIDS interventions this is critical in the areas of sexuality, perceptions or risk

and assisting to incorporate cultural diversity and creativity in the implementation of activities. Communities have diverse socio-cultural actors in relation to sexual practices. Thus it is essential for those involved in communication interventions to design their messages to suit these socio-cultural factors and to re-examine some of these factors which may promote the risk and susceptibility of individuals to contracting HIV, as well as those that may enhance protection against HIV (Panos Institute, 2003).

Respondents also indicated that media patterns, habits and preferences of the audiences also need to be considered. It emerged that many respondents did not take this into consideration. This consideration is vital as communicators need to work along the existing media patterns, habits and preferences of their audiences. This means that it facilitates the selection of appropriate channels for utilization in communication programmes. An example given by some informants is that one major problem in most HIV/AIDS communication programmes has been the approach used where 'one model- fits all'. This fails to account for the differing needs of the various reproductive ages. In addition the contextual domains surrounding HIV/AIDS have often been neglected: these include socio-economic status like poverty, issues related to infrastructure, climatic and geographic conditions, spiritual issues and gender concerns. Needs assessments would give an indication of the need to consider these issues.

Similarly, effective communication on HIV/AIDS requires a comprehensive understanding of the existing and available channels being used by ones target

audience. (Jeffrey, 2011) for instance states that religious organizations may prove to be more effective in some instances, given their influence on the Kenyan population.

The findings on whether organisations consider existing messages on HIV/AIDS indicate that a number of them do take into consideration. Knowing what ones audience has already consumed is critical as one develops messages, as it assists in identifying gaps, and strengthening already existing messages.

Several respondents in particular highlighted the opposition to condom use from some in the religious sector who however have been actively involved in HIV/AIDS education work in recent years. Developing messages to encourage condom use in an area where there is strong opposition to this use can be counter-productive.

Another example given by respondents was that early messages featured fear, a factor that needed to be considered when the focus of messaging shifted from this fear basis. Paying attention to existing messages ensures that contradictory messages are not conveyed to ones audiences or even avoid stigmatization.

Stigmatization has been an obstacle as far as messages on voluntary counseling are concerned. In the past, the failure to distinguish between HIV and AIDS had contributed greatly to the tendency to view being HIV positive as a death sentence...We are not sick, neither are we patients. We are simply people living with HIV... (FGD participant, Mukurweini, September 2014 interview)

Respondents also indicated that in their communication programmes, structural obstacles such as access to health were considered. Organizations need to factor in the structural obstacles that exist, as their programmes may convince the audience but the

audience finds itself unable to take the necessary action though willing to do so. Some organizations have taken this factor very seriously insisting on the existence of clinical facilities, home based care, and VCT centers including training of people in the provision of care in addition to having communication as an intervention.

The key issues emerging for those who conducted needs assessments were lack of counseling, the need to review key messages, and the existence of misinformation. Other key issues were: that there has been a rise in HIV/AIDS infection; that there is need to increase access to information; that there are economic constraints to HIV/AIDS work and that infrastructural obstacles exist.

Needs assessments usually give an indication of the status of HIV/AIDS communication by highlighting the gaps or areas that need to be addressed. The key issues that emerged from the organizations assessments demonstrate the importance of conducting needs assessments as organizations would run the risk of developing messages that are ineffective not addressing the issue of misinformation or ignoring the need for counseling within the communities they seek to work in.

4.3.2 Selection of audiences

The selection of audiences is critical: one of the greatest gaps identified in early HIV/AIDS intervention work was the lack of audience segmentation also raised by respondents. Targeting a general audience is suitable for awareness creation which is considered the first step in the behavior change model. This is reflected in the objective of some of the organizations that informed the study.

We undertake audience segmentation as part of our programming, whether communications, advocacy or HIV/AIDS. Segmenting audiences in communication is particularly essential to making an impact since audiences differ in language, style, media preferences and patterns...(Director of Programmes, JHPIEGO, September 2014 interview)

There were indications of audience segmentation in most organizations. Segmentation was popularized 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 predisposition of a sub-group with similar characteristics – either age, sex or susceptibility, among others (Bertrand, 2004).

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. This is a period of experimentation for adolescents, particularly regarding sexuality while they remain dependent on adults and not fully cognizant of their susceptibility (Mwangi, 2010). Furthermore, this is a period of development for adolescents in terms of their emotional social and psychological status. The traditional mechanisms that facilitated education about sexuality and maturation have diminished, further increasing the vulnerability of adolescents to risk. The concepts of sexual culture make this group critical particularly in terms of understanding the motivations of the sexual behavior of the youth.

An important consideration is whether most audiences are included in HIV/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 organizations 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/AIDS pandemic.

4.3.3 The process of message development

It is noteworthy that a majority of respondents attested to the participation of their target audiences in the process of message development. Some organisations used creation of awareness in the process of developing messages while others used integrated research in developing their messages. Similarly others said they followed the behavior change process while others said they did not follow any specific process.

Participation of one's audience is necessary as this allows an organization to respond to the issues that the audience identifies as a priority as indicated by some respondents. This is a shift from the generic messages used early in the educational efforts such as "AIDS kills". In addition, scholars have emphasized the need for practitioners to develop attractive messages that will engage an audience (Mwangi, 2010). This demands a solid understanding of an audience and its participation.

For those who considered the existing messages on HIV/AIDS, some said they found messages on STDs important; others said they used messages on abstinence from sex, others said the message they found helpful was "Help crash aids" and the need to adhere to ART. Overall, most agreed that it is important to study the existing messages on HIV/AIDS in order to address any contradictions and to avoid duplication.

The existing messages had an influence on some of the organizations message development process. This influence was in the form of enhancing the process. It emerged that organizations were able to avoid duplication based on other considerations of the existing messages. On the other hand for some organizations this process assisted them by having messages that avoided creating fear in audiences.

It also emerged that some organization created effective messages arising from their consideration of existing messages on HIV/AIDS. The importance of considering messages in confirmed in this response as one needs to either build on effective messages that exist, clarify conflicting messages or avoid messages that may create discomfort (such as fear messages) and basically from what others have developed.

In the words of one key informant:

What a message means to most people and how it contributes to their desire to change their attitude and behavior is critical. One of the challenges in HIV/AIDS communication has been that messages have emphasized being rational, while sexuality is not essentially rational. The point is that messages must use the positive side of the human person to communicate the impact of HIV/AIDS and not fear...(FGD participant, Mukurweini, September 2014)

As observed by this key informant, a major challenge in HIV/AIDS communication is that messages have been targeted at the rational human being. This is informed by the fact that most organizations have focused on providing information and raising awareness. It was proposed by other key informants that attitudinal and behavioral changes require recognition of the fact that people enjoy sex and therefore messages targeting the positive side of the human person are essential.

Cultural relevance and appropriateness were taken into consideration according to majority of respondents. However, some organizations indicated that they did not consider cultural relevance and appropriateness. Culture is of utmost importance in the development of messages as ones audience has to relate to the content of the message. Further, some past messages on development have not been effective, because of the contradiction with some cultures. In HIV/AIDS, the sensitive and intricate nature of the content demands a thorough adherence to culture.

In particular, as noted in some literature on HIV/AIDS(Jeffrey, 2011), the domain of sexuality was considered to be sacred, presenting resistance by some communities to discussions, for instance on condoms. Continuing to communicate messages that are not acceptable within a community without attempting to have a dialogue is tantamount to wishing away taboos.

The finding that the majority of organizations 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 behavioral and social change. In addition, there is an opportunity to view cultural components that can enhance interventions. The tendency has been to focus on those components or cultural attributes that hinder ones intervention. In addition, a critical issue relating to culture is that most cultural norms in Africa do not recommend the open discussion of sexuality, preventing especially parents from discussing sexuality openly with their children. African societies had a place for the education of sexuality and sex in the rites of passage.

According to respondents, in most organizations, 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 the culture of organizations. It is significant that the key role played by culture was recognized by the majority of respondents. The importance of conducting needs assessment can be seen as it demonstrated the need to consider culture in awareness creation.

4.3.4 Channels used

Respondents indicated that they used face to face and mass media in their organizations. While use of mass media has been popular for widespread reach, face to face communication is critical when one is focusing on building skill and on behavior change. This view emerged during the focus group discussion and in the literature (Ministry of Health/NASCOP, 2008),

I think interpersonal communication is very important because it provides a forum for clarification of issues and for interaction. This works particularly well when peer counseling is the approach used. The focus on producing materials such as pamphlets and posters has prevented effective communication which call for interaction and resulted in there being more information than communication...further, interaction makes people learn from others and strengthens their resolve and will to avoid risky behavior..... (FGD participant, Mukurweini, September 2014)

The ICAP-Kenya HIV/AIDS Advisor sums up the importance of interpersonal communication and explains why their programme lays emphasis on face to face interaction:

Interpersonal communication facilitates a response to real life challenges of a person and to the reality of their lives. This channel promotes a human centered approach away from just transmission of messages which encourages people to participate in decisions affecting their lives. ...interpersonal communication facilitates a response to real life challenges of an audience and to the reality of their lives. There is a high sense of involvement in the exchanging of views and the joint reflection of issues facing the people... (ICAP-Kenya HIV/AIDS Programme Advisor, September 2014, interview)

Recent studies indicate that there is a need to give prominence to human perspective as opposed to focusing on the uni-centric approach (Booyesen, 2004).

Some organization utilize overhead projectors in their work, implying that there is a lot of face to face communication through workshops, seminars, and meetings. As stated earlier, face to face communication including interpersonal communication is highly preferred when addressing behavior change in Africa.

Other respondent indicated that they use billboards, posters, and brochures in their programmes. These methods were predominantly used in the early days of HIV/AIDS education in an effort to reach as many people as possible in the shortest time given the urgent nature of the pandemic. The implication is that the aim is to create awareness and to reach a large general audience.

Of concern also is that some types of posters have a short lifespan and some communities have high levels of illiteracy as observed by some key informants. However, posters, billboards and brochures may effectively be used within the context of meetings and workshops to provide further information for illustrations. However, it was clear that written communication was not a preferred channel.

Providing a deeper understanding of issues was the reason given for the selection of channels for many organizations. Other reasons were that workshops and media are cost effective as methods. Other organizations stated that it was what the budget allowed, that it was the suggestion of donors, or that it was the idea of project implementers.

Funding and the objective of the organization usually influence the channels that are selected. However, the primary consideration must be the effectiveness of a channel among the targeted audience.

4.3.5 Summary

This section has emphasized the findings along the themes of strategizing and implementing the communication process in organizations involved in HIV/AIDS interventions. In particular the focus was on: needs assessment, selection of audiences, the process of message development and the channels utilized in communication efforts by organizations.

4.4 Assessment of the communication process

In this section the findings of the assessment mechanisms as well as the strengths and constraints of the communication process are discussed. The thematic areas covered include the pretesting of messages, the participatory process in the communication process and the monitoring of the communication process.

4.4.1 Pre-testing and monitoring of the communication process

A number of organizations pre-tested their messages. However, others did not. As already alluded to in the literature review, pretesting is necessary as this ensures that any contradictions, confusions and complexities are clarified and revised before the messages are channeled out *en masse*. At this juncture, an assessment of whether the audience finds the information believable, motivating, convincing and useful can be done. In addition, the style and tone in communicating the message and whether this is attractive to the audience can be assessed (Support Group, 2008).

Thus although almost a half of the organizations undertook pretesting, there is concern about the other half and the impact of their not pretesting. In the words of the HIV/AIDS Programme Officer for NASCOP:

Pretesting indicates an attempt to involve the audience, before the implementation of a programme. This reflects the approach of creating awareness, as stated and captured before where the goal is to transmit information or knowledge with the active participation of the audience... (HIV/AIDS Programme Officer for NASCOP, October 2014 interview)

This view is further emphasized in the literature review:

Pre-testing is essential when one considers the gap that normally exists between experts and a community. In addition the desire to facilitate behavior change demands the involvement of an audience given the complexities surrounding issues of sexuality and the determinants of sexual behavior (Ministry of Health/NASCOP, 2008).

For those who pretested their messages, some conducted this in selected groups; others used community meetings and focus group discussions. The method of pretesting is important as it is vital to have different views and people represented to cater for different perspectives.

The use of face to face methods of communication is a good indicator of the sector in general. This is a method favored in behavior and social change communication as it proffers an opportunity for communities and audiences to provide a feedback on the believability and impact of messages and communication. For most organizations, there was need to clarify/correct messages while others found that their messages were not appropriate. The link is that the pre-testing demonstrated that audiences had issues with the messages of most of the organizations that did the pre-test. This reaffirms the necessity of pre-testing in any communication intervention. At this stage, organizations have a forum to assess the impact of their messages and communication strategies against the stated aims of their messages.

Among those who pretested, their messages, the findings are that most revised their messages. There was deletion of irrelevant material while for others, additional knowledge and skills were included, while other made no changes. Yet the importance of pre-testing is underlined here as it resulted in changes for most materials ensuring maximum effectiveness.

4.4.2 Monitoring and evaluation

Organizations interviewed attested to having a monitoring and evaluation mechanism for their communication process. The rationale for having an ongoing monitoring and evaluation mechanism is that audiences are dynamic and prone to influence from socio-economic political and cultural processes and changes. Such changes can be captured by an effective monitoring and evaluation system and the relevant

adjustments can continue to be made to communication process. The progress of the communication process must also be monitored.

According to the HIV/AIDS Officer for PATH, evaluation should be undertaken periodically and not just as an end term process.

Evaluation should be a continuous process. One of the monitoring mechanisms we have employed has been in the community discussions during peer counseling, which may sometimes be an indication of attitude and behavior change...(HIV/AIDS Programme Officer, PATH, September 2014 interview)

Another key informant was of the view that monitoring and evaluation should be internal to HIV/AIDS communication programs including the conduct of impact assessments and the element of sustainability.

A monitoring mechanism also assists in the assessment of quality in the materials produced and strategies utilized. In addition, the changes occurring through the influence of external factors, (political, economic, cultural and social) can be continually studied and used to review communication interventions.

It is important to observe that the complexity of monitoring behavior change and by implication social change can be discouraging. This has been one of the major challenges in communication for development programmes as it is difficult to isolate and measure the exact impact of an intervention such as behavior can occur from a combination of factors including external and environmental influences.

Yet the diversities between countries and even within countries in the scope and intensity of the pandemic, demand that monitoring and evaluation should be integral to an intervention. In particular, the lessons learnt and the effective strategies must be focused on to facilitate future communication intervention. As noted by (Jeffrey, 2011), research on behavioral measures to reduce sexual transmission has been paltry.

The rationale for having a monitoring and evaluation mechanism for many of the organizations was that it was important to evaluate the progress of a programme. A substantial number of organizations recognize the need to constantly check how their communication processes are working. This also demonstrates recognition and commitment to a systematic process.

4.4.3 Participation of the Audience

A number of organizations confirmed that they did not include audience participation in their programmes. A few said they did.

The participation of audiences in development project and programmes is considered essential to the success of programmes. Participation by an audience allows them to get a sense of ownership of the programme and to better understand the aims of these efforts. In communication this is even more critical as messages can be unclear or contradictory, channels may prove to be unsuitable and audiences may change as the programme progresses.

There were examples given of initiatives that have resulted in the development of creative and effective messages and of innovation at the community level in Kilifi.

Mobilization of the community in Kilifi led to the joint planning of HIV/AIDS education as well as home based care, utilizing the resources within one particular community.

In particular representation of NGOs at the executive board level introduced the element of working with grassroots communities thereby incorporating their participation in the planning design and implementation of HIV/AIDS programmes (UNAIDS, 2009). A critical component for UNAIDS and other agencies working in the HIV/AIDS sector has been the generation of the best practice series based on the experiences and participation of various audiences (UNAIDS, 2009).

Participation is a critical component of behavior change communication and also of communication for social change (CFSC). The CFSC in particular has the additional focus of viewing people as agents of change within their own context (Srinivas R. Melkote, 2000).

For those who did not have their audiences participating in the programs, the reasons were lack of time, and that AIDS affects anybody implying that general messages were appropriate for everyone.

We undertake audience participation at conceptualization level. We regard participation at this level key element of programming as the audience develops a full ownership of the programme. This participation allows those intending to have programmes to take into account issues and needs raised by their audiences as they conceive their efforts. Consultation at this stage also enables us to have a comprehensive understanding of potential audiences... (Programme Officer, Friends of Norway Development Agency-Kilifi, September 2014 interview)

The integration of participation at this level is considered to be ideal as it accords communities a chance to collaborate on decisions regarding an intervention including the priorities. This has been described as participation as an end (Melkote & Steeves, 2001) rather than participation as a means to an end (the external agents agenda). However, this is a time-consuming process and difficult to operationalise for most organizations.

A number of organizations stated that they have their audiences participating at the planning level. Consultation with the audience at this level allows for the effective designing of a programme that takes into account the concerns of the community. Though it is short of the ideal where a community or audience participates in the conceptualization of the intervention there is still scope for community to interject as far as the design, implementation and monitoring is concerned.

Some undertook participation at the implementation level. Participation at this level is necessary to strengthen the sense of ownership and to utilise community networks as well as cater for preferences. Although commendable this had been considered as having participation as a means where the audience is incorporated mid way through the programme. Thus the priorities have been determined at the conceptualisation and planning level while the audience is involved at the technical or methodology level.

Almost all organizations in the survey said they involved their audiences in the monitoring and evaluation. This highlights an important issue because communication programmes in their very essence demand that impact and influence to be monitored. Thus audience participation is necessary for communication to be effective because

there is desired change of attitude or behavior required in communication programs particularly in HIV/AIDS.

Participation at this level though not the ideal facilitates a comprehensive assessment of the intervention. The success of the intervention is determined by those it has targeted as beneficiaries and their participation gives them an opportunity to state whether it has benefited them, how and improvements for the future (Srinivas R. Melkote, 2000).

4.4.4 Costing of communication interventions

Respondents indicated that their organizations cost their communication programs based on guidelines set by their organizations on project proposals. Others said it was based on publicity activities while others said their projects were not costed.

This question is important as it demonstrates the level of planning an organization devotes to communication activities. When an organization has established an effective communication process, this guides the costing of the programmes as a target has been set and a systematic process well thought out and designed. Hence the combined proportion of organizations who do not cost their programmes demonstrates the communication interventions are still being considered as ad hoc. Having a system on planning and intervention is especially critical in behaviour change and particularly regarding the complexities associated with HIV/AIDS.

A number of organizations highlighted the lack of funding as their major constraint in the planning and implementation of communication process. Other reasons given

were time constraints, lack of experience, vandalism of billboards and posters and lack of political goodwill. In the words of one respondent:

The lack of funding is the key reason why there is so much focus on awareness raising as opposed to behavioral change... inadequate expertise in communication and technical areas is another constraint...(Programme Officer, Communications and Advocacy, CHE International, October 2014 interview)

Respondents were therefore of the view that more funding should be provided for communication programs. The other ways cited were having more positive attitude, writing effective proposals, conducting media sensitisation on HIV/AIDS, hiring additional personnel and the development of communication infrastructure.

However, none of the respondents referred to the lack of political will and commitment factors that were found to be more critical in the case of Uganda than funding (Panos Institute, 2001b). While funding is a vital component of communication intervention, the issue of sustainability requires that analysis and problem solving is facilitated at the local level. This has the advantage of building communication competence within local communities, thereby incorporating diverse perspectives and the voices of section of the population that have not been adequately represented.

4.4.5 Other important issues

Other important issues that the respondents thought should be highlighted include the need to sustain the communication process, Caring for people living with HIV, involving PLWHA in the programmes and the need for behavior change initiatives.

4.4.6 Summary

This section has focused on the presentation and discussion of findings relating to the thematic areas of the assessment mechanisms, as well as the strengths and constraints of the communication process in the organizations of the study.

4.5 Whether HIV/AIDS is a medical or societal problem

This section sought to find out whether organization involved in HIV/AIDS programming in Kenya regard it as a medical or societal problem. This has implications on the approach they would take in addressing it.

Mulwo et al have indicated that in South Africa, official responses to HIV/AIDS between 1999 and 2007, were characterized by denialism, when South African President Thabo Mbeki, questioned the origin of the disease the origin and spread of HIV/AIDS, the denial of the link between HIV and AIDS, and the resistance against the roll-out of antiretroviral therapy (Jeffrey, 2011)

The above scenario confirms that HIV/AIDS is not just a medical but societal problem as addressing such a scenario would need addressing issues at societal level. Starting to address this issue would need input from sociologists, educationists,

communication specialists and other specialists other than doctors to explain the origin and spread of HIV/AIDS and the link between HIV and AIDS.

Similarly in South Africa, HIV/AIDS was for a long time regarded solely as a medical issue with solutions being considered only from a medical perspective. The strong emphasis on a medical solution prevented fruitful non medical interventions from being accepted and supported. This gave the problem the chance to assume enormous proportions especially in some African countries. Fortunately over the last few years, the problem owners such as the United Nations programme on AIDS (UNAIDS) and World health organization (WHO) have become aware that HIV/AIDS was a societal issue, albeit with medical aspects, and should be approached as a complex societal problem making it amenable to being handled with COMPRAM (DeTombe, 2004).

There are many problems that can be categorized as 'complex societal problems'. These are problems where the 'solution' is to be found at the societal level. Complex societal problems are real life problems reflecting much uncertainty and are therefore hard to deal with. Complex societal problems are often unique in their performance although they may have occurred many times before. This means that there is no routine way of solving them. Complex societal problems are often ill-defined, multi-faceted, as well as hard to analyze, to structure and to change. Knowledge and data are missing and/or contradictory. The causes of the problem are vague or ambiguous. It is difficult to see where, when, and by whom the problem was started, who is involved in the problem and who is not, and who is affected by the problem. Although many phenomena, actors (private and governmental), and many people are involved, it is seldom clear beforehand which phenomena, groups, and actors are involved.

There may be a changing group of actors. Each actor has their own view on the problem, their own goals, power and emotion.

A study conducted on the relevance of abstinence-only campaigns amongst university students, at three universities in KwaZulu-Natal, South Africa (Mulwo & Tomaselli, 2009) established that abstinence messages were often interpreted through religious or traditional moral codes, rather than the HIV prevention code. It became clear in the study that students' frames of reference with regard to sex, HIV/AIDS, and the HIV prevention notion of abstinence, were ultimately underpinned by their daily experiences within their social groups. According to this study therefore, in the context of group dynamics, the categories of sexual activity/non activity exist as a continuum of possibilities, hence the abstinence option should be promoted alongside other options, such as being faithful to one partner and using condoms correctly and consistently, rather than as a fixed option. This finding agrees with the notion proposed here that HIV/AIDS is a complex societal problem and therefore needs to be handled from an inter disciplinary perspective, for while using a condom can be regarded as a medical issue, abstinence and being faithful are moral and religious issues.

According to some respondents, and from the literature review, HIV/AIDS is a complex societal problem because of its unstructured and dynamic nature. It has a large impact on society at macro, me so and the micro level.

HIV AIDS is both local and regional and even worldwide, found in all countries of the world. It is uncertain to me what the goals and interests of the actors are as we often see competing interests in the programmes...it's difficult to ascertain what will be the outcome of this problem. In my view ,solutions will only be found in a combination of changes in different areas

and lots of effort needs to be put to realise these solutions...(HIV/AIDS Programme Officer, FACES, October 2014 interview)

The above statement agrees with (Jeffrey, 2011), as shown in the literature review, who indicated that solutions, if there are any, for complex problems as this one, can only be found with great effort and are often only temporary.

As a complex societal problem, HIV/AIDS was found to be interdisciplinary including aspects that are the subject of study in several scientific disciplines. Handling it therefore involves knowledge, power and emotion. The knowledge for handling complex societal problems comes from a variety of scientific disciplines. Two kinds of knowledge are needed for handling these problems: (1) content knowledge, which means knowledge about the subject of the problem, such as healthcare knowledge or environmental knowledge; and (2) knowledge about problem handling. The content knowledge comes from content experts, for example, in a health issue it might be a doctor, hospital manager or other actor. The process knowledge comes from facilitators working in the field of complex societal problems. Facilitators may have backgrounds in different scientific disciplines, but use methods derived from their original field combined with methods specially created for handling societal problems. Methods and insights used derive from a wide range of fields, including: law, philosophy, economics, social sciences, mathematics, computer sciences, technology, engineering sciences, chaos theory and operational research (DeTombe, 2004).

Power also was found to play an important role in handling complex societal problems such as HIV/AIDS. Power in a democracy is divided among the problem

owner and other actors. Together they must find mutually acceptable solutions or compromises. Further, in all phases of the problem managing process, emotions also play a role, including emotions about the problem, emotions about the desired goal, as well as emotions between the groups and actors, and between the people who handle the problem.

Something is called a problem when there is a discrepancy between the actual or (near) future situation and the desired future situation and/or there is a lack of knowledge and/or a lack of knowhow, and/or a lack of relevant data; as for complex interdisciplinary societal problems, the problem is often undefined and the desired situation is not always clear (DeTombe, 2004).

From literature reviewed, problem handling of complex societal handling can be defined as:

The process of analyzing, structuring and guiding a problem in order to gain more insight into the problem, whether or not this leads to influencing the problem in order to reach the desired situation. This process can take place actively or passively, consciously or unconsciously, routinely or once only, whether it is by circumventing or by forgetting the problem, by shifting the problem to another party or by (partly) changing the problem, whether through thinking, applying tools and/or methods (DeTombe, 2004, p. 58).

‘Handling problems’ is preferred to ‘problem solving’ because solving refers to a certain desired goal, and, as the desired goal potentially differs from actor to actor, the end of one problem process might mean a solved problem for one actor, and a new problem for another actor.

Other examples given of complex societal problems are from agro-industry are the pollution of land and water by manure, Foot and Mouth Disease, and Mad-Cow Disease (Bovine Spongiform Encephalopathy, BSE). Examples from industry include pollution by emissions, chemical contamination, noise and odour, societal problems relating to issues of hunger, unemployment, and poverty. Healthcare examples include HIV/AIDS and Malaria. Problems related with Internet, stock market, and urban planning can also be considered and treated as complex societal problems (DeTombe, 2004).

Although complex societal problems are diverse and may appear to be unrelated, they have in common that their causes and solutions often exceed the available knowledge in the relevant disciplines. 'Solutions' will only be found in a combination of changes in different areas. For example, the hunger problem in developing countries is often due to local wars. Fighting prevents local people taking care of their agriculture and their family. Often these wars are caused by political differences created in the colonial past. Intervention in the hunger problem primarily requires a political solution, typically the creation of a stable democratic political situation. Despite their differences, all complex societal problems can be managed in a similar way.

4.6 The concept of akrasia and its implications in health communications

This section presents findings on the concept of akrasia or weakness of the will and its implications to health communications programming as it emerged during the research. The researcher found out that akrasia had implications to communication programming as it emerged with most respondents.

As indicated earlier and as it emerged with some respondents, healthcare problems like HIV/AIDS and Malaria have been classified as complex societal problems requiring interdisciplinary efforts (DeTombe, 2004). Respondents therefore felt the need to use knowledge from various disciplines, including philosophy, to solve the scourge. The use of philosophy in health communications therefore is one such interdisciplinary effort.

Success in fighting HIV/AIDS will come with combined efforts from various disciplines. As a matter of fact, the focus in HIV/AIDS communication needs to shift from disseminating messages to strengthening the will of an individual to act according to what they know is right. The knowledge is out here but can people act according to the knowledge they have? or is it a case of 'the heart is willing but the body is weak'? (Programme Officer, Regional Aids Programme Network, June 2014 interview)

The subject of "weakness of the will" is what Aristotle called "akrasia" which was first used in education philosophy. A classical definition of philosophy is that it is 'love of wisdom'. Philosophy as love of wisdom therefore entails the pursuit of wisdom.

Philosophy therefore implies the capacity to employ knowledge, of whatever reality, to improve human life. This requires an incisive and precise grasp of knowledge. And philosophy unceasingly aims at this kind of grasp of knowledge of whatever reality.

Wisdom, therefore, entails the highest kind of knowledge that results from sustained reflection and discernment. This is part of what is meant when philosophy is perceived as a contemplative discipline. This kind of knowledge must have a firm basis. Wiredu aptly puts it thus: "Adapting a Platonic phrase, one might even say that wisdom is nothing but humanly oriented knowledge with an account". Wisdom also entails the capacity for sound judgement in matters of human conduct. Wisdom

therefore implies moral knowledge, in the philosophical sense, and commitment to that knowledge.

This calls for a little discussion on what philosophy is and its broad subdivisions: Philosophy as a discipline is divided into two – theoretical and practical philosophy. Theoretical philosophy investigates a priori the nature of reality while the practical philosophy seeks a priori principles governing how things ought to be. Theoretical philosophy is therefore concerned with the generation of knowledge of the nature of reality while practical philosophy is concerned with the generation of knowledge on how things ought to be.

In this case therefore, theoretical philosophy or philosophy of nature, and practical philosophy or philosophy of ethics corresponds to empirical and normative roles respectively. The empirical role of philosophy deals with attempts to understand the world, or simply put, reality. In performing this role, philosophy becomes a critical inquiry and reflection into the ultimate question and explanation of nature, human life and social order. The object of this role is to comprehend the true nature of things. The normative role of philosophy is concerned with the critical search and postulation of the best conditions for human life and social order. In this role philosophy is concerned with the ultimate moral good. In light of this role of philosophy the empirical role of philosophy beyond just a means for the evaluation and realization of the prospects of the place of humanity within nature and the best mode of human existence.

Philosophy is therefore engaged in the development of a person with “the capability of processing facts and extracting their significance for human life and whose participation in the affairs of society is thoroughly imbued with the desire to bring his intellect to bear upon human problems, so as to liberalize and humanize and in a word enrich life.

Philosophy cannot therefore limit itself only to the attempts to understand and interpret the world, but must project itself towards changing the world for the better. Karl Max must have been far from truth when he lamented that “philosophers have only interpreted the world in various ways; the point, however is to change it’. The influence of various philosophers, at different times in history, on practical affairs of human beings, including Karl Max himself would attest to the fact that many philosophers per excellence have always sought and have succeeded to some extent to change the world. For example, through their thoughts and life histories , people such Mahatma Gandhi, Nelson Mandela and Julius Nyerere succeeded in changing their respective societies and beyond, towards the realization of certain social ideals. Therefore, philosophers, among other thinkers have an indisputable influence on practical affairs of human beings and the subject of HIV/AIDS is not an exception. And that is what this study intends to achieve – use the articulations and wisdom of philosopher Aristotle to provide the theoretical basis for a practical solution in the field of HIV/AIDS.

According to (Jeffrey, 2011), *Akrasia*, occasionally translated as *acracia* (from Greek, “lacking command (over oneself) is a state of acting against ones better judgement. Although this technical term is usually employed in its Greek form (ie *akrasia/akratic*)

in English texts, it was once the philosopher's English language convention to use the precise English equivalent of *akrasia/akratic*, *incontinence/incontinent*. But now, the correct conventional term is *akrasia*.

Much of the philosophical literature takes *akrasia* to be the same thing as *weakness of the will*. (Jeffrey, 2011) sees weakness of the will as a tendency to revise one's judgement about what is best too easily. Holton explains that for example, a smoker who wants to quit smoking but s/he is unable to do so, acts against her better judgement (that quitting is best) due to a weak will. So the smoker might at one moment feel that she should give up, but at another, that the joy of smoking outweighs the risks, oscillating back and forth between judgments. Such a person has a weak will but is not acting akratically (Jeffrey, 2011).

The Information and Knowledge Management Manager at Management Sciences for Health believes weakness of the will has significant implication to HIV AIDS programming.

It occurs when someone consciously or deliberately makes a choice that she or he sincerely believes is wrong...if someone decides to continue smoking in spite of sincerely acknowledging that it would be best, all things considered, to give up; or he she reaches for a cigarette while fully aware of his/her resolve to smoke no more... such phenomena are a distressingly common feature of most lives... (Information and Knowledge Management Manager at Management Sciences for Health, October 2014 interview)

This view is emphasized by (Jeffrey, 2011) who argues that incontinence, or weakness of the will occurs when someone consciously or deliberately makes a choice that he or she sincerely believes is wrong.

Aristotle's views have implications to HIV/AIDS programming:

The action of a wicked person emanates from choice, but, the incontinent acts not by choice, but by acts contrary to his/her choice and judgement. Normally the incontinent person has the intention to do that which is good. Due to choice of pleasant and harmful things the incontinent fails to act on the good judgment or principles that he or she enacted. The incontinent men (people) are therefore at variance with themselves. They usually have appetites for some things and rational desires for others:

Yes. Such people are at variance with themselves. They possess a rational principle which is supposed to influence things that are for one's own good. However, appetites oppose this rational principle and they consequently perform that action which is contrary to the desires of the rational principle.... (FGD participant, Mukurweini, September 2014)

Aristotle explained incontinence as resulting partly from the conflict between the principles in the Soul. He argued that when appetitive principle overcomes the rational principle, the incontinent person loses the capacity to do that which is consonant with his/her enacted principles. The incontinent person usually regrets his/her actions. Such a person therefore is curable of the weakness but the wicked person is incurable.

Having distinguished the wicked person from the incontinent, it is possible to conceptualize akrasia with regard to knowledge, as it emerged in the interviews:

It would emerge that an incontinent person is a person who has knowledge yet he/she acts against such knowledge. Such a person has knowledge because one is not oblivious of the general principles that he or she has enacted. Knowledge is awareness of what one is required to do and that a person may

be said to know something...(FGD participant, Mukurweini, September 2014)

Aristotle further argues that the universal premise is a judgement of value or an imperative. For example, all fruits are nutritious, or an imperative, all citrus fruits ought to be eaten. The conclusion following from the combination of such a universal premise with a minor, for example, this is a citrus fruit, is not merely a statement. It is an action: the subject eats the fruit. Aristotle tells us that the conclusion of a practical syllogism is an action.

Whereas the above explanation is plausible; the conclusion is not an action in the context as observed by respondents in the FGD:

One may have a belief and not act on the belief... as the belief does not tell a person to eat the fruit. It only advises that eating the fruit may be desirable... (FGD participant, Mukurweini, September 2014)

The conclusion as made by Aristotle is plausible as we can draw a similar conclusion from a theoretical syllogism. However, what is clear is that Aristotle seems to have equated a belief with action. This had resulted in some confusion. One may have a belief and not act on the belief. This seems to be a weakness of the practical syllogism. We can conclude that the basic determinant of actions which may obtain or fail is when the practical syllogism absolves the weakness.

(Jeffrey, 2011) study underscores the role of education in changing people's behavior with regard to moral obligations. The study further gives insights into how people act in accordance with their expectations, for instance it points out that "knowing what's

right is easy. It's doing what's right that's hard." However, (Jeffrey, 2011) did not endeavour a model that could be used to make people translate knowledge into action. The current study focuses on this gap.

The Paediatrics Advisor for Paediatric AIDS Treatment for Africa (PATA) argues, correctly, that:

Knowing what's right is an insufficient condition for doing what's right. Or to put the matter more broadly, that judging what is in our own best interest, is insufficient for acting accordingly. An important question then is how far and in what way weakness of the will can be tackled at its source... we act against our own best judgments for many reasons, for instance: because of poor habits of action, mismatched with or desires or aspirations; or for not seeing, in concrete detail, the ways in which and the extent to which the morally correct alternative might be damaging; because of a lack of subjective conviction in our own strength or in our own future among other reasons. All these are instances of how powerlessness, in various forms, tends to weakness of the will...in my view... (Paediatrics Advisor, Paediatric AIDS Treatment for Africa, PATA, October 2014 interview)

But as (Jeffrey, 2011) point out, unrestricted or unusual power can have a similar tendency. Where power is unrestricted, the normal checks and balances which may serve on the side of right action are absent. The current study is an effort to bridge gaps as identified and complement the efforts by the two scholars.

(Jeffrey, 2011) observes that the most interesting cases occur when both of the conflicting elements are fully conscious or readily available to consciousness. Njoroge argues that when people behave akratically, they are often aware that this is what they are doing; this is not a form of behavior that has somehow, to be kept secret. This view is confirmed by one FGD participant:

The smoker who wants to quit is fully conscious of his or her resolve to give up her habit just as he reaches out for another cigarette. Indeed, as he acts, she may fully be confident that he will subsequently feel regret, shame or even guilt about what he is doing (FGD participant, Mukurweini, September 2014)

4.6.2 HIV Prevention Campaigns and their impact on increasing authentic behaviours

Respondents were asked about the effect of HIV prevention campaigns and their impact on strengthening the will. This section therefore analyses the impact of HIV prevention campaigns in strengthening the will and to persuade them to adopt behavioral practices that minimise their chances of becoming infected with HIV. The section seeks to evaluate the impact of these communication programmes, by analyzing people's perceptions concerning HIV/AIDS and the HIV prevention messages, and their sexual behavioural practices, essentially constituting Knowledge, Attitude, Practises and Behaviours (KAPB) survey. The results discussed in this section are mainly based on data obtained from face to face interviews, drawn from the 38 respondents and focus group discussion.

From studies conducted by Mulwo (Mulwo, 2008) the KAPB approach is fundamentally premised on the assumption that attitude and beliefs constitute behaviour. In seeking to measure the impact of IEC programmes, therefore, KAPB studies analyse the shifts in attitudes and beliefs concerning risky sexual practices which are then often conceptualised in this framework as heralding a change in sexual behaviour. Recent studies (Airhihenbuwa, 2014) have shown that there are several other intervening factors, such as gender, poverty, power inequalities and the desire to adopt modern lifestyles, that often hinder an individual's capacity to make rational sexual decisions. The KAPB framework therefore fails to investigate the authenticity

of behavior which might explain why these messages do not have any impact on their sexual behaviours.

The model which most HIV/AIDS programmes use largely promotes condom use. People know they are supposed to use condoms yet sometimes under the influence of passion, they don't. This means the problem is deeper than that. It's a question of the ability to stick to what one regards to be good, which is a moral issue. The question is if communication is able to address issues of the will...personally, I knew I needed to use condoms always to protect myself, and I had them. Yet I failed to use them one day...and I got infected...(FGD participant, Mukurweini, September 2014)

The key results of the study show that people's find the HIV-prevention campaigns such as peer education, workshops, seminars and lectures ineffective in encouraging authenticity and therefore unable to strengthen the will. This is mainly so because HIV/AIDS campaign programmes are mainly oriented towards encouraging condom use, as compared to encouraging authenticity which would make people stick to what they judge to be good by heeding the voice of conscience leading to abstinence. Results further show that there was lack of correlation between people's' knowledge and attitudes towards HIV/AIDS and HIV prevention and their sexual behavioural patterns. Whilst the majority of people's were aware of HIV/AIDS and perceived HIV prevention options positively, their sexual behavioural patterns indicate high levels of sexual risk-taking.

4.6.3 Public engagement programmes and their impact on increasing authenticity

Locally-generated, engagement communication programmes often involve closer interaction where issues are debated between participants, rather than the top down

mass media approach, where information often flows in one direction. Because of this, engagement communication programmes are considered to be more effective in persuading social and behavioural changes, as compared to mass media campaigns (Green, 2006). This, therefore, suggests that to achieve social change, mass media campaign programmes should, of necessity, be complemented with contextualised public engagement programmes. This will create a social communication network which will contribute to tackling lack of authenticity that make it difficult for individuals to resist the temptation to engage in casual sex.

Friends, peer educators, doctors and nurses, VCT centres, seminars and religious groups are important sources of HIV/AIDS information. These channels fulfill an important need among human beings, the need to care and to be cared for, and the desire to reciprocate other's care... (FGD participant, Mukurweini, September 2014)

According to (Jeffrey, 2011) the above are important components of authentic behavior as all authentic behavior is oriented towards the basic assumption to care and to be cared for. In this regard the development of the 'self' (or 'identity') and the moral ideals underlying authentic behavior require correction, dialogue and interaction with others.

Respondents also narrated the experiences of their children in school. Even though similar trends were noted most of the questions relating to public engagement sources of HIV/AIDS messages, significant participants from non catholic schools compared to the others indicated that they had attended workshops and lectures, and discussed HIV/AIDS with peer educators. Those from Catholic sponsored schools indicated that it was taboo to discuss sex and HIV/AIDS in their schools. These findings raise questions about the extent to which HIV/AIDS programmes have been mainstreamed

into tertiary learning institutions as envisaged by the Kenya Aids Strategic Framework, 2014-18 (NACC, 2014). Findings from interviews with the peer educators and programme officers show that HIV/AIDS programmes have not been fully integrated into the school curriculum.

Another FGD participant observes:

I find friends compared to other interpersonal and peer education campaigns more useful compared to other interpersonal communication channels...(FGD participant, Mukurweini, September 2014)

The above statement confirms observations by cognitive theorists. Peer education programmes are theoretically underpinned on both individual and cognitive theories. Cognitive theory is a learning theory of psychology that attempts to explain human behavior by understanding the thought processes(Ajzen & Fishbein, 2008). The assumption is that humans are logical beings that make the choices that make the most sense to them. Information processing is a commonly used description of the mental process, comparing the human mind to a computer. Pure cognitive theory largely rejects behaviorism on the basis that behaviorism reduces complex human behavior to simple cause and effect. However, the trend in past decades has been towards merging the two into a comprehensive cognitive-behavioral theory. This allows therapists to use techniques from both schools of thought to help clients achieve their goals. Jean Piaget (1896 - 1980) was the first psychologist to make a systematic study of cognitive theory. His contributions include a theory of cognitive child development, detailed observational studies of cognition in children. The following theories fall within the Cognitive theories: Theory of reasoned Action; Social Cognitive theory,

Health Belief model and Communication of Innovations Theory (Ajzen & Fishbein, 2008).

Interviews with programme officers, peer educators and focus group discussions with PLWHIV identified peer education as the key framework through which the selected NGOs planned to enhance social and individual behaviour changes.

5.6.4 Public engagement campaign themes and their role in promoting authentic behaviours

HIV/AIDS information and communication programmes often revolve around interrelated themes such as the creation of HIV/AIDS awareness, prevention of HIV infection, Voluntary Counseling and Testing, stigma and discrimination, AIDS treatment, and renegotiating socio-cultural factors that encourage the spread of HIV (Masese & Mulwo, 2005).

Different programmes highlight different messages, depending on their objectives. However, as mentioned previously, strategies that target prevention of HIV infection have been identified as the key to reversing the spread of HIV epidemic among young people (UNAIDS, 2014).

This section examined the key issues that are being highlighted in HIV related communication campaigns that participants access, with an aim of understanding the approach that is being used to persuade people to undertake preventive measures to avoid HIV infection.

During in-depth interviews, programme officers were also asked to explain how their campaign programmes were mobilised in terms of messages being highlighted. As the results of the survey illustrate, campaign programmes to which people have access across the programmes are generally oriented towards encouraging the use of condoms to prevent the spread of HIV, voluntary counselling and testing, methods of HIV transmission, HIV prevalence and, lastly, messages on human rights issues related to HIV/AIDS. Communication campaigns emphasising being faithful were very rare.

I think there are more messages telling people to use condoms and to be faithful than those telling people to abstain across the various programmatic areas (Programme Officer, Project Concern International, September 2014 interview)

There was no significant difference per programme in terms of the campaign messages identified by participants. Interviews with HIV/AIDS programme officers, however, revealed that different programmes favoured different models in their response to the HIV epidemic.

The approach undertaken by Catholic Relief Services (CRS), for example, favours a greater emphasis on abstinence.

According to the CRS HIV/AIDS Programme Officer, the value system of the sponsor – which emphasises virginity preservation, has to be taken into consideration when designing the programmes HIV response strategy:

We are a Catholic faith based NGO ...so we teach people to abstain because that is what the Catholic faith believes in and promotes. It would be wrong for us as an institution to advocate for condom use. We also encourage secondary abstinence for those who already got involved...but condoms are generally out

of the question, just abstain or be faithful...CRS HIV/AIDS programme coordinator, October 2015, interview).

At International Centre for Aids and Treatment programmes (ICAP), the campaign strategy adopted emphasises VCT as compared to the other prevention options. According to the ICAP-Kenya HIV/AIDS Programme Advisor, the strong emphasis on the need for testing is premised on the assumption that sexual behavior change may not be helpful to an individual who does not know his/her HIV status. Knowing one's status is therefore perceived as enhancing the process towards realsexual behaviour change:

In all our HIV/AIDS public engagements - those talking about safe sex, public engagements campaigns to talk about sticking to one partner, ultimately all these engagements make sense if the individuals know about their HIV status because if you stick to one partner, for instance, but you don't know your status, it still leaves us with a problem because we don't know where you stand. You will not know how to conduct yourself even with that one partner that you are faithful to.... It would still be a worthwhile thing to do even with all these other interventions - use of safe sex practice, use of condoms, which we distribute, female condom, all that - we still feel and we believe that, ultimately those strategies and interventions make much more sense to you as an individual if you know your status...(ICAP-Kenya HIV/AIDS Programme Advisor, September 2014, interview)

The view that knowing one's status leads to behavioural change has been challenged by the results of some previous studies, which have demonstrated that knowledge of HIV status do not necessarily motivate people to undertake preventive strategies (Bertrand, 2004). Hence the need to inject authenticity in these programmes. The morality underlying authenticity is based on the need to care and to be cared for, and the desire to reciprocate other's care (Taylor, 2001). In this sense, moral behavior and caring are important components of authentic behavior and all authentic behavior is oriented toward this basic assumption. In this regard the development of the 'self' (or 'identity') and the moral ideals underlying authentic behavior require correction,

dialogue and interaction with others. These attributes would make individuals undertake preventive strategies.

5.6.5 Participation in HIV/AIDS-related activities

Contemporary debate on HIV prevention communication underlines the need for horizontal communication programmes that seek to engage audiences in identifying, understanding and developing local responses to counter the spread of the epidemic (Mulwo, 2008; Panos Institute, 2003). Research in some sub-Saharan African countries, in which significant declines in HIV prevalence have been recorded, indicate that, in addition to other factors such as political support, social communication strategies involving local communities are key to attaining success (Chevallier, 2006). Social movements have also been identified as the main catalysts in the processes that lead to social and behaviour change, especially with regards to changing attitudes towards those affected by AIDS.

Pilot case studies conducted in South Africa and Namibia have showed that social movements effectively draw people together and create spaces for dialogue on problematic issues: “Social movements create, claim and shape spaces for public debate” (Jeffrey, 2011). They are also instrumental in giving voice to and enhancing the active participation of those infected with or affected by HIV/AIDS.

It is with this background that this study investigated the peoples participation in HIV/AIDS activities. During in-depth interviews participants were asked what HIV/AIDS activities they had organized and participated in. The results of this inquiry show that people’s participation in HIV/AIDS programmes is significantly low. These

results clearly demonstrate that these programmes do not emphasise or utilize use of these activities or that these activities are not made interesting enough to attract participants. As indicated earlier, however, the tendency seems to be that people do not find these activities interesting as they often lack the entertainment component. Whilst the programmes recognise the crucial role of engagement programmes such as peer education, such programmes have not been sufficiently strengthened to have any significant impact. Low levels of participation in HIV/AIDS activities could also be attributed to high levels of HIV/AIDS stigma as observed during the focus group discussions:

When the support group was first formed, membership was kept highly confidential because people who had joined the group did not want to be exposed, due to the fear of stigma....(FGD participant, Mukurweini, September 2014 interview)

The above points to lack of authenticity in the programmes. As pointed out earlier, the morality underlying authenticity is based on the need to care and to be cared for, and the desire to reciprocate other's care (Taylor, 2001). In this sense, moral behavior and caring are important components of authentic behavior and all authentic behavior is oriented toward this basic assumption. If these components were emphasized in the programmatic areas, the participants would develop authenticity.

It is therefore plausible to conclude that the low participation in the HIV/AIDS activities is associated with the less-aggressive approach that the organizations undertake in tackling the HIV/AIDS-epidemic, the content of the HIV/AIDS activities that people find appealing, and the stigma surrounding HIV/AIDS, as illustrated in the

in-depth interviews with participants. These have resulted to inauthentic people incapable of resisting casual sex.

4.6.6 Conceptual model

HIV/AIDS 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 the research study as the component of strengthening the will is missing.

4.6.7 Akratic compliant model

From the preceding sections, it has emerged that the HIV/AIDS initiatives are founded on the need to change human character. Perhaps an understanding of the nature of the human with regard to moral obligations and conduct would best inform the choice of mechanisms that would give positive results. The following section explores the theorization of human nature as espoused in Aristotle's understanding of Akrasia.

Based on the four precise domains of Akrasia as deduced from Aristotle's theorization, an Information, Educational and Communication (IEC) model could be developed that would tie the practice of education to the fight against HIV/AIDS. Such a model would endeavour the development of man's capacity toward the realization of authenticity, attentiveness, principles of resistance to temptation with regard to desire to combat HIV/AIDS. This would in turn inform the theoretical and

practical framework for the development of anti HIV/AIDS communication initiatives.



Figure 3: The Akkratic compliant model for HIV/AIDS

Source: Author

It is the thesis of this model that HIV/AIDS communication should seek to foster the moral well being of people. With an inherent moral being, people act with regard to the interest of others (James, 2000). (Jeffrey, 2011) says that each person has a set of moral ideals that guide his/her behavior. People derive these ideals from experiences, encounters and caring relations with others. The IEC model propounded in this study

focuses on teaching methodology in HIV/AIDS programmes for authenticity, one of the four domains of Akrasia.

The morality underlying authenticity is based on the need to care and to be cared for, and the desire to reciprocate other's care (Taylor, 2001). In this sense, moral behavior and caring are important components of authentic behavior and all authentic behavior is oriented toward this basic assumption. In this regard the development of the 'self' (or 'identity') and the moral ideals underlying authentic behavior require correction, dialogue and interaction with others.

In (Jeffrey, 2011) words: "One is self only among other selves. A self can never be described without reference to those who surround it". The self is under constant negotiation, development and change based on experiences, critical reflection and evaluation. (Jeffrey, 2011) says, "...the self is a relation...it is dynamic, in continual flux" (Smith, 2004). Therefore the ideal self is a moral construct we strive to live up to in our quest to be authentic; it is "that subset of the self regarded as best" (Smith, 2004). Authenticity requires honesty in all other circumstances because it fosters open communication and trust, which are fundamental to establishing genuine caring relationships.

Secondly, as explained by (Jeffrey, 2011) attention is the taking possession by the mind, in clear and vivid form, of one out of the several possible objects or trains of thought we simultaneously see. Several approaches and initiatives could be taken through the practice of education to help such a person to remain attentive. First as

(Jeffrey, 2011) points out, individual self regulation plays an important role in strengthening ethics. This concept is based on the notion that people with strong values and moral autonomy are more likely to make ethical decisions than without them. A central focus of ethics training should therefore be to strengthen individual moral autonomy. With more self assurance, individuals are more likely to address ethical dilemmas and make decisions in line with their individual ethical framework.

Thirdly, it should be the role of HIV/AIDS education to build people's capacity to be conscious and attentive at all times when discharging their obligations. This could be through the laying of emphasis on professional ethics and code of regulation as a whole, rather than emphasis on the particular issue of HIV/AIDS. HIV/AIDS education should focus on building mans innate rational capacities and ability to withstand temptations. Education should develop in people capacities to develop ways and skills of preventing spread of HIV/AIDS. The society should endeavor to be the technological equipment that would build a barrier for spread of HIV/AIDS.

Finally, the theorization as endeavored is intended to develop people's capacity to stick to their principles even when opportunity arises to engage in actual sex offers. This way, a curriculum for the practice of HIV/AIDS education should entail content, teaching methodology, concepts and evaluation of HIV/AIDS. It should be conceived to strengthen knowledge, skills and attitudes to resist casual sex and to act against it; cut across all the levels of learning while the teachers should be well trained in order to preside over the delivery of content to the learners.

The language of HIV/AIDS communication should help the learners to understand the meaning of concepts as used in the fight against HIV/AIDS. This model therefore calls for the use of analytical language that embraces definitions and meanings of key concepts in the fight against HIV/AIDS. Similarly, evaluation of HIV/AIDS communication initiatives should be constant meant to get feedback on areas that need improvement. Evaluation should further be done to test the learners' understanding and application of what has been taught.

4.7 Summary

This section has reviewed and analyzed studies on HIV/AIDS and Akrasia. It has presented a definition of Akrasia and its relevance in the field of health communications. Other themes discussed in this chapter include impact of the efforts in fighting HIV/AIDS globally. Current initiatives by Kenya through various NGOs and Government bodies like NACC and NASCOP have also been highlighted.

CHAPTER 5

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary, conclusion and recommendations of nature and effectiveness of health communication interventions with a focus on the Kenyan NGOs.

5.2 Summary of findings of the study

After critically examining health communication interventions by HIV/AIDSNGOs, this study found out that despite considerable efforts by the Kenya Government to fight HIV/AIDS, there seems to be no significant achievements as evidenced by the high number of new infections as observed both in chapter two and three. This is attributed to the fact that organizations involved in health communications have not fully integrated an effective communication process at the decision planning level; that the communication process been done in accordance with accepted communication concepts and best practice and the presence of constraining factors in the planning of communication as a process in organisations dealing with health communications

5.2.1 Discussion

The findings of this research also show that there were attempts to integrate an effective communication process at the project planning, design and decision making level for most of the organizations studied. These attempts are evident in the

acknowledgements by almost half of them that communication was integral to the planning process in an organization. This recognition has been further partly operationalised by half of the organizations who have a communication or information department and by the fact that communication was being handled at the senior management level by some organisations while some have it being implemented at the middle management level. This places the communication process at an optimal level at the managerial level for many organizations where decisions are made or where decision can be influenced (for middle management).

However, it is with actualisation and implementation of the communication process which give a true picture of the role and functions given to communication. For a start, only a small number of those in charge of the communication process including the implementation of communication plans, strategies and campaigns had training and experience in communication studies. The issue of the incompetence of those driving the planning and implementation of the communication process in the organizations is pertinent here.

Competence in the planning and implementation of communication enables an organization to adopt a programmatic approach as opposed to the project approach. Hence the project approach was pre-dominant. This is further confirmed in the findings that some organizations had a budget of one million shillings and above.

The study found out that there is poor monitoring and evaluation of HIV/AIDS cases by the government as is illustrated by the conflicting figures given on HIV/AIDS cases.

There is poor understanding of HIV/AIDS by the public

Table 9: Summary of key findings	
i)	<p>To what extent have organizations involved in health communications integrated an effective communication process at the decision planning level</p> <ul style="list-style-type: none"> • The study revealed that there was low integration of effective communication process at the decision planning level. • There were attempts to integrate an effective communication process at the project planning, design and decision making level. • Those in charge of the communication process have no training and experience in communications, leading to poor implementation of communication plans, strategies and campaigns
ii)	<p>To what extent do communication interventions help in reducing the weakness of the will (Akrasia) hence leading to authentic behaviours</p> <ul style="list-style-type: none"> • The study revealed that current communication interventions do not help in reducing the weakness of the will hence leading to mere provision of information without translating to change into change in behaviour
iii)	<p>Has the planning of the communication process been done in accordance with accepted communication concepts and best practice</p> <ul style="list-style-type: none"> • The planning of the communication process has not been done in accordance with accepted communication concepts and best practice • Organizations are not following the critical steps required for effective communication interventions hence failing to incorporate all the basic elements of an effective communication process
iii.	<p>What are the enhancing and constraining factors in the planning of communication as a process in organisations dealing with health communications</p> <p>Enhancing</p> <ul style="list-style-type: none"> • Audience participation in programming • Recognition and implementation of monitoring and evaluation <p>Constraining</p> <ul style="list-style-type: none"> • Inadequate budget • Poor understanding of HIV/AIDS by the public • Human nature: tendency by humans to break rules that they set to govern their conduct. • Poor articulation of goals by NGOs dealing with HIV/AIDS education in Kenya • Lack of an HIV/AIDS curriculum

The study established that human beings have a tendency to break rules that they set to govern their conduct. This theorization led to the understating that people will engage in casual sex despite being aware of their moral obligations and the implications of their acts. This, from Aristotle's theorisation of Akrasia, as explained in the literature review, emanates from lack of authenticity, the failure to resist temptation and stick to principles when faced with a moral obligation.

When analysed in the light of HIV/AIDS initiatives, the situation above supports an understating that there exists a gap between knowledge and action resulting in people's inability to actualize perfection. As much as there is need for people to act, there seems to be lack of emphasis on the will to know how to act. What is emphasized is the will to act. Such emphasis ignores this important fact (the will to know how to act) as a determinant of what actions a person will engage in.

With regard to the practise of HIV/AIDS education, the study established that HIV/AIDSNGOs have not articulated the goals of HIV/AIDS education in Kenya, which in turn have not been internalized by educational institutions. For instance, there is no syllabus or general guidelines that the government of Kenya have provided to ensure professional practice of HIV/AIDS education in Kenya. Consequently, NGOs and institutions undertaking IEC on HIV/AIDS are reading from different scripts.

The study established that curriculum, teaching methodology and evaluation approaches for HIV/AIDS education have not been articulated by NACC. This is evidenced by the fact that there is no HIV/AIDS education curriculum in Kenya,

while teachers to preside over the pedagogic delivery have not been trained. Furthermore, there is no training package for the teachers. Given this scenario, the study found out that NACC has not been able to evaluate learners to establish its achievements.

Another important finding of the study is that there were components of the behavior change communication process combined with awareness raising or creation for about half of the organizations. This is best exemplified in the analysis and conclusions regarding the components that are 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 the organisation, whether a needs assessment was conducted, segmentation of the audience, the aim of the message, the channels used, whether pre testing has been done, level of participation and whether culture was considered.

Only one organization out of the organizations studied had incorporated all the basic elements of an effective communication process. This means that a majority of the organizations were not following the critical steps required for effective communication interventions.

What is significant however is that most of the organizations that had over 70% compliance are international organizations. This possibly reflects their adoption of the international emphasis which began in the mid1990s, of the behavior change communication in HIV/AIDS prevention.

An important finding in this regard is that behavior change communication components were clearly included in the communication process of some of the organizations who had incorporated the practice of conducting needs assessment in their communication efforts. Again at least half of the organisations in the study sought to understand in their needs assessment: the existing communication system, the KAP levels of their audiences, the culture of the audiences the media patterns, habits and practices of their audiences, the existing messages on HIV/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 organizations. The process followed based on the objective of creating awareness is dissemination which treats the audience as amorphous, homogenous and passive meaning it is largely informational.

This approach extended to the targeting of audience where half the organizations in the study had a general audience as their focus. This corresponds well with the fact that several of the organizations had identified the criterion of awareness and providing health care as their communication objectives. However, there were elements of audience segmentation who target the youth, middle ages and the elderly population.

Therefore there were attempts at audience segmentation for some organizations. When one combines those who selected the youth, the middle aged and the elderly as

their audiences, these organizations mostly focused on the first level of segmentation: this selection is age based. Audience segmentation which was borrowed from marketing and social marketing allows for specificity in communication programmes and projects.

Regarding message development, there was a mix of elements indicating the creation of awareness as well as of behavior change. Of the organizations in the study, most had a process in their message development that went beyond creating awareness. There was participation of audiences in their communication process, the conduct of needs assessment through research and consideration of culture in the message development process. Further, organizations paid attention to editing messages on HIV and there were considerations made in their message development process that took account of these messages.

Most organizations had as one of the aims in their messages providing information and another aim of raising awareness in their message. However, there were reflections of behavior change communication components in the aim of the other organizations messages. These were to build knowledge and skills, to achieve behavior change, and to consider cultural relevance and appropriateness.

In terms of selection of channels there was pre-dominance of a kind of multimedia mix. Thus it was found that more than half of the organizations utilized face to face communication. Others used overhead projectors meaning that they were in meetings or demonstrations with their audiences. However, workshops and seminars were only cited as one of the channels used. This demonstrates that the organisations went

beyond their dissemination methods that they utilised in their educational efforts. This is one of the approaches recommended for behavior and social change as it fosters dialogue and discussion while providing a forum for clarification of issues in a face to face encounter.

Interestingly the massmedia were not the preferred channels for the organisations but small media (brochures, posters) were mentioned by some of the organisations as a channel. While a full multimedia approach would have involved the mass media, it can be postulated that these organisations reaped the benefits of the high awareness created in the beginning at the national level. Some organisations mentioned the issue of cost as being one of the reasons behind the basis of their message development. This could explain the limited use of mass media. Behavior change communication elements can also be seen in organisations who stated that they had pretested their messages.

A critical finding was on the participation of the audience with a good majority stating that their audiences participated in the programmes. This is one of the strengths emerging from the study of the communication pre-processes being implemented by some organisations. Although the levels at which the audience participate reveals variances almost half of the organisations studied reported that they participated at the conceptualization level while others said at the planning level. Participation at this level is crucial as one incorporates the views of the audiences on the proposed programme while creating a sense of ownership before the programme begins. At this stage, vital changes on the perspective and the approach can be made, guided by the priorities identified by audiences themselves.

Another key finding was that for some organizations, the audience participated at the implementation level. Majority of the organizations studied involve their audience at the monitoring and evaluation level. This demonstrates a good effort aimed at integrating dialogue and discussion in the execution and monitoring of the programs.

Another strength of the organisations communication interventions was the recognition and implementation of monitoring and evaluation. Most organization reported having a monitoring and evaluation mechanism for their communication processes. This is an excellent trend as a monitoring mechanism allows for change to be made along emerging issues and with any changes that may occur within goes audience and the changes in their circumstances and situations. Commendably a considerable number of organisations involve their audiences in their monitoring and evaluation.

The greatest challenge clearly identified was that funding continued to be a constraint for a half of the organisations. Another significant constraint was lack of expertise.

While almost third of organisations studied cost their communication programmes, according to the guidelines set in the project proposals, the rest were not clear on how their communication programs or projects were costed. This demonstrates a lack of adequate attention to communication programs at the planning level and suggest *ad hoc* approach.

One constraint emerging from the findings of the study is the inadequacy of planning and implementing a systematic communication intervention. While components of the behavior change communication approach appear to have been partly integrated in some of the organisation efforts, the lack of a systematic approach can be assumed to have constrained most organisations communication interventions. In particular, a programmatic approach is more appropriate for behavior and social change (Panos Institute, 2004) although the same sources note that the difficulty of measuring long term programmes does not endear to development partners.

The lack of documentation at the national level of the various efforts of organizations in HIV/AIDS communication can be said to be a constraint. This is more significant from organisations involved in nationwide. However, such documentation would be beneficial to all organisations as it would provide indicators for future interventions. In addition, organisations can collaborate and cooperate more strategically when such documentation exists.

5.3 Conclusions

On the basis of the above discussion, the following conclusions can be drawn.

- 1 HIV/AIDS has devastating effects on human beings and is increasingly being seen as a serious disease with consequences such as diversion of resources, loss of job, selling of family assets, decreased family income, increased expenditure, absence from work among other effects. For this reason HIV/AIDS initiatives find justification in the fact that eradication of HIV/AIDS would keep human beings free from these effects thereby making life better.

- 2 Human beings have a tendency not to adhere to the conduct that they set to govern their behavior. This condition which philosophers refer to as *Akrasia* or weakness of the will is caused lack of authenticity, which implies that people may lack a quality of sticking to what they judge to be good.
- 3 HIV/AIDSNGOs initiatives have focused on how people should act without emphasis on the will to act. This way people have the knowledge of HIV/AIDS and their moral obligations with regard to the fight against corruption. However, they are unable to translate this knowledge into desirable actions. This reveals a gap between knowledge and action resulting in peoples inability to actualize perfection.
- 4 NACC has not articulated the goals of HIV/AIDS communication in Kenya and there is no elaborate curriculum content, teaching and evaluation methodologies and general pedagogy. This has undermined the fruitful use of IEC as a medium for HIV/AIDS communications programming in Kenya.
- 5 The majority of organisations have not fully integrated communication in a suitable manner at the decision making level in spite of the recognition that communication should be an integral to decision making and planning. This recognition was partially implemented in the existence of communication departments and personnel at the senior and middle level management level. The requisite communication expertise in terms of training and experience was however lacking.

- 6 Most organisations have not fully embraced the systematic and efficient communication process. This is confirmed by the fact that most organizations had not adopted accepted effective communication principles and best practise. This uncoordinated 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/AIDS education.
- 7 About half of the organisations had embraced effective communication principles in implementation of the intervention. In particular the findings show that behavior change components relating to needs assessment elements of audience segmentation, behavior change processes in message development, the use of multi-media participation were being utilised by the organization. This inclusion of behavior change communication elements was surprising especially because most of organization objectives centered on awareness creation.
- 8 Contrary to one of the assumptions made in the study, the participation was a key component for about three quarters of the organisations. Although participation was not fully incorporated at the conceptualization and design level, it was well integrated at the implementation, monitoring and evaluation levels. An other critical strength of these organisations is the recognition and integration of culture in the implementation of the interventions.

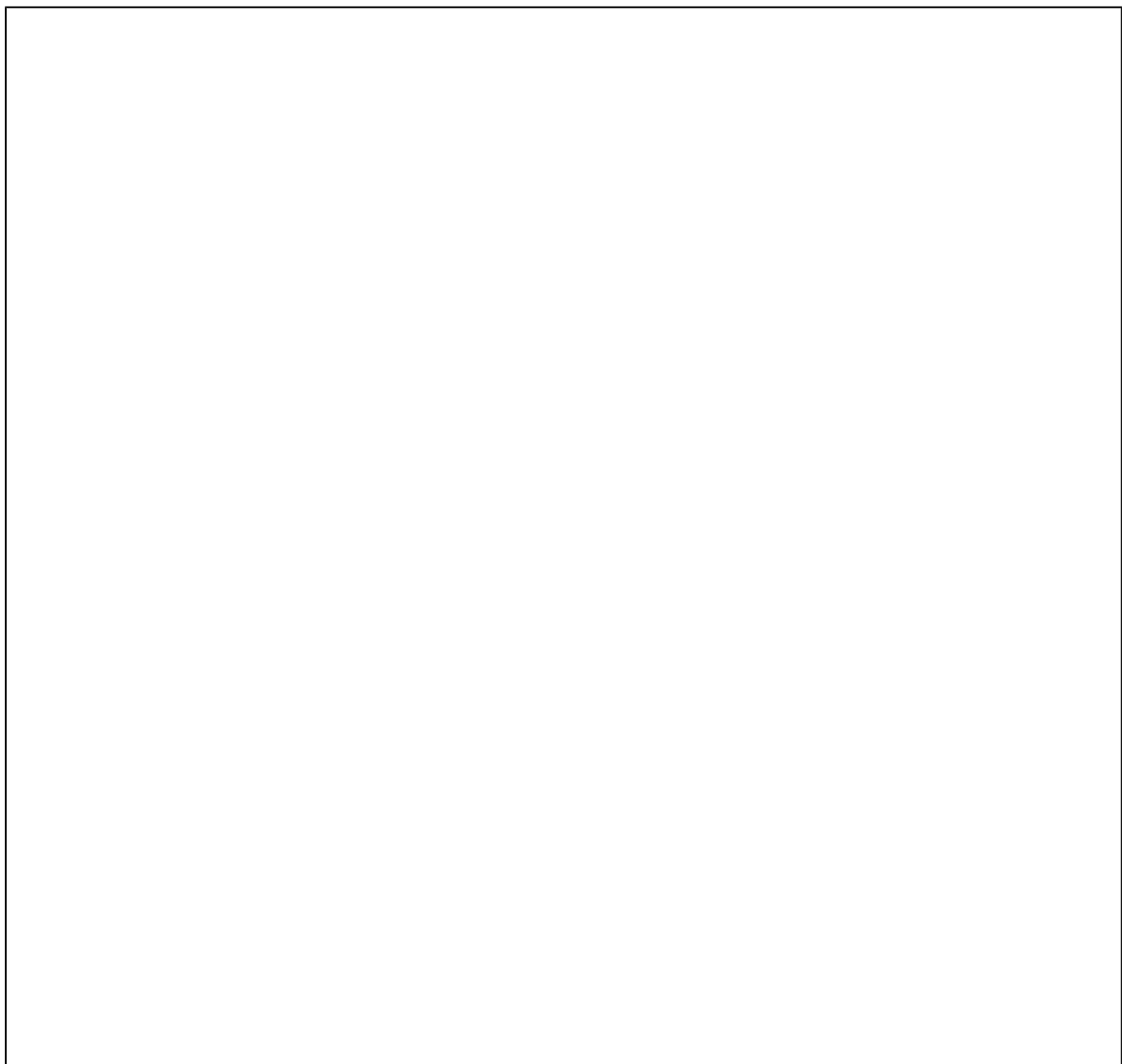
5.4 Recommendations

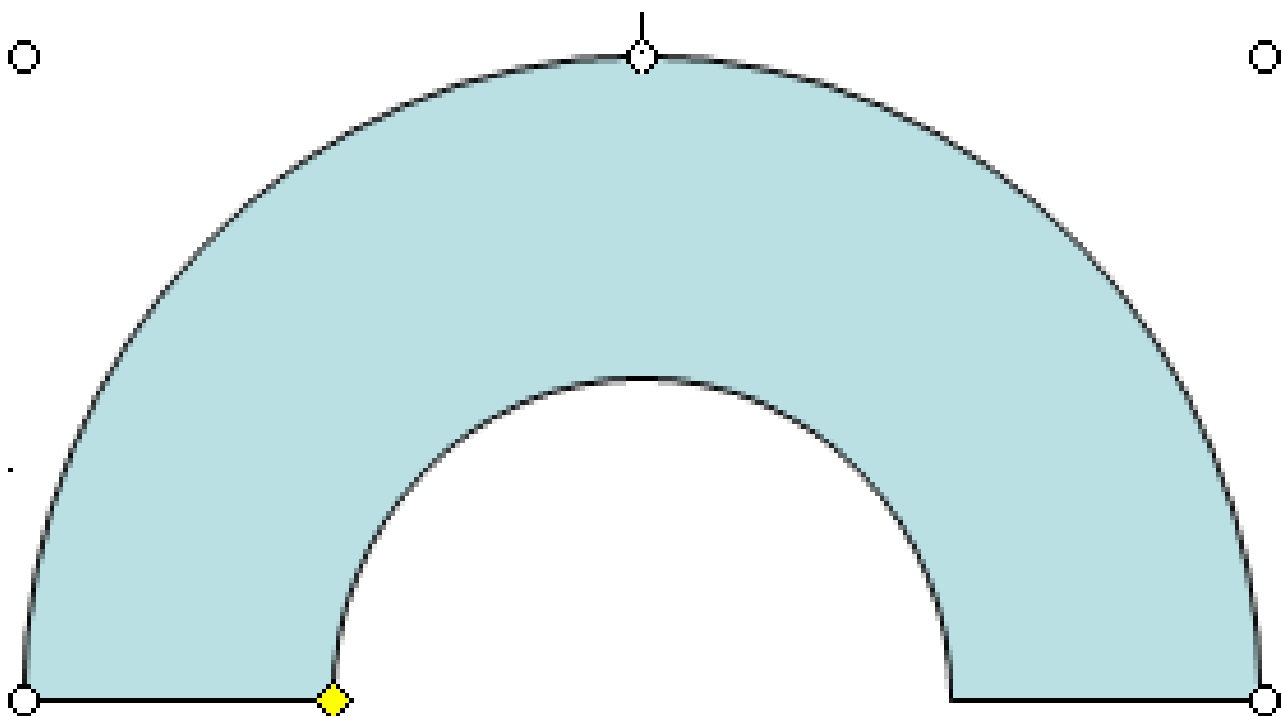
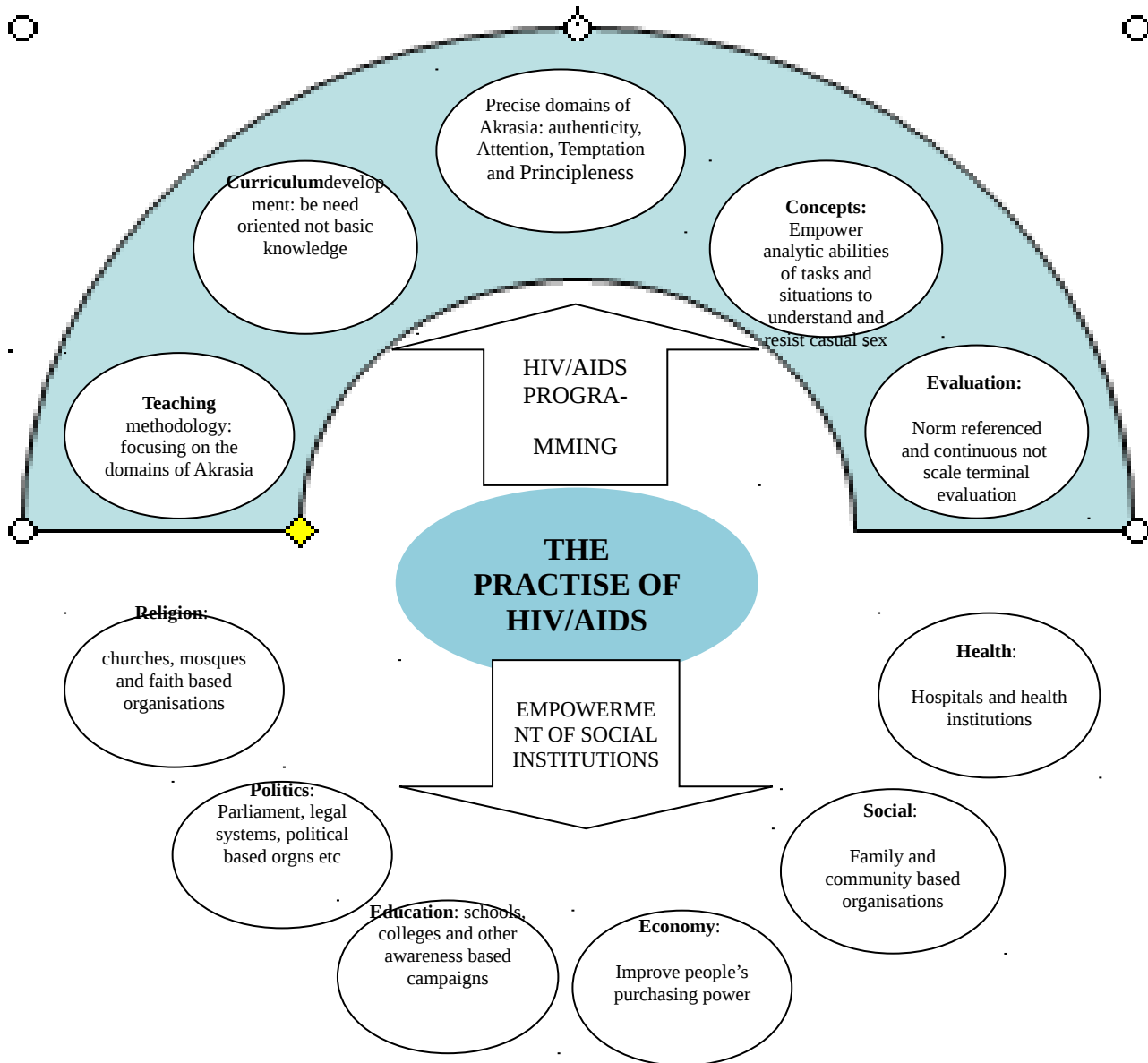
The study makes the following recommendations:

5.4.1 Methodological approaches for combating HIV/AIDS

Since HIV/AIDS in Kenya is as a societal rather than medical problem there is need to change the approach for addressing it. Complex societal problems are interdisciplinary including aspects that are the subject of study in several scientific disciplines. Handling societal problems involves knowledge, power and emotion. The knowledge for handling complex societal problems comes from a variety of disciplines. Although complex societal problems are diverse and may appear to be unrelated, they have in common that their causes and solutions often exceed the available knowledge in the relevant disciplines. 'Solutions' will only be found in a combination of changes in different areas. Consequently, it is envisaged that use of COMPRAM (DeTombe, 2004) will help in empowerment of the will. The study proposes the following model in HIV/AIDS programming:

Figure 4: Proposed methodological approaches for combating HIV/AIDS





5.4.2 Educational policy

It was shown in this study that NACC has not effectively articulated the goals of HIV/AIDS education in Kenya. This has undermined the development of an elaborate HIV/AIDS education curriculum for all levels of learning. In this regard, this study recommends that there should be a policy within the practice of education that integrates HIV/AIDS education in the curriculum at all levels of education from primary to post secondary education. Such a policy may need to be passed as an act of parliament so that HIV/AIDS education initiatives are made an integral part of educational practice in Kenya.

5.4.3 Policy on pedagogy

It emerged from this study that people may have the knowledge, yet they may fail to translate it into action. This was qualified by the fact that people may be aware that engaging in casual sex has serious consequences. However, they still engage in casual sex despite this awareness. One such reason as propounded by this study underscored the need for trained teachers with skills to impart HIV/AIDS education. Besides trained teachers, the study underscored the value of an elaborate curriculum and evaluation approaches. In light of this, the study recommends that there should be a policy on the methodologies used to impart and instruct HIV/AIDS education and define training standards and curriculum development.

The following pedagogical provisions are proposed:

Firstly, programmes should be aimed at raising the consciousness about the norms and ethics of both teachers and learners. This will in turn contribute to increasing job satisfaction among teachers and education personnel, to enhancing their status and self esteem, and to increasing respect for the initiatives.

Secondly, teaching approaches should take into account the needs of the learner. This way, learner centered approaches would be desirable. This should be done depending on the cognitive level of learners and their ability to utilize such methodology as chosen by the teacher.

Thirdly, this study proposes that when teaching HIV/AIDS, emphasis should be put on practice rather than theory. Successful methods include student surveys, roll play to facilitate the understanding of differing interests and to promote the ability for conflict resolution, public debates, attending parliamentary sessions or visiting public institutions to understand how democracy works. School practice also is itself an important vehicle for transmitting values. The context in which integrity and ethics are taught need to be free of repression and fear. Those who teach must themselves represent the values they teach. Teaching should build on real life examples so that students can identify with ethical dilemmas. It is particularly important to respect student's values and rights, and to strengthen their capacities for moral judgment without indoctrination.

Fourthly, the language of HIV/AIDS communication should be designed to help the learners to understand the meaning of concepts as used in the fight against HIV/AIDS. This calls for the use of analytical language that embraces definitions and meanings of key concepts in the fight against HIV/AIDS. The basic guideline for language selection should be the ability of the learner to grasp and apply such concepts in morally acceptable manner.

Similarly, there should be constant evaluation of the HIV/AIDS communication programmes to get feedback on areas that need improvement. Evaluation should further be done to test the learners' understanding and application of what has been taught. This way, practical observation of task performance, coupled with the principles of criterion evaluation would be more desirable than norm-referenced evaluation. However, for the sake of measuring for control purposes, both forms of evaluation should be appropriately utilized.

5.4.4 Strengthening of NACCs initiatives

The study established that there is a weakness of coordination and harmonization of the work of HIV/AIDSNGOs and other bodies. For example it appears that there is no coordination in implementing HIV/AIDS measures and policies. Though NACC is the obliged government body, there are many NGOs and bodies that are not subject to control and direction by NACC.

Still on coordination and harmonization of HIV/AIDS initiatives, there are no known measures in Kenya, legal policy or administrative obliging public authorities and officials to assist and cooperate with NACC.

The National AIDS Control Council (NACC) was established under Section 3 of the State Corporations Act Cap 446 through the National AIDS Control Council Order, 1999 published vide Legal Notice No. 170 of 1999. NACC is a non-commercial organization whose mission is to:

“Provide policy and a Strategic framework for mobilizing and coordinating resources for the prevention of HIV transmission and provision of care and support to the infected and affected people in Kenya”(NACC, 2013).

For this reason, the Legal Notice No. 170 of 1999 should be reviewed to streamline departments of NACC to give it a broader mandate with differentiated responsibilities to attain a position of self contained entity.

5.4.5 Improving peoples understating of HIV/AIDS

It was shown in this study that there is poor understanding of HIV/AIDS by the Kenyan public. This is illustrated by the various wrong beliefs on the subject.

HIV/AIDS initiatives have focused on how to act without helping people to know how to act. This ignores the fact that the will to know how to act is a determinant of what actions a person will engage in. HIV/AIDSNGOs should adopt an educational model that would equip citizens with skills that are effective in being able to know how to act and translate this knowledge into action.

5.4.6 Communication strategy

A comprehensive communication strategy must be developed on effective implementation at the national level through the National Aids Control Council. 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 of interventions would indicate key gaps in the Country's overall efforts.

It is important for organisations to realize that having communication expertise for their communication interventions will ultimately lead to more strategic and effective communication processes. Personnel who are trained, competent and experienced in the planning and implementation of communication interventions are critical to the success of the HIV/AIDS education efforts in the country.

This study proposes that Communication training is also necessary for political, religious, social and cultural leaders and authorities. Staff members of implementing agencies who will need to "sell" their programs to communities and authorities will need new skills as well as support materials. Self-help groups and human rights advocacy groups also need communication skills, particularly if they take on a significant role in building a supportive environment and decreasing stigma. Other parties whose primary responsibility is service delivery will have a communication role and need training in it as well; this includes clinical care providers, VCT staff and social welfare staff.

5.5 Areas for further research

This study has recommended a pedagogical model that focuses on making citizens authentic in their thoughts with regard to HIV/AIDS, develop their ability to be attentive and always stick to their decision regardless of the opportunities that may offer for them to engage in casual sex. There is need to further research to identify other weaknesses that may make people to act akratically, hence complement HIV/AIDS initiatives.

Although the study identified several gaps that undermine the efficacy of HIV/AIDS initiatives by HIV/AIDSNGOs eg coordination problems, this study advances a model for the practise of HIV/AIDS communication. Further research is recommended on these challenges so that HIV/AIDSNGOs efforts could be sound.

This study identified four domains of Akrasia, namely authenticity, attention, temptation and principleness as being instrumental in the fight against HIV/AIDS. However, in its endeavor to develop an IEC model for intervention, the study focused on authenticity, thereby leaving out the other three upon which further research is recommended.

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/AIDS communication besides the commendable best practice method would also encompass discourse on the conceptual complexities as informed by the practice of HIV/AIDS interventions.

The various messages with respect to HIV/AIDS have not been studied in particular the meaning derived by the diverse audiences of past and current messages.

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

Comprehensive evaluation of HIV/AIDS communication in Kenya: a detailed assessment of the communication intervention of organizations, including the efforts by the government is necessary. This would also include a mapping of organizations involved in HIV/AIDS communication efforts capturing their geographical coverage and the types of interventions they are involved in.

Mass media and HIV/AIDS: The precise effects if any of the mass media and HIV/AIDS deserves investigation.

In the case of manufacturing, manufacture of domestic HIV/AIDS medicines; to implement measures to reduce prices of HIV/AIDS medicines to meet the requirements of prevention and control of HIV/AIDS in emergency situations. Further research is necessary to determine the reasons why it has not been easy for the Kenyan government to do so.

This study also suggests that thorough research be conducted to establish the social economic factors and activities which play great roles in the spread of HIV/AIDS with a focus of the informal settlement in order to fill the gaps in the literature.

Finally homosexuals have been overlooked in the Health Care System and there exists a notable gap in the literature about their relations, factors that lead them to homosexuality. Homosexuals are a small population that is frequently overlooked in the health care system, especially in relation to HIV/AIDS. Since the beginning of the AIDS epidemic, homosexuals have not been seen as an affected. It would be interesting to undertake further research on this area.

REFERENCES

APPENDICES

APPENDIX I: INTERVIEW GUIDE

A BIODATA OF ORGANISATION

1. Name of organization
2. Location headquarters
3. Geographical coverage
4. Number of employees male female
5. Average annual budget
6. Mission of organization objectives of organization
7. Position of respondent
8. Training and experience

B. INSTITUTIONAL STRUCTURE

1. How is the organization structured
2. Do you have a communication/Information department?
3. If yes, what is the rank of the person in charge?
4. What are the qualifications and experience of this person?
5. How many people work within the communication department?
6. What are their qualifications and experience?
7. What budget do you operate on annually on average?
8. What factors influence the budget allocated for communication?
9. Internal/External
10. How is communication handled at the planning level?

C. PLANNING OF THE COMMUNICATION PROCESS

11. Have you set communication objectives? Specify
12. What are the communication objectives based on?
13. Was a needs assessment done?
14. What key issues emerged from the findings?

D. STRATEGISING THE COMMUNICATION PROCESS

1. What audience do you seek to address? Why?
2. Do you know of other related existing messages on HIVAIDS for your targeted audience? Specify
3. If yes did this affect your message development process? How
4. What process do you follow in developing messages?
5. What is the aim of these messages
6. To provide information/build knowledge and skills/achieve behavior change/combination of the above
7. Has cultural relevance and appropriateness been considered? Y/N explain
8. What communication channels were used?
9. please explain the rationale of this selection
10. Were the messages pretested? How? If yes what were the findings
11. What changes if any did you make based on your findings?
12. Do you have a monitoring mechanism for the communication process? explain
13. Did your audience participate in your project? why/why not?
14. If yes at what level?

15. project conceptualization/project planning/implementation/monitoring and evaluation
16. Did you integrate elements of culture in your programme? why/why not
17. How has the programme been costed?

E. GENERAL

1. What constraints have you experienced in the planning of the communication process
2. In your view how can the constraints be addressed?
3. Which one among the sources of information indicated below is most important to you. Give reasons
 - a. Friends
 - b. Nurses
 - c. Doctors
 - d. VCT centres
 - e. Guest speakers
 - f. Peer educators
 - g. Seminars
 - h. Religious groups
 - i. Radio and TV adverts
 - j. Billboards
4. Is there any issue that has not been addressed in this questionnaire on the topic of communication and HIV/AIDS that you would like to comment on?

APPENDIX II

KEY INFORMANT INTERVIEW GUIDE

A BACKGROUND INFORMATION

1. Name of respondent
2. Occupation/Organisation

B COMMUNICATION AND HIV/AIDS

1. In your view what is the status of communication as it relates to HIV/AIDS in Kenya?
2. What constraints exist in this area?
3. What has led to these constraints?
4. What is your view on current communication efforts in HIV AIDS?
5. What elements do you consider to be essential for an effective communication process in HIV AIDS?
6. How can the communication process as it relates to HIV/AIDS be strengthened?
7. Which one among the sources of information indicated below is most important to you. Give reasons
 - a. Friends
 - b. Nurses
 - c. Doctors
 - d. VCT centres
 - e. Guest speakers
 - f. Peer educators
 - g. Seminars
 - h. Religious groups
 - i. Radio and TV adverts
 - j. Billboards
8. Do you have any comment on this topic which has not been addressed in this interview guide?

APPENDIX III**FOCUS GROUP DISCUSSION GUIDE**

Group discussions were centered on the following themes:

1. In your view what is the status of communication as it relates to HIV/AIDS in Kenya?
2. What constraints exist in this area?
3. What has led to these constraints?
4. What is your view on current communication efforts in HIV/AIDS?
5. What elements do you consider to be essential for an effective communication process in HIV AIDS?
6. What elements are missing in the communication process?
7. How can the communication process as it relates to HIV/AIDS be strengthened?
8. Which one among the sources of information indicated below is most important to you. Give reasons
 - a. Friends
 - b. Nurses
 - c. Doctors
 - d.VCT centres
 - e. Guest speakers
 - f. Peer educators
 - g. Seminars
 - h. Religious groups
 - i. Radio and TV adverts
 - j. Billboards
9. Do you have any comment on this topic which has not been addressed in this interview guide?

	ACTIVITY (WORK) Activity period (months)	2013						2014					2015						
		J/F	M/A	M/J	J/A	S/O	N/D	J/F	M/A	M/J	J/A	S/O	N/D	J/F	M/A	M/J	J/A	S/O	N/D
1	Research idea and formulation																		
2	Forward research concept to Postgraduate coordinator/ research lecturer																		
3	Approval of concept/allocation of supervisors																		
4	Writing/ forward Chapter 1 to supervisor																		
5	Receive/Discuss comments with supervisor																		
6	Write chapter 2 & 3																		
7	Receive/discuss chapter 2 & 3 with supervisors																		
8	Work on full proposal																		
9	Submit final proposal to supervisor																		
11	Mock defense																		
12	Proposal defense																		
13	Data collection																		
14	Data analysis																		
15	Prepare first draft and present to supervisors																		
16	Receive /discuss comments with supervisors																		
17	Prepare second draft																		
18	Receive /discuss comments with supervisors																		
19	Prepare third draft																		
20	Present draft at graduate Seminar/input corrections																		
21	Presentation of thesis for examination																		
22	Thesis defense																		
23	Graduation																		

APPENDIX IV

b	Domestic Travel (Transportation, Accommodation, Meals) 10 Domestic Trips for three personnel Requiring Travel Overnight to Interview respondents across the country (1 interviewer per trip) Estimated average for the 10 trips: Busfare: Ksh 1000 . Lodging: 1 days: Ksh 2000 . Food & Misc: Ksh 1000	80,000
c	Purchase of reference books/journals not available in the university library	30,000
d	Internet subscription for the entire 2-year period @Ksh 1,500/month	36,000
e	Purchase of software eg SPSS to be used for data analysis. Purchase of recording equipment	10,000 20,000
f	Administrative assistance for data entry and data coding for two research assistants for seven days @ Ksh 500 per day	7,000
g	Transcription of Interview Tapes for 38 interviews and 1 FGD @ approx. Ksh 500/interview and	1,900
h	Organisation of FGD (Venue, transport , lunch and refreshments and participant incentives for 12 participants @ 4000 per participant, 10,000 for venue	58,000
i	Transcription of FGD discussions@ approx.6,000	6,000
j	Expenses for producing the report including printing, photocopying and binding @ approx ksh 1,000 per copy (for first and final draft)	6,000
k	Supervision fee for two supervisors @ 40,000	80,000
	Subtotal	282,900
l	Add 10% overhead	28, 290
	Total	420,190

APPENDIX IV

PROCEDURE FOR DETERMINING SAMPLE SIZE AND SAMPLING

	Name of Organisation attending conference	NGO with HIV/AIDS program	IEC as a major component	International in stature		PLWHIV Peer educator
1.	Family Aids Care and Education Services (FACES)					
2.	Catholic Medical Mission Board					
3.	Kenya Aids Vaccine Initiative (KAVI)					
4.	Regional Aids Training Network					
5.	Christian Health Association of Kenya (CHAK)					
6.	Community Housing Foundation - CHF International – Kenya					
7.	Clinton Foundation					
8.	EGPAF (Elizabeth Glaiser Pediatric Aids Foundation)					
9.	Engender Health					
10.	Family Health International					
11.	Liverpool VCT					
12.	Kenya Episcopal Conference – Catholic Secretariat HIV Aids					
13.	Merlin					
14.	Mission for Essential Drugs & Supplies					
15.	International Centre for Aids and Treatment Programmes (ICAP)					
16.	Pathfinder International					
17.	Walter Reed Project - Kericho					
18.	KEMRI/Welcome Trust Research Programme					
19.	NASCOP (National AIDS and STI Control Programme)					
20.	PATH					
21.	Futures Group					
22.	Pharm-Access					
23.	PEPFAR (U.S. President's Emergency Plan for AIDS Relief)					
24.	JHPIEGO					
25.	DSW					
26.	Red Cross					
27.	GIZ					

28.	Know Aids Society of Kenya					
29.	NACC (National Aids Control Council)					
30.	KENWA (Kenya Women with Aids)					
31.	UNITID					
32.	University of Maryland					
33.	CDC (Center for Disease Control)					
34.	Family Health International					
35.	US Embassy-Kenya					
36.	UON (University of Nairobi)					
37.	Joint United Nations Programme on HIV and AIDS (UNAIDS)					
38.	Pathfinder International					
39.	Ministry of Health					
40.	JHPIEGO					
41.	AIDS Relief					
42.	USAID Kenya					
43.	Ministry of Health					
44.	CHE International					
45.	MTCT-Plus Kenya					
46.	Mission for Essential Drugs & Supplies					
47.	Kenya Paediatric Association					
48.	CHF International					
49.	APHIA 2					
50.	US Embassy-Kenya					
51.	Moi Teaching and Referral Hospital					
52.	Management Sciences for Health (MSH)					
53.	Kenya Medical Research Institute					
54.	African Medical & Research Foundation (AMREF)					
55.	Centre for African Family Studies (CAFS)					
56.	Kenya AIDS Vaccine Initiative (KAVI)					
57.	Gertrude's Paediatric Training Centre					
58.	Liverpool VCT Care and Treatment (LVCT)					
59.	Kenya Association of Professional Counsellors (KAPC)					
60.	Network for Researchers in Eastern and Southern Africa (NARESA)					
61.	University of Nairobi, Clinical Epidemiology Unit (CEU)					
62.	Centers for Disease Control and Prevention (CDC).					
63.	Abbott Laboratories					

64.	Direct Relief International					
65.	MACAIDS					
66.	Marie Mackay					
67.	Michael and Sue Steinberg					
68.	The Mulago Foundation					
69.	Paediatric AIDS Treatment for Africa (PATA)					
70.	Population Service International (PSI)					
71.	Project Concern International					
72.	Riders For Health					
73.	AIDS Research Institute (ARI)					
74.	Bill & Melinda Gates Foundation					
75.	Bixby Center for Global Reproductive Health					
76.	Center for AIDS Prevention Studies (CAPS)					
77.	Center for HIV Information (CHI)					
78.	HIV Insite					
79.	Department of Obstetrics, Gynecology and Reproductive Sciences, University of Nairobi					
80.	Global Health Sciences					
81.	Indiana University					
82.	Kenya Medical Research Institute (KEMRI)					
83.	Kenya Ministry of Health					
84.	Kisumu City Council, Health Department					
85.	Positive Health Program, UCSF					
86.	ASPIRE (AIDS Services, Prevention, Intervention, Research and Education)					
87.	Friends of Norway Development Agency-Kilifi					
88.	Kenya Sustainable Health Aid (KESHA)					
89.	No of organizations meeting the three criteria				38	8

APPENDIX V

SAMPLE INTERVIEW

Interview with ICAP/ICAP-Kenya HIV/AIDS Programme Advisor
September 2014

1. In your view what is the status of communication as it relates to HIV/AIDS in Kenya?

Let me talk of ICAP which I work for and which I think represents what happens in most international NGOs in Kenya. I think communication would achieve more if more was invested into it. First there is communication between the Kenya programme and the home country in New York. Then there is communication between the ICAP Kenya programme and its various local stakeholders. The later definitely needs to be strengthened. As it is I would rate it as poor...

For example ICAP has best practices in the area of HIV/AIDS which are a product of years of research and practice. These best practices are lying in our files and eventually are forgotten once the programme comes to an end and is closed. It would help if these were properly documented and documentation is a communication function. But this is also a policy issue in the sense that all NGOs dealing with HIV/AIDS should be obligated to undertake documentation of their work for purposes of sharing

2. What constraints exist in this area?

The main constraints is a poor understanding of the role of communication can play in the field of HIV/AIDS. The home office in New York clearly understands the importance of communication, but the country offices do not. Which is why most do not have trained communications people to do the job. Instead, the role is given to an officer like as part of my job description. Another reason of course is funding. Most organizations would rather use the money on running programmers than pay a salary for someone whose job is not regarded as a core function. But I am not trained in communication so I will lay emphasis on what I know best...

3. What has led to these constraints?

I would say poor planning...like the programme did not plan for a communication person but the functions and duties are expected to be performed. Then of course inadequate budget. Like I have to squeeze money from other functions to undertake communication activities

4. What is your view on current communication efforts in HIV AIDS?

There is plenty of communication work being done in the area of HIV/AIDS. ICAP does not spend much in communication but I know of organizations that spend 20% of their budgets on communication activities. The question is if these communication activities achieve what they are meant to achieve. But as I have said, If I am told to do communication which is not my key competence, I will just do it to tick the box...

5. What elements do you consider to be essential for an effective communication process in HIV/AIDS?

I think planning and measuring are critical. Like last year I produced 2000 materials for the Male Involvement programme. It would be good to find out how effective these materials were in achieving the objectives of the programme

6. How can the communication process as it relates to HIV/AIDS be strengthened?

Hire people trained in communication, give it an adequate budget. I have always advised my Country Director that there is need to design a communications strategy for our Kenyan programme and the best way would be to get a consultant. The benefit of using a consultant is that he comes with an open mind given that he is coming from outside and is likely to think outside the box

7. Which one among the sources of information indicated below is most important to you. Give reasons

a.Friends b.Nurses c.Doctors d.VCT centres e.Guest speakers f.Peer educators
g.Seminars h.Religious groups i.Radio and TV adverts j.Billboards

Let me give you a ranking from our programmatic point of view: Peer Educators come first; then Friends, Nurses, Doctors, VCT centres and the rest follow. In our programme we support peer groups which basically bring together PLWHIV to start projects and share information. Amongst them we have members who we train on HIV/AIDS care and good practices. These peer educators have access to ICAP doctors and can ask any questions. They are therefore a rich source of information and the people trust them since they are one of them. Sometimes they visit the homes of their group members and encourage them on good practices hence strengthening their resolve to eat properly, avoid re-infection by having unprotected sex or

introducing toxins in the body by for example by taking alcohol. Avoiding these things requires a strong will. My experience is that the peer educators are a good source of communication to achieve this.

I say friends come first because of interpersonal communication. Interpersonal communication facilitates a response to real life challenges of a person and to the reality of their lives. This channel promotes a human centered approach away from just transmission of messages which encourages people to participate in decisions affecting their lives. ...interpersonal communication facilitates a response to real life challenges of an audience and to the reality of their lives. There is a high sense of involvement in the exchanging of views and the joint reflection of issues facing the people...

VCT is also rated important because of the strong emphasis on the need for testing. Testing is premised on the assumption that sexual behavior change may not be helpful to an individual who does not know his/her HIV status. Knowing one's status is therefore perceived as enhancing the process towards real sexual behaviour change.

In all our HIV/AIDS public engagements - those talking about safe sex, public engagements campaigns to talk about sticking to one partner, ultimately all these engagements make sense if the individuals know about their HIV status because if you stick to one partner, for instance, but you don't know your status, it still leaves us with a problem because we don't know where you stand. You will not know how to conduct yourself even with that one partner that you are faithful to.... It would still be a worthwhile thing to do even with all these other interventions - use of safe sex practice, use of condoms, which we distribute, female condom, all that - we still feel and we believe that, ultimately those strategies and interventions make much more sense to you as an individual if you know your status...

8. Do you have any comment on this topic which has not been addressed in this interview guide?

There is obviously need for better coordination in the sector. We deal a lot with NASCOP in terms of the day to day programming but there is a lot that needs to be done at the policy level. Look at something as simple as communication material. Every organization dealing with HIV/AIDS makes its own communication materials some with conflicting messages. If ICAP is running an HIV/AIDS programme in the area of Mother to Child Transmission and another organization is doing the same in the same hospital, it would be of help if the IEC materials are passing the same message to avoid confusing the recipients. It would be of help for example if one government body did the materials for uniformity and this is a policy issue which is the work of NACC.

Still on coordination and harmonization of HIV/AIDS initiatives, there are no known measures in Kenya, legal policy or administrative obliging other organisations public or private to cooperate with NACC.

APPENDIX VI

SOME MEDIA REPORTS ON HIV/AIDS SITUATION IN KENYA

This commentary was published by *The Daily Nation* on Wednesday September 11, 2013 following the release of the Kenya Aids Indicator Survey 2013 results on Tuesday September 10, 2013. The survey points to an increase in new infections making analysts conclude that current sensitization efforts have failed and calling for a new approach in combating the scourge (Editorial Daily Nation, 2013).

“Dying of Aids
too early”: An
Editorial
commentary by
The Daily
Nation Friday 23
November 2013

HEALTH | Report ranks Narok as third in cases of early sex

Teen sex rolls back gains in war on Aids

Study says children as young as 15 are sexually active despite campaigns

BY SAMUEL SIRINGI
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Children as young as eight are actively engaged in sex, a scenario likely to be frustrating efforts to reduce HIV infections and early pregnancies.

In a new report, the government has uncovered details showing that more than half of the children in some counties are starting their sexual encounters before the age of 15.

According to the county profile of all 47 counties, up to 60 per cent of boys and girls aged 15 and below in Nyanza's Homa Bay have started sexual encounters. It means six in every 10 youngsters have had their first sex — sex debut.

This is much earlier than the period officially classified as the reproductive age for females, which ranges between 15 and 49 years.

Usually, the government has been encouraging females, and males, to delay their sex debut as this can lessen teenage pregnancies and lower the chance of young unexposed children getting infected

with HIV and other sexually transmitted diseases.

Stunned by the high numbers of children having an early sex debut, the chairperson of the Parliamentary Committee on Health Rachael Nyamai said the trend was worrying and promised that MPs would do everything to reverse the trend.

“

The situation is bad and we need to act urgently”

Kitul South MP
Rachael Nyamai

BACKGROUND

Early debut linked to HIV

According to Ms Roselyn Mutemi, Unicef's communications expert, the agency has started a survey to establish what contributes to the early sex debut in Homa Bay.

“We think there could be a relationship between the early sex debut and the high rate of HIV prevalence in the area,” she said.

“The situation is bad and as the elected leaders we need to act urgently,” said the Kitul South MP at a meeting organised by the National Council for Population and Development last week to discuss the country's population growth trends.

According to the counties' report, nine in every 10 teenagers below the age of 18 in Homa Bay have had their first sex. Only one in every 10 youngster in the country is capable of delaying their first sex encounter until they turn 18, the age when they are officially adults.

The report shows that children from Rift Valley's Samburu County are also launching their sexual encounters early, with nearly six in every 10 having their sex debut before the age of 15. In all, 80 per cent of the children start sex before the age of 18.

Ranked third among counties where children have an early sex debut is Narok, another Rift Valley county, followed by Migori and Kisumu, both in Nyanza.

Prevalence rates in Nyanza are highest, ranging from 13 to 28 per cent in the entire region's population, according to results of a recently launched Kenya Aids Indicator Survey preliminary report, 2012.

Homa Bay County is the region with the highest HIV prevalence rates.

