

Nature Of Health Communication Interventions Among HIV Aids NGOs In Kenya

Charles Nyiro Wanje

Doctoral Researcher, Moi University, School of Human Resource Development, Department of Communication Studies, Eldoret

Prof. Paul Kiprop Chepkuto

Supervisor, Moi University, School of Human Resource Development, Department of Communication Studies, Eldoret

Prof Okumu-Bigambo, W.

Supervisor, Moi University, School of Human Resource Development, Department of Communication Studies, Eldoret

Abstract: The paper is part of the literature review of a doctorate research on Nature and effectiveness of health communication interventions: a study of Kenyan HIV Aids NGOs. The paper takes a look at the nature of communication interventions that are used by HIV Aids NGOs in the fight against HIV in Kenya. Communication interventions are discussed in this paper because they address some of the concerns of the research questions in the study.

The study was prompted by the fact that although billions of shillings have been spent fighting HIV/AIDS infections in the past 30 years, Kenya is rated among the five most affected in the world. A review of relevant literature pointed this failure to the inability of communication interventions to translate to behavior change thus leading to mere provision of information which creates high awareness levels, but which did not translate to behavior and social change.

This paper was informed by relativist-interpretivist paradigm which is consistent with the qualitative approach and case study method. The study provides a basis upon which health communications among HIV/AIDS NGOs in Kenya and similar contexts could be based. It also fills a gap in the existing literature as well as contributing towards the continuing discourse on HIV/AIDS communication.

Keywords: HIV AIDS, Health Communication, NGOs, communication, and qualitative research

I. INTRODUCTION

The HIV/AIDS pandemic has been described as the greatest development challenge for Kenya (UNAIDS, 2012). This is reflected in the current paradigmatic shift that seeks to tackle the pandemic from a purely medical perspective to a more holistic developmental one (Muturi, 2007). This is also based on the impact that the pandemic has had on the drivers of developmental spheres: economic, social cultural, political and psychological. Since the early 1980s, HIV/AIDS has gradually taken hold on Kenya, increasing health and welfare expenditure, reducing employment and household security and will potentially slow economic growth (NACC & NASCOP, 2012). Clearly the loss of young adults in their most productive years, among the best educated and professional

category, will affect human resource development and reverse gains made in the quality of life indices (NACC & NASCOP, 2012).

The most affected category of Kenyans is that of those aged 15 and 45 years, the most productive cadre of people. This has severe economic implications because the country is denied professionals and family providers, which has a spiraling effect on education and the socio-economic status of communities. It is predicted that there is increased burden on the extended family and surviving relatives, which further impinges on productivity and socio-economic status of communities

(Muturi, 2007). A unique characteristic in Kenya, as in the rest of sub-Saharan Africa, is that women are significantly more susceptible to the HIV virus, with young women aged

between 15 and 24 years being particularly vulnerable (Muturi, 2007).

In seeking to control the HIV/AIDS pandemic, NACC, the body charged with fighting the scourge in Kenya, has actively incorporated the participation of civil society and nongovernmental organizations. The participation of civil society has been deemed critical because of the sectors experience and influence in mobilization, and in working with communities at the grassroots. With respect to HIV/AIDS, this experience has proven crucial particularly among the most marginalized and disadvantaged communities.

This paper takes a look at the nature of communication interventions used by these HIV AIDS NGOs. By discussing the communication interventions as brought out in the literature reviewed, the research lays the ground for the analysis of their effectiveness in the fight against HIV AIDS.

II. MATERIALS AND METHODS

The paper collected most of the materials from literature reviewed on NGOs as far HIV AIDS communication is concerned. Focus was mainly on research and publications done on developing countries especially in sub Saharan Africa which is most affected by HIV AIDS morbidity. The literature was reviewed from a qualitative perspective with an aim of bringing to focus the communication interventions used by NGOs involved in HIV AIDS.

III. NATURE OF COMMUNICATION INTERVENTIONS

A. THE 'RESERVOIR' PERSPECTIVE

A historical review of literature on HIV and AIDS in Kenya, demonstrates that the high prevalence rates reached a peak of 13.1% in the year 2000, and sharply leveled off to 6.1% in the year 2005 (Ministry of Health, 2001). This reduction was attributed to several factors with the strategic approach taken by the National Aids Control Council (NACC) having a significant input. In 2001, Kenya adopted this strategic approach and took up the 'reservoir' perspective of analyzing the prevalence of the pandemic (Ministry of Health, 2001).

The significance of this approach lies in its focus on the pandemic as 'invisible' and on the importance of translating the prevalence rates realistically (Ministry of Health, 2001). There is caution on the constraints of the sentinel surveillance, and the fact that most infected people are not represented in the surveillance, as they do not go for Voluntary Counseling and Testing (VCT). The laudable drop in Kenya's prevalence rates also masks high prevalence rates according to regions, age groups and gender (Ministry of Health, 2001; UNAIDS, 2006). In addition, the resurging increase of prevalence rates in Uganda, sound a warning of the dangers of complacency (Daily Nation, November 24, 2006). The recent upsurge in Kenya has raised some alarm again, and the efforts on prevention have to be strategically sustained (Daily Nation, July 29, 2008).

The absence of a cure or vaccine for HIV/AIDS, and the prominence of HIV/AIDS prevention demonstrate the significance of strategic and systemized communication strategies. The government of Kenya's 'Sessional Paper No 4 on AIDS' (Ministry of Health, 1997), aptly states that the focus in communicating on HIV/AIDS should be in the context of individuals and communities vulnerable to HIV and consequently AIDS. Those who are infected should also be targeted to ensure that the infection of others does not continue occurring.

B. BEHAVIORAL CHANGE COMMUNICATION CONCEPT

Experiences in HIV/AIDS education revealed that the target should be preventing and facilitating change in high risk sexual behavior. In the behavioral change communication concept, the five major stages of behavior change have been outlined. The first step involves people becoming aware of the problem, after which they gather knowledge and skills on how to cope with the problem, which is second stage. Motivation to take action by addressing the problem (in our case changing high risk sexual behavior is the third stage. This prepares the ground for the fourth stage, which involves the trial of the new behavior and finally the last stage which is the sustaining of the new behavior (Barker, 2007). The high levels of awareness on some transmission patterns indicate that in Kenya we are predominantly at the first level, though some sections of the population have gone on to the second and third levels.

The method outlined above has been used to train outreach workers, health providers, peer educators, counselors, and community leaders on the skills needed to influence and support behavior change. Handbooks on effective communication approaches have been developed and used as teaching tools and reference materials (Hughes, 2012).

In communicating on HIV/AIDS, in Kenya, information has been provided to institutions like schools, religious organizations and health centers. The observation by Ganya-Twalo & Seager (2005) that the severity of the impact of some issues like HIV/AIDS demands action even in the context of communication approaches that are not agreed on is appropriate. His arguments holds true when one reviews the literature which shows that communicating on HIV/AIDS has taken many forms and that this has been done in the expectation of discovering the best ways of slowing the spread of HIV. Apart from information and education, the HIV prevention activities include counseling programmes, condom promotion and distribution and STD control.

C. SOCIAL MARKETING

Social marketing is a concept developed in the population education sector and has been used widely to promote condoms, particularly among segments of the population who are prone to high risk sexual behavior. The concept involves packaging, pricing and presenting a product or behavior to the target market in an appealing manner and soliciting for the participation of wholesalers and retailers in the distribution and conventional trade promotions. The mass media are

utilized to convey the benefits of the desired behavior for a particular target audience (Singhal & Rogers, 2003).

D. THE EDUCATIONAL APPROACH

The educational approach towards the support for people living with HIV/AIDS, has been utilized by organization such as the Know AIDS Society of Kenya (KAS). The method features establishment of an educational group which has the aim of educating others on HIV/AIDS in the evenings. KAS employs people living with HIV/AIDS as counselors in the realization that they are in the best position to understanding individuals and families living with the pandemic. The organization mobilizes people on how to live positively with HIV/AIDS and to inform other members of the community on HIV/AIDS prevention.

Peer education as a strategy of HIV/AIDS prevention education has gained prominence and been used at workplaces, colleges, universities and social gatherings. The method has been found by some organizations to be practical and cost effective while reaching a large number of people (Mwangi, 2010). A modification of peer education are the anti-aids clubs which have been started as extracurricular activities in schools and workplaces. The strength of the peer education approach lies in its ability to reach people through their own peers and this has contributed to its success especially in the workplaces (Mwangi, 2010). It has been recommended however that peer educators should be trained in the different communication methods and strategies and used for greater effectiveness (Mwangi, 2010).

E. GROUP DISCUSSIONS

Another method which has proved effective in the discussion of sexuality is that of group discussion where peers share information based on their experiences. Being with their peers allows them to openly talk about subjects which would otherwise appear to be taboo (Ministry of Health/NASCOP, 1998; Mwangi, 2010). This method also features interpersonal or face to face communication and the opportunity to clarify issues instantly (Barker, 2007).

F. PARTICIPATION OF THE TARGET AUDIENCE IS COMMUNICATION PROCESS

The existing literature unveils a variety of channels and media in the communication of HIV/ AIDS prevention (UNAIDS, 2006). These range from posters, leaflets, booklets, comic stories, cartoons, drama and poems to use of the mass media. What is important is the participation of the target audience in the whole of communication process from planning to evaluation stage. This includes testing of existing materials to determine whether new material is required or if what exists can be modified. This is important given the observation that many information, education and communication (IEC) images in Kenya have presented conflicting messages in the text and visually (Ministry of Health/NASCOP, 1998).

G. USE OF MASS MEDIA

The Mass media are important agents in communication of HIV/AIDS messages because they have the ability to influence public opinion and to stimulate debate. In addition, the media can be used for advocacy as they can sustain a topic in the public forum for long periods of time. The main recommendation regarding the media has been that they are useful in raising awareness, and reinforcing messages being communicated through other channels, such as those which are interpersonal (Hughes, 2012.).

An important issue for mass media practitioners is the adherence to journalistic ethics, which are vital given the sensitive nature of handling information regarding HIV/AIDS. Journalists should avoid propagating negative stereotypes and coverage, which would hold those infected with HIV/AIDS to ridicule. Effective coverage can only be realized through proper handling of the media by organizations dealing with HIV/AIDS education (Mwangi, 2010).

H. USE OF EXISTING COMMUNICATION CHANNELS

Communicating on HIV/AIDS demands a solid understanding of the existing and available channels that can be used, including those which are not in the mainstream media. Black (1997), has discussed at length the benefits associated with using religious institutions noting that they have broad influence on the Kenyan population. The mission of religious institutions and organizations renders them useful in promoting community and home based care for AIDS patients as well as the strengthening of family and social structures that can contribute to HIV/AIDS prevention.

In seeking innovative ways of addressing HIV/AIDS prevention, some organizations have proposed that parents be encouraged to talk and sensitise their children on the topic HIV/AIDS (Mwangi, 2010). The issue of being role models is tied to this form of communication as is the need to discuss sexuality in the cultural context.

Concern about protecting the youth has led to the collaborative efforts between UNICEF, and the Kenya Institute of Education (KIE) and some NGOs in an initiative called SARA-communication initiative (Mwangi, 2010). This is a major intervention for the youth in and out of school. The focus on the youth has been discussed in Sessional Paper No. 4 on AIDS (Ministry of Health, 1997), but it is important to note the controversy surrounding education for the youth as this relates to teaching on sexuality.

The urgent need to provide a forum for the youth to discuss issues relating to their sexuality and HIV/AIDS is demonstrated in the keen response that 'Straight Talk' insert in the East African Standard received. The insert was an initiative of the Kenya Association of Professional Counselors and was based on an example from Uganda. The promotion of participation facilitated positive and open dialogue between adolescents and between them and their parents on the subject of sexuality (Ministry of Health/NASCOP, 1998).

IV. CONCLUSION

A review of this literature revealed that despite these communication interventions, HIV AIDS has remained a challenge. There is therefore need to review their effectiveness. The major contributions on this topic have been fronted by UNAIDS, the Panos Institute and the Rockefeller Foundation. Communication scholars working under various forums have debated on the theoretical framework that best addresses communication on HIV/AIDS. According to the Panos Institute:

While HIV/AIDS information and key health messages remain crucial, it is important to look beyond these messages no matter how empowering and content sensitive they might be and help to develop environments where vibrant and internally derived dialogue can flourish (Panos Institute, 2003).

Following is a summary of the core lessons learnt from the literature reviewed as far as HIV AIDS communication is concerned:

- ✓ The focus in HIV/AIDS communication needs to shift from disseminating messages to strengthening the will of an individual to act according to what they know is right. The knowledge is out here but can people act according to the knowledge they have? or is it a case of 'the heart is willing but the body is weak'?
- ✓ This shift also demands a change from the paradigm of rationality and passing on knowledge that characterizes behavior change models. In addition the shift involves a modification from the media centric to the human-centric approach.
- ✓ An urgent move taking HIV/AIDS from the purely health discourse to political, social, economic and cultural contexts is required. (The South African campaign for affordable antiretroviral drugs and access for all PLWHA to ARVs benefited from the experience and skills of the human rights movement, propelling the cause to nation and global agendas. A key component is the extent to which people talk about, debate and discuss HIV/AIDS (as in the case of Uganda where the president set the agenda for discussion on HIV/AIDS.
- ✓ It is important to address national cohesion in a community, which assists in developing competence at this level in designing and implementing community response to HIV/AIDS. At the contextual level, social inequalities have to be tackled, as well as the need for participation in decision making and community mobilization.
- ✓ Global and national strategies in HIV/AIDS should steer toward renewed emphasis on communication: this would also include the need for vibrant, professional, free and independent media (media advocacy).

This discourse has revolved around the fact that most communication models have proved insufficient in addressing HIV/AIDS and that long term social change is vital in effectively addressing the epidemic. In addition, HIV/AIDS communication should include strengthening the will which is a philosophical and moral issue.

REFERENCES

- [1] Barker G. (2007). Adolescents, social Report and Help-seeking Behavior: international Literature Review and Programme Consultation with Recommendations for Action. Discussion Papers on Adolescence. Geneva: WHO.
- [2] Becker, M. H. (Ed.). (2007). The Health Belief Model and personal health behavior (Vol. 2).
- [3] Bertrand, J. T. (2004). Diffusion of Innovations and HIV/AIDS. *Journal of Health Communication: International Perspectives*, 9(S1), 113-121.
- [4] Black, B. (1997). HIV/AIDS and the Church: Kenya Religious Leaders become Partners in Prevention. *AIDS Captions*, 4 (13): 23-26.
- [5] Blaikie, N. (2003). Approaches to Social Enquiry (2st ed.). Cambridge: Polity Press.
- [6] Daily Nation. (July 29, 2008). Daily Nation,
- [7] Daily Nation. (November 24, 2006). Daily Nation,
- [8] Denzin, N. K., & Lincoln, Y. S. (2011). *The Sage handbook of qualitative research* (4th ed.). Thousand Oaks, CA: Sage.
- [9] DeTombe, D. (1994). Defining complex interdisciplinary societal problems. A theoretical study for constructing a co-operative problem analyzing methodology: the methodology COMPRA. University of Amsterdam, Amsterdam.
- [10] Editorial Daily Nation. (2013, Wednesday September 11). Aids infections still high. Daily Nation, p. 12,
- [11] Hughes, R. (2012). Developing Online Family Life Prevention and Education Programs. *Family Relations* 61 61(December), 711-727.
- [12] Ministry of Health. (1997). Sessional paper no 4 on AIDS in Kenya. Nairobi: Government Printer.
- [13] Ministry of Health. (2001). AIDS in Kenya. Nairobi: Government Printer.
- [14] Ministry of Health. (2003). AIDS in Kenya. Nairobi: Government Printer.
- [15] Ministry of Health/NASCOP. (1998). Programme and Abstracts Book: The 2nd National HIV/AIDS/STDs Conference Nairobi.
- [16] Muturi, N. W. (2007). Communication for HIV/AIDS Prevention in Kenya: Social-Cultural Considerations. *Journal of Health Communication: International Perspectives*, 10(1), 77-98.
- [17] Mwangi, M. W. (2010). An investigation of faith based communication initiatives in response to HIV and AIDS in Kenya: a case study of Murang'a County. University of Nairobi, Kenya, Nairobi.
- [18] NACC, & NASCOP. (2012). Kenya AIDS Epidemic update 2012. Nairobi, Kenya: National Aids and STI Control Programme.
- [19] Panos Institute. (2003). Aids and the Third World. London.
- [20] Singhal, A., & Rogers, E. (2003). Combating AIDS: Communication Strategies in Action. New Delhi: Sage.
- [21] UNAIDS. (2006). AIDS epidemic update December 2006. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS.

- [22] UNAIDS. (2007). AIDS epidemic update December 2007. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS
- [23] UNAIDS. (2012). AIDS epidemic update December 2012. Geneva, Switzerland: Joint United Nations Program on HIV/AIDS.

IJIRAS