CHAPTER 1

1.0 Introduction and Background

People Living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are stigmatised, and in most cases isolated or segregated in the communties they live. In response to the social stigma by the society against People Living with HIV and AIDS, the the National AIDS Council (NAC) has established partnership linkages at community level in order to addresss this challenge. These linkages include the the formation of Area/Resident Development Committees (A/RDCs) and the Community AIDS Task Forces (CATFs) to coordinate the the AIDS response at the community level. This strategy was intended to mitigate the spread of HIV. In addition, within the communities people have formed support groups for people living with HIV and AIDS and those affected . Support groups for people living with HIV and AIDS are supposed to be sources of strength and purpose in life. It is from the communities that the fight against HIV and AIDS has to be intensified as they are a source of labour. The researcher would like to investigate how effective is the communication strategy used in support groups people living with HIV and AIDS in relation to the communities they live in? What role do the support groups play in reducing stigma snd rejection in the community?

1.1 Zambia's Background

Zambia has a population of about 12.2 million people and approximately 38 percent live in urban areas according to the Central Statistics Office (2007), Zambia Demographic and Health Survey 2008.

Zambia has one of the highest dependency ratios in the world with 47 percent of the population under the age of 15. The average national literacy rate in 2001-02 was estimated at 65.1 percent (ZDH S 2001-02). In the same report, the Zambia Demographic Health Survey indicated that the literacy levels for men for all age groups, literacy levels for men were higher than for women. The Third Joint Programme Review for the National AIDS Coucil July, 2006, reported that the total literacy level for men was 81.6 percent, against 60.6 percent for women (NAC, 2006; p.13). Poor literacy levels especially among the females has adverse implications on service delivery as it presents difficulties in communicating HIV/AIDS related messages and programmes.(ibid). Violence against women seems to be prevalent and more than half of all Zambian women have experienced some form of physical abuse in their life time (ZDHS, 2001-02). Chritianity is an important part of the Zambian culture with 75 percent of the country identifying themselves as Protestants and 23 percent as Roman Catholics. There are 73 ethnic groups speaking 20 distinct languages in Zambia.

Zambia's economy has grown at an annual rate of roughly five percent since 2004. Although this represents an improvement compared to prior years, it is far below the level needed to achieve significant macroeconomic improvement: 8 percent growth sustained over 10 years. Agriculture and copper mining drive the economy with the latter accounting for 95 percent of the country's export earnings. Zambia's 2005 inflation rate was close to 16 percent (ibid). Severe economic hardship is a reality for most of the population with 67 percent living below the poverty line. According to the Government of the Republic of Zambia (GRZ), National Health Strategic Plan 2006-2011) poverty rates are higher in rural areas (72 percent) compared to urban (28 percent).

Further, according to the 2002/2003 Living Conditions Monitoring Survey carried out by the Central Statistics Office, more than 13 percent of the population is unemployed, almost 15 percent are employed in the formal sector and the remainder are employed in the informal sector. The Kwacha has appreciated, on average, by 33 percent since 2005. GRZ representatives report indicated that there would be further appreciation of the Kwacha in 2006 from K3,250 to K2,500/US$. Many people speculated that the 2006 appreciation of the Kwacha against the Dollar might have been related to the upcoming elections and therefore short-lived. In the meantime, the appreciation, combined with stagnant prices, was having a severe impact on consumer purchasing power.

The role and structure of the Ministry of Health in halting the further spread of HIV and AIDS had changed as a result of the dissolution of the Central Board of Health (CBOH) and the ongoing reorganization linked to the Public Sector Reform Programme (PSRP) and the National Decentralisation Policy. The government has been implementing health sector reforms aimed at decentralizing resources and management authority to the district and health service delivery unit level since 1992. Some of the Challenges to these goals would include a critical shortage of health workers, funding constraints gaps, weak health facility infrastructure and shortage of basic equipment. Four decades after independence health facilities in rural areas are particularly understaffed and less likely to have basic health commodities and equipment. The proportion of Government of the Republic Zambia (GRZ) budget allocated to health has declined over the years from 14 percent in the late 1990s to 10 percent in 2004. Private sector health care service delivery seems also to be underdeveloped in Zambia. According to the GRZ, National Health Strategic Plan 2006-2011 there are 1,124 government health facilities compared to 88 Mission facilities and 115 private facilities.

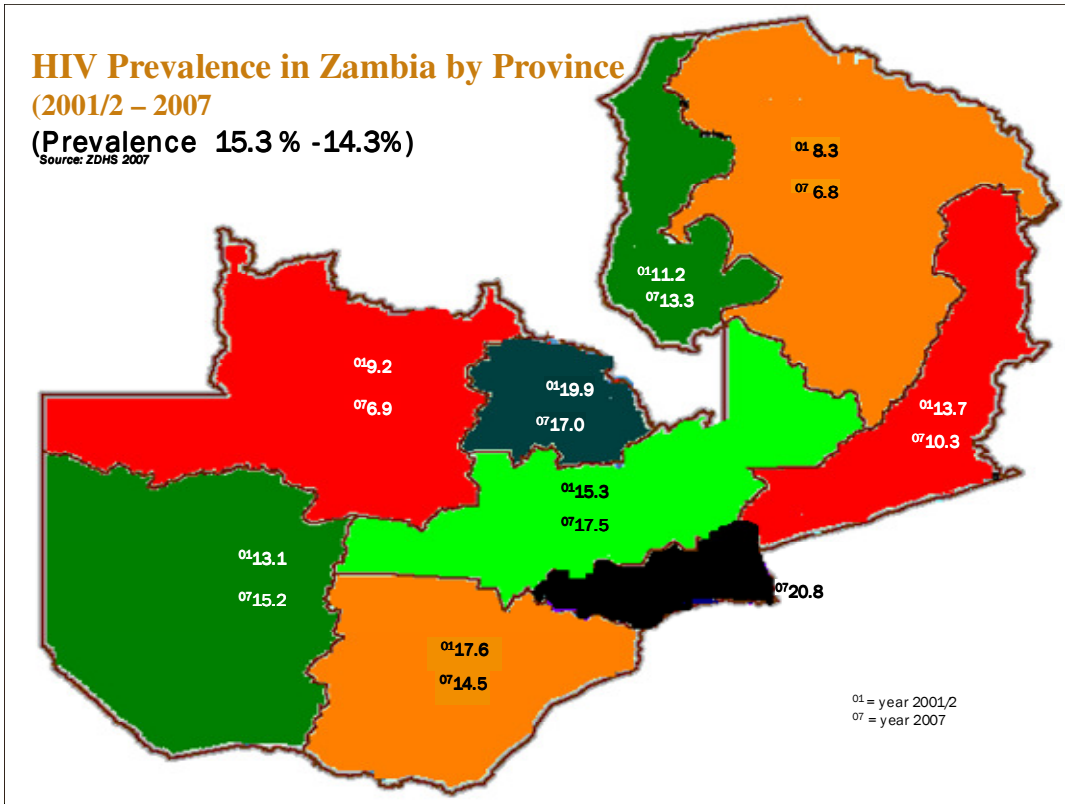
1.2 **HIV/AIDS in Zambia**

At the XIV International Conference on AIDS held in Barcelona in 2002, UNAIDS in their concept paper reported that more than 28 million people in Africa, South of the Sahara were living with HIV and AIDS. The report further stated that this was just over 70 percent of the total world population living with HIV and AIDS which is highly concentrated in Africa, South of the Sahara region. HIV and AIDS has been viewed as posing one of the most critical development challenges in Africa, South of the Sahara region (UNDP, 2002). UNAIDS (2002) cite Collins and Rau (2000) that one of the attributing factor to Africa, South of the Sahara vulnerability to HIV and AIDS scourge, has been the high levels of poverty and the conference called for concerted efforts for policy shift to "develop frameworks and interventions that reduce poverty while simultaneously preventing the spread of HIV and AIDS," and that "such an integrated response to poverty and HIV/AIDS also needs to take into account that millions of people are currently living with HIV and AIDS and that there is an increasing need for treatment, care…to prevent more people from falling into poverty." The Joint United Nations Programme on HIV/AIDS report on "accelerating action against AIDS in Africa" describes AIDS as a human catastrophe due to its devastating effects (UNAIDS, 2003).

Zambia is one of the countries South of the Sahara hardest hit by the HIV/AIDS pandemic with an estimated one million people living with HIV/AIDS. The Zambia Demographic Health Survey (2001-2002) puts the number to 1.2 million adults and children living with HIV/AIDS and also confirms the current infection rate or the national HIV prevalence rate among adults of reproductive age as 16 percent. The national HIV prevalence rate among adults of reproductive age has dropped from 16 percent (2001-2002) to 14.3 percent (2007 (ZDHS, 2007). This national figure tends to disguise significant variability by geographic area and sex.

As a province for example, Lusaka reports the highest prevalence rate in the country (22 percent). Young women (15-19 years old) are five times more likely to be infected compared to males in the same age group. According to the GRZ, National HIV/AIDS/STI/TB Policy, June 2005, heterosexual sex is the primary mode of transmission in Zambia. The prevalence of Sexually Transmitted Infections (STIs), poverty, mobility of long-distance truck drivers and other sub populations, cultural beliefs and practices, widespread stigma and discrimination against people living with HIV/AIDS, the status of women and substance abuse all contribute to the spread of HIV/AIDS in Zambia (ibid).

Figure 1: Shows HIV Prevalence in Zambia by Province for 2001/2 – 2007



Source:ZDHS, 2007

High risk groups including female sex workers and transport workers account for only five to eight percent of all new infections in Zambia (Shields, 2004).

1.3 **HIV/AIDS Stigma and Discrimination**

The 2003 theme for World AIDS Day campaign was "Stop Stigma and Discrimination." Stigma and discrimination seem to be hinderances in the management of HIV and AIDS. People shun HIV counselling and testing in the fear of being stigmatised and discriminated against. Three fourths of Zambians cite fear as a reason for not getting tested for HIV where as one-third of the respondents in the 2005 Zambia Demographic Health Survey mentioned stigma and discrimination (ZDHS,2005). Some people will even tend to avoid health centres for fear of being told after diagnosis of their illness for example, that a persitent cough that they have is actually Tuberculosis (TB) related to HIV/AIDS. In Rural areas stigma is pushed away by witchcraft notions of accusations which assign blame to others and creates hope there by claiming that HIV and AIDS could be cured through traditional medicine or prayer. Such notions seem also to prevail in the urban communities. Although witchcraft and traditional healing are evident in urban areas, other services, that is treatment options and training of traditional healers on HIV and AIDS issues water-down their effects. In urban areas stigmatisation is harsher.

In high density areas, over-crowding provokes gossip while health staff are likely to stigmatise, but the variety of service and treatment options and increased access to Information, Education and Commmunication (IEC) reduce stigma. HIV /AIDS is easily managed in urban areas than in rural areas partly because of minimum intervention in rural areas.

The more information one has on issues relating to HIV and AIDS, the less likely they are to create stigma and discrimination. In the light of the above HIV/AIDS scenario in

the country, the researcher is left to wonder what communication strategies are being employed in these community HIV and AIDS support groups to reduce the incidence of stigma and discrimination.

Interventions on HIV-related stigma mostly deal with the legal area and less attention has been developed to programmatic interventions directed at attempting to change attitudes and behaviour. Klein et al., (2002) calls for a multifaceted approach that would go beyond legal protection in order to address the social environment that tends to legitimise discrimination. Interventions to reduce stigma would therefore be crucial in improving care, quality of life , and emotional health for people living with HIV and AIDS. HIV/AIDS-related stigma has been identified as a domestic challenge and global efforts must be directed at reducing new HIV infections and eleminating stigma, reports the the Inststitute of Medicine, 2000; Joint United Programme on HIV and AIDS (UNAIDS, 2000; Henry J. Kaiser Fammily Foundation, 2002; Klein et al., 2002).

Literature reviews analysed 21 studies that were carried out in developed and developing countries regarding the types of interventions used to reduce HIV-related stigma. The reviews showed that stigma could be reduced through information dissemination, for example, through the use of advertisements, brochures, information packs, classes and lecture presentations on modes of transmission and methods of risk reduction. The infomation–based approaches should be combined with the provision of counselling to support groups for people living with HIV and AIDS. Further, people living with HIV/AIDS should be taught coping skills involving group desensitisation methods where participants practice newly learned relaxation techniques to decrease tension.

The other programme and service intervention includes contact with HIV-infected or HIV-affected individuals in order to create an environment in which the general

population can interact with memmbers of the stigmatized group, either directly or through the media (Brown et al., 2001). Littlejohn (2002, p.303-304, quotes Dennis Mcquail, pp52-53, 2002) that the "media are windows that enable us to see beyond our immediate surroundings, interpreters that help us make sense of experience, platforms or carriers that convey information interactive communication that includes audience feedback... mirrors that reflect ourselves back to us, and barriers that block the truth."

The summary of the declaration of commitment on HIV and AIDS held at the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS, NewYork (UNAIDS, 2001) "keeping the promise" declared that " human resources and health and social services must be strengthened in order to deliver prevention, treatment, care and support services." From the continnum of the support perspective, what plausible communication strategies would be obtaining in support groups for people living with HIV and AIDS, if care and support for people infected and affected has to be integrated in HIV and AIDS communication strategies within their communities?

In the contemporary world, a combination of traditional and modern communication methods are being developed. But the key issues to be raised are who are the people communicating messages about HIV and AIDS, and to whom, and what do they disseminate? The above tends to raise serious questions due to deep rooted cultural beliefs about discussing issues of sex with elders in the communities. If the composition of support groups for persons living with HIV and AIDS includes youths and adults, messages communicated by young people to elders might be received with mixed feelings since it is taboo for young people to talk to adults openly regarding sex.

Related to the above is the question of how power is distributed in these support groups vis-sa-vis the community? Unless these issues are addressed, the researcher sees the

existence of a communication gap between communication strategies used in support groups for peopple living with HIV and AIDS and the community from which they seek, depend and wish their cooperation in halting the further spread of HIV/AIDS (UNAIDS, 2006). Communication is a factor in halting the spread of HIV and AIDS. HIV / AIDS therefore tends to bring to the society a development commmunication challennge.

1.4 Support Groups for People Living With HIV/AIDS

A support group is a group where members provide each other with various types of non professional, non-material help for a particular shared burdensome characteristic. The help could take the form of providing relevant information relating to personal experiences, listening to others' experiences, providing sympanthetic understanding and establishing social net works. A support group may also provide ancilliary support, such as serving as a voice for the public or enganging in advocacy (www.aidsalliance.org).

Since the advent of HIV and AIDS in 1989 in Zambia, communication messages tended to range from the destructive and negative to as much as invoking fear among the Zambian communities. This was due to the calamitous nature of the disease. Communcation messages through the mass media, theatre, songs, drama, bombarded the audience and yet there seemed to be less decline in HIV postive people despite the aggressive campaigns which were mounted. In respose to stigmatisation of HIV infected people , those that were infected with HIV began to form HIV/AIDS support groups.

It is said that support groups for people living with HIV/AIDS are a unique African intervention with its origin from the remotest villages of the African continent before being acknowledged by the international community (SAT, 2001).

There are many types of support groups. Basically support groups tend to have certain common salient features such as that members join these because of meeting similar

needs like meeting need for health care, social and emotional support and in some instances provide practical help to cope with common problems among its members. Membership to these HIV support groups in most cases is non restrictive implying that both HIV- infected and the affected could be recruited. In Zambia according to SAT (2001) survey, fifty percent of the support groups were either registered with the Network of Zambian People Living with HIV/AIDS or registered with the Registrar of Societies. Other support groups are affiliated to a network or a national or a local institution like district health centres or hospitals, local or international Non-Governmental Organisations and the United Nations Volunteer Programme on AIDS (SAT, 2001, p.9).

The activities of the support groups include Counselling, AIDS Education and Awareness Campaigns, provision of Home-Based Care (HBC), Income Generating Actvities (IGA) for group sustenance and provision of assistance to AIDS orphans. Other actvities are directed at attempting to change the the attitudes and behaviour of people in the community. This seems to be one of the most signifcant activity as it entails the use of appropriate communication strategies to change the negative perception of target participants toward people living with HIV/AIDS.

1.5 Statement of the Research Problem

The HIV/AIDS pandemic is having a great impact on Zambia, negatively affecting its development and destroying the social family safety net work. There is therefore an uurgent need for an integrated response from all facets of the society such as the Government of the Republic of Zambia, Non-Governmental Organisations, Faith-Based Organisations and collaborating partners.

The Zambian government is working through the National AIDS Council and cooperating partners and other stakeholders to contain the pandemic. The Central Stastics Office (CSO), Zambia Demographic Health Behaviour Survey (ZDHS, 2001-2002) indicated that 15.6 percent of Zambian adult population were HIV positive, 18 percent were women and 13 percent were men. The survey further indicated that in urban areas, two out of five women aged between 25-39 were infected with the virus while among the age group 15- 19, prevalence was higher among females (7 percent) as compared to their male counterparts (2 percent). Never theless, prevalence tended to rise among the age group 20-24, where females accounted for 16 percent compared to 4 percent among males(ZDHS, 2001-2002).

Many support groups for peole living with HIV or AIDS are increasingly being formed in the country to address the issue of stigma associated with HIV and AIDS yet those who are infected with AIDS have continued to be discriminated against. The Network of Zambian People Living with HIV/AIDS (NZP+) is resposible for the formation and strengthening of support groups. The Lusaka District Chapter of NZP+ was established in october 2005, nine years after the NZP+ was formed in Zambia. According to the NZP+, Lusaka District Chapter Strategic Plan (2007-2009), by 2005, 333 Community and twenty Workplace Support Groups were formed. Workplace membership is regardless of one's HIV status. There were 137 HIV/AIDS support groups located in 38 compounds in Lusaka at the time of conducting this research. Support groups are the the corner stone of the the NZP+ existence.

The main Zambian HIV support group roles could be summarised as:

1) To identify various needs of the members and provide a safe environment for members psychosocial well being and conduct group and individual counelling to members and identify members requiring Voluntary Counselling and Testing service.

2) Identify activities requiring incorporating community members participation including family members.

3) Provide referral support to community members and people living with HIV and and conduct civic awareness HIV/AIDS interactions.

Despite the exitence of HIV support groups in the community and workplace, stigma and discrimination towards people living with HIV/AIDS still persists. This raises the question whether communication strategies that are being used by HIV/AIDS support groups are effective. Although, concerted efforts and aggressive AIDS campaigns have been mounted to sensitize the community on the dangers of HIV/AIDS stigma and discrimination, there seems to be little reduction of stigmatization associated with AIDS. The researcher therefore wonders what could be done to strengthen the existing communication strategies used by support groups in these communities?

1.6 Rationale

The fight to halt further the spread of HIV/AIDS has taken on a multi-sectoral approach. The private and business sector, government ministries, institutions of higher learning including the general members of public, civil society and religious groups, cooperating partners, and the communities themselves are taking an active role in halting further the spread of the HIV/AIDS pandemic. However, community mobilization will be a key strategy in the fight against the AIDS pandemic.

According to UNAIDS (2003) report, it would be imperative that there should be collaborative efforts by all stake holders which include donors, governments, communities, religious groups, business, labour networks and infected and affected individuals to work together to fight the AIDS scourge. Acceleration in the fight against the further spread of HIV has resulted in the establishment of institutionalised structures to deal with the pandemic. Further, the response to halt the spread of HIV/AIDS resulted in the formation of support groups to enhance the fight against HIV/AIDS stigma and discrimination for People Living With HIV/AIDS (PLWHA). With that in mind, fighting stigma and discrimination has been a determination for people living with HIV/AIDS. UNAIDS (2003) reports that it was against this background that the Network of People Living with HIV/AIDS was formed in Dakar, Senegal in 1993 to unite people living with HIV across the African continent. The network plays a role of bolstering support groups or associations for people living with HIV. Similarly, the Network of Zambian People Living with HIV/AIDS (NZP+) was formed in 1996 primarily to deal with the issues of HIV and AIDS regarding lack or inadequate support, lack of information and stigma for people living with HIV/AIDS (NAC, 2006).

In Zambia, HIV support groups under the Network of Zambian People Living with HIV/AIDS mainly are composed of people living with HIV/AIDS who come together to promote HIV/AIDS education, voluntary counselling and testing, and positive living through behaviour change, home-based care, and activities and training that can improve the quality of life of members (USAID/Zambia, 2003). Since in many communities in Zambia, PLWHA were being discriminated, ostracised, and segregated, many HIV support groups which were formed throughout the in Zambia in many communities, some were located in rural, urban, and semi-urban areas (SAT, 2001).

Thus PLWHA self- help support groups which were formed aimed at providing strength and purpose to people that seemed to be without hope. According to (SAT,2001) survey report, in their quest to fight stigma and discrimination in the community, PLWHA are helping to share the burden and could be said to be succeeding in reshaping the social perception image of AIDS.

The Network of Zambian People Living with HIV/AIDS took a leading role in developing information on HIV/AIDS to communicate to its members, to their respective community leaders and the general public. The communication materials which were designed ranged from HIV/AIDS brochures to booklets on 'Food and Nutrition' for people living with HIV/AIDS for HIV/AIDS communication messages. Communication strategies used by NZP+ included mass media through the use of the Zambia National Broadcasting Corporation (ZNBC) Radio Four Channel where NZP+ ran a programme dubbed "Positive Voice" which was broadcast between March to May, 2004 (NAC, 2006; P.86). The mass media channel of communication was seen as an important communication strategy through which information could be disseminated to reach people with HIV/AIDS so that they could have access to treatment, human rights and psychosocial support which could have a multiplier effect on reducing stigma and discrimination of people living with HIV/AIDS.

The researcher would like to postitulate that there seems however, to be a problem between the AIDS support groups and the Network of Zambian People Living with HIV/AIDS (NZP+) to which HIV/AIDS support groups are registered with regarding communication regarding communication materials developed and the actual communication strategies used by support groups.

On the other hand, there could also be problems with the National AIDS Council (NAC) and the community at large regarding the nature of communication strategies being used and the communication messsages being disseminated in the community regarding HIVand AIDS mitigation and care in which people seem to have no ownership of the problem. The study is expected to contribute toward analysis of the problem of the effectiveness of communication strategies used in HIV support groups for a solution.

1.7 The Aim and the Objectives of the Study

The aim of the study is to investigate what and how communication strategies are being used in community support groups for people living HIV and AIDS vis-a-vis the communication strategies used by the Network of Zambia People Living with HIV/AIDS (NZP+), organisations that are backing support groups in halting the further spread of HIV/AIDS among the communities.

1.8 Objectives of the Study

1.8.1 To strengthen the existing communication strategies used by support groups in these communities.

1.8.2 To examine the types of communication interventions used by support groups to reduce stigma and discrimination.

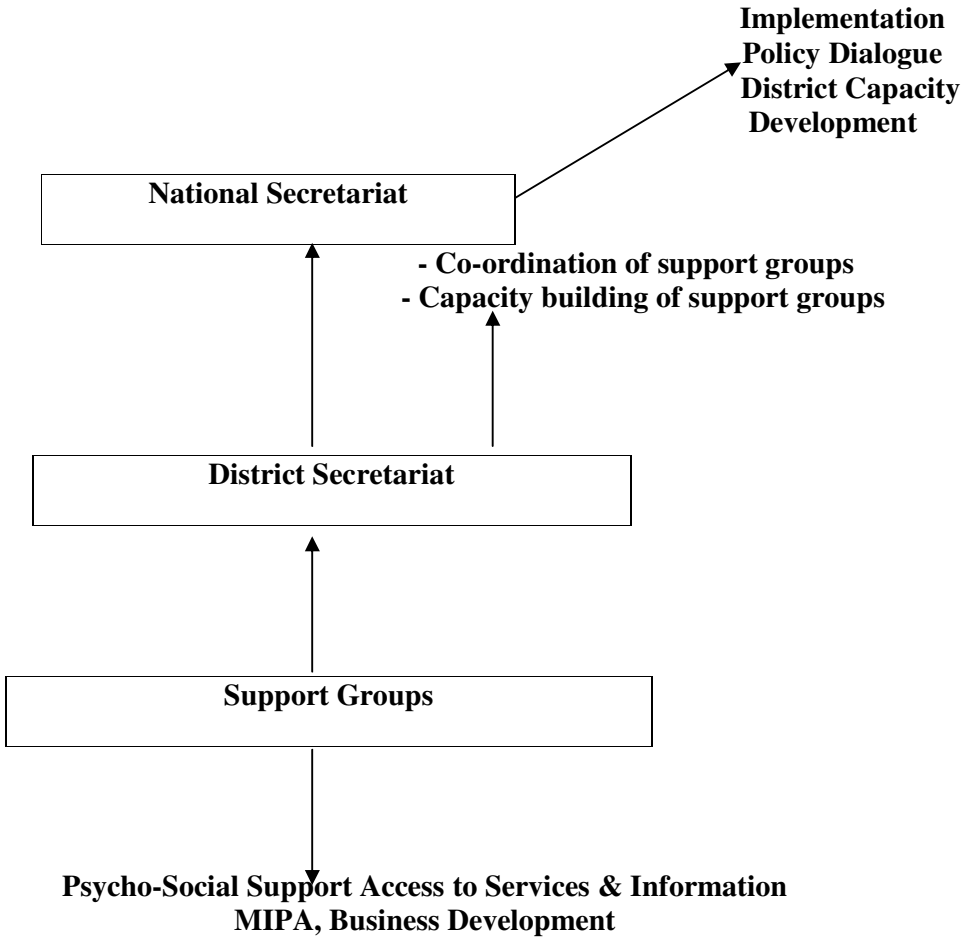
1.8.3 To discourage the practice of stigma and discrimination through use of effective communication strategies.

1.8.4 To strengthen collaboration between support grous, communities and organisations backing support groups in effective communication strategies to fight HIV/AIDS stigma and discrimination.

1.9 Structure of Support Groups

The community support groups for people living with HIV/AIDS "are the lowest unit of the Network of people living with living in the same localities"(NAC, 2006, P.84). Organisationally, support groups are managed by elected Executive Commitee comprising Chairperson, Vice Chairperson, Secretary, Vice Secretary, Treasurer Vice Treasurer and committee members within their local communities. All the support groups in a district form a District Chapter run by an elected District Board responsible for implementation and policy dialogue and managed by a District Secretariat. The District Secretariat is responsible for co-ordination and capacity building of support groups. TheNational Board employs the National Secretariat which oversees the to day-to-day affairs of the organisation (NZP+) country wide. Forexample, the NZP+ Lusaka District Chapter Strategic Plan (2007-2009), reports that there were 333 community and 20 Workplace support groups formed by 2005 based on the organisation structure established by the Network of Zambian People Living with HIV/AIDS, an organisation that is backing and coordinates the functions of all support groups in Zambia. Figure 2 shows the organisation structure of Network of Zambian People Living with HIV and AIDS and support group organisation structure and their related functions.

Figure 2: Organisation Structure of NZP+ and Support Groups



CHAPTER 2

2.0 Literature Review

2.1 Support Groups

From Wikipedia, the free encyclopedia, Support groups are small groups of people that gather for support with shared concern and tend to follow a suggested, often ritualistic format and have written guidelines. In a support groups, members provide each other with various types of help, usually nonprofessional and nonmaterial, for a particular shared, usually burdensome, characteristic. Support groups may also work to inform the public or engage in advocacy.

The help may take the form of providing and evaluating relevant information, relating personal experiences, listening to and accepting others' experiences, providing sympathetic understanding and establishing social networks. A self-help support group is fully organized and managed by its members, who are commonly volunteers and have personal experience in the subject of the group's focus.

The concept of self-help support group or mutual Aid support group as decribed above will be used interchangeably to mean suport group of people living with HIV and AIDS. When apllied to understanding small group communication it will be concerned with the results or outcomes where communication is seen as the tool group members use to solve problems. Organisationally, the NZP+ comprises the National Board which has representation from district chapters; the National Secretariat based in Lusaka which is responsible for policy dialogue and district capacity development.

At the district level is the District Board is responsible for implementation of policy dialogue while the District Secretariat is responsible for co-ordination of support groups and capacity building of support groups.

Support groups is the last structure where support groups receive psycho-social support, access to services and information which require their meaningful involvement and business development. Although the LDC is well organised, all its four staff work as volunteers based at the District Secretariat. Programmes for support groups can not fully be implemented due to lack of commitment as they have to look else where for their family needs. The Lusaka district is located in the capital city of Zambia is predominantly urban .

According to the Lusaka District Chapter Strategic Plan (January 2007 to December 2009), the LDC was established to coordinate programmes for community based support groups for effective and efficient delivery of HIV/AIDS to PLHA. The Chapter is mandated to advocate for the rights of PLHA, build capacities of support groups, maintain and information, conduct operational research, ensure timely and accurate flow of information, monitor and evaluate support groups activities and other technical support.

2.2 Communication Strategies

Communication strategies are well planned series of actions aimed at achieving certain objectives through the use of communication methods, techniques and approaches. The process also involves planning a communication strategy in a participatory manner, that is, with people, in order to address practical problems and needs as identified and defined by them (FAO, 2004). From the Wikipedia, the free encyclopedia, Communication as a whole is defined as a process whereby information is enclosed in a package and channelled and imparted by a sender to a receiver via some medium. The receiver then decodes the message and gives the sender feedback. All forms of communication require a sender, message, and an intended recipient.

However, the receiver need not be present or aware of the sender's intent to communicate at the time of communication inorder for the act of communication to occur. In Zambia studies on communication strategies used by HIV support groups have looked instead at communication strategies used by the National AIDS Council (NAC) to combat HIV/AIDS in Zambia.

2.3 In a study conducted by Hamwaka (2007) on 'Communication Strategies used by the National AIDS Council to combat HIV/ADS,' found that the production of video tapes, radio and television programmes, booklets, newsletters and posters were used nationally as communication strategies to fight the incidence of HIV. The study also revealed that 53 percent of the cooperating partners did realize that the National AIDS Council made enough contribution and support in HIV/AIDS programmes they implemented in their organisations (Hamwaka, 2007, p.58). He further observed that the National AIDS Council communication strategies were mainly aimed at promoting behaviours that were in support of HIV/AIDS and also support.

One observation that Hamwaka (2007) raises about communication is whether there are organisations or individuals in support groups who are involved in planning and designing of HIV/AIDS communication materials. The question is on "how they communicate to their target audience and on what they should be communicating." The findings have relevance to the this study on the effectivesness of communication strategies being that are used in HIV support groups especially that there is evidence of nationally developed communication strategeis by the National AIDS Council. Despite these effective nationally developed HIV/AIDS communication strategies, the researcher will assess the effectivenes of communicationstrategies that support groups for people living with HIV/AIDS use in the fight against HIV/AIDS, Stigma and Discrimination.

2.4 Research on HIV Support Groups

A study conducted by Lyttleton (2004) on Thai HIV/AIDS support groups found that the discursive strategies that shape support groups in that country are embedded with local and moral economies and frameworks of meaning. Gender and social identity were significant factors that influenced the benefits to be gained from belonging to a support group. Some of the noted features of the Thai support groups was that women outnumbered men in most support HIV/AIDS groups and members regarded masculinity as a constrainting factor on male participation in the support groups. It was further observed that within the support groups themselves unwllingness to join the HIV/AIDS support groups was considered one reason for the perception that men with HIV seem to die sooner than did women with HIV. However, what was the nature of communication strategies that would promote participation in support groups?

2.5 Kyrouz, E.M. and Humpreys, K. (2007) reviewed research on Self-Help and Mutual Aid Support Groups indicate that most research studies of self-help support groups seem to have found beneficial effect of participation in these support groups. However, these studies seem not to have permiated into the hands of self-help group members.

The researches have tended actually to have been studies of psychotherapy or support groups that have been solely led by either a professional who might not seem to share the conditions being addressed by the group. Similarly, the same reviewed research on Self-Help and Mutual Aid support groups indicated that when self-help groups are surveyed at any given time, they positvely respond that the group had helped them which seems not to tell us much about how members change over time or whether members change more than support groups. What seems to be of concern though is that despite the existence of support groups they live. whether for people living with HIV/AIDS and other support

groups of debilitating illnesses such as cancer, diabetes groups and so on, there seems to be little research available to document communication strategies that are used in these support groups in addressing their areas of concern. Yet communication is key to understanding and eventual resolution of promblems in support groups vis-a-vis the commmunity in which they live.

Spirig, (1998) commented on the usefulness of support groups for people living with HIV/AIDS when she said, "a decade has passed support groups have been proposed as a key intervention for People Living With HIV and AIDS (PLWHAs) and yet very little has been done to evaluate and compare outcomes of support so as to provide a scientific base for their usefulness and effectiveness." It was also noted that people living with HIV/AIDS comprised hetrogenous populations who have specific needs and the group intervention should be designed to meet their specific needs (Ibid). In assessing the type of communication strategies being used in support groups for people living with HIV and AIDS the researcher would like to look at the communication strategy used in support groups for people living with HIV and AIDS in Lusaka, Zambia. The communication strategies used in support groups and the interventions to reduce discrimination and stigma are crucial for improving care, emotional health and the quality of life of people living with HIV and AIDS.

2.6 A study conducted in 2003 on 'A Scoping Study on Community Response to HIVAIDS Along Transit Corridors and other areas of Intense Transport Operations in Zimbabwe,' found that HIV/AIDS campaigns have failed to use effective communication strategies becuase many HIV/AIDS interventions programmes are led by medical doctors.

Odero (2004) points out that medical doctors certainly know all about the virus and its effects on the human body, but are ill-prepared, for developing and evaluating communication strategies that combat the spread of the disease on HIV support groups operated by non professionals. However, these types of support groups though, may run for a specified period of time and may be very effective, but lack involvement of HIV postive persons in the designing, planning of communication strategies that would benefit them apart from therapy from medical doctors. The findings seems to provide insight in professionally operated support groups when it comes to communication. This has been one problem affecting both support groups for people living with AIDS and the communities to develop effective communication strategies to deal with the HIV/AIDS as the infected and affected in the community. Applied to the current study, the researcher would like to examine communication strategies being used by support HIV groups not operated by professionals who do not share the problem of the members, such as social workers, medical doctors, psychologists, or members of the clergy running within the community.

2.7 Women-Only HIV Support Groups

In a study conducted by Lennon-Dearing, (2008) that examined HIV-Positive women's perceptions about their experiences in Women-Only HIV support groups among seventy HIV-Positive women in Alabama,Georgia,and South Carolina in the United States of America, found that the women benefits of belonging to a support group had decreased risk behaviour for exposure, reduced feelings of shame, and network of friends to socialize with. The study tends to support the importance of belonging to a support group where group members through intra-group communication enhance their communication through experience sharing.

The interaction among HIV support group members could be one of a communication strategy used in coping with HIV-related self stigma. Communication in HIV support groups is vital as it provides for experience sharing and support for its members.

2.8 Communication and Survival in HIV Support Groups

A comparative study conducted between 1991 and 1996 by Summers, et al, (2000) on women participants with and without support group therapy in San Diego, California, United States of America found that the women belonging to an HIV-related support group, ties to other individuals living with HIV might have been the factors that extended their life. Women in HIV-related support groups exhibited a significant survival and advantage over the comparison group. The observational pilot study of HIV-Seropositive women according to Summers et al, (2000), also revealed that participation in HIV-related support group for women living with HIV was associated with an extended survival after diagnosis of HIV infection for self selected participants of HIV support groups. The longer survival rate was attributed to factors such as "fighting spirit" or other social support resources such as churches, extended kinship networks rather than group participation. The findings were consistent with studies of support groups with cancer in which support group members tended to survive twice as long as their counterparts not in cancer support groups (Summers, (2000). The women's extended survival in the HIV support group could be deduced to support the notion that participation and belonging to a support group seemed beneficial and that a variety of coping strategies were being used by support groups. One coping strategy is the interaction and experiential nature of support group members.

This study could also apply to communication strategies being used within HIV support group members and how they relate to individuals in the community in combating the spread of HIV infection. The study also tends to underscore the importance and use of appropriate communication strategy through support group participation.

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CHAPTER 3

3.0 Conceptual and Theoretical Frame Work

3.1 Conceptual Definitions

3.1.1 A Group

A group can be defined as whenever two or more people come together to handle a problem, interpersonal obstacles also arise. In any group discussion, members will be dealing simultaneously with task and interpersonal obstacles. Such obstacles would include the need to make ideas clear to others, handle conflict, manage differences and so forth. It is worthy noting that in a group, group members develop private code words and signals that only those inside the group understand. Also in a group, group members follow particular rules in their interactions that produce some sort of outcome. It is with that in mind that the concept of a group will be understood and applied in the current research.

3.1.2 Group Communication

Group communication can be described as system of inputs, internal processes, and outputs (Littlejohn, 2002). The process includes group interaction and decision development, and the inputs include completeded tasks and decisions**.** Groups are vital to individuals and society. As a person moves about in the world, cooperation becomes essential in achieving goals. People use communication to share resources in the situation of problems, and group communication thereby becomes not only a means for accomplishing tasks but also a means of group maintenance and cohesion(Littlejohn, 2002, p.277).

In this context, group communication will be viewed as a means which will facilitate the understanding and taking into account people's priorities and knowledge. In the final analysis group communication like communication for social change puts people at the centre of their own priorities, finding their own ways of communicating and organising.

It is not surprising that the current thinking on HIV communication and social change focuses on promoting dialogue and debate. We should therefore be able to explore how group communication interfaces interpersonal communication in motivating people to action in halting the spread of HIV/AIDS.

3.2 Presentations of Main Theories

3.2.1 Group Communication Theories of Human Communication

Most of the group communication theories stem from the 'systems theory' which tends to emphasize harmony on systems which challenges us to examine ways in which group members and groups are inter-related and tend to favour stability over change.

Although there are many group communication theories which would aid in understanding how communication works especially in support groups for people living with HIV/AIDS, the Group Communication Theory by Beebe and Masterson (1997) would tend to be an appropriate general model in understanding small group communication in support groups regarding communication strategies they use. According to Beebe and constellation model, it states that "in order for a group to be successful it must consider all possible sender, receiver, and message variables that occur in a small group."

The theory suggests that there is a relationship between communication, leadership, goals, roles, cohesiveness, and situation and that communication must be paid to all communicators in the group including the senders and receivers of the messsage.

3.2.2 The Consistency Theories of Human Communication

The Consistency Theories of Human Communication essentially relate to attitude, attitude change and persuasion (Littlejohn, 2002; p.128). The consistency theories as explained by Littlejohn (2002) holds that people are more comfortable with consistency than inconsistency. That is, people are consistent with views or notions that they feel are compatible with their behaviour which emanates from their beliefs, attitudes and values that they hold. The basic assumption of the consisteny theories posists that people generally seek homeostasis that is self-balance. As open systems, people tend to aim to achieve self-maintenance and balance.

In the context of communicating HIV/AIDS messages, this may affect the way people who are infected with the HIV perceive and react for example to diclose their HIV status vis-a-vis the perception and reaction of the people in the community due to such disclosures. This could arise because there could be conflict of behaviour, knowledge, attitudes, beliefs and values since people tend to maintain their self balance. Thus consitency is the organising principle in which an indiviual is cognitively processing information from the perceptual world and how that information can lead to information and attitude change which can occur from the information that affects the consistency.

Failure to test for HIV lest alone disclose ones' HIV status or stigmise and discriminate people living with HIV / AIDS could be related to negative attitudes and beliefs that individuals hold.

One of the consistency theories that would aid in understanding why people have different perceptions and unfavourable attitudes towards people infected with the HIV is the Cognitive Dissonance Theory developed by Festinger (1962).

3.2.2.1 The Cognitive Dissonance Theory

The theory of cognitive dissonance posits that human beings often have conflicting beliefs with actions they take. Dissonance is said to take place when the person is confronted with making choices between two good choices and one has to choose at the expense of the other. The theory of cognitive dissonance implies that when there is a tension we tend to change a belief or an action. The cognitive dissonance theory could be applied to suppport groups for people living with HIV/AIDS particularly when tryig to persuade the infected individuals or the target audience that their organisation is a worth one to join. If the target group or audience believes that joining the HIV/AIDS support group means disclosing their HIV seropositive status then they will not join due to stigma associated with rejection by family members including the community in which they live in.

In the case of the Network of Zambian People Living with HIV/AIDS, if they have to have strong HIV/AIDS support groups, their communication strategy should be such that it is appealing to those that have been diagnosed as HIV positive who are not yet members of such support groups due to experiencing cognitive dissonance between choosing whether to disclose their HIV status or not.

3.2.2.2 The Uncertainty Reduction Theory (URT)

The Uncertainty Reduction Theory is one of the theories of Human Communication developed and originated by Berger, Charles R; and Calabrese R.J in 1975 (Littlejohn, 2002). This communication theory is based on the premise that strangers upon meeting, go through certain steps in order to reduce uncertainty about each other and one forms an impression or an idea of whether likes or deslikes the other (from http://.www.en.wikepedia.org/).

It was developed to describe the interrelationships between seven important factors in any dyadic exchange: verbal communication, nonverbal expressiveness, information-seeking behaviour, intimacy, reciprocity, similarity, and liking. Uncertainty is unpleasant, and therefore motivational, that is, people communicate to reduce it. The corresponding behaviour of the other person immediately reduces your certainty there by greatly lessening the desire to get additional information (Littlejohn, 200, p.243).

According to Littlejohn (2002) citing Berger, as people are communicating they are making plans to accompolish their goals. In addition, people formulate plans for their communications with others based on their goals as well as the information they have about others involved. The expectation that you will be communicating with the other person in future, or the prospect that the encounter will be especially rewarding or costly. Under these conditions, one will probably take action to get more information about the other person. The Uncertainty Reduction Theory tends to follow a pattern of developmental stages namely the Entry, Personal and Exit stages. In the Entry phase, the process involves obtaining information about another's demographic information such as age, sex, economic or social status and so on.

It is believed that much of the interaction in this entry phase is controlled by communication rules and norms. However, when communicators begin to share beliefs, attitudes, values and personal data, the personal stage begins. During this phase of interaction, the communicators feel less constrained by the rules and norms and tend to communicate more freely with each other. During this phase of interaction, the communicators decide on future interaction plans. They might also discuss or negotiate ways to allow the relationship to grow and continue. It should however, be noted that any particular conversation might be terminated and the end of the entry phase.

The above pattern is especially likely to occur during initial interaction, when people meet or when new topics are introduced in a relationship. Besides the stages in uncertainty reduction patterns, Berger makes a distinction between three basic ways people seek information about another person and calls these strategies as:

1). The Passive Strategies: This is where a person is being observed, either in situations where the other person is likely to be self-monitoring or where the other person is likely to act more naturally. That is observing others as they are in their natural environment. Self-monitoring is a behavioural process in which people watch and strategically manipulate how they present themselves to others.

2). Active Strategies: This is where we ask others about the person we are interested in or try to set up a situation where we can observe that person. In this case, once the situation is set up sometimes the person is observed passively or talk with the person. Through interaction with other people doubt will be removed.

3). An Interactive Strategy: This is is where we communicate directly with the person. Interaction strategies include interrogation and self-disclosure. Self-disclosure is an important strategy for obtaining information because if we disclose something about ourselves other people are likely to disclose in return (Littlejohn, p.243).

In the context of HIV/AIDS the Uncertainty Reduction Theory seems one way in which as people interact for the first time their primary concern is to reduce uncertainty and increase the predictability of the behaviour of other person involved in the interaction. Therefore, the initial HIV/AIDS communication message may be critical as people grapple with the issues of HIV/AIDS. According to Gudykunst and Hamer (1987). Uncertainty Reduction Theory is one of the communication frameworks emplyed in the study of interpersonal communication. The theory focuses on how communication is used to gain understanding in interpersonal relationships with uncertainty as a central construct of the perspective.

3.3 Different Types of Communication

3.3.1 Introduction

According to Littiejohn, (2002), the field of communication is wide and over the years communication has been categorized into four levels which are synonymous with the different types of communication which has arisen according to the division and increasing levels of individual involvement. These four types are mainly Interpersonal Communication, Group Communication, Organisational Communication and Mass Communication. It is anticipated that through these different types of communication the researcher intends to look at communication strategies used in HIV support groups.

3.3.2 Small Group Communication

Small group communication involves or occurs between three to twelve or more individuals interacting with a view of achieving a specified goal or objectives (http://www.en.wikipedia.org). In the present study it would be important to examine support groups communication. Group membership may range from a group of three or more people. The researher would like to find out how they communicate among themselves as well as the wide community in halting the further spread of HIV in the community.

Since people have come together to mitigate the effects of HIV/AIDS, it would be important to study group communication. In group communication what seems to be involved is the interaction betweeen individual members and this relates to the interaction of people in small groups and usually in decision-making situations or settings (Littlejohn, 2002).

Mry Prker cites Littlejohn (2002) 'on integrative thinking,'states that whether it is in group, organisational, and community problem-solving, small group communication is a creative process which involves gathering of information from experts, testing that information using our every day experience and developing integrative solutions that meet different interests rather than competiting among interests. This entails creating partnerships. The import of this is that AIDS support groups cannot confront the epidemic alone and should work with all small and large organiastions that can contribute to attainment of programme goals. So, what is the interface interms of communication strategies used by AIDS support groups, the community and organisations backing them? Are the communication strategies used by support groups in fighting HIV/AIDS stigma and discrimination integrative of other players for AIDS mitigation.

This calls for an appraisal of small group communication and its effectiveness in the fight against HIV/AIDS.

3.3.3 Interpersonal Communication

This type of communication basically deals with communication between two persons usually 'face-to-face or direct communication among a relatively homogeneous and physically small group of people and could be in private settings. In the interpersonal communication processes, relationships are important because relationships are usually connected to communication and one can not be separated from it. The relationship tends to be based on expectations two people have on their behaviour about the way they interact between them and to develop their relationship over time.

This type of communication would be important when it comes to the nature of communcation used in support groups for people living with HIV /AIDS. How do people in AIDS support groups relate to people in the various communities?

Thus, the infected and the affected need to address their perceptions regarding their specic fears, stigma and discrimination towards HIV/AIDS. There is need to strike a common ground and the realisation that HIV/AIDS is not only a health problem but a social problem that requires all stake holders to work together. This calls for the examininination of the available interperson channels of communication and how effective they are in promoting open dialogue between AIDS support group members and the wider community.

The relevance of looking at HIV/AIDS support group communication is key to interpersonal communication because it seems to be the most effective way in which people's fears, innuendoes and misconceptions about living with the HIV/AIDS can be clarified based on informed decisions and choices. With the formation of many support groups for people living with HIV/AIDS in Lusaka, how do they relate to each other as a group in comparison to the community in addressing the HIVAIDS pandemic in order to gain a unified fight HIV/AIDS mitigation.

3.3.4 Organisational Communication

Organisational communication is the type of communication which occurs within a particular social system which is composed of inter-dependent groups attempting to achieve a common purpose or organisational goals. It is also the type of communication which takes place in big cooperative networks and includes aspects of communication in interpersonal and group communication. Organisational communication tends to have well established formal communication structures.

In order to have fuller understanding of organisational commnication, one has to look at how the organisation is structured and its function in terms of human interaction, communication itself, and how things are done including the organisation culture that is the belief system, attitudes, and work culture inherent in the organisation. Organisations as 'the collective and interactive process of generating and interpretting messages' points out to the relative stable path ways of communication in which individuals communicate together into groups that are linked together into networks. What is notable however, is that whether in group, organisational or inter-organisational communication, the links that bind people together seem to be made from person to person (Littlejohn, 2002, p.282).

In understanding how the Network of Zambian People Living with HIV/AIDS organisation communication is structured and functions, it would be important to establish how communication is planned, and what communication strategies are employed and implemented to the AIDS support groups which nationally are under their support and adminstration. If the Network of Zambian People Living with HIV/AIDS has to influence social change in the various ubiquitous AIDS support groups in the country, how are these support groups linked to the network?

The dynamics of communication existing between NZP+ and the various support groups could be viewed in the context of social movements. The concept of social movements could loosely be defined as 'interactive networks of people who have shared beliefs and a sense of solidality and who come together to take part in collective action to challenge the status quo'(Porta D.D et al, 1999). The inter-play of factors such as interpersonal, geographic, historical and political have to be taken into account when considering organisation communicatiotion.

In relation to the effectiveness of communication strategies used in support groups for people living with HIV/AIDS, the process could be viewed and understood to be inclusive when the process itself is influenced, and ideally driven by the people who are most affected. In this case, the people affected in the AIDS support groups in the communities should be involvedd in the planning, designing and implementation of organisational communication since they are the ones who really understand the impact HIV has on everyday life unlike policy-makers.

It would also seem imperative that communication planners, policy-makers at organistional level should work in collaboration with AIDS support groups who are at the centre of their own change, setting their own priorities and finding their own ways of communicating and organising. It is suffice, to say that, formal oganisational communication design and function should be integrative of the informal communication structures existing in support groups since organisational communication and communication in informal group settings tends to augument each other and enhances the fight for a common goal of reducing HIV/AIDS stigma and discrimination in the communities. Since effective strategic communication is built on the foundation of well-chosen and designed programme elements, including: accurately segmented and researched beneficiary populations.

It also includes well-researched and identified barriers to change; motivating factors and key benefit statements related to the desired behaviours; appropriately chosen channels, messages and activities; monitoring and evaluation indicators; and other communication-specific elements. It would be interesting to see how the Network of Zambian People living with HIV and AIDS which superintends HIV/AIDS support groups in Zambia, how effective are its communication strategies used in support groups. Further, whether the support group members are involved in the planning, designing and implementation of HIV/AIDS communication messages to halt the spread of HIV in the communities thereby reducing Stigma and Discrimination.

3.3.5 Mass Communication

Mass communication is the type of communication which deals with public communication. The process takes place among large, heterogeneous, and physically segmented number of individuals termed the ‘mass’.

Mass communication referes "to the process where by media organisations produce and transmit messages to the large public and the process by which the messages are sought,used understood, and influenced by the audience." (Littlejohn, 2002, p.303).

In this context, it would be interesting to find out whether there is any communication message links between communication strategies used in support groups for people living with HIV/AIDS and media organisations. The media can play an important role in the dissemination of HIV/AIDS communication messages since it is closely linked to exposure.

The researcher will attempt to examine HIV/AIDS support groups access to media, considering that the media could play an important mitigating role in reducing discrimination and stigma through Radio, Television and the electronic print media by their exposure of the function of support groups for people living with HIV/AIDS to the community and the general public.

3.3.6 Intra-Personal Communication

This type of communication takes place within the individual (Self-talk) and in terms of group or organisation communication would mean communication within the support groups or organisations themselves. For instance, by looking at how the group members communicate among themselves would give insight to the type of communication strategies used within the HIV support groups. In all the above, different types of communication the selection and use of appropriate communication channels will to a large extent depend on programme goals and objectives of the target audience and the communication strategies used in support groups. It will also entail the understanding and application of specific human communication theories.

3.4 Application of Specific Theories of Human Communication to the Study.

3.4.1 Introduction

In trying to understand what is the nature of communication used in support groups of people living with HIV/AIDS, it would seem neccessary to explain some specific communication theories that seem to have relevance to aiding communication used in support groups for people living with HIV and AIDS like the Cognitinitive Dissonance Theory and the Uncertainty Reduction Theory.

3.4.2 The Cognitive Dissonance Theory

The 'Cognitive Dissonance Theory' of understanding human behaviour was espoused by Festinger, (1962). This theory falls among the many theories which are called 'Consistency Theories of Human Communication which essentially relate to attitude, attitude change and persuasion (Littlejohn, 2002; p.128).

The consistency theories as explained by Littlejohn (2002) holds that people are more comfortable with consistency than inconsistency. That is, people are consistent with views or notions that they feel are compatible with their behaviour which emanates from their beliefs, attitudes and values. Thus, consistency is the organising principle in which an individual is cognitively processing information from the perceptual world and how that information can lead to information and attitude change which can occur from the information that affects the consistency. The basic assumption of the consistency theories posists that people generally seek homeostasis that is self-balance.

As open systems, people tend to aim to achieve self –maintenance and balance. In the context of communicating HIV/AIDS messages this may affect the way those who are infected with the virus perceive and react for example to diclose their HIV status vis-a-vis the perception and reaction of the people in the community due to such disclosures. As alluded to earler, since people tend to maintain their self-balance, conflict of behaviour, knowledge, attitudes, beliefs and values

According to Festinger, (1962) he teaches that any of the cognitve elements that include attitudes, perceptions, knowledge and behaviours will form three types of relationships that he termed irrelevant, consistent or conssonant or will be inconsistent or dissonant. For example, if a person thinks that disclosing ones' HIV seropositve status would be harmful to his or her well-being, the person might not be able to come out in the open for fear of being discriminated or stigmatised by those whom he or she lives with. In order to over come this the person has to reduce the amount of anticipated discrimination and stigmatisation by the way he or she communicates to the target audience. The person or group must ask questions like what is consistent or inconsistent with the person's psychological system which are the beliefs, attitudes and values he or she holds.

A person's cognitive self evaluation might affect one's intention to disclose her or his HIV status or let alone join an HIV/AIDS support group if they thought that disclosing ones' HIV positive status would provide valauble information that would mitigate the need to 'go public' and hence receive community or societal support. This process involves weighing the pros and cons of What, Why, When and How to communicate for example HIV/AIDS messages amid discrimination and stigma abound in the community. Similarly, the cognitive dissonance theory can be applied in understanding what type of communication messages exist in support groups.

It can also help explain how such messages might conflict with the beliefs and values that people in the community have towards those who have HIV/AIDS once such messages are communicated. If the communicated messages are negative, the people in the community will not come out in the open about their HIV status for fear of being stigmatised or discriminated. So, the HIV/AIDS messages should be compatible with their beliefs or values and therefore create consonnance to facilitate behaviour change.
The nature of communication messages both within support groups and those that are directed to individuals and the target population, must be such that will help the people to feel better about disclosing their beliefs, attitudes and actions so that they are aimed at reducing dissonance.

In the same vein, individuals in the communities would be affected if they perceived that they possessed beliefs and attitudes, and values which could lead them to perceptions which might create consonance or dissonance about how they feel and react towards persons who are HIV positive or have AIDS. In this case, communication messages that are being designed should be such that they address the state of mind of the target audience so that the information that they might seek is consonant and point to the evidence for the benefits of people infected and affected with HIV/AIDS in order that they could be motivated to start reading or sharing communication messages on HIV/AIDS. However, one should note that there is a danger of reducing dissonance at individual or group level by distorting or misinterpreting the information involved.

In order to create favourable perceptions towards people in HIV/AIDS support groups or people living with AIDS in the community, communication messsages should be directed at reducing dissonance and make people feel better about their attitudes, beliefs, values and actions.

This calls for an intensive education campaign on part of communication specialists, development agents in understanding about the cognitive processes individuals go through. In this regard, whether communication takes place at interpersonal, group, organisational and mass media levels, people should work together dessignig, planning of communication messages and how they are to be communicated in order that peoples' attitudes, beliefs and values are not in dissonance with the goals and specific objects of HIV/AIDS prevention, care and support for support groups. This would in turn have a positive effect in the reduction of discrimination and stigma associated with HIV and AIDS. The cognitive dissonance theory of human communication therefore includes situations which involve decision-making, forced compliance, initiation, social support and effort.

The amount of dissonance one experiences will to a large extent be as a result of the decision one makes and the importance of the decision one has to make. For instance,certain decisions might be quite minimal or unimportant and might produce little dissonance. The decision may call into question the attractiveness of the chosen alternative. Other things being equal, the less attractive the chosen alternative, the greater the dissonance. On the other hand, the greater the perceived attractiveness, in this case, messages must be appealing of the unchosen alternative, the more dissonance likely the person will feel. Dissonance is not only felt at idividual level but it can also be felt at group level as well. Lastly the degree of similarity or overlap between the alternatives, the less conflict or dissonance.

The Cognitive Dissonance Theory can be used to explain how one is initiated into a group dependent on the type of communication that takes place.

For instance, the more difficult one is initiated into a group the greater could be the commitment one would develop. Consequently, the more social support one receives from friends, be it the community on an idea or action, the greater will be the pressure to accept and believe in that idea or course of action. From this, it could be deduced that in designing communication strategies particularly those used in support groups for people living with HIV/AIDS communication messages should be such that research into people's beliefs and their attitudes is carried out so that the behaviour to behave in particular situations is a fuunction of both beliefs and attitudes in combination. People have a tendency to behave favourably or unfavourably toward an object or toward situations.

When we look at behaviour in support groups and the community that they live in, it seems to have a variety sets of attitudes and the system consists of variant beliefs ranging in their centrality (Littlejohn, 2002). Related to attitudes and beliefs are values people attach to objects or be it messages. Values denotes specific types of beliefs that are central in the system and act as life guides. For instance, values may include concepts such as hardwork and loyalty. What might also be important in the cognitive dissonance theory is the notion of the self-concept. The Self-concept is an import component in the belief-attitude-value system in that it concerns about the bliefs an idividual holds about the self: Whom I am I? With respect to the type of communication messages used in support groups for people living with HIV/AIDS, if the messages are not well constructed they might have diffferent perceptions and interpretations by both the support group members and the community as well as communication specialists. If this happens, then the intended messages may be perceived as either in conflict with their belief-attitude-value system and result into dissonance.

So, the cognitive dissonance theory of human communication seems to be one theory which can be apllied when it comes to deisigning and implementation of communication messages.

It would be imperative that the major players in the planning, designing and implementation of communication messages, professional communicators, support groups members, development practioners and civil society organisations impementing HIV/AIDS programmes such as the NZP+ and the media organisations should bear in mind that communication is a human behaviour. It entails deisigning messages that are in agreement with peoples' beliefs, attitudes and values inherent in the social system as indicated by Festinger's cognitive dissonance theory in understanding the nature of human communication.

3.4.3 Uncertainty Reduction Theory (URT)

The Uncertainty Reduction Theory is one way in which people seek to increase their ability to predict their partners or other people's and their own behaviour in any given situations. Factors that tend to reduce uncertainty include the degree of similarity individuals perceive in each other that is in background, attitudes and appearance.

If uncertainity levels are high, the amount of verbal communication between strangers will decrease (Heath and Bryant, 1999). The Uncertainty Reduction Theory is of relevance to the present study because of reliance on interpersonal communication in that people who are HIV positive may face problems of disclosing their HIV status if they perceived that the community will stigmatise and discriminate them.

Communication strategies used by support groups in reducing HIV/AIDS stigma and discrimination will be important beause people would rather want to have the uncertainty of being stigmatised reduced if they disclosed their HIV status.

The interpersonal communication, should in this case, address the anticipated fears of being rejected. This could be done through shared communication networks which would tend to reduce uncertainty, while a lack of shared networks increases uncertainty by gaining information. People tend to share information when they are confident that the other person will share as well.

In view of the above, planning and designing of communication strategies should take into account the existing communication networks that exist within the communities, support groups and organisations that back HIV/AIDS support groups. It should also be noted that the Uncertainty Reduction Theory points out that high levels of uncertainty can cause a decrease in the intimacy level of the communication content.

In the context of HIV/AIDS , it may imply that uncertainty levels may produce a decrease in liking the the other person. This could result into increases in stigma and discrimination of people infected with the virus. Deducing from the discussion above, it could be said that the focal point for Uncertainty Reduction Theory lies in interpersonal communication that is, to get information about the other person. Charles Berger's Uncertainty Reduction Theory could also be based on human communication being used to gain knowlegde and create understanding. The contemporary use of Uncertainty Reduction Theory could be applied to new relationships as a tool to explain and predict initial interactional environments as well as to study intercultural interaction (Gudykunst, 1985) as well as societal level-risk society (Heath and Bryant,1999).

It could also be apllied in organisational socialization (Lester,1986) and as a function of the media (Katz and Blumer, 1974). Therefore, communication strategies used by support groups should be such that the communication messages are directed at reducing uncertainty regarding HIV and AIDS stigma in the community.

However, some theorists have criticised the the Uncertainty Reduction Theory. According to Sunnafrank, (1986), suggests that the chief reason people seek information is not necessarily to reduce uncertainty per-se but to access the potential outcome of the communication. He argues that people are motivated to reduce uncertainty because they want to know whether continued communication will be positive or negative.

Following the critique of the Uncertainty Reduction Theory if applied to communicating HIV/AIDS issues, if communication messages are well deisgned people could be motivated to reduce stigma and discrimination. If they discern that continued communication regarding HIV status disclosure will result in positive reaction and outcomes by other members in the community toward HIV/AIDS stigma and discrimination reduction.

CHAPTER 4

4.0 Research Methodology

4.1 Introduction

This chapter discusses the methodology employed in this study. It includes the research design, target population, the characteristics of the sample, and instruments of data collection as well as data analysis.

4.2 Research Questions

The following research questions were designed to examine the nature of communication strategies that are used being by support groups for people living with HIV and AIDS.

4.2.1 What is the nature of HIV/AIDS communication strategies used by support groups in the community?

4.2.2 What is the intra-organization communication within support groups?

4.2.3 What is the perception of the community towards support groups in the fight against stigma?

4.2.4 What is the perceived impact and effect of the communication strategies on the community in responding to HIV/AIDS?

4.2.5 How much communication is there to support groups by the media?

4.2.6 The researcher will also describe the role of organisations backing HIV/AIDS support groups

4.3 Research Design

A survey approach was used in conducting this research. A survey usually involves collecting data by interviewing a sample of people selected to accurately represent the population under study (Sidhu, 2006).

Survey questions concern people's behaviour, their attitudes, how and where they live, and information about their backgrounds. The study opted to use this method taking into account the complexity of the research at hand.

This study used quantitative methods of data collection. The study was highly descriptive in nature. Qualitative methods of data collection were, however, also employed to yield empirical data to supplement and tringulate the quantitative data.

4.4 Target Population

The target population comprised all support groups dealing with HIV and AIDS programmes and People living with HIV and AIDS located in urban, and peri-urban areas in Lusaka District.

4.5 Sample Size

The sample comprised comprised one hundred respondents radomnly selected fromAIDS support groups in Lusaka District. Thirty participants comprised Focuss Group Discussions (FGDs) purposefully selected from ten support groups for people living with HIV and AIDS as well as three informants from organisations backing supprot groups, the Network of Zambian People living with HIV and AIDS (NZP+), Lusaka District Chapter.

4.6 Sampling Procedure

Research data was collected from ten support groups consisting of one hundred respondents (10 from each support group) randomnly selected and interviewed. Semi-structured questionnaires were administered to One hundred respondents from support groups. Every third and fith member of the AIDS support group was administered the questionnaire.

The systematic sampling method was used to determine a complete list of support groups from the Network of Zambian People living with HIV and AIDS, Lusaka District Chapter. The use of the systematic method was used to enable the researcher peruse the registers of selected HIV/AIDS support groups to determine the total population sample.

The purposive sampling method was used in selecting 30 participants comprising three for Focus Group Discussions from support groups (8 to 10 from each support group). Focus Group Discussions were conducted in English and later transcribed.

4.7 Data Collection Instruments

In collecting dta for this research, the following instruments were used: structured questionnaires, interview guide schedule and focus group discussion guides. Bell (1993), states that questionnaires and interviews are a good way of collecting information quickly and are relatively cheaper.

Other strengths of the questionnaire are that, it secures stadardized results that can be tabulated and treated statistically. It can be mailed when the field of research is vast and the respondents are scattered over a very large area. A large sample may also be drawn and all groups of people can easily be covered and contacted. The method places less pressure on the subject for immediate response and gives more time to the respondents to answer questions. Information obtained obtained through this study is more valid and reliable. The resaerch instruments are attached in appendix1.

Interviews are flexible and applicable to different types of problems in that the interview may change mode of questions if occasion demands. Unclear responses from the respondents can be clarified by rephrasing the questions.

Interviews give the respondents the opportunity to ask the interviewer to explain or to clarify certain things where he or she is not sure. In interviews, the interviewer has the opportunity to engage more closely with the respondents and can therefore play a role in development of an environment which is conducive to open a frank discussion. In this study, questionnaires were used to collect data.

4.8 Data Collection Procedure

The data was collected between 31st May, 2008 and 8th August, 2008. Structured questionnaires administered to 100 respondents from ten (10) support groups where respondents were asked to tick, circle or record their responses on blank spaces on the questionnaire.

4.8.1 In-depth Interviews

Interview guide schedules were used to gather information from key informants from the Network of Zambian People living with HIV and AIDS, Lusaka District Chapter Secretariat.

4.8.2 Focus Group Discussion

Focus Group Discussions were conducted with thirty participants, three from each support group (consisting of 8 to 10 support group members). The purpose of the Focus Group Discussion was to supplement information obtained using the structured questionnaires. Focus Group Discussion recordings were in English, Nyanja and Bemba local languages and later transcribed.

4.9 Primary Data

Primary data came from support groups through self-administered questionnaires, In-depth interviews and Focus Group Discussions.

4.10 Secondary Data

Secondary data was collected from books and documentation from the existing AIDS organisations and support groups. This made it possible to counter-check information provided by the respondents on the same.

4.11 Data Analysis

The Statistical Package for Social Sciences (SPSS) was used to analyse quantitative data from the questionnaires while qualitative data which was obtained through interviews and Focus Group Discussions was analysed by coding and grouping the emerging themes. Some qualitative data was converted manually and summarized in order to obtain concise measures of the data by using descriptive statistics. Computer generated tables of frequencies and percentages were used in describing distributions of the the variables which were presented in the form of tables or pie charts.

4.12 Limitations of the Study

This study was limited to selected support groups in Lusaka urban and peri-urban areas. The sample was rather small due to limited time and resources in relation to the entire population of support groups in Lusaka district. Therefore, the findings of this study cannot be generalized to other districts in the province.

4.13 Questionnaire Administration

Another limitation was that questionnaires administered to some support groups were not collected within the planned or intended period of the research because most of them were busy with other activities. The other set back was that it was not easy to conduct interviews with all the support groups at the same time. The researcher had to make other arrangements by shifting the dates hence, prolonging the data collection period.

Most of the respondents to the questionnaires were not literate and questions had to be translated into Chinyanja or Bemba local languages easily understood by respondents which might have affected the participants responses.

Non-existence of some media organisations backing support groups for people living with HIV and AIDS except for Hone FM which was backing Langa support group in Lusaka's Kanyama compound, was also another great challenge because most of these appear on paper but could not be easily located.

Finally, the small sample size and the quantitative nature of data do not allow the researcher to generalise the findings. Nethertheless, the use of qualitative methods enabled the researcher to gain insight into the nature of support group communication and contexual factors that would not have been captured in the survey method.

4.14 Reliabilty and Validity

The validity and reliability of the analysis was enhanced through discussions and interpretations of the research data findings.

As in all qualitative studies, the data obtained are of subjective nature being experiences and perceptions of conducting research using focal discussion, in-depth interviews and the researcher's observations made during the period of attachment at the Network of Zambian People Living with HIV/AIDS, Lusaka District Chapter.

4.15 Ethical Considerations

Research studies that deal with human beings all have ethical considerations that takes into account the numerous stake holders. The researches with human beings are to a large extent guided by ethical principles such as informed conscent, confidentiality and anonymity, regardless of the researcher's goal or orientation (Punch, 2006). To this effect the researcher obtained permission from the Network of Zambian People living with HIV and AIDS (NZP+) and all the support groups that were involved in this research. The respondents were assured of confidentiality by not, writing their names or identifying numbers on the questionnaires to be completed. They were informed that information to be obtained will be used for academic purposes only.

CHAPTER 5

5.0 Presentation of Research Findings

5.1 Introduction

This chapter presents the findings of the study which sought to assess the effectiveness of the communication strategies used in support groups for people living with HIV/AIDS in Lusaka District. The findings were obtained by using a questionnaire, interview of key persons from the Network of Zambian People Living with HIV and AIDS (NZP+) Lusaka District chapter, Focus Group Discussions and observations done during visits to support groups during data collection. It gives the information that was gathered in the field in an organized manner in order to provide meaning. The findings are presented according to the emerging issues from the field.

The main focus of the research enterprise was to assess the effectiveness of the communication strategies used in support groups for people living with HIV/AIDS in Lusaka. To this effect the characteristics of the respondents was identified as one of the most critical variable as it provided background information on the members of the support groups.

5.1.2 Characteristics of the Respondents

Most of the respondents were from Lusaka's high density semi-planned or unplanned settlements or neighbourhoods traditionally or locally termed compounds or municipally termed peri-urban areas. There were no respondents or support groups from Lusaka's low density areas.

5.1.3 Sex of Respondents

Respondents were asked to indicate their sex. Table1 below shows the sex of respondents. The table shows that more than half (67 percent) respondents were female while 33 percent were male.

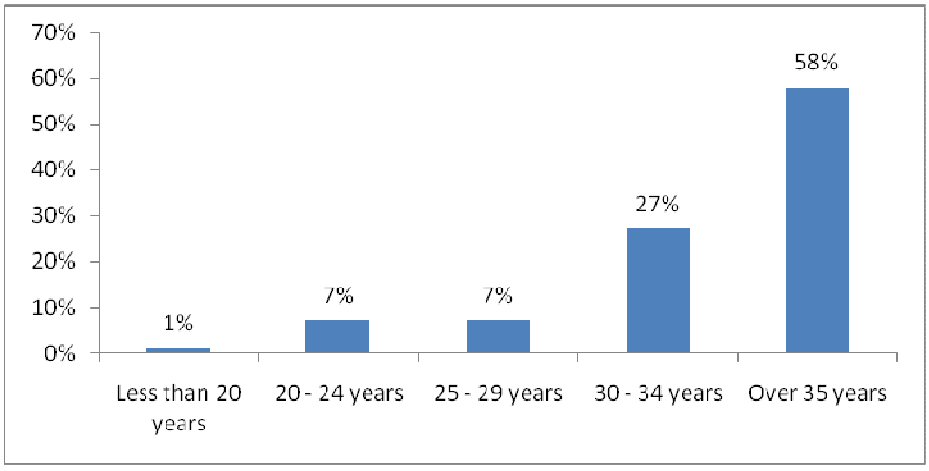
Table 1: Respondent's Sex

Sex	Number	Percent
Male	33	33.0
Female	67	67.0
Total	100	100.0

5.1.4 Respondent's Age

Respondents were asked to indicate their age. Their responses are as shown in Figure 3 below. The figure shows that the majority of respondents were above 35 years old, representing 58 percent. This group was followed by the age group of between 30 and 34 years old, representing 27 percent with one respondent being the youngest in the age group less than 20 years old.

Figure 3: Respondent's Age



5.1.5 Marital Status of Respondents

As regards the marital status of the respondents, table 3 below shows their responses. Most of the respondents 55 percent said they were married, followed by 24 percent who indicated that they were widowed. The rest of them, 10 percent said they were single while 9 percent said they were divorced and 2 percent said were separated.

Table 3: Marital Status of Respondents

Marital status	Number	Percent
Single	10	10.0
Married	55	55.0
Divorced	9	9.0
Separated	2	2.0
Widowed	24	24.0

5.1.6 Respondent's Home Language

Respondents were asked to indicate their home language and their responses are as shown in table 4 below. Most of the respondents (36 percent) said "Nyanja" followed by 25 percent who said "Bemba".

Table 4: Respondent's Home Language

Language	Number	Percent
Bemba	25	25.0
Lozi	7	7.0
Lunda	2	2.0
Luvale	8	8.8
Nyanja	36	36.0
Tonga	10	10.0
No response	12	12.0
Total	**100**	**100.0**

Other language spoken were: Lenje (3 percent), Tumbuka (2 percent), Nsenga, Mambwe, Soli, Lamba, Namwanga, Senga and Lala (1 percent) each while 88 percent of the respondents did not indicate other languages they spoke. A follow up question was asked to the respondents to indicate the language they could speak and write very well. Table 5 below shows their responses.

Table 5: Language Respondents' could Speak and Write Very Well

Language	Number	Percent
Bemba	7	7.0
English	17	17.0
Luvale	1	1.0
Nyanja	13	13.0
Tonga	1	1.0
English, Lozi, Nyanja and Tonga	3	3.0
English and Bemba	12	12.0
English and Nyanja	12	12.0
English, Bemba and Nyanja	5	5.0
Tumbuka	2	1.0
English, Bemba, Lunda and Luvale	1	1.0
English and Luvale	2	2.0
Bemba, Lozi and Luvale	1	1.0
Lenje	3	1.0
English, Bemba and Tonga	1	1.0
English, Bemba and Kaonde	1	1.0
English, bemba, Nyanja and Tonga	1	1.0
English and Tonga	1	2.0
English Bemba, Nyanja, Kaonde, Lozi	1	1.0
English and Lozi	1	1.0
English, Nyanja and Tonga	2	2.0
English, Bemba and Kaonde	1	1.0
Namwanga	1	1.0
Bemba and Nyanja	2	4.0
No response	8	8.0
Total	**100**	**100.0**

Most of the respondents (17 percent) indicated English followed by those who said Nyanja representing 13 percent.

English and Bemba, English and Nyanja(both 12 percent each) while 7 percent said Bemba. Other languages spoken were Lenje(3 percent),Tumbuka (2 percent), and Namwanga (1 percent).

5.1.7 Respondent's Position in the Support Group

Respondents were asked to indicate the position they held in their respective support groups. More than half (71 percent) of them said they were ordinary members, followed by 10 percent who said were chairpersons and treasurers, respectively. Table 6 below shows the rest of their responses.

Table 6: Respondent's Position in the Support Group

Position	Number	Percent
Chairperson	10	10
Secretary	9	9.0
Treasurer	10	10
Ordinary member	71	61
Total	**100**	**100.0**

5.1.8 Respondent's Length as a Member of the Support Group

As regards the length the respondents have been members in their respective support groups, most of them (46 percent) indicated that they have been members for 2 to 3 years while 53 percent of them said "less than 2 years". One respondent said had been a member for between 6 to 9 years

5.1.9 Reasons for Joining the HIV/AIDS Support Group

Respondents were asked to give their reasons for joining the support group. Most of the respondents, 28 percent said "learning survival skills" while 17 percent of them said "Emotional and social support". On the other hand,16 percent of them said "emotional, social support and learning survival skills." Yet, another 16 percent said emotional, social support, economic support and learning survival skills. The rest of their responses are shown in Table 7 below.

Table 7: Respondent's Reasons for Joining the Support Group

Reasons	Number	Percent
Emotional and social support	17	17.0
Financial support	1	1.0
Economic support	3	3.0
Learning survival skills	28	28.0
Economic, learning survival skills	1	1.0
Emotional, social, learning survival skills	16	16.0
Financial, learning survival skills	2	2.0
Emotional, social, economic, learning survival skills	16	16.0
Emotional, social, financial, economic, learning survival skills	9	9.0
Financial, economic, learning survival skills	1	1.0
Economical, social	3	3.0
Economical, social, financial support	1	1.0
Emotional, social, financial, learning survival skills	1	1.0
No response	1	1.0
Total	**100**	**100.0**

5.1.10 Main Source of Income for the Support Group

When requested to state the main source of income for the support group, 26 percent respondents indicated "subscription/membership fees and Self-income generating activities" while 23 percent respondents indicated "subscription /membership fees". This was followed by 22 percent respondents who indicated that their main source of income was through self-income generating activities. Table 8 below shows the rest of their responses. Other main sources of income were Development Aid from People to People, Maureen Mwanawasa Community Initiative and Children from Germany, and Kara Counselling and Training trust.

Table 8: Main source of Income for the Support Group

Sources of Income	Number	Percent
Subscription/membership fees	23	23.0
Self-income generating activities	22	22.0
NZP+	2	2.0
HIV/AIDS Global funds	10	10.0
Subscription/membership fees; Self-income generating activities	26	26.0
Subscription/membership fees; HIV/AIDS Global funds	1	1.0
Government funding; Self-income generating activities	1	1.0
Government funding; Subscription/membership fees; Self-income generating activities	2	2.0
Subscription/membership fees; Church funding	1	1.0
Church funding; HIV/AIDS Global funds	1	1.0
HIV/AIDS Global funds; NZP+	2	2.0
No response	9	9.0
Total	**100**	**100.0**

5.1.11 Sources of HIV/AIDS Information for the Support Group

Table 9 below, shows that the majority of respondents, 21 percent said that their source of information was through support group members.

Table 9: Sources of HIV/AIDS Information for the Support Group

Sources of information	Number	Percent
Radio	4	4.0
Television	5	5.0
Support group members	21	21.0
Family/Friends	2	2.0
Books and magazines	7	7.0
Radio/TV, family friends, books and magazines	1	1.0
Support group members, book and magazines	19	19.0
Television and support group members	1	1.0
Radio, television, support group members, books and magazines	6	6.0
Radio and support group members	2	2.0
Radio, television and support group members	5	5.0
Radio, support group members and family/friends	2	2.0
Support group members and family/friends	1	1.0
Radio, support group members, books and magazines	6	6.0
Radio, television, support group members, family/friends, books and magazines	7	7.0
Radio, television, books and magazines	1	1.0
Radio, support group members, books and magazines	1	1.0
Radio, books and magazines	3	3.0
Television, support group members and family/friends	1	1.0
No response	4	4.0
Total	**100**	**100.0**

On the other hand,19 percent of the respondents said through support group members, books and magazines while 7 percent respondents said through books, magazines, radio and television and another 7 percent said through Radio, television, support groups, family/friends, books and magazines. The rest of their responses are as shown in table 9 above.

5.1.12 Channels of Communication Among Support Group Members

A question was asked to the respondents to indicate communication channels used by their support groups to communicate among its members. Table 10 below shows their responses. The table shows that the majority (64 percent) of them said through support group meetings while 17 percent of them said through support group meetings and interpersonal communication. This was followed by those who said through support group meetings and phone, representing 8 percent.

Table 10: Channels of Communication of Among Support Group Members

Channels of communication	Number	Percent
Support group meetings	64	64.0
Interpersonal communication	6	6.0
Cell phone	3	3.0
Support group meetings; cell phone	8	8.0
Support group meetings, interpersonal communication and cell phone	2	2.0
Support group meetings and interpersonal communication	17	17.0
Total	**100**	**100.0**

5.1.13 Channel of Communication to Community about HIV/AIDS

Table 11: Channel of Communication to Community about HIV/AIDS

Channels of communication	Number	Percent
Community meetings	3	3.0
Community sensitization activities	12	12.0
Person to person contact	20	20.0
Festival (e.g. World AIDS Day)	16	16.0
Community sensitization activities,drama, theatre, dances and singing	15	15.0
Community meetings and community sensitization activities	3	3.0
Community meetings, community sensitization activities, person to person contact, drama, theatre, dances and singing, and festivals (AIDS Day)	4	4.0
Community meetings, person to person contact, drama, theatre, dances and singing	2	2.0
Community sensitization activities, person to person contact, and drama, theatre, dances and singing	5	5.0
Person to person contact, drama, theatre, dances and singing and festival (e.g. World AIDS Day)	2	2.0
Community sensitization activities, person to person contact, and festival (e.g. World AIDS Day)	2	2.0
Person to person contact and festival (e.g. World AIDS Day)	3	3.0
Community sensitization activities and person to person contact	1	1.0
Community sensitization activities, drama, theatre, dances and singing and festival (e.g. World AIDS Day)	6	6.0
Person to person contact, community sensitization activities, and drama, theatre, dances and singing	5	5.0
Total	**100**	**100.0**

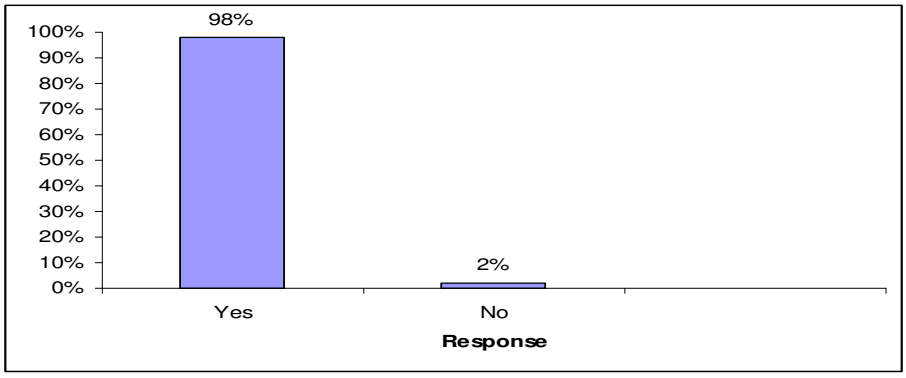
Table 11 above shows that most of the respondents said the communication channel used was through person to person contact, representing 20 percent of the total. This was

followed by 16 percent respondents who said “through festivals like World AIDS Day” while 15 percent said through “Community sensitization activities, Drama, theatre, dances and singing”. The other respondents, 12 percent said “through community sensitization activities”. Table 11 shows the rest of their responses.

5.1.14 Whether Support Group/Organisation has an HIV/AIDS Communication Plan

Among the respondents, the majority of them indicated that their support group/organisation had an HIV/AIDS communication plan while the minority of them said “no”. Figure 4 below shows their responses

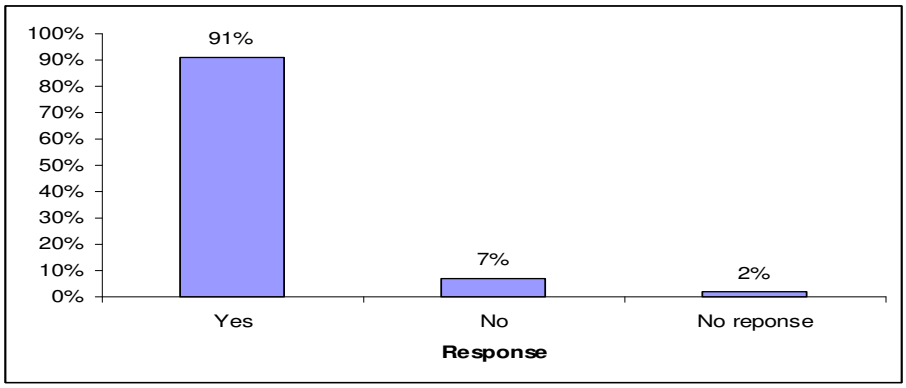
Figure 4: Whether Support Group/Organisation has an HIV/AIDS Communication Plan



5.1.15 Whether Respondent is Involved in the Planning and Designing of Communication Messages

Most respondents (91 percent) indicated that they were involved in the planning and designing of communication messages while a few (7 percent) said they were not involved. Figure 5 below shows their responses.

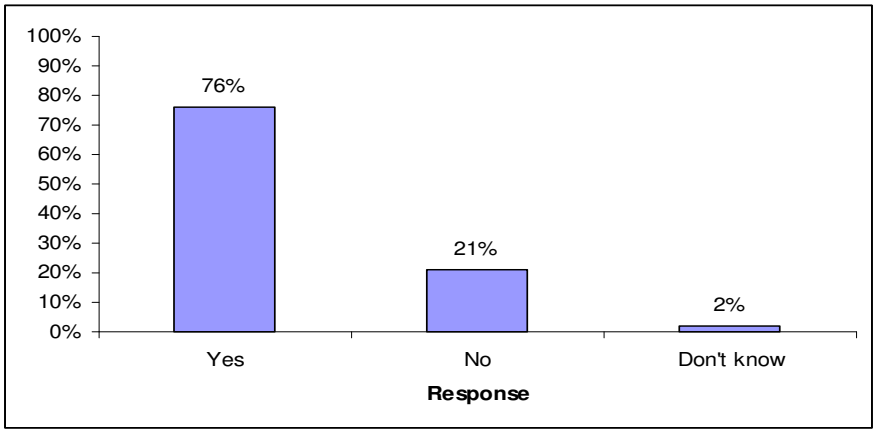
Figure 5: Whether Respondent is Involved in the Planning And Designing of Communication Messages



5.1.16 Whether Respondent think Members of Community should be Involved in Planning and Designing of AIDS Communication Messages

Most of the respondents said it was right to involve members of the community in planning and designing of AIDS communication messages, representing 76 percent of the total while 21 percent of them said "no" Figure 6 below shows the rest of their responses.

Figure 6: Whether Respondent think Members of Community Should be Involved in Planning and Designing of AIDS Communication Messages



For the respondents who said “yes” a further question was asked to them to indicate who in the community should be involved in the planning and designing of communication messages.

Table 12 below, shows their responses. Most of the respondents (25 percent) said “Health practitioners living in the community” followed by those who said “community counsellors” representing 21 percent. On the other hand, 11 percent of them said “Area Resident Development Committees”, while 9 percent of them said “Community AIDS Task Force”. The rest of their responses are shown in the table.

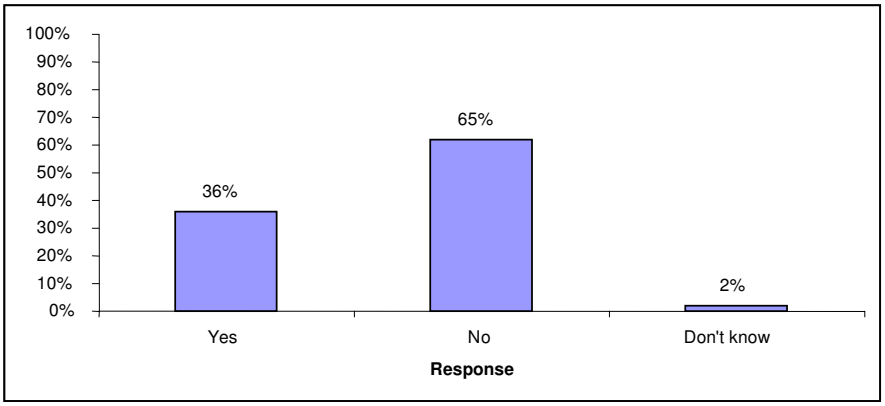
Table 12: If Yes, Who in the Community should be Involved in the Planning and Designing of Communication Messages

Response	Number	Percent
Area resident development committees	8	10.5
Community AIDS task force	7	9.2
Community counsellors	16	21.1
Traditional healers	1	1.3
Health practitioners living in the community	19	25.0
Community counsellors & Health practitioners	1	1.3
Community AIDS task force & Health practitioners living in the community	2	2.6
Area resident development committees & Community counsellors	2	2.6
Area resident resident development committees, Community AIDS task force & Health prctitioners	3	2.6
Community AIDS task force, Community counsellors & Health practitioners living in the community	5	6.6
Area resident development committees & Health practitioners living in the community	3	3.9
Area resident development committees,Community AIDS counsellors, Traditional healers & Health pratitioner	4	5.3
Area resident development committees, Community AIDS task force & Health practitioners living in the community	2	3.9
Community AIDS task force, community counsellors & community counsellors	1	1.3
No response	26	2.6
Total	**100**	**100.0**

5.1.17 Whether Organisations Working in the Community Provide HIV/AIDS IEC Materials to the Support Proup

The majority of respondents 65 percent said “no” while 36 percent said “yes” and 2 percent said they did not know. Figure 7 below shows their responses.

Figure 7: Are Support Groups Provided with HIV/AIDS Information, Education and Communication Materials



For the respondents who said “yes” a further question was asked to them to indicate the organisations that they worked with to develop HIV/AIDS materials. Table 13 below shows their responses. The table shows that most of the support groups worked with NZP+ (42 percent), followed by those who said ZARAN (8.3 percent).

Table 13: Organisations that they Worked with to Develop HIV/AIDS Materials

Organisations	Number	Percent
NAC	1	2.8
SFH	2	5.6
NZP+	15	41.7
ZARAN	3	8.3
ZNAN	1	2.8
NZP+, ZARAN and ZNAN	1	2.8
NAC and SFH	1	2.8
SFH and ZARAN	1	2.8
NZP+ and ZARAN	2	2.0
No response	9	25.0
Total	**36**	**100.0**

5.1.18 Type of HIV/AIDS Communication Materials Provided to the Support Group last year

Respondents were asked to indicate the type of HIV/AIDS materials that were provided to their support group in the year 2008. Most of the respondents (19 percent said they were given materials on stigma and discrimination, followed by 13 percent who said that they were given HIV/AIDS prevention materials. Table 14 below shows the rest of their responses. Other materials provided were nutritional and preventive care, and ARVs.

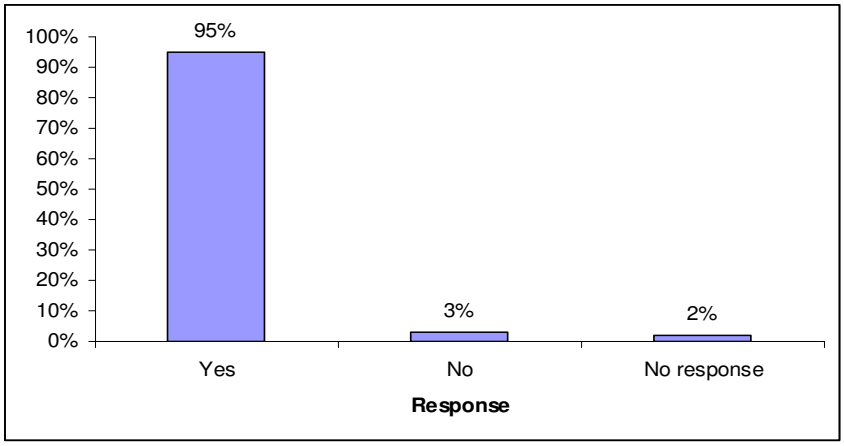
Table 14: Type of HIV/AIDS Communication Materials Provided to the Support Group in 2008

Materials provided	Number	Percent
Materials on stigma and discrimination	3	3.0
PMTCT material	3	3.0
Materials urging people to join support groups	2	2.0
HIV/AIDS prevention materials	13	13.0
Materials on stigma and discrimination, PMTCT material, Materials urging people to join support groups, and HIV/AIDS prevention materials	7	7.0
Materials on stigma and discrimination, and HIV/AIDS prevention materials	19	19.0
Materials on stigma and discrimination, and PMTCT material,	3	3.0
Materials on stigma and discrimination and Materials urging people to join support groups	1	1
Materials on stigma and discrimination, PMTCT material and HIV/AIDS prevention materials	5	5.0
PMTCT material and HIV/AIDS prevention materials	5	5.0
No response	39	39.0
Total	**100**	**100.0**

5.1.19 Whether Support Group held Meetings in 2007

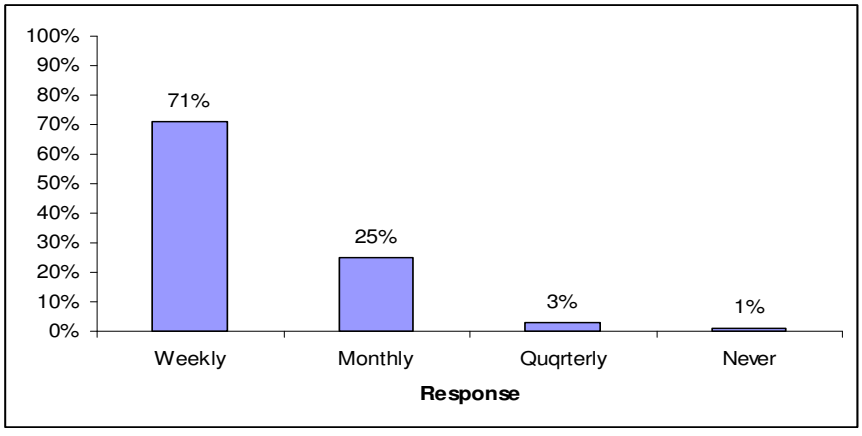
Nearly all the respondents (95 percent) said “yes” while 3 percent said “no”. Figure 8 below shows their responses.

Figure 8: Whether Support Group held Meetings in 2007



For the respondents who said "yes", they were further asked to indicate how often they held these meetings. Figure 9 below shows their responses. Most of the respondents, 71 percent said they held these meetings on a weekly basis while 25 percent of them said "monthly".

Figure 9: Frequency at which Meetings were held



5.1.20 How Communication Messages are passed on to the Community from the Support Groups

Most of the respondents (18 percent) said through drama, theatre, songs and brochures, posters, magazines, newslettes while 16 percent of them said through person to person communication, brochures, posters, magazines and newsletters. Another group of respondents, 14 percent said through person communication and drama, theatre and songs while 13 percent each said through drama, theatre, songs, and brochures, posters, magazines and newsletters. Table 15 below shows the rest of their responses.

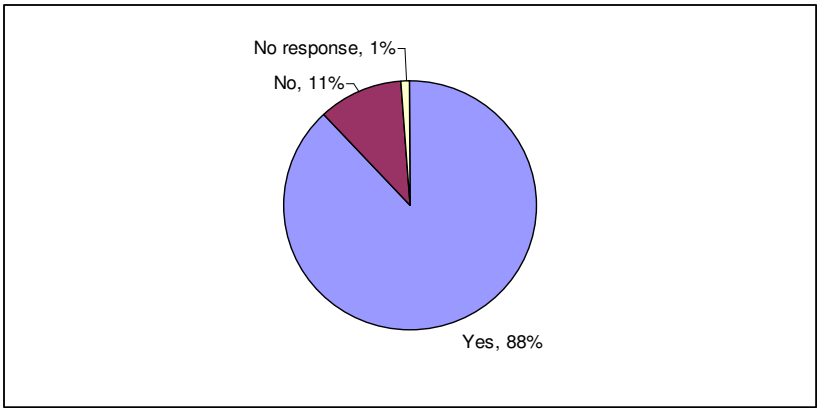
Table 15: Channel of Communication Message from Support Group to Community

Channel of communication	Number	Percent
Person to person communication	10	10.0
Cultural dances, festivals	4	4.0
Drama, theatre, songs	13	13.0
Brochures, posters, magazines,newsletters	13	13.0
Meetings	8	8.0
Person to person communication & Brochures, posters, magazines, newsletters	16	16.0
Drama, theatre, songs & and Brochures, posters, magazines, newslettes	18	16.0
Person to person communication; Drama, theatre, songs; & Brochures, posters, magazines, newsletters	14	14.0
Church, Sporting events	3	3.0
No response	1	1.0
Total	100	100.0

5.1.21 Whether Support Group has any HIV/AIDS Communication Policy

Majority (88 percent) of the respondents said "yes" while 11 percent said "no" and one percent respondent did not respond to the question. Figure 10 below shows their responses.

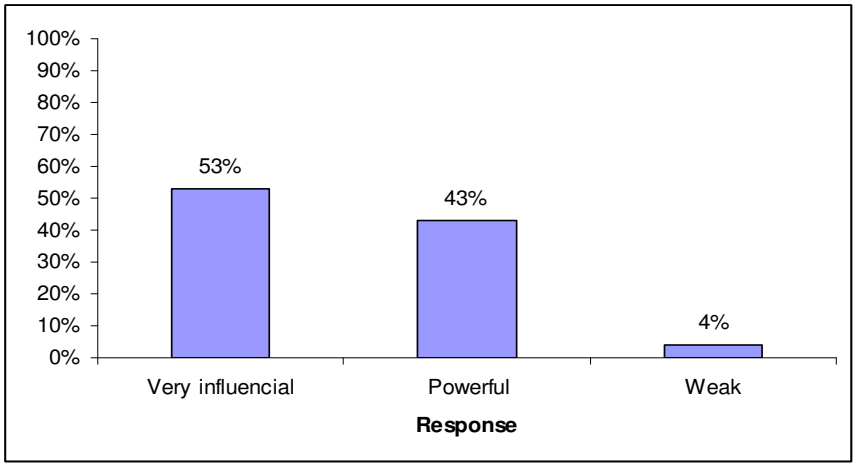
Figure 10: Whether Support Group has any HIV/AIDS Communication Policy



5.1.22 Perception of the Power of Communication Media in the fight against HIV/AIDS

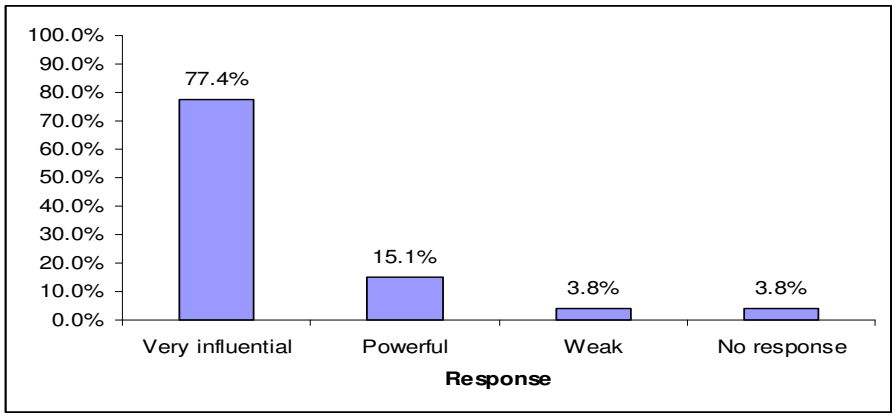
Respondents were asked to indicate what they thought the power of communication media in the fight against HIV/AIDS. Figure 11 below shows their responses. The figure shows that most of the respondents (53 percent) said it was very influential whereas 43 percent said it was powerful. Four respondents, representing 4 percent said it was weak.

Figure 11: Perception of the Strength of Communication in the fight against HIV/AIDS



For the respondents who said it was very influential, a further question was asked to them to indicate the extent to which communication media played a part in communication of information on HIV/AIDS. Their responses are shown in figure 12 below. The figure shows that majority of the respondents (77 percent) said it was very influential followed by those who said it was powerful representing 15 percentof the total.

Figure 12: Extent to which Communication Media played a part



5.1.23 Levels at which Information on HIV/AIDS Stigma and Discrimination was Available

In responding to the question which aimed at determining the level at which information on HIV/AIDS stigma and discrimination was available, respondents indicated the following levels: community level (50 percent); individual level (19 percent); individual and community level (14 percent). Table 16 below shows the rest of the responses.

Table 16: Levels at which Information on HIV/AIDS Stigma and Discrimination was Available

Level	Number	Percent
Individual	19	19.0
Community	50	50.0
Institutional	3	3.0
Individual, community, media and institutional	3	3.0
Individual and community	14	14.0
Individual, community and media	2	2.0
Community and media	1	1.0
Individual and institutional	2	2.0
Community, media and institutional	1	1.0
Don't know	5	5.0
Total	**100**	**100.0**

5.1.24 Whether Organisations Play an Important Role in Production and Use of HIV/AIDS Communication Messages

An opinion was sought from the respondents to indicate on whether the organisations/institutions played an important role in production and use of HIV/AIDS communication messages. Most of the respondents indicated that the National AIDS Council and the NZP+ played an important role, representing 92 percent respectively, followed by GRZ (88 percent). Table 17 below shows the rest of the responses.

Table 17: Whether Organisations Play an Important Role in Production and Use of HIV/AIDS Communication Messages.

Organisation	Important	Not important	Total
GRZ	88	12	100.0
Church	37.0	63	100.0
Media organisations	34	66	100.0
National Aids Council	92	8	100.0
NZP+	92	8	100.0
CBO/Civil organisations	42	58	100.0
AIDS Support Groups	49	51	100.0

5.1.25 Media Communication Channels used by the Support Group to Communicate AIDS Message to the Community

As regards the channel that support groups use to communicate AIDS messages to the community, 16 percent of the respondents said community radio, while 9 percent of them said public television stations. Two percent of the respondents said that they used community radio, public television stations and print media.

The majoriy of the respondents (71 percent)did not give any responseTable 18 below shows their responses.

Table 18: Media Communication Channels used by the Support Group to Communicate AIDS Message to the Community

Channel of communication	Frequency	Percent
Community radio	16	16.0
Public television stations	9	9.0
Public electronic print media	1	1.0
Commercial radio and private television stations	1	1.0
Community radio, public television stations and print media	2	2.0
No response	71	71.0
Total	**100**	**100.0**

5.1.26 Challenges/Problems faced by Support Groups

Respondents were asked to indicate in ranking order the challenges that their support groups were faced with. As regards the first challenge, majority of respondents (84 percent) said “financial”. The second challenge was communication representing 52 percent and third challenge was organisational (45 percent) while membership was ranked fourth challenge (52 percent). The rest of the responses are shown in table 19 below. The other problem faced as indicated by respondents was lack of workshops for its members.

Table 19: Challenges faced by Support Groups

	Ranking			
	First challenge	Second challenge	Third challenge	Fourth challenge
Communication	11 (11.0%)	52 (52.0%)	27 (27.0%)	10 (10.0%)
Membership	3 (3.0%)	18 (18.0%)	26 (26.0%)	52 (52.0%)
Organisational	1 (1.0%)	23 (23.0%)	45 (45.0%)	30 (30.0%)
Financial	84 (84.0%)	7 (7.0%)	1 (1.0%)	7 (7.0%)
No response	1 (1.0%)	-	1 (1.0%)	1 (1.0%)
Total	100 (100.0%)	100 (100.0%)	100 (100.0%)	100 (100.0%)

5.1.27 Proposed Solutions to Overcome Challenges

Most of the respondents (31 percent) said they should hold capacity building and skills training workshops, while 28 percent of them said through providing IGA loans to support groups. On the other hand, 15 percent said by providing technical support and direct funding from NZP+ to support groups whereas 13 percent said through funding from donors , government and churches. The rest of the responses are shown in table 20 below.

Table 20: Proposed Solutions to Overcome Challenges

Proposed solutions	Frequency	Percent
Funding from donors, government and churches	13	13.0
Technical support and direct funding from NZP+ to support groups	15	15.0
Allocation of free media time on ZNBC	1	1.0
Capacity building and skills training workshops	31	31.0
Providing income generating activities to support groups in form of loans	28	28.0
Supplying communication materials to support groups	2	2.0
Holding support group discussions to solve challenges	6	6.0
Conduct research into support groups	1	1.0
No response	3	3.0
Total	**100**	**100.0**

CHAPTER 6

6.0 Discussion of the Results

6.1 Introduction

This chapter contains a discussion of the results of the research study on "an assessment of the effectiveness of the communication strategies used in support groups for people living with HIV and AIDS in Lusaka. The researcher will identify and interpret the key findings.

6.2 Communication Strategies

6.2.1. Introduction

A communication strategy could be described as a process of planning a communication strategy in a participatory manner, that is, with people, in order to address practical problems and needs as identified and defined by them (FAO, 2004). It is a well planned series of actions aimed at achieving certain objectives through the use of communication methods, techniques and approaches.

6.2.2. HIV/AIDS Communication Strategies used by Support Groups in the Community?

The researcher found that support groups as well as the Network of Zambian People Living with HIV/AIDS organisation implementation of "mass and interpersonal communication have been limited in reach, 'state' because to a large extent they have tended to focus on the prevention of HIV/AIDS messages as opposed to safe behaviours. This has resulted into community members as the target audience not to positively change sexual behaviour.

The communication strategy used by support groups was based on the people' (audience) and are said to be interventions which are not research based

Interpersonal communication through health talks, groups of people, drama, poster messages usually designed and produced by the National AIDS Council (NAC) and by some non governmental organisations such as Society for Family Health (SFH) which mainly focus on HIV/AIDS, prevention, care and support has not resulted into positive behavioural change for example in the case of HIV/AIDS stigma. The perceived weaknesses of such an approach include a narrow programme focus.

The research question investigated was the nature of HIV/AIDS communication strategies used by support groups to communicate HIV/AIDS in the community? Of the 98 percent of the respondents who indicated that they used communication strategies said the nature of communication strategies they used were through sporting activities, use of communication channels provided for at the government health facilities where HIV/AIDS talks are communicated to those attending antenatal clinics, and some used the church (one percent) as communication strategies to reach out to members and those who are affected by AIDS in the community. The use of the church as a communication strategy to reach out to the community, the percent though insignificant, should be utilised more because the church exerts more influence on its members and almost in all communities there are church structures. These communication strategies should be utilised more if HIV/AIDS stigma and discrimination is to be reduced. Other communication strategies that participants in focus group discussion indicated that would strengthen the capacity of support groups in the community was to enhance the Business Development Activities (BDA) by targeting of support to households that are vulnerable which should be a forum for HIV/AIDS community sensitization.

Since a communication strategy is intended to effect change in the community such strategies should not be designed by support group members alone but discussed with, understood and agreed upon in collaboration with the community, since they are the primary target decision makers about what needs, and how to change a particular behaviour. In the end, the community will be affected by the intended change.

Solving communication-related problems requires that strategies should be designed with the full participation of the people taking into account their cultural orientations perceptions of the issue at hand. In this context, though support groups have representation of NZP+ staff on the technical committee of the National AIDS Council; Information, Education and Communication, people in the community should be involved regarding the designing, planning and required communication strategies that would be used to elicit behaviour change.

6.3. Perceived Impact and Effect of the Communication Strategies on the Community in Responding to HIV/AIDS?

Peoples' perception about people who are HIV positive in the community has changed because people who are HIV positive are now active in the community and so many people want to learn skills. On gender and communication, the researcher found that men found it difficult to join support groups because they felt shame to join support groups. Focus group participants indicated that communication was poor between men and females. The researcher further found that communication was problematic with HIV positive men who are sick as they did not want to use condoms. There is therefore need for attitude change among men in order to improve communication in the community. In view of the above, communication strategies used will have greater impact on the target population if they take into account their needs and culture.

6.4 Intra-Organization or Group Communication

6.4.1. Introduction

Intra-group or organization communication is the type of communication that takes place within the HIV/AIDS support groups or within the organisation itself. The researcher investigated the nature of organisation communication within support groups.

6.4.2. Nature of Intra-Organization Communication within Support Groups?

From the sources of HIV/AIDS information used by the support group members the researcher found that 19 percent of the respondents said intra-organisation or support group communication was mainly through interaction among group members which took place during support group meetings which were held weekly and monthly. In 2007, nearly all the respondents representing 95 percent said their support group held a support group meeting indicating that this was the only means of intra- support group communication among members. Intra-organization or group communication was also facilitated by the use of person to person communication and cellular phones. These were used particularly when contacting each member for support meetings

The researcher further found that the nature of intra-support group communication was based on the Zambian Network of people living with HIV/AIDS Communication Manual. The Communication Manual is usually circulated to support group members on the initial formation of the support group.

The communication manual contains guidelines on group organisation structures and procedures on support group formation as well as for intra-support group communication.

However, some support group members said the communication manual was not readily available to support group members. For instance, the Moyo support group located in Lusaka's John Laing compound, the researcher found that most members were not aware of the existence of the NZP+ Communication Manual.

Further the researcher found that the communication manual was written in English, a language hardly spoken and understood by most of the respondents in the study. For example, most respondents indicated that they could read, speak and understand local languages especially in Chinyanja (36 percent) and Bemba (25 percent) and while17 percent of the respondents indicated they could speak, write and understand the English language.

In order to facilitate intra-support group communication, growth and improvement, the Zambian Network of people living with HIV/AIDS should encourage regular visits to support groups if they are to play a greater advocacy role in the future. In particular, they should run workshops for support group members in their respective communities. However, the scale and content of the Lusaka District Chapter (LDC) communication for HIV/AIDS prevention has been limited by funding constraints as they don't have a communication budget line. As a result, communications have been limited in scope reaching only a relatively small number of support groups within Lusaka. Limited communication resources tend to have adverse effect on support group interpersonal and outreach efforts as well as promotional materials designed to motivate support group members and the community.

When the respondents were asked what should be the role of NZP+ in strengthening of communication used within support groups of people living with HIV/AIDS? Participants in focal discussion suggested that the NZP+ Lusaka District Chapter should regularly visit support groups and give updated information on current developmental trends regarding HIV/AIDS.

Support groups in the HIV/AIDS context can serv a valuable tool to help individuals in the community to consequences of living with HIV in the absence of support from the family and friends(Brashers, Haas, Klingle and Neidig, 2000). Support groups can therefore provide HIV-infected persons with a non-stigmatising environment in which to gain information, learn from others andshare experiences.

To enhance Intra-group communication, the researcher recommends that the NZP+ communication manual should be translated into local languages to facilitate support group members understanding of HIV/AIDS issues some of which can be discussed through intra-group or organisation communication since the current NZP+ communication manual is only available in English. Figure 13 below summarises languages that respondents said they could Speak, Write and Understand.

Figure 13: Languages Respondents can Read, Write and Understand

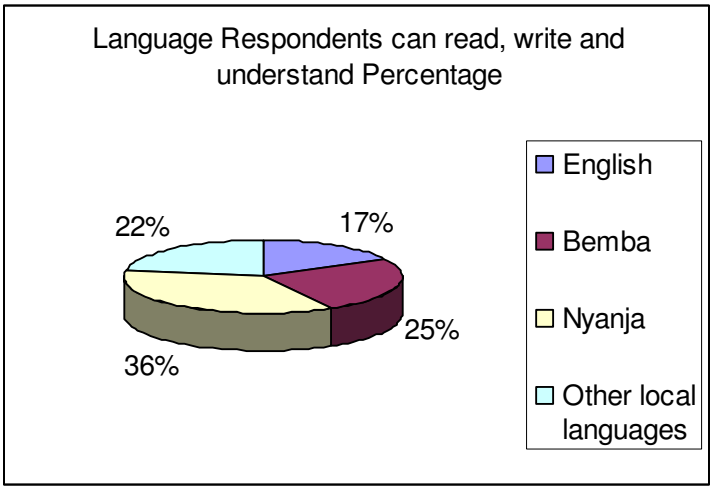


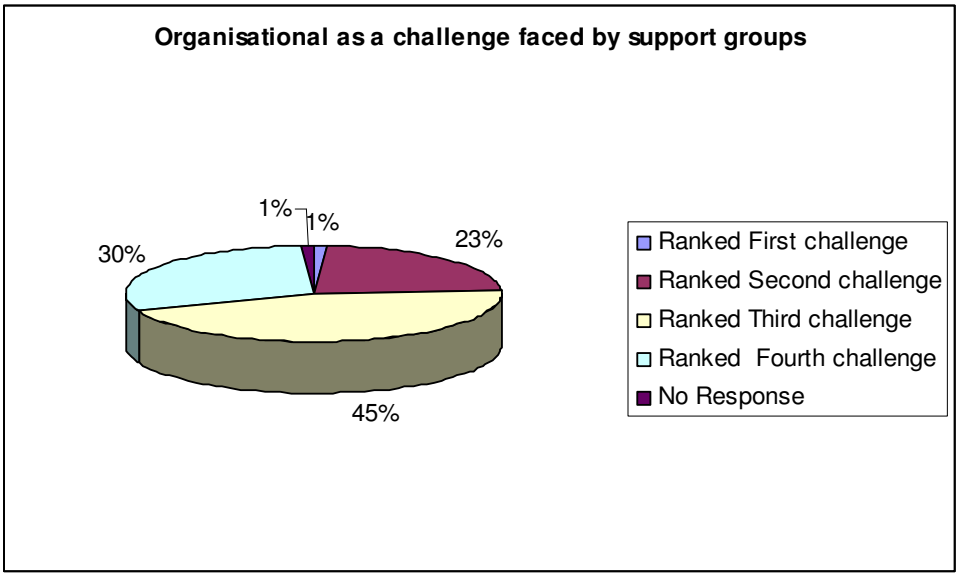
Figure 13 above shows, 36 percent of the respondents could read, and understand Chinyanja followed by 25 percent of the respondents who could read and understand in Chibemba language.

17 percent of the respondents said they could speak, write and understand the English language while 22 percent could speak other local languages like Tumbuka, Soli, Lenje and so on.

6.5 Organisation Communication

Most of the support groups indicated that NZP+ district Secretariat did not make any regular visits to support groups. This affected the flow of information from NZP+ district Secretariat to support groups. However when respondents were asked wheher organistional is a challenge Figure 14 shows that 45 percent ranked it as fourth challenge while 30 percent ranked it as third challenge implying that organisational communication was not the worst challenge or a problobem for support groups . Yet most support groups were not submitting monthly activity reports to the NZP+ District Secretariat.

Figure 14: Organisational as a Challenge faced by Support Groups



In the absence of a well articulated communication channels, and lack of regular visits to support groups hinders effective communication of relevant HIV/AIDS updated information.

The researcher also found that In absence of such reports and irregular visits by the NZP+, the researcher found that communication between support groups and the NZP+ district secretariat was weak and that activities of the support groups were not being fully monitored. This affects the flow of information from NZP+ to support groups and finally to the community in which support groups are located. It is evident from the research findings to say that translation of the communication manual into local language would in turn lead to improved intra-HIV/AIDS support group communication.

Arising from the above observations, the researcher found that it would be imperative to have 'positve living communication messages' to be translated into the seven local languages depending on the geographical location of the infected and affected persons in the support groups. As alluded to earlier, HIV/AIDS communication material for HIV/AIDS support in Lusaka should be in Nyanja (36 percent) followed by Bemba (25 percent) as compared to English (17 percent) as languages widely spoken and understood by most respondents in the communities in which the present study was undertaken despite the cosmopolitan nature of Lusaka city.

6.6 Mass Communication and Support Groups

6.6.1. Introduction

Mass communication is the creation and sending of sending a homogeneous message to a large audience through the media and it is communication which is characterised by large audiences, public messages, rapid and one-way communication and the media acts as a mirror. To answer the research question, "how much communication is there to support groups by the media?"

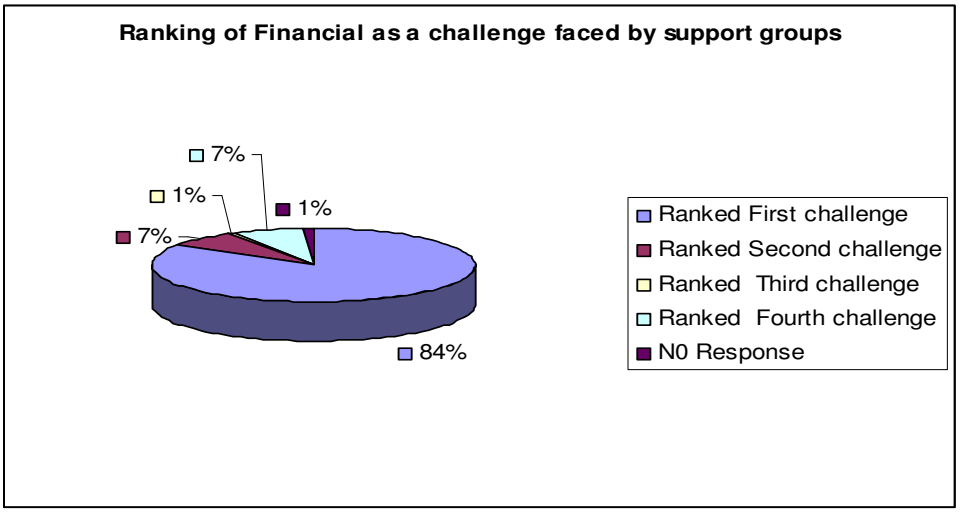
The researcher found that there was no much communication to support groups by the media. Yet one of a well-established way of communication which can be utilised by support groups to reach a wide audience is the use of radio forums which have been used for developmental programmes by the National Agricultural Information Services (NAIS) using radio forums for farmers on the ZNBC radio channels.

Such radio forums should not only be restricted for use in matters concerning agriculture, but could also be used for a variety of developmental concerns for which communities have greater interest such as HIV/AIDS (Kasoma, 2005,p.155). This would require collaborative working efforts and strategy between the NZP+, support groups and the media in order to come up with a communication strategy. For support groups to access the media they would require to have a strong financial resource base to have programmes broadcast whether on commercial radio stations or community radio stations.

In the present study, when respondents were asked to rank whether financial was challenge or a problem with ranking of one as the worst challenge.

Figure 15, shows that 84 percent said financial was the worst challenge or problem, eight percent ranked financial a moderate challenge or problem, seven percent said it was a challenge while one percent said it was not a challenge at all.

Figure 15: Financial as a Challenge/Problem faced by a Support Group.



The findings of financial being one of the worst challenge faced by support groups was in agreement with NZP+ 2007 to 2009 strategic plan in which "inadequate income among PLHA still subjects them to vulnerability, especially women. Some of them opt for prostitution as a coping strategy for income generation…increasing exposure to re-infection," and spreading of the virus was one of the challenges identified facing support group in Lusaka. The researcher further found that as long communication still remained an activity dependent on the programme to be implemented, there will be a restricted two-way flow of communication between the media and support groups for people living with HIV and AIDS and targeted communities.

Modern media is mainly an urban affair. Similarly, the content of mass media is directed to this urban population. Mass communication effects studies suggest that mass media can only spread awareness (Klapper, cited in Onabajo, 2005). Interpersonal channels of communication such as face to face communication and folk media are therefore strong means of ensuring major attitudinal change in favour of social development (Onabajo, 2005,p.30).

Modern media may not only fail to reach many people not only within communities but also in remote areas, but also lack cultural credibility when they are available. The modern communication channels of communication refer to the traditional mass media (newspapers, magazines, radio and television and new information technologies (internet). These modern channels are not available in most communities and rural areas. Evidence available suggest that they are still very much an urban affair (Onabajo, 2005).

Although most of the respondents respondents (53 percent) in the study acknowledged the influential nature of the communication media and 43 percent of the respondents said the power of the communication media was a 'powerful' tool in the fight against HIV/AIDS, only one HIV/AIDS support group namely, Langa support group representing 16 percent of the respondents utilised communication media namely, a Community Radio Station (Hone FM) broadcast every Wednesday at 21.00 hours on a regular basis. In the current study, fewer support groups utilised the media as a communication strategy for AIDS messages. The researcher found that media utilsation was poor. Other respondents (9 percent) utilised the use of sponsored programmes on the public national television; the Zambia National Broadcasting Corporation(ZNBC), while 3 percent said they sometimes utilised Community Radio Stations, the National Public Television and sometimes the Print and Electronic Media.

This was the response to the question 'what media communication channels they used to communicate AIDS messages to the community?' It is evident from media use as a channell for communication that fewer support groups have access to media chanels of communication dispite technological advances made in this field. The low utilisation of media channels of communication could be attributed to financial constraints being experienced by most support groups since the programmes have to be paid for to be

broadcast. Further, in the absence of a deliberate communication budget by NZP+, the media role will not be greatly appreciated by both support groups and the community. Further research need to be carried out to ascertain whether the media has any impact in dissemination of AIDS messages to the community and its utilisation by the community in the fight against HIV/AIDS .

The researcher concluded that the communication media could play a greater role in influencing behavioural and attitude change toward HIV/AIDS prevention, stigma and discrimination and there seems a need for the NZP+ Secretariat to mobilise financial resources to set up an HIV/AIDS communication budget line to enhance its advocacy role in resolving communication-related problems among support groups for people living with HIV/AIDS and people within the community.

6.7 Reducing HIV/AIDS Stigma in the Community

6.7.1. Introduction

Due to the poor performance of the Zambian economy, poverty remains an intertwining factor for HIV/AIDS transmission.

Manifestations of poverty among PLHA brings in a more complex social and cultural dynamics that are becoming more detrimental to PLHA. Some PLHA have lost jobs, have been abandoned by relatives and friends and have been discriminated against by communities rendering them unproductive. Stigma and discrimination have remained stumbling blocks to social and economic development of people living with HIV/AIDS.

6.7.2 Community Perception towards Support Groups in the fight against HIV/AIDS Stigma and Discrimination.

Answering to the research question 'what is the perception of the community towards support groups in the fight against HIV/AIDS stigma?

The researcher found that most respondents in the study indicated that HIV/AIDS stigma and discrimination against people living with HIV and AIDS in the community was common. Although participants in Focus Group Discussions said the community about negative perception of HIV infected is slowly changing because of HIV infected positive persons are actively involved in breaking silence toward stigma and that people in the community want to learn skills.This was supported by the Zambia Demographic Health Survey (2007) findings that there is still a lot of stigma associated with HIV in Zambia despite most men and women in the survey saying they were willing to take care of a family member with HIV, about half said that they would want to keep secret that a family member was HIV-positive. About two-thirds of women and three-quarters of men said that they would not buy fresh vegetables from an HIV-positive shopkeeper. This shows the extent to which HIV positive people are stigmatised and the general perception of the community towards HIV/AIDS support groups in the fight against stigma according to the (ZDHS, 2007).

The researcher further found that HIV/AIDS stigma also existed among HIV positive persons themselves in that they did not disclose their HIV status to other people living with HIV/AIDS due to denial in self-acceptance. This could be attributed to poor life skills among PLHA and inadequate information which contributed to poor adherence to treatment, poor nutrition and poor adherence to sexual practices. For instance 29 participants in focus group discussion cited the attitude of men living with the virus

towards alcohol as a contributory factor toward HIV stigma in the community. The reason advanced was that after taking alcohol, HIV positive men engaged in un protected sex and this tended to be perceived and impact negatively by the community towards support groups when it came to sensitising the community against the dangers of HIV and AIDS. Alcohol is one of the drivers of the HIV epidemic.

Communication barriers that hindered the effective fight against HIV/AIDS stigma and discrimination cited by focus group participants included the attitudes of people who were afraid of going to the nearest Voluntary Counselling, and Testing Centre or health facility to get Antiretroviral therapy for fear of being seen by other members of the community that they have AIDS.

The fight against HIV/AIDS stigma seems to be perpetuated by support group members negative sexual behaviour. Despite respondents indicating the availability of information on HIV/AIDS stigma and discrimination at community level(50 percent), and at individual level(14 percent), the issue of stigma is prevalent in the community.

There seems to be a lot to be done not only in the community but also among support groups themselves. For example, participants in focus group discussion when asked 'how do people in the community you live in view someone who is HIV positive?'

Participants indicated that 'people living with HIV/AIDS are perceived as moving coffins,' and tend to be isolated and abandoned by their families when they come out into the open. The researcher further found that disclosing one's HIV status in public is viewed by the community as a 'business strategy' for HIV positive living people to attract financial and material support and make a living.

This negative perception of HIV positive persons by their families and the community that disclosing ones' HIV positive status that is a "business strategy is not far fetched because of high levels of poverty among households. One female participant in the focus group discussion narrated how family members stigmatised and discriminated her when she publicly disclosed her seropositive HIV status. "*I decided to go public and disclose my HIV positive status on the National Public Television Media. I was abandoned by the family because they felt I had brought shame to the family by my public disclosure."*

HIV/AIDS stigma begins with the family members The family would rather keep it a secret because the perceived shame of guilt thereby prolonging the issue of stigma associated with HIV. Poverty was cited as one of the worst problem which contributed to HIV /AIDS stigma and discrimination. From the focus group discussion the researcher observed that since the majority of women have less economic means men with financial means took advantage of them. This was an attitude or mentality problem exhibited both by people living with AIDS and those affected. For example, one female FGD participant narrated that 'if an HIV positive woman has children, is renting a house…Njala yimachilapo,' hunger worsens. So, women go out to engage in un protected sex never disclosing their HIV positive status as a survival strategy.

This is made worse by the cultural attitudes prevalent in the Zambian society towards adultery which puts blame on women that is 'chigololo ni mkazi.' To counter negative attitudes and perceptions towards stigma and discrimination in the community the researcher investigated the types of communication interventions used by support groups.

One communication strategy was to target men in bars, taverns and churches. The reasons advanced were that the majority of the men were secretly taking antiretroviral drugs without disclosing to their spouses thereby, not only making women pregnant but also predisposing them to HIV infection including to the unborn neonates. The participants suggested that the government should put a deliberate policy where men should accompany their spouses when they go for Mother To Child Transmission (MTCT) talks which are held at government antenatal clinics.

Interventions to reduce HIV/AIDS stigma and discrimination in the community are crucial for improving care, quality of life, and emotional health for people living with HIV and AIDS. Interventions used by the support group members to address HIV/AIDS-related stigma include sensitization of people in the communities through use of communication channels such as person to person communication (20 percent). During focus group discussions, participants said although person to person contact was seen as effective to reduce stigma, it was time consuming and would be appropriate if individuals needed questions to be answered there and then. Other interventions annual festivals such as the World AIDS Day Week, and the Voluntary Counselling and Testing (VCT) Week (16 percent) and community sensitization activities comprising the use of drama,theatre and songs. These interventions are used in collaboration with no-governmental orgnisations such as Society for Family Health.

The Joint United Nation Programme on HIV/AIDS (UNAIDS), 2001; has identifed 'HIV/AIDS-related stigma as a domestic challenge...and eleminating is a crucial element of global effort.'

This calls for all players at community level to be involved in the planning and designing of HIV/AIDS communication strategies so that information intended reaches out to a large number of target audience on the magnitude and impact of HIV and AIDS in the community. This would enable more people become aware of HIV/AIDS support groups role and efforts that are being made to reduce stigma in the community.

6.8 Organisations Backing HIV/AIDS Support Groups?

6.8.1 Introduction

Organisations backing support groups either deal directly or indirectly with support groups. From the focal group discussion, the researcher found that organisations backing support groups provided either financial, material or home based care given to people living with HIV and AIDS in the community.

6.8.1.2 The researcher found that partnership between the Church Health Association of Zambia (CHAZ) tended to operate in communities where CHAZ have their church health facilities located. Their focus was on provision of Home Based Care (HBC) to the sick as well as food supplement.

The researcher also found that sick support group members on antiretroviral drugs missed appointments because of long queues at clinics due to the absence of Home Based Care services for the chronically ill within their communities. Collaboration between the Network of Zambian People Living with HIV and AIDS, a major organisation backing support groups in Zambia was lacking. If the beneficiaries, the AIDS support groups members were to benefit, collaborative efforts should be strengthened between NZP+ and CHAZ so that support group members and community members can become proactive in accessing services in their communities pertaining to effective communication strategies being used to address the AIDS pandemic.

6.9 Challenges faced by HIV/AIDS Support Groups

Organisations backing support groups not only have communication problems but the issue of poverty poses as a challenge for most support group members. The researcher further found that most support groups engaged in door-mat making, HIV/AIDS ribbon making as source of supporting themselves and a communication strategy to raise community awareness toward HIV/AIDS activities . These small business ventures were not lucrative as most people in the community could not buy these products because they were perceived as luxury and quite expensive. They instead preferred to buy food. Such business development were not profitable and not sustainable for support group members. Nevertheless, some support groups like the Community Organisation for Safe Environment (COSE) engaged in garbage collection in their community in Mtendere as away to raise funds as well as a communication strategy for community AIDS sensitization. Other support groups like Twatasha run a Hair Salon in Mandevu compound which is also used for disseminating information to the community about HIV/AIDS and their role as a support group in Mandevu compound. Langa support group in Kanyama compound were running a poultry rearing business which was funded by the Maureen Mwanawasa Community Initiative(MMCI).

For these business ventures to be sustainable Network Zambian People Living with HIV and AIDS Secretariat, indicated that they engaged in capacity building of their members, for example in training support group members on how to manage business ventures.

The other challenges faced by support groups include lack of readily available transport for very sick patients to the nearest health clinic or hospital due to lack of funds.

This is an area where there is need for community participation and involvement and other organisations backing support groups to pool their resources together as it is not only a support group problem, but also a community HIV/AIDS-related problem.

According to a member of one of the Neighbourhood Watch who is also a member of a support group, during focal group discussion, said that some support group members who were sick could not take antiretroviral drugs due to lack of food. This underscores the issue of poverty for people living with HIV. The problem of taking medication on an empty stomach was real due to poverty and members indicated having had drug adherence- related problems.

CHAPTER 7

7.0 Conclusion and Recommendations

7.1 Conclusion

Communication is defined as a "process in which participants create and share information with one another in order to reach a mutual understanding". This definition implies that communication is a process of convergence and divergence as two or more individuals exchange information to move to each other or to move a part to a meaning they give to certain events. In development many organisations or individuals are concerned on how new ideas diffuse innovations or are readily available to potential adopters. Thus diffusion which is a special type of communication is seen as a kind of social change which is defined as a "process by which alteration occurs in the structure and function of a social system". This occurs when new ideas are diffused, adopted, or rejected leading to certain consequences and social change is said to occur. The essence of diffusion of innovation process is the exchange of information from one individual through others.

The study was undertaken to assess the effectiveness of communication strategies used in support groups for people living with HIV/AIDS in Lusaka. Respondents in the quantitative and qualitative survey were asked to indicate communication strategies are used to communicate AIDS communication messages within support groups and the community and they were further asked to indicate which communication channels they used to communicate to the community for HIV/AIDS prevention, stigmatisation and discrimination reduction.

The study established that communication strategies used by HIV/AIDS support groups in Lusaka to communicate to the community were through sporting activities, use of special events such as the World AIDS Day and during the VCT Week, and one percent of the respondents used the church as a strategy to reach out to members and those who are affected by AIDS in the community.

The other communication strategy that participants in focus group discussion indicated that would strengthen the capacity of support groups in the community was to enhance the Business Development Activities by targeting of support to households that are vulnerable. Challenges related to communication strategies included lack of financial resources and coordination between the Network of Zambian people living with HIV/AIDS, Lusaka district chapter and among support groups.

7.2 Recommendations

1). The absence of a clearly defined policy and a communication budget line tends to weaken the linkakges between support groups and NZP+ Secretaiat vi-sa-vi the community that are the target receipients of HIV/AIDS messages. As a major organisation backing support groups, the researcher recommends that NZP+ should mobilise resources to establish a communication budget line in order to enhance its advocacy role effectively.

2). Information relating to HIVAIDS programming is lacking. Although the work of NZP+ is relatively well documented, that of support groups is not. Documenting of these smaller groups is crucial for purposes of evaluation and enhacing communication.

Improved documentation could also serve to improve communication and collaboration between different support groups and AIDS organisations working in the community. A resource base could be created containing all HIV/AIDS community based activities. This task could perhaps be handled by a member of the NZP+ IEC Officer at the district secretariat.

3). There is need to increase HIV/AIDS sensitisation in the communities, especially in high density areas about the role of HIV/AIDS support groups. This will help in reducing stigma and discrimination.

4). The church needs to take a more active role in addressing the HIV/AIDS issue because of the influence it exerts among the people in the communities. Only one church organisation in the study gave both material and moral support to an HIV/AIDS support group.

5). There is need for the NZP+ and the support groups implementation of mass and interpersonal communication channels to focus on promotion of safe behaviour unlike the use of health talks to a group of people, drama, poster messages usually designed and printed at the National AIDS Council, and by non governmental organisations such as Society for Family Health (SFH) which mainly focus on HIV/AIDS prevention, care and support which have been limited in reach or have narrow programme focus.

6). Due to lack of coordination among some civil organisations involved in production of IEC materials, there is some distorted information being passed toHIV/AIDS support groups and the community.

7). The researcher recommends that there should be partnerships and collaborative efforts in HIV/AIDS communication material that are targetted at the same groups of people living in the same community so that there is harmonisation and standardization of communication messages.

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Appendix A: Research Instrument (Quantitative)

AN ASSESSMENT OF THE EFFECTIVENESS OF THE COMMUNICATION STRATEGIES USED IN SUPPORT GROUPS FOR PEOPLE LIVING WITH HIV/AIDS IN LUSAKA.

Name of support group.....Date.....

Location of support group i.e.Urban/peri-urban/rural.....

District.....

Name of Respondent.....(Optional)

Name of Interviewer.....

Starting time:_____ End time_____

NO.	QUESTIONS	CODING CATEGORIES
1.	Sex of Respondent	Male.....A Female.....B
2	Age of Respondent	Less than 20years.....A 20-24 years.....B 25-29 years..... C 30-34 years.....D Over 35 years.....E
3	Marital status	Single.....A Married.....B Divorced.....C Separated.....D Widowed.....E

4	My home language is? Other? Record Response	Bemba.....A English.....B Kaonde.....C Lozi.....D Lunda.....E Luvale.....F Nyanja.....G Tonga.....H Other (specify).....I
5	Which of the following languages can you speak and write very well? Other? Record Response	Bemba.....A English.....B Kaonde.....C Lozi.....D Lunda.....E Luvale.....F Nyanja.....G Tonga.....H English.....I Other (specify).....J
6	What is your position in the support group? Other? Record Response	Chairperson.....A Secreary.....B Treasurer.....C Ordinary member.....D Other.....E
7	How long have you been a member of this HIV / AIDS support group?	Less than 2 years.....A 2-5 years.....B 6-9 years.....C 10-13years.....D Over 13 years.....E

8	What are the reasons for joining the HIV/ AIDS support group?	Emotional/social support.....A Financial support.....B Economic support.....C Learning survival skills.....D Other.....E
9	Which is your main source of income for your HIV /AIDS support group? Other ?–Record Response	Government funding.....A Subscription / membership fees.....B Church Funding.....C Self-Income Generating Activities (IGA).....D NZP+.....E HIV/AIDS Global Funds.....F Other (Specify).....G
10	What are the sources of AIDS information for your support group? Other? Record Response.	Radio.....A Television.....B Support group members.....C Family/ Friends.....D Books/Magazines.....E Other.....F
11	What communication channels does your support group use to communicate among its group members? Other? Record Response.	Support group meetings.....A Interpersonal communication.....B Phone (Cellular phone).....C Other'.....D
12	What communication channels do you use to communicate to people in the community about HIV/AIDS,	Community meetings.....A Community Sensitisation activities.....B Person to person contacts.....C

	prevention, stigma and discrimination?	Drama/Theatre/Dances/singing.....D Festivals for example, World AIDS Day.....E Other (Specify).....F
13	Does your support group/ organisation have an HIV/AIDS communication plan or strategy?	Yes.....A No.....B
1**4**	Are you personally involved in the planning /designing of HIV/AIDS communication messages?	Yes.....A No.....B
15	In your opinon, do you think members of the community should be involved in planning and designing of AIDS communication strategies?	Yes.....A No.....B Don't Know.....C
16	If **Yes,** who in the community should be involved in planning and designing of communication messages?	Area Resident Development Committees..... .....A Community AIDS Task Force.....B Community Counsellors.....C Traditional healers.....D Health practitioners living in the community.....E Other.....F
17	Do any organisations working in your community provide HIV/AIDS IEC materials to your support group?	Yes.....A No.....B Don't Know.....C

18	If **Yes,** Which organisations did you work with to develop HIV/AIDS IEC materials?	NAC.....A Society for Family Health(SFH).....B NZP+.....C ZARAN.....D ZNAN.....E Other.....F
19	What type of HIV/AIDS communication materials were provided to your support group last year?	Matrials on stigma and discrimination.....A PMTC material.....B Material urging people to join support groups.....C HIV/AIDS prevention materials.....B Other.....C
20	Did you hold any support group meetings in 2007?	Yes.....A No.....B
21	How often did your support group meet in 2007?	Weekily.....A Monthly.....B Quarterly.....C Yearly.....D Never.....E
22	How are communication messages passed from your AIDS support group to the community?	Person to person communication.....A Festivals for example,VCT Week.....B Drama/Theatre/ Dances / Songs.....C Brochures/Posters/Magazines/

		Newsletters.....D Meetings in the Community.....E Other.....F
23	Does your support group have any HIV/AIDS communication policy?	Yes.....A No.....B
24	What do you think the power of communication media in the fight against HIV/AIDS is?	Very Influential.....A Powerful.....B Weak.....C Very Weak.....D Don't Know.....E
25	If the answer is Very Influential, to what extent do you think their communication is powerful in the fight against HIV / AIDS?	Very Powerful.....A Powerful.....B Weak.....C Very Weak.....D Don't Know.....E
26	At what levels is information on HIV/AIDS stigma and discrimination available?	Individual level.....A Community level.....B Media level.....C Institutional level.....D Don't Know.....E
27	In your opinion, do the following organisations / Institutions play an important role in production and use of HIV / AIDS communication messages?	Impotant Not Important GRZ 1 2 Church 1 2

	GRZ Church Media organisations National AIDS Council NZP+ CBO/ Civil organisations AIDS support groups	Media organisations 1 2 National AIDS Council 1 2 NZP+ 1 2 CBO/ Civil organisations 1 2 AIDS Support Groups 1 2
28	What media communication channels does your support group or organisation use to communicate AIDS messages to the community? Other?-Record response.	Community Rradio Stations.....A Commercial Radio Stations.....B Private Television Stations.....C Public Television staion.....D Public electronic print media.....E Private electronic print media.....F Other (Specify).....G
29	What challenges / problems do you face in your support group organisation? (Please rank the challenge / problem on a ranking scale of 1-4 with 1 being the worst challenge /problem.) Other/Record Response.	Communication.....A Membership.....B Organisational.....C Financial.....D Other.....E
30	What solutions do you propose to overcome these challenges or problems?	A..... B..... C..... D..... E.....

THANK YOU FOR YOUR TIME

Appendix B: Research Instrument (Qualitative)

AN ASSESSMENT OF THE EFFECTIVENESS OF THE COMMUNICATION STRATEGIES USED IN SUPPORT GROUPS FOR PEOPLE LIVING WITH HIV/AIDS IN LUSAKA.

F G D GUIDE

FGD Group number_____

Venue_____Date_____

Number of Males_____ Number of Females_____

Recorder:_____

FGD INTERVIEW GUIDE

1. How do you view support groups of people living with HIV / ADS?
2. What are the reasons for joining the HIV/ AIDS support groups?
3. How do people in the community you live in view someone who is HIV positive?
    a) How does the community view?
    b) What do you do about it?

    Probe For: personal experience
    Family experience
    Community experience
4. What role if any, do Community Based Organisations play in communicating information to support groups for people living with HIV / AIDS?

    Probe for: Communication partnerships
    Community involvement
    Family experience
5. What facilities for HIV/AIDS communication messages are available in your community**?**

    Probe for: Community culture
    Gender imbalance
    Poverty

6. What do you think are the communication barriers/problems being experienced in your support groups against HIV/AIDS discrimination and stigma?

Probe for: Gender
Family
Poverty

7. Let us talk about how we can reduce stigma and discrimination in the community.

Probe for: Gender
Culture
Poverty

8. What do you think should be the role of NZP+ in strengthening communication strategies used used in support groups for people living with HIV/AIDS?

Probe for: Organisational structures?
Communication media channels?
Communication materials?
NZP+ communication manual?

9. What do you think are challenges and or problems experienced by support groups in the fight against HIV/AIDS?

Probe for: Gender
Culture
Poverty

THANK YOU VERY MUCH FOR YOUR TIME

Appendix C: Research Instrument

IN-DEPTH INTERVIEW GUIDE FOR KEY INFORMANTS

Name of key informant_____Position_____

Organisation_____Date_____

1. What is the organisational structure of of the NZP+?
2. How are HIV/AIDS support groups structured in the country?
3. Does the Network of people living with HIV/AIDS have a communication policy?
4. How many HIV/AIDS support groups are in Lusaka /country?
5. What role if any, does your organisation play in communicating information to support groups for people living with HIV/AIDS?

   Probe for: communication partnerships

   Community involvement

   Communication manual
6. What do you think are the challenges / problems being experienced by HIV/AIDS support groups in the fight against HIV/AIDS prevention and stigma?
7. Does your organisation render any assistance to HIV/AIDS support groups?
8. What are the barriers to improving access to communication in HIV/AIDS support groups?

   Probe for: Cultural

   Inistitutional

   Physical
9. What do you think should be the role of NZP+ in strengthening communication strategies used in support groups for people living with HIV and AIDS?

THANK YOU VERY MUCH FOR YOUR TIME