

Strengths, Constraints and Gaps in HIV and AIDS Education Communication Process among NGOs in Kenya

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Abstract

This study aimed to investigate the enhancing and constraining factors in planning of communication process among HIV and AIDS NGOs in Kenya. The study aimed at assessing the NGOs conformity with acceptable communication principles; and to identify the strengths, gaps and constraints in the existing planning of the communication process of the said organisations. The study was carried out in Nairobi and Kisumu. The sample was derived from registered NGOs in Kenya offering HIV and AIDS education. Data was collected from both primary and secondary sources. Data from the semi-structured interviews were analysed using the Statistical Package for Social Sciences (SPSS), while data from the key informant interviews were analysed along thematic areas and used to support the information derived from the semi-structured interviews. The findings are presented using triangulation, as well as visual graphics, such as bar charts and pie charts. Data analysis was done using the Statistical Package for Social Sciences (SPSS) and themes respectively. Findings were presented using triangulation, graphics, such as bar charts and pie charts. The findings indicate that participation was well integrated in most of the organisations' interventions. The study concludes that one of the assumptions made in this study, participation was a key component for about three-quarters of the organisations. The researcher recommended for further research on audience studies on HIV and AIDS communication in Kenya; and the mass media and HIV and AIDS.

Keywords: Communication process, Communication planning, HIV and AIDS organizations, Constraints in HIV and AIDS communication.

1.1 Introduction

The HIV and AIDS pandemic has had a devastating and incredible impact on humanity since the first reported case in 1983. The global attention and resulting efforts aimed at stemming the swift spread of the pandemic witnessed a remarkable growth from the early 1990s (UNAIDS, 2003; Panos Institute, 2004). 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 some researchers to opine that the pandemic has benefited very little from the lessons of the past (Panos Institute, 2004).

The despair expressed in the late 1990s has changed to an emerging picture of hope, as the global and national efforts aimed at combating HIV and AIDS have resulted in reduction of prevalence rates. This reduction in the Bahamas, Barbados, Cambodia, Kenya, and Zimbabwe, has buttressed the concrete progress witnessed in Brazil, Thailand, and Uganda (Piot, 2005a; UNAIDS, 2006). Yet, scholars and practitioners working on HIV and AIDS emphasize the need to intensify and accelerate efforts as the pandemic has 'morphed' to cumulatively affect over 65M people, and it continues to increase (Piot, 2006a, UNAIDS, 2006).

In 2005, the total number of people living with HIV and AIDS was placed at 38.6M (33.4-46M), those newly infected with HIV were 4.1M (3.4-6.2M), while AIDS deaths were estimated to be 2.8M (2.4-3.3M). On the other hand, there were over 11,000 new infections a day in the year 2005 (UNAIDS, 2006). In 2016, 36.7 million [30.8 million–42.9 million] people globally were living with HIV (UNAIDS, 2017).

The HIV and AIDS pandemic has been described as the gravest development challenge for Africa and for Kenya (UNAIDS, 2000a). 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. This is also based on the impact that the pandemic has had on the diverse developmental spheres: economic, social, cultural, political and psychological. Since the early 1980s, HIV and AIDS has gradually taken hold on sub-Saharan Africa, increasing health and welfare expenditure, reducing employment and household security and will potentially slow economic growth (Ministry of Health, 2001; UNAIDS, 2004). 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 (FAO, 2003; UNAIDS, 2004).

1.2 The Functions of Communication in HIV and AIDS Interventions

The absence of national strategic frameworks extend to the role and functions of communication as realised in the latter years of the pandemic (McKee et al., 2004; Panos Institute, 2004). It has been asserted that "communication continues to hold the key to containing the HIV transmission and coping with the effects of the pandemic" (Panos Institute, 2004). In addition to the misplaced framing of HIV and AIDS as a medical problem and not a development challenge, has been the failure to properly and firmly locate effective communication

programmes and strategies in interventions to control the pandemic. Again, those involved in efforts regarding the HIV and AIDS pandemic, should heed the call that it would be folly to reduce by one iota the priority placed on fighting AIDS (Piot, 2006a).

The relegation of communication to a secondary position has been observed to be the trivialising of communication at the planning levels and in policy-making (Parrish-Sprowl, 1998). The reverse of this attitude, that of proposing that communication can be a solution to all development problems, is not appropriate either because the communication process occurs within a given political, social, economic and cultural context.

The basic complexity in communicating on HIV and AIDS lies in the difficulties surrounding discussion of sexuality. Past efforts (and some of the current ones) centred on the informational approach (Bertrand, 2002; Panos Institute, 2004; Singhal & Rogers, 2003; McKee et al., 2004). Part of the challenge of early interventions was that HIV/AIDS was regarded as an emergency, demanding urgent and fervent action immediately. Unfortunately, this 'emergency' nature masked the need for long-term interventions, even as the frantic response went on. In addition, this led most countries to resort to short-term awareness-raising at the national level. This model was based on information dissemination, targeting individuals as opposed to communication models encompassing social change, participation and community mobilisation (Deane, 2002; Panos Institute, 2004; Rockefeller, 2002; UNAIDS, 2000).

The disparity between the concerted efforts and behaviour and social change in spite of the high awareness levels, as well as the rising statistics in HIV and AIDS in some regions point to the need to scrutinise how organisations involved in HIV and AIDS education are planning and implementing their communication programmes. This study was a response to this challenge and sought to analyse the existing communication projects and strategies in use by non-governmental organisations in the HIV and AIDS sector, with a view to proposing effective approaches for future HIV and AIDS communication in programmes and projects.

1.3 Problem Statement

Effective communication interventions at the organisational level require systematic and well planned processes. Indeed, it has been consistently asserted that some of the limitations of development projects have been due to the neglect of incorporating effective communication planning and implementation, in development programming and interventions (Agunga, 1992). This assertion has been confirmed in programming on population communication (Obeng-Quaidoo and Gikonyo, 1995), and in HIV and AIDS educational efforts

(Panos Institute, 2004; Nduati and Kiai, 1996). Strategic communication planning and design facilitate the design of the efficient implementation of programming and interventions, which comprehensively tackle effective communication based on research and audience needs (Santucci, 2005). Such a process also integrates the components of participation and cultural relevance and appropriateness in communication interventions, which are highly relevant in HIV and AIDS programming and projects (Waisbord, 2001).

1.4 Research Question

This study was therefore designed to answer the following core research question: What are the enhancing and constraining factors in the planning of communication as a process in organisations dealing with HIV and AIDS education?

1.5 Objective of the Study

The overall objective of this study was to identify the strengths, gaps and constraints in the existing planning of the communication process of the said organisations.

1.6 Justification of the Study

The existing literature indicates that communication has not been effectively planned and implemented, thus leading to mere provision of information, which creates high awareness levels, but which does not lead to behaviour and social change. This study represents an attempt to analyse 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 and AIDS communication. The United Nations Agency on AIDS (UNAIDS), and other international agencies developed a feasible model on communicating on HIV and AIDS in 1999. However, these efforts have been complicated by the fact that different communication approaches work for specific themes or topics.

1.7 Scope of the Study

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

- An investigation of the institutional structure of the organisations, especially with regard to communication.

- An examination of the implementation of communication including: whether needs assessment was conducted; selection of audiences; message development; selection of channels; pre-testing and monitoring.

1.8 Limitations of the Study

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

In this study, the eclectic nature of the theoretical framework, borrowing from different concepts and an umbrella field, provided a framework.

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

2.0 Literature Review

2.1 Introduction

In this chapter, issues related to the magnitude of HIV and AIDS in relation to the communication process, as well as emerging discourse on HIV and AIDS communication are examined. The literature is drawn from the fields of anthropology, sociology, development communication, behavioural communication, health communication, and communication for social change fields.

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

A historical review of literature on HIV and AIDS in Kenya, demonstrates that the high prevalence levels reached a peak of 13.1 per cent in the year 2000 (NACC, 2001), and sharply levelled off to 6.1 per cent in the year 2005 (People's Daily Online, November 24th, 2006). This reduction has been attributed to several factors as mentioned in Chapter 1, 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 analysing the prevalence of the pandemic (MOH, 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 (MOH, 2001). There is caution on the constraints of the sentinel surveillance, and the fact that most infected people are not represented in this surveillance, as they do not go for voluntary counselling and testing (VCT). The laudable drop in Kenya's prevalence rates also masks high prevalence rates according to regions, age groups and gender (MOH, 2001; UNAIDS, 2004, 2006). In addition, the resurging increase of prevalence rates in Uganda, sounds a warning of the dangers of complacency (*Daily Nation*, November 24th, 2006). The recent upsurge in Kenya has raised some alarm again, and efforts on prevention have to be strategically sustained (*Daily Nation*, July 29th, 2008).

2.2 Non-Governmental Organisations and HIV and AIDS

Civil society includes, in addition to human rights and civil liberties watchdogs, non-governmental organisations conducting community-level and development work, like the environment. With respect to HIV and AIDS, civil society has been defined by UNAIDS (1999b) as comprising people living with and affected by HIV and AIDS, and non-governmental organisations that handle or have the potential to handle HIV and AIDS. This includes organisations working at the international and national levels, as well as faith-based organisations (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, 1999b). The character of civil society organisations 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, 1999b), which is the only UN body that has representatives of NGOs on its Executive Board (UNAIDS, 2006). Indeed, the UN endeavoured to accelerate the participation of civil society by convening the UN 2006 High Level Meeting on AIDS (UNAIDS, 2006), as outlined in one of the major objectives of the General Assembly's Resolutions, that is, A/RES/60/224. In particular, the experience of working with disadvantaged and marginalised communities has given NGOs a critical role in the efforts to reverse the HIV and AIDS pandemic, by creating more awareness of the importance of community participation. There have also been challenges with regard to NGOs' work on HIV and AIDS, chief among these being the enormous need for strengthening and capacity building (International AIDS Alliance, 2005). Another constraint

has been the need for coordination among NGOs at the regional level (International AIDS Alliance 2005)

2.3 Communication and HIV and AIDS in Kenya

The educational approach towards the support of people living with HIV and AIDS, has been utilised by organisations 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 and AIDS in meetings. KAS employs people living with HIV and AIDS as counsellors in the realisation that they are in the best position to understand individuals and families living with the pandemic. The organisation mobilises people on how to live positively with HIV and AIDS, and to inform other members of the community on HIV and AIDS prevention (International AIDS Society, 1993).

Peer education as a strategy of HIV and AIDS prevention education has gained prominence and been used at workplaces, colleges, universities and social gatherings. The method has been found by some organisations to be practical and cost-effective while reaching a large number of people (Nduati&Kiai, 1996). A modification of peer education are the anti-aids clubs which can be started as extra-curricular activities in schools and in 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 (Nduati&Kiai, 1996). It has been recommended, however, that peer educators should be trained in the different communication methods and strategies and used for greater effectiveness (Nduati&Kiai, 1996).

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 (Nduati&Kiai, 1996; Ministry of Health/NASCOP, 1998). This method also features interpersonal or face-to-face communication and the opportunity to clarify issues instantly.

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 and AIDS. Journalists should avoid propagating negative stereotypes and coverage, which would hold those infected with HIV and AIDS to ridicule. Effective coverage can only be realised through proper handling of the media by organisations dealing with HIV and AIDS education (AIDSCAP, 1997; Nduati&Kiai, 1996).

Communicating on HIV and AIDS demands a solid understanding of the existing and available channels that can be used, including those which are not in the mainstream mass media. Forsythe et al. (1996), have 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 organisations 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 and AIDS prevention.

In seeking innovative ways of addressing HIV and AIDS prevention, some organisations have proposed that parents be encouraged to talk and sensitise their children on the topic of HIV and AIDS (Kiai et al., 2004). 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, the Kenya Institute of Education (KIE) and some NGOs in an initiative called SARA- Communication Initiative (Nduati&Kiai, 1996). This is a 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 (GOK, 1997), but it is important to note the controversy surrounding education of the youth as this relates to teaching on sexuality.

Behaviour 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 sub-groups should gain confidence through acquisition of skills before joint meetings of the whole group.

It has been noted that communicating on HIV and AIDS cannot be effective if the topics of sexuality and sexual relationships are isolated from the facts (Kiai et al., 2004, Parker R., 2007). 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. High-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 and AIDS communication.

An additional challenge lies in the fact that effective HIV and 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 specialised communication skills are at times called for (AIDSCAP/FHI 1997).

These responses, programmes and projects in HIV and AIDS communication were implemented in the absence of a national communication plan and a national communication strategy in Kenya. Efforts to design and

develop a national communication strategy on HIV and AIDS began in 1999, and there is now a national communication framework for use by organisations involved in HIV/AIDS communication (NACC, 2004). The ingredients of effective communication strategies have been identified by various scholars and borne out in the experiences of communicating on development issues. These include: planning, good audience and good message.

- **Good Planning**

This process focuses on the need to set out clearly and specifically the communication objectives which will be achieved. It is important to set out targets because generalised objectives rarely result in behaviour modification. Conducting research, such as the knowledge, attitude and practices (KAP) study, and audience surveys is vital at this stage. In addition, at this stage participation of the audience or beneficiaries should be included and implemented (Agunga, 1992; Fluty & Clay 1992; Hancock, 1992; Meyer, 1994).

- **Good Audience**

The most paramount element in any communication or media effort is the emphasis on the audience. This places a demand on development agents or practitioners to attain an understanding of the characteristics of the audience which will enable them to develop messages that are acceptable and appropriate to their target groups. This requires reference to research on KAP and audience surveys. Audiences should be segmented for greater effectiveness (Alkinet *et al.*, 1987; Masilela, 1987; Hornik, 1992).

- **Good message**

The population communication and health communication sectors have identified the need to develop messages that will attract and engage the audience. The sensitivity of communicating on HIV/AIDS which cannot avoid the topic of sexuality necessitates innovation and creativity in message development. Messages which are culturally relevant and are built on ideas, concepts and practices that the communities already have and which the audience can relate to are more effective (Opubor, 1996; Bagui, 1995; Visser, 1992; Ostfied, 1992; Ray, 1987; Frey & Pyakuryal, 1997).

At the operational level, these concepts have been developed in various IEC and strategic communication guidelines (Cohen, 1994; Santucci, 2005). These focus heavily on very specific components to be applied at the pragmatic level for effective communication to occur. The components of effective communication are:

2.4 Challenges of Communicating on HIV and AIDS

More than twenty years have passed since the first reported case of AIDS. Scholars and practitioners working in HIV and AIDS and in communication and education have in recent years been reflecting on the weaknesses and gaps of early interventions, with the benefit of hindsight (Panos Institute, 2004; Waisbord, 2001).

One of the opportunities lost in addressing HIV and 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.

2.5 Concerns about HIV and AIDS Communication

It is clear that one of the constraints to effective HIV and AIDS education and communication was in the manner in which the pandemic was framed initially. As observed by Singhal and Rogers (2003), the HIV and AIDS pandemic was originally conceived as a medical and health problem, and not as a development and human challenge: this meant that the early efforts tackled the symptoms of HIV and 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 and AIDS communication. These models were basically transmission-oriented (informational), resulting in high levels of awareness, but minimal behaviour and social change. Communication was also inhibited by the framing of HIV and AIDS as a 'Gay' disease and the resultant stigmatization. Reconstruction is required with respect to framing of the personal risk, sexuality and HIV and AIDS (McKee *et al.*, 2004).

From the on-going global discourse, and focusing on analysis of the core issues in communicating on HIV and AIDS the following challenges obtain:

- How systematic can one be in communicating on HIV and AIDS when this is intertwined with communicating on sexuality and sex, which are not rational?
- How does one ensure effectiveness when communication is only one of multiple interventions required as in HIV and AIDS?
- How can an environment of openness be cultivated where tradition and custom dictate that open discussions on sex and sexuality are taboo in the open?
- How can communication facilitate a paradigm shift from denial, blame and stigmatisation to a

constructive, progressive position that address the pandemic strategically?

- How can communication enable people to wade out of the dissonance caused by the relation of negativity and doom, to a process that has been life-giving and pleasurable?

2.6 Theories of communication

Although there have been valuable conceptual contributions to HIV and AIDS programming, it has been observed by Tufte (2003) that most of the current theories and models of HIV and 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 (Atkin& Marshall, 1996).

Theories of communication have progressed from the notion of a linear process to more participatory and dynamic paradigms (Parker 1997; Obeng-Quaidoo&Gikonyo, 1995). Communication, with particular reference to the mass media, was viewed as being all-powerful with almost magical effects (Okigbo, 1996; Boafo, 1996). 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.

The urgency of HIV and 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 and AIDS programming and interventions: health communication theories, based on the focus on behavioural change sought in HIV and AIDS educational efforts and development communication based on the fact that HIV and 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 context of developing countries (Prof.Getinet Belay: Personal communication, 3rd July, 2008).

However, health communication has been described as being a unique form of communication ‘based on the personal sensitivity, the highly technical vocabulary and a strong (powerful) group of gatekeepers in health knowledge, and the pre-dominance of the bio-medial analysis. Common to both health and development communication, is that health is affected by the socio-political, cultural, gender, environmental, educational and spiritual factors’ (Chetley, 2005: 13). Two theoretical constructs of health communication are particularly germane for the present study. The first is the group dynamics theory, and the second, the social cognitive theory.

2.6.1 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.

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 behaviour 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 was critical to this study. This relevance lies in the essential component of involving a community in an intervention, from conceptualisation to the monitoring and evaluation stages. This focus also addresses the need to include participatory communication at the planning and managerial levels of an organisation, which was important for this study. From the available literature, it is clear that the inclusion of communication at this level in development programmes and projects has influenced the implementation process.

This 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 (Waisbord, 2001). 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 emphasis on people understanding development processes, as opposed to the mere transmission of information (Agunga, 1997). Further, relationships amongst 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 planning and implementation process, which was the focus of the study, is not addressed in this theory.

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 Bandura and Walters (1963), who incorporated the principles of observational learning and reinforcement (Rimer&Glanz, 2005). The theory addresses itself to the cognitive and

emotional aspects of behaviour, thereby leading to some understanding of behavioural change (Bandura, 1989). Its inherent assumptions are on how people acquire and maintain particular behavioural patterns. This theory also points out that the factors of the environment and society are important when one is evaluating certain behaviour.

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 behaviour. This includes the people who surround a person, like family members, colleagues and friends. Environment and situation provide a framework for understanding behaviour (Parrega, 1990). With regard to the situation, reference is made to the cognitive or mental representations of the environment that may shape a person's behaviour (Rimer&Glanz, 2005). This theory "describes a dynamic, on-going process in which personal factors, environmental factors, and human behaviour exert influence upon each other" (Rimer&Glanz, 2005: 19). The two scientists add that SCT includes the following concepts: reciprocal determinism; behavioural capability; expectations; self-efficacy; observational learning (modelling); and reinforcements (p. 20).

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 and AIDS programming. In addition, this theory is relevant to behaviour change communication, which is critical to HIV and AIDS programming as it deals with the cognitive and emotional aspects of understanding behaviour. The accent on the dynamic interaction of the person, the environment and behaviour is central to HIV and AIDS programming and interventions. However, this theory does not address specific planning and implementation of HIV and AIDS communication interventions, and is thus, insufficient in guiding the study.

One of the challenges of selecting a theoretical framework that can explicitly guide attitude and behaviour change is that developing a theory that accounts for human behaviour is a really complex task. An additional difficulty, was that this investigation was at two levels: the planning level, and the implementation level (which incorporates behaviour change communication components).

2.7 Operational Definitions

• *Effectiveness in the Communication Process*

Effectiveness of the communication process within organisations was measured using the following criteria:

- The rank of the person handling communication within the organisation.
- Whether a communication department or unit exists.
- Whether the person handling the communication process within the organisation has training and/or experience in communication.
- The setting of communication objectives and whether they seek to achieve behaviour change.
- Whether a needs assessment has been conducted as part of the organisations' interventions.
- The segmentation of an audience is essential.
- The aims in the development of messages.
- Whether multi-media channels have been used in interventions.
- The conduct of pre-testing in interventions.
- The integration of monitoring and evaluation in interventions.
- The integration of participation in interventions.
- The inclusion of cultural relevance and appropriateness.

• *Participation*

Participation within the interventions was tested at the levels of:

- The inclusion of audiences in the needs assessment in interventions.
- Consultations with audiences at the conceptualisation level of interventions.
- Consultations with audiences at the planning level of interventions.
- Consultations with audiences at the implementation level of interventions.
- Consultations with audiences at the monitoring and evaluation level of interventions.

3.0 Methodology

3.1 Introduction

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

The sites for this study were selected purposively owing to the fact that the focus on the planning of the communication component in HIV and AIDS programmes and projects targets the headquarters of the organisations in question. This study was, therefore, carried out in Nairobi and Kisumu, with the expectation that this would provide comparative data based on the following criteria: rural/urban dichotomy; cultural diversity;

and differential HIV/AIDS prevalence rates. This expectation, however, was not met.

The city of Nairobi is the leading financial and political centre, with a cosmopolitan character and the highest urban population in East Africa, which is estimated to be between 3 and 4 million people. Nairobi also serves as an international centre, and as a communication focus, as it is host to many international and regional organisations (Nairobi City Council, 2008).

Rapid and high urbanisation (at an estimated annual growth rate of 6.9%), presents some serious challenges including the growth of the city's slum population, and threats to security, with implications for cases of sexual assault (Nairobi City Council, 2008).

HIV and AIDS Prevalence in the city of Nairobi stand at 197,000 (10.1%) 8.0 per cent male and 12.3 per cent female with ratio of 1.5 (male: female ratio). Kisumu on the other hand has prevalence of 183,000 (7.8%) 6.1 per cent male and 9.6 per cent female with ratio of 1.6 (male: female ratio), report by East African Standard, July 29th, 2008. Statistics among pregnant women in Nairobi at sentinel surveillance sites from revealed that from 1990-2004 (NASCO, 2005): HIV prevalence was at 5 per cent in 1990, 16 per cent in 1995, 17 per cent in 1999 and 11 per cent in 2003 respectively.

Report by Antenatal HIV seroprevalence in urban sites revealed that, for 2003-2004 HIV prevalence in Nairobi was at 14% in 2003, and 10.9% in 2004. This compares with Kisumu at 26% in 2003, and 11.2% in 2004.

There has been great growth of non-governmental organisations in Kenya since 1980 (Kameri-Mbote, 2000). Work and research on NGOs is hampered by the lack of a comprehensive and clear administrative framework (Kameri-Mbote, 2000). These organisations focus on services as varied as clinical care, home-based care, self-help/income generating activities, training, bereavement support, rape counselling, outreach services, human rights, mental health services, psychological therapy and HIV and AIDS education. There were six hundred and forty-five registered members of KANCO by 2001, with eighty three of them registered as operating in Kisumu.

This research utilised a cross-sectional and descriptive research design to investigate the extent to which organisations involved in HIV and AIDS education have integrated effective communication in the planning and implementation processes of their interventions. The study applied both qualitative and quantitative methods of data collection. Semi-structured questionnaire were used to collect quantitative data while qualitative data were collected from literature, and documents from organisations. Qualitative and quantitative data analysis were applied where qualitative analysis yielded thematic descriptions and generalisations, quantitative processes generated appropriate frequency and percentage distribution tables.

The unit of analysis was the organisation, and the respondents were officials in charge of the communication unit or function in 645 NGOs working in the area of HIV and AIDS, the organisation. The sample of sixty organisations was drawn from the six hundred and forty-five organisations.

Interviews and key informants were used to collect primary while literature were used to collect secondary data. Descriptive and inferential statistics were used to interpret data obtained on variables relevant to the study objectives and hypotheses.

The researcher encounter some challenges like: the records from the NGO's inventory contained generalised information, there was the feeling of mistrust and suspicion among the informal and sometimes competitive environment of non-governmental organisations (NGOs), open hostility from some officers in the sampled organisations, delay and dodging from other officers and funding for the proposed research study was not forthcoming and so the researcher had to rely on personal resources. The collected data was used for academic purpose only.

4.1 Findings

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

4.2 Pre-testing and Monitoring of the Communication Process

A considerable number of organisations (46%) had pre-tested their messages. However, another 38% of the organisations had not pre-tested their messages, while 16% did not respond to this question. Pre-testing also indicates an attempt to involve the audience, before the implementation of a programme/project (AIDSCAP/FHI, 1997; Ministry of Health/NASCO, 1998). This reflects the approach of creating awareness, where the goal is to transmit information or knowledge without the active participation of the audience. This also implies an *ad hoc* method of communicating on HIV and AIDS, for 54% of the organisations in the study.

For those who pre-tested their messages, about one-quarter (26%) conducted this in selected groups. Others used community meetings (10%), and focus group discussions (6%). However, 58% did not indicate their method of pre-testing, through a non-response. The method of pre-testing is important, as it is vital to have

different views, and people represented to cater for different perspectives.

There was need to correct/clarify messages for 24% of the organisations. In addition, 12% of the organisations found that their messages were not suitable for every part of the country, while only 4% found that their messages were appropriate. However, 60% of the respondents registered a non-response to this question. The pre-testing demonstrated that audiences had issues with the messages of most of the organisations that did the pre-test (40% of 46%). This re-affirms the necessity of pre-testing in any communication intervention. At this stage, organisations have a forum to assess the impact of their messages and communication strategies, against the stated aims of their messages.

Among those who pre-tested their messages the findings of the pre-test, about one-quarter (26%) revised their messages. There was deletion of irrelevant material for 12% of the organisations, and for 6% of the organisations, additional knowledge and skills were included. Fifty-six per cent of the organisations made no changes to their original messages. Yet again, the importance of the pre-test is underlined here, as it resulted in changes for 44% of the organisations, ensuring maximum effectiveness.

4.3 Monitoring and Evaluation

Sixty six per cent of the organisations interviewed attested to having a monitoring mechanism for their communication process. There were 20% of the organisations that did not have any monitoring mechanism and 14% who did not respond to this question. The rationale for having an on-going monitoring mechanism is that audiences are dynamic and prone to influence from socio-economic, political and cultural processes and changes. According to one key informant, monitoring and evaluation should be undertaken periodically and not just as an end-term process. It is important to observe that the complexity of monitoring behaviour change and, by implication, social change, can be discouraging. This has been one of the major challenges in communication for development programmes and projects, as it is difficult to isolate and measure the exact impact of an intervention, since behaviour 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 interventions. As noted by UNAIDS (2006), research on behavioural measures to reduce sexual transmission has been paltry.

The rationale for having a monitoring mechanism for many (42%) of the organisations was that it was important to evaluate the progress of a project or programme. The other responses related to not having a monitoring mechanism were lack of adequate resources or funds (26%), and the lack of mechanisms to evaluate the effect of the messages (6%). There was a non-response return from 26% of the organisations. A substantial number of organisations (42%) recognise the need to constantly check how their communication processes are working. This also demonstrates a recognition and commitment to a systematic process.

The reason given by 26% of the organisations for the lack of a monitoring mechanism is not consistent with the requirement by most funding agencies (Panos Institute, 2004) that measurement of impact or change is done.

4.4 Participation of the Audience

Most of the organisations (76%), confirmed that they included audience participation in their projects/programmes. Only 6% of the respondents said that they had not integrated audience participation in their communication projects and programmes. Twenty per cent of the organisations returned a non-response. Participation by an audience allows them to get a sense of ownership of the programme and to better understand the aims of these efforts.

For those who did not have their audiences participating in their projects or programmes, the reasons given were that AIDS affects anybody (2%) - implying that general messages were appropriate for everyone - and lack of time (2%).

Almost a half (46%) of the respondents stated that they had audience participation at the conceptualisation level. The rest of the respondents (54%) did not answer this question. Participation at this level is deemed to be a key element, as the audience develops a full sense of ownership of a project or programme.

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).

A good number of organisations (44%) stated that they have their audiences participating at the planning level. However, over a half (56%) of the organisations (56%) registered a non-response to this question. The majority of organisations (76%), have audience participation at the implementation level, while 32% of the organisations did not respond to this question. Participation is necessary here, to strengthen the sense of ownership and to utilise community networks as well as cater for preferences.

Almost a half (46%) of all the organisations in the survey stated that they involved their audiences in monitoring and evaluation. However, slightly over a half (52%) of the organisations registered a non-response to this question. 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 (CFSC, 2005).

4.5 Costing of Communication Interventions

The findings regarding how organisations cost their communication interventions are presented. About one-third (30%), of the organisations cost their communication programmes/projects based on the guidelines set by their organisations on project proposals. Another 24% indicated that their programmes/projects are not costed, while 6% said that they base the cost of their programmes/projects on publicity activities, or on the number of participants (4%). There was a non-response rate of 32%.

The combined proportion of organisations who do not cost their programmes and those who did not respond to this question (56%), demonstrates that communication interventions are still being considered as *ad hoc*. Fifty per cent of the organisations highlighted the lack of funding as their major constraint in the planning and implementation of the communication process. Inadequate expertise was highlighted by sixteen per cent of the organisations, while 4% said that time constraints were an obstacle to their planning and implementation of the communication process. Lack of experience, vandalism of billboards and posters, and lack of political goodwill, were mentioned by 2% of the respondents. There was a non-response answer from 24% of the respondents.

A half of the respondents were of the view that more funding should be provided for communication programmes/projects. The other ways cited were: having a more positive attitude (18%); writing effective proposals (8%); conducting media sensitisation on HIV and AIDS (8%); hiring additional personnel (4%); and the development of communication infrastructure (2%). There was a non-response rate of 22%. However, none of the respondents referred to the need for political will and commitment, factors that were found to be more critical in the case of Uganda than funding (Panos Institute, 2001).

4.6 Other Important Issues

The findings with respect to other important issues that the respondents thought should be highlighted. However, the majority of respondents (72%), did not respond to this question. The need to sustain the communication process was mentioned by 12% of the respondents, while 8% thought that caring for people living with HIV and AIDS (PLWHA) is an issue that needs attention. Involving PLWHA in programmes and projects was a response given by 4% of the respondents, while the need for behaviour change initiatives was an issue which elicited a response of 2%.

This Chapter 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.

5.0 Conclusions and Recommendations

5.1 Introduction

In this section, a discussion and analysis of the findings are offered. In addition, the section contains conclusions.

5.2 Discussion

A closer look at the findings indicates that 14% of the organisations followed a strict process in the segmentation of the audiences. For example, one organisation identified literate youth in the urban areas as their target audience. Most of these organisations were mainly international or national, demonstrating the influence from the global sector that had begun to take root in the country, following the adoption of the behaviour change communication approach. Indeed, most of these organisations had behaviour change as a stated objective, or as one of the stated communication objectives.

Regarding message development, there was a mix of elements indicating the creation of awareness, as well as of behaviour change. Of the organisations in the study, 60% had a process in their message development that went beyond creating awareness. These were the participation of their audiences in their communication process, the conduct of needs assessment through research, and consideration of culture in their message development process. Further, 44% of the organisations paid attention to the existing messages on HIV and AIDS and there were considerations made in their message development process that took account of these existing messages.

Most organisations (68%) had as one of their aims in their messages providing information, and another aim of raising awareness in their message (74%). However, there were reflections of behaviour change communication components in the aims of the other organisations' messages. These were: to build knowledge and skills (50%); to achieve behaviour change (82%); and to consider cultural relevance and appropriateness.

In terms of selection of channels, there was a pre-dominance of a kind of multi-media mix. Thus, it was found that more than a half of the organisations (54%) utilised face-to-face communication. Another 52% of the organisations used overhead projectors, meaning that they were in meetings or demonstrations with their audiences. However, workshops and seminars were only stated as one of the channels used by 26% of the organisations. This, when taken with the above findings, demonstrates that the organisations went beyond mere dissemination in the methods that they utilised in their educational efforts. This is one of the approaches recommended for behaviour 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 mass media were not the preferred channel for these organisations, but small media (brochures, posters) were mentioned by 52% of the organisations as a channel. While a full multi-media 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 the mass media. Behaviour change communication elements can also be seen in the 46% of organisations who stated that they had pre-tested their messages.

A critical finding was on the participation of the audience, with a good majority (74%), stating that their audiences participated in their programmes or projects. This is one of the strengths emerging from the study of the communication processes being implemented by some organisations. Although the levels at which the audiences participate reveals variances, almost a half (46%) of the organisations studied reported that they participate at the conceptualisation level, while 44% said that their audiences participated at the planning level. Participation at these levels is crucial as one incorporates the views of the audiences on the proposed programme or project, while creating a sense of ownership before the programme or project begins. At this stage, vital changes on the perspective and approach can be made, guided by the priorities identified by audiences themselves.

Another key finding was that in 76% of the organisations, the audience participated at the implementation level. Of the organisations studied, 46% involved their audience in the process at the monitoring and evaluation level. This demonstrates a good effort aimed at integrating dialogue and discussion in the execution and monitoring of the programmes and projects.

Strength of the organisations' communication interventions was the recognition and implementation of monitoring and evaluation. Most of the organisations (66%), reported having a monitoring mechanism for their communication processes. This is an excellent trend as a monitoring mechanism allows for changes to be made along emerging issues and with any changes that may occur within one's audience, and/or the changes in their circumstances and situations. Commendably, a considerable number of organisations (46%), involved their audiences in their monitoring and evaluation efforts.

The greatest challenge clearly identified was that funding continued to be a constraint for a half of the organisations. Another significant constraint was the lack of expertise, which was cited by 16% of the organisations.

While almost one-third (30%) of the organisations studied cost their communication programmes according to the guidelines set in their project proposals, the rest were not clear on how their communication programmes or projects were costed. This demonstrates a lack of adequate attention to communication programmes and projects at the planning level, and suggests an *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 behaviour change communication approach appear to have been partly integrated in some of the organisations' 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 behaviour and social change (Panos Institute, 2004), although the same sources notes that the difficulty of measuring long-term programmes does not endear this approach to development partners.

The lack of documentation at the national level of the various efforts of organisations in HIV and AIDS communication can be said to be a constraint. This is more significant for organisations involved in nationwide interventions: 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 discussions, the following conclusions can be drawn. About a half of the organisations had embraced effective communication principles in the implementation of their interventions. In particular, the findings show that behaviour change components relating to needs assessment, elements of audience segmentation, behaviour change processes in message development, the use of multi-media and participation,

were being utilised by the organisations. This inclusion of behaviour change communication elements was surprising, especially because most of the organisations' objectives centred on awareness creation.

Contrary to one of the assumptions made in this study, participation was a key component for about three-quarters of the organisations. Although participation was not fully incorporated at the conceptualisation and design level, it was well integrated at the implementation, monitoring and evaluation levels. Another critical strength of these organisations is the recognition and integration of culture in the implementation of the interventions.

5.4 Recommendations

5.4.1 Recommendations for Further Research

- The various messages with respect to HIV and AIDS have not been studied, in particular, the meanings derived by the diverse audiences of past and current messages.
- Comprehensive evaluation of HIV and AIDS communication in Kenya: a detailed assessment of the communication interventions of organisations, including the efforts by the Government is necessary. This would also include a mapping of organisations involved in HIV and AIDS communication efforts, capturing their geographical coverage and the types of communication interventions they are involved in.
- Mass Media and HIV and AIDS: The precise effects, if any, of the mass media and HIV and AIDS deserve investigation.

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