

**AN INVESTIGATION INTO THE AWARENESS AND  
UTILIZATION OF HIV/AIDS INFORMATION  
RESOURCES AND SERVICES OF THE NATIONAL  
AIDS COUNCIL OF ZAMBIA**

**BY**

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## DECLARATION

I, **Nyoni Bedson**, hereby declare that the research **An Investigation into the Awareness And Utilization of HIV/AIDS information resources and services of the National Aids Council of Zambia** is my own work and has not been previously published or presented anywhere, and that all the sources that were consulted have been indicated and acknowledged by means of complete references.

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## CERTIFICATE OF APPROVAL

This dissertation by Bedson Nyoni is hereby approved as partial fulfilment of the requirements for the award of the Degree of Masters of Library and Information Science (MLIS) by the University of Zambia.

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## **DEDICATION**

This research study has wholeheartedly been dedicated to all my family members for their holistic support. My sincere gratitude goes to my lovely wife Audrey whose love, support and encouragement inspired me to work hard. You are dear to me. To my wonderful children Vanessa, Chabota, Lulayo and Twapewa, thank you also for your patience, tolerance and understanding during the time I was pursuing my studies at the University of Zambia

## ABSTRACT

The Human Immunodeficiency Virus (HIV), a retrovirus that attacks the immune system results in a continuous immunodeficiency that predisposes the infected to opportunistic infections, came to the fore in 1981. In the absence of a potent antiretroviral treatment, immunodeficiency is often in due course fatal in nearly all cases. This is because it would have reached the advanced stage described as acquired immunodeficiency syndrome (AIDS). This study aimed at investigating the awareness and utilisation of Human immunodeficiency virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) resources and services offered at the National AIDS Council (NAC), using a case study research design and collecting data from a sample of 10 health organisations in Lusaka who have membership representation on the National Health Promotion Technical Working Groups of the National Aids Council. At each health organization, nine (9) questionnaires were administered, and 1 key informant was interviewed using an interview guide. The study's overall objective was to investigate the awareness and utilisation of HIV/AIDS information resources and services offered by the National AIDS Council. Following this, the specific objectives were to: find out the awareness of HIV/AIDS information resources available at NAC; discover utilisation of HIV/AIDS information resources available at the National AIDS Council; and ascertain utilisation of HIV/AIDS services available at the National AIDS Council. The study revealed that all the respondents (all key informants and 82% of questionnaire enumerated respondents) were aware of the HIV/AIDS information resources available at the National AIDS Council which they preferred to access in digital format as they could access the information remotely, the majority of the 52 (67%) respondents were of the view that the HIV/AIDS information in the library was accessible which they frequently made use of and, the majority of the 39 (50%) respondents were of the view that they were given ample time to utilise the HIV/AIDS services at the National AIDS Council. Some of the challenges the study revealed include less digital and local content materials, access challenges to materials and less sensitization among others. The study recommends that National AIDS Council should collect more IEC materials in digital format, National AIDS Council should ensure that its internet connectivity is improved to ensure that it is efficient to facilitate accessibility to the IEC materials without challenges to users, National AIDS Council should ensure that they collect the latest IEC materials, and that the IEC materials should include local content as much as is possible, and National AIDS Council should ensure that more sensitization is done to the general public on IEC materials so that more people can utilise the resources.

**Keywords:** *awareness, utilisation, resources, HIV/AIDS, National AIDS Council, Lusaka District, Zambia*

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## LIST OF ACRONYMS AND ABBREVIATIONS

AHF	AIDS Healthcare Foundation
CHAZ	Churches Health Association of Zambia
CIDRZ	Centre for Infectious Disease Research in Zambia
EHR	Electronic Health Record
eMTCT	Elimination of Mother to Child Transmission
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
IEC	Education and Communication Materials
NAC	National AIDS Council
NASF	National Strategic Framework
NGOs	Nongovernmental Organisations
NZP+	Zambian People Living with HIV
PHR	Personal Health Record
TB	Tuberculosis
TDRC	Tropical Diseases Research Centre
UNAIDS	United Nations Programme on HIV and AIDS
UNESCO	The United Nations Educational, Scientific and Cultural Organisation
UNZA	University of Zambia
VMMC	Voluntary Medical Male Circumcision
ZAMPHIA	The Zambia Population-Based HIV Impact Assessment
ZHECT	Zambia Health Education and Communications Trust

## **CHAPTER ONE: INTRODUCTION**

### **1.0 Overview**

This chapter presents a general background to the study on the awareness and utilisation of HIV/AIDS information resources and services offered by the National AIDS Council (NAC) in Lusaka, Zambia. Precisely, the chapter provides a brief highlight of HIV in Zambia, its impact and the role of the National AIDS Council in providing information resources and services to the public. It also situates information as integral in dealing with the HIV and AIDS pandemic. Further, it provides a statement of the problem, general and specific objectives, research questions that guided the study, significance of the study, and definition of key concepts used in the study. A summary to the chapter is also provided at the end.

### **1.1 Context of the study**

The Human Immunodeficiency Virus (HIV), a retrovirus that attacks the immune system results in a continuous immunodeficiency that predisposes the infected to opportunistic infections, came to the fore in 1981. Since then, the majority of the world's nations have had to contend with HIV as one of the worst health dangers ever (Reeves, 2000; UNAIDS, 2018). In the absence of a potent antiretroviral treatment, immunodeficiency is often in due course fatal in nearly all cases. This is because it would have reached the advanced stage described as acquired immunodeficiency syndrome (AIDS). Most commonly, the virus is passed from person to person through blood, semen, vaginal fluids and breast milk (Zambia Population-Based HIV Impact Assessment (ZAMPHIA), 2016).

#### *1.1.1 HIV/AIDS in Zambia*

The first HIV case in Zambia was reported in 1988. By 1991, the Zambia National AIDS Programme had recorded as much as 15,000 cases. This accounted for roughly about 15% of the total deaths. The estimated adult prevalence rate for the ages 15 to 49 years was about 19% in 1988 and estimates indicate that close to 90,000 people had died of AIDS by the year 1998 (NAC, 2020). In less than a decade, it became evident that the HIV and AIDS pandemic had become a threat to development in Zambia with its massive potential to eroding macro-economic growth, human capital development and growth in labour productivity. This was particularly observed in the drop in life expectancy from 54 years in the mid-1980s to 37 years in 1998. More than 25,000 newborns were born with the virus each, leading to a worsening of infant mortality rates in the country. Consequently, Zambia had over 500,000 orphans by 1999 (NAC, 2020). Towards the end of 2018, 1.2 million people were living with HIV against a global population of 37.9 million living with HIV, another 48,000 people were newly infected

with HIV, and slightly over 17,000 people died from some AIDS-related illnesses (The Joint United Nations Programme on HIV/AIDS (UNAIDS), 2018).

In response, the National HIV/AIDS/STI/TB Council was established. This was undertaken through an Act of Parliament Number 10 of 2002. It was in a bid to coordinate the national multi-sectoral AIDS response in Zambia (Government of Zambia, 2002). The Council was entrusted with the mandate of further consolidating the adoption of the “three-ones principle”, a strategy premised on the understanding that for effective coordination of the national response, countries should have one national coordinating authority, one national strategic framework and one national monitoring and evaluation plan (UNAIDS, 2004). It adopted a multi-sectoral and multi-faceted approach to mitigating the pandemic. For instance, the introduction of workplace framework policies in government ministries provided information on how the pandemic could be addressed at all levels of the Zambian society (Ministry of Education, 2008).

Over the years, Zambia has been able to make tremendous progress in responding to the HIV and AIDS pandemic. In this regard, there has been a reduction in the number of people newly diagnosed with HIV and with active tuberculosis (TB). For instance, the numbers of people who were infected and were entering care had fallen significantly from 66% in 2015 to 10% in 2017 (UNAIDS, 2018). The country has adopted the Joint United Nations Programme on HIV and AIDS (UNAIDS) vision to end AIDS by 2030 and is part of the global alliance to end childhood AIDS by 2030. To achieve this goal, our national strategic plan prioritizes the use of data to measure progress and continuously identify areas that need intervention.

Despite the progress, the HIV burden remains high and disproportionately affected females. Estimates indicated that of the 1.2 million adults living with HIV, there were 700,000 (58.33%) found to be women. New HIV infections among young women aged 15 to 24 years was more than double those among young men; 13,000 new infections among young women compared to 5,600 among young men. HIV treatment was higher among women than men, however, with 83% of adult women living with HIV on treatment, compared to 69% of adult men (UNAIDS, 2018). With an HIV prevalence of 15.9% and 15.7%, Western and Lusaka provinces respectively had the greatest HIV burden, with Muchinga province being the least burdened at 5.7% (ZAMPHIA, 2016). The Zambia population-based HIV impact assessment of 2021 indicated that:

- There were approximately 28,000 new cases of HIV annually among adults in Zambia;
- The prevalence of HIV among adults in Zambia was 11%;

- The highest HIV prevalence among adults aged 15+ years was found in Lusaka Province at 14%, the lowest was in Northern at 6%; and that,
- Zambia’s progress towards the UNAIDS 95-95-95 targets stand at 89%, 98%, and 96% among adults (15+) living with HIV (ZamStats, 2022).

### *1.1.2 HIV/AIDS and its impact in Zambia*

The HIV and AIDS epidemic remains one of Zambia’s major health problems. The designation of the AIDS epidemic as an emergency was resoundingly affirmed at the 11<sup>th</sup> International Conference on AIDS and STIs in Africa which was held in Zambia in 1999. Current estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) indicate that adult HIV prevalence is about 12.9% (National AIDS Council, 2022). About 90% of new HIV infections in Zambia are driven by structural and biomedical factors such as multiple and concurrent sexual partnerships, mother to child transmission, low and inconsistent condom use, low levels of male circumcision, and mobility and labour migration (CIDRZ, 2020).

The socio-economic impact of HIV and AIDS in Zambia has been enormous as people most affected tend to be at the peak of their productive and reproductive lives. Macro-economic growth, human capital development and growth in the labour productivity are rapidly eroded (CIDRZ, 2020). For example, in the agriculture and mining sectors, production is inhibited as labour time is reduced due to sickness or the need to care for sick family members. With respect to businesses, the impacts of HIV/AIDS are particularly severe; because economies depend on labour-intensive industries that are vulnerable to endogenous factors such as human capital, changes in commodity prices and international trade. Impact studies show that businesses in the region have been significantly affected by these and other factors (SABCOHA, 2004).

Despite the HIV/AIDS negative effects on education, the Zambian government in general, and the Ministry of Education in particular, embraced the notion of education as a “social vaccine” (UNESCO, 2007) and responded by making HIV education an integral part of the school curriculum. This was followed by introducing a number of HIV prevention programmes in all institutions of learning. The adoption of this approach was from the understanding that education offered either in or outside schools was likely to equip young people with knowledge about HIV and AIDS; and skills essential for HIV prevention (Ministry of Education, 2008).

The foregoing discussion and statistics provide a gloomy picture of the epidemic in Zambia. This is despite world governments having adopted the 2016 Political Declaration on Ending AIDS, whose vision extends beyond the government sector; but includes private industry and labour groups, faith-based organisations, non-governmental organisations (NGOs) and other

civil society entities, including those representing people living with HIV (UNAIDS, 2020). Thus, public awareness and utilisation of HIV/AIDS information resources is critical and requires concerted efforts by all, citizens and institutions. In this context, the public and institutions could utilise information resources held in resource centres by raising awareness on HIV prevention and treatment, especially among adolescents. In this manner, resource centres could be partnering with governments to prevent HIV transmission in society.

In Zambia, several agencies are involved in the fight against HIV and AIDs; the Ministry of Health, Zambia National Public Health Institute (ZNPPI), National HIV/AIDS/STI/TB Council, University of Zambia (UNZA), Central Statistical Office (CSO), Tropical Diseases Research Centre (TDRC), University Teaching Hospital (UTH), the United States President's Emergency Plan for AIDS Relief (PEPFAR), the United States Centers for Disease Control and Prevention (CDC), International Centre for AIDS Care and Treatment Programmes (ICAP) at Columbia University, Centre for Infectious Disease Research in Zambia (CIDRZ), Network for Zambian People Living with HIV (NZP+) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

At the centre of all the organisations is the National AIDS Council of Zambia whose role and function in the national multi-sectoral AIDS response are to: coordinate and support development; monitor and evaluate the AIDS response; advise government on appropriate and evidence-based prevention, treatment, and coordination strategies; and, facilitate the reduction of the social and economic impacts of the epidemic in the country (National Aids Council, 2020). Some of the high impact interventions NAC has embarked on are: treatment, HIV testing and counselling; elimination of Mother to Child Transmission (eMTCT); Voluntary Medical Male Circumcision (VMMC), condom promotion and distribution, social and behaviour change, and provision of HIV and AIDS Information.

### *1.1.3 Role of NAC in provision of HIV/AIDS information resources and services*

The National AIDS Council (NAC) and its partners play a crucial role in the provision and dissemination of information resources to the public. Ensuring the “provision and dissemination of information and education on HIV, AIDS, STI and TB” was one of the key functions that NAC was mandated with (GRZ, 2002); therefore, making NAC the centre in approving the HIV/AIDS Information, Education and communication materials (IEC) provided to the public. To ensure consistency and standardisation in HIV materials, any material produced has to first undergo editing, review and be approved before it is published. NAC resource centre also receives and produces a lot of HIV/AIDS materials which in turn, it

distributes to all the provinces via the Zambia Library Service to all resource centres, public libraries, private libraries, non-governmental organisations and government line ministries in the country. One of the NAC supporting partners in the provision of HIV/AIDS Resource Centre in Lusaka is Dziwani, the Knowledge Centre for Health (National Aids Council, 2020). Dziwani is a one-stop-shop for health information in Zambia. Developed from the Afya Mzuri HIV Resource Centre, Dziwani has been expanded to include the related topics of malaria, tuberculosis, maternal and child health, sexual and reproductive health, as well as HIV and AIDS. Dziwani has undergone a rapid expansion and strengthening programme to encompass: expansion of the collections to include related health topics, refurbishment of the premises, strengthening of technology infrastructure and database access facilities, development of IEC archive, and logistics (distribution and tracking) system; so as to better support the HIV and AIDS response in Zambia (ZHECT, 2020).

#### *1.1.4 HIV and AIDS information*

Due to the unavailability of treatment and vaccines on HIV/AIDS, Information is therefore essential for stopping the infection from spreading. To aid this, libraries and resource centres become crucial in their capacity as information gatekeepers because they serve to foster literacy and education, encourage lifelong learning, and provide access to HIV/AIDS information and resources. Because of their intrinsic capacity to meet the demands of HIV/AIDS prevention initiatives, libraries are in a unique position to distribute information about the disease (Albright & Kawooya, 2007; Lancaster, 2003). Among the various HIV/AIDS information needs of practical importance include; information resources oriented on the counselling of couples to encourage monogamy within marriage and stable, long-term relationships, as it is unwise to assume mutual monogamy within all marriages or long-term relationships; information related to health care providers and information needed to appropriately manage their health issues; Resources and settings for family planning staff Acquiring the time, skills, and resources for effective family planning counselling may also be cardinal.

In a report by the American Association for the Advancement of Science, Chobot (2003) contends that most Americans are hungry for health information, and the place that many people go to find answers to their questions, and other health information is their local public library. Premised on similar understanding, NAC took a national leading role in dissemination of HIV/AIDS educational information and services throughout the country by partnering with the Zambia Library Services, non-governmental organisations, universities and other HIV/AIDS and health resource centres. Overall, public libraries have attempted to integrate HIV/AIDS educational information into their general services. Many public and school

libraries have created HIV/AIDS “corners” that include mostly pamphlets and ephemeral materials to raise HIV/AIDS awareness (National Aids Council, 2020).

Oyelude and Oti (2007) opine that lack of information to help in taking decisions on personal health matters constitute a great barrier to fighting the scourge of HIV/AIDS. In their paper, they enumerate intervention programmes in Nigeria that could help halt the spread of HIV/AIDS and other killer diseases in line with the country’s strategic goals. They go further, to explain the role of libraries and librarians on HIV/AIDS information dissemination. Needless to say, libraries have in recent times become common ground for providing proactive prevention-focused information services. In Zambia, it is the identification of education as a the single most important weapon to fight the spread of HIV/AIDS by the United Nations General Assembly Special Session on HIV/AIDS and the World Bank that prompted the Ministry of Education to make HIV/AIDS education an integral part of the curriculum at all levels of education (World Bank, 1999; Kelly, 1999).

Against this background, this study investigated the awareness and utilisation of HIV/AIDS information resources and services with a specific focus on the Zambian National HIV-AIDS/STI/TB Council. Libraries, together with other stakeholders who have collaborated in the national AIDS response require a serious continued partnership as the country approaches a critical point in permanently changing the course of the HIV/AIDS response.

## **1.2 Statement of the problem**

The HIV/AIDS continue to be a major public health issue in Zambia and is one of the top five causes of morbidity among communicable diseases. The national HIV prevalence in Zambia remains high, at over 11% in the 15-49 age group, with urban areas (15.9%) recording twice as high compared to rural areas (7.1%) (ZDHS, 2018). However, with increasing access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to have long and healthy lives. Over the last two decades, the response to HIV in Zambia has expanded from treatment-focused policies in the early 1990s, which included a limited HIV prevention focus, to the development of prevention-specific policies and guidelines in more recent years.

The National AIDS Strategic Framework (NASF) 2017 - 2021 was designed to provide adequate space and opportunities for communities, civil society, private sector, development partners and public institutions to actively participate in the implementation of evidence-based

HIV and AIDS programmes with respect to their mandates and comparative advantages, ensuring a common response (National Aids Council, 2020). Developed through a participatory and consultative process, the NASF reflects the aspirations of the people of Zambia in fighting the HIV and AIDS epidemic. The framework was intended to support the decentralised implementation of the HIV/AIDS response.

Over the past three decades, the Government of the Republic of Zambia, together with its development partners, has provided unwavering support to the Acquired Immune Deficiency Syndrome (AIDS) response in the country. Since 2002, when the first National AIDS Strategic Plan was launched, Zambia has recorded remarkable accomplishments in halting and beginning to reverse the effects of the epidemic. In spite of the achievements, Zambia is still one of the top 10 countries in the world with the highest number of HIV and AIDS cases (WHO, 2023).

Further, Zambia still being recorded as at 2023 of having one of the highest HIV burdens in sub-Saharan Africa where around 29,000 adults and 4,400 children became newly infected with HIV in 2022 (UNAIDS, 2023). As at 2023, the current estimates for overall HIV annual incidence among adult men and women aged 15-49 years stood at 1.86% in 2022 (UNAIDS, 2023). These statistics show that about 1.4 million people in Zambia are living with HIV (UNAIDS 2023).

The studies on literature undertaken on library awareness and utilisation of HIV/AIDS resources and services are narrow in scope. Furthermore, there has been no research study in Zambia that has been conducted to establish library awareness and utilisation of HIV/AIDS resources and services together and therefore, the study intended to fill in this knowledge gap. Furthermore, Oyelude and Oti (2007) opine that lack of information to help in taking decisions on personal health matters constitute a great barrier to fighting the scourge of HIV/AIDS.

Integration of libraries to foster proactive, prevention focused HIV/AIDS information could provide an enabling tool to close the information gap associated with HIV/AIDS (Bamise, 2009). In addressing issues of lack of public awareness and use of information resources on HIV/AIDS, the study investigated the awareness and utilisation of HIV/AIDS information resources and services with particular focus on the National AIDS Council (Bamise, 2009). The study is particularly relevant to inform policy and raise awareness on the need to employ targeted interventions in the fight against HIV/AIDS.

### **1.3 Objective of the Study**

The main objective of this study was to investigate the awareness and utilisation of HIV/AIDS resources and services offered by the National AIDS Council.

#### *Specific Objective*

The study was guided by the following specific objectives:

- a) To find out the awareness of HIV/AIDS information resources available at NAC
- b) To discover utilisation of HIV/AIDS information resources available at NAC
- c) To ascertain utilisation of HIV/AIDS services available at NAC.

### **1.5 Research Questions**

This study is guided by the following research questions:

- a) Is the public aware of HIV/AIDS information resources available at NAC?
- b) To what extent is the public utilizing the HIV/AIDS information resources available at NAC?
- c) To what extent is the public utilizing the HIV/AIDS services available at NAC?

### **1.6 Significance of the Study**

It is hoped that the findings of this study will contribute to the development of effective strategies and mechanisms of awareness of HIV/AIDS and utilisation of information resources and services at National AIDS Council and other institutions tasked with the delivery of HIV/AIDS information. The study will provide an understanding of awareness of the existence of HIV/AIDS information resources and the extent to which that HIV/AIDS information is being utilised. It is anticipated that the study will serve as reference material for further studies and lastly, the study will add to the existing body of knowledge.

### **1.7 Limitations of the study**

This study is limited to the National AIDS Council and its related working partners and used a case study research design. As such, the study findings cannot be generalized to the whole country, unless where similarities exist, or another research is done using other research methods which may generate different results.

## **1.8 Delimitations of the study**

This study is focused on the National Aids Council of Zambia. The study sample is delimited to those organizations who were members of the National HIV/AIDS IEC/BCC Technical Working Group (TWG) at the time of the research. It is possible therefore, that if a different sample was drawn up; perhaps different findings and conclusions could be drawn. Nevertheless, this study based on a sample out of the National HIV/AIDS IEC/BCC Technical Working Group (TWG) provides lessons that could be relevant in HIV/AIDS information resources and services provision.

## **1.9 Operational Definitions of Key Concepts**

**Awareness:** relates to knowing that something exists or having knowledge or experience of a particular thing. It is the ability to directly know and perceive, to feel, or to be cognizant of events (Pietrangelo, 2018)

**AIDS (acquired immunodeficiency syndrome):** it is a disease that can develop in people with HIV. It's the most advanced stage of HIV (Pietrangelo, 2018).

**HIV (Human Immunodeficiency Virus):** this is a virus that attacks and damages the immune system. The immune system helps the body fight off infections (Pietrangelo, 2018).

**Information resources:** are the total means available and organized in a library for the support of learning, teaching and research for the public, an organization or for an individual. According to Popoola, and Haliso, (2009), information resources are those information-bearing materials that are in both printed and electronic formats. They include textbooks, journals, indexes, abstracts, dictionaries, newspapers/magazines, reports, CD-ROM databases, internet, video tapes/cassettes, diskettes, magnetic disk, computers, micro forms, government publications, conference proceedings and so on.

**Information service:** The term "information service" means the offering of a capability for generating, acquiring, storing, transforming, processing, retrieving, utilizing, or making available information via telecommunications, and includes electronic publishing, but does not include any use of any such capability for the management (Popoola & Haliso Y. 2009).

**Utilization:** the act of using or applying something in an effective way. It is the action of using something, which is; making practical and effective use of it. Utilization may also refer to the percentage of available time that a machine, device, or employee is actively working. In this study; it means the utilisation of knowledge or information gained from a library or resource centre. This may entail various things, for example, use of that information to change behaviour or policy (Kanyengo, 2020).

## **1.9 Summary**

As HIV/AIDS remains to be a problem in Zambia, the Chapter showed that the national HIV prevalence in Zambia remains high, at over 11% in the 15-49 age group, with urban areas (15.9%) recording twice as high compared to rural areas (7.1%). In combating this, the chapter highlighted the importance of Information resources oriented on the counselling of couples to encourage monogamy within marriage and stable, long-term relationships. The chapter also provided a brief highlight of the development of effective strategies and mechanisms of awareness of HIV/AIDS and utilisation of information resources and services at National AIDS Council and other institutions tasked with the delivery of HIV/AIDS information.

## CHAPTER TWO: LITERATURE REVIEW

### 2.0 Introduction

This chapter contains three sections. Section 1 lays out the theoretical framework of the study. Under this section, the study provides theories on HIV/AIDS utilization services. Furthermore, Section 2, which includes three sub-sections namely; Global perspective, regional perspective and local perspective provide the empirical review of paper and a summary at the end.

### 2.1 Theoretical Literature

#### *2.1.1 Piaget's Theory of Cognitive Development*

According to Piaget's (1977) theory, knowledge of learners' cognitive development at different stages of childhood is necessary to comprehend their information demands and patterns of library usage. The sensory motor stage, for infants under the age of two; the preoperational stage, for children between the ages of two and four; the concrete operational stage, for children between the ages of seven and eleven; and the formal operations stage, for children between the ages of eleven and fifteen, are the four basic phases in a child's development that he explained (Piaget's, 1977). According to these notions, the librarian should consider the preferences of the students at every level while choosing reading collections that are appropriate for them.

According to the theory, the concrete operations stage during which students establish logical thought processes is the most crucial for librarians because it helps students build reading abilities, which are mostly composed of the categorization and seriation phases (Tuckett & Stoffle, 1984). In the classification stage, learners learn to mentally organize items based on their similarities, but in the seriation stage, they learn to mentally rearrange a collection of concepts according to their differences (Tyler, 2020). Piaget's theory is still relevant today since it can adapt to different learning environments and learner stages. Thus, the notion highlights the significance of the library's ability to give students the reading resources that improve their ability to develop learning skills.

#### *2.1.2 Bruner's Theory of Learning and Development*

The idea, which was put out by Bruner (1986), demonstrates that thinking and reasoning may be connected to a single process that can be tracked on three main fronts during a child's development: inactive, iconic, and symbolic modes. Hand-mouth coordination makes up the inactive mode, whereas the point at which a child begins to give significance to past events in life makes up the iconic mode. The last stage, known as the symbolic mode, is when a child exhibits the highest level of thinking by giving names to things in their environment,

demonstrating their independence in their work. This idea differs from others primarily in that it suggests learning by learners' own discovery (Bruner, 1986). Todd (2006) elaborates on the idea that school libraries serve as centres for students' inquiry, creativity, and critical thinking. This is set against the backdrop of accessing a variety of information sources, helps students develop their critical thinking, problem-solving, and reflecting skills. Furthermore, research conducted through school libraries provides a platform for learning that fosters creativity, invention, and discovery in students, according to Al-Kaabi (2015). Furthermore, Bruner (1986) emphasizes the necessity of standards in the areas of knowledge building, information literacy, reading, inquiry, and critical thinking.

## **2.2 Empirical Literature**

### *2.2.1 Awareness of HIV/AIDS information resources*

Libraries are often the primary point of access for people seeking consumer health information. Chobot (2003) points out that local public library provides a platform for the public to gather information on health-related information. Through HIV/AIDS “corners” comprising of brochures and other publications, public libraries have made efforts to incorporate HIV/AIDS education into their standard offerings (Bamise, 2009). Specifically, the introduction of children to material on HIV/AIDS through corners, children are provided with the opportunity to talk about the disease through guided discussion with their peers.

Nketiah-Amponsah and Afful-Mensah (2014) reviews HIV/AIDS awareness, knowledge, and preventive methods in Ghana over the past two decades drawing heavily on the 2003 and 2008 Ghana Demographic and Health Surveys (GDHS). The review reveals that there is almost a universal awareness of HIV/AIDS in Ghana although there are still some deficiencies in comprehensive knowledge of the epidemic. Nevertheless, there seem to be some gender differences in the level of awareness since men have more knowledge on HIV/AIDS including its prevention than women. Besides, it is revealed that knowledge of preventive measures lagged awareness of the epidemic.

Shinde et al. (2016) using a cross-sectional study, evaluated awareness regarding HIV/AIDS information among secondary school students using four randomly selected government coeducational higher secondary schools of Bhopal city of Madhya Pradesh with a sample a total of 256 students from 9th to 11th class. In the study, awareness regarding mode of transmission of HIV/AIDS was found expressed as unprotected sex by 85.94% students. Awareness regarding prevention of HIV/ AIDS, 70.70% students believe condoms as a best means of protection against HIV followed by safe blood (43.75%), disposable syringes

(40.23%). The basic knowledge of HIV/AIDS over various issues is deficient among many students.

In their 2007 study on HIV/AIDS awareness in Nigeria, Oyelude and Oti show that libraries and librarians played a crucial role in the spread of knowledge about the disease (Bamise, 2009). Chobot (2003) showed that due to their ability to provide vast information and high recognition in developing communication channels on public awareness of HIV/AIDS, libraries have provided an effective alternative as a platform to contain the HIV/AIDS pandemic globally. The study further revealed that some respondents were aware of public libraries that were providing information on HIV/AIDS, some of the respondents had been to a library before, and about half of the participants (52.9%) had heard of them.

Furthermore, George's (2004) study on the effect of young people's use of the internet on public libraries, showed young people's preference of internet service as compared to public libraries as a platform for HIV/AIDS related information. This study further reported that use of the Internet for communication, commerce, entertainment, education, and access to information has increased significantly, especially among adolescents with health issues. Recognition was made of the prevalence and rise of HIV/AIDS; arguing that more education was needed to guarantee that the heavily infected age groups continued to be made aware of the pandemics' effects (UNESCO, 2006). These actions may lessen risky sexual behaviour, and foster more acceptable attitudes towards the number of People Living with HIV/AIDS (PLHIV). In order to assure even higher prevention and awareness among this age group, the Ministry of Education has adopted a more aggressive strategy to addressing this issue in schools.

### *2.2.2 Utilization of HIV/AIDS information resources*

Omagbemi (2004) showed that in making the ideal mindfulness for the anticipation, admittance to, and usage of, the applicable data is cardinal. Consequently, the accessibility of data for each part of life assists with making mindfulness and makes life beneficial. In line with this, access and utilisation of data by the general population is crucial. Openness to data is profoundly urgent and ought not to be forestalled by any circumstance either through the association, handling, or method for spread. Onohwakpor (2011), also points to the lack of information as a cause of economic and social decline experienced.

Knowledge is expanded when the right information is acquired. It was confirmed that a lot of people are ignorant of the magnitude of both the human and material costs of contracting a disease due to lack of information. Managing information is significant to coping with illness

as well as communicative and cognitive activities like seeking, avoiding, providing, appraising, and interpreting information. Popoola (1998) posited that the ability to achieve the goal of improved healthcare services depends on the availability, accessibility and utilisation of information in the existing national information system.

Furthermore, the availability and timely access to information sources are indispensable to teaching and research into critical areas of life, such information, however, must not only be available, adequate and accessible but must also be presented in a way that is acceptable to facilitate its acceptability and eventual utilisation. The ability to deploy relevant information as a preventive means will be largely dependent upon unrestricted access and eventual utilisation. Arising from the negative impact of HIV and AIDS epidemic on individuals, groups and the nation, there have been concerted efforts at reversing the ugly trend from many stakeholders including medical practitioners, mass media and governments at all levels. It is in this regard that a study on information accessibility and utilisation by agencies for the control of HIV/AIDS, such as this, was considered appropriate.

According to a study by Otike (2003), the media, both print and electronic, and frequent reporting on the social, economic, and medical elements of the pandemic are the primary sources of information about HIV/AIDS that are used. Additionally, a variety of information-gathering channels were identified, including print and non-print media, mass media, interpersonal contacts, and print and non-print formats. The availability and accessibility of health information was also examined. The study pointed to the fact that the respondents' primary sources of health information were people—friends, parents, relatives, medical professionals, and the radio. Due to their extensive distribution and prompt information sharing; radio, television and newspapers are the most popular and efficient forms of mass communication. Otike (2003) further observed that a library has an important role to play in modelling the society and the youth in particular. Information resources on HIV/AIDS in the libraries are not many when one searches the literature. Information resources in libraries including health information resources are lacking, inappropriateness and limited in number and not updated frequently.

Nasir et al. (2008) showed the disparity between students from privately and publicly funded schools with respect to various HIV/AIDS matters, approximately 50% of the participants in the study had acquired HIV/AIDS material from a variety of sources. The study also found that, 61% and 44% of the students, used lectures and radio/TV as sources of information on HIV/AIDS respectively, while information from friends/relatives (31%) and healthcare

professionals (39%) were less common. The study also indicated that the distinctions between public and private dental schools should therefore be taken into account when making modifications.

According to a survey conducted by Younger (2010), that suggested that people, for example, clinicians use a wide range of sources of information but generally prefer to rely on colleagues to answer most of their questions about patient care. This is due, in part, to accessing their peers' tacit knowledge; although there is evidence that the most likely reason is that of practicality. Asking a colleague in the office is quicker than searching for an answer in a book, journal, or information system. This is true even when clinicians are provided access to resources with higher quality information, suggesting that accessibility trumps quality in real-world, busy clinical practice settings. Furthermore, the study also identified a wide range of sources used to access HIV/AIDS information and many of the sources indicated by consumers were part of the mass media, the predominant source of HIV/AIDS information.

From the above study, it can be deduced that consumers, generally choose sources based on their accessibility. Mass media and human beings are more available than specialised, targeted online resources focused on HIV/AIDS testing, treatment, and disease management. Therefore, information resources need to be made available when and where clinicians and consumers are asking questions and making decisions. Resources for users integrated into applications such as electronic health record (EHR) systems, might make more sense than a standalone resource available only through a Google search. Resources for consumers available on web sites, mobile phone applications, and accessible through personal health record (PHR) systems may be a better approach than a traditional standalone Internet site.

#### *2.2.4 Utilisation of HIV/AIDS services available*

Libraries have made an effort to incorporate HIV/AIDS instructional material into their regular services (Ghosh, 2005). Numerous public and academic libraries have established HIV/AIDS "corners" that are primarily filled with brochures and other temporary resources. Children are provided informational materials on HIV/AIDS and the chance to discuss the condition with peers under the guidance of adults in the HIV/AIDS corners. The study also found that e-learning is a practical means of disseminating knowledge among locations that are far out geographically. Public libraries may install an e-learning AIDS awareness module with the goal of educating and raising community responsiveness.

According to a study by the World Health Organisation (2011), it was revealed that 32% of men and 41% of women had used HIV/AIDS services from public libraries in Uganda. The study further revealed that the services most sought for by the general public were information on counselling and how to live a positive life amidst the HIV/AIDS pandemic. In a study by Tafuma et al. (2018) revealed that most of the users who patronized the HIV/AIDS resource centres used the references services from the library staff while others utilised the internet services of the library to check on sites which provided rich information on HIV/AIDS.

Furthermore, the study revealed that most of these patrons who frequented included people like students, researchers and teachers/lecturers. The study did note, however, that there were a number of obstacles preventing people from using HIV services. It was also recommended that attempts be made to comprehend the demands of the clients when new programmes and initiatives are implemented in the HIV/AIDS resource centres. Thus, it can be noticed that there is a chance that patronage and, in turn, the use of HIV/AIDS services will grow if programmes are created in an attempt to address some of the issues raised in the study described above.

Obeagu et al. (2023) studied how HIV/AIDS knowledge can be translated into actionable behavioral changes among secondary school students in Uganda by empowering them with comprehensive information, fostering a deeper understanding of preventive measures, and facilitating the development of responsible and informed decision-making skills, thereby reducing the incidence of HIV/AIDS transmission within this demographic. The study found that there is a relationship between risk perception and behavior change in HIV/AIDS prevention among high school students and found that this was related to the high proportion of secondary school students who think they are at risk of HIV infection which may be related to having had early sex, being sexually active, and knowing someone has died of HIV. High school students regularly engage in risky sexual behaviors, such as not using condoms and having multiple lifelong partners.

### **2.3 Summary**

The review highlighted Piaget's Theory of Cognitive Development in learners' cognitive development at different stages of childhood is necessary to comprehend their information demands and patterns as a pertinent aspect of library usage and Bruner's Theory of Learning and Development in demonstrating that thinking and reasoning may be connected to a single process that can be tracked on three main fronts during a child's development: inactive, iconic, and symbolic modes. Empirically, the review highlighted literature on Awareness of HIV/AIDS information resources; Utilization of HIV/AIDS information resources and; Utilisation of HIV/AIDS services available which showed that HIV/AIDS knowledge can be

translated into actionable behavioral changes through a coordinated approach. The literature reviewed has indicated that most people were aware of HIV/AIDS services and resources offered by libraries to the public. The review however indicated that there has been no research in Zambia that has been conducted to establish library awareness and utilisation of HIV/AIDS resources and services.

## CHAPTER THREE: METHODOLOGY

### 3.0 Overview

This chapter outlines the research methodology that was used during the study and gives justification as to why particular approaches and / or methods were selected and used. The chapter describes the research design, target population, sample size, sampling procedure, research instruments, data collection instruments used and data analysis. A summary is then provided at the end of the chapter.

### 3.1 Research Design

Research design may be described as the logical flow in the main constituent parts of a research. It is the blueprint that includes the methods and approaches, organisation and strategy. Every research method has its benefits and drawbacks, and is premised on the conception of phenomena (Green and Thorogood, 2009). This study used the Case Study design using mixed-methods approach. This approach involved collecting data that helped to explore the “what”, “how” and “why” while giving more insight into awareness and utilisation of HIV/AIDS information resources and services. This approach was selected because it allows for the researcher to learn phenomena in a much-detailed way as much as possible (Kombo and Tromp, 2006). In this case, this study allowed the researcher to learn more about the National AIDS Council. More precisely, it allowed the researcher to learn more about the awareness and utilisation of its library information resources and services.

#### 3.1.1 Target Population

The population of the study was drawn from 10 health organisations in Lusaka who have membership representation on the National Health Promotion (IEC/BCC) Technical Working Groups of the National Aids Council. This population was targeted because these organisations are one of the main ways in which the National Aids Council disseminates HIV/AIDS information resources and services to the public. Only those members who dealt with HIV/IEC information resources were targeted; and these are the National Health Promotion Technical Working group, consisting of membership of 10 working group organizations namely; AIDS Healthcare Foundation (AHF), Churches Health Association of Zambia (CHAZ), Discover Health, Marie Stopes Zambia, Network of Zambian People Living with HIV - NZP+, Restless Development, University of Maryland, Zambia AIDS Related Tuberculosis (ZAMBART), Zambia Centre for Communication Programmes (ZCCP), Zambia Health Education and Communications Trust (ZHECT).

### 3.1.2 Sample Size and Sampling Procedure

Cherry (2020) describes a sample as a subset of a population that is used to represent the entire group as a whole. The sample size of 100 is justifiable because it is representative enough to allow estimation about the population to be made. Further, the sample size of 100 is manageable in terms of costs to the researcher. The sampling technique used is non-probability sampling which involves non-random selection based on convenience or other criteria, allowing you to easily collect data.

In this case, 10 representatives from each organisation were selected using purposive sampling. Purpose sampling is the type of sampling, also known as judgement sampling, involving the researcher using their expertise to select a sample that is most useful to the purposes of the research (Kombo and Tromp, 2006). This method is appropriate in qualitative and quantitative studies where the researcher wants to gain detailed knowledge about a specific phenomenon rather than make statistical inferences, or where the population is very small and specific (QuestionPro, 2021). The sampled respondents were handling IEC/BCC activities in the organisations.

**Table 1: Sample Selection Criteria**

<b>S/N</b>	<b>Criterion for membership to the IEC/BCC Working Group</b>
<b>1</b>	Possess technical skills that will enrich the working group, e.g., expertise in IEC/BCC or advocacy such as communication professionals, health promotion officers, IEC/BCC specialists. Represent organisations working in communications and IEC/BCC to provide information on what their organisation is engaged in and share current skills and knowledge in IEC/BCC.
<b>2</b>	Include individuals with expertise in IEC/BCC and other skills in the working group. These individuals should be from tertiary institutions, civil society, multilateral and bilateral organisations and the private sector, media institutions, research institutions, and retired honorary members.
<b>3</b>	Include representatives from other TWGs and line ministries such as Ministries of Information and Broadcasting, Local Government, Youth Sport and Child Development, Community Development, Mother and Child, Gender in Development, Agriculture and Cooperatives, Education, Curriculum Development Centre and Ministry of Chiefs and Traditional Affairs.
<b>4</b>	Include Chairpersons of other thematic area TWGs, such as publicity and social mobilisation groups at national level.
<b>5</b>	Include provincial and district level TWG representatives to share information on the activities being carried out in their provinces and districts.

Firstly, members of the HIV/AIDS IEC/BCC Technical Working Group of the National Aids Council were purposively sampled because they were assisting NAC in the implementation of

IEC/BCC activities related to HIV and AIDS programmes. NAC resource centre fell under this technical working group. The 10 members of the HIV/AIDS IEC/BCC TWG were:

**Table 2: Members of the HIV/AIDS IEC/BCC TWG**

S/N	Name of Organisation
1	AIDS Healthcare Foundation (AHF)
2	Churches Health Association of Zambia (CHAZ),
3	Discover Health
4	Marie Stopes Zambia
5	Network of Zambian People Living with HIV - NZP+
6	Restless Development
7	University of Maryland
8	Zambia AIDS Related Tuberculosis (ZAMBART)
9	Zambia Centre for Communication Programmes (ZCCP)
10	Zambia Health Education and Communications Trust (ZHECT)

The organisations in Table 2 above were selected because they were the main health organisations in Lusaka who had membership representation on the National Health Promotion (IEC/BCC) Technical Working which is the main vehicle through which NAC disseminates HIV/AIDS information resources and services. As such it was helpful to find out members awareness and utilisation of HIV/AIDS information resources and services.

Secondly, it was important to sample the population in the ten organisations that were members of the National Health Promotion (IEC/BCC) Technical Working. The sample (Table 4) was comprised of a total of 100 representatives. The distribution of members selected and given self-administered questionnaires was as follows:

**Table 3: Sample Total**

S/N	Name of Organisation	Questionnaire	Interviews	Number of respondents
1	AIDS Healthcare Foundation	9	1	10
2	Churches Health Association of Zambia	9	1	10
3	Discover Health	9	1	10
4	Marie Stopes Zambia	9	1	10
5	Network of Zambian People Living with HIV	9	1	10
6	Restless Development	9	1	10
7	University of Maryland	9	1	10
8	Zambia AIDS Related Tuberculosis	9	1	10
9	Zambia Centre for Communication Programmes	9	1	10
10	Zambia Health Education and Communications Trust	9	1	10
<b>Total</b>		<b>90</b>	<b>10</b>	<b>100</b>

### *3.1.3 Research Instruments*

Self-administered questionnaires were used because the population under study was a literate one. The use of questionnaires was also appropriate and cost effective. This is true especially that the research study involved a larger sample size and geographic area (Kombo and Tromp, 2006). In addition, 10 interview guides were administered. The number of interview guides was small to allow for supplementation to the data collected using self-administered questionnaires as well as generating detailed information. The 10 interview guides were sufficient because beyond that there is a likelihood of reaching saturation point which may result in no new information or insight gained as well as increased cost and time of conducting the study. Self-administered questionnaires were distributed to 100 respondents so as to learn about their awareness and utilisation of the services and resources as they are the target audience for the resources and services made available by the National AIDS Council.

### *3.1.4 Data Collection Procedures*

The questionnaires were left with the respondents to fill in. The focal persons who were members of the National Health Promotion (IEC/BCC) Technical Working Groups were requested to assist to help distribute questionnaires to the library patrons. Before this was done, permission from the heads of the respective organisations was sought. The filled-in questionnaires were collected after a given period of one week to give the respondents enough time to respond to questions contained therein and not to lose them if it took too long to collect them back.

The interview guides were used to collect data through a structured system of open-ended questions in which a predetermined set of questions were asked using the same wording and order of questions as specified in the guide through face-to-face interaction. This approach was preferred as it provides uniform information which assures comparability of data. The researcher ensured adequate preparation for the interview by requesting for a location with little distractions as much as possible, explained the purpose of the interview, addressed the terms of confidentiality and how it intended to use the information they gave.

Furthermore, once interested respondents were identified, an explanation on the interview process, including the format and duration of the interview was provided. Clarity on difficult questions for the respondents was provided. Finally, the interview was conducted, and questions were asked. The respondents were given enough time to answer and speak without interruption.

### *3.1.5 Data Processing and Analysis Techniques*

The data processing and analysis techniques used in this research are presented below. Data analysis is one of the critical components of research. Creswell (2009) defines data analysis as a process of making meaningful and useful conclusions from bulky and jumbled pieces of information obtained during the course of one's investigation of the problem.

The quantitative data was analysed using Excel Statistical analysis while on other hand, descriptive analysis was done thematically. The common responses from the data collection section of the questionnaire were assessed and reduced into meaningful information to allow for grouping into themes. The meaningful information was then tallied in order to allow for establishment of quantity of respondents who conveyed particular information with regard to the questions posed in the questionnaire. Furthermore, where there was need to retain the words of the respondents, such responses were maintained so that the respondents' views are heard. To ensure uniformity; consistence and accuracy, all data was processed from the questionnaires by using a coding book. The analysed data was then presented in the form of a concise report that answered the scope of research problem.

### *3.1.6 Reliability*

According to Adams, Lucash, Schutte and Waits (2007), reliability refers to the consistency and stability within the measurement of the research. Reliability is a necessary condition for validity but might not be sufficient on its own, thus it is a pre-requisite for validity. For the research instrument to be valid it must provide reliable results. To ensure reliability is attained and enhanced in this study, the supervisor of the research reviewed the data collection instruments to ensure that all variables were listed and well sequenced.

Additionally, to reinforce the reliability of the questionnaire, open-ended questions in the questionnaire were minimised. As a crucial element to the interview preparation, a pilot test was also undertaken to assist the researcher in determining any flaws, limitations, weaknesses among others. From the feedback, the researcher was able to create necessary revisions before the implementation of the study (Kvale, 2007). Furthermore, a pilot test was conducted with participants that had similar interests as those that were to participate within the study implemented. This assisted the researcher with the refinement of research questions.

Finally, an in-depth literature review was conducted before and through the development of the data collection tools.

### *3.1.7 Validity*

The validity of the research refers to the accuracy of the inferences, interpretations and/or actions made based on quantitative data (Creswell & Miller, 2000). To safeguard content validity during this study, the data collection instruments were given to the supervisor and other experts who ensured that they satisfactorily cover what the researcher intended to measure. The data collection instruments were validated by experts to make sure that they measure what the research intended to cover. Additionally, the questionnaires were piloted on a number of respondents before being fully utilised in the study.

### *3.1.8 Ethical Consideration*

Ethical consideration entails that the research subjects' rights and rights of others within the research setting are protected (Burns and Grove, 2005). So as to conduct research in accordance with the approved research protocol, this study obtained ethical approval from the University of Zambia Human Social Sciences Research Ethics Committee (*HSSREC*) Committee (see Appendix D). Furthermore, a consent form (see appendix) was obtained from participants before they participated in the study. It was important to seek permission from every place where the study was conducted by giving the authorities or respondents the introductory letter from the University of Zambia. This was important to make sure that the researcher has cooperation with respondents, and this was to prevent unnecessary conflicts that would have been encountered within the process of conducting the study.

Additionally, participants were allowed to discontinue their participation at any time if they decided otherwise and this was made clear to them that it was their right to do so. Furthermore, participants had the right to know what the researcher intended to undertake. The researcher intended to share the findings with participants for their reactions, among others. However, it was made clear to every participant that there would be no monetary payment for participating in the research; the only benefit will be its social value.

In conclusion, participants within the study were treated with due respect and any personal identifiers encountered have been removed to take care of utmost confidentiality. Information collected was treated with maximum confidentiality and participants were informed that the research was purely for academic purposes only.

## **3.2 Summary**

The chapter discussed the case-study research design employed in the study which involved collecting data that helped to explore the “what”, “how” and “why” while giving more insight

into awareness and utilisation of HIV/AIDS information resources and services. The chapter also provided context on the National Health Promotion Technical Working group, consisting of membership of 10 working group organizations namely; AIDS Healthcare Foundation (AHF), Churches Health Association of Zambia (CHAZ), Discover Health, Marie Stopes Zambia, Network of Zambian People Living with HIV - NZP+, Restless Development, University of Maryland, Zambia AIDS Related Tuberculosis (ZAMBART), Zambia Centre for Communication Programmes (ZCCP), Zambia Health Education and Communications Trust (ZHECT) employed in the study and further pointing that administered questionnaires and excel software were among the major data collection and analytical tools employed in the study.

## CHAPTER FOUR: PRESENTATION OF FINDINGS

### 4.0 Introduction

The presentation of findings is made in this chapter. The chapter begins by presenting the background information with respect to the response rate and later demographic characteristics of the respondents in the study. It then proceeds to present the findings related to a) awareness of HIV/AIDS information resources available at the National AIDS Council, b) utilisation of HIV/AIDS information resources at the National AIDS Council, and c) utilisation of HIV/AIDS services available at the National AIDS Council. The summary is then given at the end of the chapter.

### 4.1 Background Information

The study used self-administered questionnaires and key informant responses in collecting data. A total of 90 self-administered questionnaires were distributed among respondents, and 10 key informants using interview guides were enumerated. There were seventy-eight self-administered questionnaires that were successfully filled. This is a considerable return that can be considered sufficient enough to consider the findings of a study reliable and representative.

#### 4.1.1 Demographic Characteristics of all respondents

The demographic characteristics included information on age, gender, number of years of using the library, education level, type of library and profession of respondents. This data was collected on all the respondents engaged in the study.

##### 4.1.1.1 Gender

The study endeavoured to determine the gender of respondents participating in the study. From a total of 88 respondents, the study revealed that about 57 (65%) of the respondents were male and about 31 (35%) of the respondents were females. This implies that more males took part in the study as compared to female counterparts. Table 5 shows the distribution of respondents.

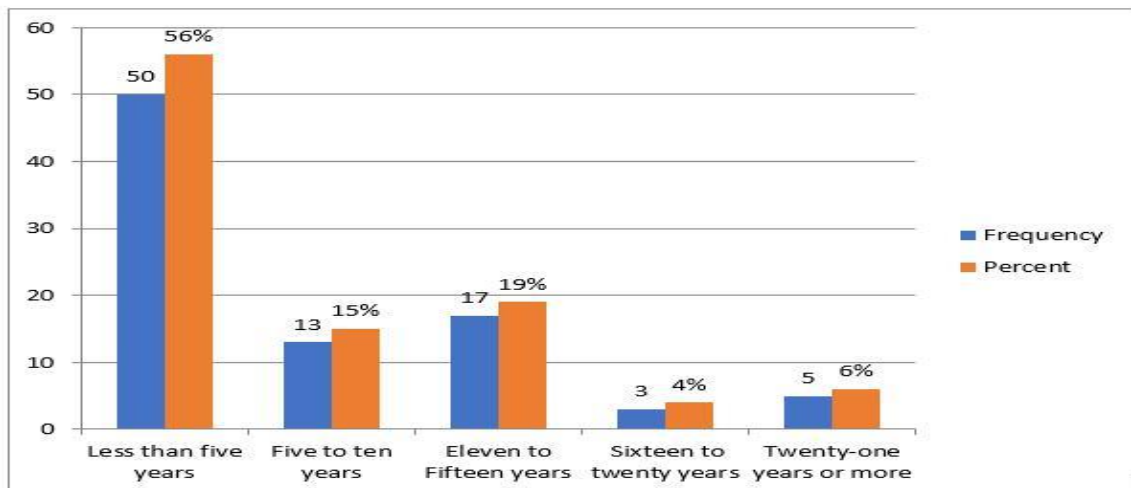
**Table 5: Gender of Respondents**

Variable	Frequency	Percent
Male	50 (7)	65%
Female	28 (3)	35%
<b>Total</b>	<b>88</b>	<b>100%</b>

Note: Value of key informants in brackets

#### 4.1.1.2 Number of years of using the library

Figure 1 shows the number of years respondents had been using the library. The figure shows that about 50 (56%) of the respondents had less than five years, about 13 (15%) had five to ten years of use, about 17 (19%) had eleven to fifteen years, about 3 (4%) had sixteen to twenty years, and about 5 (6%) had twenty-one to more years of library use. This implies that all the respondents had used the library with the majority having used the library in less than five years.



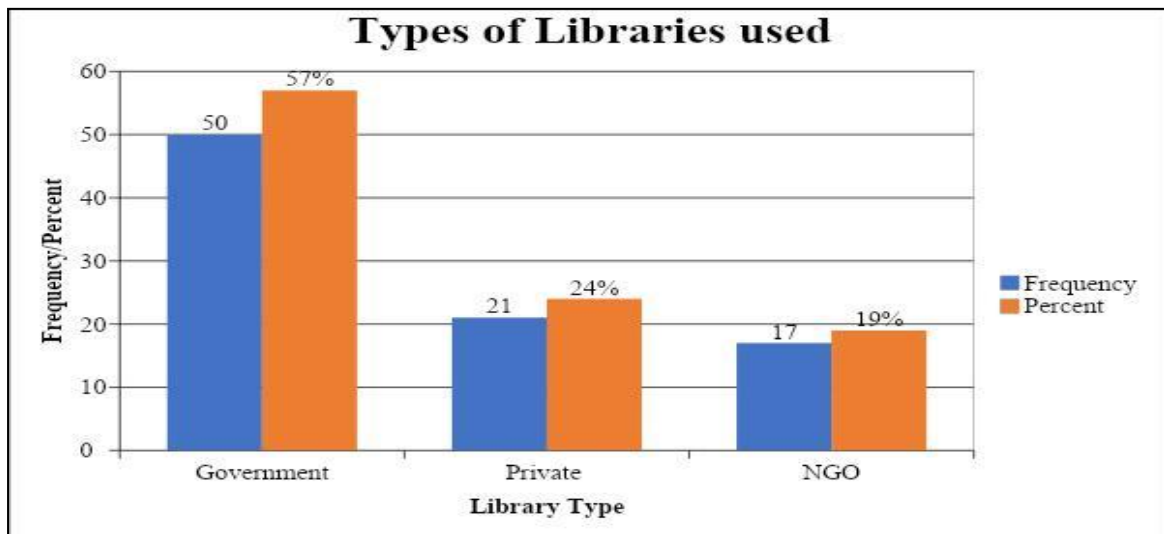
**Figure 1: Number of years of using the library by all respondent**

#### 4.1.1.3 Highest Education Attained

Education attained is an important characteristic. The consumption of information tends to be skewed towards those with higher education attainment. In this study, the findings showed that about 12 (14%) of the respondents had attended secondary level, and about 76 (86%) had attended tertiary level. This study did not have respondents with a primary level of educational attainment.

#### 4.1.1.4 Type of libraries frequently used by respondents

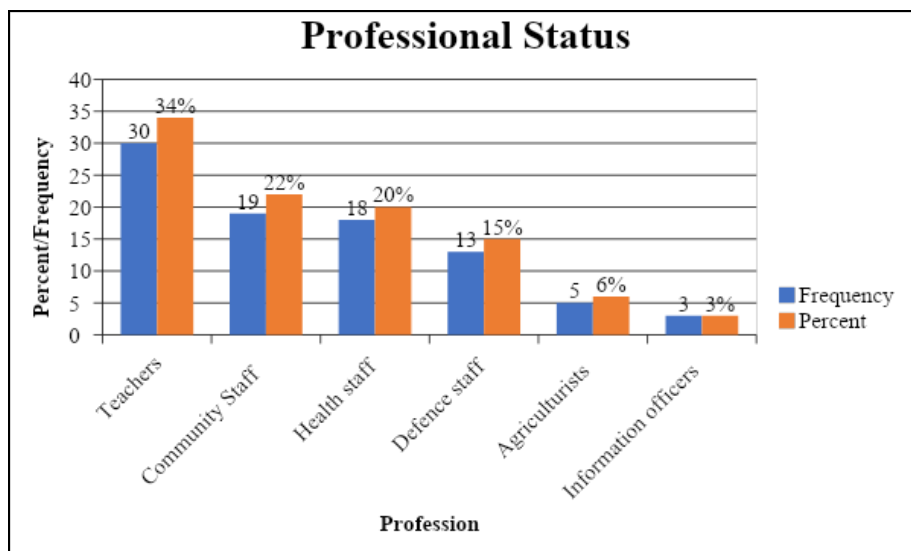
For respondents who were asked to indicate the type of libraries they frequently use, the results in figure 2 reveals that 50 (57%) of them used government libraries, about 21 (24%) used private libraries and 17 (19%) used non-governmental organisation libraries. It can therefore be observed that the majority of the respondents used government libraries for their information sources. Figure 2 shows the distribution of the type of library utilized among the respondents of this study.



**Figure 2: Type of libraries frequently used by all respondents**

#### 4.1.1.5 Professional status of respondents

Respondents who were asked to indicate their professional status, results in figure 3 reveals that about 30 (34%) of the respondents were teachers, about 19 (22%) were community staff, about 18 (20%) were health staff, and about 13 (15%) were defense staff. A paltry 5 (6%) were information officers and about 3 (3%) were agriculturalists. In this study, what can be deduced is that teachers were the majority participants in this study.



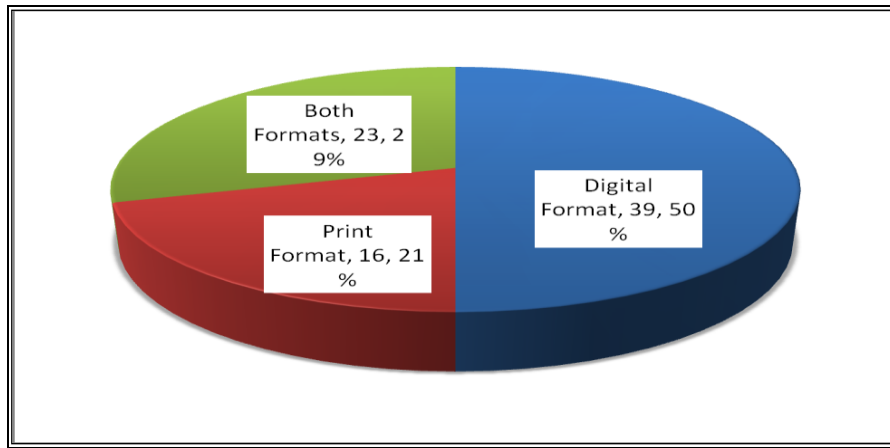
**Figure 3: Professional status of respondents**

## 4.2 Findings from self-administered questionnaires

### 4.2.1 Awareness of HIV/AIDS information resources available at NAC

Respondents were asked on their awareness of the availability of HIV/AIDS information in the NAC library. The findings revealed that all the participants responded in the affirmative, that they were aware of the availability of HIV/AIDS information in the NAC library representing a 100% response rate.

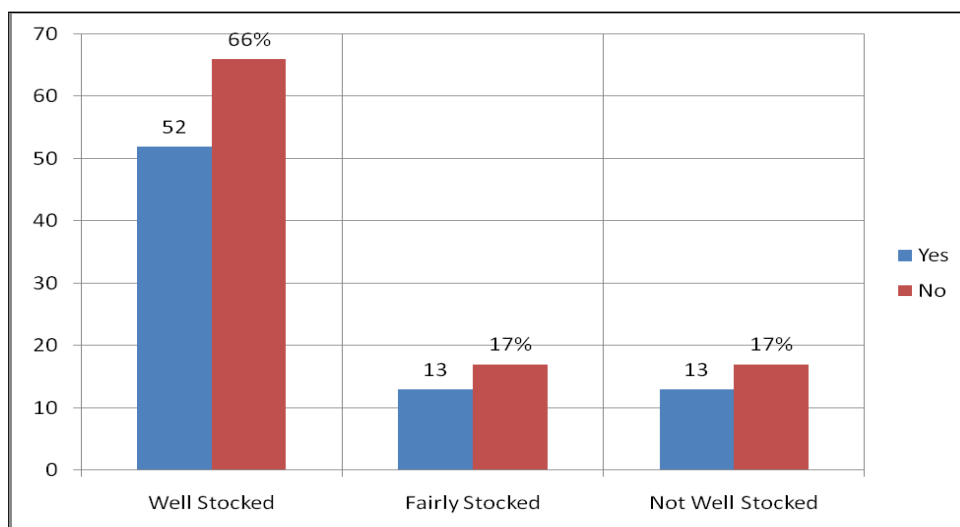
In trying to establish the kind of information formats respondents preferred, the study revealed that about 39 (50%) of the respondents preferred digital formats, about 23 (29%) preferred a combination of digital and print formats and about 16 (21%) preferred print formats. More respondents preferred digital formats. Figure 4 shows the distribution of information formats preferred among the respondents interviewed in this study.



**Figure 4: Kind of information formats respondents preferred**

The findings revealed that about 52 (67%) of the respondents were of the view that the HIV/AIDS resources accessed at the National AIDS Council met all the respondents' information needs on HIV/AIDS whilst about 26 (33%) felt that the HIV/AIDS resources did not meet all the respondents' information needs on HIV/AIDS.

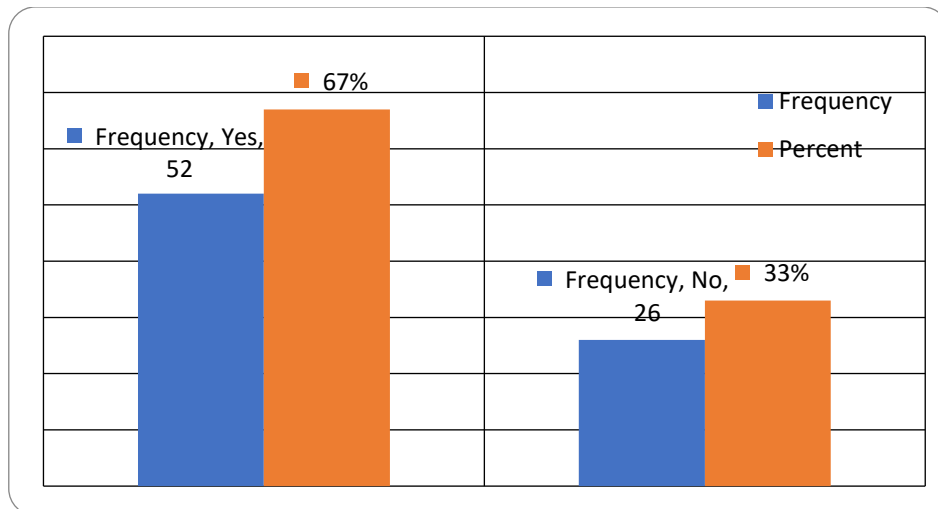
The stock of HIV/AIDS information resources in the respondent's library revealed that about 52 (66%) of the respondents felt that their libraries were well stocked, about 13 (17%) indicated that their libraries were not well stocked, and about 13 (17%) were of the view that their libraries were fairly stocked. Figure 6 shows how the respondents rated the stock of HIV/AIDS in the respondent's library.



**Figure 5: Rate of the stock of HIV/AIDS Information Resources in the respondent's library**

#### 4.2.5 Accessibility of the HIV/AIDS information in the library

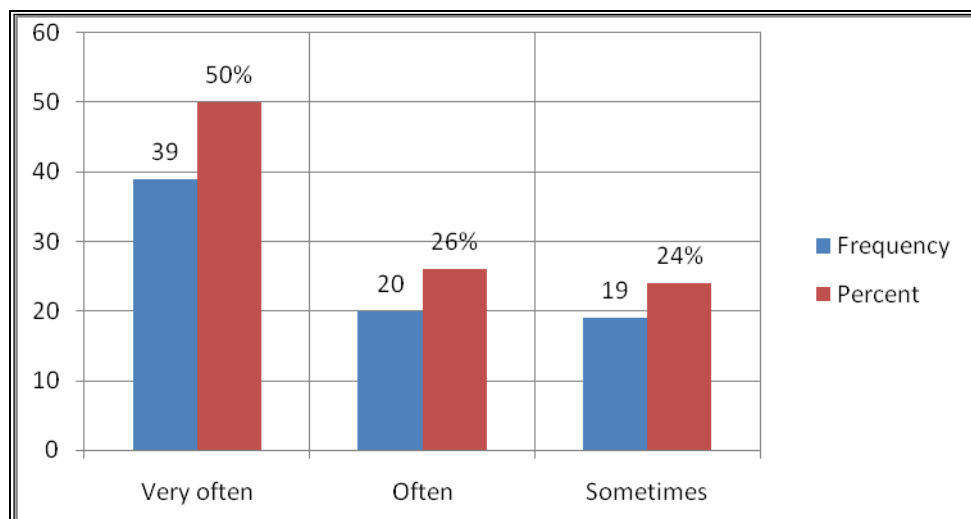
Respondents who were asked to indicate their accessibility of the HIV/AIDS information results in figure 7 revealed that about 52 (67%) of the respondents were of the view that the HIV/AIDS information in the library was accessible compared to about 26 (33%) who felt that the information was not accessible.



**Figure 6: Accessibility of the HIV/AIDS information in the library**

#### 4.2.6 Frequency of use of HIV/AIDS information resources

Figure 8 shows that about 39 (50%) of the respondents made use of the HIV/AIDS information resources very often, about 20 (26%) made use of the HIV/AIDS information resources often and about 19 (24%) made use of the HIV/AIDS information resources sometimes.

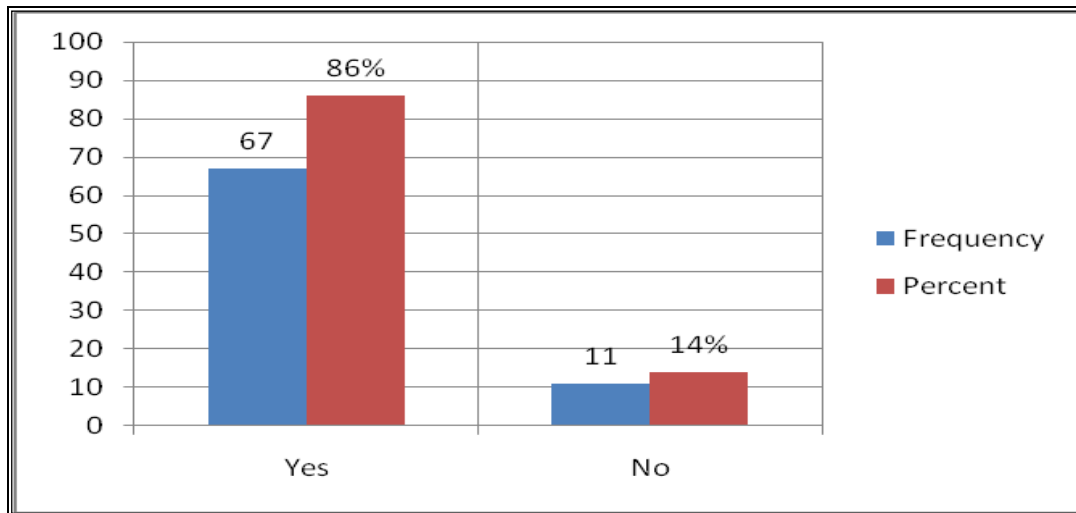


**Figure 7: Frequency of use of HIV/AIDS information resources**

#### 4.2.7 Borrowing of HIV/AIDS information resources from the library

The researcher endeavoured to collect data on whether respondents were able to borrow HIV/AIDS information resources from the library. The study revealed that about 67 (86%) of the respondents indicated that they were able to borrow HIV/AIDS information resources from

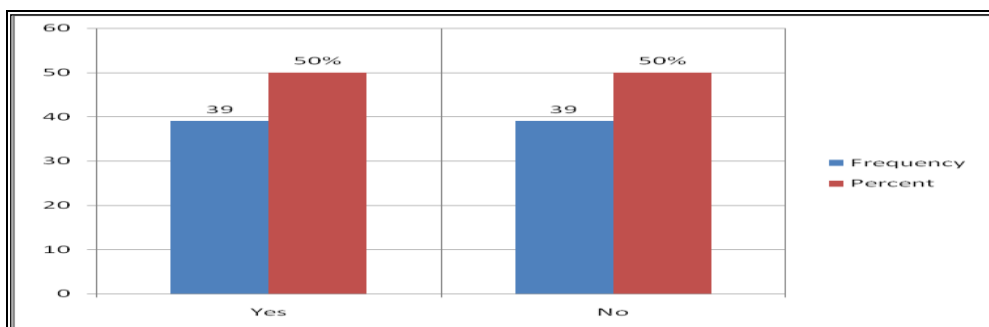
the library and about 11 (14%) indicated that they were not able to borrow. Figure 9 shows respondents who indicated that they were able to borrow HIV/AIDS information resources from the library.



**Figure 8: Borrowing of HIV/AIDS information resources from the library**

#### 4.2.7 Adequacy of time in utilisation of the HIV/AIDS information resources in the library

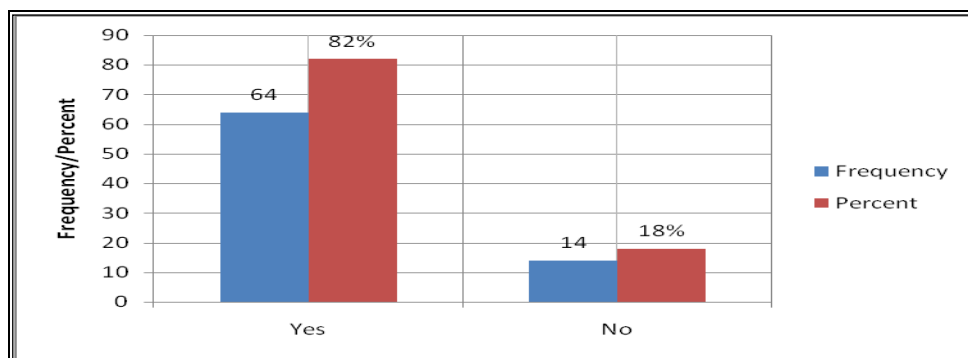
For the respondents who were asked to indicate their Utilization of the HIV/AIDS information resources in the library, results in figure 10 revealed that about 39 (50%) of the respondents were of the view that they were given enough time to utilise the HIV/AIDS information resources in the library and about 39 (50%) indicated that they were not given enough time to utilise the HIV/AIDS information resources in the library as shown in Figure 10.



**Figure 9: Utilisation the HIV/AIDS information resources in the library**

#### 4.2.8 Awareness of HIV/AIDS services offered by the library

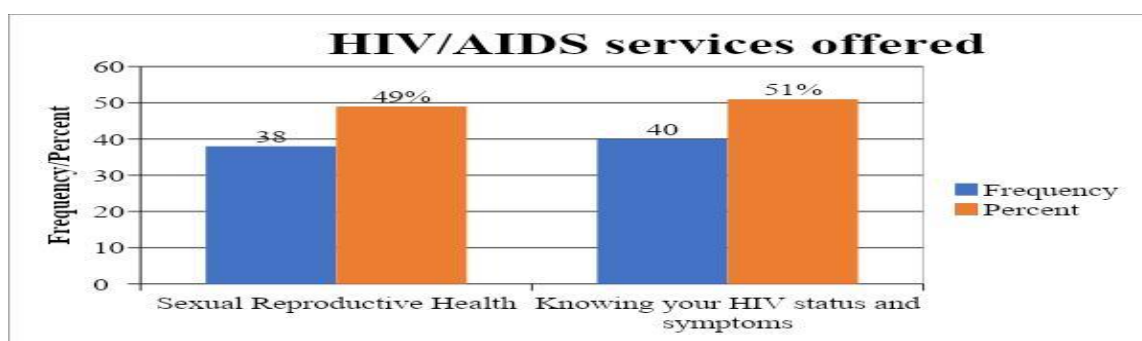
The findings revealed that 64 (82%) of the respondents felt that they were aware of HIV/AIDS services offered by the library whilst 14 (18%) indicated that they were not aware (Fig. 11).



**Figure 10: Awareness of HIV/AIDS services offered by the library**

#### 4.2.9 HIV/AIDS services offered by the library

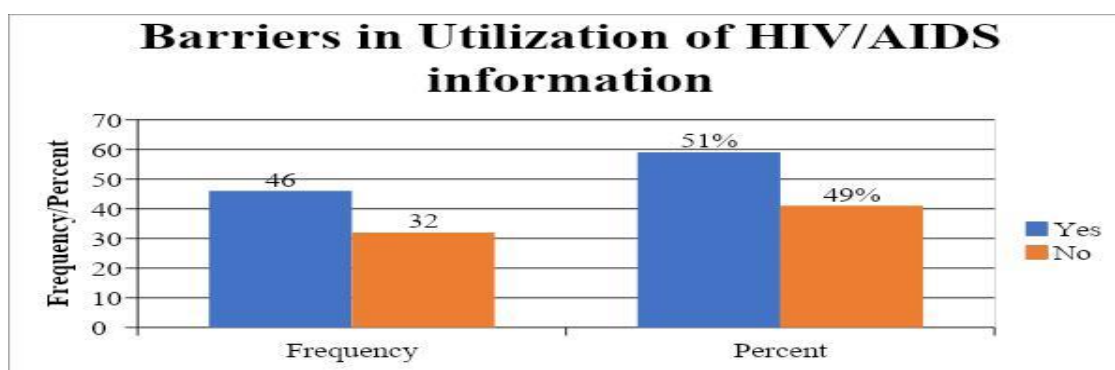
As shown in Figure 12, on the kinds of HIV/AIDS services offered by the library and utilised by the respondents, the study revealed that about 38 (49%) of the respondents were of the view that the services offered were on sexual reproductive health and about 40 (51%) felt that the services were on knowing your HIV status and symptoms.



**Figure 11: Kind of HIV/AIDS services offered by the library respondents utilised**

#### 4.2.10 Barriers in utilizing the HIV/AIDS Information services in their libraries

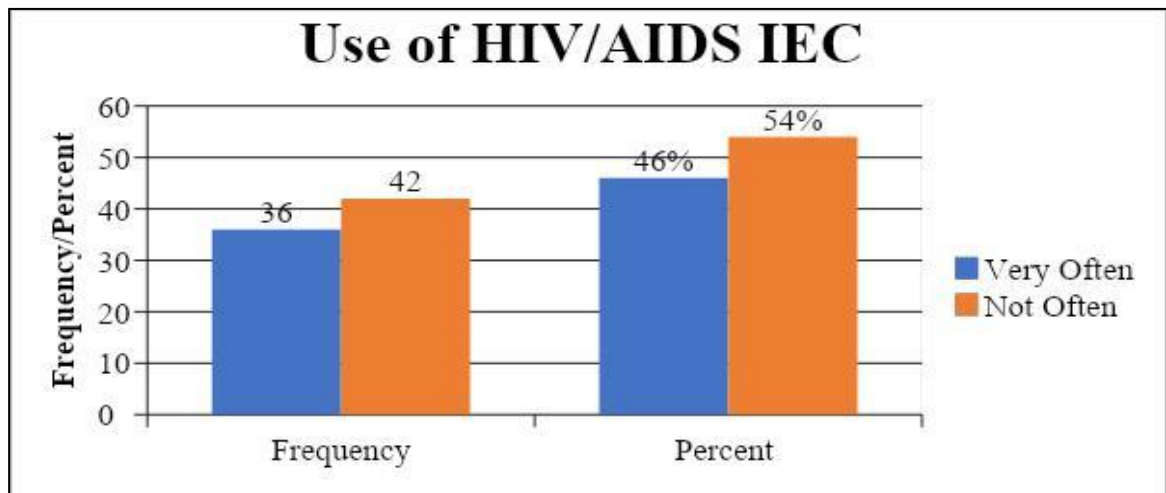
In trying to find out about the respondents' awareness of any barrier in utilising the HIV/AIDS information in the respondent's library, the findings revealed that about 46 (59%) of the respondents indicated that they were aware of barriers in utilising the HIV/AIDS services in their libraries. On the other hand, about 32 (41%) were not aware of any barrier in utilising the HIV/AIDS services in their library as shown in Figure 13.



**Figure 12: Barriers in utilising the HIV/AIDS Information Services in NAC library**

#### 4.2.11 Frequency of Use of HIV/AIDS IEC in the library

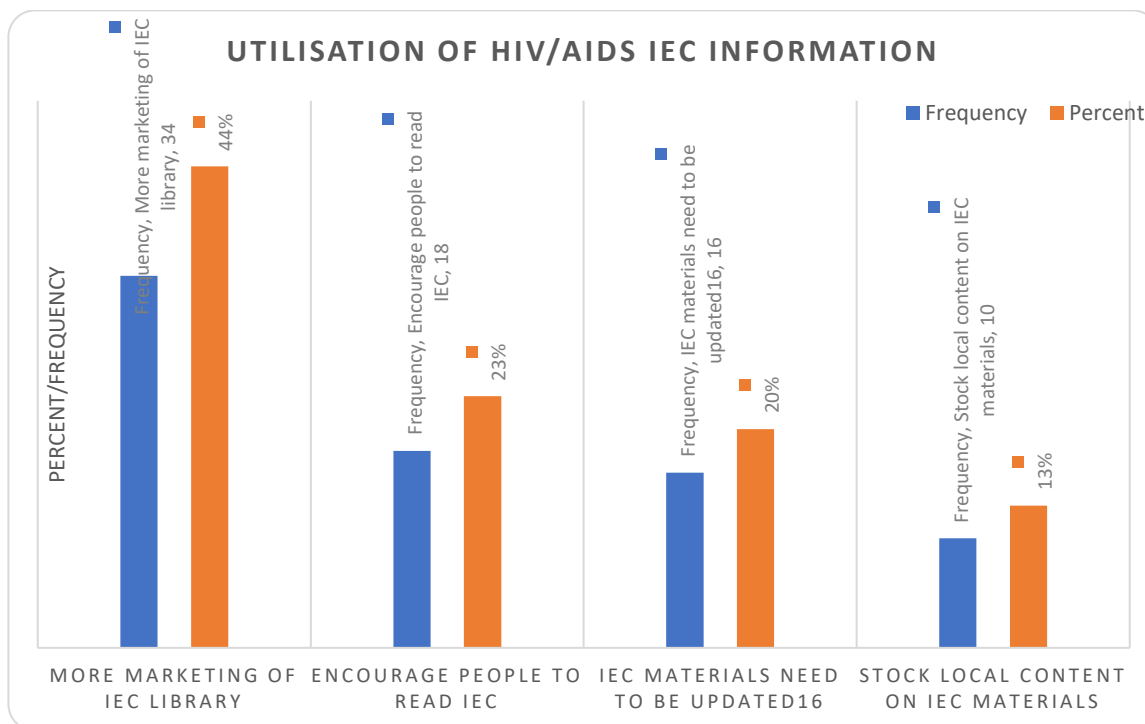
As shown in Figure 15, the findings from the study revealed that about 36 (46%) of the respondents were of the view that they made use of HIV/AIDS information services in the library very often and about 42 (54%) indicated that they did not often make use of HIV/AIDS information services in the library.



**Figure 13: Frequency of use of HIV/AIDS information services in the library**

#### 4.2.12 Utilisation of HIV/AIDS IEC information resources

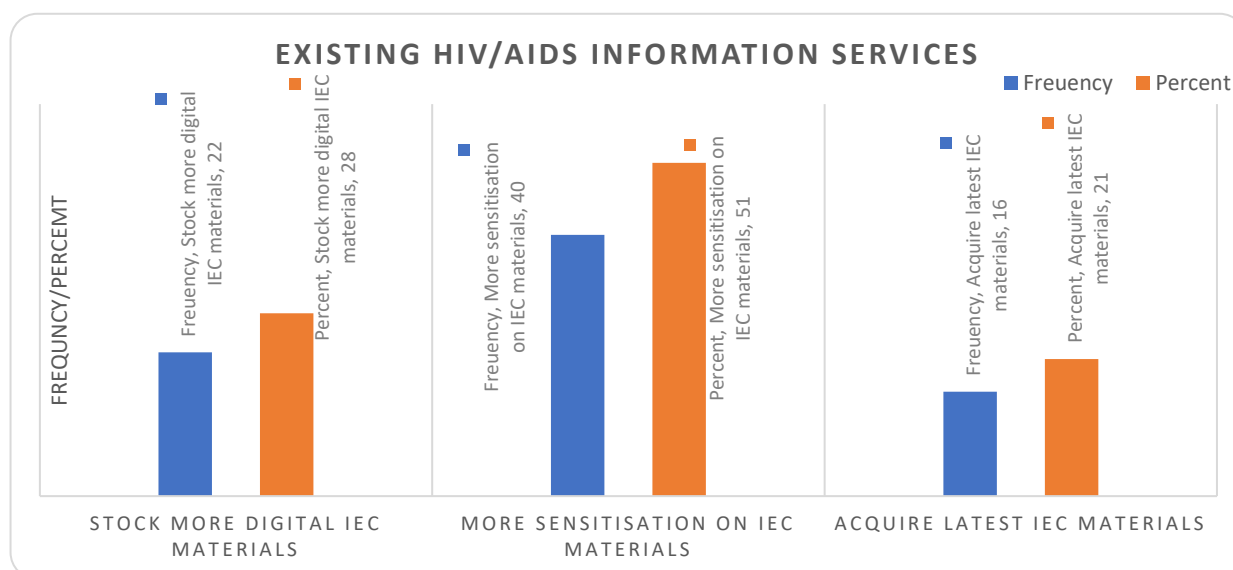
When the respondents were asked to make recommendations on the utilisation of HIV/AIDS information resources, the findings revealed that about 34 (44%) of the respondents recommended that there should be more marketing of IEC library services. About 18 (23%) recommended that people should be encouraged to read, about 16 (20%) indicated that the IEC materials need to be updated and about 10 (13%) were of the view that local content on IEC should be stocked in other libraries as shown Figure 16.



**Figure 14: Utilisation of HIV/AIDS information resources**

#### 4.2.13 Utilisation of existing HIV/AIDS information services

The findings from the study revealed that about 16 (21%) of the respondents were of the view that latest IEC materials should be acquired, about 22 (28%) felt that more digital IEC materials should be stocked in libraries and about 40 (51%) indicated that there should be more sensitisation as shown in Figure 16.



**Figure 15: Utilisation of existing HIV/AIDS information services.**

### 4.3 Findings from the Key Informants

To complement data collected using self-administered questionnaires, the study collected information from 10 key informants using interview guides. The key informants were drawn

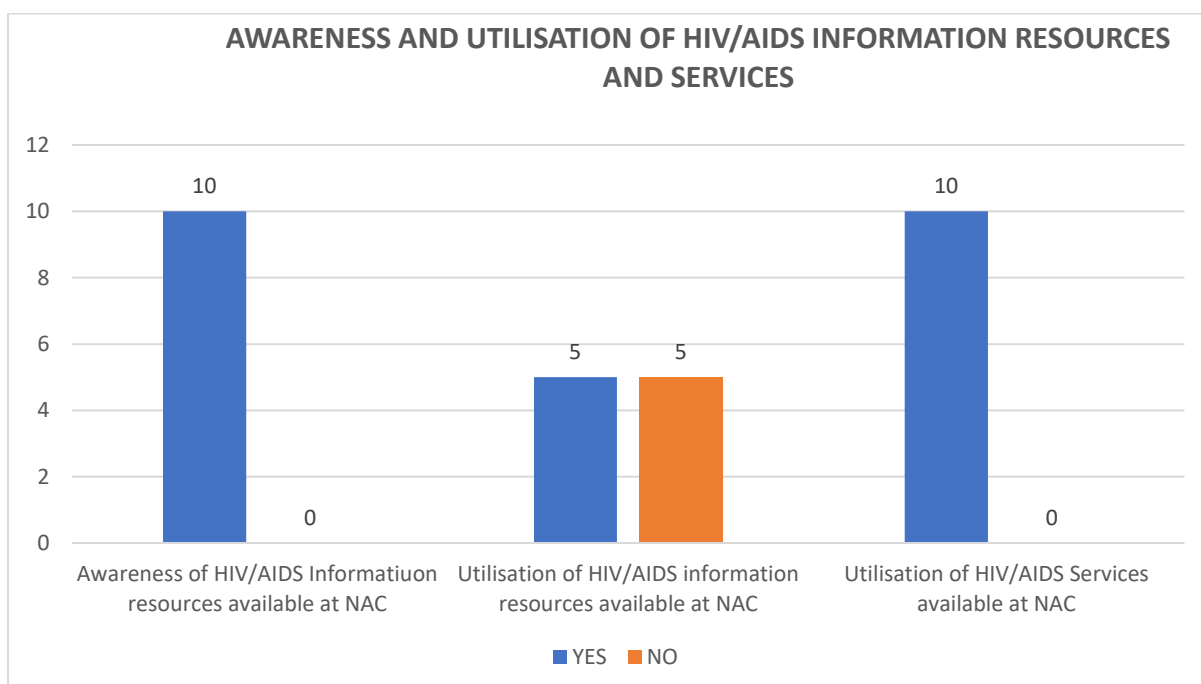
from organisations as indicated in Table 5 Chapter Three. They were asked the question in Table 8. Their responses are as reflected in Table 9 and Figure 17. In addition, verbatim responses are included to buttress what has been grouped into themes.

**Table 6: Questions for Key Informants**

S/N	QUESTION
<b>Objective 1</b>	Awareness of HIV/AIDS Information Resources available at NAC
<b>Objective 2</b>	Utilisation of HIV/AIDS information resources available at NAC
<b>Objective 3</b>	Awareness of HIV/AIDS services available at NAC

**Table 7: Key Informants Responses**

Respondents	Q1	Q2	Q3
R1	Aware	Utilised	Aware
R2	Aware	Utilised	Aware
R3	Aware	Utilised	Aware
R4	Aware	Utilised	Aware
R5	Aware	Utilised	Aware
R6	Aware	Not Utilised	Aware
R7	Aware	Not Utilised	Aware
R8	Aware	Not Utilised	Aware
R9	Aware	Not Utilised	Aware
R10	Aware	Not Utilised	Aware



## **Figure 16: Awareness and Utilisation of HIV/AIDS Information Resources and Services**

### *4.3.1 Awareness of HIV/AIDS information resources available at NAC*

The overarching theme which emerged from the participants' views was that the public was aware of HIV/AIDS information resources available at NAC (10, 100%). All the key informants observed that they were all aware of the HIV/AIDS information resources available at NAC as they had all frequented NAC and accessed the information available.

The following are verbatim quotations from some of the responses of the participants to support the findings above.

*“Yes, we are very much aware of the HIV/AIDS information resources available at NAC. Usually whenever NAC receives new stock, we are informed to that effect through our emails, and we make necessary arrangements to access the latest information”* observed one key informant from Marie Stopes Zambia.

*“For sure our office is very much aware of the HIV/AIDS information resources available at NAC”.* Observed a key informant from NAC

**Summary:** Regarding the Awareness of HIV/AIDS information resources available at NAC all key informants responded that they were aware of the availability of HIV/AIDS information resources available at NAC and accessed the information available.

### *4.3.2 Utilisation of HIV/AIDS information resources available*

The researcher therefore deemed it necessary to elicit the views of the participants on perceptions of participants on the public utilisation of HIV/AIDS information resources available. The overarching themes originating from the data analysis concerning the matter at hand was that: (a) the public utilised the HIV/AIDS information resources (b) the public did not utilise the HIV/AIDS information resources. It was found that 50% utilisation of the information resources available at NAC. This is also reflected in the yearly library usage statistics at NAC as shown in Table 10. The respondents indicated that:

*The public is very much aware of the HIV/AIDS information resources available at NAC because we have advertised the IEC materials and they do come and utilise the IEC materials”,* said one participant from NAC.

*There is a lot of utilisation of HIV/AIDS information resources from our clients as indicated by the statistics. People are making use of the IEC materials for their research work”, said one participant from NAC.*

**Summary:** The respondents indicated that there was a lot of utilisations of HIV/AIDS information resources at NAC owing to some efforts in advertising availability of materials. Some respondents indicated that they use materials for research work.

**Table 8: Yearly library usage statistics at NAC**

Year	Female	Male	Total
2022	83	98	181
2021	81	92	173
2020	72	85	157
2019	69	79	148
2018	66	76	142

Other interviews were of a contrary view:

*“The public does not utilise the information as we expect because their frequency to our place now is very low. I should believe that people are accessing IEC information through online platforms and thus they don’t see it necessary to come here”, said one participant from CHAZ.*

*“The number of users frequenting the library and use our IEC materials has gone down and therefore there is little utilisation of the HIV/AIDS information resources”, said one participant from ZHECT*

**Summary:** The yearly library usage statistics at NAC showed that in some instances indicated that utilisation of materials was not as per expectations. Some respondents were of the view that this may have been brought about due to some people opting to use online platforms to access the resources.

#### *4.3.1 Utilisation of HIV/AIDS services available at NAC*

It was also deemed necessary, for the purposes of the study, to elicit participants’ views on public utilisation of HIV/AIDS services available at NAC. All the interviewed respondents (10, 100%) agreed that there was utilisation of HIV/AIDS services by the public. Therefore, the overarching theme which emerged from the participants’ views is that they were all aware of HIV/AIDS services offered by the library. Below is what some of them said:

*“We are aware of the information services provided by NAC on HIV/AIDS as we are members and were oriented on these services so that we can make maximum utilisation of the NAC services” said one participant from ZAMBART.*

*“The information services provided by NAC are very good indeed as one can now access information even in digital format if you don’t want hard copies” observed by a key informant from AHF.*

#### **4.4 Summary**

This chapter presented the findings of the study. It was established that all key informants were aware of HIV/AIDS information resources available at NAC while 64 (82%) of the respondents enumerated using questionnaires said they were aware. Some of the respondents were of the view that the information found at NAC did meet all their information needs. The findings have also revealed that the majority of the respondents were of the view that the HIV/AIDS information in the library was accessible and as such the majority made use of the HIV/AIDS information resources very often. In addition, the majority of the respondents were of the considered view that they were given enough time to utilise the HIV/AIDS information resources in the library. From the key informant’s findings, a number of responses and themes emerged from the data analysis. All the responses helped to explain the user awareness and utilisation of HIV/AIDS resources and services available at the National AIDS Council. It can therefore be observed that the respondents were very much aware of the HIV/AIDS resources available at the National AIDS Council. Consequently, the HIV/AIDS resources were utilised although some were never utilised. The study has also observed that the users were very much aware of the HIV/AIDS services provided by the National AIDS Council.

## **CHAPTER FIVE: INTERPRETATION AND DISCUSSION OF THE RESULTS**

### **5.0 Overview**

This chapter provides an interpretation and discussion of the findings of the study which investigates the awareness and utilisation of HIV/AIDS information resources and services available at the National AIDS Council in Lusaka District of Zambia. First, the chapter will interpret and discuss the findings on the examination of awareness of HIV/AIDS information resources available at the National AIDS Council. Secondly, it will proceed to provide an interpretation and discussion on the assessment of utilisation of HIV/AIDS information resources available at NAC and to ascertain utilisation of HIV/AIDS services available at NAC. Thirdly, the chapter will interpret and discuss utilisation of HIV/AIDS services available at the National AIDS Council. The chapter will then provide a conclusion arising from the interpretation and discussion of the findings.

### **5.1 Awareness of HIV/AIDS Information Resources Available at NAC**

The findings revealed that the majority of respondents (all key informants and 82% of questionnaire enumerated respondents) were aware of the availability of HIV/AIDS Information resources at the National Aids Council is different from those found by Bamise *et al* (2009) as their study showed that only half of the respondents (52%) were aware of HIV/AIDS information available at their libraries. This disparity may be explained due to the fact that in their study, Bamise *et al* (2009) used a sample of only secondary school going children and thus the knowledge on the availability information services on HIV/AIDS in their libraries may be limited for this segment of the population. The findings on the high rate of awareness with regard to HIV/AIDS information could be largely attributed to a number of initiatives undertaken including the signing of a memorandum of understanding (MoU) between National AIDS Council (NAC) and Zambia Library Services in the provision of information on HIV/AIDS in 2009 (Times of Zambia, 2009) and entering into partnerships with other organisations such as Lubuto Library Partners (Lubuto Library Partners, 2023).

These strategic relationships could be assumed to have put the National AIDS Council in pole position to market its information resources on HIV/AIDS to the general public. In her study on a library's local response to HIV/AIDS in Zambia with specific focus on information and communication, Kanyengo (2009) contends that working with partners ensures that information resources are used as it broadens the reach beyond the physical location of a library and extends it to various remote areas. This is further enhanced with the utilisation and integration of information and communication technologies.

The study also found that the majority of the respondents (39, 50%) preferred digital formats while only 16 (21%) preferred print format. These results were in agreement with Timothy Hogan and Carole Palmer (2007) which showed that while the Internet has not been rated highly in rural areas, it is relatively preferred by those with more education or living in cities 72% of urban respondents said they actively searched for HIV/AIDS-related information online. This is particularly important because as public awareness-raising is crucial, so is having information available in a way that the general public largely prefers. Because the majority of the respondents were found to gravitate towards digital versions, as shown by the study, there is an urgent need to enhance and develop global communication channels and libraries that provide platforms for information on HIV/AIDS digitally. Otike (2003) also affirms the study's findings that the public mostly uses radio, television, and the Internet as their primary sources of health information, followed by friends, parents, relatives, healthcare professionals. Interpersonal methods must thus be included and are essential to spreading HIV/AIDS to a far larger audience. Otike (2003) goes on to say that libraries must employ a variety of information-dissemination strategies since they have a significant role to play in modeling society. This further provides significance to the Piaget's Theory of Cognitive Development theory employed in section two which pointed that the librarian should consider the preferences of the students at every level while choosing reading collections that are appropriate for them in this case being the digital formats which were employed by 50% of the respondents.

To enhance HIV/AIDS awareness through digital platforms, Marcus Duveskog *et al*, (2013) recommends the use of HIV/AIDS digital storytelling among students. They note that a major reason for the failure of most HIV and AIDS campaigns in Sub-Saharan Africa is the lack of understanding of the social structures that maintain the actual cause of the problems. In their study, four hurdles were found in the delivery flow of HIV and AIDS learning materials: theoretical, cultural, pedagogical, and technological. These barriers were found by looking at the generally utilised methodologies in developing and disseminating learning materials for the disease. An examination of them revealed that the enrichment elements of ownership, cultural relevance, and a story-based approach help reduce these obstacles. The data also shows that by allowing students to share their personal experiences, collaborative digital interventions aid in raising students' understanding of HIV and AIDS.

Regarding the match between availability of information on HIV/AIDS in libraries and the information needs of the respondents, the study found that 52 (67%) of the respondents had

their information needs met while about 26 (33%) had their needs unmet. While relatively lower, the number of respondents whose needs were not met by the library resources was 37. This is a relatively large number that warrants the need to intensify efforts to bridge this gap between availability and usefulness of information in libraries. The reason for this disparity could be attributed to the lack of national HIV/AIDS policy that directs and supports library participation in HIV/AIDS information activities (Batambuze, 2003). Similar findings in Zambia indicate that lack of policy on library and information service provision at the Ministry of Health, leading to several consequences of inadequate provision of information services (Hoppenbrouwer & Kanyengo, 2007).

Regional differences in library participation in HIV/AIDS education programmes exacerbate this even further. There have always been differences in the quality of services provided based on local, district/provincial, and national circumstances, even within the same nation. According to Mostert (2001), the antiquated colonial concept of libraries, a lack of professional training, a lack of interagency coordination, and a lack of competence in needs assessments are the main causes of this lack of adequate service.

Albright (2007, 2007) emphasises the importance of having resources accessible in the native tongues. There are several indigenous languages and dialects spoken across Africa, despite English, French, and Portuguese being the official languages. Even the most useful information is meaningless without the required translations and thus libraries have a huge part to play in providing this service.

**Summary:** Regarding Awareness of HIV/AIDS Information Resources Available at NAC the majority of the respondents were aware of the HIV/AIDS information resources available at the National AIDS Council which they preferred to access in digital format as they could access the information remotely. Further the majority of the respondents were of the view that the HIV/AIDS information in the library was accessible, which they frequently made use of.

## **5.2 Utilisation of HIV/AIDS Information Resources available at NAC**

As revealed by the study, 52 (67%) of the questionnaire respondents said they had access to HIV/AIDS information in the library while only 26 (33%) said they did not have access to library information. The main reason for the relatively moderate level of no access to library material as noted by Beth Fitzsimmons, (2005) would be because most libraries with notable

collections charge a fee to the public to utilise them. While it appears that the purpose of this charge is mainly to "protect" the collections; only those who take good care of their books would be expected to pay such a high amount. While other national collections also charge user fees, these prices cover the added advantage of computer access to the Internet while at the same time serving as barrier to accessibility. In addition, it has become almost inevitable that most people utilise the Internet to access HIV/AIDS information and may not necessarily need the library to access that type of information.

With respect to utilisation, the study showed that 44 (50%) of all the respondents made use of information very often while only 25 (28%) said their utilisation of HIV/AIDS information was only often. 19 (20%) on the other hand said they only made use of the information sometimes and not often. The results of the study also showed that 67 (86%) of all the respondents said they borrowed material from the library of which 39 (50%) claimed to have been given enough time to utilise the borrowed material. Without a doubt, a key component of the information and knowledge system is the library as it is essential for providing a wide range of people with access to information. Even in situations where the public is informed, using the information resources might still be difficult. The National AIDS Council was found to be a place where usage of information resources based on factors such as how frequently people visited the library, how often they checked out books, and what sorts and ages of information resources they utilised was taking place. This is particularly important as it supports Bruner's Theory of Learning and Development which emphasized on the aspect of utilization employed in chapter two that relates to learning by the learners' own discovery through borrowing library material relevant to the learner's curiosity. This result is in line with Otike's (2003) study, which found that people used information about HIV/AIDS, with print and electronic media being the main sources, along with regular reports on the social, economic, and medical aspects of the pandemic. The results of this study are important since it is commonly believed that the usage of libraries and information repositories should be used to support funding and the construction of such facilities. As a result, the public will be able to update their understanding on HIV/AIDS when they are used.

Mumo (2011) further contends that if information resources are not utilised, the library is not very useful. In essence, there is no reason to justify the amount of money spent on its creation and upkeep. Therefore, it is important to take into account any obstacles to the use of information resources. A more responsible strategy, as proposed by Otike (2003), would involve the library providing its information resources in conveniently accessible locations and

forms for its customers. When information resources are uploaded to an online repository, for example, they become publicly open and accessible to everyone all the time. Information may be made available in remote places by printing booklets that have been translated into local languages and distributed around local community organizations. The case of the Communication for Health Project that was implemented in Africa; Ghana, Uganda and Zambia with the aim of repackaging information and distributed to organisation in the respective. The digest was “primarily a print publication providing current information to frontline health workers such as doctors, nurses, clinical officers, and environmental health technicians who have little access to current health-related publications and information” (Kanyengo, 2008). According to Musoke (2007) the “purpose of repackaging information is to make it accessible to those whom the usual or original format of a piece of information would pose a barrier to access”. These are information outreach programmes that should be encouraged and implemented in libraries in order for them to reach the majority of the people with library and information services. It is argued that the utilisation and consumption of information resources would be ensured by a combination of strategies, methodologies, and methods. This suggests that in order to effectively reach a larger audience, the library should make itself and its contents available to its users through a variety of means and also work in partnership with others.

**Summary:** About utilisation of HIV/AIDS Information Resources available at NAC, the majority of the respondents were of the view that they were given ample time to access and utilise the HIV/AIDS information services in the library.

### **5.3 Utilisation of HIV/AIDS Services available at NAC**

In the setting of a library, using services and information resources is fairly comparable. While the interactions the library has with its users may be broadly seen as service provision, the users' utilisation of the materials can be appropriately regarded as information resource utilisation (Mawia, 2021). This study showed that the National AIDS Council library was being used by the public. Similar to the use of information resources, some respondents said they were not making use of the service. This was explained in the low numbers of patrons visiting the library. From this study, possible reasons could be gleaned: poor internet connectivity coupled with system failures related to the server hosting the online system; and, limited number of newer materials added to the library; similar to what other studies have found (Mukesh and Anjan, 2013). This study found that role of collaboration and partnership as critical to the provision of HIV/AIDS information to the general public, similar to earlier studies that found that “effective and efficient information services will require close collaboration and

coordination with other key stakeholders, in order to be able to build on and maximise each institution's comparative advantage" (Kanyengo, 2007). This is also in agreement with (Feinberg et al., 2021) who in their study: "The importance of partnerships in accelerating HIV vaccine research and development" argued that many collaborations have been established over the past 25 years to advance HIV vaccine research by enabling a "big science" approach. As such sustained funding and a common strategic focus have enabled greater coordination, faster design and development of immunogens, and more effective sharing of data and technical capabilities. They further argued that the development of optimal partnerships for the future will require learning from the past. Partnerships formed to advance HIV vaccine research have enabled the global scientific community's rapid pivot to SARS-CoV-2 vaccine research.

**Summary:** On the Utilisation of HIV/AIDS Services available at NAC the study showed that the National AIDS Council library was being used by the public. Similar to the use of information resources, some respondents said they were not making use of the service. This was explained in the low numbers of patrons visiting the library.

#### **5.4 Barriers**

Even though the majority of the information resources were found to be utilised in this survey, some, albeit not enough to merit notice, reported that they were not. Similar conclusions have been drawn from other research that highlights the obstacles or impediments to the use of information resources (Mumo, 2011; Thomas, 2014). Mumo (2011), for example, goes on to say that those barriers may also be library-related, such as inadequate library and stock signs and instruction, or malfunctioning information retrieval technologies. Other factors include inadequate knowledge of how to locate and obtain information and a lack of resource publicity, which causes people to be uninformed of the resources available within the information repository or library. Thomas (2014) highlights and adds to the list of obstacles that exist, such as a lack of free time, difficulty navigating libraries' information search systems, psychological factors, and other factors connected to doctors' struggles to leave hospital wards, as well as issues with accessing the right technology and system malfunctions.

While the barriers seem limited, they are part of a larger issue with the institution's approach. The institution's plan might need to be revised in order to draw in the funding and personnel needed to implement it. This remark was made after visiting the website of the National AIDS Council. In 2021, the majority of its webpage's were shut down. Furthermore, as the organisation's funding is contingent on its strategy, there could not be enough money to cover the purchase of the newest and most recent publications. The National AIDS Council might

not have the funds to purchase a better server to house its materials, which must always be made available to a larger audience.

That said, information specialists know too well that making access to library services should be made simple as much as possible in a bid to harness utilisation of library services. Thomas (2014) posits that barriers to utilisation of library services require making access to the library service as simple as possible by developing processes and systems with users in mind; raising awareness of the services by promoting staff amenability; promoting non-traditional library services to help the library to be more appealing to the wider patron base; and continuing to provide a service which is free to staff at the point of use. For example, introducing charges on wholesale access would have a negative impact on library use and would mean that patrons would not have access to vital information. Given the public goods nature of information specialists' work, it is important that a wider range of the services provided by the library are free of charge, and that there are no technical barriers to access.

**Summary:** Regarding barriers, respondents noted factors which include inadequate knowledge of how to locate and obtain information and a lack of resource publicity, which causes people to be uninformed of the resources available within the information repository or library. Furthermore, the respondents suggested that the latest IEC materials should be acquired and that the IEC materials should also include local content.

### **5.5 Summary**

From the discussion it has been observed that all the respondents were of the view that they were aware of HIV/AIDS information resources available at the NAC. It has also been observed that the majority of the respondents were of the view that the HIV/AIDS information in the library was accessible and as such the majority made use of the HIV/AIDS information resources very often. Furthermore, the majority of the respondents were of the view that they were given enough time to utilise the HIV/AIDS information services in the library. The respondents suggested that the latest IEC materials should be acquired and that the IEC materials should also include local content.

## **CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS**

### **6.0 Overview**

This chapter provides the conclusion and recommendations emanating from the findings and discussions of the study. Firstly, the chapter provides a conclusion following the sequence of the specific objectives of the study. Secondly, it provides recommendations to encompass all the levers of management at the National AIDS Council.

### **6.1 Conclusion**

The study's overall objective was to investigate the awareness and utilisation of HIV/AIDS information resources and services offered by the National AIDS Council. Following this, the specific objectives were to: examine awareness of HIV/AIDS information resources available at NAC; assess utilisation of HIV/AIDS information resources available at the National AIDS Council; and ascertain utilisation of HIV/AIDS services available at the National AIDS Council. To guide the study, the research questions employed were: is the public aware of the HIV/AIDS information resources available at the National AIDS Council; to what extent is the public utilising the HIV/AIDS information resources available at the National AIDS Council; and, to what extent is the public utilising HIV/AIDS services at the National AIDS Council. Findings to the study revealed the following in the sequence of the specific objectives: the majority of the respondents were aware of the HIV/AIDS information resources available at the National AIDS Council which they preferred to access in digital format as they could access the information remotely; the majority of the respondents were of the view that the HIV/AIDS information in the library was accessible which they frequently made use of; and, the majority of the respondents were of the view that they were given ample time to utilise the HIV/AIDS information services in the library.

### **6.2 Recommendations**

#### *6.2.1 Utilisation of Library Services/Information*

First, the study recommends that collaborations be formed between libraries and other providers of HIV/AIDS information resources. The importance of information in HIV/AIDS prevention is widely acknowledged, and it is increasingly at the centre of financing and policy practices—despite the negative reputation of libraries. Thus, collaborations between academic institutions and communication agencies might be formed. Collaborations with academic institutions have the potential to accelerate the efficacy of HIV/AIDS-related communication campaigns for both organizations. Together, they could be more powerful than either one apart. Collaborations with media outlets, particularly radio, should be improved in order to better

target youth and children's programming. According to Kawooya (2005), radio stations and libraries should collaborate to provide on-air readings of relevant HIV/AIDS publications.

Secondly, libraries should broaden their purview to encompass information sources and services that fall beyond the purview of conventional libraries. Libraries in Sub-Saharan Africa can better serve their communities' specific needs by providing wider, more adaptable programs. In particular, libraries may act as hubs for the community to address HIV/AIDS-related concerns as well as those pertaining to general healthcare, agriculture, women and children, and other information requirements specific to the area. Additionally, libraries can employ a more comprehensive distribution strategy that makes use of mobile libraries and radio.

#### *6.2.2 Awareness and utilisation of HIV/AIDS resources and services offered by the National AIDS Council.*

1. The National AIDS Council should collect more IEC materials in digital format;
2. The National AIDS Council should ensure that its internet connectivity is improved to ensure that it is efficient to facilitate accessibility to the IEC materials is without challenges to users;
3. The National AIDS Council should ensure that they collect the latest IEC materials should be acquired and that the IEC materials should include local content as much as is possible;
4. The National AIDS Council should ensure that more sensitisation is done to the general public on IEC materials so that more people can utilise the resources;
5. The National AIDS Council should strengthen collaborations between libraries and other providers of HIV/AIDS information resources;
6. Further studies could assess the awareness and utilization of HIV/AIDS information resources and services at provincial or sub-national level to try and information policy based on the characteristics of various jurisdictions.

### **6.3 Summary**

The chapter concluded by highlighting that the majority of the respondents were aware of the HIV/AIDS information resources available at the National AIDS Council which they preferred to access in digital format as they could access the information remotely; the majority of the respondents were of the view that the HIV/AIDS information in the library was accessible which they frequently made use of; and, the majority of the respondents were of the view that they were given ample time to utilise the HIV/AIDS information services in the library. Among the major recommendations of the study included the need for the NAC to: collect more IEC materials in digital format; ensure that its internet connectivity is improved to ensure that it is efficient to facilitate accessibility to the IEC materials is without challenges to users; and ensure that they collect the latest IEC materials should be acquired and that the IEC materials should include local content as much as is possible.

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## APPENDICES

### APPENDIX 1: *Top ten countries with highest HIV/AIDS prevalence*

<b>HIV Rates by Country 2023</b>					
<b>S/N</b>	<b>Country</b>	<b>HIV Cases</b>	<b>Perc HIV</b>	<b>deaths</b>	<b>Year</b>
1	Eswatini	200000	0.268	2400	2020 est.
2	Lesotho	280000	0.211	4700	2020 est.
3	Botswana	370000	0.199	5100	2020 est.
4	South Africa	7800000	0.191	83000	2020 est.
5	Zimbabwe	1300000	0.119	22000	2020 est.
6	Namibia	210000	0.116	3000	2020 est.
7	Mozambique	2100000	0.115	38000	2020 est.
8	Zambia	1500000	0.111	24000	2020 est.
9	Malawi	990000	0.081	12000	2020 est.
10	Equatorial Guinea	68000	0.073	2300	2020 est.

### APPENDIX 2: *Institution of self-administered respondents*

<b>Institution</b>	<b>Number of respondents</b>
Churches Health Association of Zambia	10
Network of Zambian People Living with HIV	10
University of Maryland	10
Discover Health	10
Zambia Health Education and Communications Trust	10
Zambia AIDS Related Tuberculosis	10
Zambia Centre for Communication Programmes	10
Marie Stopes Zambia	10
Restless Development	10
AIDS Healthcare Foundation	10

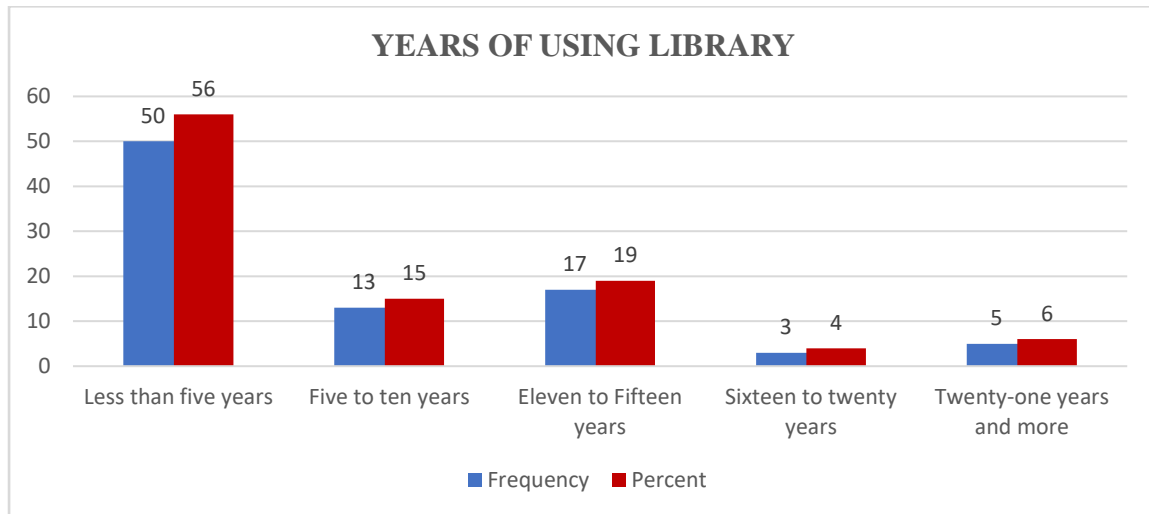
### APPENDIX 3: *Gender of Respondents*

<b>Variable</b>	<b>Frequency</b>	<b>Percent</b>
Male	57	65%
Female	31	35%
<b>Total</b>	<b>88</b>	<b>100%</b>

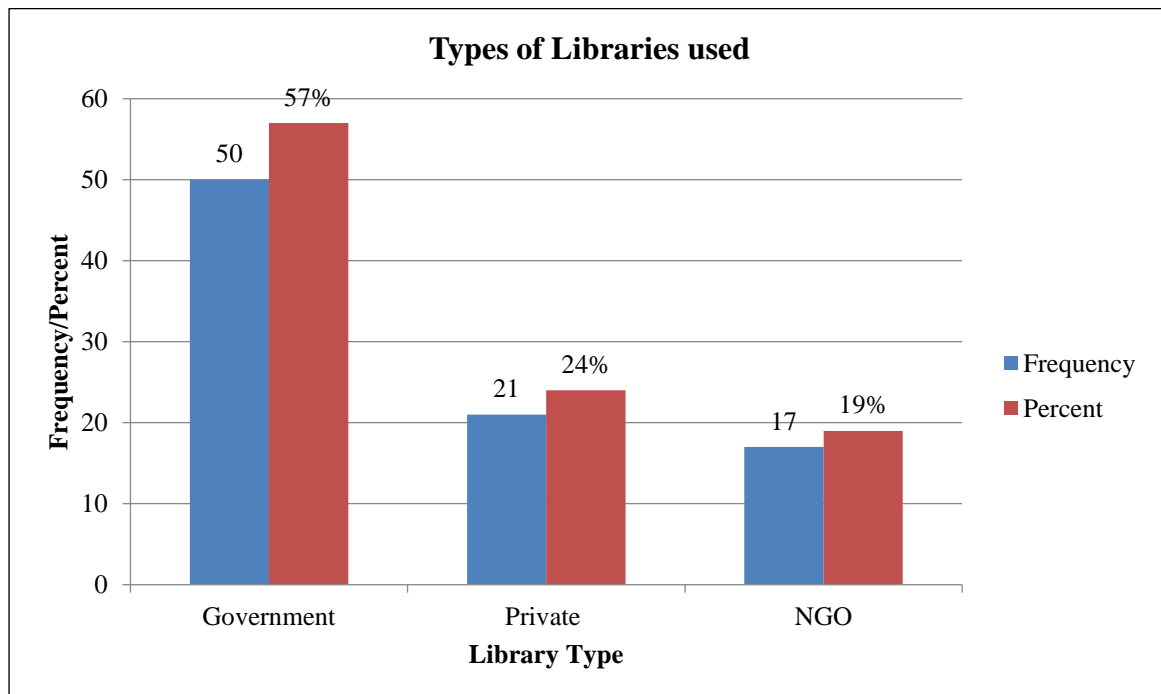
**APPENDIX 4: Highest Education Attained by respondents**

Variable	Frequency	Percent
Primary	0	0%
Secondary	12	14%
Tertiary	76	86%
<b>Total</b>	<b>88</b>	<b>100%</b>

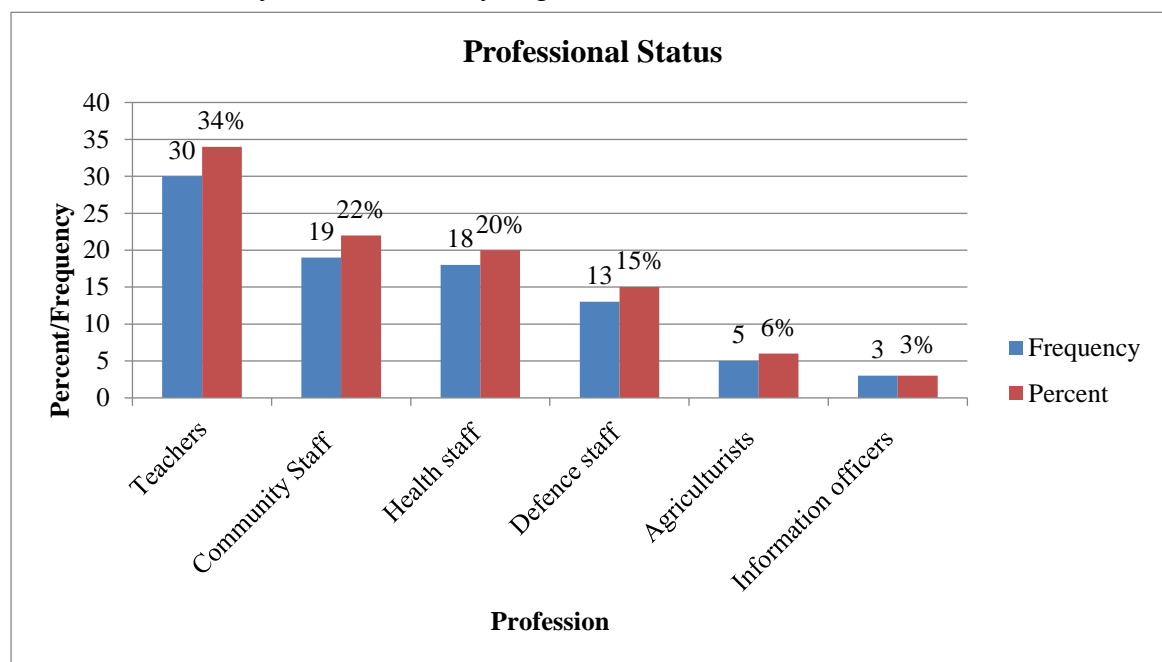
**APPENDIX 5: Years of using Library**



**APPENDIX 6: Type of libraries frequently used by all respondents**



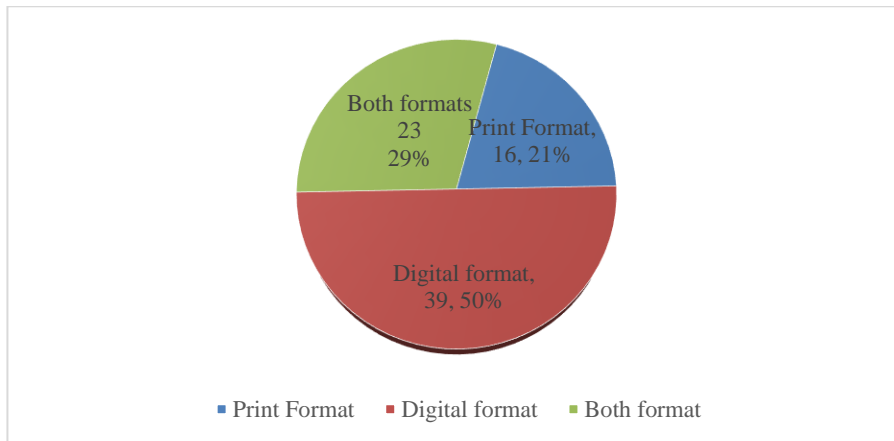
**APPENDIX 7: Professional status of respondents**



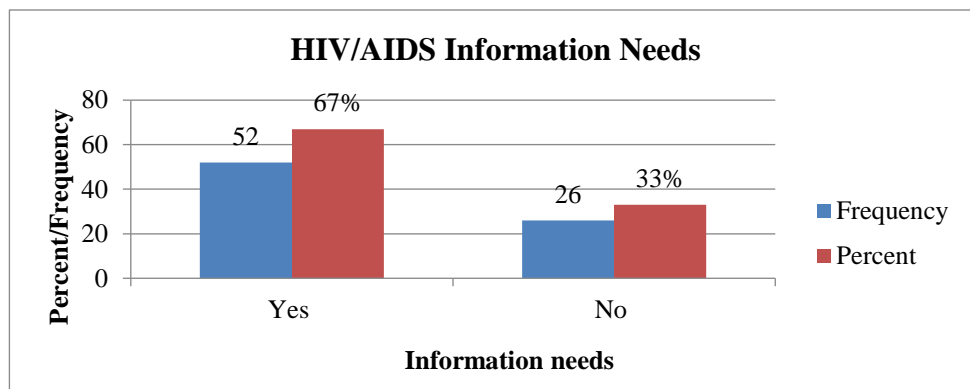
**APPENDIX 8: Findings from the Key Informants**

Respondents	Q1	Q2	Q3
R1	Aware	Utilized	Aware
R2	Aware	Utilized	Aware
R3	Aware	Utilized	Aware
R4	Aware	Utilized	Aware
R5	Aware	Utilized	Aware
R6	Aware	Not Utilized	Aware
R7	Aware	Not Utilized	Aware
R8	Aware	Not Utilized	Aware
R9	Aware	Not Utilized	Aware
R10	Aware	Not Utilized	Aware

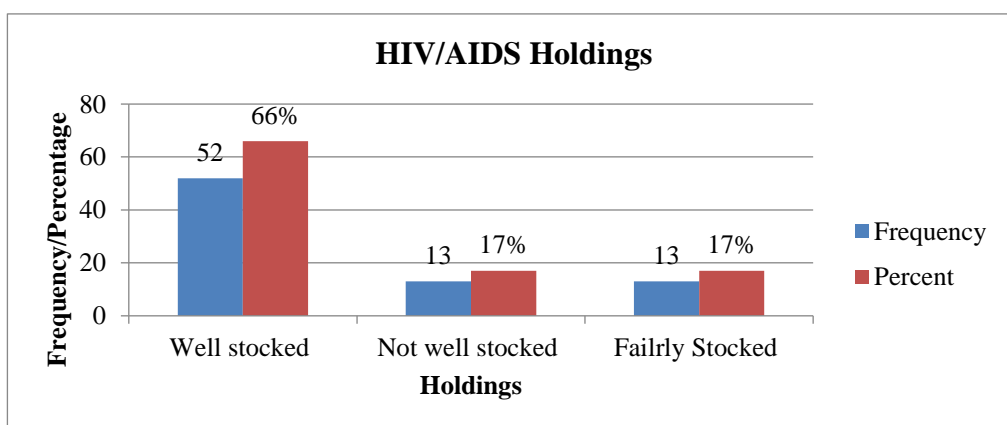
**APPENDIX 9: Kind of information formats respondents preferred**



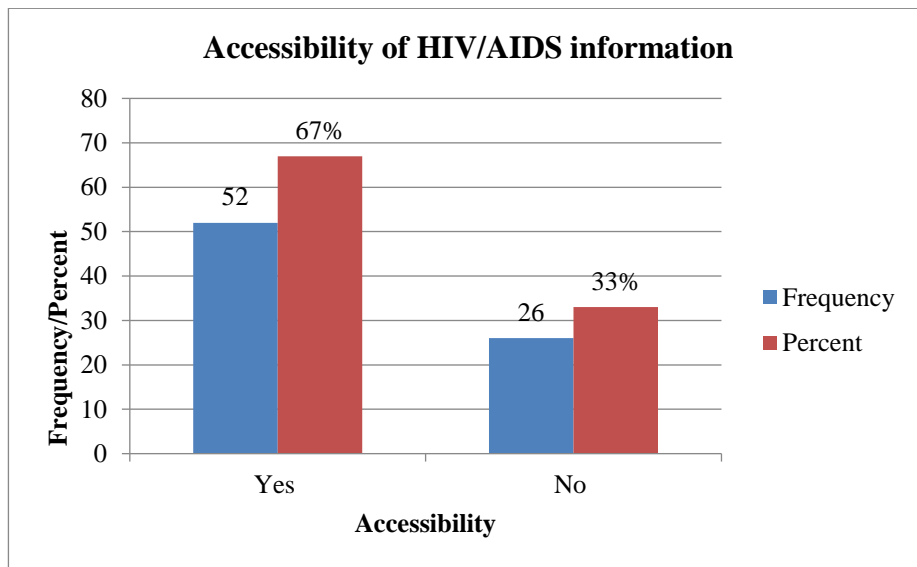
**APPENDIX 10: Information needs on HIV/AIDS**



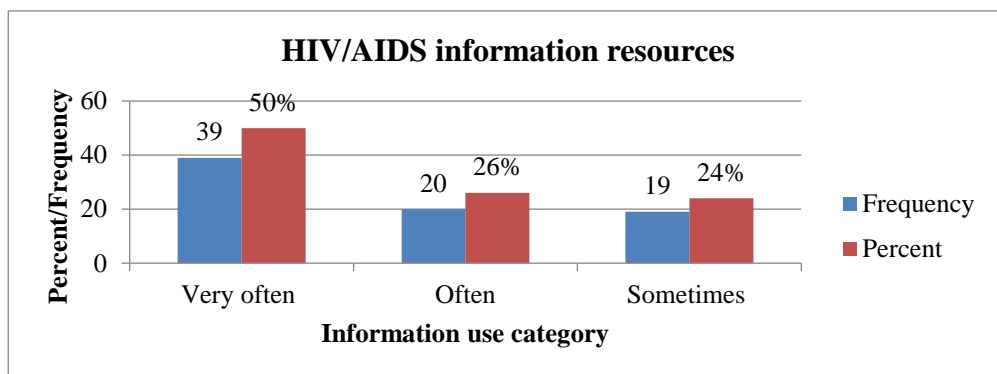
**APPENDIX 11: Rate of the stock of HIV/AIDS in the respondent's library**



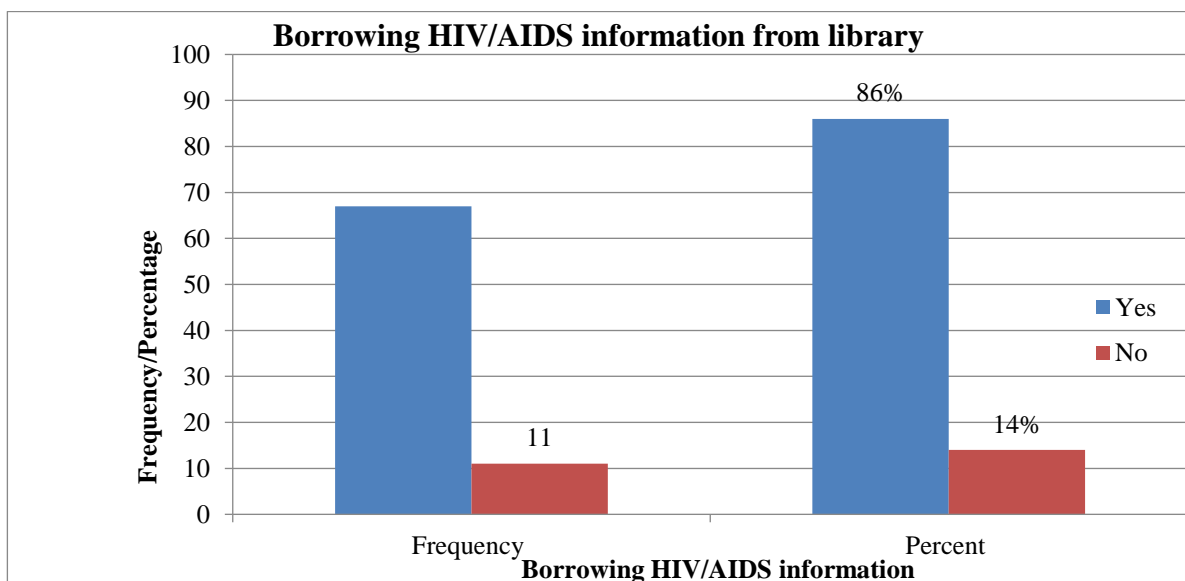
**APPENDIX 12: Accessibility of the HIV/AIDS information in the library**



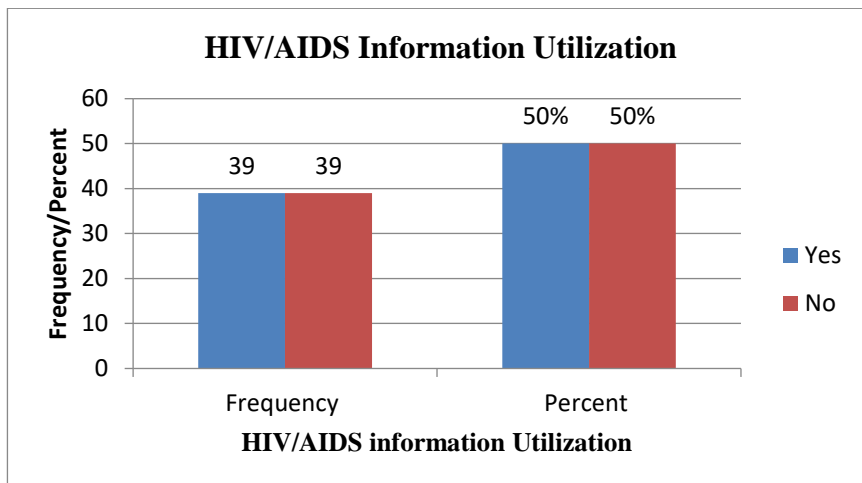
**APPENDIX 13: Frequency of use of HIV/AIDS information resources**



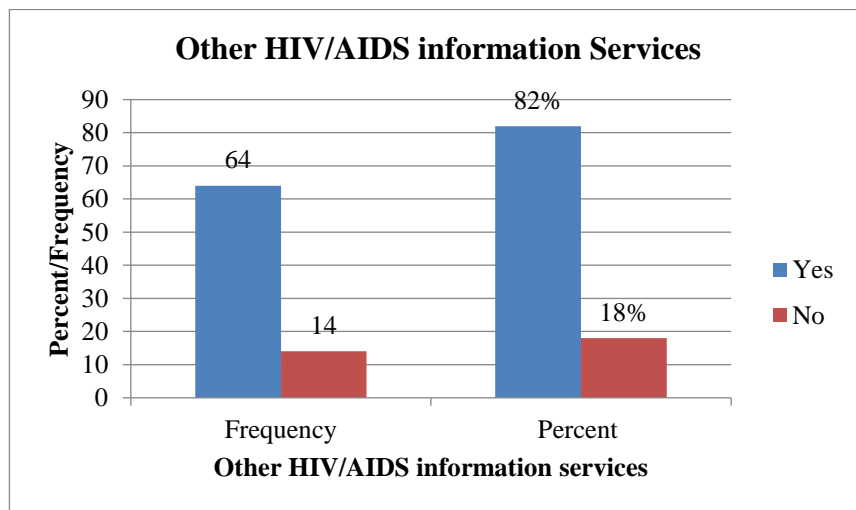
**APPENDIX 14: Borrowing of HIV/AIDS information resources from the library**



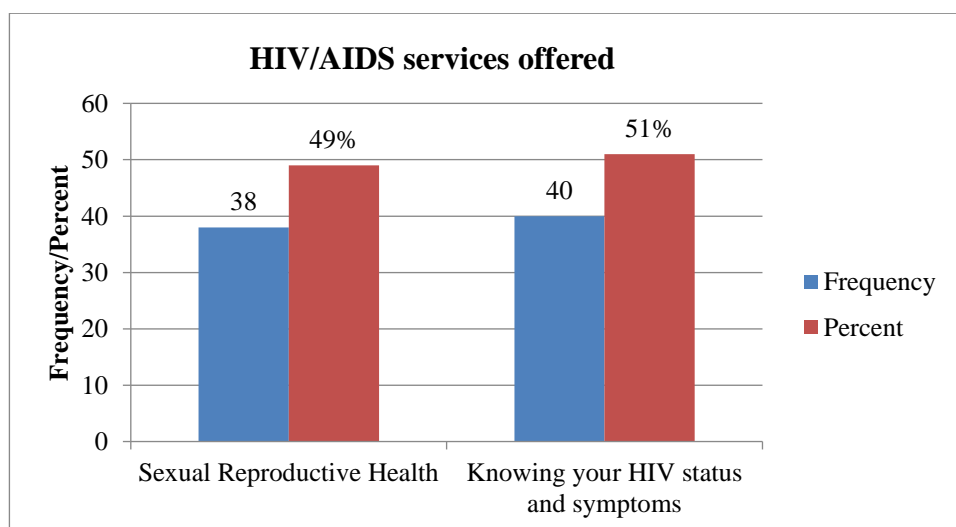
**APPENDIX 15: Utilisation the HIV/AIDS information resources in the library**



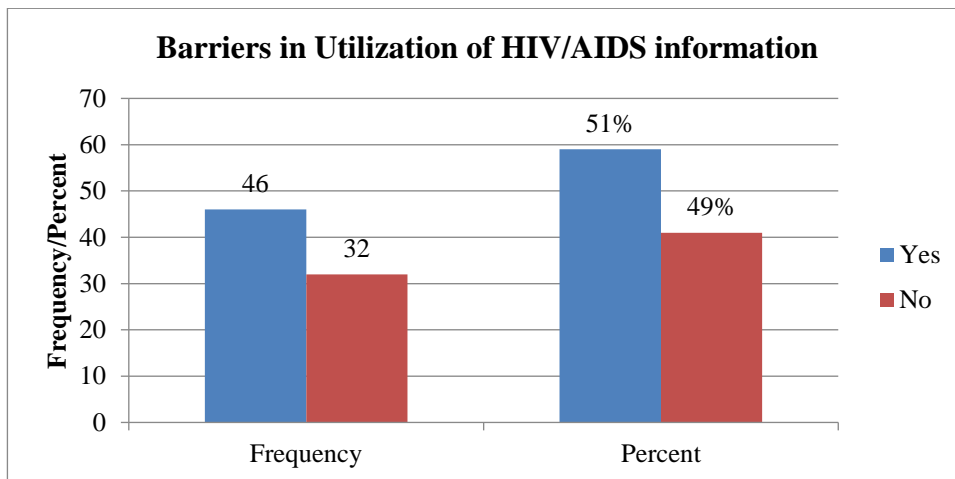
**APPENDIX 16: Awareness of other HIV/AIDS services offered by the library**



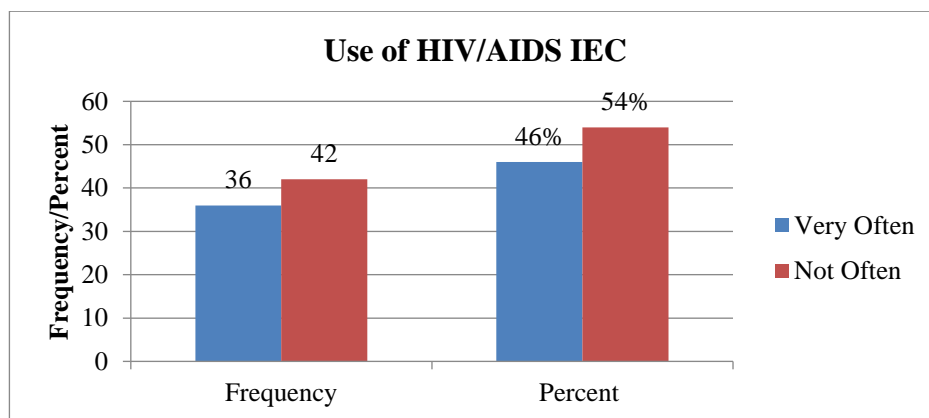
**APPENDIX 17: Kind of HIV/AIDS services offered by the library respondents utilized**



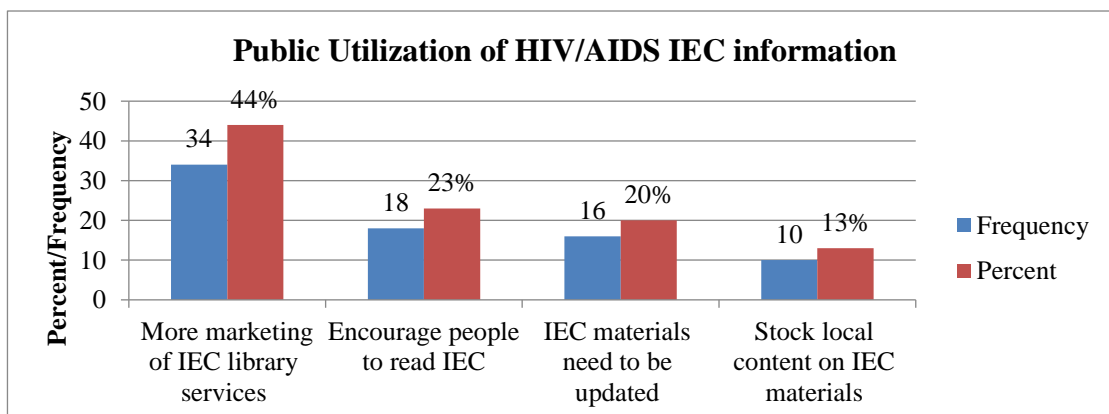
**APPENDIX 18: Barriers in utilizing the HIV/AIDS services in NAC library**



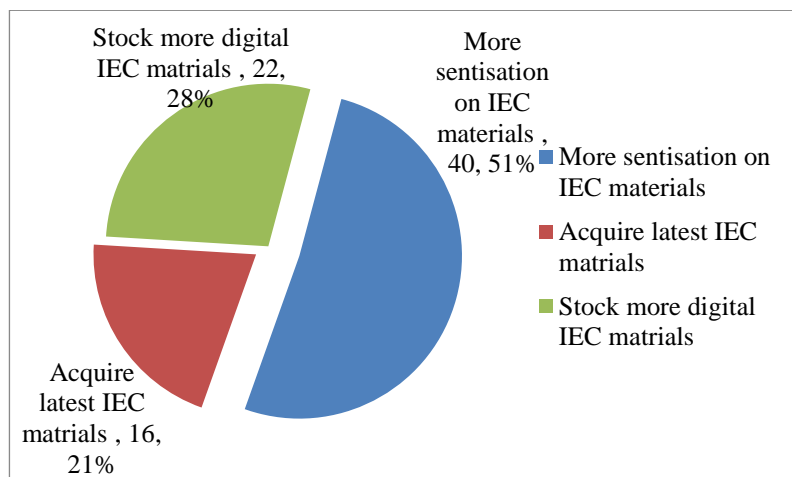
**APPENDIX 19: Frequency of use of HIV/AIDS information services in the library**



**APPENDIX 20: Public utilisation of HIV/AIDS information resources**



**APPENDIX 21: Public utilisation of existing HIV/AIDS information services**



APPENDIX A: QUESTIONNAIRE

Serial No. \_\_\_\_\_



**THE UNIVERSITY OF ZAMBIA**

**DEPARTMENT OF LIBRARY AND INFORMATION SCIENCE**

Dear respondent,

I am a post-graduate student at the University of Zambia pursuing Master's Degree in Library and Information Science. I am currently conducting a study on "*Awareness and Utilisation of HIV/AIDS Information Resources and Services offered by National AIDS Council*".

You have been purposively selected to participate in this research. Be assured that the responses you give will be treated with the utmost confidentiality and only for the purposes of this research.

Thank you for accepting to be a respondent.

I confirm that I have read and comprehended the research criteria. In addition, I have granted permission to take part in the study mentioned above as a responder, during which I was given the chance to ask questions that the researcher completely addressed. I am aware that I can choose to stop participating at any moment and that it is entirely optional.

*Respondent Name*.....

*Respondent Signature*.....

Researcher

**Bedson Nyoni**

**Cell: +260 966 845948**

Sign.....

## INSTRUCTIONS

1. Do not indicate your name or your identity number on the questionnaire.
2. Tick the answer/s that best expresses your view as shown [ √ ]
3. Where you must write the response, please be as brief as possible by writing in the space provided.

---

## BACKGROUND INFORMATION

Q1. Gender .....

- a) Male
- b) Female

Q2. Number of years you have used the library

- a) Less than five years
- b) Five to ten years
- c) Eleven to Fifteen years
- d) Sixteen to twenty years
- e) Twenty-one years or more

Q3. What is the highest level of education attained?

- a) Primary
- b) Secondary
- c) Tertiary
- d) Other (specify) .....

Q4. Which of the following libraries do you frequent?

- a) Government
- b) Private
- c) NGO
- d) Any other (specify).....

Q5. What is your professional status? .....

- a) Teachers
- b) Community staff
- c) Health staff
- d) Defence Staff
- e) Agriculturalist
- f) Information officer

**PUBLIC AWARENESS OF HIV/AIDS INFORMATION RESOURCES AVAILABLE**

*(Tick where applicable)*

Q6. Are you aware of the availability of HIV/AIDS information in the library?

- a) Yes
- b) No

Q7. If yes, what kind of information formats do you prefer?

- a) Print Format
- b) Digital Format
- c) Both formats

Q8. Do the HIV/AIDS resources meet all your information needs on HIV/AIDS?

- a) Yes
- b) No

Q9. How can you rate the stock of HIV/AIDS in your library?

- a) Well stocked
- b) Not well stocked
- c) Fairly stocked

**PUBLIC UTILISATION OF HIV/AIDS INFORMATION RESOURCES**

Q10. Are you able to access the HIV/AIDS information in the library easily?

- a) Yes
- b) No

Q11. How often do you make use of the HIV/AIDS information resources?

- a) Very often
- b) Often
- c) Sometimes

Q12. Are you able to borrow HIV/AIDS information resources from the library?

- a) Yes
- b) No

Q13. If the answer is no to question 12, are you given enough time to utilize the HIV/AIDS information Resources in the library?

- a) Yes
- b) No

**PUBLIC UTILISATION OF HIV/AIDS SERVICES AVAILABLE**

Q14. Are you aware of any HIV/AIDS services offered by the library?

- a) Yes
- b) No

Q15. If the answer is yes to question 14, what kind of HIV/AIDS services offered by the library do you utilize?

.....  
.....

Q16. Are you aware of any barrier in utilising the HIV/AIDS services in your library?

- a) Yes
- b) No

Q17. If yes to question 16, what kind of barriers do you encounter in utilising the HIV/AIDS services?.....

.....

Q18. How frequently do you make use of HIV/AIDS information services in the library?

- a) Yes

b) No [ ]

c) Other (specify).....

Q19. What are your recommendations on the public utilisation of HIV/AIDS information resources.....

Q20. What are your recommendations on the public utilisation of HIV/AIDS services available.....

*End*

*Thank you for your time!*

**Appendix B: INTERVIEW GUIDE**



**THE UNIVERSITY OF ZAMBIA**

**DEPARTMENT OF LIBRARY AND INFORMATION SCIENCE**

Dear respondent,

I am a post-graduate student at the University of Zambia pursuing Master’s Degree in Library and Information Science. I am currently conducting a study on “*Awareness and Utilisation of HIV/AIDS Information Resources and Services offered by National AIDS Council*”.

You have been purposively selected to participate in this research. Be assured that the responses you give will be treated with the utmost confidentiality and only for the purposes of this research.

Thank you for accepting to be a respondent.

I confirm that I have read and comprehended the research criteria. In addition, I have granted permission to take part in the study mentioned above as a responder, during which I was given the chance to ask questions that the researcher completely addressed. I am aware that I can choose to stop participating at any moment and that it is entirely optional.

*Respondent Name*.....

*Respondent Signature*.....

Researcher

**Bedson Nyoni**

**Cell: +260 966 845948**

**Sign**.....

## INTERVIEW GUIDE

Q1. Name of organisation?

Q2. Gender

a) Male

b) Female

Q3. Number of years you have used the library

a) Less than five years

b) Five to ten years

c) Eleven to Fifteen years

d) Sixteen to twenty years

e) Twenty-one years or more

Q4. What is the highest level of education attained?

a) Primary

b) Secondary

c) Tertiary

d) Other (specify)

Q5. Which of the following libraries do you frequent?

a) Government

b) Private

c) NGO

d) Any other (specify)

Q6. What is your professional status?

a) Teachers

b) Community staff

c) Health staff

d) Defence Staff

e) Agriculturalist

f) Information officer

Q7. Are you aware of the availability of HIV/AIDS information in the NAC library?

Q8. Is the public able to utilise HIV/AIDS information resources available?

Q9. Is the public able to utilise HIV/AIDS services available at NAC?

*End*

*Thank you for your time*

## APPENDIX C : TIMEFRAME

TIME FRAME 2020/2021															
ACTIVITY	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Research proposal															
Submission of abstract															
Collection of secondary data															
Collection of primary data															
Analyzing data															
Seminar week															
Report writing															
Dissertation submission															

**APPENDIX D: ETHICAL FORM**



**THE UNIVERSITY OF ZAMBIA  
HUMANITIES AND SOCIALSCIENCES RESEARCH ETHICS COMMITTEE**

**REF NUMBER:** HSSREC: 2023-SEPT-036

**PROGRAMME:** MASTERS OF LIBRARY AND INFORMATION SCIENCE

**PROJECT:** LOCAL

**STUDY TITLE:** AWARENESS AND UTILISATION OF HIV/AIDS INFORMATION

**RESOURCES AND SERVICES IN ZAMBIA:** NATIONAL AIDS COUNCIL

**PRINCIPAL INVESTIGATOR (PI):** BESON NYONI **OTHER INVESTIGATORS:** NIL

**SUPERVISOR:** DR CHRISTINE W. KANYENGO

**CO-SUPERVISOR:** NIL 1. **TITLE** (Is it clear?)

Are there ethical issues  Yes  No

Clear.

2. **STATEMENT OF PROBLEM** (Is the problem clear /Has it come out?) Are there ethical issues? qYes x No

clear

3. **PURPOSE OF THE STUDY** (Is it clear?) Are there ethical issues? Yes xNo

Clear.

4. SPECIFIC OBJECTIVES (Are they clear?)

Are there ethical issues?  Yes  No

Clear.

5. RESEARCH QUESTIONS (Are they clear?)

Are there ethical issues?  Yes  No

Clear.

6. SIGNIFICANCE OF THE STUDY (Is it clear?)

Are there ethical issues?  Yes  No

Clear.

LITERATURE REVIEW (Has there been a critical analysis to help establish the gap, to help show the value addition of the current study?) Are there ethical issues? Yes x No

Literature is adequate.

METHODOLOGY

(i) Research Design (Is it clear?)

Are there ethical issues? Yes x No

Clear.

(ii) Sample and sampling procedure (Is the scientific rigor being followed?)

Are there ethical issues? Yes x No

Clear.

(iii) Data collection procedure (Are they being followed without defaulting on the ethics?)

Are there ethical issues? Yes  No

They are followed without defaulting ethics.

(iv) Data analysis (Is it acceptable?) Are there ethical issues? Yes  No

Clear.

9. RESEARCH INSTRUMENTS (Are they in line with the design and research methods?)

Are there ethical issues? Yes  No

Clear.

10. ETHICAL CONSIDERATIONS (Have all the ethical considerations been followed so that all the participants are protected?)

Are there ethical issues? Yes  No

Clear.

11. VERDICT

What is the verdict for this study?

Approved subject to corrections  Rejected  Please give reasons for your verdict.

-

DATE: 27/09/2023

APPENDIX E: APPROVAL OF STUDY



**THE UNIVERSITY OF ZAMBIA**  
**DIRECTORATE OF RESEARCH AND GRADUATE STUDIES**

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Great East Road Campus | P.O. Box 32379 | Lusaka10101 | Tel: +260-211-290 258/291 777 Fax: (+260)-211-290  
258/253 952 | E-mail: [director.drgrs@unza.zm](mailto:director.drgrs@unza.zm) | Website: [www.unza.zm](http://www.unza.zm)

**APPROVAL OF STUDY**

***IORG No. 0005376***

***HSSREC IRB No. 00006464***

REF NO. HSSREC-2023-SEPT-037

6<sup>th</sup> October, 2023

Mr. Bedson Nyoni  
The University of Zambia  
P.O. Box 32379  
**LUSAKA**

Dear Mr. Nyoni

RE: “AWARENESS AND UTILISATION OF HIV/AIDS INFORMATION RESOURCE AND  
SERVICE IN ZAMBIA: NATIONAL AIDS COUNCIL.”

Reference is made to your submission of the protocol captioned above.

The HSSREC resolved to approve this study and your participation as Principal Investigator for a period of one year.

Specific conditions will apply to this approval. As Principal Investigator it is your responsibility to ensure that the contents of this letter are adhered to. If these are not adhered to, the approval may be suspended. Should the study be suspended, study sponsors and other regulatory authorities will be informed.

<b>REVIEW TYPE</b>	<b>ORDINARY REVIEW</b>	<b>APPROVAL NO. HSSREC-2023- SEPT-037</b>
Approval and Expiry Date	Approval Date: 6 <sup>th</sup> October, 2023	Expiry Date: 7 <sup>th</sup> October, 2024
Protocol Version and Date	Version - Nil.	7 <sup>th</sup> October, 2024
Information Sheet, Consent Forms and Dates	<input type="checkbox"/> English.	To be provided
Consent form ID and Date	Version - Nil	To be provided
Recruitment Materials	Nil	Nil
Other Study Documents	- Questionnaire - Interview Guide	
Number of Participants Approved for Study		

#### Conditions of Approval

- No participant may be involved in any study procedure prior to the study approval or after the expiration date.
- All unanticipated or Serious Adverse Events (SAEs) must be reported to HSSREC within 5 days.
- All protocol modifications must be approved by HSSREC prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s or site address.
- All protocol deviations must be reported to HSSREC within 5 working days.

- All recruitment materials must be approved by HSSREC prior to being used.
- Principal investigators are responsible for initiating Continuing Review proceedings. HSSREC will only approve a study for a period of 12 months.
- It is the responsibility of the PI to renew his/her ethics approval through a renewal application to HSSREC.
- Where the PI desires to extend the study after expiry of the study period, documents for study extension must be received by HSSREC at least 30 days before the expiry date. This is for the purpose of facilitating the review process. Documents received within 30 days after expiry will be labelled “late submissions” and will incur a penalty fee of K500.00. No study shall be renewed whose documents are submitted for renewal 30 days after expiry of the certificate.
- Every 6 (six) months a progress report form supplied by The University of Zambia Humanities and Social Sciences Research Ethics Committee as an IRB must be filled in and submitted to us. There is a penalty of K500.00 for failure to submit the report.
- When closing a project, the PI is responsible for notifying, in writing or using the Research Ethics and Management Online (REMO), both HSSREC and the National Health Research Authority (NHRA) when ethics certification is no longer required for a project.
- In order to close an approved study, a Closing Report must be submitted in writing or through the REMO system. A Closing Report should be filed when data collection has ended and the study team will no longer be using human participants or animals or secondary data or have any direct or indirect contact with the research participants or animals for the study.
- Filing a closing report (rather than just letting your approval lapse) is important as it assists HSSREC in efficiently tracking and reporting on projects. Note that some funding agencies and sponsors require a notice of closure from the IRB which had approved the study and can only be generated after the Closing Report has been filed.

- A reprint of this letter shall be done at a fee.
- All protocol modifications must be approved by HSSREC by way of an application for an amendment prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s or site address or methodology and methods. Many modifications entail minimal risk adjustments to a protocol and/or consent form and can be made on an Expedited basis (via the IRB Chair). Some examples are: format changes, correcting spelling errors, adding key personnel, minor changes to questionnaires, recruiting and changes, and so forth. Other, more substantive changes, especially those that may alter the risk-benefit ratio, may require Full Board review. In all cases, except where noted above regarding subject safety, any changes to any protocol document or procedure must first be approved by HSSREC before they can be implemented.

Should you have any questions regarding anything indicated in this letter, please do not hesitate to get in touch with us at the above indicated address.

On behalf of HSSREC, we would like to wish you all the success as you carry out your study.

Yours faithfully,



**Dr. J.I. Ziwa**

CHAIRPERSON

THE UNIVERSITY OF ZAMBIA HUMANITIES AND SOCIAL SCIENCES RESEARCH  
ETHICS COMMITTEE - IRB

cc: Director, Directorate of Research and Graduate Studies  
Assistant Director (Research), Directorate of Research and Graduate Studies  
Assistant Registrar (Research), Directorate of Research and Graduate Studies

## APPENDIX F : BUDGET

DESCRIPTION	QUANTITY	UNIT COST	TOTAL
Flash	1	150	150
Pens	10	2	20
Box of ream of paper	1	200	200
Fuel for transport within Lusaka		500	500
Food and beverages in Lusaka	5 days x 2 people	100	1,000
Internet	8 months, 15 GB per month	250	2,000
Printing draft proposal	10	50	500
Printing questionnaires and interview sheets	105	5	525
Printing draft dissertation	3	300	900
Printing dissertation	1	300	300
Publication – preparation of posters	1	300	300
Other incidentals			1,500
<b>Total</b>			<b>ZMW 7, 895</b>