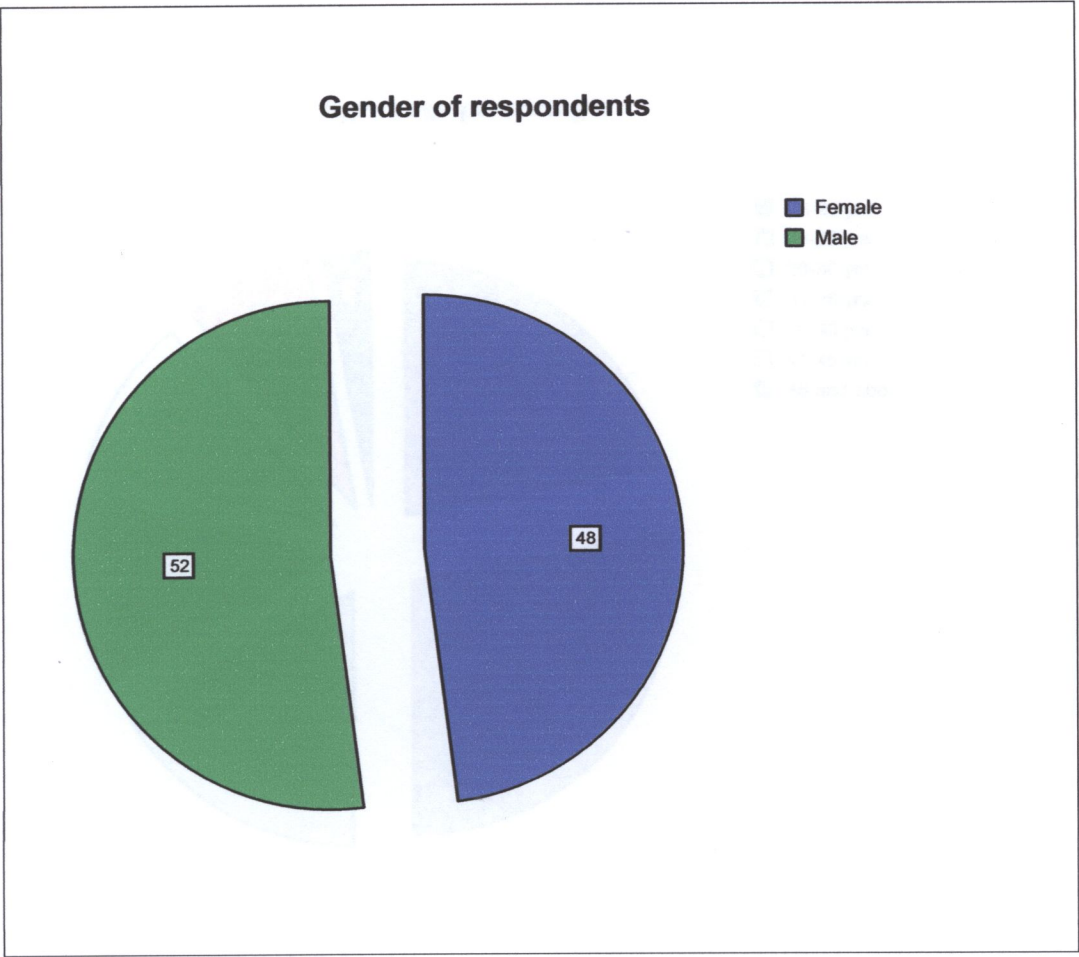
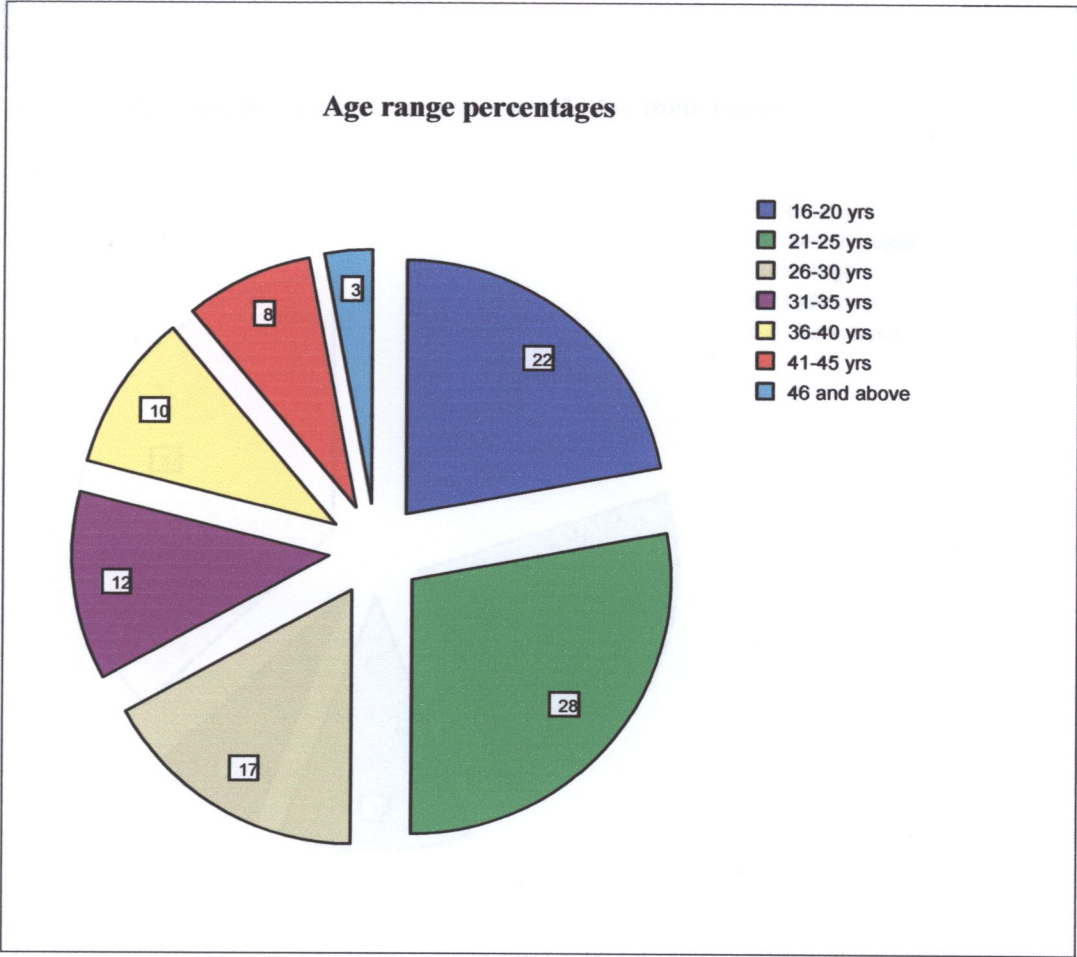


Figure1
Sex Distribution of Respondents



This study revealed that 52 percent of the respondents were men and 48 percent were women. The illustration indicates that there are more men who seek VCT services than women. Women need to take a key role in seeking VCT.

Figure 2
Age Range of Respondents



The research was looking at the age ranges that are actively involved in seeking for VCT services. The age range distribution of respondents above indicates that most of the VCT attendants are those in the range of 16-20 years constituting 22 percent, 21-25 years, constituting 28 percent and 26-30 years constituting 17 percent. Generally, these ranges are youthful and highly sexually active. The 46 years and above (3 percent) are not very much involved, probably because these are not as at high risk as the 16-35 years old.

Figure 3

What do you do for your living?

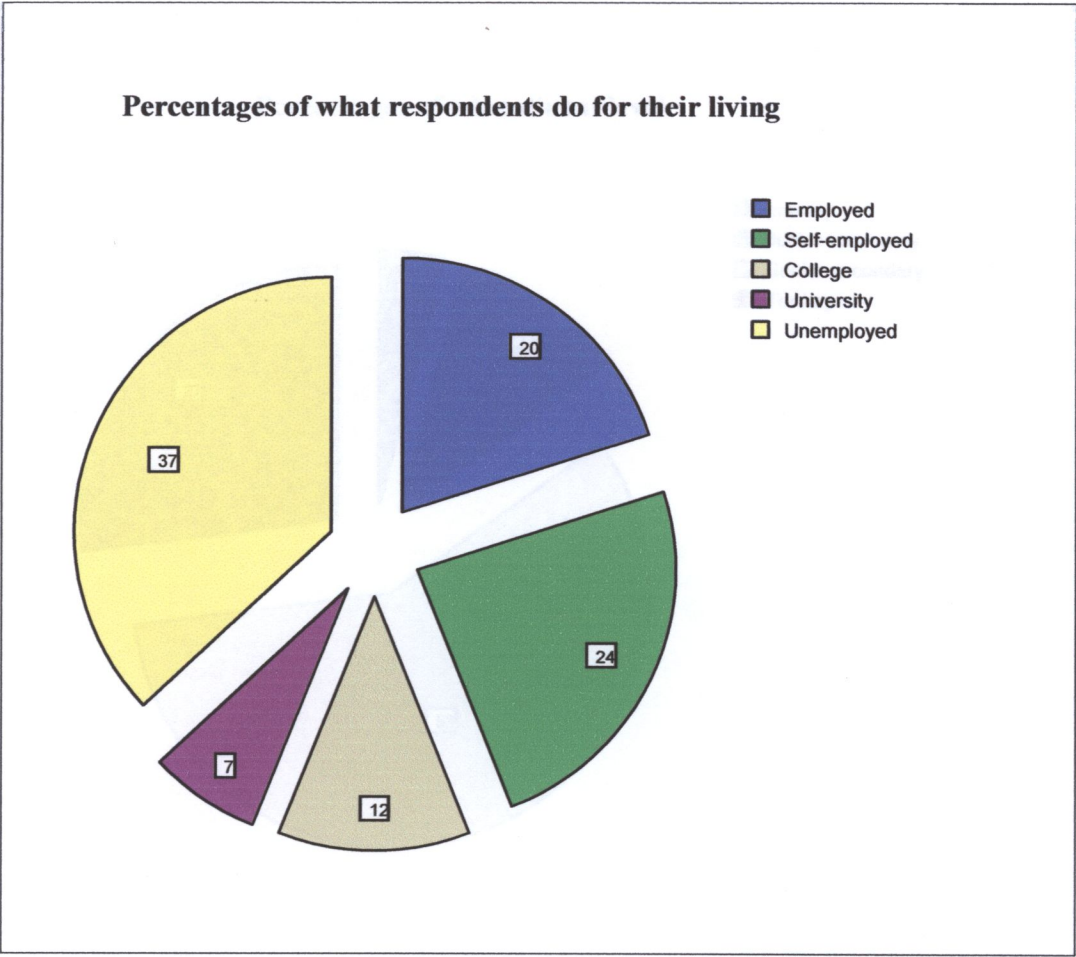
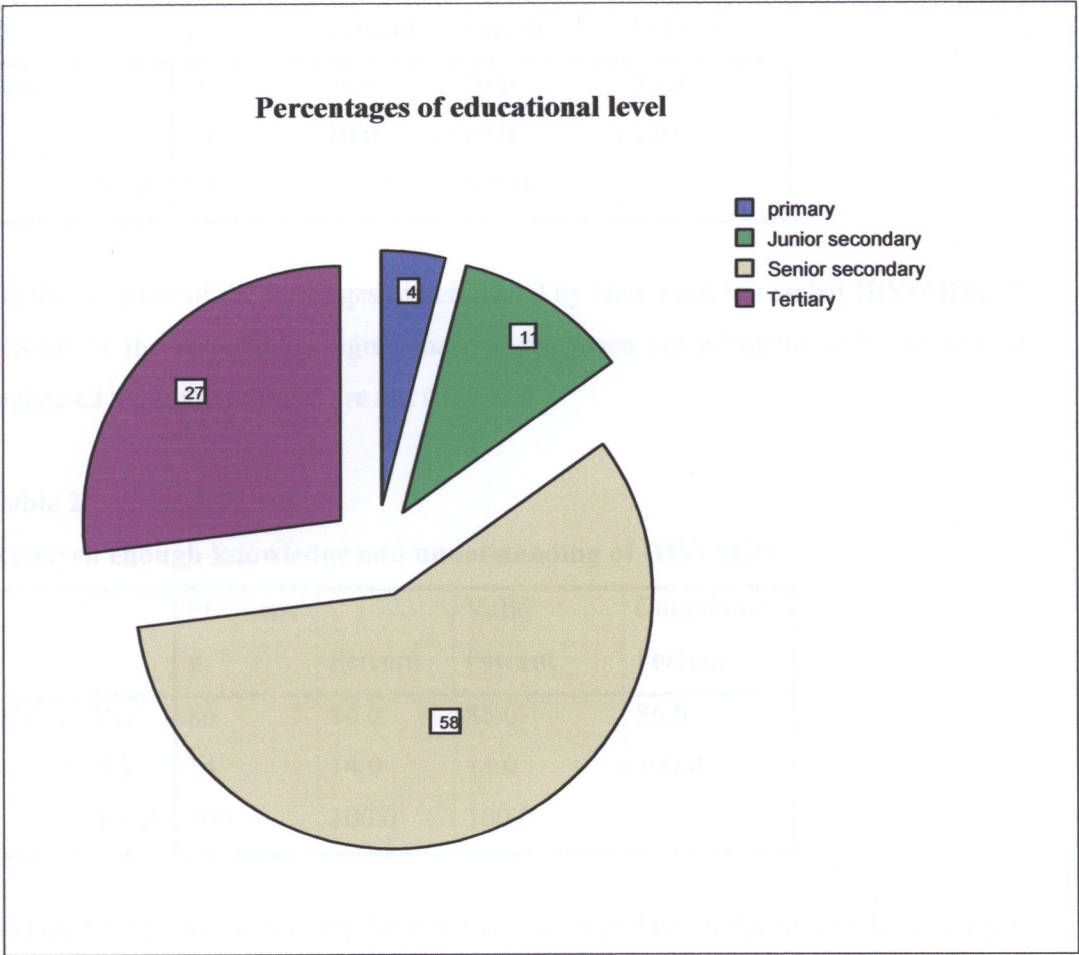


Figure 3 indicate that 20 percent of respondents are employed, 24 percent self-employed and 12 percent are in colleges. 7 percent of respondents are in University while 37 percent of the respondents are unemployed.

Figure 4
What educational level did you attain?



The question of educational level attained indicate that 58 percent of the respondents attained senior secondary school. 27 percent attained tertiary education. This means that most of the respondents were able to read and answer questions on their own.

Table 1
Adequacy of messages given by New Start to combat HIV/AIDS

	Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid Yes	90	90.0	90.0	90.0
No	10	10.0	10.0	100.0
Total	100	100.0	100.0	

On the question of the messages disseminated by New Start to combat HIV/AIDS, 90 percent of the respondents agree that the messages are adequate while 10 percent registered that the messages are not sufficient.

Table 2
Received enough knowledge and understanding of HIV/AIDS

	Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid Yes	86	86.0	86.0	86.0
No	14	14.0	14.0	100.0
Total	100	100.0	100.0	

86 percent registered that they have received enough knowledge and understanding of HIV/AIDS. 14 percent show that the knowledge and understanding received is not enough.

Table 3

Communication strategies used by New Start for combating HIV/AIDS are adequate

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	42	42.0	42.0	42.0
	Agree	41	41.0	41.0	83.0
	disagree	8	8.0	8.0	91.0
	Strongly disagree	1	1.0	1.0	92.0
	Not sure	8	8.0	8.0	100.0
	Total	100	100.0	100.0	

42 percent of respondents strongly agree that the communication strategies by New Start for combating HIV/AIDS are adequate. 41 percent agree that the strategies are adequate. 8 percent disagree, 1 percent strongly disagrees and 8 percent are not sure.

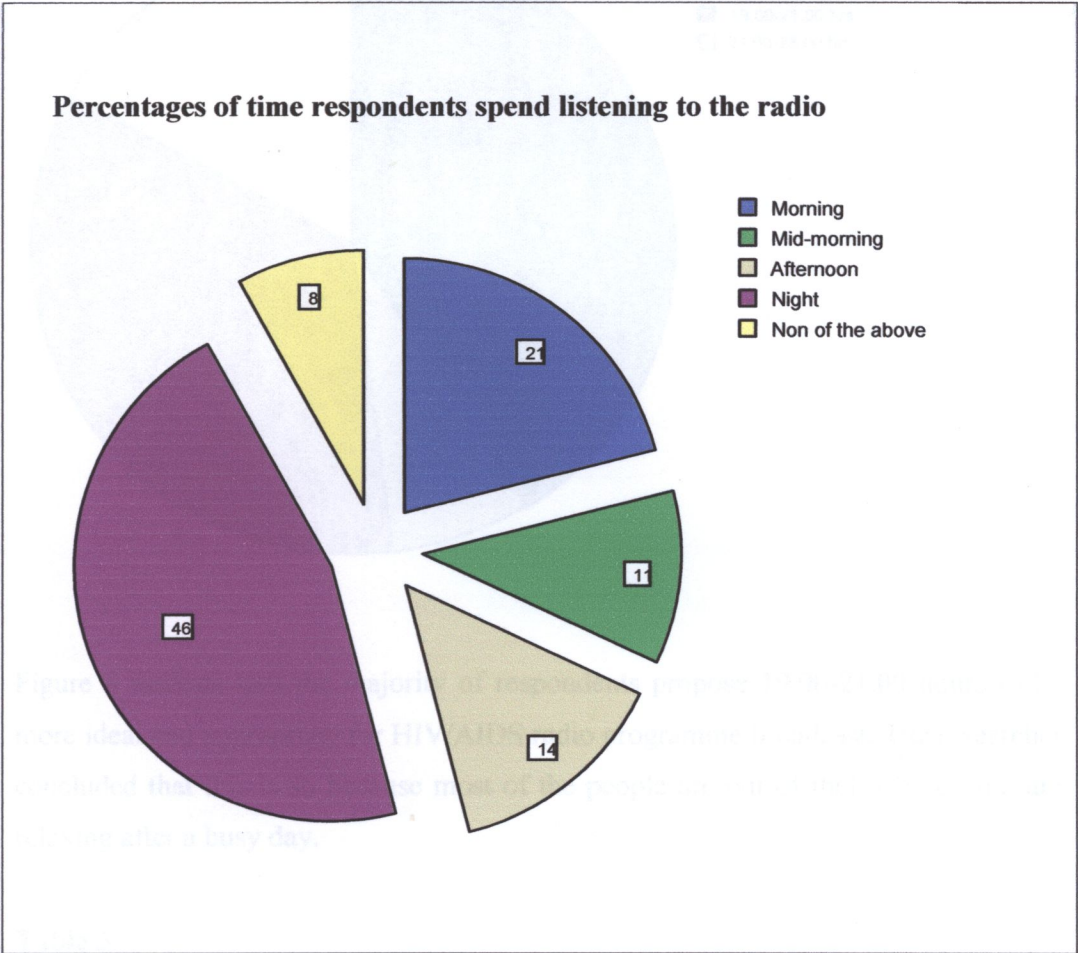
Table 4

Best communication strategy used by New Start

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Televisio n	40	40.0	40.0	40.0
	Radio	36	36.0	36.0	76.0
	Brochure s	13	13.0	13.0	89.0
	News papers	8	8.0	8.0	97.0
	internet	3	3.0	3.0	100.0
	Total	100	100.0	100.0	

The question on the best communication strategy shows that 40 percent of respondents registered television. 36 percent of respondents registered radio. The least being internet where 3 percent of respondents registered.

Figure 5
What time of the day do you spend more hours listening to radio?



The above pie chart indicates that 46 percent of respondents spend more hours listening to radio at night. 21 percent of respondents registered that they spend more hours listening to radio in the morning. 14 percent of respondents registered that they spend more time listening to radio in the afternoon while 11 percent indicated midmorning. 8 percent of the respondents indicated none of the above.

Figure 6

Which time range do you propose to be appropriate for HIV/AIDS radio programmes broadcast?

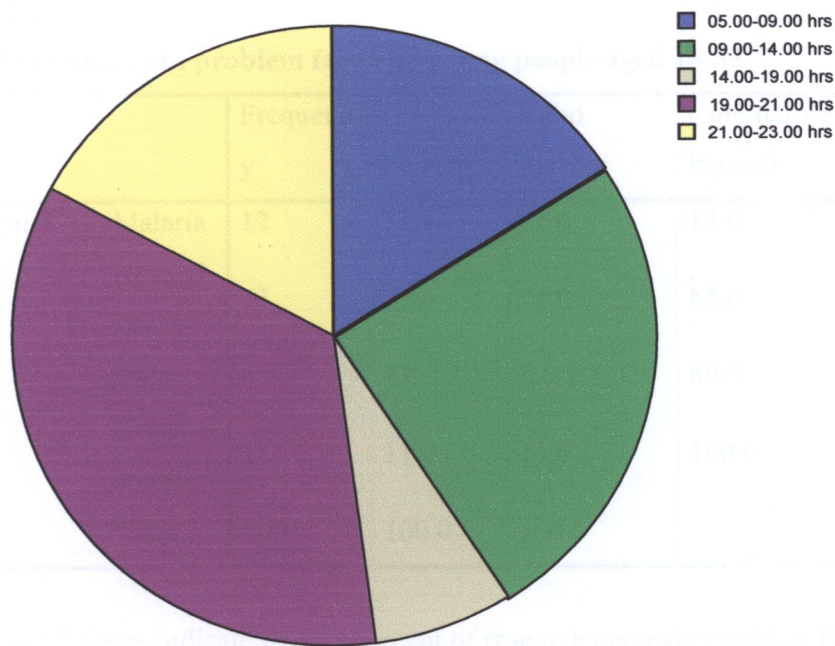


Figure 4 indicate that the majority of respondents propose 19.00-21.00 hours to be more ideal and appropriate for HIV/AIDS radio programme broadcast. The researcher concluded that this is so because most of the people are out of their offices and are relaxing after a busy day.

Table 5
Problems as regards effective listening to HIV/AIDS programmes broadcast on radio

	Frequenc		Valid	Cumulative
	y	Percent	Percent	Percent
Valid Yes	18	18.0	18.0	18.0
No	82	82.0	82.0	100.0
Total	100	100.0	100.0	

Table 6 indicate that 82 percent of the respondents registered that they do not experience any problems as regards to effective listening to HIV/AIDS programmes broadcast on radio. 18 percent indicated that they experience problems.

Table 6
The most urgent problem faced by young people aged 16-35

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Malaria	12	12.0	12.0	12.0
	HIV/AI DS	73	73.0	73.0	85.0
	STIs	4	4.0	4.0	89.0
	Drug abuse	11	11.0	11.0	100.0
	Total	100	100.0	100.0	

Table 7 above indicate that 73 percent of respondents registered that HIV/AIDS is the most urgent problem faced by young people aged 16-35 while 4 percent indicated STIs and 11 percent drug abuse.

Table 7
Concerns of the youth and women in communities

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Yes	83	83.0	83.0	83.0
	No	17	17.0	17.0	100.0
	Total	100	100.0	100.0	

Table 8 shows that 83 percent of respondents agree that New Start address the concerns of youth and women in communities while 17 percent indicated that the concerns are not being addressed.

Table 8
Are you aware of activities that are taken by New Start centre to combat HIV/AIDS in communities?

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Very aware	34	34.0	34.0	34.0
	Aware	33	33.0	33.0	67.0
	Moderatel y aware	16	16.0	16.0	83.0
	Vaguely aware	6	6.0	6.0	89.0
	Not aware	11	11.0	11.0	100.0
	Total	100	100.0	100.0	

On the question of activities taken by New Start centre to combat HIV/AIDS, 34 percent of respondents indicated that they are very aware. 33 percent indicated that they are aware, while 16 percent registered that they are moderately aware and 6 percent vaguely aware. 11 percent indicated that they are not aware of any activity.

Table 9

The communication between New Start and the target population

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	48	48.0	48.0	48.0
	Very adequate	14	14.0	14.0	62.0
	Adequate	18	18.0	18.0	80.0
	Fairly adequate	16	16.0	16.0	96.0
	Very inadequat e	4	4.0	4.0	100.0
	Total	100	100.0	100.0	

The table above indicate that 48 percent of respondents registered that the communication between New Start and the target population is excellent while 14 percent registered that the communication is very adequate. 18 percent indicated that the communication is adequate. Still 16 percent of respondents indicated that the communication is fairly adequate and 4 percent indicated that it is very inadequate.

Table 10

Education and information provided by New Start promote HIV/AIDS prevention

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Yes	91	91.0	91.0	91.0
	No	5	5.0	5.0	96.0
	Not sure	4	4.0	4.0	100.0
	Total	100	100.0	100.0	

91 percent on table 11 registered that the education and information provided by New Start promote HIV/AIDS prevention. 5 percent indicated that the education does not promote prevention while 4 percent are not sure.

Table 11
New start address concerns of young people

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Behaviour change	94	94.0	94.0	94.0
	general health	6	6.0	6.0	100.0
	Total	100	100.0	100.0	

94 percent of the respondents registered that New Start is addressing the issue of behaviour change among the young people. 6 percent indicate general health. This entails that behaviour change is cardinal in the fight against HIV/AIDS. Young people are targets of this fight.

Table 12
Education and information provided by New start friendly to the general public

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Very friendly	80	80.0	80.0	80.0
	moderately friendly	19	19.0	19.0	99.0
	Very unfriendly	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

In the table above, 80 percent of the respondents indicated that the education and information provided by New Start is friendly to the general public. 19 percent

indicated that the education and information is moderately friendly and 1 percent indicated that the information and education is very unfriendly.

Table 13
Safer sex

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Very often	28	28.0	28.0	28.0
	Often	17	17.0	17.0	45.0
	Always	26	26.0	26.0	71.0
	Rarely	11	11.0	11.0	82.0
	Very rare	7	7.0	7.0	89.0
	Never	11	11.0	11.0	100.0
	Total	100	100.0	100.0	

The above table indicates that 28 percent of the respondents very often demand for safer sex with their partner. 17 percent often demand for safer sex. 26 percent always demand for safer sex. 11 percent rarely demand for safer sex, 7 percent very rarely demand for safer sex and 11 percent never demand for safer sex. These who never demand for safer sex indicated that they are on abstinence.

Table 14
Communication strategies used by New Start to address HIV/AIDS

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Very good	58	58.0	58.0	58.0
	Good	32	32.0	32.0	90.0
	Fairly good	8	8.0	8.0	98.0
	Poor	1	1.0	1.0	99.0
	Very poor	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

On this question, the researcher was looking at how respondents rate the communication strategies used by New Start to address HIV/AIDS. 58 percent of the respondents indicated that the communication strategies used by New Start are very good to address HIV/AIDS. 32 percent indicated that the strategies are good. 8 percent indicated that the communication strategies are fairly good. 1 percent indicated that the strategies are poor and the other one percent still indicated that the strategies are very poor to address the HIV/AIDS.

Table 15
Commending New Start in the fight against HIV/AIDS

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Yes	92	92.0	92.0	92.0
	No	7	7.0	7.0	99.0
	Not sure	1	1.0	1.0	100.0
	Total	100	100.0	100.0	

The researcher was interested to know whether respondents could commend New Start for the job it is doing. 92 percent of the respondents registered that they commend New Start for the job it is doing in the fight against HIV/AIDS. 7 percent registered that they are not commending New Start. 1 percent of the respondents are not sure.

Table 16
Do you think there is adequate participation in the activities done by New start and the target population?

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Very adequate	44	44.0	44.0	44.0
	Adequate	27	27.0	27.0	71.0
	moderately adequate	23	23.0	23.0	94.0
	Inadequate	4	4.0	4.0	98.0
	Very inadequate	2	2.0	2.0	100.0
	Total	100	100.0	100.0	

On the above frequency, the researcher was looking at whether there is adequate participation in the activities done by New Start and the target population. Findings indicate that 44 percent of the respondents agree that the participation is very adequate. 27 percent of the respondents agree that participation is adequate. 23 percent indicated that it is moderately adequate, while 4 percent say it is inadequate and 2 percent indicated that it is very inadequate.

Figure 7

How often is the information given out by New start through interpersonal

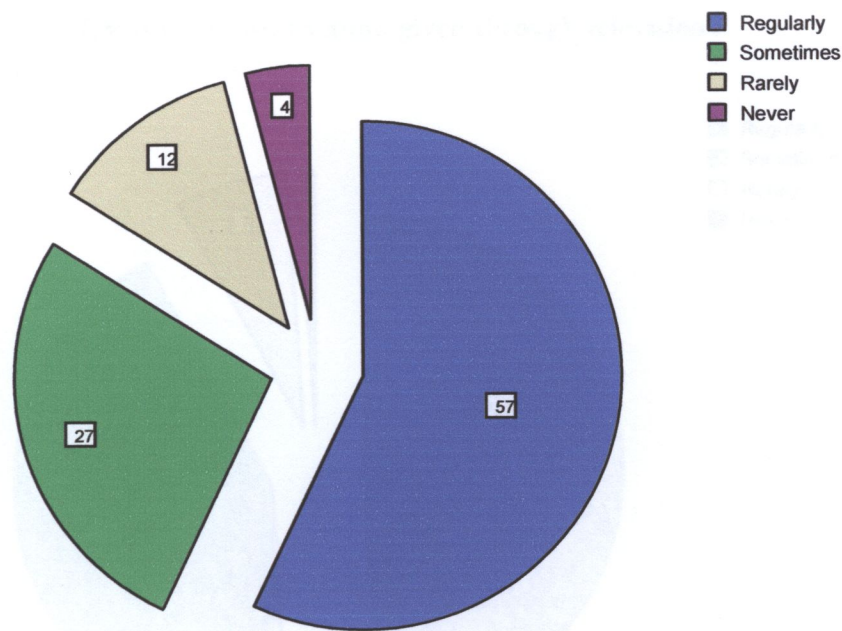


Figure 5 above shows that 57 percent of respondents indicated that information giving through interpersonal communication is regularly utilised. 27 percent indicated that information giving through interpersonal is sometimes used while 12 percent indicated that it is rarely used and 4 percent registered that interpersonal is never used.

Figure 8
Television

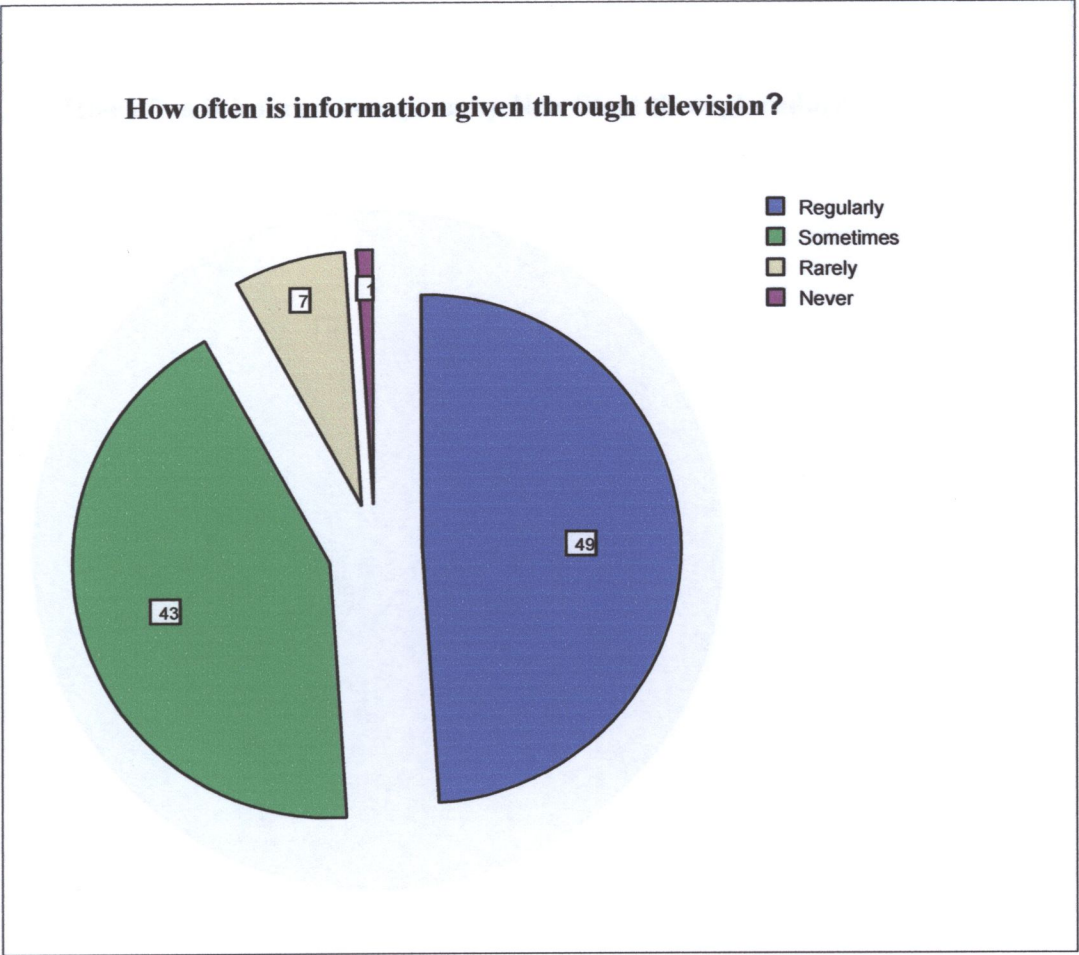


Figure 6 above indicate that 49 percent of respondents registered that New Start regularly give out information through television, while 43 percent registered that information giving through television is sometimes. 7 percent indicated that New Start rarely give out information through television and 1 percent registered that television is never used by New Start to deliver HIV/AIDS information to the public.

Figure 9

Radio information giving

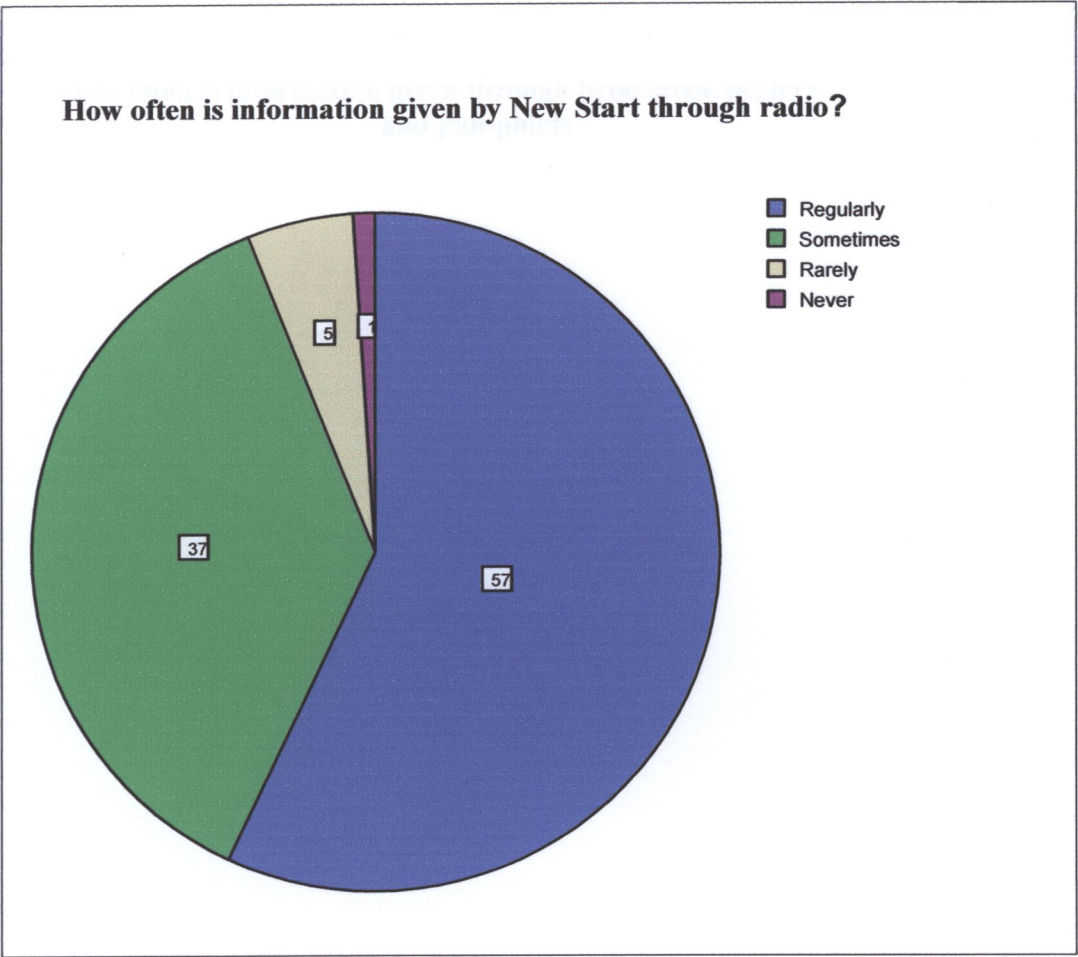
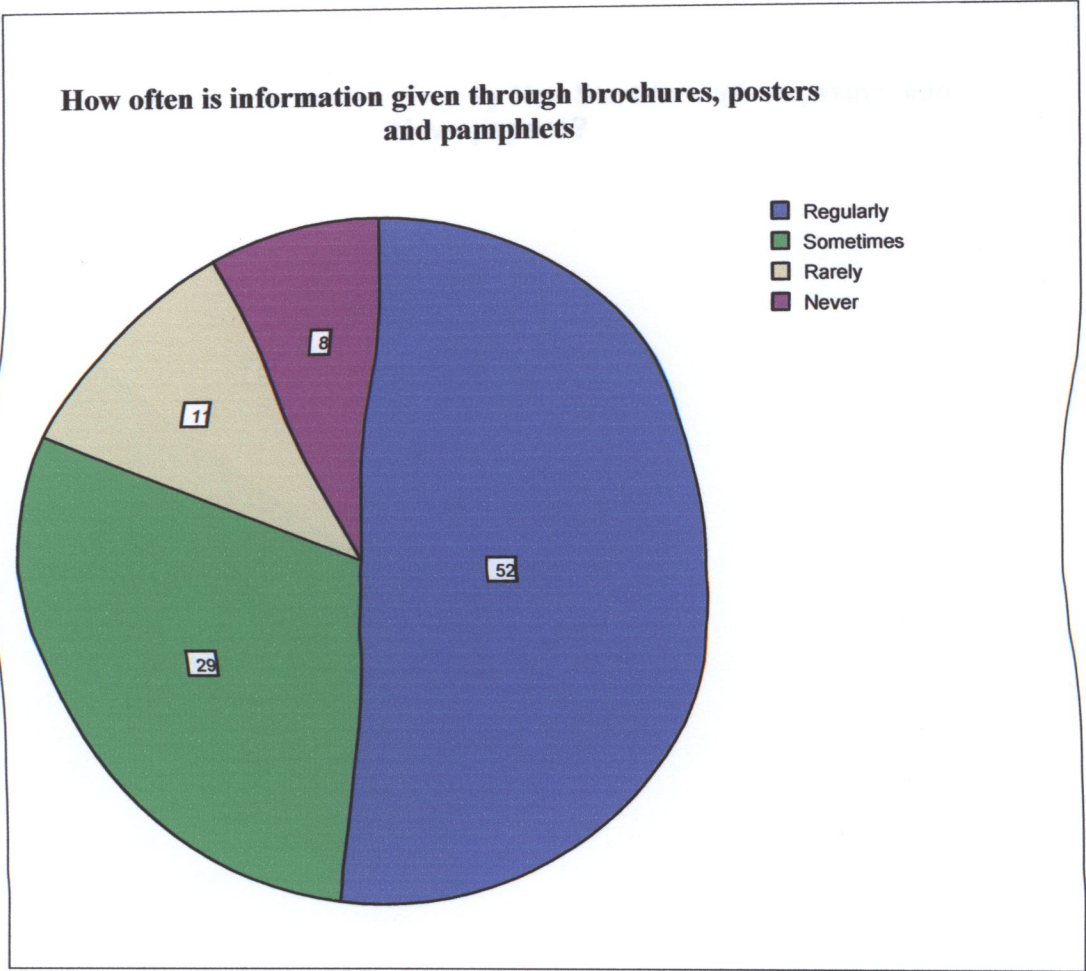


Figure 7 above shows that 57 percent of respondents agree that radio is regularly used in information dissemination to communities. 37 percent registered that radio is sometimes used while 5 percent registered that it is rarely used and 1 percent registered that New Start never use radio to disseminate information to communities.

Figure 10
Information giving through brochures, posters and pamphlets



52 percent shows that brochures, posters and pamphlets are regularly utilised by New Start in terms of information giving. 29 percent registered that the mentioned materials are only sometimes utilised while 11 percent indicated that brochures, posters and pamphlets are rarely used and 8 percent indicated that New Start never use brochures, posters and pamphlets.

Figure 11
Information giving by New Start through news papers

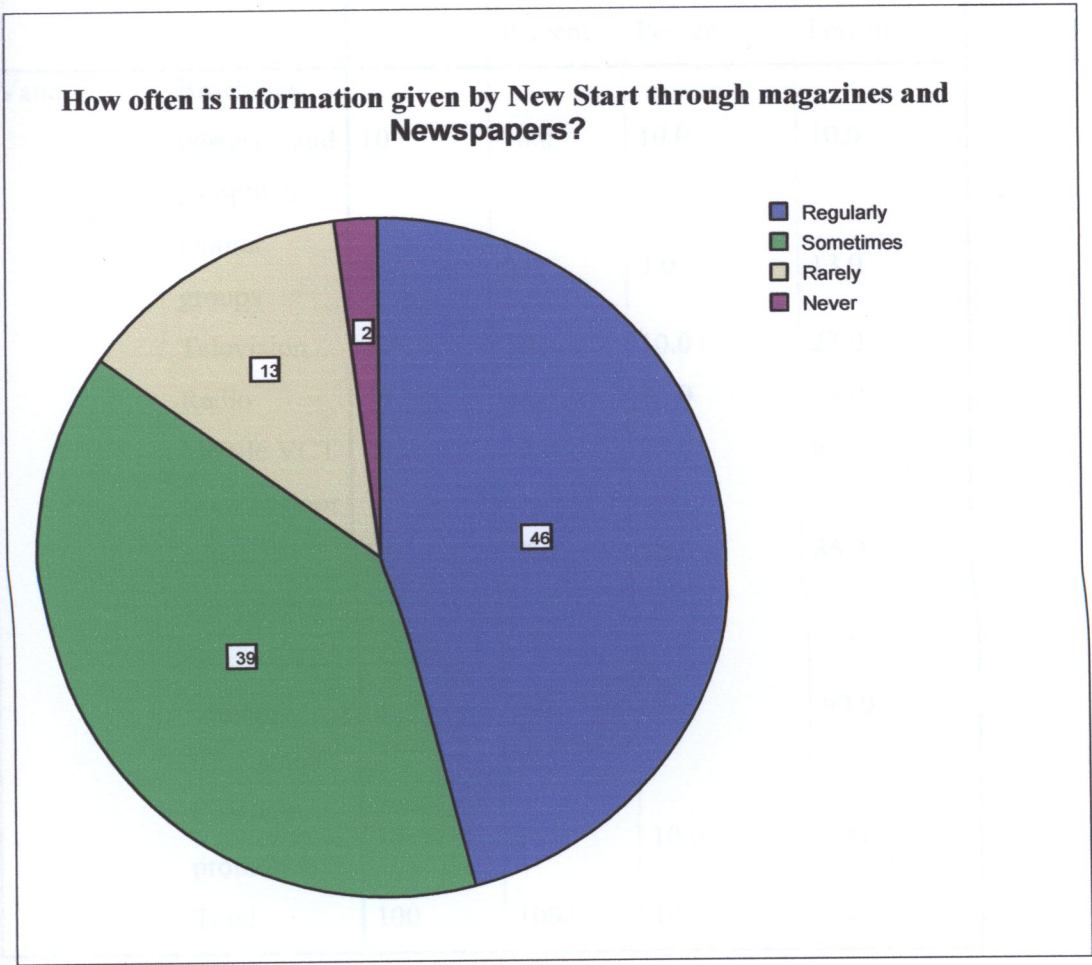


Figure 9 also confirms that magazines and news papers are regularly used by the organisation. This is registered by 46 percent of the respondents. 39 percent registered that magazines and news papers are only sometimes used while 13 percent indicated that magazines and news papers are rarely used and 2 percent indicated that New Start never give out information through magazines and news papers.

Table 17

How best do you think New Start can reach the communities?

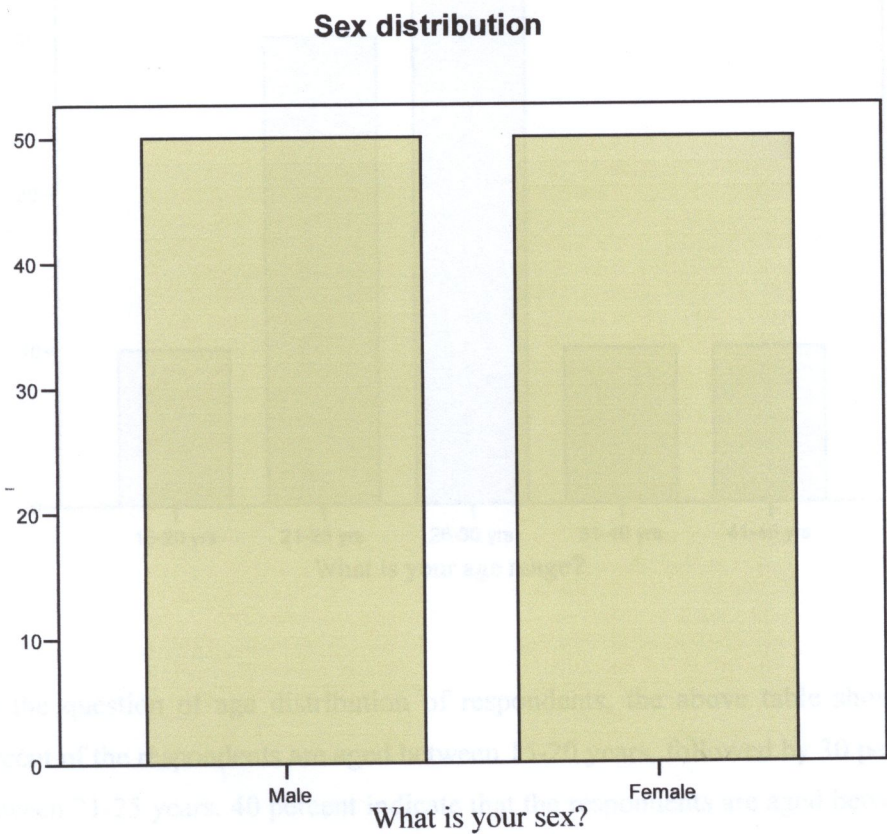
		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Brochures, posters and pamphlets	10	10.0	10.0	10.0
	Drama groups	3	3.0	3.0	13.0
	Television	10	10.0	10.0	23.0
	Radio	31	31.0	31.0	54.0
	Mobile VCT	15	15.0	15.0	69.0
	Door to door education and testing	16	16.0	16.0	85.0
	Set VCT centers in rural areas	5	5.0	5.0	90.0
	Conduct promotions	10	10.0	10.0	100.0
	Total	100	100.0	100.0	

10 of the respondents suggested that New Start can best reach the communities through brochures, posters and pamphlets. This is because these can be circulated in learning institutions where youths are found. Besides, brochures and pamphlets provide permanent records that can be read every now and again. 3 percent indicated that drama groups can be used to reach communities. 10 percent suggested that communities can be best reached through the use of television. 31 percent registered that communities can be best reached through the use of radio. 12 percent of the respondents indicated that mobile VCT activities can be best utilised to reach communities. 16 percent propose that door to door education and testing can be employed to best reach communities. 5 percent suggested that communities can be

best reached through setting of VCT centers in communities and rural areas. 10 percent feel conducting promotions in communities is the best way to reach people.

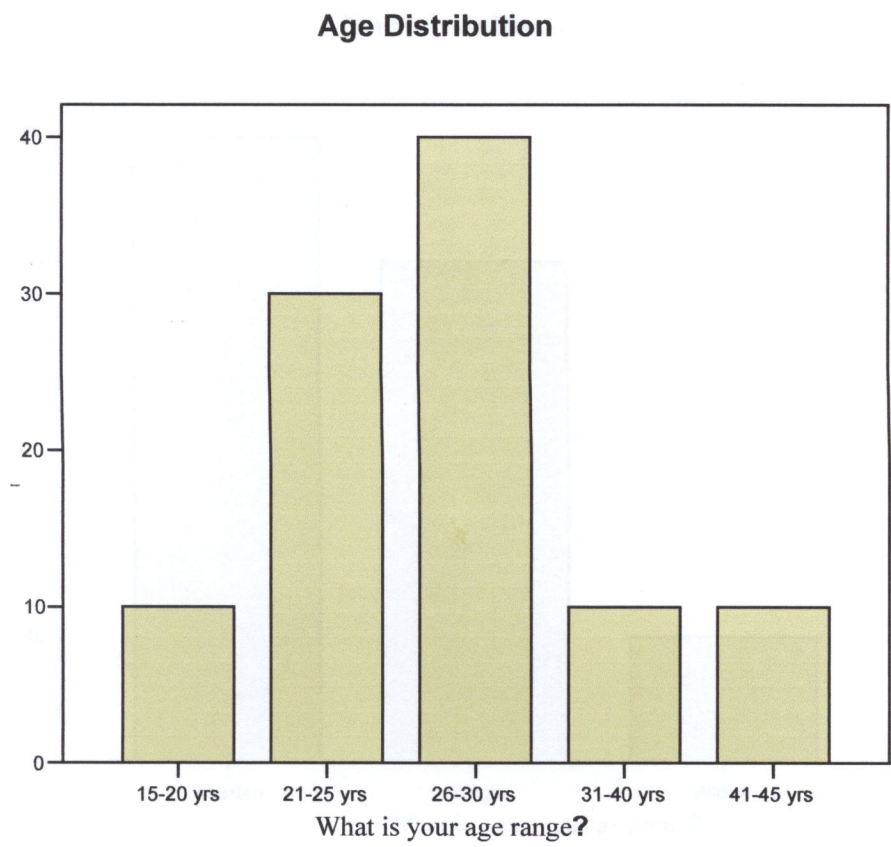
Part B. Quantitative survey from Counsellors

Figure 12



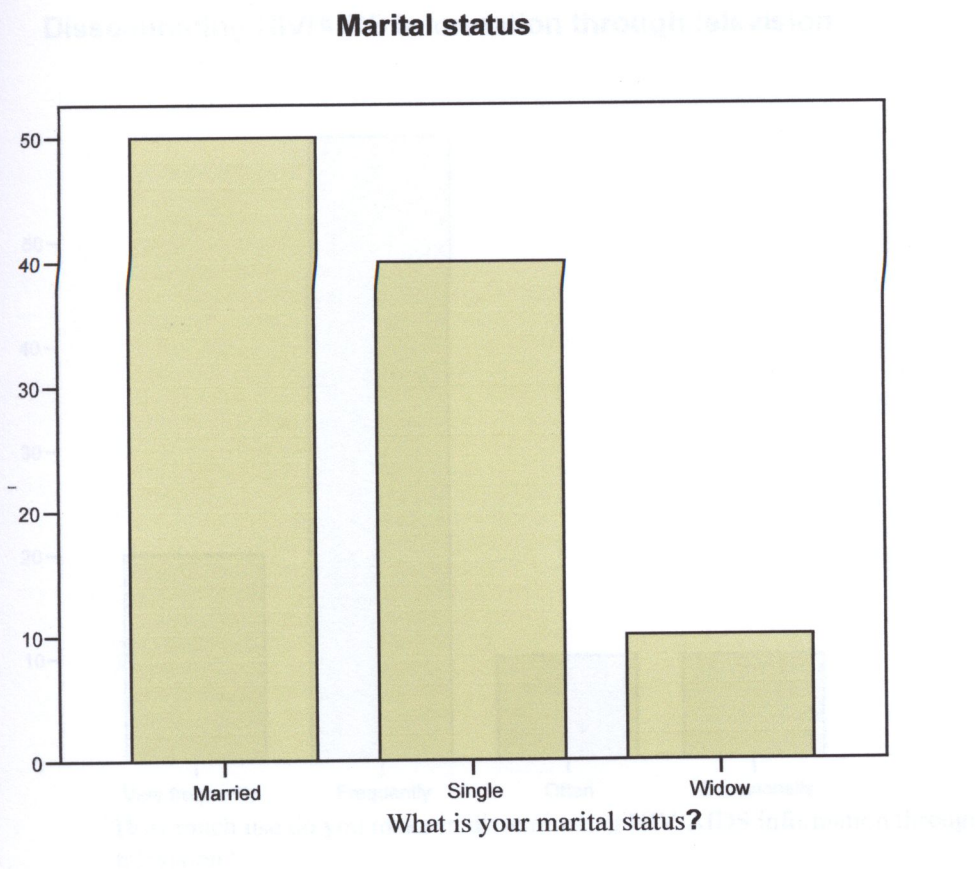
On the question of the sex distribution of respondents, 50 percent are females and 50 percent are males. This illustrates that there is gender balance on staffing at the VCT centre. The situation allows both male and female to participate in the fight against HIV/AIDS.

Figure 13



On the question of age distribution of respondents, the above table shows that 10 percent of the respondents are aged between 15-20 years, followed by 30 percent aged between 21-25 years. 40 percent indicate that the respondents are aged between 26-30 years, followed by 10 percent of 31-40 years and another 10 percent of 41-45 years. This means that clients who wish to be counselled and tested by their peers can successfully be attended to as they wish. Adult clients who demand to be handled by their fellow adults can also be attended to.

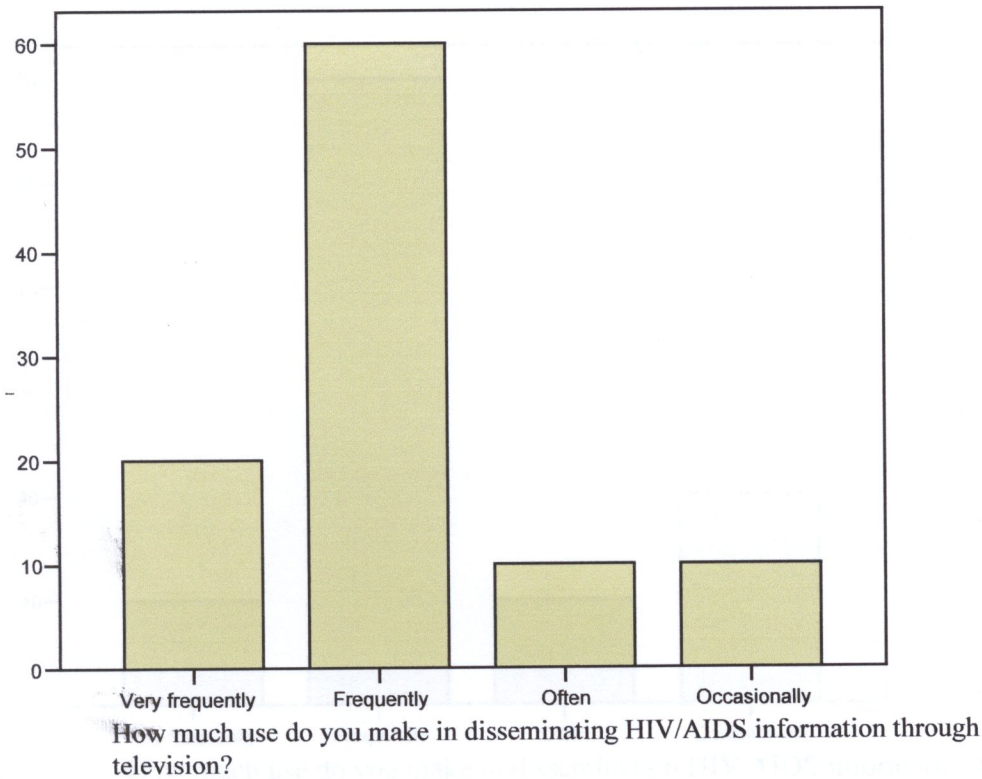
Figure 14



On the question of marital status of the respondents, it is indicating that 50 percent of the counsellors are married. 40 percent are single and 10 percent are widowed.

Figure 15

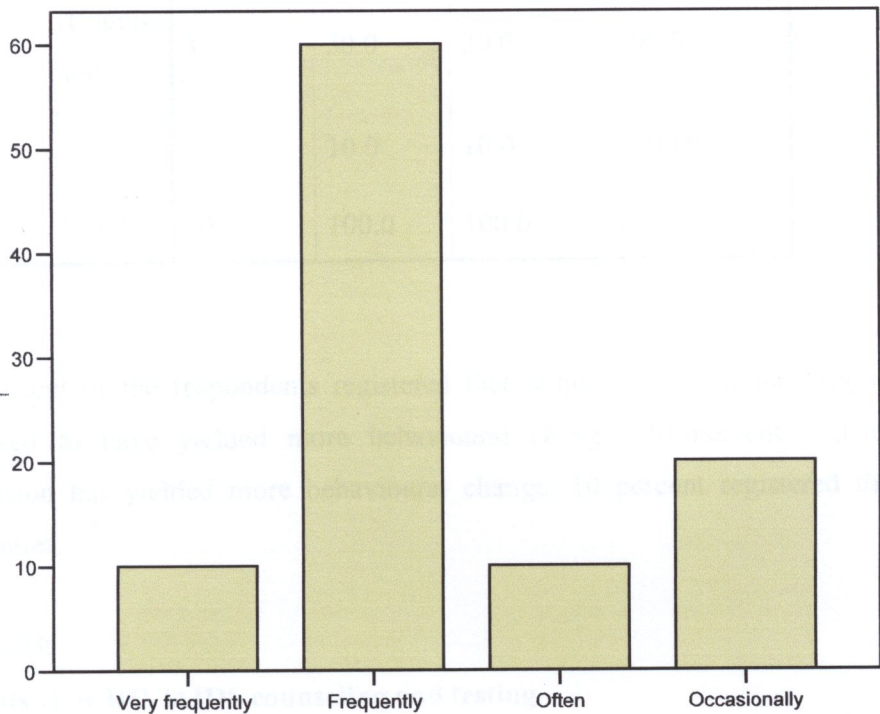
Disseminating HIV/AIDS information through television



On the question of how much use of television in disseminating HIV/AIDS information by New Start, 60 percent of the respondents registered that it is very frequently used. 20 percent registered that television is frequently used. 10 percent registered that television is often used and another 10 percent indicated that it is occasionally used.

Figure 16

Dissemination of HIV/AIDS information by New Start through radio



How much use do you make in dissemination HIV/AIDS information through radio

60 percent of the respondents indicated that the dissemination of HIV/AIDS information through radio is frequently utilised. 20 percent indicated that the radio is occasionally used. 10 percent shows that the radio is very frequently used. 10 percent also indicate that the radio is often used.

Table 18

Communication strategy thought to have yielded more behavioural change

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Radio	6	60.0	60.0	60.0
	Televis ion	3	30.0	30.0	90.0
	Brochu res	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

60 percent of the respondents registered that radio is the communication strategy believed to have yielded more behavioural change. 30 percent registered that television has yielded more behavioural change. 10 percent registered the use of brochures.

Table 19

Clients view HIV/AIDS counseling and testing

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Very favourabl y	7	70.0	70.0	70.0
	Favourab ly	3	30.0	30.0	100.0
	Total	10	100.0	100.0	

70 percent of the respondents view HIV/AIDS counselling and testing offered by New Start very favourably. 30 percent of the respondents view the programmes favourably.

On the issue of how effective the communication strategies are in disseminating HIV/AIDS messages, the following were the responses;

Table 20
Individual approach

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very effective	6	60.0	60.0	60.0
	Effective	4	40.0	40.0	100.0
	Total	10	100.0	100.0	

60 percent of the respondents indicated that individual approach was very effective while 40 percent indicated that the approach is effective.

Table 21

Youth organisations

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Effective	4	40.0	40.0	40.0
	Less effective	6	60.0	60.0	100.0
	Total	10	100.0	100.0	

40 percent of respondents indicated that youth organisations are effective while 60 percent feel that the approach is less effective.

Table 22

Group Approach

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very effective	3	30.0	30.0	30.0
	Effective	6	60.0	60.0	90.0
	Less effective	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

30 percent of respondents agree that group approach is very effective, while 60 percent reported that the approach is effective and 1 percent indicated that group approach is less effective.

Table 23
Community approach

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Very effective	2	20.0	20.0	20.0
	Effective	5	50.0	50.0	70.0
	Less effective	3	30.0	30.0	100.0
	Total	10	100.0	100.0	

20 percent of respondents indicated that community approach is very effective, 50 percent indicated that it is effective and 30 percent still reported that the approach is less effective.

Table 24
Does New Start produce brochures?

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	100.0	100.0	100.0

100 percent of respondents agreed that the organisation produce brochures.

Table 25
Does New Start produce newsletters?

		Frequenc y	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	90.0	90.0	90.0
	No	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

99 percent of the respondents indicated that the organisation produce news letters while 1 percent does not agree.

Table 26
Other materials produced by the Organisation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Identity cards, fliers	2	20.0	20.0	20.0
	yellow wrist bands	3	30.0	30.0	50.0
	T-shirts and key holders	1	10.0	10.0	60.0
	chitenge materials, male and female condoms	4	40.0	40.0	100.0
	Total	10	100.0	100.0	

20 percent of the respondents indicated that the New Start through SFH produce identity cards and fliers. 30 percent indicated that among other materials produced by the organisation are yellow branded wrist bands. 1 percent indicated T-shirts and key holders 40 percent registered chitenge materials, male and female condoms.

Table 27- Age * Do you think the education and information provided by New Start is friendly to the general public? Crosstabulation

		Do you think the education and information provided by New start is friendly to the general public?			Total
		Very friendly	moderately friendly	Very unfriendly	
What is your age range?	16-20 yrs	16	6	0	22
	21-25 yrs	21	6	1	28
	26-30 yrs	14	3	0	17
	31-35 yrs	11	1	0	12
	36-40 yrs	10	0	0	10
	41-45 yrs	6	2	0	8
	46 and above	2	1	0	3
Total		80	19	1	100

The above Crosstabulation, table 27, shows that 80 percent of the ages between 16 to 46 years and above agree that the education and information provided by New Start is friendly to the general public. 19 percent indicated that the information and education are moderately friendly while 1 percent indicated very unfriendly.

Table 28 - Sex * How often do you demand for safer sex with your partner?

Cross tabulation

		How often do you demand for safer sex with your partner?						Total
		Very often	Often	Always	Rarely	Very rare	Never	
What is your sex?	Female	17	7	13	4	3	4	48
	Male	11	10	13	7	4	7	52
Total		28	17	26	11	7	11	100

The above cross tabulation of table 28 indicate that 28 percent of the respondents very often demand for safer sex with their partner. 17 percent of this is females and 11 percent males. 7 percent of females indicated that they often demand for safer sex while 10 percent of males do so. 26 percent always demand for safer sex, 13 percent being females and another 13 percent of males. 11 percent rarely demand for safer sex, 7 percent very rarely demand for safer sex and 11 percent never demand for safer sex.

Safe sex (also called safer sex or protected sex) is the practice of sexual activity in a manner that reduces the risk of infection with sexually transmitted diseases (STDs). Conversely, unsafe sex is the practice of sexual intercourse without regard for prevention of STDs.

Safe sex practices became prominent in the late 1980s as a result of the AIDS epidemic. Promoting safe sex is now a principal aim of sex education. From the viewpoint of society, safe sex can be regarded as a harm reduction strategy. The goal of safer sex is education and risk reduction www.en.wikipedia.org/wiki/safe_sex/. The findings indicate that more has to be done on safer sex practices. Youths must be appealed to demand for safer sex if the fight against HIV/AIDS has to succeed. . However, the percentages of females demanding for safer sex are encouraging. Female counterparts are coming up in protecting themselves against HIV/AIDS.

Table 29- Education * How would you rate the communication strategies used by New start to address HIV/AIDS? Crosstabulation

		How would you rate the communication strategies used by New start to address HIV/AIDS?					Total
		Very good	Good	Fairly good	Poor	Very poor	
What educational level did you attain?	Primary	3	1	0	0	0	4
	Junior secondary	5	5	0	1	0	11
	Senior secondary	40	14	3	0	1	58
	Tertiary	10	12	5	0	0	27
Total		58	32	8	1	1	100

58 percent of the respondents indicated that the communication strategies used by New Start are very good to address HIV/AIDS. Of the 58 percent, 3 percent attained primary education, 5 percent junior secondary, 40 percent senior secondary and 10 percent tertiary education. 32 percent indicated that the strategies are good. 8 percent indicated that the communication strategies are fairly good. 1 percent indicated that the strategies are poor and the other one percent still indicated that the strategies are very poor to address the HIV/AIDS.

www.psi.org_programmes/hiv_aids.html indicates that social marketing of VCT uses branded advertising and generic behaviour change communication techniques. New Start sites benefit from common mass media and interpersonal communication strategies that distigmatise VCT and are culturally appropriate and targeted.

Table 30- Age * Communication strategy thought to have yielded more behavioural change Crosstabulation

		Communication strategy thought to have yielded more behavioural change			Total
		Radio	Televisio n	Brochure s	
What is your age range?	15-20 yrs	0	1	0	1
	21-25 yrs	3	0	0	3
	26-30 yrs	3	0	1	4
	31-40 yrs	0	1	0	1
	41-45 yrs	0	1	0	1
Total		6	3	1	10

Table 30 shows that radio is thought to have yielded more behavioural change. This represents 6 percent of which 3 percent is supported by those aged 21-25 years and another 3 percent for those aged 26-30 years old. 3 percent of those aged 15-20, 31-40 and 41-45 years indicated television, sharing a percentage each.

Table 31 -Occupation * Would you commend New start for the job it is doing in the fight against HIV/AIDS? Crosstabulation

		Would you commend New start for the job it is doing in the fight against HIV/AIDS?			Total
		Yes	No	Not sure	
Occupation	Employed	17	3	0	20
	Self-employed	24	0	0	24
	College	12	0	0	12
	University	7	0	0	7
	Unemployed	32	4	1	37
Total		92	7	1	100

92 percent of the respondents registered that they commend New Start for the job it is doing in the fight against HIV/AIDS. Of the percent given, 17 percent of the respondents are employed, 24 percent are self-employed, and 12 percent are in college and 7 percent in the university. 7 percent registered that they are not commending New Start. 3 percent are employed and 4 percent unemployed. 1 percent of the respondents are not sure.

5.1.1 Key changes in information dissemination for HIV/AIDS given an opportunity

Most of the respondents registered that, given an opportunity; people living with HIV should not keep their status to themselves but publicise it so that the community where they live in can know how to handle and take care of them.

More and consistent information on television and radio should be given to drastically reduce the prevalence rate of HIV/AIDS. This should incorporate male circumcision. Others would incorporate the free giving out of T-shirts to men and Chitenge materials as a way of promoting the services offered by New Start. Some respondents registered that it is better to have mandatory testing rather than voluntary counselling and testing.

The other change other respondents feel could be done is on area coverage. Concentrating on urban areas is not too fair to the extent of ignoring the rural population where thousands are dying due to lack of facilities and services. There is need for multi-approach to reach each and every individual, including rural areas. A centre for New Start where children can freely go and be attended to in communities has to be considered as well. Children are equally vulnerable and need to access services freely, registered other counsellors.

5.1.2 Challenges of communication strategies New Start face

The organisation lacks adequate finances to facilitate the smooth running of various communication strategies to reach different communities. Although New Start through SFH produce brochures, magazines, pamphlets, chitenge materials among other things, they are not enough to articulate in all nine provinces including rural areas. However, the production of the items is highly appreciated.

Sometimes transport may not be available to reach out to all communities as required. To counsellors, sometimes it is a challenge to use a language that you are not too conversant with and yet you have to adequately represent the organisation. Zambia has 73 languages and ethnic groups. Language and cultural barriers are a great challenge to New Start initiatives. Sustainability and developing an effective tool is an equally important challenge.

The donor dependent programme is facing increasing donor ambivalence towards funding all activities that may be relevant to local communities. Considerations to local efforts should be made regardless of who donated the money.

PART C: Qualitative Findings

The researcher conducted one (1) Focus Group Discussion and two Interviews

Most of the interviewees have been involved with New Start as VCT counsellors for months and others for years.

5.2.1 Focus Group Discussion

The researcher held one focus group discussion with the VCT counsellors that were sampled for this study. The group comprised of 8 people who were identified as key persons in the VCT services. A guided interview was used and focussed on finding out on issues related to New Start and the main areas of concern centred on: -

1. finding out the communication strategies used by New Start centre to ensure that the impact of HIV/AIDS at work place are mitigated through the development, promotion and implementation of innovative strategies and deliver HIV/AIDS prevention, care and support programmes.
2. Establishing the approaches towards reporting on HIV/AIDS
3. To know how New Start in response to AIDS has been involved on mass media campaigns to sensitise and educate the general population, especially youths, on the ABCs of safer sex and on reduction of stigma and discrimination against people living with HIV/AIDS.
4. To establish how New Start integrated condom use through information, education and communication.
5. Knowing whether there has been increase or decrease in condom use among the sexually active population.
6. Knowing how best communities can be reached including rural areas.
7. To know how New Start look at the role of the media in the face of HIV/AIDS.

5.2.2 Innovative strategies

The researcher wanted to know whether the discussants knew the role of the innovative strategies introduced by the organisation. In the group discussion held, the discussants expressed a level of understanding as to why a lot of seminars, workshops and meetings are held at their work place. Horizon meetings were stressed for those who test positive. This group receive training on how to provide care and support to others in communities. Mobile VCT activities are also utilised as communication strategies used by New Start centre to reach communities and work places.

5.2.3 Approaches towards reporting on HIV/AIDS

The discussants admitted that many communication strategies are used to reach communities but radio has been reported to be more effective and quick to reach the audience. They further stressed that radio covers both rural and urban areas.

5.2.4 The ABCs of safer sex

The respondents registered that adverts on maximum condoms are being presented occasionally. Abstinence is not observed by every one and so condoms must be encouraged. Youths do pose on posters, promoting condom use. The same youths who pose on posters, play on radio, watch video, television clips and radio slots.

5.2.5 Integration of condom use

The discussants indicated that people who come for VCT are given information on condom use. Demonstrations on how to consistently and correctly use the condom are availed to clients. Each time there are big gatherings like trade fairs, World disabled day, AIDS day among others; condom use is integrated in other programmes. During mobile VCT services, condom education is given to those who seek VCT services.

5.2.6 Increase on condom use

On the question of increase or decrease in condom use, the discussants confirmed that there was increase in condom use. Samplers are made and distributed to the public especially higher learning institutions and for those people who sought VCT services. These (Samplers) are condoms that are given for free and not for sell. More information on how to use a condom is contained on samplers. Condom demonstration in cartoon adverts on television is also given. Reports are given at the end of the year on how much condoms have been sold. Moreover, samplers finish every time they are produced. This indicates that there is increase in condom use.

In addition, www.psiwash.org/ also confirms that sales have been high, averaging 400,000 per month since the launch of MAXMUM condom. In the first year of operation, 4.6 million units were sold.

The record pace of the Zambia Social Marketing Project is due to a committed team applying the social marketing tenets of a wide distribution network, affordable price, and easily recognisable and attractive packaging.

A top priority during the first year of the project was developing brand name awareness. The brand name *MAXIMUM*, along with the yellow and blue packaging, logo, and advertising slogans, were designed specifically for the Zambian consumer through careful, but prompt focus-group research.

MAXIMUM is clearly the most popular and ubiquitous condom in Zambia produced by SFH. Sales have now expanded beyond traditional condom venues—pharmacies, drug stores and health clinics—into grocery stores, supermarkets, department stores, bars, hotels, filling stations, markets and street stalls.

5.2.7 The success of maximum condoms:

On World AIDS Day, December 1st, 1992, ZSMP launched MAXIMUM, a high-quality, low priced condom in Zambia. The social marketing of condoms has played a significant role in making people more comfortable about discussing the dangers of STD's including AIDS and condom usage. Through mass media advertising, community based education and the distribution of promotional items, high awareness of MAXIMUM condoms has been achieved. In just over four years, MAXIMUM has become a household name in Zambia with 25 million condoms sold in this period. Further, the IEC campaigns and extensive promotional activities have played an important role in reducing the stigma attached to all condoms. Market research has shown that the introduction of MAXIMUM has encouraged increased condom use among the sexually active population.

5.2.8 How best to reach communities including rural areas

The discussants registered that the best way to reach out to communities is through the use of the media. These include the mass media, small media and institutional and interpersonal networking.

Mass media

These include television, radio, video tapes, drama, music, billboards, news papers and magazines. In these, messages are embedded in the story lines of the radio,

television, film, music and drama or HIV/AIDS messages are raised through news coverage or through HIV/AIDS columns in newspapers.

Small media

These include pamphlets, posters, flip charts, displays, T-shirts, magazines among others. HIV/AIDS messages can be communicated using these small Medias.

Institutional and interpersonal networks

This category includes schools, colleges, youth clubs, and women clubs among other institutions. Information is disseminated through these groups by peer educators or by visiting experts who are influential in supporting people to make risk behaviour changes. The outlined Media complement each other in the fight against HIV/AIDS. This means that one can listen to HIV/AIDS message on radio, watch AIDS messages on television, read HIV/AIDS in magazines, pamphlets, newspapers and brochures. More than this one would still discuss with peers about HIV/AIDS and finally persuaded to seek VCT services as behaviour change occurs.

Drama was also advocated to be the best strategy used to reach people. This is because it is entertaining and educational. Other discussants registered that door to door campaigns can be done through the use of community mobilisers, church leaders and political leaders to best reach communities.

5.2.9 New Start and the role of the media in the face of HIV/AIDS

The discussants indicated that New Start appreciate the role of the media in the fight against HIV/AIDS. This is due to the fact that New Start is able to be linked with other partners in the fight against HIV/AIDS. HIV/AIDS adverts are done on media meant to sensitise the public and communities. Duplication of programmes and information by different organisations involved in the fight against HIV/AIDS is eliminated due to media presentations. Media plays a bigger role on HIV/AIDS messages and education.

5.3.0 In-depth interviews for New Start members of staff

5.3.1 Information dissemination

All the interviewed counsellors including the Site Manager agreed to the fact that not only members of staff disseminate information for HIV/AIDS to communities but also community mobilisers from other institutions, health care givers, clients themselves, facilitators, peer educators, drama groups, radio and television among others, are also involved in disseminating HIV/AIDS information.

5.3.2. Extent to which communication strategies are utilised

The interviewees on this issue indicated that New Start has utilised mobile VCT activities in reaching out to communities. This is an activity that happens on daily basis in different communities. People are mobilised through a megaphone and those who respond are immediately attended to by offering free VCT to them. HIV testing results are availed to them there and then. Where further services are required, a referral is provided to such an individual, for further attention and care.

Brochures, posters, fliers, yellow bands, chitenge materials and electronic media adverts are utilised whenever necessary. However, brochures are no longer produced as compared to the past. This is due to financial constraints.

5.3.3 Best measures of preventing HIV/AIDS

On this question, 8 interviewees alluded to that; the best measure of preventing HIV/AIDS in this era should include consistency in information giving. Behaviour change is another measure advocated for. The ABC approach and male circumcision still stand to be the best measures of preventing HIV/AIDS. Where abstinence is not observed and unfaithfulness to partners still prevails, condom use should be encouraged for the prevention of acquiring the virus. Both male and female condoms are provided.

Male circumcision is another measure employed to provide partial prevention of HIV/AIDS to men of 16 years and above. This is the removal of the foreskin from the head of the penis. It is one of the oldest and most common medical procedures in the world. Male circumcision provides some protection from HIV. It does not provide 100 percent protection. A man who is circumcised is 50-70 percent less likely to get the virus.

5.3.4. How a circumcised man is protected from HIV

The inside of the foreskin is soft and moist and is more likely to get tiny tears or sores that allow HIV to enter the body more easily. The inner foreskin contains special cells called 'target cell' that allow HIV to infect a person. The concentration of these 'target cell' in the foreskin is higher than in any other surface of the body. Male circumcision removes this vulnerable area, and removes the 'target cells'. After male circumcision, the skin on the head of the penis becomes thicker and is less likely to tear.

A sexually active circumcised man should still protect himself and his partner. Other prevention methods include abstaining from sex and being faithful to a partner who is both faithful and HIV and STI free. Moreover, the importance of knowing HIV/AIDS status should be highlighted to the general public (Brochure SFH).

5.3.5 Meetings on how to disseminate HIV/AIDS information

In terms of meetings being called to discuss ways of how New Start can disseminate information on HIV/AIDS, most of the interviewees reported that meetings are being called. These meetings have been helpful in the sense that new information about HIV/AIDS and ideas are shared. Old information may not be effective. New counselling skills are incorporated and how best the clientele can be reached. These meetings have yielded fruitful results.

5.3.6. Relationship between New Start and other organisations

The interviewees indicated that the relationship has been good though New Start has been accused of not sending representatives to NAC meetings especially where it concerns strategising on big events activities like World AIDS day. But generally, New Start has managed to network with others like University Teaching Hospital, CHAMP, ZHECT, Coptic hospital, CIDRZ, and other clinics on referrals. New Start can not be everywhere but through networking, the organisation is able to provide services.

5.3.7. Strengths of New Start

All the members of staff interviewed reported that they appreciated the way the organisation was integrating different programmes at the centre. Other than VCT services being offered, Male Circumcision (MC) has been introduced and it is pulling a lot of clients who seek VCT and MC. Mobile VCT services are also a strength to the

organisation. Other interviewees reported that the provision of branded yellow bands written ‘I Know, do you?’ has added a plus in terms of pulling clients and reducing stigma since the yellow band simply mean that “I Know my status, be it negative or positive”. Besides this, the organisation has also provided peer training and offered horizon programmes for people who test positive. This means that such people are not just thrown in a dilemma but somehow remain attached to the organisation in terms of support and care.

The other strength reported by interviewees is that the organisation is able to expand to all the provinces. So far, New Start is already operating in almost all the nine provinces of Zambia. This allows the speaking of local languages stuck to the vision in a given area, hence, setting a standard.

The ability to coordinate and harmonise activities in the provinces where New Start is operating is strength to the organisation. Clients can also do their re-testing anywhere in the provinces, once return visit is required.

5.3.8. Weaknesses of New Start

Most of the interviewees reported the following weaknesses;

1. Inconsistency in utilisation of the media.
2. Inability to produce more brochures in vernacular languages.
3. Male circumcision not yet addressed into vernacular languages and advertised to a larger extent through media and other materials.
4. Failure to adequately attend to the deaf and dumb clients who seek VCT services at the centre. No adequate trained personnel to attend to such clients.

5.3.9 Best Strategies on disseminating messages to the public

The staff spelt out some of the best strategies of disseminating messages to the public. These strategies included advertising on media, both electronic and print media, megaphones especially during mobile outreach. Drama groups and brochures written in seven local languages because the target audience include people who may not be conversant with English. The printing of more chitenge materials and T-shirts to be distributed to the public, especially during ‘big days’ like International AIDS day would be another best strategy to be used. Community networks, churches, workshops, seminars, group discussions, handouts from person to person for instance, coupons on male circumcision,

these were also suggested to be the best strategies.

5.10 Challenges and barriers

The staff expressed the challenges faced by the organisation that it was not easy for the organisation to market itself to thrive and compete effectively with other organisations that are offering similar services. These other organisations may be a big threat. It is a non profit making organisation and it has some of the members of staff who work as volunteers and may not be on adequate incentives to keep them motivated. This is due to lack of funds.

Another challenge is a misconception that people look at VCT as an American agenda leaving them with no benefits as Zambians. Some interviewees indicated that there are still some people who view a condom to be deliberately infected by the HIV/AIDS to deliberately infect the users. The biggest challenge is how best to deliver the message to break this barrier of misconception.

Other members of staff still alluded to that, funding to the organisation is inadequate and may not be used for other programmes but as directed by the donors, no matter how good the local programme may be.

The other observation was how the organisation can penetrate rural areas where potential beneficiaries are found; who listen to HIV/AIDS messages on radio but at the end of the day can not access VCT, due to distance. How to reach the vast population who may want to be tested remains a challenge.

More on this question, some members of staff observed that the issue of confidentiality and anonymity promotes stigma. Partner notification becomes a problem. There should be no confidentiality so that a counsellor should be in a position to notify the partner even where the other party did not consent. Furthermore, other discussants stated that HIV/AIDS stigma and discrimination is often seen to bring shame upon the person infected, their family and/or the wider community. This is because it is often associated with minority groups or behaviours such as homosexuality, drug addiction or promiscuity and can be seen as the result of personal irresponsibility. Factors which contribute to HIV/AIDS-related stigma as noted by discussants include:

- HIV/AIDS is a life-threatening disease
- People are scared of contracting HIV
- The disease is associated with behaviours (such as sex between men and injecting drug-use) that are already stigmatised in many societies
- People living with HIV/AIDS are often thought of as being responsible for becoming infected
- Religious or moral beliefs lead some people to believe that having HIV/AIDS is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished.

Misconceptions, myths, peer pressure and stigma may be a barrier that may hinder someone from hearing messages even when the individual is alone. Cultural and traditional beliefs may also be a hindrance to effective communication between New Start and its clientele.

5.4 In-depth interviews with the site manager

It was also important to find out what the Site Manager says about the communication strategies of the organisation he is managing.

5.4.1 Communication Strategies

On the question of the communication strategies used by New Start, the Site Manager emphasised on the use of Mobile activities to reach out to different communities. The mobile coordinator identifies the place to where VCT is to be conducted. Sometimes community mobilisers are also used to set the site. Megaphones are also utilised to reach out people within the community. Pamphlets, fliers and brochures are as well given to the public. Apart from that, he further reported that the use of television and radio are far much better to reach diverse areas including rural. The only unfortunate part is that though some may be able to listen to HIV/AIDS messages, coming to test may not be possible due to distance to the testing centres.

5.4.2 Mass media campaigns

The Site Manager here indicated that time to time there have been programmes on media. Adverts have been done on television especially on condom use, abstinence, pose on posters, and delayed sexual activity in local languages-

posters. Sometimes DJs are given a one day training to enable them being conversant with HIV/AIDS information. UNZA radio and Hone FM has been used to discuss the ABCs of sexual life.

At the time of the research, there was a campaign on male circumcision through person to person and a few posters here and there. It was not yet fully advertised on radio and television due to lack of infrastructure where to direct people and adequately attend to them in large numbers. However, the response from the youths was already overwhelming. He further reported that, messages are made clear to youths that MC is not a substitute of the ABCs.

When sensitising people, the use of condom is raised though not encouraged but make aware. Condom demonstrations are done on one to one sessions as well as group sessions to help those people who can neither abstain nor be faithful to one sexual partner.

On whether there has been increase or decrease on condom use, the Manager confirmed that condoms have been acquired and finished within a short time. This shows that there has been an increase on condom use.

Like other interviewees, the Site Manager also registered that churches, peer groups, community leaders, community mobilisers, mass media both electronic and print, brochures drama and magazines are the best strategies that can be used to reach the target audience.

On the issue of how New Start look at the role of the media in the face of HIV/AIDS, the Manager reported that media plays a vital role in sensitising and educating the people. 'Without the media, disseminating information to the communities would be difficulty'.

CHAPTER 6

DISCUSSION OF RESULTS

6.0 Introduction

The research sought to determine the communication strategies used by New Start in the fight against HIV/AIDS. It was based on quantitative and qualitative methodologies. Basically, the discussions were based on the opinions, views and experiences of the respondents.

6.1 General information

The general information about the respondents included sex, age and educational level.

Of the people who seek VCT services 52 percent were men and 48 percent were women. There is a minimal disparate in terms of gender. This indicates that there are more men who seek VCT services than women. Women need to take a key role in seeking VCT because of their sexual vulnerability that exposes them to HIV/AIDS.

According to Domestic Violence Bench book, 1998, Sexual violence can profoundly affect the physical, emotional, mental and social well-being of victims. It is associated with a number of health consequences, including: unwanted pregnancy, gynaecological complications such as vaginal bleeding, fibroids, chronic pelvic pain and urinary tract infections, and sexually transmitted diseases including HIV/AIDS, depression, post-traumatic stress disorder, suicidal thoughts and behaviour. Victims may also face ostracism from family, friends and their communities Nelson (1988).

However, one observation made on this disparate is that more men seek VCT at the centre so as to go through MC after knowing their HIV status. MC is a component/strategy that is being integrated by New Start in the fight against HIV/AIDS. It is a service that is mostly given to 16 years and above male adults especially those who test negative (SFH Brochure).

In March 2007, WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) stated that MC is an effective intervention for HIV prevention, but also noted that male circumcision only provides partial protection and should not replace other interventions to prevent the heterosexual transmission of HIV/AIDS. The same year, 2007, WHO and UNAIDS recommended that male circumcision should now be recognised as an efficacious intervention for HIV prevention, but emphasised that it

does not provide complete protection against HIV infection. They have stated that scientific findings regarding the role of male circumcision in preventing heterosexual HIV infection are particularly relevant in regions where the incidence of heterosexually acquired HIV infection is high, such as Sub-Saharan Africa, and stressed that the procedure must be carried out safely and under conditions of informed consent (www.unitednations/programme/on/hiv/aids).

In terms of age range distribution, it is indicated that most of the VCT attendants are those in the range of 16-20 years, 21-25, 26-30 and 31-35 years. Generally, these ranges cover the youths who are highly at risk of acquiring the HIV/AIDS infection. The response by these age groups therefore shows that New Start is addressing the concerns of youths in communities.

This is in accordance with the United Nations Assembly Special Session held on HIV/AIDS in June 2001, where it was agreed by the governments of the State that, “By 2005, ensure that 90 percent, and by 2010, 95 percent of youth aged 15-24 have information, education, services and life skills that enable them to reduce their vulnerability to HIV infection” (www.unitednations/programme/on/hiv/aids).

58 percent of the respondents indicated that they have gone up to senior secondary level and 27 percent tertiary education. 4 percent of respondents received primary education whereas 11 percent junior secondary school. Senior secondary and tertiary represent a total of 85 percent of respondents who listen to radio and read about HIV/AIDS messages without problem of communication breakdown.

6.2 Messages disseminated by New Start

90 percent of the respondents agreed that the messages are adequate while 10 percent registered that the messages are not sufficient.

(<http://blogs.ittefaq.com/tech>) states that, when one is working to combat a disastrous and growing emergency, he/she should use every tool at disposal. HIV/AIDS is the worst epidemic humanity has ever faced. It has spread further faster and with more catastrophic long-term effects than any other disease. Its impact has become a devastating obstacle to development. New Start through Broadcast Medias has tremendous reach and influence, particularly with young people, who represent the future and who are the key to any successful fight against HIV/AIDS. We must seek

to engage these powerful organisations like New Start, as full partners in the fight to halt HIV/AIDS through awareness, prevention and education.

6.3 Knowledge and understanding of HIV/AIDS

On the question of whether received enough knowledge and understanding of HIV/AIDS, 86 percent registered that they have received enough knowledge and understanding of HIV/AIDS. This entails that commonly held belief that if people only understood the disease and had information about HIV/AIDS readily accessible then they might change risky behaviour has proved untrue. People have received knowledge and understanding of HIV/AIDS. No other public health crisis has ever received so much attention like HIV and AIDS. It has prompted multilateral and bilateral agency cooperation on unprecedented scales. Academic and scientific institutions, recipient governments and non-governmental organisations have all joined resources along with a critical mass of cumulative experience to better understand the crisis of AIDS and the most effective weapons in this fight (www.devcomm.org/devcomm/CommunicationForDevelopment/tabid).

However, 14 percent indicated that the knowledge and understanding received is not enough. The percentages indicated above show that knowledge and understanding of HIV/AIDS is getting there though a little more has to be done to ensure everyone is reached. It can be argued that, in the absence of a vaccine, the social vaccine of education and awareness is the only preventive tool we have. It is appropriately said that prevention begins with information. Communication strategies, which conveys information and moulds public opinion, must remain at the heart of anti-HIV/AIDS campaign to help people make informed choices MOH (1992-2000).

6.4 Communication strategies used by New Start for combating HIV/AIDS

On the question of whether communication strategies used by New Start are adequate to deliver HIV/AIDS message, 42 percent of the respondents indicated 'strongly agree', 41 percent indicated 'agree', 8 percent disagree, 1 percent strongly disagree and 8 percent are not sure whether the strategies are adequate enough to deliver HIV/AIDS or not.

(www.whitehouse.gov/infocus/hiv aids) argues that, when the disease defies treatment, cure has to precede and be synchronous with efforts to identify treatment. Such can be the process to combat and control the menace of HIV/AIDS. Thus, communication strategies are one of the instrumentalities which facilitate and give a directional thrust to the efforts to cure the disease if not to treat it. If medicine can treat HIV/AIDS, communication strategies are capable to prevent it with an ultimate goal to cure it through its capabilities to impart education through entertainment. Thus, the passage of time role of communication strategies has become increasingly significant and that they must be adequate to combat HIV/AIDS.

6.5 Considered best communication strategy used by New Start

The question on the best communication strategy shows that 40 percent of respondents registered television. This is because television is entertaining as one is learning. 36 percent of respondents registered radio for its ubiquitous. 13 percent registered brochures to be the best communication strategy while news papers received 8 percent. On internet 3 percent of respondents registered it to be the best strategy used by New Start. In order to better understand this situation in the fight against HIV/AIDS, the New Start reach different communities through television, radio, film, the World Wide Web, music CD's, newspapers, books, and magazines. In the past centuries, mass media were limited to books, newspapers, and magazines. The dawn of the Twentieth Century saw an explosion in new ways for writers, business owners, and others to reach large numbers of people. Thomas Edison's hand-cranked films led the way to silent movies, followed by "talkies" in 1925 and "3-D" extravaganzas in the 1950's. Now movies are distributed not only in theaters but via television, videocassettes, DVD's, and for short pieces, even through the Internet (<http://blogs.ittefaq.com/tech>). This entails that New Start should maximise the use of internet in its endeavour to reach different communities.

6.6 Time of listening to radio

The study also sought to investigate on the time of the day respondents allocated more hours of listening to the radio. The results were that 16 percent of the respondents listened to the radio in the morning. 25 percent of the respondents listened to the radio in mid-morning to afternoons, 7 percent listened to radio in the afternoon, 35 percent

listens to radio at night and 17 percent listened in the late night. Generally, most of the respondents listen to radio from 19-23 hours. This indicates that HIV/AIDS programmes could be better learnt if broadcast during the time when clients were resting like in the night. Another view was that HIV/AIDS programmes should have their own “Radio station” to effectively handle a diversity of subjects in a broad way.

6.7 Serious problem faced by young people

Table 6 indicate that 12 percent of respondents registered that malaria is the urgent problem faced by youth, 73 percent registered HIV/AIDS, and 4 percent indicated STIs while 11 percent showed that the most urgent problem faced by young people aged 16-35 is drug abuse. It’s easy to think that AIDS is something for other people to worry about – gay people, drug users, people who sleep around. This is wrong – all young people, whoever they are, wherever they live need to take the threat of HIV seriously. To be able to protect yourself, you need to know the facts, and know how to avoid becoming infected. HIV is a big problem for young people, as well as adults. www.avert.org/young.html.

6.8 Youth and women

On the question of New Start addressing the concerns of the youth and women in the community, 83 percent of the respondents registered that the organisation is addressing the concerns while 17 percent registered that the concerns are not being addressed. UNAIDS estimated that 40 million people were living with HIV at the end of 2004 (UNAIDS, 2005). Approximately one quarter of infections occur among young people 15-24 years of age and that more than half of all new HIV infections are to people younger than 25 years (UNAIDS, 2004). HIV prevalence and incidence rates among young people are hard to come by, but those available for women attending antenatal clinics indicate that sexually active young women in sub-Saharan Africa are often at particularly high risk. In some areas more than 10% of girls ages 15-19 years and one-quarter to one-third of young women ages 20-24 years are infected with HIV (UNAIDS www.pubmedcentral.nih.gov/).

6.9 Activities to combat HIV/AIDS in communities

The findings on the activities that are taken by New Start to combat HIV/AIDS in communities, the research shows that 34 percent of respondents are very aware of the activities, 33 percent are aware, 16 percent moderately aware, 6 percent vaguely aware and 11 percent not aware. In view of this and in an effort to combat HIV/AIDS pandemic, SFH run the following activities. With a national prevalence of 15.6 percent among Zambians aged 15-49 (women 18 percent; men 13 percent), according to the 2001/2 Demographic & Health Survey (DHS), the HIV/AIDS epidemic in Zambia overwhelms the health system. USAID, under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), supports comprehensive activities under the Ministry of Health and National AIDS Council national plans. In five provinces, USAID partners work directly with the Ministry of Health to expand quality services for: prevention of mother-to-child HIV transmission, HIV counseling and testing, anti-retroviral therapy, and other treatment and care. USAID also supports private sector HIV counseling and testing through the New Start network of clinics. At the national level, USAID invests in the supply chain system for HIV/AIDS-related commodities. USAID procures anti-retroviral drugs, HIV test kits, and HIV-related lab equipment and supplies for the public sector.

6.1.0 Activities and partners

6.1.1 Health Communication Partnership (HCP) – HCP uses community mobilisation and communication tools to promote better health-seeking behaviour. The programme strengthens community organisations and leadership around key health issues in 22 districts. It also supports national health information, education and communication campaigns by developing job aids, radio programmes, health talk lines and video- and poster-based media. Two HIV/AIDS-related videos produced by HCP, *Tikambe* and *Road to Hope*, have won international awards www.hcpartnership.org/.

6.1.2 The communication between New Start and the target population

Table 9 indicates that 48 percent of respondents registered that the communication between New Start and the target population is excellent while 14 percent registered

that the communication is very adequate. 18 percent indicated that the communication is adequate. Still 16 percent of respondents indicated that the communication is fairly adequate and 4 percent indicated that it is very inadequate. HIV and AIDS raise many communication challenges as they touch on all aspects of life. Issues range from personal identity and sexuality, to how we understand morality and disease, to the social problems of stigma and discrimination. The pandemic has seen courageous and creative responses from people living with HIV and AIDS, and those living with the social impact. The communication approaches that have been developed to tackle HIV and AIDS hold lessons for us all (www.healthcomms.org/commus/). The purpose of communication is to bring about some form of change. That change might be in behaviour, policy, practice, conditions or attitudes, or an improved understanding or increased awareness about HIV/AIDS issues.

6.1.3 Effectiveness of information to promote HIV/AIDS prevention

On the question of education and information provided by New Start promoting HIV/AIDS prevention, 91 percent of the respondents registered that the education and information promote prevention. 5 percent of the respondents registered that the education and information does not promote prevention. 4 percent indicated that they are not sure. According to Khan (1996), HIV prevention is still our best hope for fighting the HIV/AIDS epidemic. The estimated lifetime cost of care and treatment for just one HIV+ person is about \$195,000. Given 40,000 new infections a year, it will cost more than \$6 billion in future years to care for everyone who gets infected this year alone. By keeping people from becoming infected, HIV prevention not only saves lives and slows down the epidemic; it also reduces the number of persons who require expensive medical regimens to combat their HIV disease. So information given by organisations has to be effective.

6.1.4 Behaviour Change

94 percent of the respondents registered that New Start is addressing the issue of behaviour change among the young people. 6 percent indicated general health. Behaviour change is cardinal in the fight against HIV/AIDS. Young people are targets of this fight. Bertrand (1999) emphasise that, Behaviour Change Communication (BCC) is a multi-level tool for promoting and sustaining risk-reducing behaviour

change in individuals and communities by distributing tailored health messages in a variety of communication channels.

Before they can reduce their risk and vulnerability to HIV, individuals and communities must understand the urgency of the epidemic. They must be given basic facts about HIV/AIDS, taught a set of protective skills and offered access to appropriate services and products. They must also perceive their environment to be supportive of changing or maintaining safe behaviours. As HIV is primarily a sexually transmitted infection (STI), this requires national and community discussions on sex and sexuality, risk, risk settings and risk behaviours. It also means dealing at the national and community levels with the resulting stigma, fear and discrimination.

BCC has many different, but related roles to play in HIV/AIDS programming. Effective BCC should:

- **Increase Knowledge.** BCC should ensure that people have the basic facts in a language, visual medium or other media that they can understand and relate to. Effective BCC should motivate audiences to change their behaviours in positive ways.
- **Stimulate Community Dialogue.** Effective BCC should encourage community and national discussions on the underlying factors that contribute to the epidemic, such as risk behaviours, risk settings and the environments that create these conditions. BCC should create a demand for information and services, and should spur action for reducing risk, vulnerability and stigma.
- **Promote Advocacy.** Through advocacy, BCC can ensure that policy makers and opinion leaders approach the epidemic seriously. Advocacy takes place at all levels, from the national down to the local community level.
- **Reduce Stigma and Discrimination.** Communication on HIV/AIDS should address stigma and discrimination and attempt to influence social responses to them.
- **Promote Services for Prevention Care and Support.** BCC can promote services that address STIs, orphans and vulnerable children (OVC), voluntary counselling and testing (VCT) for HIV, mother-to-child

transmission (MTCT), support groups for people living with HIV/AIDS (PLHA), clinical care for opportunistic infections, and social and economic support. BCC can also improve the quality of these services by supporting providers' counselling skills and clinical abilities.

BCC strategies in HIV/AIDS aim to create a demand for information and services relevant to preventing HIV transmission, and to facilitate and promote access to care and support services. Increasing the adoption and continued use of safer sex practices;

From the foregoing, it is clear that New Start is doing a commendable job to communities and organisations. New Start has brought the same high quality voluntary HIV counseling and testing to different communities and organisations without cost. This is through mobile VCT services. The findings brought forth the fact that New Start has helped people to stay healthy whether they test positive or negative. HIV/AIDS are serious burdens on employees and resident productivity; early counseling and testing are the keys to healthy and productive residents. New Start has provided the counseling services communities want.

New Start has provided highest quality counseling and testing services available. New Start counseling and testing protocols and procedures are state of the art. New Start carries its own quality controls. Clients therefore commend New Start because it makes it easy for a variety of target populations. It brings to a community everything needed to carry out counseling and testing staff and a mobile testing laboratory. Organisations are only required to provide appropriate on-site and to make employees or clients available to receive the services. Services are anonymous, confidential, quick, and convenient and no appointment is required to be made.

The study also looked at how often the information is given by New Start through interpersonal communication. Interpersonal communication was rated as regularly used by New Start. This is in line with Griffin (1994), in Chifukushi (2007) who argues in the Uncertainty Reduction Theory that, interpersonal communication takes advantage of other non verbal cues to enhance the communication process. This means that other than the verbal output one can fall on the nonverbal warmth, self disclosure, similarity, and shared communication networks to reduce uncertainty thereby increasing one's information seeking reciprocity.

From the foregoing, it is clear that interpersonal interactions play an important role in the dissemination of information on HIV/AIDS. The role of friends regardless of age group, in context of them is entertaining, easy to understand, readily available, educational and friendly.

Television was rated high in the sense that it is an effective way to reach young people who are the primary target in the fight against HIV/AIDS. For instance, in Zambia, the HEART programme – or Helping Each Other Act Responsibly Together – was designed by youth for youth and uses the mass media to promote AIDS prevention through abstinence, being faithful to one partner, and, when necessary, correct and consistent condom use.

According to a survey of Zambian youth, girls in particular said they want concrete messages with reasons to stay virgins or return to abstinence. The decision to abstain was frequently reported as a direct result of exposure to the HEART programme. Respondents were also more likely to say they chose ‘to abstain’ rather than to use condoms – a finding that counters the common argument that television and radio spots about safe sexual behaviour encourage promiscuity. The study clearly shows that we can promote abstinence as “cool” and reinstitute it as a social norm among Zambian youth, whether they are still virgins or for those wanting to return to abstinence.

Moreover, the distinguishing factor between television and the other forms of mass media is the fact that it incorporates all the defining characteristics of the other media. It qualifies to be a multimedia channel because it can be used to show text, still pictures, sound as well as moving pictures. It adds motion to the capabilities of radio (www.cmsproducer.com/web/).

Radio was also considered to be the regular way of disseminating information by New Start. It was as well reported to have yielded more behaviour change than any other communication strategy. The respondents take consideration of the messages received from radio as far as HIV/AIDS information dissemination is concerned. This is in line with Verreault (1986), who emphasises on Radio’s main advantage over the other forms of media for the fact that ‘it is everywhere’. There is hardly a place in the world beyond the reach of radio. Radio is so pervasive in our lives that we jog, commute,

drive, and even wakeup to radios. This research also revealed that every researched young and adult spends an average of 2 hours or at least minutes every day listening to radio. Unlike print media that requires undivided attention from the reader, radio does not require the much literacy, and it can be played in the background. In comparison with print media, radio has the extra advantage of being live and timely. Radio advertising becomes a reality to New Start.

The research also shows that Magazines news papers Brochures, posters and pamphlets are used regularly by New Start to disseminate HIV/AIDS information. This is according to the pie charts above. According to Sundel (1978) Print media—newspapers, magazines, and newsletters—are another avenue to reach large groups. Standing columns in newspapers and magazines can communicate issues on a regular basis. An advantage of print media is that it lasts; it can be reread, clipped out, copied, and passed on.

6.1.5 Stigma and discrimination-The way forward

HIV-related stigma and discrimination remains an enormous barrier to effectively fighting the HIV and AIDS epidemic. Fear of discrimination often prevents people from seeking treatment for AIDS or from admitting their HIV status publicly. Today, HIV/AIDS threatens the welfare and well being of people throughout the world. At the end of the year 2007, 33.2 million people were living with HIV and during the year 2.1 million died from AIDS-related illness.

Combating stigma and discrimination against people who are affected by HIV/AIDS is as important as developing new medicines in the process of preventing and controlling the global epidemic (UNAIDS 2007).

People who are living with HIV or AIDS sometimes lack knowledge of their rights in society. They need to be educated so that they are able to challenge the discrimination, stigma and denial that they meet in society. Institutional and other monitoring mechanisms can enforce the rights of people living with HIV or AIDS and provide powerful means of mitigating the worst effects of discrimination and stigma.

A more enabling environment needs to be created to increase the visibility of people with HIV/AIDS as a 'normal' part of any society. Leaders at all levels, and in all walks of life, must visibly challenge HIV-related discrimination, spearhead public action and act against the many other forms of discrimination that people face in relation to HIV/AIDS. Also key is the active involvement of people living with HIV/AIDS in the response to the epidemic, and in ensuring that prevention, treatment and support services are accessible to all (www.avert.org/aidsstigma.htm/). New Start through horizon programmes has endeavored to fight stigma and discrimination to its clients.

6.1.6 Other materials produced by the organisation

The discussants during the focus group discussion indicated that New Start through SFH produces T-shirts, key holders, chitenge materials, male and female condoms, yellow branded wrist bands and identity cards. All these materials are meant to communicate to the public about the services and materials produced by the organisation. Moreover, mobile VCT transports are labeled and decorated with intended messages such as 'Know for Sure! Go for VCT today'.

6.1.7 New Start and the Role of the Media in the Fight against HIV/AIDS

The discussants as indicated above, reported that New Start appreciates the role of the media in the fight against HIV/AIDS. This is due to the fact that New Start is able to be linked with other partners in the fight. HIV/AIDS adverts are done on media meant to sensitise the public and communities. Duplication of programmes and information by different organisations involved in the fight against HIV/AIDS is eliminated due to media presentations. Media plays a bigger role on HIV/AIDS messages and education. Mass media channels such as print and electronic can be used as;

- **6.1.7.1 A Channel for communication and Discussion:** One of the roles of mass media is to open the channels for communication and foster discussions about HIV and interpersonal relations. Addressing HIV/AIDS in the entertainment programmes can have an enormous impact on the society at risk. For instance, radio discussions can be used to disseminate information to both rural and urban communities in a dramatic way.

- **6.1.7.2 A vehicle for Creating a supportive and enabling environment:** Mass media is instrumental in breaking the silence that envelopes the disease and in creating an encouraging behaviour for combating with existing social norms and making positive changes in the society, for instance, the evil of cleansing in this era.
- **6.1.7.3 Facilitator for removing Stigma and discrimination attached with the disease:** HIV/AIDS afflicted individuals besides the anatomical discomforts, undergo the mental suffering of stigma and discrimination at the hands of the society. A number of mass media campaigns have focused on the need to overcome prejudice and encourage solidarity with people infected/affected by the virus. WHO has various extraordinary stories of HIV people who are not only fighting the virus but are also playing an integral role in prevention of HIV/AIDS. Good communication and information can reduce stigma in society. For instance, New Start is reaching communities through brochures, booklets, magazines, radio drama and other media vehicles that allow people to freely participate in listening and sharing information as well as reading for themselves.
- **6.7.1.4 A tool for creating a knowledge base for HIV/AIDS related services:** The collaborative efforts of all modes of media in association with NGOs, State organisations and service providers have brought to the lime light the availability and source of beneficial services like counselling, testing and condom provisions, treatment and social care. The broadcasters and print media have a specific role to play as their efforts have tremendous recall value. ZNBC has carried various discussions on the importance of HIV/AIDS counselling and Testing and people have responded to that. Magazines, chitenge materials, posters, T-shirts and brochures, among other things have equally been used to disseminate information on the anti-HIV/AIDS fight by New Start.
- **6.7.1.5 Education through entertainment:** For creating an efficacious awareness about HIV/AIDS, the messages need to be informative, educative as well as entertaining as these are mutually exclusive. The campaign can be launched with an idea of spreading education in a more entertaining way with a popular interactive detective series, and a reality youth show can be used.

Radio/television drama, series of stories, theatre groups and other group discussions are usually employed by New Start.

- **6.7.1.6 Mainstreaming:** Broadcasters are mainstreaming the HIV issue across a number of programmes, ensuring that the message permeates a diverse range of output, not just outlets and public service messages dedicated specifically to the issue. The fact that virus affects all sections of the society is reinforced in such a way that many people who might not pay attention to a traditional AIDS campaign or who do not choose to watch AIDS programming, are exposed to HIV/AIDS messages. A coordinated, multifaceted campaign has greater impact than a single programme. Documentaries, New Items, concerts, public service announcements, competitions, hotlines, books and websites can be linked together to reinforce awareness, information and messages about HIV related attitude and behaviour.
- **6.7.1.7 Media as an institution of oversight, restraint and collaborative efforts:** Mass media can render service in providing accurate and correct news coverage of HIV/AIDS facilitating, eliciting and generating public response to state sponsored efforts. Such efforts have the potentials to awaken social and political leaders to review their strategies and take mid course corrections in regard to policy concerning HIV/AIDS (<http://blogs.ittefaq.com/tech>).
- The mass media is the most strategic channel through which information on the pandemic can easily reach the people from both sides of Zambia, Rural and urban areas.

Therefore, New Start respects the role of the media in the fight against HIV/AIDS, because without the media, the fight against HIV/AIDS would not be easily overcome.

The media has the potential to influence public opinion and attitudes about HIV/AIDS, including attitudes towards people living with HIV/AIDS. When the media focus on a particular issue, there is a higher degree of public awareness and support to tackle that issue. Attitudes affect how people respond to HIV/AIDS and how people with HIV/AIDS are treated or cared for by their peers, employers, families, communities, the health care system and the justice dispensing system.

Media too, has the capability to bring about transformation in the thinking pattern of the society in respect of PLWAHA and thus sowing the seeds of attitudinal changes. The media is a great facilitator for preventing process while imparting the need for a healthy behaviour towards the section of the society and those individuals most vulnerable to HIV/AIDS and those individuals affected by it.

In order to better understand this situation, New Start through the media, reach different communities through television, radio, film, the World Wide Web, music, CD's, newspapers, books, brochures and magazines and other media vehicles. Print media provides permanent records that one can be reading every now and again. Print media is also easy to carry wherever the target audience may be and does not require connections like electronics. HIV/AIDS messages can be written in depth to allow communities be able to understand the education provided.

The radio can also be used for raising awareness of communities. This medium is ideal because it is brief and to the point. It is fast and immediate as well as convincing to individuals. Above all, radio is ubiquitous and economical to disseminate information at once.

No one can dispute the fact that mass media can help alter behaviour and beliefs. What is important to keep in mind, however, is that most of those effects are small and, if truly effective, they are accumulative. In other words, tiny bits of information add up. Repetition of HIV/AIDS messages, its consistency over time, and apparent collaboration can help shift public opinion over the long-term.

Good ideas, good articles on HIV/AIDS information can perform wonders in the change of attitudes and behaviour in the ant-HIV/AIDS communication in Zambia.

CHAPTER 7

7.0 CONCLUSION AND RECOMMENDATIONS

Introduction

The study was based on communication strategies used by New Start in the fight against HIV/AIDS. The study was aimed at strengthening the already existing network communication strategies within New Start centre and other organisations endeavouring to fight the HIV/AIDS pandemic. It was hoped at disseminating research findings on unheard stories in such a way that developmental policies can be influenced to enhance alternative holistic stories of attending VCT.

It also sought to establish the nature of and extent to which communication strategies used by New Start are utilised in reaching out the communities.

Additionally, the study sought to establish whether the communication strategies are adequate to deliver the message as well as investigating the adequacy of the information received about HIV/AIDS. An investigation on the knowledge and understanding of clients about HIV/AIDS was made. The study equally ascertained how New Start Centre looks at the role of the media in the face of HIV/AIDS and finally, sought to identify barriers that may hinder effective communication to the community.

7.1 Conclusions

The study on the general information shows that there were more men seeking VCT services than women. This entails that women are not yet in the lead to utilise services. The study also revealed that most of the people who came to seek for VCT were those of 16-30 years of age and therefore fell in the category of school going children and those in tertiary schools. This is in accordance with the New Start plan to reach young people and women in reproductive health. It can therefore be concluded that youths are responding positively to the initiative. A saying goes like, 'the youth are the leaders of tomorrow'. Once HIV/AIDS information and messages are communicated to them and they respond, the nation will be assured of good leaders in future, in terms of changing HIV/IDS policies and implementation.

The research further indicated that most of the respondents believe that the messages given by New Start are adequate to combat the HIV/AIDS. Once people continue listening to HIV/AIDS messages, the scourge can be combated. In terms of whether

the respondents have received enough knowledge and understanding of HIV/AIDS, most of clients indicated that they have received enough understanding of HIV/AIDS. It can therefore be concluded that the communication strategies used by New Start are being utilised to reach the intended communities. On the issue of communication strategies used by New Start being adequate enough to deliver HIV/AIDS messages, it was clear that respondents agree that the messages are delivered and are adequate. Another conclusion to be drawn out of this is that communication strategies used by New Start and the messages are able to reach people but what remains optional is how the information received is perceived by the receiver. The matter of choice remains cardinal here. Other people would choose to change while others would choose to remain the same especially in terms of behaviour change.

In terms of best communication strategy used by New Start, the study revealed that respondents ranked television to be the best communication strategy. Going by the above findings, it could be concluded that television is favoured because it shows text, still pictures, sound as well as moving pictures. It adds motion to the capabilities of radio and hence the preference by recipients. Comparatively, another good percentage still depends on radio for their HIV/AIDS education and information. A radio is one medium that may be owned by almost all households including rural areas, making communication easy.

Additionally, the study also revealed that most of the respondents spend more time listening to radio at night. Going by this, still many more people propose that the appropriate and ideal time for HIV/AIDS radio programme broadcast should be between 19-21 hours. A conclusion that nights are preferred because most of the people are free and are out of their work places may be made.

In terms of clients experiencing any problems as regards to effective listening to HIV/AIDS programmes broadcast on radio, results show that the majority of respondents do not experience any problems. This means that more tailored HIV/AIDS messages can be formulated and delivered to the audience without interference.

Moreover, the research indicated that the most urgent and serious health problem faced by young people aged 16-35 in communities is HIV/AIDS and that New Start is

addressing the concerns of the youth and women in communities. Therefore, a conclusion that New Start is doing a commendable job in reaching young people in terms of HIV/AIDS information and services giving can be drawn.

Another conclusion made by this research is that the communication between New Start and the target population is excellent. At grass root level, communities are involved in identifying the site for mobile tents to be mounted and a suggestion box is also being utilised. Clients are free to critique the organisation and its services. Management takes action on the suggestions given.

The research also brings forth the fact that the HIV/AIDS messages provided by New Start promote HIV/AIDS prevention. This can be true especially where messages and information are adhered. It was further concluded that the organisation addresses behaviour change concerning young people. This was revealed on table 11 of the responses given. However, behaviour change is a slow process and may be affected by other factors in the economic and social environment. The issue of whether safer sex has been changed is usually left to the individual who become equipped with information.

Another conclusion that was drawn by the study was that the education and information provided by New Start is friendly to the general public. For instance, the 'I Know, do you?' HIV/AIDS advert is quite friendly but challenging to the public as well as to individuals.

The other revelation by the study was that people very often demand for safer sex with their partners. However, there are also some who rarely do so. On the issue of rating communication strategies used by the organisation to address HIV/AIDS, the report revealed that the strategies are very good.

The researcher also concluded that New Start is highly commended for the job well-done in the fight against HIV/AIDS.

As to how often the information given out by New Start through interpersonal, it was concluded that interpersonal was regularly used in delivering HIV/AIDS messages. Interpersonal communication comprise friends, teachers, and peer educators. For the

communication to be accessed by the youth, it should have the entertainment appeal, be easy to understand and readily available.

Another conclusion drawn was that television and radio are as well regularly used to disseminate HIV/AIDS messages. Brochures, posters, pamphlets, magazines and news papers are also regularly used. Workshops, seminars, health talks, testimonies, peer education and exhibitions on special days like International AIDS day and other social events like agricultural and commercial show are used by the organisation as well.

On the question of how best New Start can reach the communities, the researcher concluded that brochures, pamphlets, drama groups, television, radio, mobile VCT, conducting promotions and support groups were chosen to be the best communication strategies to be used to reach the communities. It is clear that these communication strategies enhance each other. One can listen to radio about HIV/AIDS, read in news paper on HIV/AIDS column or pamphlet, discuss with friends and then make a personal decision to go and be counselled and tested.

It was also concluded that television, radio, internet, workshops, peer education, health talks, dialogue, meetings, testimonies, brochures, pamphlets, posters, magazines news papers and newsletters are frequently used by New Start to reach its intended target groups.

Another conclusion established during the study was that clients view HIV/AIDS counselling and testing offered by New Start as highly favourable. This is due to the fact that clients who come for counselling and testing have been referred by friends who have been there before, heard on radio, television or at least a relative directed them to the centre.

7.2 RECOMMENDATIONS

1. Despite relatively large investments in HIV/AIDS prevention efforts for some years now, including sizeable spending in some of the most heavily affected countries like Zambia, it is clear that there is need to do a better job of reducing the rate of new HIV infections. New Start (SFH) should partner with other existing networks including the

government to work towards bringing HIV/AIDS new infection rates to zero.

2. There is need for a fairly dramatic shift in priorities. Increased funding on mass media HIV/AIDS campaigns is needed.
3. New Start should endeavour to utilise a combination of communication channels both mass media and interpersonal communication in disseminating HIV/AIDS information. There is need to revamp the smooth production and distribution of brochures of voluntary counselling and testing.
4. There is need to have a radio station specifically for airing different HIV/AIDS messages in form of testimonies, songs, poems, radio drama, discussions and other programmes tailored to change people's mind set towards HIV/AIDS messages and information.
5. More television and radio HIV/AIDS information to be aired consistently. There is need to lay more emphasis on the radio medium because a lot of rural based people listen to radio. Television and posters only target at enlightened audiences in urban areas.
6. New Start through SFH should advertise its website for easy information access and translate into seven local languages
7. As condoms are packaged, messages in local languages on how to use and store them should be contained.
8. Billions of dollars in aid are flowing to developing countries to confront HIV/AIDS but relatively little is known yet about the effectiveness of this aid. Despite a common commitment to fighting the epidemic, each donor implements programmes in different ways with different targets. There is need to harmonise programmes with other organisations for the common benefit of the targets who are the Zambian people.
9. SFH should consider setting up New Start VCT centres in rural areas to ensure that the population of Zambia is represented.
10. New Start through SFH should confront the fear-based messages and biased social attitudes, in order to reduce the discrimination and stigma of people who are living with HIV or AIDS.

11. There is need to consider opening ART clinics in all counselling and testing centres to cater for those clients who would want to continue receiving New Start services, to ensure that confidentiality is maintained.

REFERENCE

(<http://www.usaid.gov/zm/index.htm>)

(www.stoptb.org/wg/advocacycommunication.html)

Allan, S. (1998). News from Nowhere: *Televisual news discourse and the construction of hegemony...* In A. Bell and P. Garrett (Eds.). *Approaches to media discourse*. Oxford, UK: Blackwell Publishers Ltd.

Ajzen, I and Fishbein, A. (1980). *The Theory of Planned Behaviour. Organisational Behaviour and Human Decision Processes*. Dallas: Word Publishing

Annas, G.R. (1998). *Perspectives on AIDS in Africa: Strategies for prevention and control*. The Journal of Sexual Research, 25(2), p.191

Chifukushi, C.D. (2007). Communication Effects and their impact on the Dissemination of HIV/AIDS Information to Youth: (MCD research Report) Lusaka: University of Zambia.

Cornnor, S and Kingman, S (1988). The search for the virus: *The scientific Discovery of AIDS and the quest for a cure*. London: Penguin
Development in Honduras. “*In Radio for Education and Development*”. Washington DC: World Bank.

Dyk, A.V. (2003). *HIV/AIDS Care and Counselling. A Multidisciplinary Approach. South Africa*: CTP Book Printers.

Ganguli, H.C. (1988). *Behaviour Research in Sexuality*. New Delhi: Vikas Publishing House Pvt, Ltd

HIV and AIDS Basic Handbook for Entrepreneurs, (2006). Reduce the Risk and Cost of HIV and AIDS to Your Business. Lusaka: Printed in Zambia

HIV Communication Strategies (2005). UNAIDS 2006 Report on the Global AID

Hügel R, Degenhardt W and Weiss H-J (1989) ***Structural Equation Models for the Analysis of the Agenda-setting Process***. European Journal of Communication Vol. 4, Sage: London

ILO, Department of Health, Progress report 2006. Declaration of Commitment on HIV and AIDS.

Infante, D. R and Womack, D (1997). Building Communication Theory. Illinois: Waveland and Press, Inc

Kasoma, F. (1992). ***Communication Police in Botswana, Lesotho and Swaziland***. Tempere University, Department of Mass Communication, Tempere

McAnany, E. K (1980). ***Communication Media in Education for Low –income Countries***: Implication for Planning UNESCO, Paris.

Melkote, P. (1991). ***Communication for Development in the World: Theory and Practice***. Sage Publication

Ministry of Health 1992, National Family Planning Programme 1992-2000, Draft MOH, Lusaka, Zambia.

National HIV/AIDS/STI/TB and Malaria Council, Communication Strategy Publications.

Nelson, M (1988). ***Prevention Education for young People***. Santa Cruz: Network.

Rodney, W. (1972). ***How Europe Underdeveloped Africa***, London: Louveture Pub. Ltd.

Rogers, E. (1962). ***Diffusion of Innovations***. New York: Free Press.

Sahu, B. (2004). ***AIDS and Population Education***. New Delhi: Sterling Pvt. Ltd

Servus, J et al. (1996). *Participatory Communication for Social Change*. London: Sage

UNAIDS, AIDS epidemic update, December 2007

UNAIDS, (1999). Report on Global AIDS Epidemic.

UNAIDS, (2004). Scaling up priority HIV/AIDS Intervention in the Health Sector

UNAIDS/WHO (2006), UNAIDS 2006 Report on the Global AIDS Epidemic,
Chapter 4: The Impact of AIDS on People and societies.

UNDP (2003), Human Development Reports: Adult Literacy Rates

White, R. (1971). *Mass Communication and the Popular Promotion Strategy of Rural*.

WHO (2007), *Towards Universal Access*: Scaling up priority HIV/AIDS interventions in the Health Sector.

Zambia Demographic Health Survey, 2002

Zambia Sexual Behaviour Survey, 2003.

QUESTIONNAIRES FOR NEW START BENEFICIARIES-V C T GROUP

Dear respondent,

Kindly answer the following questions by simply ticking what is applicable. Do not indicate your name.

1. Sex
 1. Female ☐
 2. Male ☐
2. Age
 1. 16-20 ☐
 2. 21-25 ☐
 3. 26-30 ☐
 4. 31-35 ☐
 5. 36-40 ☐
 6. 41-45 ☐
 7. 46 and above ☐
3. Education
 1. Less than primary ☐
 2. Primary ☐
 3. Junior Secondary ☐
 4. Senior Secondary ☐
 5. Tertiary ☐
4. Occupation
 1. Employed ☐
 2. Self-employed ☐
 3. College ☐
 4. University ☐
 5. Unemployed ☐
5. Do you think the messages disseminated/given by New Start are adequate for combating HIV/AIDS?
 1. Yes ☐
 2. No ☐
6. Do you think you have received enough knowledge and understanding of HIV/AIDS?
 1. Yes ☐
 2. No ☐
7. Do you agree that the communication strategies used by New Start are adequate enough to deliver HIV/AIDS message?
 1. Strongly agree ☐
 2. Agree ☐
 3. Disagree ☐
 4. Strongly Disagree ☐
 5. Not sure ☐
8. What do you consider to be the best communication strategy used by New Start?
 1. Television ☐
 2. Radio ☐
 3. Brochures ☐
 4. New paper ☐
 5. Internet ☐

9. What time of the day do you spend more hours listening to the radio?
 1. Morning ☐
 2. Mid morning ☐
 3. Afternoon ☐
 4. Night ☐
 5. None of the above ☐
10. Which time range do you propose to be more ideal and appropriate for HIV/AIDS radio programmes broadcast?
 1. 05.00 – 09.00 hours ☐
 2. 09.00 - 14.00 hours ☐
 3. 14.00 – 19.00 hours ☐
 4. 19.00 – 21.00 hours ☐
 5. 21.00- 23.00 hours ☐
10. Do you experience any problems as regards your effective listening to HIV/AIDS programmes broadcast on radio?
 1. Yes ☐
 2. No ☐
11. If your answer in question 10 is 'YES', which are those problems you experience in regards to effective listening?
 1. Poor reception ☐
 2. Poor presentations ☐
 3. No radios/batteries ☐
12. What do you consider to be the most urgent or serious health problem faced by young people aged 16-35 in your community?
 1. Malaria ☐
 2. HIV/AIDS ☐
 3. STIs ☐
 4. Drug abuse ☐
13. In your view, do you think New Start is addressing the concerns of the youth and women in your community?
 1. Yes ☐
 2. No ☐
14. Are you aware of the activities that are taken by New Start centre to combat HIV/AIDS in communities?
 1. Very aware ☐
 2. Aware ☐
 3. Moderately aware ☐
 4. Vaguely aware ☐
 5. Not aware ☐
15. In your opinion, how would you describe the communication between New Start and the target population?
 1. Excellent ☐
 2. Very adequate ☐
 3. Adequate ☐
 4. Fairly adequate ☐
 5. Very inadequate ☐
16. Does the education and information provided by New Start centre promote HIV/AIDS prevention?
 1. Yes ☐
 2. No ☐

3. Not sure []
17. What issues do you think New Start centre address concerning young people?
1. Behaviour change []
 2. General health []
 3. Poverty reduction []
 4. Others (Specify) _____
18. Do you think that the education and information provided by New Start is friendly to the general public?
1. Very friendly []
 2. Moderately friendly []
 3. Very unfriendly []
19. Do you think the activities undertaken are appropriately able to address the real issue faced by the community especially the youth and women?
1. Very appropriately []
 2. Appropriately []
 3. Very inappropriate []
 4. Neutral []
20. How often do you demand for safer sex with your partner?
1. Very often []
 2. Often []
 3. Always []
 4. Rarely []
 5. Very rare []
 6. Never []
21. Is the education and information provided by New Start culturally appropriate?
1. Yes []
 2. No []
 3. Not sure []
22. Do you think there is adequate participation in the activities done by New Start and the target population?
1. Very adequate []
 2. Adequate []
 3. Moderately adequate []
 4. Inadequate []
 5. Very inadequate []
23. How would you rate the communication strategies used by New Start to address HIV/AIDS?
1. Very good []
 2. Good []
 3. Fairly good []
 4. Poor []
 5. Very poor []
24. Would you commend New Start for the job it is doing in the fight against HIV/AIDS?
1. Yes []
 2. No []
 3. Not sure []

How often is the information given out by New Start?

Medium	1. Regularly	2. Sometimes	3. Rarely	4. Never
25. Interpersonal				
26. Television				
27. Radio				
28. Brochures, posters and pamphlets				
29. Magazines and News papers				

30. How best do you think New Start can reach the communities?-----

Thank you very much for responding

QUESTIONNAIRE FOR NEW START CENTRE WORKERS AND VOLUNTEERS

Dear respondent,

You are randomly sampled to take part in this research study focused on Communication Strategies for HIV/AIDS used by New Start Centre. Your contributions in answering the questions in this paper will go a long way in trying to find viable ways of making the communication strategies as effective channels of exchanging ideas, knowledge and skills in the fight against HIV/AIDS. You are, therefore, kindly being asked to answer each question truthfully and honestly and your answers will be treated confidentially. You are not supposed to write your name anywhere on this paper.

Tick [✓] in the appropriate bracket [] provided for you next to the answer of your choice, and/or write in the space underlined where your opinion or comment is required.

SECTION A: BACKGROUND

- | | | | | |
|----|-------------------|----|-------------------|-----|
| 1. | Sex | 1. | Male | [] |
| | | 2. | Female | [] |
| 2. | Age | 1. | 15 – 20 years | [] |
| | | 2. | 26 – 30 years | [] |
| | | 3. | 31 - 40 years | [] |
| | | 4. | 41 – 45 years | [] |
| | | 5. | 46 – 50 years | [] |
| | | 6. | 50 ears and above | [] |
| 3 | Marital status | 1. | Married | [] |
| | | 2. | Single | [] |
| | | 3. | Divorced | [] |
| | | 4. | Widow | [] |
| | | 5. | Widower | [] |
| | | 6. | On separation | [] |
| 4 | Educational level | 1 | Primary | [] |
| | | 2 | junior secondary | [] |
| | | 3 | Senior secondary | [] |
| | | 4 | College | [] |
| | | 5 | University | [] |

SECTION B

Communication strategies

As an organisation, how much use do you make of the following in disseminating HIV/AIDS information to the communities?

	1. Very frequently	2. Frequently	3. Often	4. Occasionally	5. Never
5. Television					
6. Radio					
7. Internet					
8. Workshops					
9. Peer education					
10. Health Talks					
11. Dialogue					
12. Meeting					
13. Testimonies					
14. Theater for Community					
15. Brochures					
16. Pamphlets and posters					
17. Magazines					
18. Newspapers					

How fast do you think the media communication is in disseminating HIV/AIDS information to the intended target group?

	1. Very Fast	2. Fast	3. Slow	4. Very slow	5. Not at all
19. Television					
20. Radio					
21. Internet					
22. Magazines					
23. News paper					
24. Brochures, Pamphlet and Posters					

25. Which strategy used for communication is thought to have yielded more behavioural change?

1. Radio ☐
2. Television ☐
3. Magazines ☐
4. Internet ☐
5. Brochures ☐
6. Pamphlets and Posters ☐
7. News papers ☐
8. Others ☐

26. How do clients view HIV/AIDS counselling and testing offered here at New Star centre?

1. Very Favourably ☐
2. Favourably ☐
3. Less Favourably ☐
4. Unfavourably ☐

Basing on your experience, how effective are the following communication strategies?

	1. Very Effective	2. Effective	3. Less Effective	Not Effective
27. Individual Approach				
28. Youth Organisations				
29. Group Approach				
30. Community				

Does New Start centre produce?

31. Brochures
1. Yes ☐
 2. No ☐

32. News letters
1. Yes ☐
 2. No ☐

33. What other materials are produced by the organisation?-----

34. What key changes in information dissemination for HIV/AIDS would you like to make if given an opportunity? -----

35. What challenges of communication strategies does New Start centre face?-----

THANK YOU VERY MUCH FOR RESPONDING

THE FOCUS GROUP DISCUSSION (FGD) FOR WORKERS/VOLUNTEERS FOR NEW START CENTRE-LUSAKA.

One Hour of Discussion

1. What communication strategies are used by New Start centre to ensure that the impact of HIV/AIDS at work place are mitigating through the development, promotion and implementation of innovative strategies and deliver HIV/AIDS prevention, care and support programmes? (For instance, seminars, workshops, meetings or any programmes introduced)
2. The approaches towards reporting on HIV/AIDS(communication used such as Television, Radio Print media, traditional theatre, advertising and so on) and from your experience, which means of communication are more effective and quick to reach the audience?
3. How has New Start centre in response to AIDS been involved on mass media campaigns to sensitise and educate the general population, especially youths, on the ABCs of safer sex and on reduction of stigma and discrimination against people living with HIV/AIDS?
4. How has New Start centre integrated condom use through information, education and communication?
5. Has there been researches going on here at New Start centre indicating whether there has been increase or decrease in condom use among the sexually active population?
6. It is not easy to reach every individual in the communities, including rural communities, using the already existing communication strategies such as mass approach use of electronic media and print media, community approach and group approach, how best do you think the target audience can be reached?
- 7 How does New Start Centre look at the role of the media in the face of HIV/AIDS?

IN-DEPTH INTERVIEW QUESTIONNAIRES FOR NEW START WORKERS/VOLUNTEERS

ONE HOUR

1. How have you been involved in the New Start centre programmes?
2. How long have you been involved with the running of New Start activities?
3. Most of the people say that not only members of staff disseminate information for HIV/AIDS to communities, what could you say yourself?
4. Establish the extent to which New Start communication strategies are utilised in reaching out the communities.
5. What would you recommend to be the best measures of preventing HIV/AIDS in this era?
6. Have there been meetings called to discuss ways of how New Start centre can disseminate information on HIV/AIDS?
7. What is your view about the same meetings?
8. Does the organisation hold meetings and workshop about sensitising the workers/volunteers on how to fight HIV/AIDS?
9. How has been the relationship between New Start centre and other organisations involved in the fight against HIV/AIDS?
10. What are the strengths of New Start centre in combating HIV/AIDS?
11. What are the weaknesses of New Start centre in their communication strategies to combat HIV/AIDS?
12. In your own view, what could be the best strategy of disseminating messages to the public?
13. What could you say to be the challenges of New Start centre in combating HIV/AIDS and communicating to its intended population?
14. What are the barriers that may hinder effective communication between New Start centre and its clientele?

One Hour of Discussion

- 1 What communication strategies are used by New Start centre to ensure that the impact of HIV/AIDS at work place are mitigating through the development, promotion and implementation of innovative strategies and deliver HIV/AIDS prevention, care and support programmes? (For instance, seminars, workshops, meetings or any programmes introduced)
- 2 The approaches towards reporting on HIV/AIDS(communication used such as Television, Radio Print media, traditional theatre, advertising and so on) and from your experience, which means of communication are more effective and quick to reach the audience?
- 3 How has New Start centre in response to AIDS been involved on mass media campaigns to sensitise and educate the general population, especially youths, on the ABCs of safer sex and on reduction of stigma and discrimination against people living with HIV/AIDS?
- 4 How has New Start centre integrated condom use through information, education and communication?
- 5 Has there been researches going on here at New Start centre indicating whether there has been increase or decrease in condom use among the sexually active population?
- 6 It is not easy to reach every individual in the communities, including rural communities, using the already existing communication strategies such as mass approach use of electronic media and print media, community approach and group approach, how best do you think the target audience can be reached?
- 7 How does New Start Centre look at the role of the media in the face of HIV/AIDS?

