

**EVALUATING THE IMPACT OF BEHAVIOUR CHANGE COMMUNICATION FOR  
HIV/AIDS BY YOUTH ALIVE ZAMBIA AMONG THE YOUTHS**

**BY**

**IREEN SHAMBULUMA KABUBA**

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## Declaration

I Ireen Shambuluma Kabuba, do solemnly declare that this dissertation represents my own work which has not previously been submitted for at this or another University.

Signed ..... Kabuba .....

Date ..... 21.04.2006 .....

## Approval

This dissertation of Ireen Shambuluma Kabuba is approved as fulfilling the requirement for the award of the Degree of Master of Communication for Development.

Signed

Date

*Kabuba*  
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*21.04.2006*  
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## **Abstract**

The main objective of the study was to assess the impact of Behaviour Change Communication for HIV/AIDS which promotes behaviour and attitude change among the Youth at Youth Alive Zambia.

According to the UNAIDS report (2002) at the end of 2000 over 36 million people worldwide were living with HIV/AIDS, two thirds of them in Sub-Saharan Africa. In Zambia over the last few years, the previously largely "silent epidemic" of HIV has shifted to a visible pandemic of AIDS.

The study was carried out with Youth Alive Zambia (YAZ), a service oriented organisation formed by the Youths, for the youths. The goal of the organisation is to contribute to the reduction of HIV/AIDS among the young people by creating a healthy state of mind, body, spirit and environment through integrated programmes. The purpose of the attachment was to investigate how YAZ is communicating its messages to promote behaviour and attitude change among the youths.

The data was collected through questionnaires, direct observations, document analysis and in-depth interviews with key personnel working with YAZ. Discussions were also conducted with key donors and partners of YAZ who included Churches Health Association of Zambia (CHAZ),

Catholic Commission for Justice and Development (CCJD) Christian Churches Associations of Zambia (CCAZ) as well as Youth group leaders in Mtendere, Kaunda Square, Northmead and Matero. A questionnaire was administered to 72 youths who included those in school and those out of school in areas where YAZ is operating.

Both qualitative and quantitative data was used to analysis the problem. The results revealed a number of important things. There is still a number of people who have no idea of how HIV the virus is transmitted.

Youths trained under YAZ have come to appreciate the values of the organisation on abstinence.

The media was recognised to be one of the best ways in which HIV can be communicated to the people, especially the electronic media since most people have access to them.

The youths have also come to appreciate community based interventions on HIV/AIDS. This is one way of ensuring that every one in the community participated in HIV/AIDS related activities.

The Behavioural Change Programme is the main thrust of YAZ activities in that it promotes good behaviour but not overlooking the fact that behaviour is not easy to change and that not everyone needs change.

The study recommends that the organisation needs more funds to step up its activities. There is need for the organisation to come up with local fundraising ventures than being dependant on donor funding. More programmes on television and other radio stations be aired as the media has proved to be very effective in channelling messages.

## **Dedication**

This study is dedicated to the following people:

My husband Mr. Davies Kabuba who has provided me with strength and support throughout the study, my children Mapesho and Lusa who have been my source of immense joy and happiness, lastly but not the least my late son Tasha whose death was my inspiration and motivation to get enrol into my masters programme.

To God be the Glory.

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## List of abbreviations

<b>AIDS</b>	-	Acquired Immune Deficiency Syndrome
<b>BCC</b>	-	<i>Behaviour Change Communication</i>
<b>CBOH</b>	-	Central Board of Health
<b>CLS</b>	-	Child Labour Survey
<b>HIV</b>	-	Human Immune Virus
<b>MOFNP</b>	-	Ministry of Finance and National Planning
<b>MOH</b>	-	Ministry of Health
<b>NGOs</b>	-	Non Governmental Organisations
<b>STDs</b>	-	Sexually Transmitted Diseases
<b>STIs</b>	-	Sexually Transmitted Infections
<b>UNAIDS</b>	-	Joint United Nations Programme on AIDS
<b>YAZ</b>	-	Youth Alive Zambia
<b>ZEC</b>	-	Zambia Episcopal Conference

# CHAPTER ONE

## INTRODUCTION/BACKGROUND

### 1.0 Outline of the report

This report is based on the work done during the attachment with Youth Alive Zambia (YAZ). The study focuses on the impact of the Behavioural Change Communication for HIV/AIDS which promotes behaviour and attitude change among the Youths in Zambia. This is done through encouraging the Youth to practice abstinence in order for them to adopt sustained changes in sexual behaviour or attitudes. Chapter One provides an introduction and background of the report as well as a brief profile of Zambia. It also includes a brief profile of Youth Alive Zambia. The context of study attachment is highlighted in Chapter Two. The Conceptual framework of the report is outlined in Chapter Three. Chapter Four gives the Literature Review and Chapter Five discusses the Findings and Interpretations of the results. Chapter Six caters for the Conclusion of the report and recommendations regarding what needs to be done if the organisation has to attain its goals.

## 1.1 Introduction to the study

A lot of HIV messages have been channelled through the electronic media, the print and various other ways targeting the Youths. It is important to find out if these messages are making any impact and whether when disseminating these messages, they incorporate needs of different categories or groups of the Youth such as those in schools and those youths not in school. This is because the perception of those in school and those who are not in school is different. This study provides a feedback to those who are involved in combating this deadly disease and also to the Nation as a whole.

HIV/AIDS has taken a catastrophic turn in affecting the health and development needs in Africa with the Sub-Saharan Africa being by far the worst affected region in the world. According to the UNAIDS report (2002) at the end of 2000 over 36 million people worldwide were living with HIV/AIDS, two-thirds of them in Sub-Saharan Africa. The report further states that nearly 22 million people worldwide have died from AIDS. "There were 3 million deaths worldwide for 12 months of 2000 alone" (ILO 2001:19) while 2001 recorded 3.4 million new HIV infections in Sub-Saharan Africa alone. (UNAIDS, 2002).

Zambia in the last few years, the previously largely “silent epidemic” of HIV has shifted to a visible epidemic of AIDS. The impacts on families, organisations and communities are emerging at a rapid pace. There are no longer doubts about its overall severity and its catastrophic impact on virtually all aspects of development in Zambia. Health, education, economy, labour force, agriculture and transport are all affected. Currently statistics show that the prevalence rate stands at 16 percent in Zambia. ([www.state.gov/r/pa/ei/bgn/2359.htm](http://www.state.gov/r/pa/ei/bgn/2359.htm))

According to studies on HIV/AIDS in Zambia, the youths between 15 – 29 years of age are the most vulnerable group to the infection. (MOH/CBoH, 1999). Prevention efforts aimed at reducing the rate of HIV infection have been done through wide-ranging interventions and programmes. Over the years, it has been learnt that prevention works and this gives hope that halting the spread is achievable. For this reason, it is very important to continue evaluating the preventive measures targeting the Youth and assess whether there is any progress being made so as to improve on the measures being taken.

One of the methods of interventions which is the focus of this study used by Youth Alive Zambia is Behaviour Change Communication (BCC). This has been the main intervention strategy used to inform, educate and communicate STD/HIV/AIDS messages to the general public as well as special target groups considered to be at high risk of developing HIV infection. This approach includes songs, dances and drama. The assistance of leading artists, play-writers, singers, dee-jays and musicians has been sought to deliver messages. Peer educators have used community walks and focus groups to deliver messages. According to FHI (2002)

*"Behaviour change communication (BCC) is an interactive process with communities (as integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviour, promote and sustain individual, community and societal behaviour change and maintain appropriate behaviour."*

## **1.2 Profile of Zambia**

### **1.2.1 Geography**

Zambia has an estimated area of 752,614 square kilometres accounting for 2.5 percent of the total area of the African

continent. The country is landlocked, lying south of the Sahara (Figure 1) and has eight neighbouring countries with Malawi and Mozambique on the east, Angola to the west, the Democratic Republic of Congo (DRC – formerly Zaire), Tanzania to the north, Namibia, Botswana and Zimbabwe to the south.

Figure 1



Source: <http://refrence.allrefer.com/world/countries/zambia..>

On the world map, Zambia lies between latitudes 8 degrees south and longitudes 22 degrees and 33 degrees east. (Zambia Basic Education Atlas 1994). It has a tropical climate and vegetation with three distinct seasons: the cool dry winter from May to August, a hot dry season during September and October and a warm wet

season for November to April. (Demographic and Health Survey, 2001 –2002). The most predominant type of vegetation is the Savannah woodlands and grasslands, which cover the largest area of Zambia. The majority of trees are deciduous which include species like the Mukwa, Mupani, Mukusi and Kanyimbi, which yield high valuable commercial hardwood timber. Grassland is predominantly in the floodplains, uplands and low rainfall areas. (Zambia Basic Education Atlas 1994)

Among the main river water sources in Zambia are the Zambezi, Kafue, Luangwa and Luapula. The country also has major lakes such as Tanganyika, Mweru, Bangweulu and the man-made lake Kariba. The northern part of the country receives the highest rainfall with an annual average ranging from 1,100 mm to over 1,400 mm. The southern and eastern parts of the country have less rainfall, ranging from 600 mm to 1,100 mm annually, which often results in droughts.

Zambia is a former British colony, which obtained her independence on October 24, 1964 and is administratively divided into nine provinces and 72 districts. Of the nine provinces, two are predominantly urban, namely Lusaka and Copperbelt provinces.

Lusaka being the capital city is centrally located and is linked to all provincial headquarters by tarred roads. The remaining provinces – Central, Eastern, Luapula, North-western and Southern are predominantly rural provinces. Four of ten Zambians live in urban areas. (Zambia Basic Education Atlas, 1994)

### **1.2.2 History**

Historical and archaeological evidence indicates that by the year 1500, much of modern Zambia was occupied by Bantu-speaking horticulturalists, farming people who were ancestors of the present inhabitants. In the late nineteenth century, the British South Africa Company administered various parts of what was to become Northern Rhodesia. In 1924, the British Colonial Office assumed responsibility for administering the territory and in 1953, Northern Rhodesia (now Zambia) and Southern Rhodesia (now Zimbabwe) joined Nyasaland (now Malawi) to form the Central African Federation of Rhodesia and Nyasaland, despite opposition of Northern Rhodesia's Africans. The federation was however dissolved in 1963. In October 1964, Zambia gained political independence and adopted a multiparty system of government. In December 1972, Zambia became a one-party state. The current

multiparty system was implemented in 1991. (Demographic and Health Survey, 2001 –2002)

### **1.2.3 Economy**

Zambia has a mixed economy consisting of a modern urban sector that, geographically, follows the rail line and a rural agricultural sector. For a long time, the modern sector has been dominated by parastatal organisations, while private businesses have predominated in construction and agriculture sectors. Since 1991, with the introduction of a liberalised market-oriented economy, parastatals have been privatised and in some cases, liquidated.

Copper mining is the country's main economic activity, accounting for 95 percent of export earnings and contributing 45 percent of government revenue during the decade following independence (1965 – 1975). In the mid- 1970s following a sharp decline in copper prices and a sharp increase in oil prices, the country's economy deteriorated. Attempts were made to minimise dependency on copper exports by diversifying the economy through the creation of import substitution parastatals. This did not achieve the desired results.

According to MOFNP (2002), the 1980s marked the start of the first phase of implementing the Structural Adjustment Programmes (SAP) amidst a stagnating economy. However, the SAP failed to substantially alter the economy and increased the poverty of the majority of Zambians. Currently, around 73 percent of Zambians are classified as poor. Poverty is more prevalent in rural areas (83 percent, respectively). Poverty in the Zambian context can be defined as lack of access to income, employment opportunities, and entitlements for citizens to such things as freely determined consumption of goods and services, shelter and other basic needs of life. (Demographic and Health Survey, 2001 –2002)

Zambia began to slide into poverty in the 1970s when copper prices declined on world markets and the oil prices started going up. The socialist government made up for falling revenue by increasing borrowing. The Chiluba government (1991-2001) came to power after democratic multi-party elections in November 1991 committed to an economic reform government. The government was successful in some areas, such as privatisation of most of the parastatals, maintenance of positive real interest rates, the elimination of exchange controls, and endorsement of free market.

Zambia has yet to address effectively issues as reducing the size of the public sector and improving Zambia's social sector delivery systems. Zambia's total foreign debt exceeded \$6 billion when the country qualified for Highly Indebted Poor Country Initiative (HIPC), debt relief in 2000, contingent upon meeting certain performance criteria. Initially, Zambia hoped to reach the HIPC completion point, and benefit from substantial debt forgiveness, in late 2003. In an effort to reach the HIPC completion in 2004, the government drafted an austerity budget for 2004, freezing civil service salaries and increasing a number of taxes. ([www.state.gov/r/pa/ei/bgn/2359.htm](http://www.state.gov/r/pa/ei/bgn/2359.htm))

The Zambian government is pursuing an economic diversification program to reduce the economy's reliance on the copper industry. This initiative seeks to exploit other components of Zambia's rich resources base by promoting agriculture, tourism, gemstone, mining and hydro-power. In 2003, non-metal export increased by 25% and accounted for 38% of all export earnings, up from 35%. Donors provided \$409 million in development assistance to Zambia in 2003. The World Bank is Zambia's largest multilateral donor. Other key multilateral donors include the international Monetary Fund (IMF),

the European Union, United Nation (UN) agencies and the African Development Bank.

#### **1.2.4 Population**

The country's population growth rate of 3.2 percent is among the highest in Africa. The total population has grown from 3.5 million in 1963 to 7.8 million in 1990 and was projected to be nearly 11 million by the end of the year 2000. In 2002, the population of Zambia was estimated to be 10.2 million. About 62 percent of the population reside in rural areas while 38 percent are in urban areas. Most of the population is concentrated along the line of railway; from southern province, through Lusaka and Central province up to the Copperbelt province. The country has a relatively young population with about 45% aged between 0 and 14 years inclusively (LCM/CLS, 1998:10)

"The population is characterised by high fertility with the Total Fertility Rate (TFR) recorded at 6.1 percent in 1996 (CLS, 1999:10)". Despite the decline in the last decade, indications are that it will remain high for some time. On the other hand, mortality rate is increasing in Zambia, child mortality increase from 107 deaths per 1000 children in 1992 to 109 deaths in 1996. (ZARD, 1996)

Zambia's population comprises of more than 70 Bantu-speaking ethnic groups. Some ethnic groups are small. Most Zambians are subsistence farmers. The predominant religion is a blend of traditional beliefs and Christianity; Christianity is the official national religion. Expatriates, mostly British or South Africans live mainly in Lusaka and on the Copperbelt in the northern part of Zambia, where they are employed in the mines and related activities. Zambia also has a small but economically important Asian population, most of whom are Indians. The country is 44% urban.

#### **1.2.5 Institutional Profile**

Youth Alive Zambia (YAZ) is located in Lusaka, the capital city of Zambia. It is situated in Northmead area near the Manda Hill shopping complex. Youth Alive Zambia is a service oriented organisation formed by the Youths, for the youths. It was formed in 1996. Its membership is composed of youth's i.e. in and out of school, those working in the government/private companies and other walks of life. These youths give their time on voluntary basis.

The organisation has an established structure which consists of the Executive, which is the decision making body of the organisation. It is headed by the President who is elected from the general

membership. The President is also the head of the organisation. *Then there is the Advisory body which performs an advisory role in respect to strategies and policies affecting the organisation.* Membership of the advisory body is constituted by adults from different professions working in the government/private sectors and the youths themselves.

The General membership or the core group comprises of youths who are committed to the process of behaviour change. These members carryout YAZ programmes in communities, churches and learning institutions on a voluntary basis. The Secretariat is responsible for the day-to-day running of the organisation. It is headed by the Co-ordinator. The Personnel in the secretariat are full-time employees who work on contract basis. YAZ secretariat is composed of the following:

- Coordinator
- Assistant Coordinator
- Management Accountant
- Programmes and Project Manager
- Administrative manager
- Assistant Accountant
- Administrative Assistant

- Caretaker/librarian

YAZ has coordinating teams in all the nine provinces of Zambia. The teams which comprise of trained facilitators headed by the provincial or district coordinator, carry out all Youth Alive programmes in their respect districts and report to YAZ in Lusaka. YAZ has also enjoyed a strong partnership with the Zambia Episcopal Conference (ZEC), which has facilitated the use of the Catholic structures and systems for purposes of the programme implementation.

The goal of the organisation is to contribute to the reduction of HIV/AIDS among the young people by creating a healthy state of mind, body, spirit and environment through integrated programmes. Its developmental objectives include;

- To educate and share with the youths on issues related to health and life as HIV/AIDS
- Interact with other institutions (local and international) on issues related to health
- Contribute to the formation of policies regarding health
- Promote a health state of mind, body, spirit and environment for all

## **CHAPTER TWO**

### **CONTEXT OF ATTACHMENT**

#### **2.0 INTRODUCTION**

This chapter provides information related to the statement of the problem and rationale of the attachment and the method of data collection.

#### **2.1 THE PROBLEM**

As the HIV/AIDS continues to spread and affect the lives of millions of people, a growing sense of urgency has developed on the importance of stopping the epidemic. In all areas of the world, national HIV/AIDS programmes, along with countless Non-governmental organisations (NGOs) and Community based organisation (CBOs), have initiated programmes to expand the response to the epidemic. The goal of these efforts is to prevent the transmission of HIV and to mitigate the consequences of AIDS through care, support and treatment.

Very often, HIV/AIDS activities are implemented for years but never assessed. There is need to evaluate the programmes such as the Youth Alive Zambia and the methods used to bring about behavioural change from illicit sexual practices and engage in

health seeking behaviours as well as assess whether there is any progress being made. There is need to find out if these messages are making any impact and whether they incorporate different categories of the Youth such as those youths out of school in their messages. There is need for constant feedback on the distribution of those receiving the messages otherwise many youths will be left out and only a few will benefit.

## **2.2 JUSTIFICATION OF THE STUDY**

The main purpose of the attachment was to investigate how Youth Alive Zambia is communicating its messages to promote behaviour and attitude change among the youths. HIV related illness and death now have the greatest impact on young people. The HIV/AIDS epidemic is ravaging Zambia. Young people particularly young girls are highly vulnerable to HIV infection. Nearly 1 million Zambians are HIV positive or have AIDS. Over half a million Zambian children have been orphaned. Millions of Kwacha have been spent on awareness campaigns on preventive interventions and programmes among vulnerable groups such as the Youth.

Hence, Youth Alive Zambia was chosen as the suitable place for the attachment because its one organisation whose aim is to promote

the values that enhances healthy attitudes and behaviours among the youths. Its core values are Youth driven, Faith based Pro-life Abstinence Fidelity and Responsibility. Its programmes include;

a. Adventure Unlimited (AU) programme offers lessons to children between 9 and 14 years old. The programme seeks to help children form good behaviours and help them with problems they face as they grow. The programme looks at Education for life, a Behaviour Change Process (BCP). The BCP programme is a group counselling programme in which the facilitator finds out personal and group norms, behaviours and attitudes. After which the group is taken through a process of looking at the consequences of the present attitudes and behaviours. The facilitator then guides the participants into looking at the alternative behaviours and helpful attitudes without overlooking the obstacles that the new behaviour is going to bring. The BCP does not assume that everybody needs to change. It recognises that in some cases behaviour maintenance is needed. The BCP is given to people above the age of 15 and can be adjusted to suit different groups.

b. Life Skills Programme is a two days programme that empowers youths in practical day-to-day skills that enable them to live more

resourceful and healthy lives. The programme is given after each BCP. The method used is a participatory learning and action technique.

- c. Advocacy on issues that affect young people in relation to Reproductive Health Sexuality and HIV/AIDS. This is done through radio programmes, Open forum, Formation activities, newsletters and flyers. Other activities include; psycho-socio counselling, Drama festival, Sports gala and Clubs open day sessions.

## **2.3 OBJECTIVES OF THE ATTACHMENT**

The overall goal of the study was to assess the impact of Behaviour Change Communication for HIV/AIDS which promotes behaviour and altitude change among the Youths in YAZ, with the following specific objectives;

- To assess what the Youth Alive is doing in the Youth programmes about HIV/AIDS;
- To find out what methods or strategies they are following in HIV preventive measures;
- To find out what they have succeeded in doing so far in this area

- To find out what has been the main problems for the organisation, bottlenecks as they try to achieve their goals and
- To provide a feedback of the study to the Youth Alive Organisation.

## **2.4 Research questions**

Despite Zambians having a high knowledge of HIV/AIDS, major gaps in understanding fully the HIV transmission persist. There are particular concerns with regard to gender and urban/rural differentials, misconceptions about HIV/AIDS also do as well as perpetual stigma which leads to the following questions:-

1. What is the impact of HIV/AIDS communication campaigns by Youth Alive among the Youths in Zambia?
2. What is the organisation doing about the youth programmes concerning HIV/AIDS?
3. What methods or strategies are they using to combat HIV/AIDS among the Youth?
4. What have been their bottlenecks and successes?

## **2.5 Methodology**

The data was collected through questionnaires, direct observations, document analysis and in-depth interviews with key personnel working with YAZ. These included Sister Grace Fundafunda the Programme Coordinator, Mr O'Jay Mwenya the Programme manager and Mr Jonathan Jere the Administrative Assistant. Discussions were also conducted with key donors and partners of YAZ. These included Churches Health Association of Zambia (CHAZ), Catholic Commission for Justice and Development (CCJD), Christian Churches Associations of Zambia as well as the group leaders of the youth groups in Mtendere, Kaunda Square, Northmead and Matero. A questionnaire was administered to 72 youths who included those in school and those out of school in areas where YAZ is operating in Lusaka

Both qualitative and quantitative data was used to analyse the problem. Quantitative data was analysed using the computer software EPI-Info to assist in cleaning the data and the Statistical Package for Social Sciences (SPSS) for finding frequencies and doing cross tabulations.

## **CHAPTER THREE**

### **CONCEPTUAL FRAMEWORK**

#### **3.0 INTRODUCTION**

This section outlines the important concepts and theories that apply in the context of evaluating the impact of Behaviour Change Communication for HIV/AIDS on the Youths. There are a number of theories of communication and all practices of communication especially the professional or planned types that will normally fall under or be influenced by these theories. The study was therefore carried out with specific reference to the concepts and theories which are relevant to the study.

#### **3.1 Communication**

A lot of definitions have been made regarding the term Communication. But these attempts by various scholars to give a definition of the term have landed in a predicament because there is no single approach to the study of communication

Wimmer & Dominic (1997:134) states that:

*"Communication is a symbolic social process, which occurs when we have an idea in response to something we have seen or heard"*

The definition of communication by Elkamel & Faray (1986:45) states that:

*"Communication is the exchange of ideas, information and opinions through speech, writing, pictures and other symbols. Essentially, communication is a sharing process where a source sharing his or her message with the receiver's thoughts and actions of exchange between source and receiver. Communication is not a one-way activity. It is a process of exchange between source and receiver."*

People engage in the communication process for a variety of reasons; to obtain information, for education, training, and advices, rewards, to express feeling and emotions or participate in entertainment.

Communication does not take place in a vacuum. There is a lot of communication activities that take place at YAZ. The Youths at YAZ

are able to exchange information among themselves as well as others in the community through drama, songs and sports festivals. It is also a process by which YAZ communicates the importance of abstinence among the Youths as well as influence behaviour attitudes.

### **3.2 Participation**

Participation primarily entails sharing in an activity. It is this concept (Participation) which has become part of the development jargon. Nowadays, it is unusual to have a development project approved that does not use the word 'participation'. A project proposal will hardly be funded or approved without some provision for the participation of the people. However, it is no simple task to mobilise the people at grassroots level to participate.

According to Mody, B, (1991:30).

*"Participation is defined as a social process in which groups with common interest jointly construct a message oriented to the improvement of their existential situation and to the change of the unjust social structure."*

In this study, participation is key to the achievement of developmental goals and objectives. For behavioural change to

*take place it involves the participation of the target group in this case the youth whom change is directed at. YAZ has involved the participation of the people whom change is directed at. There is a lot of participation in the transmission of HIV/AIDS messages. Participation is the full or total involvement of the people in development projects if they have to be successful.*

According to White (1994:17), Participatory communication is one in which the people being communicated to are actively involved. She further argues that:

*"People's participation in development in which control of the development project and decision-making power rests with the planners, administrators and the community's elite, is the Pseudo participation. The level of participation of the people is that of being present to listen to what is being planned for them and what would be done to them. When development bureaucracy, the local elites and the people working cooperatively throughout the decision-making process and when power is empowered to control the action to be taken, only then can there be genuine participation"*

### 3.3 Diffusion of Innovations

Of special importance to this study is the Diffusion Theory. The diffusion of innovation theory (Rogers 1983) describes the process of how an idea is disseminated throughout a community. According to the theory, there are four essential elements; the innovation, its communication, the social system and time. People's exposure to a new idea, which takes place within a social network or through the media, determine the rate at which various people adopt a new behaviour. The theory states that people are most likely to adopt new behaviours based on favourable evaluations of the idea communicated to them by other members whom they respect.

When the diffusion theory is applied to HIV risk reduction, normative and risk behavioural changes can be initiated when enough key opinion leaders adopt and endorse behaviour changes, influence others to do the same eventually diffuse the new norm widely within peer networks. When beneficial prevention beliefs are instilled and widely held within, ones' immediate social network, individuals' behaviour is more likely to consistent with the perceived social norms. (UNAIDS, 1999)

This theory is relevant to the study of the HIV/AIDS in that behavioural change is a long process and can be difficult. The way the process is done will make people either accept or reject the ideas being introduced to them. It requires to introduce the idea, through a particular channel which could be through the electronic, print media as well the change agents such as Youth Alive Zambia and the near peers. This is done over a period of time in a particular social system. YAZ does so through workshops where the Youths taught on the importance of abstinence as number one strategy of fighting HIV/AIDS.

YAZ has also used the radio, drama festivals, and sports galas to bring the youths together and give them information on reproductive health and issues related to the problems that they are encountering

### **3.4 Multi-step Theory**

Rodgers (1995:119) states that,

*"Most individuals evaluate an innovation not on the basis of scientific research by experts but through the subjective evaluations of near-peers who have previously adopted the innovation. These near-peers serve as social models, whose*

*innovation behaviour tends to be imitated by others in their system".*

The communication channel includes a multi-step process with all types of intermediaries between the media and audience's decision-making. Opinion leaders exert influence on audience behaviour with personal contact but intermediaries called change agents and gatekeepers, are also included in the diffusion process.

Rodgers (1995:148) further states that:

*"Professionals who can encourage opinion leaders to accept or reject an innovation are known as change agents, while gatekeepers are persons who can control the flow of information to a group*

The Multi-step flow and diffusion approach argues that in addition to opinion leaders, change agents, gatekeepers and near peer, the mass media has an influence on an individual's decision to adopt.

The activities by YAZ relates to the Multi-step theory in that there are many actors involved in behavioural change communication for the prevention of HIV. For instance, opinion leaders such as the Politicians, Head teachers, Community leaders whom people look up have been contacted. Others involved whom adolescents or the

youths can look up to, include their parents, teachers and other people in their communities who may be knowledgeable about the HIV epidemic. There are also change agents who in this case is YAZ who are interested in bringing about behavioural change among the Youths. These change agents work with opinion leaders to pass on information to the Youths. Numerous steps are employed to pass on information.

### 3.5 **Social Learning Theory**

This is a theory that gives a general explanation as to how people acquire new forms of behaviour. It is social in that it attempts to explain how individuals observe other people's actions and how they come to adopt those patterns of action as personal modes of response to problems, conditions or events in their lives.

(<http://teachnet.Edb.utexas.ed~lynda-abbort/social.html>).

Through this theory the researcher was able to see how the youths are influenced by their peers. Through the group discussions and sharing the importance of abstinence, the Youths were able to testify of how their behaviour has changed for the better, which they couldn't do on their own as left on there own, they could not have changed.

### 3.6 Conceptual and Operational Definitions

- **Peer Education** - refers to an approach, a communication channel, a methodology. It involves training and supporting members of a given group to effect change among members of the same age group.
- **Peer trainers** - are individuals who are trained to develop, train or persuade people of their age group in order to bring about change.
- **Change agents** - refers to the professional who is an individual working with the Youth on HIV awareness campaigns as well as the organization in this case Youth Alive.
- **Youths** - those in the age group 15 – 29 years of age, those to whom the awareness campaigns are targeted to.

## **CHAPTER FOUR**

### **LITERATURE REVIEW**

#### **4.0 INTRODUCTION**

This chapter looks at past studies done in the area of Behaviour Change Communication for HIV/AIDS among the Youths in the world, including Africa and Zambia.

#### **4.1 The Global and National Context**

According to the National HIV/AIDS/STI/TB intervention strategic plan of 2002 -2005, the Human Immunodeficiency Virus (HIV) and the Acquired Immunodeficiency Syndrome (AIDS) have for the past two decades continued to spread across all continents killing millions of adults in their prime, disrupting and impoverishing families, as well as the social and economic fabric of communities. A WHO-UNAIDS report showed that by December 2001, a total of 40 million people around the world were living with HIV/AIDS. Of these, 37.1 million were adults, (18.5 million women) and 3 million children below 15 years.

According to the National AIDS Council report (2002), in the Sub-Saharan Africa, 28.5 million people were living with HIV/AIDS. Of the 14 million estimated growing numbers of orphans worldwide, 11 million are in Africa. The report further states that more than 50 per cent of the population is less than twenty years of age and constitutes the most vulnerable group to HIV infection. By June 2000 there were 830,000 people over the age of 15 reported to be living with AIDS. Of these 450,000 were women while 380,000 were men. The peak ages for HIV among females is 20 to 29 years while that for males is 30 to 39 years. Young women aged 15 to 19 are five times more likely to be infected compared to males in the same age group.

In Zambia, according to the Demographic and Health Survey in 2002, the HIV prevalence rate for the entire country was 16%. In urban areas, the prevalence rate among 15 to 49 years olds was more than 23%, whilst in rural areas it was 11%. The overall rate is exceedingly high and shows that Zambia is undergoing one of the worst HIV/AIDS epidemics in the entire world. It means that those Zambians ages 15 – 49, about one of six is already HIV-infected. (National AIDS Council, 2004)

Dr. Agha (2001) stated that, Adolescents are particularly important targets for AIDS prevention interventions because they constitute the future of a country. In Sub-Saharan Africa, where the majority of HIV infections have occurred, adolescents are particularly vulnerable of contracting HIV. Awareness of AIDS among adolescents in Africa is generally quite high. Despite this, the quality of the knowledge and the manner in which it is communicated may not always motivate the desired changes in sexual behaviour such as postponing sexual initiation or adopting condom use.

Research has shown that Zambian adolescents have an important need for HIV/AIDS education for programs that help them overcome the barriers to protective behaviour. There is a considerable confusion in the minds of Zambian adolescents between causality and transmission patterns of HIV (Feldman et al 1997). Moreover, the emphasis of communication materials is on transmission of HIV through vaginal sex and most socially produced HIV literature does not mention the importance of condom use in anal sex, which is not uncommon in Zambia. According to Dr. Agha (2001:2),

*“Abstinence is considered by many adolescents to be old fashioned, boring and interpreted to mean that they cannot have*

*an exciting social life – one that includes having a boyfriend or girlfriend and dressing stylishly." They feel pressure from their peers to initiate sexual relations at young ages and (girls in particular) have indicated that they do not have the skills to firmly say no to sex or to negotiate the use of condoms.*

Girls are often concerned that their boyfriends will perceive them as prostitutes if they suggest condom use. Moreover, adolescents who use condoms often do not use them consistently. The opposition of church groups to condom use has perpetuated the view that condoms are not effective at preventing HIV infections. Indeed, Zambian adolescents encounter a barrage of mixed messages about sexuality and sexual behaviour on a daily basis. Advertisements in the media and the entertainment industry glorify the physical aspects of sex. Young women are expected to be naïve and inexperienced while young men are expected to acquire sexual knowledge through experience. (Kelly, 2000)

Dr Ahga (2001:3) quoting Milburn (1995) states that young people's perception of their peers' behaviour has a strong association with their own sexual behaviour. Because peer education involves sharing attitudes and values related to health behaviours among people of similar ages and status because it allows recipients to

model attitudes and behaviours promoted by the peers, it can be effective in providing guidelines for behaviour. Evaluations of several peer sexual health interventions in sub-Saharan Africa confirm that carefully designed peer interventions can be effective.

In general terms, school children are better informed about the HIV/AIDS than out-of-school youths, school boys are better informed than school girls, out-of-school young men are better informed than out-of-school young women; and older women are better informed than young women. Interventions for HIV/AIDS prevention need therefore to differentiate between school and out-of-school rural youths. ([www.undp.org/hiv/publications/studies...](http://www.undp.org/hiv/publications/studies...)). Out-of-school youths, including those who drop out, make the majority of rural youth. As HIV/AIDS initiatives are already targeting school children with some success, it is important to reach out-of-school youths, particularly girls. In rural areas, girls tend to drop out school in low primary level and do not benefit from HIV/AIDS education, which begins at upper primary level. Young women therefore are highly susceptible to contracting HIV, not only because they have until recently been neglected by HIV/AIDS education interventions, but also because of biological, health-related and socio-economic reasons.

## 4.2 Behavioural Change Communication

According to the National HIV/AIDS/STI/TB Council report (2004:45) "*Behaviour Change Communication (BCC) is a core strategy in the response against HIV/AIDS in Zambia*". The report states that BCC is a process by which information and skills are shared and disseminated to people in a specific target audience with the intention of influencing them to adopt sustained changes in sexual behaviour or attitudes, or to engage in other health-seeking behaviours. Because the young people account for most new infections, the youth is often a primary focus of BCC campaigns. Some of the key BCC messages in Zambia include, AIDS is a killer disease that causes awful suffering and massive death. Adults need to know their status. Uninfected persons need to protect themselves by practicing the ABCs (abstinence, be faithful, use condoms) of HIV prevention. Infected persons need to "live positively," both to get the most out of their own lives and to avoid infecting others. Communities need to provide a supportive environment to minimise HIV transmission.

High levels of knowledge and awareness have too often not been matched by sustained changes in sexual behaviour in Zambia or elsewhere. A study undertaken to examine the impact of health

education methods in prevention and control of HIV/AIDS showed that 34 per cent felt that the most effective way of disseminating information about AIDS was through mass media. As such, 48.8 per cent of the respondents felt that health education campaigns such as Anti-AIDS, have brought about awareness about HIV/AIDS to a number of people in communities. (UNICEF 1996:119). Further conclusions drawn were that the health education methods used in the prevention of HIV/AIDS had some impact on the people as they have increased the awareness of the people concerning the disease, health education coverage has not reached all the people as most still have no basic knowledge about HIV/AIDS.

According to the Kenya national HIV/AIDS communication strategy, a wide body of research has noted that significant and sustained behaviour change does not occur as a result of simply providing information about HIV/AIDS. This strategy argues that behaviour change communication (BCC) is a much more intangible, complex and diffused process. There is a wide range of communication design factors related to the types of appeals developed and their level of persuasion. Also to be considered are audience mediating factors such as socio-economic, cultural, spiritual and demographic factors that determine whether and how behaviour change occurs,

how long it will take to occur, and whether it will be sustained.  
([http://www.stoptb.org/wg/advocacy\\_communication...](http://www.stoptb.org/wg/advocacy_communication...))

A report on the Gauteng AIDS Programme in Johannesburg in 2003 highlighted effective implementation of the AIDS strategy. It showed increased levels of awareness about HIV/ AIDS, change in behaviour especially among the young people who fall within the high risk group, reaction in the going for voluntary counseling and testing as well as the positive attitude shown by communities towards people living with HIV/AIDS. According to the Gauteng Department of Health, here is clear evidence that the youth are changing their behaviour in response to the prevention messages. The report showed that 70% of Gauteng's youth under 25 years use condoms.

The surveys also showed that school and the media have the greatest influence on youth of school-going age. The younger the learner the better the education and the stronger the degree of behaviour change. However, while there are encouraging trends in the behaviour of the youth, some young people still do get infected, especially the unemployed and those living in poor

communities. Therefore, there is need to strengthen and intensify the prevention campaign.

In an analysis in the monitoring and evaluation of the HIV/AIDS/STD Control Program in Jamaica, stated that Behaviour Change Communication (BCC) has been the main intervention strategy used to inform, educate and communicate STD/HIV/AIDS messages in Jamaica to the general public as well as to special target groups considered to be a high risk of developing HIV infection. These approaches include song, dance and drama. The assistance of leading artists, play-writers, singers, dee-jays and musicians have been sought to deliver messages. Peer educators have used community walks and focus groups to deliver messages. (<http://www.cpc.unc.edu/measure/publication>)

Behaviour change is a slow process and may be affected by other factors in the economic and social environment. Therefore the strategies and approaches used have been adjusted or changed based on feedback received by the peer educators, face-to-face volunteers or reports from surveys of knowledge, attitude and practice. Prevention is always promoted and feedback on circulating myths and practices is given to BCC officers who use