Communication effects and their impact on the dissemination of HIV/AIDS information to the youth: A study of two Christian Children's Fund (CCF) Zambia Projects.

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Submitted in partial fulfillment of the requirements for the degree of Master of Communication for Development offered by the Department of Mass Communication, The University of Zambia

DECLARATION

I hereby declare that this Practical Attachment Report is original and has not been submitted to any other University.

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ABSTRACT

The report is based on a study that sought to establish effects of communication and their impact on the dissemination of HIV/AIDS information to the youth in the Christian Children's Fund, (CCF) Zambia affiliated projects. The study also sought to establish how the youth perceive the HIV/AIDS messages they receive and factors that influence their preference to accessing different types of communications. The study is particularly useful to organisations like CCF Zambia, its affiliated projects or indeed all other organisations dealing with programmes directed at HIV/AIDS prevention and mitigation for the youth. For these, the study will help in arriving at appropriate and effective communication channels for disseminating HIV/AIDS information to the youth, in a cost effective manner.

Youth from the two Kafue based CCF Zambia projects aged between 15 and 24 years were targeted for the study. The units of the study were randomly selected based on the computer generated Linking Children to Sponsors (LINCS) project listings. Both quantitative (survey) and qualitative (Focus Group Discussion) methods were used for collecting data. A statistical package for the social sciences (SPSS) was used to analyse the quantitative data while qualitative data was organised in categories and analysed thematically as per research questions.

The study established the fact that most of the youth depended on interpersonal communication comprising parents, friends, teachers and the church as a major source of information on various issues including HIV/AIDS. In terms of the mass media, radio was the most accessed and the medium considered effective for disseminating HIV/AIDS information. Additionally, results revealed that most of the youth would like to be involved in the development of HIV/AIDS messages/materials.

From the findings of the study, it is clear that for one to reach the youth, interpersonal communication channels should be considered as vital. As for the mass media, radio is perceived by most of the youth as the most effective for disseminating various types of information including HIV/AIDS messages. It is also widely accessed by the youth especially those in the rural areas.

DEDICATION

I dedicate this report to my lovely wife and critic, Jane Mwila Chifukushi and my three sons Mutale, Taonga and Lupupa who inspired me to go on even when I felt like giving up my MCD Programme. This report is equally dedicated to my late mum, who never went through any formal schooling but understood better the value of education. It is with regret that you are not here Mum to share with me the greatest moment of my achievement.

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CHOLA DAVID CHIFUKUSHI

ACRONYMS

AIDA	Awareness Interest Desire Action
AIDS	Acquired Immunity Deficiency Syndrome
APAC	Australian Partnership with African Communities
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
CBDs	Community Based Distributors
CCF	Christian Children's Fund
CRAIDS	Community Response to AIDS
COVCC	Community Orphans and Vulnerable Children Committee
D-WASHE	District Water And Sanitation Hygiene Education
FGD	Focus Group Discussion
GDP	Gross Domestic Product
HEART	Helping Each other Act Responsibly Together
HIV	Human Immunodeficiency Virus
ICT	Information Communication technology
IEC	Information Education Communication
IGAs	Income Generating Activities
LAPAM	Luangwa AIDS Prevention And Mitigation
LINCS	Linking Children to Sponsors
MCD	Master of Communication for Development
MOH	Ministry of Health
NAC	National AIDS Council
OVC	Orphans and Vulnerable Children
PFEs	Parent Family Educators
PLWHAS	People Living with HIV/AIDS
PMTCT	Prevention of Mother To Child Transmission
PSS	Psychosocial Support
SES	Socio-Economic Status
SIDA	Swedish International Development Agency
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection
TB	Tuberculosis
TV	Television
UNAIDS	United Nations AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
ZDHS	Zambia Demographic Health Survey
ZNAN	Zambia National AIDS Network
ZNBC	Zambia National Broadcasting Corporation

TABLE OF CONTENTS

TABLES AND FIGURES

List of Tables

List of Figures

CHAPTER 1

BACKGROUND

1.0 Introduction

This study analyses the effects of communication and their impact on the dissemination of HIV/AIDS information to the youth of the Christian Children's Fund, (CCF) Zambia affiliated projects. The research also looks at how the youth perceive the HIV/AIDS messages they receive and the other factors that influence youth to access different types of communications. As a child centered organisation, Christian Children's Fund, Zambia is aware of the serious challenges the HIV/AIDS pandemic poses. Among other things, the HIV/AIDS pandemic is threatening to reverse all the gains made over the years by such organisations. It's against this background that CCF Zambia like many other developmental organisations, especially those working for the survival of children strongly believe that the future of Zambia depends on correct communication interventions being put in place to protect the lives of the young people from the spread of HIV. However, such interventions can only come about when organisations have a full understanding of the problem at hand.

It is the need to fully understand the manner, the channels used, the reasons behind this manner of attending to the different types of communications channels that necessitated this study. The rationale is that findings will help inform communication and programme planners to come up with appropriate HIV/AIDS Communication interventions. This will, in turn, help in the behaviour change of youth thereby preventing them from contracting HIV. Additionally, findings of the study will help in the designing and placing of specific messages targeted at the youth using the most appropriate communication channels. Other than the programmatic impact, this would mean investing in communication channels that would provide value for money.

All in all, for Zambia, with a youthful population, where, according to the Draft National Youth Policy (2005), those in the age group (15 to 24) constitute about 21%, protecting them from the spread of HIV is therefore very vital. This, however, is only possible when there is a clear understanding of how to reach such youth.

Objectives of the study include; establishing the type of communication mostly used by CCF Zambia enrolled youth, knowing what the CCF Zambia enrolled youth perceive as the most effective communication channel as well as establishing the most effective communication they prefer for getting information on HIV/AIDS. Additionally, the study seeks to explore the other factors that influence the youth to prefer a certain communication as a means of getting information on HIV/AIDS. The study equally seeks to establish how the CCF youth utilise the HIV/AIDS information they receive from the communication of their choice as well as establishing their preferred level of involvement in the development of communication messages/materials on HIV/AIDS.

The target group for the study is youth aged 15 to 24 years both males and females enrolled with Kafue Central Social Services and Kasaka Family Helper Projects, affiliates of Christian Children's Fund in Kafue District. The researcher has chosen Kafue District due to the comparatively high HIV prevalence rates of 22.4% as indicated in the HIV/AIDS Epidemic in Zambia (2004, p. 1). In terms of selection of projects to participate in the research, Kafue and Kasaka projects are selected from the cluster of five projects in Kafue District. And to ensure equal representation between rural and urban projects, the researcher uses stratified methods where three rural projects were grouped together from which one was chosen randomly. In the same manner, Kafue Project was sampled from the two urban ones. In selecting respondents, the researcher used the listings at Kafue and Kasaka projects whose enrolled youth are 521 and 104 respectively. The respondents were randomly selected. The researcher settled for a minimum sample size of 100 from the two projects using systematic sampling methods. As for data collection, the researcher used both quantitative (survey questionnaire) and qualitative methods (Focus Group Discussion) in order to enrich the understanding of the effects of communication on the impact of HIV/AIDS messages to the youth.

For over two decades now since the discovery of the first case of Human Immunodeficiency Virus (HIV) in Zambia, many institutions like CCF Zambia have carried out various programmes aimed at preventing the spread of the scourge. However, scholars like Van den Borne et al (1996, p. 58) state that the country has spent millions of kwacha in HIV/AIDS media campaigns to no avail. Additionally, the *National*

HIV/AIDS/STI/TB Policy (2005, p. 1) indicates that the national HIV prevalence rates for the adult population aged 15 to 49 years have stabilized at 16%. Further, the *Joint Review of the National HIV/AIDS/STI/TB Intervention Strategic Plan (2002 -2005) and Operations of the National AIDS Council* (2004, p. 10), notes that the HIV prevalence rate rises from 5% among the 15 to 19 year olds to 25% for individuals in the 30 to 34 years age group. The prevalence percentage is also high at 16%, among women aged 20 to 24 years. And globally, UNICEF (2004) argues that at the centre of an ever strengthening HIV/AIDS storm, young people aged 15 to 24 now make up more than one quarter of the 38 million people living with the disease.

Statistics quoted above raise questions as to why the HIV prevalence rates should remain high among the youth despite the various media campaigns conducted by many institutions. These factors point to the fact that it could be that the messages are not effective enough or youth's own perceptions of communication effects are not taken into account or probably the youth are not just reached with the right HIV/AIDS messages. These are the questions the study tries to address so as to come up with appropriate answers for proper interventions in HIV/AIDS programmes for the youth.

For organisations like CCF Zambia, this study will provide a strong basis on which to base future programme interventions as far HIV/AIDS, communication and youth is concerned.

1.1 Background of Zambia

Zambia is a landlocked country bordered by Angola to the west, the Democratic Republic of Congo to the north, Tanzania to the north-west, Malawi to the east, Mozambique to the Southeast, Zimbabwe and Botswana to the south and Namibia to the Southwest. The country's total area is 752,614 square kilometers. The country lies between latitudes 10 and 18 degrees south and longitudes 22 and 33 degrees east. Broken by isolated mountain ridges rising to more than 2,150 metres, the country is covered mainly by deciduous savannah with small areas of tropical grasslands and swamps. It has a drainage system dominated by the Zambezi River and its tributaries. The country also has some inland lakes. Since the plateau on which it rests is over a

kilometer above sea level, the country's climate is warm but not humid. There are three main seasons namely, the cold, dry winter season (May to August), the hot dry season (September to November) and the warm, wet season (December to April).

Administratively, the country is divided into nine regions called provinces. These are Lusaka, where Lusaka City the capital of Zambia is located, Central, Western and Southern Provinces. Others are Copper belt, as the name suggests, this is where most of Zambia's Copper Mines are located. The rest are North Western, Eastern, Luapula and Northern Provinces.

1.1.1 The Economy

According to the 2003 Human Development Report, Zambia's human development index ranked 163 out of a total of 175 countries surveyed. This reflected the status of the country as one of the poorest in the world both in terms of quality of life and income related poverty. In 1998, the Economic Report (2000) indicated that 80% of the Zambian population lived below the poverty line, with a Gross Domestic Product (GDP) per capita of around 280 dollars. According to the *Poverty Reduction Strategic Paper* (2002, p. 20), the copper industry, has for many years, been contributing over 65% to the country's foreign exchange earnings. Manufacturing, on the other hand, is the major contributor to the Gross Domestic Product (GDP). The main products are food, tobacco, beverages, clothing and textiles. The strategic paper further states that approximately 15 to 20% GDP stems from agriculture, in which, the majority of all the population is involved. Over the years, tourism is slowly emerging as Zambia's future alternative to mining. Until about 2005, the country's economy was shackled by the huge foreign debt estimated at over seven billion United States Dollars (US$7 Billion), *ibid.* The debt burden, among other issues, was also seen to have contributed to the country's high poverty levels of about 80%. And the 2005 *Draft Zambia HIV/AIDS Strategic Framework 2006-2011* states that the human toll of AIDS is a tragic reality being experienced by families, communities and the nation at large. The framework indicates that there is no aspect of life that has not directly or indirectly been negatively influenced by the AIDS epidemic. Further, AIDS has become the major cause of illness and death among the young and middle aged Zambians, depriving households and society of a critical human resource base thereby reversing the social and economic

gains the country is striving to attain. Many sectors of the country's mixed economy have not been spared.

1.1.2 Demographics

The 2000 National Census of Population and Housing puts Zambia's total population at 9.9 million and an annual growth rate of 3.7%. The country has a very youthful population with almost half being below 15 years of age. The 2000 census also indicates that 65 percent of the population lives in rural areas, while 35 percent lives in urban areas. There are 73 identified language groups among Zambia's indigenous population. For business in the country, English is the official language. The non-African Population includes Europeans, Asians mainly from India and those of mixed descent.

1.1.3 Health

The HIV and AIDS epidemic is as much a development as it is a health concern. The increase in morbidity and mortality rates due to AIDS are altering the Zambian population structure and the functioning of the productive sectors by limiting productivity and the supply of services. Simultaneously HIV and AIDS increase the demand for adequate and qualitative health and other social services, MOH (1992). Consequently, the nation has continued to witness a breakdown in social service delivery, reduction in household incomes and a less than optimal national economic growth rate necessary for overall national development.

The 2005 *Draft Zambia HIV/AIDS Strategic Framework 2006-2011* indicates that the AIDS Pandemic has hit Zambia hard. The framework adds that the young people (15-19) with a national HIV prevalence of 15 percent are at higher risk and in need of information. The pandemic has even compounded the Malaria severity in the country thereby claiming thousands of lives every year, especially those of children.

1.1.4 Communication Channels

According to Van den Borne et al (1996), Zambia has seen the establishment of more privately owned newspapers, magazines and radio and television stations in response to the liberalization of the media policy and legislation. These information channels are available mainly to the general public living in the urban areas of the Copperbelt, Central and Lusaka Provinces.

Radio is the prime source of information for news and entertainment. There are about one million radio sets in Zambia with an estimated 3.5 million listeners. In urban areas, 18 percent of all households own TV sets and one percent in rural areas, (Van den Borne et al 1996). Folk media play an increasingly important role in health communication activities. Virtually every township has an amateur community drama troupe coordinated by the Theatre and Arts Association. Many have professional troupes with interest in theatre for development. The Zambian Government has taken advantage of the multiplicity of the mass media to help disseminate the HIV/AIDS messages. In this vein, the HIV and AIDS Communication Strategy (May 2005) aims to promote behaviours and policy measures in support of HIV and AIDS prevention, treatment, care and support. The strategy sets out a comprehensive set of communication objectives aimed at improving knowledge, behaviour change communication for safer sexual practices, accessing VCT and treatment, care and support services as well as to reduce stigma and discrimination.

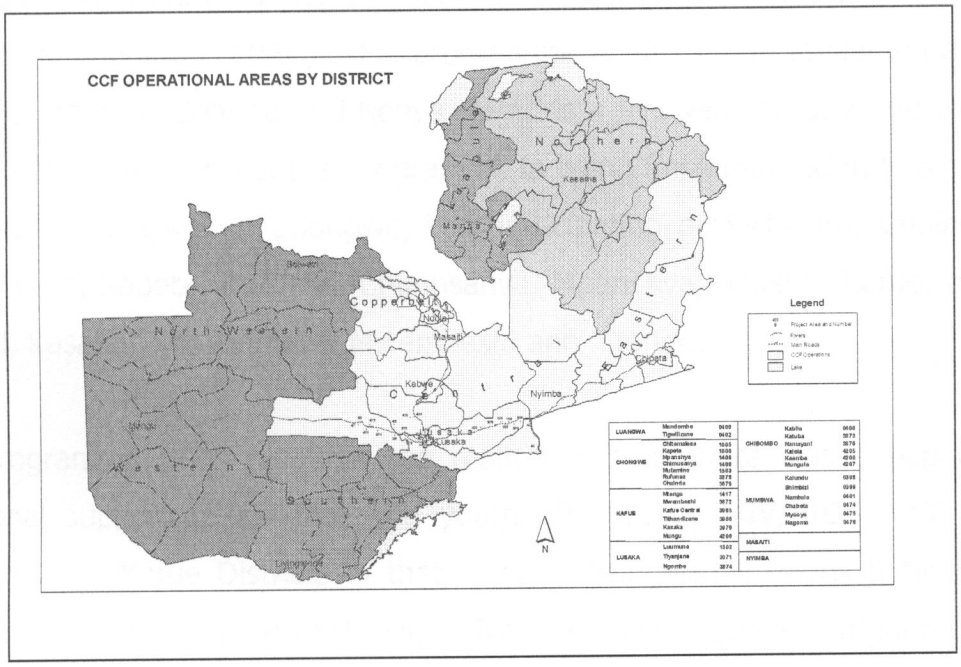
1.1 Background of Christian Children's Fund (CCF) Zambia

Christian Children's Fund (CCF) is an international, non-profit, non-sectarian organisation that assists more than 7.6 million children and family members in 34 countries, regardless of race, creed or gender. The organisation works for the survival, protection and development of children. It is the world's oldest child sponsorship organization that promotes child-centered community development. CCF also promotes interpersonal relationships across social and national boundaries.

CCF has been operating in Zambia since January 1983 and today, the organisation provides direct support to over 22,000 children as well as offering indirect support to over 90,000 family members of the enrolled children.

Figure 1

Map of CCF Zambia Operational Areas



CCF Zambia's vision is to create a positive and sustainable difference in the lives of the deprived, excluded and vulnerable children through working together with stakeholders. The mission is to facilitate the active participation of communities in enabling children to become prime agents of their own growth and development.The organisation applies an integrated development model, which is made up of interventions in Health and Nutrition, Education, Early Childhood Care and Development, food security and Micro-enterprise.

In its holistic approach to development, CCF Zambia takes into consideration other cross cutting issues such as HIV/AIDS, gender, child and youth participation as well as child protection.

CCF Zambia operates in 26 communities in six districts. The districts are Luangwa, Lusaka, Chongwe and Kafue in Lusaka Province; and Chibombo and Mumbwa districts in Central Province. For this study, the researcher is interested in projects from Kafue District.

1.1.1 The Work of CCF Zambia in the area of HIV/AIDS

CCF Zambia has been implementing a child and youth HIV/AID prevention and mitigation programme under the partnership called the Australian Partnerships with African Communities (APAC). This programme is also being implemented in two other countries namely, Uganda and Kenya. APAC is a five year programme which runs from 2004 to 2009. In Zambia, the programme is being implemented in two districts namely Kafue and Chongwe. In Chongwe, the participating projects are; Chainda, Mutamino, Chitemalesa, Kapete, Rufunsa, Chimusanya, Mpanshya, while in Kafue, they are; Kafue Central, Kasaka, Tithandizane, Mwembeshi and Mtengo.

The programme is as result of the realization that there was a gap in the area of emotional support to children and youth affected by HIV/AIDS. CCF Zambia chose Chongwe and Kafue Districts in that, despite being small towns their HIV prevalence rates at 19 and 22.4 percent respectively are comparatively higher than the other districts. Other considerations include the fact that the two districts lacked donor supported HIV/AIDS programmes. Through this programme, CCF Zambia seeks to reduce the impact of HIV/AIDS on children and youth by responding to the current gap in psychosocial programming.

1.2.2 Kafue Central Social Services Project

The Kafue Central Social Services Project is an affiliate of Christian Children's Fund Zambia. The project which incorporated on 11th September 1998 is one of the largest, with a total of 2, 000 enrolled children from 1,500 families. The Project is located in Kafue District about 47 kilometres south of Lusaka. It has an operational coverage area of 12 square kilometres.

The aim of Kafue Central Social Services Project includes, among others, provision of materials and services in the areas of health, education, nutrition and recreation so as to enhance the well being of the identified needy children thereby enabling them to attain their full potential as adults.

In line with its aim, the Project offers health services that require an integrated approach with special attention given to disease control and prevention. Families are

therefore educated on how to control, prevent and manage diseases like malaria, diarrhea, TB and HIV/AIDS. Other health related efforts are in the area of water and sanitation to promote use of safe water and good sanitary conditions. In education, the Project puts emphasis on structure rehabilitation and maintenance to ensure a suitable learning environment and support enrolled children with school requisites to see them through school. The Project also ensures enrolled children are involved in Art and Recreation Activities. These activities enable enrolled children to think creatively so as to help them in their future endeavours. Additionally, the Project has a deliberate focus on strengthening youth and child agency initiatives and increase youth participation in programme activities through capacity building and engaging children and youth in advocating for issues affecting them. In line with this, the Project supports, motivational sessions where children and youth are imparted with life skills. A child training approach where trained youths and children train their peers in Information Communication Technology (ICT) has been adopted. This has proved to be effective in that the children are freer when they are taught by their fellow children/youth. Since the implementation of this approach started at the beginning of 2006, over 150 children have been trained. Integration of educational application in the use of ICT has transformed the ICT training initiative into a unique educational programme.

As a Project in a town grappling with high HIV infection rates, Peer Education is key in its programming. In addition the Project has continued to facilitate information sharing through the Parents' Family Educators (PFEs), other volunteers and Community Based Distributors (CBDs) who provide family planning services to the community. Information packaged includes issues to do with; acute respiratory infections, HIV/AIDS and TB.

The Project collaborates with a number of Government Departments and other developmental organisations among them; Kafue District Development Coordinating committee, Kafue District Council, World Vision and Community Response to AIDS (CRAIDS).

1.2.3 Kasaka Child and Family Helper Project

Kasaka Child and Family Helper Project is equally an affiliate of Christian Children's Fund Zambia. The Project is located in Kafue District, approximately 60 Kilometres South West of Lusaka. Kasaka Project began operations in 1984. The Project services 706 enrolled children from 360 families and operates within a radius of eight kilometres.

The aim of the Project is to uplift the well being of the child by facilitating provision of services targeting the needy child first, then the family and the community as a whole.

In terms of services, the Project looks at child development that prioritises provision of health through Primary Health Care. This ensures that the enrolled family members have access to basic medical facilities. Additionally, the Project provides supplementary feeding to all malnourished children. Other health related programmes include growth-monitoring and immunisation for all children aged between 12 and 23 months. Under education; the Project provides school requisites to all school going children as well those who pursue vocational training. The Project also assists enrolled families pay schools fees for their children. The Project further promotes child development through art, sports, drama and sight seeing tours besides the formal educational programmes.

At family level, the Project helps to empower the enrolled members economically by providing them with agricultural in-puts, fishing nets etc. On the other hand, the Project supports community initiatives such as Clean Water Campaigns in collaboration with the District Water and Sanitation and Hygiene Education (D-WASHE) Committee. Under this initiative, the Project facilitates the provision of safe water and good sanitary disposal. As a community contribution, the Project also helps in rehabilitating institutions like schools, the rural health centre as well as running the Early Childhood Care and Development. The project also operates a hammer mill.

In the area of HIV/AIDS mitigation, the Project is involved in the distribution of High Energy Protein Supplements to identified HIV positive residents of Kasaka community. The Project equally helps to meet medical expenses for those HIV infected persons that cannot afford. In addition, the Project works with the local clinic to offer psychosocial counseling to those identified clients. In line with this, the Project has facilitated the

training of 35 community leaders in psychosocial counseling who give emotional support to the identified clients.

After observing the devastating effects of HIV/AIDS, the Project embarked on an Orphans and Vulnerable Children (OVC) Programme. The OVC Programme involves providing support to local clubs and caregivers that are looking after orphans left behind as a result of AIDS related deaths. In this regard, the Project provides support to initiatives involving Income Generating Activities (IGAs) done by the identified groups. Some of the common IGAs supported include piggery, tie and dye, fish trading and gardening. The income generated from such IGAs is used to support orphans and other vulnerable children within the community. In this way the dependence by community members on the Project is reduced. Such activities have been implemented under the supervision of a community committee called Community Orphans and Vulnerable Children Committee (COVCC). In the same vein, the Project carries out HIV prevention campaigns by sensitising the youth and the rest of the community on the dangers of HIV/AIDS and how to prevent the scourge.

In all its works, the Project collaborates with, Zambia National AIDS Network (ZNAN), D- WASHE, Kafue Mission Clinic and the Local Schools.

1.2.4 Essential statistics

The table below is adopted from the CCF Zambia Linking Children to Sponsors (LINCS) programme outlining the different characteristics of children enrolled in the CCF Projects in Kafue District.

Table 1

Children enrolled in CCF Projects in Kafue District.

Project Name	Total Children Enrolled	# children Over 15 yrs	# Males over 15	# Females over 15
Kafue Central Project	1, 945	521	269	252
Tithandizane Project	1, 182	244	121	123
Kasaka Project	786	104	57	47
Mtengo Project	711	76	45	31
Mwembeshi Project	717	86	49	37
Total	**5341**	**1031**	**541**	**490**

Source: CCF Zambia LINCS Programme. It should be noted that according to the CCF enrolment policy, children are enrolled when they are aged between 0 and 6 years and stay in the programme until after 18 years. If still in school extensions are made up to 23 years.

The above table is useful as it provides a good understanding of the number of children aged 15 and above who are the main target of this study with regards to access to any HIV/AIDS information and by what means.

Table 2

HIV Prevalence rates in districts where CCF operates

District Name	HIV Prevalence Rate in percentage	Total Population
Chongwe	19.0	137, 461
Chibombo	11.6	241,612
Kafue	22.4	150, 217
Luangwa	19.0	18, 948
Lusaka	22.4	1, 391, 329
Mumbwa	11.6	158,861

Source: The HIV/AIDS Epidemic in Zambia (2004) and the 2000 Census Summary Report

1.3 Global HIV Prevalence

Globally, the total number of people living with HIV rose in 2004 to reach its highest level ever at an estimated 39.4 million, UNAIDS/WHO (2004, pp. 2, 4). The number of those infected with the virus that causes AIDS was reported to be rising in every region, compared to two years ago. UNAIDS/WHO also note that Sub-Sahara Africa remains by far the worst affected region with 25.4 million people living with the virus. In addition, the statistics show that women and girls make up almost 57 percent of all people infected with HIV in Sub-Saharan Africa, where a striking 76 percent of young people (aged 15 to 24 years) living with HIV are female.

1.4 National HIV Prevalence rates

According to the HIV/AIDS Epidemic in Zambia (2004, p. 1), HIV spread very quickly throughout the Zambian population during the 1980s and the early 1990s. The situation was compounded by high levels of other sexually transmitted infections (STIs), low levels of males' circumcision, very low levels of condom use and concentration of the population along the line of rail compounded the spread of the virus. In Zambia,

HIV/AIDS has also become increasingly widespread with an estimated adult HIV prevalence of 16 percent. The peak ages for HIV among females are 25 to 34 years while that for males is 35 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. It is also estimated that 25 percent of pregnant women are HIV positive and that approximately, 40 percent of babies born to HIV-positive mothers are infected with the HIV virus, (the National HIV/AIDS/STI/TB Policy 2005, p. 1). In terms of districts with the highest prevalence rates, Livingstone (30%) tops the list. Kafue, the district covered by the study is fourth in the country at 22.4%. The least at 5.2% being Chilubi Island, Mungwi, Luwingu and Mporokoso.

1.6 Objectives

The researcher seeks to establish the following facts about the CCF Zambia enrolled youth;

1.6.1 The type of communication mostly used.

1.6.2 What they perceive as the most effective communication channel.

1.6.3 The most effective communication channel they prefer for getting information on HIV/AIDS.

1.6.4 Factors that influence their preference for certain communication as a means of getting information on HIV/AIDS.

1.6.5 How they utilise the HIV/AIDS information received from the communication channels of their choice.

1.6.6 Preferred level of involvement in the development of communication messages/materials on HIV/AIDS.

1.7 Rationale of the study

This study is important as it will firstly contribute to the body of knowledge on youth, communication and HIV/AIDS. The study is particularly useful to organisations like CCF Zambia and its affiliated projects in arriving at effective communication channels for dissemination of HIV/AIDS information to the youth, in a cost effective manner. In addition, results would form a basis for organisations to carry out other researches thereby broadening the coverage of the issue. It goes without saying that organisations working with the youth need appropriate information on the manner in which youth attend to different types of media. By putting messages in the media that the youth

themselves perceive to be appropriate and effective, the study would help organisations save millions of kwacha thereby getting value for money.

Additionally, officers working in youth programme design will use the study results as a basis for knowing the entry point for their HIV/AIDS interventions. Importantly, the study will help the Communication Unit of CCF Zambia adequately plan for workable communication interventions based on the results of the study. The identified gaps would also be used to readjust some of the current interventions that might not be supported by facts on the ground.

The research instruments designed and used will be a basis for future monitoring and evaluation of the impact of the communication intervention HIV/AIDS programmes for the youth. All in all, for Zambia, with a youthful population, where, according to the Draft National Youth Policy (2005), those in the age group (15 to 24) constitute about 21 %, protecting them from the spread of HIV is therefore very vital. This, however, is only possible with a clear understanding of how and when to reach them.

1.8 Conclusion

From the introduction, it is very clear that communication continues to play an important role in trying to resolve the HIV/AIDS problem as it affects the youth in Zambia. Institutions with HIV prevention programmes have continued to invest millions of kwacha in their media campaigns. However, the fact that HIV prevalence rates, especially among the youth remains relatively high at 15 percent means that the issue remains a big challenge. Effective communication interventions require a thorough understanding of the problem; hence any study that offers to provide an insight to the problem is important.

Fortunately Zambia boasts of an array of media outlets at both mass media (print and electronic) and interpersonal level. What remains a challenge is to clearly understand the expectations of the target group. It is against this background that this study has been conducted with a view bridging the gap between youth perceptions and their communication expectations.

CHAPTER 2

METHODOLOGY

2.0 Introduction

This chapter looks at the research methods the researcher used, the research questions, data collection, experiences while in the field and limitation during data collection. The chapter also discusses data analysis as well as limitations associated with the survey.

2.1 Research questions

In this study, the researcher raises six main research questions. These questions will help the research to have a good understanding of the communication types mainly used by youth to access information especially on issues like HIV/AIDS. Through these questions, the researcher is also interested in establishing the factors that influence youth preferences. The research questions are thus;

2.1.1 What are the types of communication mostly used by CCF Zambia enrolled youth?

2.1.2 What do the CCF Zambia enrolled youth perceive as the most effective communication channel?

2.1.3 Which effective communication channel do the CCF Zambia enrolled youth prefer for getting information on HIV/AIDS?

5.1.4 What factors influence CCF Zambia youth to prefer a certain communication channel as a means of accessing information on HIV/AIDS?

2.1.5 How do CCF Zambia youth utilize the HIV/AIDS information received from their communication channel of choice?

2.1.6 How much involvement in the development of communication messages/materials on HIV/AIDS would CCF Zambia youth prefer?

2.2 Research Method

The researcher employed both quantitative (survey) and qualitative (Focus Group Discussions) methods in this study. For the survey, the researcher used a questionnaire comprising structured questions both closed and open ended. The rationale is that the quantitative method would help collect valuable data from a sizeable representative sample of the population in a cost effective manner. On the other hand, the qualitative methods would help to provide an insight into some of the answers thereby enriching the study. All in all, the combination of methods is necessary to enable the researcher triangulate thereby ensuring data collected makes a serious step towards answering the research questions.

2.3 Sampling Procedure

The target population of this research constitutes youth from the two Kafue based CCF Zambia projects. The researcher clustered projects on the basis of geographical location (rural/urban) to ensure equal representation. In this case, two projects were sampled from the five Kafue based projects. Three projects that are rural based were grouped together from which one was selected randomly. The same approach applied to the two urban based projects. The researcher opted for this method to ensure both rural and urban based projects are given an equal chance of being included in the sampled projects. The reasoning behind this was to ensure the study captured views of the youth from both rural and urban areas. Other than broadening the scope of the study, this would also give a good comparative analysis of perceptions based on one's area of residence whether rural or urban. The researcher actually used prior knowledge about all the projects involved in increasing precision in the selection process. For the selection of sample units, the researcher used systematic sampling design.

The researcher settled for a sample size of over 10% from the total population of 625 youth enrolled with Kafue and Kasaka Projects. In this case, the researcher settled for 100 youth (15 - 24) within which research units were selected randomly from the project listings using the systematic sampling method. Fortunately, as a member of the organisation, the researcher was aware that each affiliate project had a complete sampling frame, (Enrollment Computer List). The researcher used this list to accurately select the sampled respondents for the study by employing the systematic sampling

method. The researcher used the sampling fraction of 1/6 or every sixth person on the sampling frame.

2.4 Data Gathering

The researcher employed a questionnaire designed with both closed and open-ended questions and focus group discussions in data gathering. This approach meant carrying out a through training for 20 youths identified to help administer the questionnaire. The training was carried out in two sessions at Kafue Central Social Services Project and Kasaka Family Helper Project. The training comprising ten participants per session involved a step by step analysis of the questionnaire in terms of how the researcher expected the interviewers to administer it. The youth were deliberately chosen to administer the questionnaire so as to take advantage of the peer to peer relationship. The data collection process in both projects took one week and a total of 100 questionnaires were administered and returned. The target group was youth aged 15 to 24 years old. The researcher did the data entry and validation with the SPSS programme.

In terms of qualitative data collection (Focus Group Discussion), the researcher prepared the FGD guide and used the services of the Youth Coordinator at Kafue Central Project to facilitate the discussions. The researcher took down notes while at the same time doing audio recording of discussion proceedings. A total of six sessions each comprising eight members were carried out. Of these six groups, three were composed of males only, while two were mixed with the remaining one being that of females only. The initial idea was to have two groups in each category, however circumstances beyond the researcher's control, made this difficult.

2.4.1 Field Experiences and Limitations

The Project Management at both Kafue and Kasaka were generally very cooperative and supportive, hence their efficient and effective mobilisation of the youth that participated either as respondents both at survey or FGD level and as data collectors. For those that participated in the discussions, they freely gave their views and suggested ways in which systems could be improved in order to effectively service the youth with appropriate information.

In terms of limitations, it should be pointed out that children sampled to take part in the survey came from various parts of Kafue in including the furthest points especially for Kasaka. This meant that data collectors had to travel long distances to reach such youth. The situation was compounded by the fact that the survey was conducted during the rain season. However, the fact that there was a 100 percent return in terms of questionnaires could be testimony as to the seriousness the community at large attached to this exercise. This is also affirmed by the fact that all the youth that participated in the exercise did so without pay but on voluntary basis.

2.4.2 Documentary Evidence

To have a good insight into the CCF Zambia's affiliated projects' youth HIV/AIDS programmes, the researcher depended on various institutional documents such as the strategic plan, the Project Quarterly Reports and the Annual Project Newsletters. For CCF in general some of the documents reviewed are extensively dealt with in Chapter 4 under Literature Review.

2.5 Data Analysis

The researcher employed the Statistical Package for the Social Sciences (SPSS) for analysis of the collected data. This was necessary to ensure quick and accurate analysis, especially of the quantitative data using the package's descriptive statistics including frequencies, vital cross tabulations and necessary charts.

On the other hand, the researcher took painstaking trouble to manually analyse the qualitative data generated from the FGDs. In essence this meant understanding and managing this data, merging related data drawn from different groups and notes as well as identifying key themes or patterns from them for overall analysis.

2.6 Study Limitations

The study generally had a number of limitations at different stages of the research. In spite of these challenges, the researcher learnt lessons and worked at ensuring that these did influence the outcome of the study in any way. At survey level, the following were the noted limitations:

2.6.1 The researcher targeted youth to be trained as data collectors, some of those that volunteered to carryout the exercise were basically in their lower

secondary school. This meant that their comprehension of the questionnaire even after training was somehow limited. This to some extent could have affected the manner in which they administered the questionnaire. This also put in question the quality of some of the data collected. As a result some questions were improperly answered while some were left unanswered. This to some extent could have affected the validity of the study.

2.6.2 Most of the respondents preferred to be interviewed in local languages. This was a big challenge when it came to translating some of the terminologies used in the questionnaire into the local languages. This could have affected the understanding of what the questions expected from them.

2.6.3 The prevailing weather (heavy rains) at the time made the data collection exercise very difficult. This was compounded by the fact that the data collectors were not provided with transport or folders in which to carry questionnaires.

In terms of the FGD, the major limitations arose due to:

2.6.4 The low participation levels from some of the youth especially those that had low education level.

2.6.5 Language limitations to some extent hindered youth from expressing themselves freely. This was despite the assurance that they could use any language of their choice. Those who could not express their opinions in English, Nyanja or Bemba opted to keep quite even when they could have had some contributions to make.

2.7 Conclusion

The fact that the researcher used youth enrolled within the CCF Zambia affiliated Projects made work easier. This also meant participation in the study was guaranteed due to the inherent mobilisation structures within the projects. Since the Projects equally have computer generated lists of enrolled children, arriving at a scientific sample size was easy. The researcher also relied on the organisation's sectional and zonal structures to ensure youth sampled did not only represent one area of the district.

CHAPTER 3

CONCEPTUAL AND THEORETICAL FRAMEWORK

3.0 Introduction

This chapter discusses the communication theories applied in the study as well as the conceptual framework within which the research has been conducted. The chapter also covers conceptual and operational definitions of the various variables such as communication, mass media, interpersonal communication, dissemination, channel and effects as they relate to the study as well as outlining their relevancy to the research. The researcher also brings to the fore the importance of innovation of ideas as a means by which new ideas, practices or norms are communicated or shared with other community members. It is important to note that problems like HIV/AIDS bring about a lot of new information that needs sharing within and across communities. Additionally, the chapter looks at various theories of both mass and interpersonal communication.

The guiding assumption of most communication theories is that communication affects behavioural change through a process. Theories of communication and behavioural change therefore maintain that this process occurs in a sequence of steps or stages over time. These theories identify the major factors that influence people's knowledge, attitudes, intentions and, ultimately, practices. The central argument of these theories is that behavioural change or adoption of an innovation; for example, consistent condom use, begins by learning about that behaviour (knowledge), and is followed by the development of positive attitudes or social norms supportive of the innovation (approval), the decision to adopt the behaviour (intention), actual behavioural change (practice), and culminates in personal endorsement and support (advocacy) for the innovation (Panos 2003).

It is against this background that under the conceptual framework, the researcher discusses the Mass Communication theories such as the Agenda Setting, the Diffusion of Innovation and the Knowledge Gap. The researcher also looks at interpersonal communication theories such as Opinion Leaders, Uncertainty Reduction and Small Group Communication. The different theories stated above helps in understanding and

relating how information or messages are received, adapted and/or adopted by the youth. The researcher also relates the study to theories and examines the extent to which CCF Zambia applies them in the dissemination of HIV/AIDS information to the youth.

3.1 Mass Media Theories

3.1.1 The Agenda Setting Theory

Agenda-setting describes a very powerful influence of the media, that is, the ability of the mass media to tell the audience what issues are important. Two basic assumptions underlie most research on agenda-setting. The first one is that the press and the media do not reflect reality; they filter and shape it; the second one is that the media concentration on a few issues and subjects lead the public to perceive those issues as more important than other issues. Going by the foregoing, Agenda-setting theory seems quite appropriate to help in understanding the pervasive role of the media, in fields such as political communication systems. Bernard Cohen (1963 cited in Piotrow et al 1997, p.30), states: 'The press may not be successful much of the time in telling people what to think, but it is stunningly successful in telling its readers what to think about.'

This theory has been chosen in that CCF Zambia has in the past HIV/AIDS programmes used the mass media such as radio, television, brochures and posters with a view that these would easily and positively influence the behaviour of the target audience in this case the youth. This is premised on the view that mass media's powerful effects and their ability to set the agenda on issues affecting the public would play a part in influencing the behaviour of the youth. However, the researcher contends that other than the mass media, there must be other important factors such as personal communication that need to be considered as being more influential especially when it comes to matters like HIV/AIDS.

3.1.2 Diffusion of Innovation Theory

Again the researcher employs the Diffusion of innovations theory. Rogers (1983 cited in Kotler 1991, p. 342) defines diffusion as 'the process by which an innovation is communicated through certain channels over time among the members of a social

system'. Rogers also looks at the diffusion process as one 'which is the spread of a new idea from its source of invention or creation to its ultimate users or adopters'. In the same vein an innovation is seen as any good, service or idea that is perceived by someone as new. The idea may have a long history, but it is an innovation to the person who sees it as new. As for Watson and Hill (2003, p. 84), diffusion is the process by which innovations spread to the members of a social system. They assert that diffusion studies are concerned with the messages that convey new ideas, the processes by which those ideas are conveyed and received, and the extent to which those ideas are adopted or rejected. The two authors also indicate that appropriateness of a channel to the message is particularly important. They argue, for example that, mass media channels are often more useful at creating awareness, that is, bringing to the fore knowledge of new ideas while interpersonal channels are considered to be more important in changing attitudes towards innovations. They note that the rate and success of diffusion is very much affected by the norms, values and social structures in which the transmission of new ideas takes place. The two definitions therefore sum up diffusion or the diffusion of innovation process as consisting mainly of four elements namely; the innovation, communication through certain channels, time and a social system.

Since communication of ideas has been at the centre of HIV prevention, this theory helps the researcher to analyse the extent to which CCF Zambia HIV programmes apply the principles of the diffusion of innovations theory.

3.1.3 The Knowledge Gap Theory

The Knowledge Gap Theory was first proposed by Tichenor, Donohue and Olien at the University of Minnesota in the 70s. They believed that the increase of information in society is not evenly acquired by every member of society: people with higher socioeconomic status tend to have better ability to acquire information (Weng, S.C. 2000). This leads to a division of two groups: a group of better-educated people who know more about most things, and those with low education who know less. Lower socio-economic status (SES) people, defined partly by educational level, have little or no knowledge about public affairs issues, are disconnected from news events and important new discoveries, and usually aren't concerned about their lack of knowledge.

The core assumptions of the theory is that the knowledge gap can result in an increased gap between people of lower and higher socioeconomic status. The attempt to improve people's life with information via the mass media might not always work the way this is planned. Mass media might have the effect of increasing the difference gap between members of social classes.

The researcher tries to see whether these factors come into play during the dissemination of HIV/AIDS information to the youth.

3.2 Interpersonal Communication Theories

Other than the aforementioned theories, the researcher equally employs interpersonal communication theories in that this forms the basis of any personal interaction. The underlying assumption is that as long as issues like HIV/AIDS affect human beings, some of communication in the realm of face to face has to take place. It is against this background that the researcher employs interpersonal communication theories such as; the Opinion Leaders theory and uncertainty reduction theory.

3.2.1 Opinion Leadership Theory

Perhaps one important role the interpersonal communication plays is through the opinion leaders. Opinion Leaders could be peers, family members and other community members. Barker (1995, p.72) looks at opinion leaders as normally members of a given community who people turned to for advice or guidance on certain issues. They are usually from the same socio-economic background but are better educated on the facts of the issue at hand. Barker adds that it is unusual to find an individual who is an opinion leader on all topics of interest to a group. Opinion leaders are said to play an important role in diffusion of innovations. Persuading opinion leaders is the easiest way to stimulate positive attitudes towards an innovation. As individuals that influence change in a desired direction, change agents depend heavily on opinion leaders. Lazarsfeld (1968) looks at Opinion Leadership as:

> The degree to which an individual is able to informally influence other individuals' attitudes or overt behaviour in a desired way with relative frequency... Opinion leadership is earned and maintained by the individual's technical competence, social accessibility, and conformity to the system's norms.

Like the multi-step flow of information model puts it, the process of influence is said to be more complex than a single group of opinion leaders listening to the mass media, and then feeding their opinions to a group of passive followers. Instead, people who influence others are themselves influenced by others in the same topic area, resulting in an exchange.

In this vein, the researcher seeks to establish the extent to which CCF Zambia employs the interpersonal communication theory of opinion leaders and their influence on the dissemination of HIV/AIDS messages to CCF Zambia enrolled youth.

3.2.2 Uncertainty Reduction Theory

The Uncertainty Reduction Theory is key in this study as it seeks to predict and explain how two or more people would interact when they meet for the first time. This deals with the way one gathers information about other people. Like Griffin (1994, p.477) put it;

> When strangers meet, their primary concern is to *reduce uncertainty* about the other person and their relationship. As verbal output, nonverbal warmth, self-disclosure, similarity, and shared communication networks increase, uncertainty goes down, and vice versa. Information seeking and reciprocity are positively correlated with uncertainty.

This theory is relevant to the study as many youth interact with various groups in their quest to get more information on the prevention and mitigation of HIV and AIDS. HIV/AIDS being what it is requires a lot of confidentiality and trust and this could only come about with the positive assessment of one another after the first meeting. In this vein, the researcher feels the more effort is put in place to reduce uncertainty, the greater the likelihood of the youth to accept HIV messages from someone. This theory therefore helped the researcher in understanding the factors that influenced youth to prefer one communication as opposed to another.

3.3 Conceptual and Operational Definitions

It should be noted that definitions of terms and concepts would differ depending on the *theoretical frames of reference employed.*

3.3.1 Communication

The definition of communication in this study looks at this as a process that includes five fundamental factors: an initiator; a recipient; a mode or vehicle; a message and an effect.

Watson and Hill (2003, p. 50) indicate that simply expressed, the communication process begins when a message is conceived by a sender. It is then encoded-translated into a signal or sequence of signals- and transmitted via a particular medium or channel to a receiver who then decodes it and interprets the message, returning a signal in some way that the message has or has not been understood. In this study the researcher uses two types of communication namely; interpersonal communication meaning a communication involving one to one or one to a small group and mass media which include the print media of books, newspapers and magazines, the electronic media of television, radio, and audio/video recording, and the new media of computers and computer networks, (Watson & Hill 2003).

The two definitions mean that the effects or impact of the communication are concerned with the modification of attitudes and of behaviour of individuals and or groups.

a) Basics of Communication

Communication serves a number of purposes among them the following:

i). as a social process, communication is intentional as people always communicate for a purpose;

ii). It involves co-orientation that is creating mutual awareness in the interaction especially in non-verbal communication;

iii). It involves individual interpretations, different people will receive the information differently and thus interpret according to their own understanding;

iv). It equally involves shared meaning, whereby people from the same culture and language are able to communicate because of their common background and experience;

v). It is usually contextual, that is communication should be understood within its context.

vi). It is also symbolic where signs and symbols are exchanged.

b) Types of communication

According to Watson and Hill (2003), communication can basically be broken down into six types namely:

i). Intra-personal communication: This involves a person's interpretation of the environment within oneself. This type of communication includes thinking and dreaming. This usually involves the mental process one goes through throughout his/her life.

ii). Inter-personal communication: This is usually the interaction process between two or more people. This is the commonest form of communication and can involve face to face or through mediated forms such as telephones.

iii). Mass Communication: Hurme (2001) defines Mass communication as the process by which a complex organization, with the aid of one or more machines, produces and transmits public messages that are directed at large, heterogeneous, and scattered audiences. This, in other words, denotes communication to large audiences which is mediated by electronic or print media. Additionally, in Mass Communication;

- Messages are produced by organizations;
- The medium for these messages permits accurate duplication;
- The messages are distributed to large audiences at roughly the same time.

iv). Organisational communication: This involves the sharing of the human experience of environment within an organisation such as Christian Children's Fund. It could also be communication within or between organisations. Infate etal (1997, p.349 quoted in Chomba 2004, p. 34), information in organisations flows in patterns called networks. These consist of members and links (communication ties) between members. In addition they refer to the network in which messages are transmitted between groups in an organisation as the macro network. This is also said to be the organisation's overall communication structure.

v). Group Communication: As the name suggests, this type of communication applies to the sharing of information among a number of people with common

characteristics. The major driving force that binds the group together in this type of communication is the purpose of communicating.

vi). Inter-cultural communication: This is the communication that occurs among people belonging to different cultural groups. There are many ways in which people express themselves in this type of communication. The common forms include; traditional dances, songs, riddles and other artistic forms of expression.

c). Functions of Communications

Mass Communication and Interpersonal communication serve different but related functions. According to Lasswell (1960), the major functions of Mass Communication, include:

i). Surveillance of the environment; which looks at the important role the media plays in providing facts abut the world. In this regard, the media provides the necessary information people need in order to live and work as well as warn them about potentially adverse situations such as weather or calamities.

ii). Correlation; under this function, the media helps to mobilize society in order to respond to the environment. The media also helps to interpret the prevailing environment.

iii). Transmission of culture; it is the responsibility of the media to preserve the social heritage by passing on from generation to generation thereby perpetuating values and cultures of a respective society.

iv). Entertainment; the media provides a catharsis effects thereby reducing stress among people. It offers a good form of relaxation by providing a make belief world.

As for interpersonal communication, it serves the following functions;

i). Bringing people together by creating strong bonds which results in cooperation.

ii). Reducing uncertainty about other people thereby helping in the acquisition of information. The increased certainty means more interaction which strengthens the bond.

iii). Building a context of common understanding so as to help in understanding what the other is talking about. A shared context increases our ability to relate thereby increasing the interpersonal bondage.

iv). Establishing identity; interpersonal communication helps to group people in respective cultural groupings based on common language use.

v). Interpersonal needs; this type of communication helps those involved to express and share their personal needs.

3.3.2 Mass Media

Mass communication entails messages getting to a heterogeneous, usually large audience through electronic or print media. In essence we are saying mass communication depends on mass media for sending such messages to a large audience. All in all, by Mass Media we mean; the print media of books, newspapers and magazines as well as the electronic media of television, radio, and audio/video recording, and the new media of computers and computer networks. The relevance of mass media to the study cannot be overemphasized. The rationale is that youth rely on one or more forms of mass media for heir day to day information on various issues, including HIV/AIDS.

3.3.3 Interpersonal communication

Simply stated, interpersonal communication can be looked at as an interaction process between two people (a dyad), either face-to-face or through mediated forms. According to Watson and Hill (2003), interpersonal communication can be looked at from four specific perspectives namely; Relational (Qualitative), this is the communication in which the roles of sender and receiver are shared by two people simultaneously in order to create meaning. The other perspective is situational (Contextual) whereby two people communicate in a specific context. The quantitative involves dyadic interactions, including impersonal communication, where as functional (Strategic) communication is for the purpose of achieving interpersonal goals.

Interpersonal communication forms the core of any organisation dealing with issues to do with HIV/AIDS or indeed programmes aimed at addressing human related issues. It is for this reason that interpersonal communication theories are key to this study. This will take into account the interpersonal communication definition outlined above.

3.3.4 Dissemination

Simply stated, dissemination refers to the passing on of information from the sender to the receiver through different types of channels.

3.4.5 Channel

Channel is the medium or route through which a message is sent for purposes of communication. The channel could also be defined as the pathway by which a message travels from the sender to the receiver or the means by which a message is conveyed from source to receiver (radio, television, telephone, face-to-face, for example). Route (such as sound waves or light waves) by which messages flow between the source and the receiver. Watson and Hill (2003, p. 38) note that each message-carrying signal requires a route along which it is transmitted from the sender to the receiver and along which feedback may obtained. Channels may be physical (our voices or bodies), technical (the telephone) or social (our schools, media etc). This is very cardinal to the study in that whichever means one would like to use to reach the youth with a message a channel is inevitable.

3.3.6 Effects

Again, the study looks at an effect as what one feels when s/he reads a text (watch pictures or hear sounds); this covers the reaction to the subject-matter or ideas as well as how one feels about particular aspects of a text, (pictures or sound) such as the author's style, or the actions of the characters as defined in the (Glossary of Technical Terms for Comparative Reading, <http://www.longman.co.uk/tt_seceng/resources/glosauth.htm>, viewed on 6th March 2007). And Watson & Hill (2003) define media effects as any change induced directly or indirectly by the recording, filming or reporting of events.

3.4 Conclusion

The various mass media and interpersonal communication theories were a good litmus test the researcher used to measure the context within which CCF Zambia HIV/AIDS Programmes operate. In addition to this, the researcher tried to see the extent to which the factors raised by the various theories came into play during the dissemination of HIV/AIDS information to the youth. The researcher equally looked at the influence that opinion leaders such as peers, family members and other community members had on the communication of HIV/AIDS messages to the youth.

In this vein, the researcher is therefore, advancing the argument that CCF Zambia enrolled youth should not ignore the powers of the mass media or indeed any other

form of communication to put across issues they perceive to be important that in some cases gets adopted as the agenda of the community. They should take into account the role of their peers too.

CHAPTER 4

LITERATURE REVIEW

4.0 Introduction

In this chapter, the researcher discusses various previous youth related studies done in communication of HIV/AIDS messages from different parts of the world. However, much emphasis is placed on research done in Zambia. In discussing issues of this chapter, the researcher has used materials from; The Helping Each other Act Responsibly Together (HEART) Campaign, National AIDS Council and Christian Children's Fund. The researcher also discusses other related studies. In arriving at the materials for this chapter, the researcher depended on quarterly and annual reports, strategic papers and research findings. Additionally, the researcher depended heavily on the World Wide Web to come up with various relevant materials.

4.1 The Helping Each other Act Responsibly Together (HEART) Campaign

The Helping Each other Act Responsibly Together (HEART) Campaign was designed specifically for youth and by youth to help inform young people about HIV/AIDS. The campaign discusses ways to protect oneself from HIV/AIDS and promotes abstinence and condom use, (Underwood et al, 2001).

The Campaign was designed to provide a social context in which prevailing social norms are discussed, questioned and reassessed. By creating an atmosphere conducive to changes in social norms as well as in individual sexual behaviour the campaign was intended to contribute to the nation-wide effort to enhance the likelihood that young people would reduce their risk of HIV infection through either abstinence or consistent condom use thereby reducing the incidence of HIV/AIDS and other sexually transmitted infections (STIs). Young people aged 13-19 were the intended audience for the campaign.

Based on the above audience segmentation and message development, five television health communication spots were developed for Phase One. The spots included:

- **Ice Garden Braii**, with the message to boys that condom use is cool and non-use is risky;

- **Choices I Make** , with abstinent boys reminding their peers of why they chose to be abstinent;
- **"When He Says . . ."**, with a series of lines from boys to which girls can reply, "no to sex" and maintain their "virgin power/virgin pride";
- **When it Matters** , with a message that condoms are not just for casual partners, but for consistent use with regular partners; and,
- **Mutale and Ing'utu**, with the message that you can't tell who HIV+ is by looking.

Radio spots and songs were also developed by adapting the same messages and concepts. Radio spots were adapted to the rural context and translated into seven local languages. Other materials such as posters, stickers, exercise books, messages on buses and music videos were also developed to complement the mass media materials.

The findings reported in this study are restricted to the Phase One of the HEART Campaign.

The researcher looked at the report that evaluated the impact of phase one of the campaigns on young people in Zambia.

To evaluate the campaign, a quasi-experimental, separate sample pre and post-test design was used. The pre-test survey was conducted from July to November 1999 and the post-test was fielded in August 2000.

The campaign goals were largely met. Among the salient findings were the following:

- Television is an effective way to reach young people. The HEART Campaign reached over fifty percent of the intended audience. 71 percent of urban and 37 percent of rural youth saw one or more of the health communication spots. Young women—both urban and rural—were as likely as were young men to have seen some or all of the spots.
- Comprehension of the messages was good. Between 60 and 90 percent of viewers spontaneously identified the correct message with any given advert.

- Approximately 74% of male viewers and 68% of female viewers said that the health communication spots prompted them to talk with others about the spot, decide to abstain from sex until more mature, or use a condom.

- On average, male as well as female viewers discussed abstinence or safer sex with a significantly wider range of people than did their counterparts.

- Among women who are sexually experienced, 82 percent of campaign viewers contrasted with 69 percent of baseline and 64 percent of impact survey non-viewers reported they feel confident that they have "the ability to say no to unwanted sex."

- Among both men and women, the perceived efficacy to use condoms was positively and significantly correlated with viewership.

- Overall, viewers were more knowledgeable about HIV/AIDS than were Non-viewers. Nearly 86 percent of viewers of *Mutale & Ing'utu* compared with 72 percent of non-viewers recognised that a person who looks healthy can still be HIV+.

- Using logistic regression and holding the independent variables age, educational attainment, urban/rural residence, and sex constant, data show that viewers are 1.68 times more likely to report primary or secondary abstinence then were non-viewers.

- There was a dose effect: the more health communication spots recalled, the greater the likelihood that the respondent is abstinent.

- Logistic regression analysis found that viewers were 1.91 times more likely to have ever used a condom and 1.63 times more likely to report condom use during last sex when contrasted with non-viewers (holding sex, age, residence and education constant). Older, better-educated respondents were more likely

than others were to use condoms. Interestingly, women were more likely to report condom use than were men when background characteristics were held constant. While impressive, the findings indicate that, in designing the next phase of the Campaign, the Design Team should consider the following recommendations:

- Continue to support and encourage abstinence or a "return to abstinence" as a viable alternative;

- Convey the idea that abstinence is a social norm among young people;

- Portray the use of consistent condom use as a social norm;

- Address HIV/AIDS misconceptions directly and in multiple adverts;

- Continue to encourage young people to discuss safer sex and/or abstinence with their partners, close friends and family members;

- Continue to encourage consistent condom use;

- Design a health communication spot to help convince all sexually active young people that, while they are at risk, they can practice safer sex. While some element of "fear" may be needed to convey this message in a compelling manner, research shows that it will only be effective if accompanied by information regarding specific ways to protect oneself from the risk. In short, even as it heightens the viewer's awareness that he or she is at risk, it should seek to enhance his or her self-efficacy by suggestion options.

The HEART Campaign is one among a range of programmes designed to enable young people to protect their reproductive health. Community mobilisation efforts, faith-based projects, school curricula and several media programmes have addressed many of the issues central to the HEART Campaign. While the independent correlation between

exposure to the HEART Campaign and positive reproductive health choices has been demonstrated, positive secular changes also occurred over the same time frame that could not be attributed to the campaign, which one could argue reflects the synergistic effect of multiple campaigns and interventions. The data show that, while important progress has been made, there is still much to be done. The HEART Campaign should continue to expand the depth and breadth of its reach. Future research should be designed to capture the synergistic effects of reproductive health programmes for young people by asking respondents about their involvement in community-based programmes and exposure to the whole gamut of HIV-related mediated messages.

4.2 National AIDS Council

Zambia HIV and AIDS Strategic Framework 2006-2011, Draft (December 2005),

It sets out a comprehensive set of communication objectives aimed at improving knowledge, behaviour change communication for safer sexual practices, accessing Voluntary Counselling Testing (VCT) and treatment, care and support services as well as to reduce stigma and discrimination.

Recent trend analysis for the period 1994 to 2004 indicates a stabilisation of HIV prevalence, with national adult prevalence at 16% in 2002. However, the analysis based on sentinel surveillance indicates that the national situation contains many smaller epidemics with their own dynamics in different geographical, sectoral, and other population groups. Programming must take these into account with sound analysis and understanding of the driving forces for the epidemic in different population groups, between genders and in different age cohorts. The prevalence is significantly higher among women compared to men especially for those below the age of 35. Overall, women are 1.4 times more likely to be HIV-infected than men, with prevalence rates of 17.8% for women and 12.6% for men with infection rates among young women aged 15-24 years 4 times higher than those for young men in the same age group. Prevalence among women is highest between the ages of 30 to 34 and is thought to be as a result of high levels of social and economic vulnerability, inadequate access to life skills and information, low levels of negotiation skills, and unequal protection under statutory and customary laws and traditions.

According to the ZDHS 2001-2, 23% of urban residents were HIV positive compared to 11% of rural residents. Urban residents are more than twice as likely to be infected as rural residents: The HIV prevalence rates vary significantly by and within Provinces, with a range of 8% in Northern Province to a high of 22 percent in Lusaka province.

The age at first sexual debut among young people 15-24 year old, has increased from the average of 16 years for either gender to a year later. This implies that young people are delaying the age of risky sexual behaviour: among males, from 16 years (1998) to 17.5 years (2003); for females 16 years (1998), 17 years (2000) and 17 years (2003).

In summary, Zambia has not achieved the overall decrease in prevalence HIV as hoped in our goal for 2005. However, prevalence has returned to 1994 levels indicating that the epidemic may in fact be halted and the interventions over the last planning period need to be continued and intensified. It is important to note that to maintain this progress, the variations observed by age, gender, geographic region, and by other risk and vulnerability factors need to be seriously taken into account.

The national HIV and AIDS response to date has successfully focused on mass media campaigns to sensitise and educate the general population, especially young people, on the ABCs of safer sex and on reduction of stigma and discrimination against people living with HIV and AIDS.

NAC has encouraged strong partnerships in developing, implementing and evaluating behaviour change and communication strategies at all levels: at national level through the Technical Working Group on Advocacy and IEC and at district level through the HIV and AIDS Task Forces.

According to the Zambia Sexual Behaviour Survey (2003), awareness of HIV and AIDS has become universal in both urban and rural areas. 99% of men and 98% of women have heard of HIV and AIDS, a slight increase from 96% recorded in 2000.

The HIV and AIDS Communication Strategy (May 2005) aims to promote behaviours and policy measures in support of HIV and AIDS prevention, treatment, care and support. It sets out a comprehensive set of communication objectives aimed at improving knowledge, behaviour change communication for safer sexual practices, accessing VCT and treatment, care and support services as well as to reduce stigma and discrimination.

Despite some of the success that has been demonstrated with HIV prevention efforts with small populations, like sex workers, many of these lessons have not been taken to scale for the general population to have an impact on overall incidence. The epidemic can only be reversed by intensifying effective HIV prevention in scale and scope, so as to control the rate of new infections as the critical step to reducing the prevalence rate as the mortality rate falls and people with HIV survive. In addition, the number of new infections must be dramatically reduced in the next few years, to ensure that ART scale up remains economically and socially sustainable.

This means that there must be a strong additional emphasis on reaching the youth of Zambia, and even more of a case to reach the younger children to reduce stigma and discrimination for the growing number of persons who will live with HIV.

The researcher established the fact that the National AIDS Council promoted a multi-prolonged approach that involves prevention efforts through communication, mitigation through expanded access to treatment, care and support.

4.3 The National HIV/AIDS/STI/TB Policy

According to the National HIV/AIDS/STI/TB Policy (2005), Zambia's HIV prevalence rates have remained high due to a number of reasons, among them the following:

- Information Education and Communication (IEC) is inadequate or inappropriate due to the fact that in most cases information disseminated is not audience-specific and not based on evidence. In addition, communication methods used are usually directive rather than participatory, while the disabled persons are not

catered for. Discussions of sexual matters between parents and their children are in most cases still regarded as taboo;

- Gender Issues that perpetuate the dominance of male interests and lack of self-assertiveness on the part of women in sexual relations puts both men and women at risk. Women are taught to never refuse their husbands sex regardless of the number of extra-marital partners he may have or his non-willingness to use condoms. This is often the case even when he is suspected of having HIV or other STIs;

- Stigma that leads to discrimination, silence, shame, denial and blaming others with the result that corrective actions such as diagnosis and/or treatment are usually delayed.

The National HIV/AIDS/STI/TB Policy concludes that in spite of the shortcomings in the approach to the HIV/AIDS problem, prevention remains the cornerstone for the national response to the pandemic. In this regard, prevention is done through coordinated efforts of the Government, civil society and international cooperating partners. Major interventions have included raising awareness, influencing behaviour change, voluntary counselling and testing, prevention of mother-to-child transmission, promotion of condom use, case finding and treatment of STIs and provision of safe blood and blood products.

4.4 Christian Children's Fund

CCF Zambia believes that in many ways children are the most disadvantaged in the world. They are exposed to violence and HIV/AIDS infection, they are deprived of education, they are vulnerable to malnutrition and diseases and their lives are often too short and survival chances are too limited. This is a violation of their basic rights and the situation must be redressed.

4.4.1 HIV/AIDS

According to the CCF Zambia Country Strategy Paper (2006 to 2009), the organisation has set forth the following objectives in the area of HIV/AIDS:

- Promote prevention strategies to reduce the spread of HIV/AIDS

- Support strategies to mitigate the impact of HIV/AIDS.
- Lobby for effective implementation of HIV/AIDS policy.

At community level the organisation hopes to meet the above objectives through the following strategies:

- Implementing Behaviour Change Communication.
- Capacity building & livelihood support.
- Community mobilization.
- Promotion of positive living.
- Psychosocial Support (PSS) programmes for Orphans and Vulnerable Children (OVC) and Youth.
- Support special programmes on HIV/AIDS.
- Advocacy.

The organisation set forth the following indicators for the above stated strategies;

- IEC materials/messages produced.
- Number of people practicing safe sex.
- Reduced number of new reported cases of STIs and HIV infections.
- Number of people trained in HIV/AIDS, PSS, vocational skills etc.
- Number of people supported with livelihood packages.
- Number of community members/groups participating in HIV/AIDS programmes.
- Number of children and youth reached through the PSS programmes.
- Number of community groups with support Programmes for OVC and youth.
- Number of people who have declared their status and are living positively.
- Number of HIV/AIDS support groups.
- Number of special programmes supported.

The organisation seeks to apply the following strategies at district level;

- Building and strengthening partnerships with district committees.
- Capacity building of key district stakeholders.
- Effective networking.
- Lobby for increased number of VCT centers in the districts.

As for the above strategies at district level, the organisation set forth the following indicators;

- Coordination committees established.
- Number of stakeholder meetings discussing HIV/AIDS issues.
- Number of district officials trained in HIV/AIDS, PSS and Monitoring and Evaluation.
- Number of committees CCF is sitting on.
- Number of network groups.
- Number of VCT centers established.

Additionally, CCF Zambia seeks to apply the following strategies at National level:

- Advocacy campaign for easy access and affordable ART through research and documentation.
- Effective networking with policy markers and other stakeholders
- Information dissemination
- Staff capacity building on HIV/AIDS (CCF HIV/AIDS policy)

For the National Level strategies, CCF Zambia set for itself the following indicators:

- Number of networks and advocacy groups CCF staff are engaged in.
- Number of survey reports.
- Number of meetings held with policy markers.
- Number of strategic national committees CCF is participating in.
- IEC materials produced, radio, TV, print media productions.
- Number of people accessing ARVs in communities.
- Number of staff trained/sensitized on HIV/AIDS.

Looking at the strategies, it is clear that CCF Zambia recognizes the important role the different communication types play in the dissemination of HIV/AIDS messages.

4.4.2 LAPAM Project

In 2004, Christian Children's Fund started implementing an HIV/AIDS Project called the Luangwa AIDS Prevention and Mitigation (LAPAM). The Project was being implemented in two Chiefdoms of Mphuka and Mburuma areas within Luangwa district. The Project

offered the Voluntary Counselling and Testing (VCT) and Prevention of Mother To Chid Transmission (PMTCT) Services. These services were being provided by use of Mobile and Static VTC/PMTCT strategies to reach the communities. LAPAM worked in partnership with Luangwa District Health management Team, Katondwe Mission Hospital, District AIDS Task Force and other organizations implementing similar Programmes in the district. The Project was meant to build on CCF's current Child Survival activities in the district. Luangwa AIDS Prevention and Mitigation' (LAPAM) Project contributed to the prevention and mitigation of HIV/AIDS, ultimately reducing the HIV rate from its current high of 12%. Currently the majority of youths are participating in HIV prevention related activities while the number of community members that tested for HIV had increased. It has strengthened mother to child transmission Programmes in the district. Initially there was poor VCT and PMTCT programmes. The Project sought to achieve the following:

- Reducing proportions of youth aged 15 to 24 years both in and out of school reporting with STIs from 4% to 2% by June 2006.
- Increasing the number of youth accessing reproductive health and HIV services from 10 to 20% by June 2006.
- Increasing the percentage of adults aged 25 to 45 years accessing VCT from the current 12.3 to 15% by June 2006.
- Increasing the number of mothers enrolled on the PMTCT programme from 10 to 20 by June 2006.

In order to achieve the above objectives, CCF Zambia through the Project implemented the following activities:

- Development of youth peer education programmes.
- Support for mobile HIV testing including provision of rapid test kits.
- Promotion of Voluntary counseling and testing through mobile and static services.
- Provision of anti retroviral drugs for prevention of mother to child transmission (PMTCT).

- Integration of TMTCT information in maternal/child health education programmes.
- Training of Traditional Birth Attendants about prevention of mother to child transmission.

It was envisioned that with these activities, the demand for VCT and PMTCT services in the community would increase. During its implementation, the Project was reported to have achieved the following results;

a). Voluntary Counselling and Testing

A total of 15 Health workers were trained in psychosocial counselling while all Health centre staff were supported in coordinating the VCT and PMTCT services.

A number of health education campaigns were conducted through use of popular theatres (drama, debates, songs, story telling, and poems) as part of the interpersonal communication approach.

Youth friendly services were offered in schools and health centres. This was with a view to providing the services to the youths. Youth counsellors provided basic counselling and later referred their clients to the Health centre staff for testing.
The Project conducted a number of sensitisation workshops on the need for male involvement. The Project also used some Behaviour Change Communication strategies for the youths (out and in school youths) and adults. All the activities were integrated with DHMT programmes of home based care and children's clinics. In terms of Information Education and Communication, the Project conducted drama, motivation talks and mobile video shows in the communities. As for community mobilization, the Project mobilises the communities through Care and Prevention Teams, youth Peer Educators / Teachers that are Peer Educators.

b). Prevention of Mother To Child Transmission

The Project recruited mothers on the PMTCT programme. Babies and mothers were being provided with ART. The strategies employed included interpersonal counselling,

drama, motivation talks and health talks that were integrated into children's clinics to the benefits of PMTCT. In this regard, the Project conducted workshops on the importance of male involvement in HIV/AIDS awareness. This also involved holding meetings with community leaders and community-based volunteers. Through sensitisation meetings more than 80 people were able to come out in the open and put on free ARVs. The Project also provided monitor support to ensure drug adherence by PLWHAs.

In conclusion, the Project managed to take the HIV/AIDS prevention and mitigation services closer to the people in their respective communities. This engendered a lot of support from the community leadership. Additionally, the community mobilization strategies were very good in that a lot of people learnt about the services thereby increasing the number of those accessing VCT services in their communities.

The researcher noted that in all the communication strategies, the Project depended heavily on the use of interpersonal communication such as drama, meetings and health talks.

4.4.3 The CCF Zambia Communication Framework

According to the CCF Zambia Communication Framework (2004, pp. 7, 8 & 9), communication has no single definition because of its impreciseness and is therefore difficult to predict. Different individuals can interpret communication differently. Hence it is contextual. Basically, various scholars have defined communication as simply:

a). As actions whereby 'actors' impart information to one another.

b). As "Any act by which one person gives to or receives from another person information about that person's needs, desires, perceptions, knowledge, or affective states.

c). As exchange of information between/among two or more people through intra, inter and mass communication.

Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or nonlinguistic forms, and may occur through spoken or other modes."

There are two types of communications namely mass communication and interpersonal communication. However, different forms of communication do exist and these include animal communications; Interpersonal communications such as; Marketing, Propaganda, Public affairs and Public relations; Intrapersonal communications; Nonverbal communications; Speech communications; cross-cultural communication and Telecommunications such as Computer-mediated communications. CCF Zambia uses communication in the context of complimenting community development and fundraising efforts. Community development entails exposing faces of child poverty in the community, building child and youth agencies to enlarge children's choices and participation, and giving the voice to the voiceless in order to achieve long-term change.

CCF Zambia therefore indicated it employs diffusion of innovation approaches to bring communities on board. The organisation looks at diffusion as the process by which an innovation or idea is communicated through certain channels over time among the members of the social systems. The process of bringing communities on board begins with community sensitization and mobilization so that communities and children become more aware of child poverty or their social existential. Persuasion (Enlarging choices) is the next step to allow the community and children to form favorable or unfavorable attitudes. Thereafter, they are engaged in decision making of either adopting or rejecting the innovations/ideas. Implementation immediately follows when the idea is adopted. The final stage is confirmation of the results of innovation, decision made. This involves evaluation of how the idea/innovation has been taken on by the community/children. If the evaluation result is negative, then the whole process is revisited. Otherwise, if positive, it means the idea/innovation has been accepted or bought by the community and children.

All in all, the diffusion of innovation process consists of four main elements: the innovation, communication through certain channels over time, and among the members of a social system.

Of vast importance to creating community buy-in or bringing the community on board is the innovation-decision process. The innovation-decision process is defined as the process through which an individual passes from first knowledge of an innovation to forming an attitude toward the innovation, to a decision to adopt or reject, to implementation and use of the new idea, and to confirmation of this decision.

Communication is a cross cutting issue in all CCF Zambia programmes (Health, Education, Food Security, Sponsorship etc.) and the communication strategy really depends on the issue at hand. In using communication as a development tool, focus is put on Community Sensitization and Mobilization; and Behavioural Change Communication activities. In addition, social marketing may also be considered.

On the other hand, CCF Zambia uses communication as a fundraising tool, which entails effective use of public and media relations for image building, designing well-directed messages, and overall marketing of best programme practices.

Under public and media relations, the agency basically uses the AIDA (Awareness, Interest, Desire and Action) approach;

Awareness- entails use of the Mass Media (Radio, Television and Newspapers etc) in the initial stages of the communication strategy to passing on a lot of information with regards the programmatic operations of the agency, areas of operations and the role CCF plays in the Zambian Society.

Interest- entails stimulating people's interest through well-directed communications that are either interpersonal or mass communications. The results are often seen in number of public enquiries, invitations for meetings, partnerships and recognition etc that augment CCF's position in Zambia.

Desire – entails designing targeted messages or stories about CCF and its successful humanitarian and developmental work to raise the desired level of interest in people both locally and internationally. Once people's desire is raised, they always want to be part of CCF's working world.

Action - This is the ultimate aim of the communication strategy. Implementation of the effective strategic communication actions/plans in a participatory manner yields un-quantified favorable responses from stakeholders (Other NGOs, Government and Donors etc)

The researcher found the CCF Zambia communication framework an essential tool during the study. This followed the understanding that the tool helped to give a firm knowledge on how CCF Zambia operationalised the concepts they employed in their communication strategy. The strategies used in the framework also set a broad outline of the role communication plays in the work of CCF Zambia and how it is applied to achieve the organisation's set goals and objectives.

Other than the CCF Zambia documents, the researcher used many other documents and internet based research findings to augment the research on HIV/AIDS and the youth. Some of the findings are highlighted below.

4.5 Related findings

4.5.1 In Uganda, reporting on HIV/AIDS was intensive, sometimes sensational and inaccurate, but often pioneering. The Ugandan media created initiatives such as *Capital Doctor* on a new private radio station, Capital FM and *straight talk,* a youth magazine with wide readership through the largest circulation government owned paper of the time, *New Vision.* These initiatives have been sustained and built on by others. The initiatives were crucial in opening up and reflecting in the public sphere, discussions that challenged previously held conservative attitudes to sex and sexuality. Media coverage particularly challenged conventional attitudes to the position of women in Ugandan society and sparked discussion and dialogue in society. In fact, the USAID Uganda study suggests interpersonal communication networks were critical in

changing behaviour. The kind of intensive public debate that typified the Ugandan environment may have been amplified and made more effective by the newly liberalized media. In this respect, those designing HIV/AIDS prevention strategies should examine how the media environments of the worst-affected countries can facilitate the kind of public debate and dialogue, Daniel (2002, cited in Panos 2003, pp. 13, 14).

4.5.2 Mass media communication can lead to positive health behaviour. In Zimbabwe, for example, young people reached by a communication campaign to encourage "saying no" to sex were 2.5 times more likely than those who the campaign did not reach to change their sexual behaviour for the better. In Zambia adolescents exposed to a TV campaign promoting abstinence and condom use were 87% more likely to use condoms. In addition, viewers were 46% more likely to be abstinent or to have resumed abstinence. In Uganda self-reported condom use among sexually active young men rose from 33% to 70% following, *The Safer Sex or AIDS Campaign* and from 58% to 73% among young women. In South Africa 38% of young people who watched the TV programme Soul City reported always using condoms compared with 26% of those who did not watch, (UNICEF 2004).

4.5.3 During the 1988-1989 periods, the Ministry of Health launched a US $4 million mass media AIDS education and prevention campaign. In urban areas the Times of Zambia and the Zambia Daily Mail carried AIDS educational messages on their front pages. In rural areas, people were reached through market place performances and primary health care programmes. In addition, health workers were trained in counselling AIDS patients and their relatives on how to trace the sexual contacts of HIV positive people, Kapilikisha (1990 cited in Van den Borne et al, 1996, p. 58). In 1991, Zambia National Broadcasting Corporation (ZNBC) was contracted to produce and broadcast a 39-episode, 30 minute weekly radio soap called *Nshilakamona* (I have not seen it). The theme of the soap reflected denial of the AIDS epidemic Chirwa et al (1991, cited in Van den Borne et al, 1996, p. 58). The broadcast ran for

nine months and showed how individuals cope with friendships, economic concerns, sexual relationships, problems related to raising teenagers and AIDS. The key messages embedded in this Bemba Soap were:

- Everyone is at risk of HIV/AIDS;
- One can prevent HIV/AIDS transmission;
- People should talk with their spouses and children about HIV/AIDS;
- Condoms protect against HIV/AIDS transmission and
- It is safer to have only one sex partner Yoder et al (1993 cited in Van den Borne et al, 1996, p. 58).

The radio programme was promoted with advertisements and feature articles in the newspapers. There were also spots, interviews and discussion programmes on radio and television. Programmers encouraged listeners to write to them with questions on the topic. Two contests elicited more than 2,500 letters to the station from eight of the nine provinces.

4.5.4 An impact evaluation of the *Nshilakamona* radio drama on knowledge and behaviour relating to AIDS among Bemba speakers in Northern Zambia was conducted. Before and after the radio drama was aired, researchers randomly selected and questioned more than 1, 600 men and women, aged 15 to 45 about their knowledge of transmission and prevention of HIV, condom use, attitudes towards condoms and behaviour related to the risk of HIV transmission. Although it was observed that overall knowledge of AIDS and the importance of taking measures to prevent transmission increased between 1991 and 1992, the proportion of men and women stating that they had sexual partners outside marriage did not decline from the baseline survey to the post campaign survey. There was, however, an increase in condom use. The evaluators suggested that the increasing knowledge of AIDS in the population of Northern Zambia could be attributed to exposure to multiple sources of information over time, including the *Nshilakamona* drama, Yoder et al (1993 cited in Van den Borne et al, 1996, p. 59).

4.5.5 Findings and conclusions – UNAIDS Communications Framework for HIV/AIDS: A New Direction.

This UNAIDS framework was published in December 1999 following an intensive process of detailed consultations in Asia, Africa, Latin America and the Caribbean. Its conclusions were that:

Based on a review of the literature and experiences in the field, most current theories and models of HIV communication programming did not provide an adequate foundation on which to develop communications interventions for HIV/AIDS in the regions, (Panos 2003).

The following were noted as the inadequacy and limitations of current theories and models:

- The simple, linear relationship between individual knowledge and action, which underpinned many earlier interventions, does not take into account the variation among the political, socio-economic and cultural contexts that prevail in the regions.
- External decision making processes that cater to rigid narrowly focused and short term interests tend to overlook the benefits of long term, internally derived, broad based solutions.
- There is an assumption that decision making about HIV/AIDS prevention are based on rational, volitional thinking with no regard for more true life emotional responses to engaging in sexual behaviour.
- There is an assumption that creating awareness through media campaigns will necessarily lead to behaviour change, UNAIDS (2001, quoted in Panos 2003, p. 21).

4.6 Conclusion

After looking at the various literature, the researcher discovered that most HIV/AIDS communications programmes including those of CCF Zambia have been aimed at achieving individual based changes in sexual and social behaviour. While aspects of this approach are desirable and should be maintained, evidence from research and practice in many countries shows that existing approaches generally have major limitations; thus, a broader focus is needed. Moreover, there is considerable inter-

regional variation in the context of HIV/AIDS. Many of the theories, models and frameworks currently in use in the HIV/AIDS programmes do not adequately address the unique needs of HIV/AIDS communications.

The challenge is therefore to ensure a redirection of intervention programmes to recognize that individual behaviours are shaped and influenced by factors and domains within broader contextual focus. The researcher also relied on the studies that showed the fact that addressing the HIV/AIDS epidemic among young people requires reaching not only youth themselves but also others who influence their lives. Parents and other family members can help prevent HIV/AIDS among young people.

CHAPTER 5

FINDINGS OF THE STUDY

5.0 Introduction

In this chapter, the researcher discusses a summary of critical findings of the study. The first part of the chapter looks at findings based on quantitative data while the later part presents qualitative findings.

To begin with, the chapter gives the basic demographic statistics and later examines the role demographic variables such as gender, age, education and area of residence play on one's source of general information or information on HIV/AIDS. Additionally, the chapter outlines the communication types accessed by youth and their perceptions about communication and its effectiveness. The researcher equally discusses the communication youth preferred for getting HIV/AIDS information and factors that influence this kind of preference.

Other than the quantitative data, the researcher incorporates findings gathered through the Focus Group Discussions from the youth. The qualitative data was analysed manually using the thematic approach whereby some significant issues of the FGD are presented as they were captured through audio recordings and subsequent transcription. This triangulation was inevitable as it added the qualitative data to the quantitative dimension thereby enriching the study. The statistics are summarised in the tables and figures below. The researcher closes this chapter with findings of the qualitative data based on the Focus Group Discussions.

5.1 Quantitative Findings

5.1.1 General Information (Demographics)

The demographic profile of the respondents is critical in this study in view of its effects on the youth and their ways of communicating HIV/AIDS messages.

Most aspects of HIV/AIDS Communication and Youth cannot be analysed without using demographic characteristics such as area of residence (rural/urban), gender and

education. For instance, one's area of residence might influence the type of communication s/he would be exposed to and the influence such communication would have on his or her behaviour.

Table 3

General Statistics on youth's gender, marital status, occupation, age and education level.

Gender	Number of Respondents	Percent
Male	54	54.0
Female	46	46.0
Total	**100**	**100.0**
Marital status	**Number of Respondents**	**Percent**
Married	3	3.0
Single	97	97.0
Total	**100**	**100.0**
Occupation	**Number of Respondents**	**Percent**
Substance farmer	7	7.0
Private company/NGO	1	1.0
Self employed	2	2.0
School going	74	74.0
I do nothing	16	16.0
Total	**100**	**100.0**
Age	**Number of Respondents**	**Percent**
15 years	22	22.0
16 to 20 years	70	70.0
21 to 24 years	8	8.0
Total	100	100.0
Educational level	**Number of Respondents**	**Percent**
Primary school	20	20.0
Secondary school	64	64.0
Tertiary	6	6.0
No education	10	10.0
Total	**100**	**100.0**
Areas of residence	**Number of Respondents**	**Percent**
Rural	56	56.0
Urban	44	44.0
Total	100	100.0

Of the youth enrolled with CCF Zambia, 54% are male while 46% are females. The enrollment percent shows minimal disparities on account of gender. Out of this group 97% are single while only three percent are married.

A total of 74% are school going, 16% do nothing, seven percent are subsistence farmers, two percent are self employed with one percent working. In terms of age, 70% are in the age group 16 to 20 years while 22% are 15 years with only eight percent being in the 21 to 24 year age group. Most of the CCF enrolled youth are in the school going age of 15 to 24 years representing a total percentage of 92%. As for their education status, 64% are in secondary school, 20% in primary school with six percent in tertiary institutions. A total of 10% are with no education. In terms of residence, 56% of the youth live in rural areas with 44% living in urban areas.

5.1.2 SECTION A: Communication type and access by the youth

This section deals with statistics on the types of communication mostly used by CCF Zambia enrolled youth. The section also discusses the youth's main source of information on any issues of interest, the types of mass media they access and the frequency with which they accessed their mass media of choice. The section equally looks at the reasons behind the youth's choice of the communication type and their main source of information on HIV/AIDS.

The tables below summarise the major findings in terms of the youth's major source of information, mass media access, frequency of access, factors that influence choice and main source of information on HIV/AIDS. The tables also present the extent to which factors like education, residence, age and gender influence the access characteristics.

Table 4

Main source of information on any issue of interest

Source of information	Number of Respondents	Percent
Parents	32	32.0
Friends	20	20.0
Teachers	12	12.0
Church	8	8.0
Radio	11	11.0
Television	10	10.0
Newspapers	5	5.0
Others	2	2.0
Total	**100**	**100.0**

Thirty two percent (32%) of the youth relied on their parents for information on any issue of interest, 20% on their friends, 12% on their teachers with 11% and ten percent depending on radio and television respectively. Eight percent of the youth got their information from the church, five percent from newspapers with two percent relying on other sources other than those stated.

Table 5

Type of Mass Media accessed by the youth.

Access to Television	Number of Respondents	Percent
Yes	49	49.0
No	51	51.0
Total	100	100.0
Access to Radio	**Number of Respondents**	**Percent**
Yes	70	70
No	30	30
Total	100	100
Access to Newspapers	**Number of Respondents**	**Percent**
Yes	40	40.0
No	60	60.0
Total	100	100.0
Access to Magazines	**Number of Respondents**	**Percent**
Yes	34	34.0
No	66	66.0
Total	100	100.0
Access to Brochures	**Number of Respondents**	**Percent**
Yes	16	16.0
No	84	84.0
Total	100	100.0

Of the youth that accessed different types of mass media, 49% also accessed television, 70% radio, 40% newspapers and 34% magazines with only 16% having access to brochures.

Table 6

Frequency of use of a Mass Media as a main source of information

Use of Television	Number of Respondents	Percent
Very Frequently	19	19.0
Frequently	25	25.0
Often	22	22.0
Occasionally	21	21.0
Never	13	13.0
Total	**100**	**100.0**

Use of Radio	Number of Respondents	Percent
Very Frequently	30	30.0
Frequently	34	34.0
Often	17	17.0
Occasionally	16	16.0
Never	3	3.0
Total	**100**	**100.0**

Use of Newspapers	Number of Respondents	Percent
Very Frequently	6	6.0
Frequently	14	14.0
Often	21	21.0
Occasionally	39	39.0
Never	20	20.0
Total	**100**	**100.0**

Use of Magazines	Number of Respondents	Percent
Very Frequently	5	5.0
Frequently	10	10.0
Often	26	26.0
Occasionally	29	29.0
Never	30	30.0
Total	**100**	**100.0**

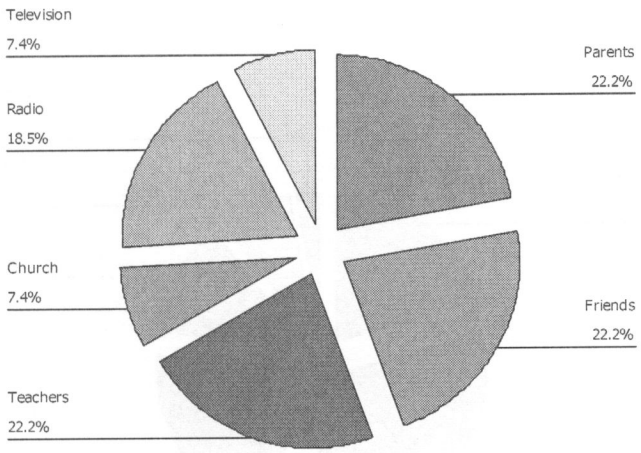
Use of Brochures	Number of Respondents	Percent
Very Frequently	4	4.0
Frequently	4	4.0
Often	15	15.0
Occasionally	22	22.0
Never	55	55.0
Total	**100**	**100.0**

For the youth that use television as the main of source of information, 44% indicated that they used it frequently that is; 19% very frequently and 25% frequently. As for radio 64% used it frequently that 30% using it very frequently and 34% frequently. The print mass media namely; newspapers (20%), magazines (15%) and brochures (8%) are the least used by the youth as a main source of information. As for brochure 55% never use this channel as a source of their information.

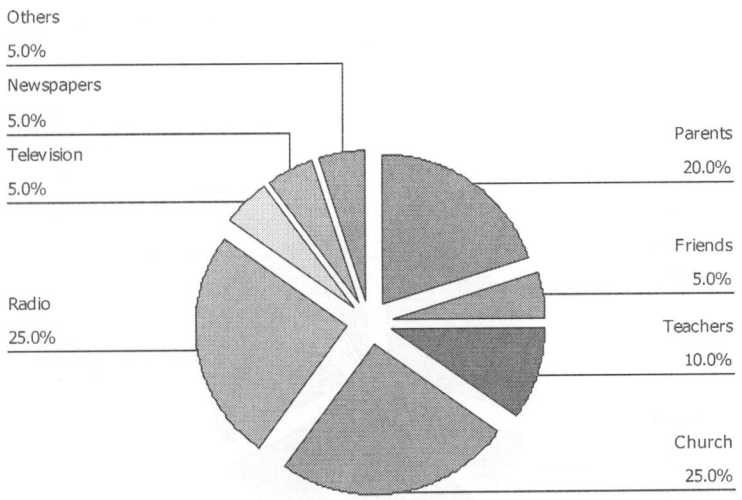
Figure 2 & 3

Main Source of information on HIV/AIDS by a communication type preferred because it is entertaining as per Gender.

Gender=Male



Gender=Female

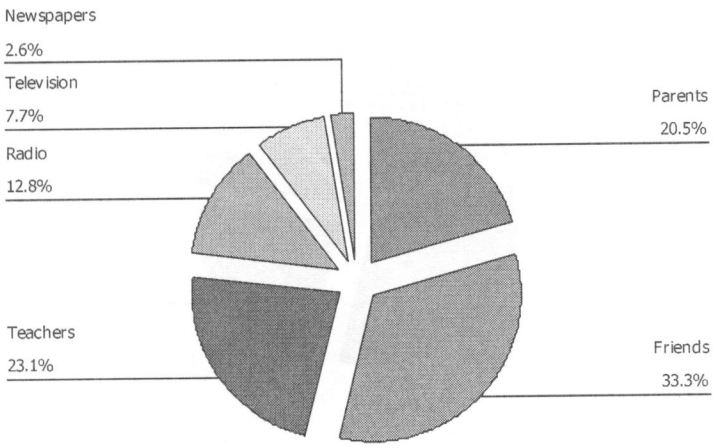


Twenty two point two percent of the male youth preferred their parents, friends and teachers respectively for getting HIV/AIDS information because its is entertaining while 25% female youth preferred radio and the church with parents coming in at second with 20%. Ten percent of female youth chose teachers as their main source of information on HIV/AIDS. For male youth, television and the church at 7.4% were the least while females ranked television, friends and newspapers as the least at five percent.

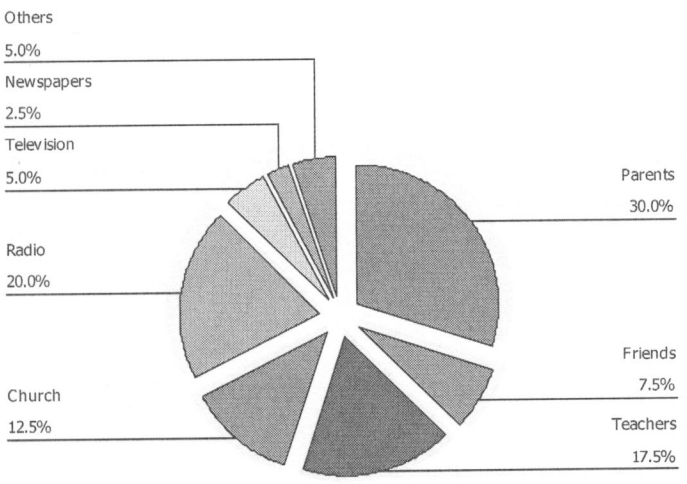
Figure 4 & 5

Main Source of information on HIV/AIDS by a communication type preferred because it is easy to understand per Gender

Gender=Male



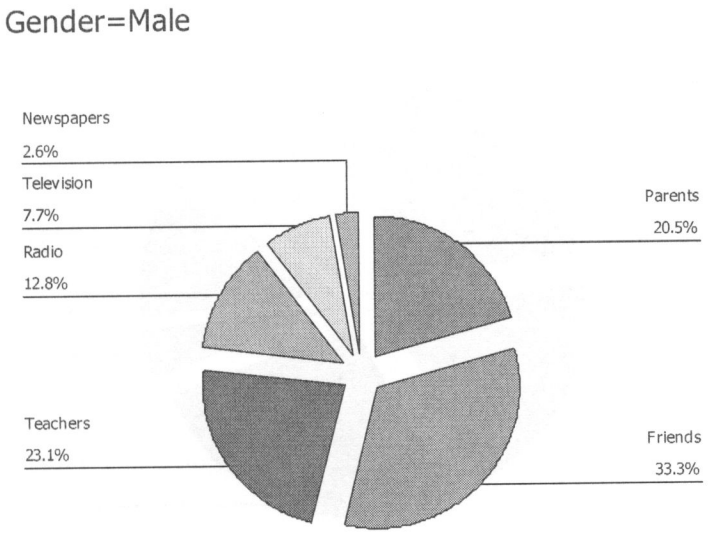
Gender=Female

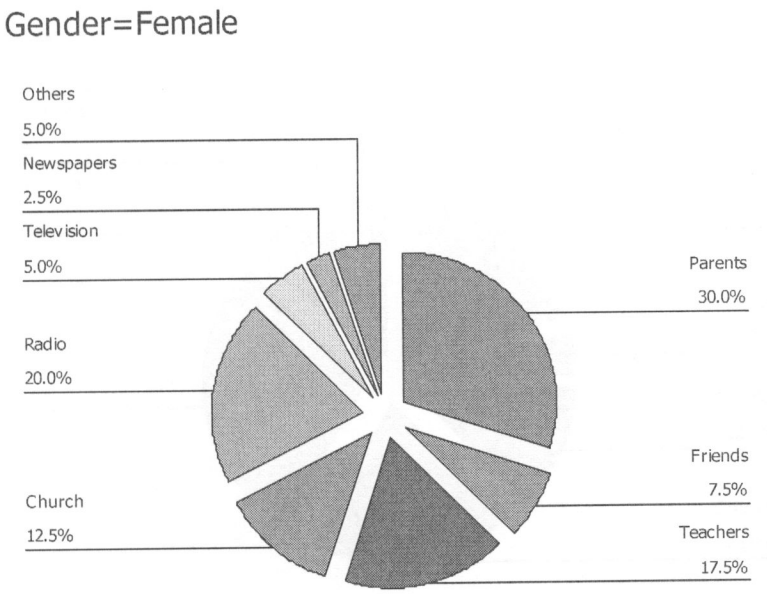


A total of 33.3% male youth prefer their friends as the main source of information on HIV/AIDS because it is easy to understand them while only 7.5% females use their friends. For the female youth, 30% use their parents compared to 20.5% males. More females (20%) compared to 12.8% males use radio as the main source of information on account of being easy to understand.

Figure 6 & 7

Main Source of information on HIV/AIDS by a communication type preferred because it is readily available per Gender.

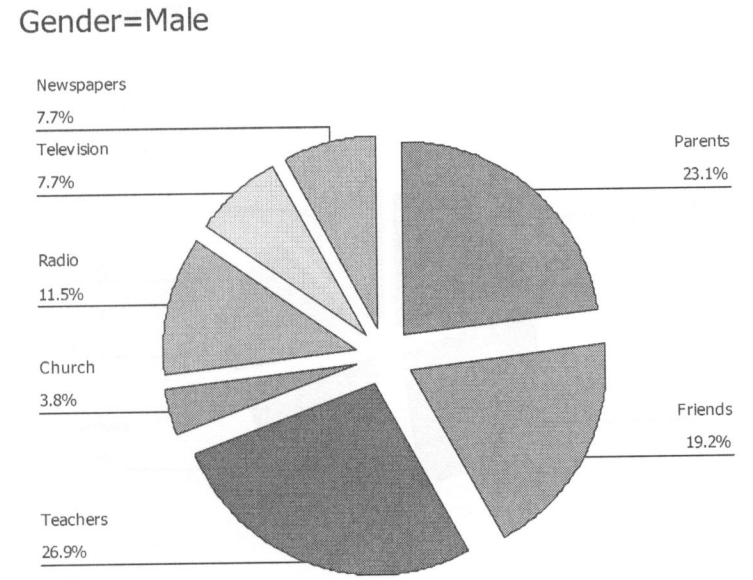


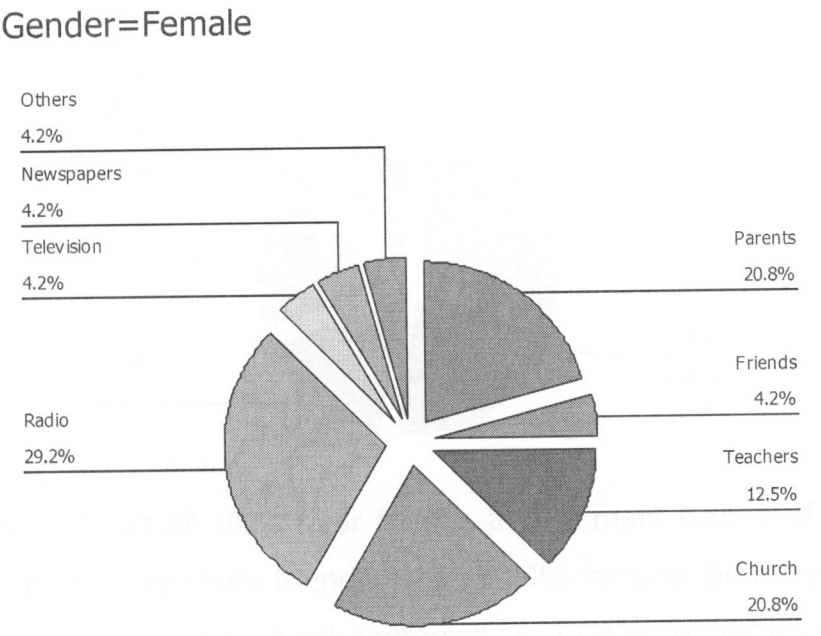


A total of 33.3% male youth compared to 7.5% female use their friends as the main source of HIV/AIDS information because they are readily available. More female (30%) use their parents compared to males (20.5%) as the main source of information on account of availability. For both male and female, newspapers are the least at 2.5% and 2.6% respectively.

Figure 8 & 9

Main Source of information on HIV/AIDS by a communication type preferred because it is educational per Gender.



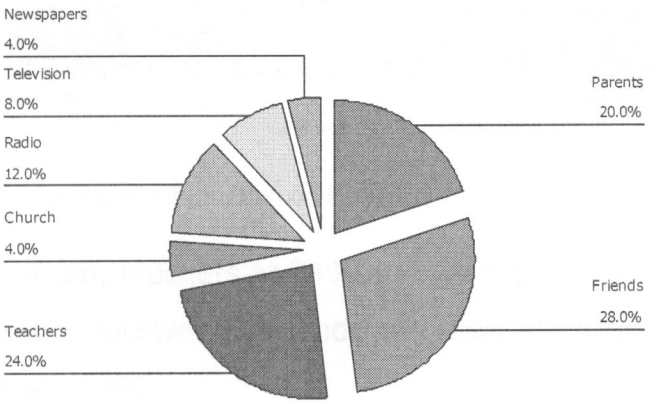


A total of 26.9% male youth considered teachers as the main source of information on HIV/AIDS because of being educational while 12.5% females thought so. As for females radio at 29.2% was preferred. Female youth also considered parents and the church as being the main source at 20.8% each. However male youth considered parents (23.1%) with the church at 3.8% as the main source of information on HIV/AIDS.

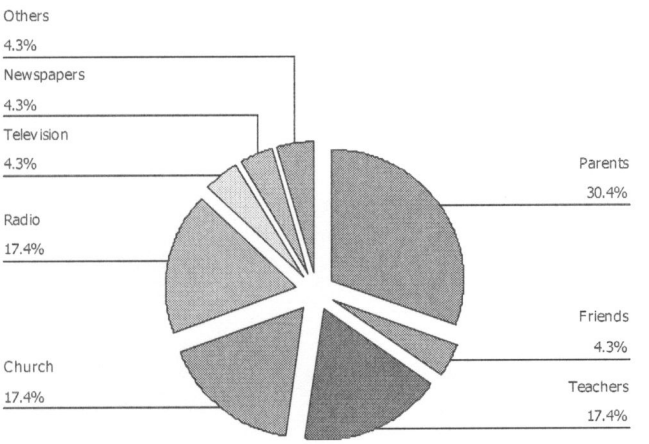
Figure 10 & 11

Main Source of information on HIV/AIDS by a communication type preferred because it is youth friendly per Gender

Gender=Male

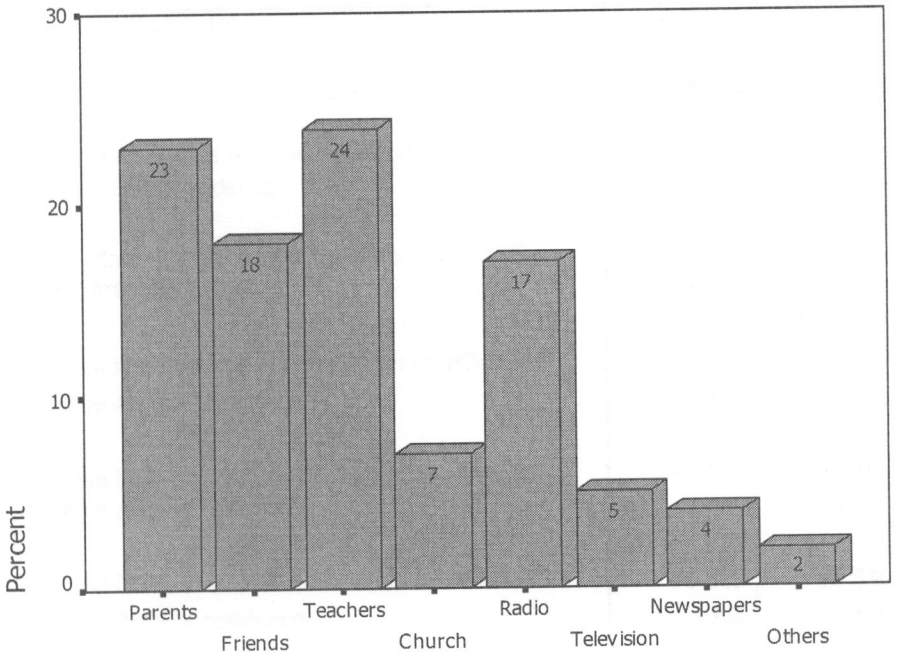


Gender=Female



A total of 28.0% male youth used their friends as the main source of information on HIV/AIDS because they are youth friendly while 30.4% females preferred their parents. For mass media, radio was the most preferred at 17.4% for females and 12% for males.

Figure 12
Main source of information on HIV/AIDS for the youth



Main Source of information on HIV/AIDS

For most CCF enrolled youth, teachers at 24% and parents at 23% are the main source of information on HIV/AIDS followed by friends and radio at 18% and 17% respectively. Newspapers are the least at 4%.

Table 7
Main Source of information on HIV/AIDS by Area of residence

Main Source of information on HIV/AIDS		Area of residence		Total
		Rural	Urban	
Parents	Count	14	9	23
	% within Main Source of information on HIV/AIDS	60.9%	39.1%	100.0%
	% within Area of residence	25.0%	20.5%	23.0%
Friends	Count	8	10	18
	% within Main Source of information on HIV/AIDS	44.4%	55.6%	100.0%
	% within Area of residence	14.3%	22.7%	18.0%
Teachers	Count	12	12	24
	% within Main Source of information on HIV/AIDS	50.0%	50.0%	100.0%
	% within Area of residence	21.4%	27.3%	24.0%
Church	Count	3	4	7
	% within Main Source of information on HIV/AIDS	42.9%	57.1%	100.0%
	% within Area of residence	5.4%	9.1%	7.0%
Radio	Count	13	4	17
	% within Main Source of information on HIV/AIDS	76.5%	23.5%	100.0%
	% within Area of residence	23.2%	9.1%	17.0%
Television	Count	3	2	5
	% within Main Source of information on HIV/AIDS	60.0%	40.0%	100.0%
	% within Area of residence	5.4%	4.5%	5.0%
Newspapers	Count	1	3	4
	% within Main Source of information on HIV/AIDS	25.0%	75.0%	100.0%
	% within Area of residence	1.8%	6.8%	4.0%
Others	Count	2	0	2
	% within Main Source of information on HIV/AIDS	100.0%	.0%	100.0%
	% within Area of residence	3.6%	.0%	2.0%
Total	Count	56	44	100
	% within Main Source of information on HIV/AIDS	56.0%	44.0%	100.0%
	% within Area of residence	100.0%	100.0%	100.0%

Out of the 23 youth that depended on their parents as the main source of information, 60.9% lived in a rural area while 39.1% were from the urban area. Of the 18 that depended on friends, 44.4% lived in the rural area while 55.6% were from the urban whereas for the 24 that depended on teachers half of them lived in the rural area with the other half in urban areas. As of the 7 that depended on the church, 42.9% lived in rural area with 57.1% living in the urban area. In term of the 17 that depended on radio, 76.5% were from rural area while 23.5% were from the urban. As for 5 for television, 60% of them were from rural while 40% were from the urban area whereas the 4 that depended on newspapers 25% were from rural while 75% were urban based.

Table 8

Main Source of information on HIV/AIDS by educational level

Main Source of information on HIV/AIDS		Educational level				Total
		Primary school	Secondary school	Tertiary	No education	
Parents	Count	6	14	2	1	23
	% within Main Source of information on HIV/AIDS	26.1%	60.9%	8.7%	4.3%	100.0%
	% within Educational level	30.0%	21.9%	33.3%	10.0%	23.0%
Friends	Count	3	12	0	3	18
	% within Main Source of information on HIV/AIDS	16.7%	66.7%	.0%	16.7%	100.0%
	% within Educational level	15.0%	18.8%	.0%	30.0%	18.0%
Teachers	Count	3	18	0	3	24
	% within Main Source of information on HIV/AIDS	12.5%	75.0%	.0%	12.5%	100.0%
	% within Educational level	15.0%	28.1%	.0%	30.0%	24.0%
Church	Count	4	2	1	0	7
	% within Main Source of information on HIV/AIDS	57.1%	28.6%	14.3%	.0%	100.0%
	% within Educational level	20.0%	3.1%	16.7%	.0%	7.0%
Radio	Count	2	11	3	1	17
	% within Main Source of information on HIV/AIDS	11.8%	64.7%	17.6%	5.9%	100.0%
	% within Educational level	10.0%	17.2%	50.0%	10.0%	17.0%
Television	Count	1	3	0	1	5
	% within Main Source of information on HIV/AIDS	20.0%	60.0%	.0%	20.0%	100.0%
	% within Educational level	5.0%	4.7%	.0%	10.0%	5.0%
Newspapers	Count	0	4	0	0	4
	% within Main Source of information on HIV/AIDS	.0%	100.0%	.0%	.0%	100.0%
	% within Educational level	.0%	6.3%	.0%	.0%	4.0%
Others	Count	1	0	0	1	2
	% within Main Source of information on HIV/AIDS	50.0%	.0%	.0%	50.0%	100.0%
	% within Educational level	5.0%	.0%	.0%	10.0%	2.0%
Total	Count	20	64	6	10	100
	% within Main Source of information on HIV/AIDS	20.0%	64.0%	6.0%	10.0%	100.0%
	% within Educational level	100.0%	100.0%	100.0%	100.0%	

In terms of the relationship between education level and source of information on HIV/AIDS, out of the 23 youth that depended on parents for information on HIV/AIDS, 26.1% had primary education, 60.9% with secondary, 8.7% with tertiary and 4.3% with no education. From the 18 youth that depended on their friends for information on HIV/AIDS, 16.7% had primary education, 66.7% with secondary and 16.7% with no education. As for those that depended on teachers for their information on HIV/AIDS,

12.5% had primary, 75.0% secondary and 12.5% had no education. For the 7 that depended on the church for information on HIV/AIDS, 57.1% had primary, 28.6% secondary and 14.3% had tertiary education. Out of the 17 youth that depended on radio for information on HIV/AIDS, 11.8% had primary, 64.7% secondary, 17.6% tertiary and 5.9% with no education. As for the 5 that depended on television, 20.0% had primary, 60.9% secondary with 20.0% no education. All the 4 that depended on newspapers had secondary school education while from the 2 that depended on others, 50% had primary and 50% others without education.

5.1.3 SECTION B: Perceptions of Youth about communication and its effectiveness.

This section presents results related to the communication type and specific mass media youth consider effective in the dissemination of HIV/AIDS messages. Here the researcher presents factors that youth look at to identify a communication as being effective. The findings are summerised in the following tables and figures.

Table 9

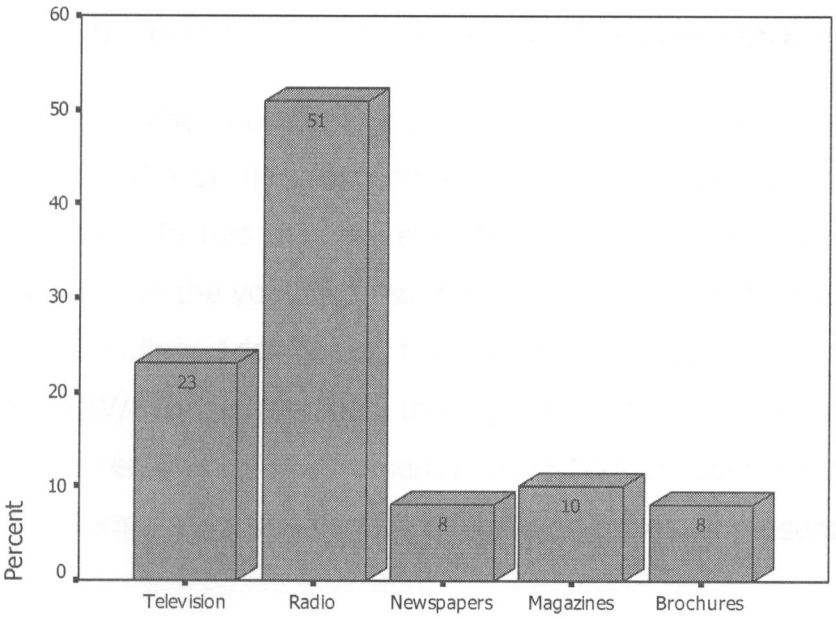
Communication type considered effective for dissemination of HIV/AIDS messages.

Communication type	Number of respondents	Percent
Parents	20	20.0
Friends	21	21.0
Teachers	12	12.0
Church	10	10.0
Radio	25	25.0
Television	7	7.0
Newspapers	4	4.0
Others	1	1.0
Total	100	100.0

Twenty five percent of the youth consider radio as an effective communication type for dissemination of HIV/AIDS messages followed by friends at 21%, parents 20% while newspapers are four percent.

Figure 13

Mass media youth consider effective in the dissemination of HIV/AIDS Messages



Mass media considered effective in dissemination of HIV/AIDS message

Fifty one percent of the youth consider radio as the most effective mass medium for disseminating HIV/AIDS messages followed by television at 23%, Magazines at 10% with brochures and magazines tied at eight percent each.

Table 10

Factors youth consider in identifying a communication as being effective.

Factors Considered	Total number of Respondents	Yes Percent	No Percent
Readily available	100	60	40
Cheap	100	40	60
Easy to understand	100	87	13
Use local language	100	63	37

In terms of factors that youth consider in identifying a communication type as being effective, those that answered the question related to availability, 60% of them considered a communication as being effective if it is readily available. In terms of those that looked at the issue of cost, 40% considered a communication to effective if it is cheap, while 87% of those that looked at comprehension considered a

Table 11

A communication type youth prefer for getting HIV/AIDS information because it is entertaining by area of residence

A communication type is preferred for getting HIV/AIDS information because it is entertaining		Area of residence		Total
		Rural	Urban	
Yes	Count	31	16	47
	% within A communication type is preferred for getting HIV/AIDS information because it is entertaining	66.0%	34.0%	100.0%
	% within Area of residence	55.4%	36.4%	47.0%
No	Count	25	28	53
	% within A communication type is preferred for getting HIV/AIDS information because it is entertaining	47.2%	52.8%	100.0%
	% within Area of residence	44.6%	63.6%	53.0%
Total	Count	56	44	100
	% within A communication type is preferred for getting HIV/AIDS information because it is entertaining	56.0%	44.0%	100.0%
	% within Area of residence	100.0%	100.0%	100.0%

Of the 47 youth that preferred getting HIV/AIDS information from a communication type of their choice because it is entertaining, 66.0% were from the rural area while 34.0% were from the urban area.

Table 12

A communication type youth prefer for getting HIV/AIDS information because it is easy to understand by area of residence.

A communication type is preferred for getting HIV/AIDS information because it is easy to understand		Area of residence		Total
		Rural	Urban	
Yes	Count	46	33	79
	% within A communication type is preferred for getting HIV/AIDS information because it is easy to understand	58.2%	41.8%	100.0%
	% within Area of residence	82.1%	75.0%	79.0%
No	Count	10	11	21
	% within A communication type is preferred for getting HIV/AIDS information because it is easy to understand	47.6%	52.4%	100.0%
	% within Area of residence	17.9%	25.0%	21.0%
Total	Count	56	44	100
	% within A communication type is preferred for getting HIV/AIDS information because it is easy to understand	56.0%	44.0%	100.0%
	% within Area of residence	100.0%	100.0%	100.0%

Out of the 79 youth that preferred getting HIV/AIDS information from a communication type of their choice because it is easy to understand, 58.2% were from the rural area while 41.8 % were from the urban area.

Table 13

A communication type youth prefer for getting HIV/AIDS information because it is readily available by area of residence.

A communication type is preferred for getting HIV/AIDS information because it is readily available		Area of residence		Total
		Rural	Urban	
Yes	Count	28	22	50
	% within A communication type is preferred for getting HIV/AIDS information because it is readily available	56.0%	44.0%	100.0%
	% within Area of residence	50.0%	50.0%	50.0%
No	Count	28	22	50
	% within A communication type is preferred for getting HIV/AIDS information because it is readily available	56.0%	44.0%	100.0%
	% within Area of residence	50.0%	50.0%	50.0%
Total	Count	56	44	100
	% within A communication type is preferred for getting HIV/AIDS information because it is readily available	56.0%	44.0%	100.0%
	% within Area of residence	100.0%	100.0%	100.0%

Out of the 50 youth that prefer getting HIV/AIDS information from a communication of their choice because it is readily available, 56.0% are from the rural area while 44.0% are from the urban area.

Table 14

A communication type youth prefer for getting HIV/AIDS information because it is educational by area of residence.

A communication type is preferred for getting HIV/AIDS information because it is educational		Area of residence		Total
		Rural	Urban	
Yes	Count	36	21	57
	% within A communication type is preferred for getting HIV/AIDS information because it is educational	63.2%	36.8%	100.0%
	% within Area of residence	64.3%	47.7%	57.0%
No	Count	20	23	43
	% within A communication type is preferred for getting HIV/AIDS information because it is educational	46.5%	53.5%	100.0%
	% within Area of residence	35.7%	52.3%	43.0%
Total	Count	56	44	100
	% within A communication type is preferred for getting HIV/AIDS information because it is educational	56.0%	44.0%	100.0%
	% within Area of residence	100.0%	100.0%	100.0%

Of the 57 youth that prefer getting HIV/AIDS information because it is educational, 63.2% lived in the rural area while 36.8% were from the urban area.

Table 15

A communication type youth prefer for getting HIV/AIDS information because it is youth friendly by area of residence.

A communication type is preferred for getting HIV/AIDS information because it is youth friendly		Area of residence		Total
		Rural	Urban	
Yes	Count	31	17	48
	% within A communication type is preferred for getting HIV/AIDS information because it is youth friendly	64.6%	35.4%	100.0%
	% within Area of residence	55.4%	38.6%	48.0%
No	Count	25	27	52
	% within A communication type is preferred for getting HIV/AIDS information because it is youth friendly	48.1%	51.9%	100.0%
	% within Area of residence	44.6%	61.4%	52.0%
Total	Count	56	44	100
	% within A communication type is preferred for getting HIV/AIDS information because it is youth friendly	56.0%	44.0%	100.0%
	% within Area of residence	100.0%	100.0%	100.0%

Out of the 48 youth that prefer getting HIV/AIDS information from a communication of their choice because it is youth friendly, 64.6% live in the rural area while 35.5% were from the urban area.

Other factors considered important in youth preference of a communication type

Table 16
Youth that consider influence from peers as an important factor in preferring a communication by Gender

Influence from peers is an important factor in preferring a communication		Gender		Total
		Male	Female	
Yes	Count	29	27	56
	% within Influence from peers is an important factor in preferring a communication	51.8%	48.2%	100.0%
	% within Gender	53.7%	58.7%	56.0%
No	Count	25	19	44
	% within Influence from peers is an important factor in preferring a communication	56.8%	43.2%	100.0%
	% within Gender	46.3%	41.3%	44.0%
Total	Count	54	46	100
	% within Influence from peers is an important factor in preferring a communication	54.0%	46.0%	100.0%
	% within Gender	100.0%	100.0%	100.0%

Out of the 56 that identified influence from peers as an important factor in preferring a communication, 51.8% were male while 48.2% were male.

Table 17
Youth that consider influence from parents/guardians as an important factor in preferring a communication by Gender

Influence from parents/guardians is an important factor in preferring a communication		Gender		Total
		Male	Female	
Yes	Count	26	30	56
	% within Influence from parents/guardians is an important factor in preferring a communication	46.4%	53.6%	100.0%
	% within Gender	48.1%	65.2%	56.0%
No	Count	28	16	44
	% within Influence from parents/guardians is an important factor in preferring a communication	63.6%	36.4%	100.0%
	% within Gender	51.9%	34.8%	44.0%
Total	Count	54	46	100
	% within Influence from parents/guardians is an important factor in preferring a communication	54.0%	46.0%	100.0%
	% within Gender	100.0%	100.0%	100.0%

Out of the 56 youth that consider influence from their parents/guardians as an important factor in preferring a communication, 46.4% are males while 53.6% are females.

Table 18
Youth that consider being only source of information on HIV/AIDS as an important factor in preferring a communication by Gender.

Being only source of information HIV/AIDS an important factor in preferring a communication		Gender		Total
		Male	Female	
Yes	Count	19	21	40
	% within Being only source of information HIV/AIDS an important factor in preferring a communication	47.5%	52.5%	100.0%
	% within Gender	35.2%	45.7%	40.0%
No	Count	35	25	60
	% within Being only source of information HIV/AIDS an important factor in preferring a communication	58.3%	41.7%	100.0%
	% within Gender	64.8%	54.3%	60.0%
Total	Count	54	46	100
	% within Being only source of information HIV/AIDS an important factor in preferring a communication	54.0%	46.0%	100.0%
	% within Gender	100.0%	100.0%	100.0%

Of the 40 youth that consider being the only source of information on HIV/AIDS as an important factor in preferring a communication, 47.5% are males and 52.5% are females.

Table 19

Youth that consider when communication carries more information on HIV/AIDS as an important factor in preferring a communication by Gender.

When communication carries more information on HIV/AIDS is an important factor in preferring a communication		Gender		Total
		Male	Female	
Yes	Count	43	36	79
	% within When communication carries more information on HIV/AIDS is an important factor in preferring a communication	54.4%	45.6%	100.0%
	% within Gender	79.6%	78.3%	79.0%
No	Count	11	10	21
	% within When communication carries more information on HIV/AIDS is an important factor in preferring a communication	52.4%	47.6%	100.0%
	% within Gender	20.4%	21.7%	21.0%
Total	Count	54	46	100
	% within When communication carries more information on HIV/AIDS is an important factor in preferring a communication	54.0%	46.0%	100.0%
	% within Gender	100.0%	100.0%	100.0%

Out of the 79 that consider when a communication carries information on HIV/AIDS as An important factor in preferring a communication, 54.4% are males while 45.6% are females.

Table 20

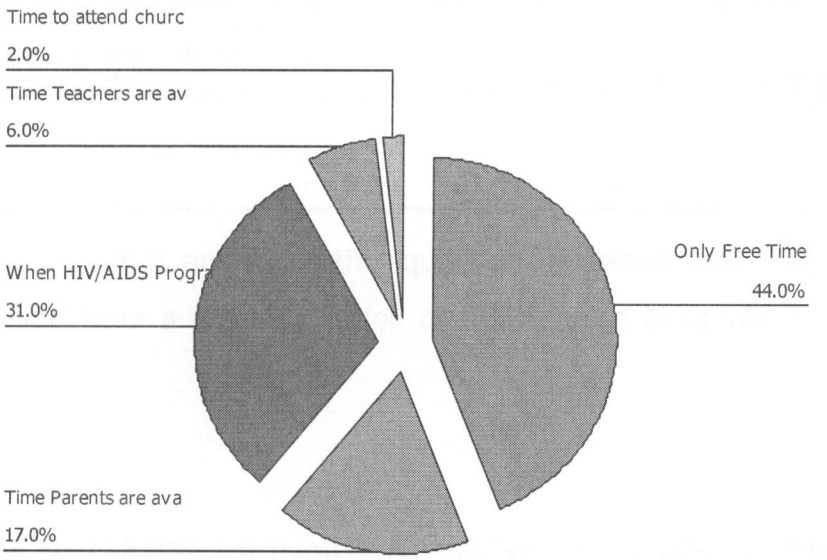
Time of access to communication of choice by Gender

Time of access to communication of choice	Gender		Total
	Male	Female	
06:00 - 07:59	3	1	4
08:00 - 09:59	4	6	10
10:00 - 11:59	2	5	7
12:00 - 13:59	3	2	5
14:00 - 15:59	19	9	28
16:00 - 17:59	10	14	24
18:00 - 19:59	4	6	10
20:00 - 21:59	8	3	11
22:00 - 23:59	1	0	1
Total	54	46	100

A total of 19% of the 54% male youth accessed a communication of their choice between 14.00 and 15.59 hours while 14% out of the 46% females accessed their communication between 16.00 and 17.59 hours. In terms of both sexes, 28% accessed a communication of their choice between 14.00 and 15.59 hours.

Figure 15

Reasons for manner of attending to communication of choice



Most of the youth that is, 44% accessed the communication of their choice on the times indicated as this was the only free time they had, 31% said that this was when the HIV/AIDS programmes came with 17% noting that this was the time their parents were at home. Six percent said that this was the time their teachers were available with two percent indicating that this was the time they had to attend church.

Table 21

Youth that use HIV/AIDS information received from the communication of their choice to know more about HIV/AIDS

Use of HIV/AIDS information received from a communication type to know more about HIV/AIDS	Number of respondents	Percent
Yes	76	76.0
No	24	24.0
Total	100	100.0

Of the youth that answered this question, 76% of them indicated that they use HIV/AIDS information received from a communication of their choice to know more about HIV/AIDS.

Table 22

Youth that use HIV/AIDS information received from the communication of their choice to create awareness in the community

Use of HIV/AIDS information received from a communication type to create awareness in the community	Number of respondents	Percent
Yes	62	62.0
No	38	38.0
Total	100	100.0

A total of 62% youth that answered this question indicated that they use HIV/AIDS information received from a communication of their choice to create awareness in the community.

Table 23

Youth that use HIV/AIDS information received from the communication of their choice to share with peers

Use of HIV/AIDS information received from a communication type to share with peers	Number of respondents	Percent
Yes	69	69.0
No	31	31.0
Total	100	100.0

A total of 69% of the youth that answered this question indicated that they used HIV/AIDS information from the communication of their choice to share with their peers.

Table 24

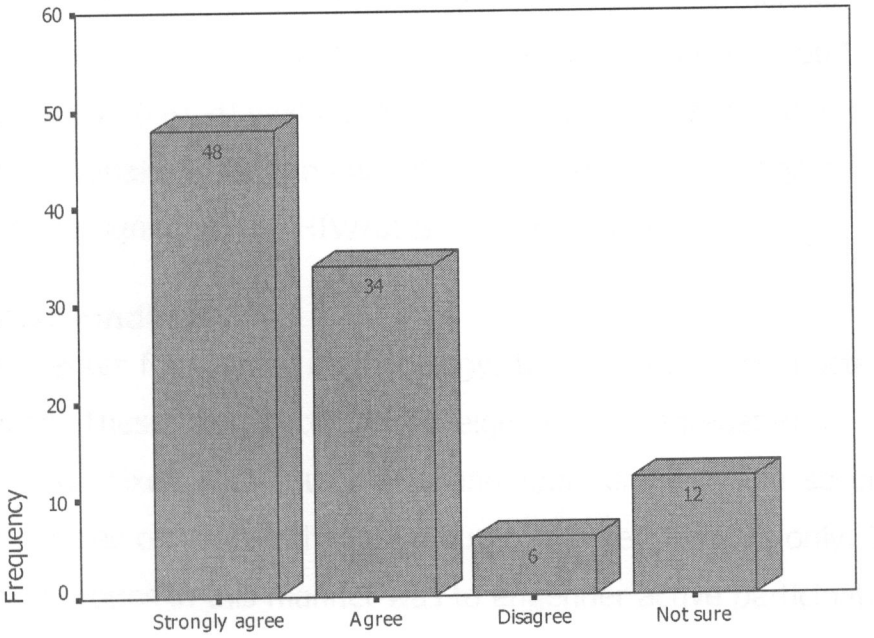
Youth that use HIV/AIDS information received from the communication of their choice to help them change their behaviour

Use of HIV/AIDS information received from a communication type to help change their behaviour	Number of respondents	Percent
Yes	60	60.0
No	40	40.0
Total	100	100.0

A total of 60% youth that answered this question indicated that they use the HIV/AIDS information from the communication of their choice to help them change their behaviour.

Figure 16

Youth views about their involvement in the designing of the HIV/AIDS messages/materials.



Need for youth to get involved in designing HIV/AIDS messages/materia

A total of 82% youth agreed on the need for them to get involved in the designing of the HIV/AIDS messages/materials with 48% strongly agreeing to this. Only six percent disagreed, with 12% not being sure.

Table 25

Manner of involvement in the HIV/AIDS dissemination process by age

Manner of involvement	Age			Total
	15 years	16 to 20 years	21 to 24 years	
N/A	5	10	3	18
Designing of HIV/AIDS messages only	2	9	0	11
Production of HIV/AIDS materials only	1	9	0	10
Distribution of HIV/AIDS materials only	4	3	0	7
Designing of messages and production of materials	3	5	1	9
Designing messages, production of materials and distribution	7	34	4	45
Total	22	70	8	100

Out of the 82% that indicated that they would like to get involved in the dissemination process of the HIV/AIDS information, 34% of those aged 16 to 20 years old wanted to get involved in the designing of messages, production of materials and distribution while seven percent of those that wanted to be involved in this manner were aged 15 years, with four percent aged between 21 to 24 years bringing the total to 45%. Nine percent of those aged 16 to 20 years also wanted to only get involved in the production of the HIV/AIDS materials, while another nine percent of the same age group wanted to be involved in the designing of the HIV/AIDS messages only.

5.2 Qualitative Findings

As indicated in chapter four under methodology, the researcher conducted four Focus Group Discussions. These groups comprised eight youth segregated in the following; the first group was mixed with four males and four females. The second and third group comprised males only while the last group comprised females only. The rationale behind composing groups in this manner was to engender active participation. This was also a way of seeing whether certain communication issues were predominant understood in a certain manner among a gender. For all the groups, their age ranged between 15 and 25 years with most of them doing their secondary and primary schools with few in tertiary institutions. The results are summerised below according to themes.

5.2.1 Communication use by the youth.

In terms of the types of communication used to access information on any issues, the groups identified the following; Radio programmes, Internet, Magazines, Newspapers, story books, the church, from other people such as friends and elderly people. Discussants also indicated that they use songs, poems, drama and community discussions as a source of information.

In terms of frequency of use, participants from one of the males only group indicated that they get information from radio and television on a daily basis. However, while the females only group acknowledged use of radio and television, they noted that in terms of frequency, they mainly depended on word of mouth that is person to person.

As for factors that influenced use of the communication of their choice, the discussants that chose radio noted that radio was fast in relaying information. Other discussants

said that the choice of a communication channel depended on whether it carried educational materials or not.

5.2.2: Perceptions of youth about effectiveness of a communication type and their preference for getting HIV/AIDS information.

Asked on what communication they considered effective in disseminating HIV/AIDS information, the youth had different ideas on the issue. However, most of them felt interpersonal communication was more preferable. One of the participants pointed out that, "The advantage of speaking to your parents is that you can even ask if you are not clear on certain issues." However, one female participant noted that when they talked about parents, they mainly meant their mothers who, according to her, they were close to. Even though parents seemed a preferable source of information on HIV/AIDS, some still felt uncomfortable with this noting that they felt shy to talk to their parents or that some parents would shout at you saying; "why do you want to know such things as a young person."

In terms of factors that youth considered for a communication to be seen as effective, most of the discussants felt that other interpersonal communication approaches such as drama and counselling when conducted in central places would reach even those people that are not able to read and write. This, they said also helped to cut across the barriers of language. They said that most media used English which was not understood well by all youth.

They equally argued that the beauty of open air drama was that after the performance, people were accorded a chance to ask questions and seek clarification on issues where they were not sure. Additionally, those that asked questions or answered them correctly were given tokens thereby enforcing the learning behaviour.

Few participants however felt there was need to combine all the media such as radio, television, newspapers and word of mouth in order to reach all the youth. They argued that a mix of the media would enable those that are illiterate to access information by word of mouth (interpersonal communication) through sketches, poems and so many other things. For the literates, they would be using books. They added that there are

some people who are literate but come from poor families where they do not have television sets and even radios but rely on books from the schools. Others disagreed especially on media like newspapers which they indicated was expensive as most youth cannot afford K3, 000 per newspaper per day. For mass media, they also noted it was difficult to know when messages on HIV/AIDS would be coming noting for instance; "the message in a newspaper might appear when someone has no money to buy a copy".

5.2.3 How youth used information received from communication

All the discussants indicated that they used the information collected themselves for awareness, change of behaviour or shared with others. One of them said that as an ardent reader of AIDS books, she shared this information with others at school where she is a member of different clubs such as; scripture union and anti-AIDS club. Another one noted that he shared this information with his friends at church. Other group members added that they used this information to educate parents of their colleagues in the neighbourhood that are sick from AIDS related illnesses. "We don't just go to tell them that you have AIDS, we speak to them in a friendly way that there is AIDS, so you have to go for VCT and that it is not a forcing matter, so you have to go there voluntarily and all what you have to do is to accept, whatever the results." The participants noted that through this sharing of information, a lot of people get the comfort and courage to go for VCT. Even after they test HIV positive, they would also share the information with others. In this case, receiving information is the first step after which you share with the others they said. The youth further said that the information on HIV/AIDS was used for the benefit of the community by increasing the awareness on the dangers of the pandemic. They said as for the youth, emphasis was not on safer sex as a lasting solution but abstinence. "By this I don't just mean abstaining from sex but it means abstaining from all bad things such as beer drinking, drug abuse etc," one youth said.

CHAPTER 6

DISCUSSION OF FINDINGS

6.0 Introduction

This chapter focuses on the interpretation of the study findings. It discusses the findings of the communication effects with regards to youth and HIV/AIDS information dissemination in line with the conceptual and theoretical framework in chapter three.

The chapter is broken down into four sections starting with general information, communication type and access by youth, perceptions of youth about communication and its effectiveness and the youth's preferred communication for getting HIV/AIDS information. This section also relates the findings to the objectives of the study.

6.1 General Information (Demographics)

The general information about the CCF Zambia enrolled youth included their gender, age, marital status, educational level, occupation and area of residence.

Of the youth enrolled with CCF Zambia, 54% are male while 46% are female. The enrolment percent shows minimal disparities in terms of gender. However, the enrolment ratios between males and females differ with the earlier findings in a research done by Chomba (2004, p. 96) that showed that there were more female than male children enrolled in the CCF Zambia sponsorship programme. The findings of this earlier study had showed that CCF enrolled female children were 52.2% while males were 47.8%. One possible explanation for this disparity could be that as they grow older, more females might be dropping out of the programme on account of various factors, among them early marriages.

In terms of age, 70% of the youth are in the age group 16 to 20 years while 22% are 15 years with only eight percent being in the 21 to 24 year age group. This is in line with the CCF Zambia policy that stipulates that children enrolled in the programme should be between the ages 0 to 18 years. However the local practice also gives room for those children over the age of 18 years to remain in the programme up to the age

of 23 years as long as they are almost completing school, CCF (2000). Out of this youth population, 97% are single while only three percent is married. Although the percentage of married youth is minimal, it is against the enrolment policy that targets children and not married people.

A total of 74% are school going, 16% do nothing, seven percent are subsistence farmers, two percent are self employed with one percent working. This therefore means that most of the CCF enrolled youth are in the school going age of 15 to 24 years representing a total percentage of 92%. As for their education status, 64% are in secondary school, 20% in primary school with six percent in tertiary institutions. A total of 10% are with no education. Since most of the CCF enrolled youth (56%) live in rural areas with only 44% living in urban areas, it is important for CCF Zambia to devise communication methods that would be able to reach these youth with the necessary information.

6.2 Communication type and access by the youth

According to the CCF Zambia Communication Framework (2004), CCF uses communication as a cross cutting issue. This entails that communication is employed in all CCF Zambia programmes namely; Health, Education, Food Security, Sponsorship etc. The communication approach therefore depends on the issue at hand. For instance, in using communication as a development tool, focus is put on Community Sensitization and Mobilization as well as Behavioural Change Communication activities. As defined in chapter three, communication in this study is seen as a process that includes five fundamental factors: an initiator; a recipient; a mode or vehicle; a message and an effect. For organisations like CCF Zambia, it is important to clearly understand the various components of the communication process in order to use communication appropriately thereby getting maximum benefits.

The study revealed that 32% of the youth relied on their parents for information on any issue of interest, 20% on their friends, 12% on their teachers with 11% and ten percent depending on radio and television respectively. Eight percent of the youth got their information from the church, five percent from newspapers with two percent relying on others other than those stated. Going by the above stated statistics, it is

clear that interpersonal communication comprising parents, friends, teachers and the church remained the major source of information for the youth giving a combined percentage of 72. In terms of the mass media, there seemed to be minimal difference between radio (11%) and television (10%) with newspapers being the least at five percent. Additionally, the study revealed that 25% of the rural youth depended on their parents for information on HIV/AIDS, 14.3% on their friends and 21.4% on their teachers. In terms of mass media, most of the rural youth (23.2%) depended on radio.

This means that for one to catch the youth on many issues of interest, interpersonal communication is the most appropriate as this is the one that reached the youth. This is in line with the principles of the Opinion Leadership Theory as propounded by (Barker 1995, p.72). Barker looks at opinion leaders as normally members of a given community who people turned to for advice or guidance on certain issues. They are usually from the same socio-economic background but are better educated on the facts of the issue at hand. In this case, the youth turn to their parents, friends, teachers and the church on many matters of interest. Most organisations dealing with various issues requiring communication interventions, CCF Zambia inclusive, tend to overlook the importance of interpersonal communication. Emphasis is placed on mass media. As other scholars argue, the power of the mass media cannot be overlooked although according to Cohen (1963 cited in Piotrow et al 1997, p.30), 'the press may not be successful much of the time in telling people what to think, but it is stunningly successful in telling its readers what to think about.' Noteworthy in this study is the fact that only 26% represent a combined youth access to the mass media compared to 72% that access a combination of various interpersonal communications.

And for most CCF enrolled youth, teachers at 24% and parents at 23% are the main source of information on HIV/AIDS followed by friends and radio at 18% and 17% respectively. Newspapers are the least at 4%. Again, this confirms the fact that various types of interpersonal communication remain the main source of information on HIV/AIDS for the youth. To augment this argument, one of the participants in the FGD pointed out that, "the advantage of speaking to your parents is that you can even ask if you are not clear on certain issues." This was validating the importance of feedback in

a communication, which is instant in the case of interpersonal communication. According to Allyn & Bacon (1999 cited in Arnst R. 1997), interpersonal communication helps in building a context of understanding. This means that people engage into interpersonal communication to help them better understand what someone is saying in a given context.

As for the youth that accessed different types of mass media as in table 5, 70% indicated they also accessed radio, 49% also accessed television, 40% also accessed newspapers and 34% also accessed magazines with only 16% having access to brochures. This means that in terms of mass media, radio reaches most of the youth followed by television while the brochures are the least. For the youth that use different types of mass media as the main source of information, 64% indicated radio as the most frequently used that is; 30% very frequently and 34% frequently. Television comes in second at 44%, (19% very frequently and 25% frequently. The print mass media namely; newspapers (20%), magazines (15%) and brochures (8%) are the least used by the youth as a source of information. As for the brochure 55% never use this channel as a source of their information.

In organisations like CCF Zambia, brochures are in most cases used as the means of sharing various types of information. In most cases, this choice is not supported by any scientific evidence with regard the basis of choice. Perhaps this is the reason the National HIV/AIDS/STI/TB Policy (2005), argues that the Information Education and Communication (IEC) is inadequate or inappropriate due to the fact that in most cases information disseminated is not audience-specific and not based on evidence.

In terms of reasons for the use of a type of communication with regards gender, 22.2% of the male youth preferred their parents, friends and teachers respectively for getting HIV/AIDS information because it is entertaining, while 25% female youth preferred radio and the church with parents coming in at second with 20%. For female youth teachers stood at 10%. For male youth, television and the church at 7.4% were the least while females ranked television, friends and newspapers as the least at five percent.

As shown in figures 2 to 11; a total of 33.3% male youth prefer their friends as the main source of information on HIV/AIDS because it is easy to understand them while only 7.5% females use their friends. For the female youth, 30% use their parents compared to 20.5% males. More females (20%) compared to males (12.8%) use radio as the main source of information on account of being easy to understand.

A total of 33.3% male youth compared to 7.5% female use their friends as the main source of HIV/AIDS information because they are readily available. More females (30%) use their parents compared to males (20.5%) as the main source of information on account of availability. For both, newspapers are the least at 2.5% and 2.6% for females and males respectively.

Twenty six point nine percent male youth considered teachers as the main source of information on HIV/AIDS because of being educational while 12.5% females thought so. As for females radio at 29.2% was preferred. Female youth also considered parents and the church as being the main source at 20.8% each. However male youth considered parents (23.1%) with the church at 3.8%.

A total of 28% male youth used their friends as the main source of information on HIV/AIDS because they are youth friendly while 30.4% females preferred their parents. For mass media, radio was the most preferred at 17.4% for females and 12% for males.

To have a good understanding of the issue, the researcher explored the influence one's area residence on the main source of information on HIV/AIDS as in table 7. The results showed that out of the 23 youth that depended on their parents as the main source of information, 60.9% lived in a rural area while 39.1% were from the urban area. Of the 18 that depended on friends, 44.4% lived in the rural area while 55.6% were from the urban whereas for the 24 that depended on teachers half of them lived in the rural area with the other half in urban areas. As of the 7 that depended on the church, 42.9% lived in rural area with 57.1% living in the urban area. In terms of the 17 that depended on radio, 76.5% were from rural area while 23.5% were from the urban. As

for 5 for television, 60% of them were from rural while 40% were from the urban area whereas the 4 that depended on newspapers 25% were from rural while 75% were urban based.

The above results brings out the fact that most of the rural youth depended on electronic media that is radio (76.5%) and television (60.0%) for their source of information on HIV/AIDS. However, parents at 60% remained an important source of information for the youth. This points to the fact to successfully reach the youth, there is need to a have a media mix combining interpersonal and mass communication.

The researcher extended further the findings by looking at the relationship between one's level of education and their preferred source of information on HIV/AIDS as outlined in table 8. The findings showed that out of the 23 youth that depended on parents for information on HIV/AIDS, 26.1% had primary education, 60.9% with secondary, 8.7% with tertiary and 4.3% with no education. From the 18 youth that depended on their friends for information on HIV/AIDS, 16.7% had primary education, 66.7% with secondary and 16.7% with no education. As for those that depended on teachers for their information on HIV/AIDS, 12.5% had primary, 75.0% secondary and 12.5% had no education. For the 7 that depended on the church for information on HIV/AIDS, 57.1% had primary, 28.6% secondary and 14.3% had tertiary education. Out of the 17 youth that depended on radio for information on HIV/AIDS, 11.8% had primary, 64.7% secondary, 17.6% tertiary and 5.9% with no education. As for the 5 that depended on television, 20.0% had primary, 60.9% secondary with 20.0% no education. All the 4 that depended on newspapers had secondary school education while from the 2 that depended on others, 50% had primary and 50% others without education.

Most of those with secondary level of education depended on the interpersonal communication that is parents (60.9%), friends (66.7%) and teachers (75.0%) as their main source of information on HIV/AIDS. However looking at the results, education did seem to suggest a link to the type of communication one chose for accessing information on HIV/AIDS. For programmes targeted at the youth in secondary school

therefore, the role of teachers cannot be over emphasised. And since communication of ideas has been at the centre of HIV prevention, any such programme should take into account the dictates of the Diffusion of Innovation theory. Watson and Hill (2003, p. 84) look at diffusion as a process by which innovations (ideas, goods or services) spread to the members of a social system. The two authors also indicate that appropriateness of a channel to the message is particularly important. They argue, for example that, mass media channels are often more useful at creating awareness, that is, bringing to the fore knowledge of new ideas while interpersonal channels are considered to be more important in changing attitudes towards innovations.

There was no documentary evidence to show that CCF Zambia's HIV/AIDS communication strategies are researched and based on the type of communication youth accessed. However, the CCF Zambia Country Strategy Paper (2006 to 2009) shows among its strategies the following;

- Implementing Behaviour Change Communication;
- Capacity building & livelihood support;
- Community mobilization.

The paper indicates that by implementing these strategies, the organisation would try to meet the following objectives in the area of HIV/AIDS:

- Promote prevention strategies to reduce the spread of HIV/AIDS;
- Support strategies to mitigate the impact of HIV/AIDS;
- Lobby for effective implementation of HIV/AIDS policy.

The study brings forth the fact that for a communication to be accessed by the youth, it should have the entertainment appeal, be easy to understand and readily available. Additionally, the communication should be youth friendly. One noteworthy fact is that male and female youth have different perceptions in terms of what it is they look for in a communication type as can be seen by the statistics in figures 4 to 11 in chapter five. Again it should be noted that radio is the most preferred in terms of being youth friendly as indicated by 17.4% females and 12% males. The above findings therefore call for a proper segmentation of the audience in terms of gender when designing

messages meant for dissemination to the youth. In other words, what might be appealing to the male youth might not just be appealing to the females.

Although CCF Zambia in its Communication Framework states that it would apply the Diffusion of Innovation in its programmes, there was no evidence of the application of this theory in all the documents reviewed as outlined in Chapter four of this report.

6.3 Perceptions of Youth about communication and its effectiveness.

Although most of the youth considered teachers at 24%, parents at 23% and friends at 18% as their main source of information on HIV/AIDS, 25% of them consider radio as an effective communication type for dissemination of HIV/AIDS messages followed by friends at 21%, parents 20% while teachers only had 12% with newspapers being at four percent. Perhaps this requires taking into account what some discussants during the FGD noted. They expressed the need to combine all the media such as radio, television, newspapers and word of mouth in order to reach all the youth. They argued that a mix of the media would enable those that are illiterate to access information by word of mouth (interpersonal communication) through sketches, poems and so many other things. For the literates, they would be using books. They added that there are some people who are literate but come from poor families where they do not have television sets and even radios but rely on books from the schools.

Fifty one percent of the youth considered radio as the most effective mass medium for disseminating HIV/AIDS messages followed by television at 23%, Magazines at 10% with brochures and magazines tied at eight percent each. This, in other words, means that most of the youth take into consideration most of the messages received from radio, as far as HIV/AIDS is concerned. Although only 23% chose television in terms of effectiveness, other studies have shown that television is effective in reaching youth with messages. One of the findings in the HEART Campaign outlined in chapter four noted:

> Television is an effective way to reach young people. The HEART Campaign reached over fifty percent of the intended audience. 71 percent of urban and 37 percent of rural youth saw one or more of the health communication spots. Young women—both urban and rural—were as likely as were young men to have seen some or all of the spots.

The study tried to establish whether someone's gender and level of education had any bearing on their choice of an effective mass media. Most of the male youth with a secondary school level of education (22%) considered radio as the most effective mass medium for disseminating HIV/AIDS messages compared to 9% of the females in the same education group. This was however different from those with primary level of education where 9% females compared to 4% males chose radio. Even those that had no education, (5%) chose radio as the most effective mass medium for disseminating HIV/AIDS message. For those with tertiary level of education, 3% of the females considered magazines as being effective. This means that education level had little to do with one's perception about the effectiveness of the mass media in terms of dissemination of HIV/AIDS messages. If education was a factor, one would have expected those with Tertiary education to have chosen radio too. This finding seems to contradict the Knowledge Gap Theory as propounded by Tichenor, Donohue and Olien of the University of Minnesota in the 70s. The core assumption of their theory is that the knowledge gap can result in an increased gap between people of lower and higher socioeconomic status. The attempt to improve people's life with information via the mass media might not always work the way this is planned. Mass media might have the effect of increasing the difference gap between members of social classes. However, the study brings to the fore the fact that the gender based disparities in perception within the same educational level points to something else and not necessary education that caused the difference in perception.

In terms of factors that youth considered in identifying a communication type as being effective, for those that answered the question related to availability, 60% of them considered a communication as being effective if it was readily available. Those that looked at the issue of cost, 40% of them considered a communication to be effective if it was cheap, while 87% of those that looked at comprehension considered a communication effective if it was easy to understand. As for language, 63% considered use of local language as being an important factor in determining effectiveness of the communication.

The above findings emphasise the importance of making the communication appropriate to the target audience in terms of comprehension.

6.4 Preferred communication by youth for getting HIV/AIDS information.

As outlined in the conceptual and theoretical framework in Chapter three, preference of a communication is dependent on how certain the youth are that the communication so chosen would meet their expectation.

In spite of 25% of the youth considering radio as the most effective in disseminating HIV/AIDS information, most of them preferred their friends (24%) for getting information on HIV/AIDS with 20% mentioning radio while 15% preferred their teachers and parents respectively. Only 15% preferred television as the source of information on HIV/AIDS while those that mentioned newspapers were nine percent with only six percent mentioning the church. When one compares interpersonal communication and mass media, it is clear that for effective dissemination of HIV/AIDS information, various types of interpersonal communication (friends, parents, teachers and the church) should be considered as being critical. As Griffin (1994, p.477) argues in the Uncertainty Reduction Theory, the interpersonal communication takes advantage of other non verbal cues to enhance the communication process. In other words, other than the verbal output one can fall on the nonverbal warmth, self-disclosure, similarity, and shared communication networks to reduce uncertainty thereby increasing one's information seeking and reciprocity.

From the foregoing, it is clear that friends play an important role in the dissemination of information on HIV/AIDS. The role of friends is seen in the context of them being entertaining, easy to understand, readily available, educational and youth friendly. This preference for their friends as the source of information on HIV/AIDS can be explained through the principles of the Uncertainty Reduction Theory. The gist of the theory explains the fact that information seeking and reciprocity are positively correlated with uncertainty. This theory is relevant to the study as many youth interact with various groups in their quest to get more information on the prevention and mitigation of HIV and AIDS. HIV/AIDS beings what it is requires a lot of confidentiality and trust and this could only come about with the positive assessment of one another after the first meeting. In this vein, the researcher feels the more effort is put in place to reduce

uncertainty, the greater the likelihood of the youth to accept HIV messages from someone.

The study also looked at reasons one considered in preferring a communication for getting information on HIV/AIDS. The researcher tried to establish whether one's area of residence had a bearing on this preference. The results revealed that out of the 47 youth that preferred getting HIV/AIDS information from a communication type of their choice because it is entertaining, 66.0% were from the rural area while 34.0% were from the urban area. Again out of 79 that preferred getting HIV/AIDS information from a communication type of their choice because it is easy to understand, 58.2% were from the rural area while 41.8 % were from the urban area. Of the 50 youth that preferred getting HIV/AIDS information from a communication of their choice because it is readily available, 56.0% were from the rural area while 44.0% came from the urban area. As for the 57 youth that preferred getting HIV/AIDS information because it is educational, 63.2% live in the rural area while 36.8% were from the urban area. Out of the 48 that preferred getting HIV/AIDS information from a communication of their choice because it is youth friendly, 64.6% live in the rural area while 35.4% were from the urban area.

In terms of preference for getting HIV/AIDS information, most of the rural youth preferred a communication that was entertaining, easy to understand, readily available, educational and youth friendly.

As for other factors youth considered important in preferring a communication for getting information on HIV/AIDS, out of 56 of those that identified influence from peers as an important factor as per one's gender, 51.8% were male while 48.2% were female. Of the 56 that considered influence from their parents/guardians as an important factor, 46.4% were male with 53.6% being female. As of the 40 that considered being the only source of information on HIV/AIDS as an important factor in preferring a communication, 47.5% were male with 52.5% being female. And out of the 79 that considered when a communication carried more information on HIV/AIDS as an important factor, 54.4% were male while 45.6% were female.

The findings bring forth the fact that for male youth, other important factors in preferring a communication are influenced by their peers. Other factors include when a communication carried more information on HIV/AIDS. As for the female youth, preference of a communication was influenced by parents/guardians. The other factor is when a communication is the only source of information on HIV/AIDS.

A total of 19% of the 54% male youth accessed a communication of their choice between 14.00 and 15.59 hours while 14% out of the 46% females accessed their communication between 16.00 and 17.59 hours. In terms of both sexes, 28% accessed a communication of their choice between 14.00 and 15.59 hours. This means that for information targeted at the youth, the best time of the day is between 14.00 and 18.00 hours.

Most of the youth, 44% indicated they accessed the communication of their choice during the times indicated as this was the only free time they had, while 31% said that this was when the HIV/AIDS programmes came, with 17% noting that this was the time their parents were at home. Six percent said that this was the time their teachers were available with the other two percent indicating that this was the time they had to attend church.

Seventy six percent of the youth indicated that they used HIV/AIDS information received from a communication of their choice to know more about HIV/AIDS, while 62% used this information to create awareness in the community with 69% indicating that they used the information to share with their peers. A total of 60% youth used the information to help them change their behaviour. The youth therefore used the HIV/AIDS information they received for personal use and community awareness creation. Since the youth were change agents of some sort, the HIV/AIDS information they processed for their personal use and sharing should be packaged in a specific, easy to understand and appropriate manner. If anything the youth play an important role in the diffusion of innovations by spreading new ideas (HIV/AIDS information) from its source of invention or creation to its ultimate users or adopters in this case their peers or the community at large.

The study also looked at the level of youth's involvement in the designing of the HIV/AIDS messages/materials. A total of 82% youth indicated that they would like to get involved in the designing of the HIV/AIDS messages/materials with 48% strongly agreeing to this. Only six percent disagreed while 12% were not sure. Out of the 82% that indicated that they would like to get involved, 34% of those aged 16 to 20 years old wanted to get involved in the designing of messages, production of materials and distribution while seven percent of those that wanted to be involved in this manner were aged 15 years, with four percent aged between 21 to 24 years bringing the total to 45%. Nine percent of those aged 16 to 20 years also wanted to only get involved in the production of the HIV/AIDS materials, while another nine percent of the same age group wanted to be involved in the designing of the HIV/AIDS messages only.

The study findings show the need for youth to actively participate in the different aspects of the HIV/AIDS dissemination process. This means that they would rather consume materials to which they have had their input. Any HIV/AIDS communication strategy should therefore take into account the role of the youth in the production and dissemination process of information. The finding on the need for youth to get involved in HIV/AIDS information dissemination seems to agree with the observation raised in the UNAIDS Communication Framework that notes: 'External decision making processes that cater to rigid narrowly focused and short term interests tend to overlook the benefits of long term, internally derived, broad based solutions'.

CHAPTER 7

CONCLUSION AND RECOMMENDATIONS

7.0 Introduction

The study was based on the communication effects and its impact on the dissemination of HIV/AIDS information to the youth with specific reference to two Kafue based CCF Zambia affiliated projects. The study was aimed at: establishing the type of communication mostly used by CCF Zambia enrolled youth, knowing what the CCF Zambia enrolled youth perceive as the most effective communication channel as well as establishing the most effective communication channel they prefer for getting information on HIV/AIDS. Additionally, the study sought to explore the other factors that influence the youth to prefer a certain communication channel as a means of getting information on HIV/AIDS. The study equally sought to find out how the CCF youth utilise the HIV/AIDS information they receive from the communication channel of their choice as well as establishing their preferred level of involvement in the development of communication messages/materials on HIV/AIDS.

7.1 Conclusions

Having the various chapters of this report, the researcher has arrived at the following conclusions in relation to the study objectives and questions.

With regards general information, the study established that there were more male than female youth enrolled with CCF Zambia. The study also revealed that most of the CCF enrolled youth were in the age group 16 to 20 years and therefore fell in the school going age. This is in accordance with the CCF Zambia enrolment policy. The study further revealed that most of the youth are single although there is a minimal percentage of married ones, which is contrary to the CCF enrolment policy that targets children and not married people. As regards education, the study established that most of the youth are still school going while a quarter of them do nothing at the moment. In fact most of them are in secondary school. The study further revealed that slightly over half of the youth lived in the rural area.

In terms of the type of communication mostly used by CCF Zambia enrolled youth, the study revealed that the youth depended on interpersonal communication outlined below in order of use; parents, friends and teachers. In terms of mass media the study showed youth depended on radio and television in that order. Going by the above findings, it is clear that interpersonal communication comprising parents, friends, teachers and the church remained the major source of information for the youth when combined. Additionally, the study revealed that most rural youth depended on their parents, friends and their teachers for information on HIV/AIDS. In terms of mass media, most of the rural youth depended on radio. Comparatively, most youth frequently used radio as the main source of information. On the other hand, most of the youth never used brochures as the main source of information. However, the study established the fact that for one to catch the youth on many issues of interest, interpersonal communication, with parents being the most appropriate means of reaching youth with information. The study brings forth the fact that for a communication to be accessed by the youth, it should have the entertainment appeal, be easy to understand and readily available. Additionally, the communication should be youth friendly. One noteworthy fact is that male and female youth have different perceptions in terms of what it is they look for in a communication type as can be seen by the statistics in figures 4 to 11 in chapter five.

As for what the CCF Zambia youth perceived as the most effective communication channel, the study established radio as an effective communication channel for dissemination of HIV/AIDS messages. Youth considered the Newspapers the least effective communication channel. However, during focus group discussions, the youth expressed the need to utilize the inherent strengths in each of the different communication channel by adopting a media mix. The researcher also looked at whether one's gender and level of education had any bearing on their choice of what they considered as an effective communication channel in disseminating HIV/AIDS information. The study established that most of the male youth with a secondary school level of education considered radio as the most effective mass medium for disseminating HIV/AIDS messages compared to only few females in the same education group. However, for those with primary level of education more females than males

chose radio. Even most of those that had no education chose radio as the most effective mass medium for disseminating HIV/AIDS message. This means that education level had little to do with one's perception about the effectiveness of the communication channel in terms of dissemination of HIV/AIDS messages. In terms of factors that youth considered in identifying a communication type as being effective, most of them indicated that a communication needed to be easy to understand, in other words, they placed emphasis on simplicity of the communication. The other important factor was use of local language and that a communication needed to be readily available. For most of the youth, cost of the communication channel that is in terms of cheapness was the least consideration.

As for the most effective communication channel youth preferred for getting information on HIV/AIDS, the study established that most youth preferred their friends followed by radio for getting information on HIV/AIDS. Again, when one compares interpersonal communication and mass media, it is clear that for effective dissemination of HIV/AIDS information, various types of interpersonal communication (friends, parents, teachers and the church) should be considered as being critical. The study established that friends were specifically seen in the context of them being entertaining, easy to understand, readily available, educational and youth friendly. This preference for their friends as the source of information on HIV/AIDS can be explained through the principles of the Uncertainty Reduction Theory. This theory is relevant to the study results in that many youth search for trust, mutual understanding shared meaning as they interact with various groups in their quest to get more information on the prevention and mitigation of HIV and AIDS. HIV/AIDS being what it is requires a lot of confidentiality and trust. Youth therefore rely on their friends who they consider as friendly and trustworthy.

The study also looked at reasons one considered in preferring a communication for getting information on HIV/AIDS. It established the fact that most of the youth especially those from the rural areas required a communication they considered effective to also be entertaining. Slightly over half of the youth from the rural area also preferred a communication channel that was easy to understand. Most of the rural

youth equally wanted a communication to be educational with the others preferring that the communication was youth friendly. In other words, most of the rural youth preferred getting HIV/AIDS information from a communication that was entertaining, easy to understand, readily available, educational and youth friendly. Additionally, the study brought out the fact that for male youth, other factors they considered important in preferring a communication included; influence from peers and when such a communication carried more information on HIV/AIDS. As for the female youth, preference of a communication was influenced by parents/guardians and if the communication was the only source of information on HIV/AIDS.

In terms of when they accessed a communication of their choice, the youth indicated times ranging between 14.00 and 15.59 hours. This means that for information targeted at the youth, the best time of the day is between 14.00 and 18.00 hours. The main reason for this manner of attending was that this was the time most of them are free.

As for the way CCF Zambia youth used the information received from the communication channel of their choice, the study established that most of the youth used this information to know more about HIV/AIDS, followed by those that used the information for sharing with their peers while others used the information to create awareness in the community as well as helping them change their behaviour.

In terms of level of involvement in the development of communication messages/materials, the study revealed that most of youth would like to get involved in the designing of the HIV/AIDS messages/materials. In fact half of those that wanted to get involved held strong views about the issue. In terms of their level of involvement those aged 16 to 20 years wanted to be involved in the designing of messages, production of materials and distribution. The study findings therefore show the need for youth to actively participate in the different aspects of the HIV/AIDS production process.

7.2 Recommendations

The following recommendations are based on the findings and conclusions drawn from the study and are aimed at helping to improve the dissemination of HIV/AIDS information to the youth.

1. CCF Zambia should ensure all the communication interventions are backed by research so as to establish appropriate channels for effective message interventions.

2. CCF Zambia should maximise use of the existing structures such as schools, parents committees and youth groups to enhance the flow of information on many issues including HIV/AIDS in view of the widespread use of interpersonal communication by the youth.

3. For most programmes targeted at the rural youth, CCF Zambia should utilize radio, which is not only effective but has wider access compared to other mass media.

4. Since Communication is used as a cross cutting issue, CCF Zambia should have clearly defined communication strategies in the respective programmes that need communication intervention.

5. Youth should take an active role in the development of communication messages/materials.

6. Cost not withstanding, CCF Zambia should endeavour to utilize a combination of various communication channels both mass and interpersonal communication in the dissemination of HIV/AIDS information dissemination should.

7.3 Conclusion

CCF Zambia has made some strides to integrate communication in most of the programmes especially those requiring change. However, as observed in chapter six above, there seems to be many gaps as far as meeting the expectations of the youth communication needs are concerned. Even though attempts have been made to try and use communication for development that requires active participation of the information recipients, there seems to be a lot of challenges in this area. For instance, there is no documentary evidence to show the mechanisms used in the selection of the communication channels used in reaching the youth or indeed any other target audiences. The researcher contends that the selection is done in an arbitrary manner without scientific backing. Perhaps one would agree with the conclusion arrived at by the UNAIDS (2001, quoted in Panos 2003, p. 21) that; there is an assumption that creating awareness through media campaigns will necessarily lead to behaviour change. The study has brought out some important findings among them the fact that most of the youth depend on interpersonal communication means such as their parents, friends, teachers to get various types of information. Additionally, most of the youth would like to get involved in the whole communication process of HIV/AIDS information. CCF Zambia therefore needs to utilize communication channels that reach the youth thereby ensuring suitable messages are sent to the targeted audience using the most appropriate channel with intended effect. This, however, requires building on the findings of this study to understand whether youth use the same interpersonal communication channels whenever they sought other important information affecting their well being.

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APPENDICES

Appendix 1: Introductory letter

Appendix 2: Focus Group Discussion Guide

Appendix 3: Questionnaire

Appendix 4: Schedules for training of Data Collectors and Focus Group Discussion

APPENDIX 1 – INTRODUCTORY LETTER

ntroductory Letter

OPIC: Communication types and their impact on dissemination of HIV/AIDS information to the youth: A study of two Christian Children's Fund (CCF) Zambia Kafue District Projects.

ear Respondent,

is study is part of the research project to understand better how different types of mmunication impact on the dissemination of HIV/AIDS information on young people e you. You have been randomly selected to participate in this survey by way of swering the questions in this questionnaire. Please answer all questions as they apply you.

the information that you provide will be treated with the strictest nfidence and will be used for research purposes only. We would therefore preciate if you answered as truthfully as possible.

anking you in advance for taking time to help us with this valuable data.

anks for your cooperation.

urs faithfully

la D. Chifukushi

APPENDIX 2 - FOCUS GROUP DISCUSSION GUIDE

Communications Effects and youth Study

1. **Communication effect and use by the youth**
   - Type of communication used
   - Frequency of use
   - Reasons for use
   - Strengths
   - Weaknesses

2. **Perceptions of the youth about communications effects and effectiveness**
   - Communications considered effective in disseminating HIV/AIDS information.
   - Factors considered for communication to be seen as effective

3. **Preferred communication effects by youth for getting HIV/AIDS information.**
   - Type of communication preferred
   - Reasons for this preferred use
   - Factors that influence this preference

4. **How youth attend to a communication in terms of:**
   - Time of day
   - Type of communication
   - Reasons for this manner of attending

5. **Utilisation of HIV/AIDS information received from communication**
   - Awareness
   - Knowledge gain
   - Sharing with others
   - Other reasons
   - Change of behaviour

6. **Involvement in production of HIV/AIDS materials/messages for communication**
   - Type and extent of involvement
   - Reasons for involvement
   - Suggestions

APPENDIX THREE – QUESTIONNAIRE

QUESTIONNAIRE ON COMMUNICATION EFFECT, HIV/AIDS AND YOUTH

Name of interviewer _____

Interviewer's code _____

Date of completion _____

Please tick as appropriate

SECTION A: Communication type and access by the youth

1. What is your main source of information on any issue of interest to you?
   (**Please tick only one)**

   1. Parents, ( )
   2. Friends, ( )
   3. Teachers, ( )
   4. Church ( )
   5. Radio, ( )
   6. Television, ( )
   7. Newspapers ( )

   8. Others please specify _____

2. What type of mass media do you access?
   (Tick all that apply)

   1. Television ( )
   2. Radio ( )
   3. Newspapers ( )
   4. Magazines ( )
   5. Brochures ( )

   6. Others please specify _____

How often do you use the following types of communication as a main source of information?
(**Tick as appropriate**)

	1. Very Frequently	2. Frequently	3. Often	4. Occasionally	5. Never
3. Television					
4. Radio					
5. Newspapers					
6. Magazines					
7. Brochures					
8. Interpersonal(with parents/guardians friends, teachers)					
9. Others specify					

10. What are the reasons for using the communication type of your choice?
(Tick all that apply)

1. Entertainment ( )
2. News ( )
3. Health Programmes ( )
4. Education Programmes ( )
5. Counselling ( )

6. Others please specify _____

11. What is your main source of information on HIV/AIDS?
(**Please tick only one)**

1. Parents, ( )
2. Friends, ( )
3. Teachers, ( )
4. Church ( )
5. Radio, ( )
6. Television, ( )
7. Newspapers ( )

8. Others please specify _____

SECTION B: Perceptions of the youth about Communication and its effectiveness

12. What Communication type would you consider to be effective in the dissemination of HIV/AIDS messages? (**Please tick only one)**

1. Parents, ( )
2. Friends, ( )
3. Teachers, ( )
4. Church ( )
5. Radio, ( )
6. Television, ( )
7. Newspapers ( )

8. Others please specify _____

13. What Mass media would you consider to be effective in the dissemination of HIV/AIDS messages?
(Tick only one)

1. Television ( )
2. Radio ( )
3. Newspapers ( )
4. Magazines ( )
5. Brochures ( )

6. Others please specify _____

14. What factors do you look at to identify a communication as being effective?
(Tick all that apply)

1. Readily available ( )
2. Cheap ( )
3. Easy to understand ( )

4. Use of local language ( )

5. Others please specify _____

SECTION C: Preferred Communication by youth for getting HIV/AIDS information.

15. What type of communication would you prefer for getting HIV/AIDS information?
(Tick only one)

1. Parents, ( )
2. Friends, ( )
3. Teachers, ( )
4. Church ( )
5. Radio, ( )
6. Television, ( )
7. Newspapers ( )

8. Others please specify _____

16. What are the reasons for your choice in question 15 above?
(Tick all that apply)

1. Entertaining ( )
2. Easy to understand ( )
3. Readily available ( )
4. Educational ( )
5. Youth friendly ( )

6. Others please specify _____

17. What other factors do you consider important in your preference for a communication?
(Tick all that apply)

1. Influence from peers ( )
2. Influence from parents/guardians ( )
3. Only source of information ( )
4. carries more information on HIV/AIDS ( )

5. Others please specify _____

18. When exactly do you access your communication of choice?
(Tick only one)

1. 06:00 - 07:59 ( )
2. 08:00 - 09:59 ( )
3. 10:00- 11:59 ( )
4. 12:00 - 13:59 ( )
5. 14:00 - 15:59 ( )
6. 16:00 - 17:59 ( )
7. 18:00 - 19:59 ( )
8. 20:00 - 21:59 ( )
9. 22:00 - 23:59 ( )
10. 24.00 - 05.59 ( )

19. What are the reasons for this manner of attending? _____
20. How do you use the HIV/AIDS information received from the Communication of your choice?

(Tick all that apply)

1. To know more about HIV/AIDS. ( )
2. To create awareness in the community ( )
3. For sharing with peers ( )
4. To help me change by behaviour ( )

5. Other reasons specify _____

21. **For the following statement, please tick (√) the selection that matches your view most closely.** Youth should be involved in the designing of HIV/AIDS messages/materials?
(Tick only one)

1. Strongly agree ( )
2. Agree ( )
3. Disagree ( )
4. Strongly disagree ( )
5. Not sure ( )

If you 'strongly agree or agree' answer the following question, if you 'disagree or strongly disagree' go to section D.

22. How would you like to be involved?
(Tick only one)

1. Designing of HIV/AIDS messages only ( )
2. Production of HIV/AIDS materials only ( )
3. Distributions of HIV/AIDS materials only ( )
4. Designing of messages and production of materials ( )
5. Designing of messages, production of materials and distribution ( )

6. Others please specify _____

SECTION D: Demographics

23. Are you?
(Tick only one)

1. Male ( ) 2. Female ( )

24. Age
(Tick only one)

1. 15 years ( )
2. 16 to 20 years ( )
3. 21 to 24 years ( )

25. Marital status
(Tick only one)

1. Married ( )
2. Widowed ( )
3. Single ( )

ducational Level
Tick only one)

. Primary school ( )
. Secondary school ( )
. Tertiary ( )
. No education ( )

ccupation
Tick only one)

. Subsistence farmer ( )
. Government worker ( )
. Private company/NGO ( )
. Self employed ( )
. School going ( )
. I do nothing ( )

rea of residence
Tick only one)

. Rural ( )
. Urban ( )

Thank you so much for your time and God bless you.

APPENDIX 4: SCHEDULES FOR TRAINING OF DATA COLLECTORS AND FOCUS GROUP DISCUSSION

te	Project	Time
rsday 01/02/07	Kafue Central Social Services Project	09:30 to 11:00 hours
rsday 01/02/07	Kasaka Project	11:30 to 13:00 hours

cus Group Discussion (FGD) Schedule

te	Project	Group	Time
ay 02/02/07	Kafue Central	Mixed	09.30 to 10.30 hours
		Males	10.30 to 11.30 hours
		Females	11.30 to 12.20 hours
ay 02/02/07	Kasaka Project	Mixed	13.00 to 14.00 hours
		Males	14.00 to 15.00 hours
		Females	15.00 to 16.00 hours

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		Males	14.00 to 15.00 hours
		Females	15.00 to 16.00 hours