

An Application Of The Aristotelian Theory Of Akrasia In Communication Interventions Among HIV AIDS NGOs In Kenya

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Abstract: The paper is part of the findings of a doctorate research on Nature and effectiveness of health communication interventions: a study of Kenyan HIV Aids NGOs. The paper makes an application of the theory of Akrasia as espoused by Aristotle in ensuring effective communication among HIV AIDS NGOs in Kenya. Application of the theory of Akrasia in communication is discussed in this paper because it addresses 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. The study revealed that Aristotle's theory of Akrasia is critical in ensuring effective communication interventions. Aristotle identified lack of authenticity as one of the weaknesses that make people act contrary to what they intended to. This paper therefore argues that effective communication has a role in creating authentic behaviors hence reduce HIV AIDS infections. 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: Akrasia, weakness of the will, 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

slowing down economic growth (NACC & NASCOP, 2012). Clearly the loss of young adults in their most productive years, among the best educated and professional category has affected human resource development and reversed 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).

According to Aristotle, 1952, there are four weaknesses that make people act akratically or against their will: Authenticity, Attention, Temptation and Principleness. These are what constitute the domains of Akrasia. This paper however takes a look at one of the domains, authenticity, and explores how effective communication can encourage authentic behaviors hence reduce HIV AIDS infections.

A person who usually does not usually stick to his or her original decisions as concerns cases where he or she needs to make decisions is not authentic. By being not authentic, it implies that such a person lacks a quality of sticking to what he or she judges to be good. The non-authentic person lacks the seriousness that would make him or her realize his or her potentialities. The authentic person heeds the voice of conscience. The non-authentic does not heed the voice of conscience. Such a person after doing what is contrary to his or her principles develops self-blame (Aristotle, 1952). Such is the person who lacks authenticity. Aristotle says that the authenticity has to be earned by an individual. The non-authentic rarely have a self-belief in what they want to do. They do not stick to judgments. This is because they do not persevere in the light of difficulties.

II. MATERIALS AND METHODS

The study involved 38 participants who included 30 Programme Officers who undertake HIV/AIDS programming and 8 peer educators and a focus group discussion involving 20 people living with HIV. This study was informed by relativist-interpretivist paradigm which is consistent with the qualitative approach and case study method. Data was collected using interviews, document reviews, observations and focus group discussion. After collection the data was analyzed thematically and presented in narrative form. All relevant ethical issues were considered. 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.

This section therefore presents findings on the implications of the theory of Akrasia or “weakness of the will” in HIV AIDS communication amongst HIV AIDS NGOs in Kenya.

III. AKRASIA AS WEAKNESS OF THE WILL

According to Audi (1995), Akrasia, occasionally translated as akracia (from Greek, “lacking command (over oneself) is a state of acting against ones better judgement. Although this technical term is usually employed in its Greek form (ie akrasia/akratic) in English texts, it was once the

philosopher’s English language convention to use the precise English equivalent of akrasia/akratic, incontinence/incontinent. But now, the correct conventional term is akrasia. Much of the philosophical literature takes akrasia to be the same thing as weakness of the will. Holton (1998) sees weakness of the will as a tendency to revise one’s judgement about what is best too easily. Holton explains that for example, a smoker who wants to quit smoking but s/he is unable to do so, acts against her better judgement (that quitting is best) due to a weak will. So the smoker might at one moment feel that s/he should give up, but at another, that the joy of smoking outweighs the risks, oscillating back and forth between judgments. Such a person has a weak will but is not acting akratically (Holton, 1998).

Akrasia then involves conflicts between our evaluations and our commitments, or between our commitments and acts falling under them. Pettit (2009), argues that when people act in their own better judgment, they temporarily believe that the worse course of action is better, because they have not made it judgmental but only basing it on a sunset of possible considerations.

Aristotle (1952) observes that the most interesting cases occur when both of the conflicting elements are fully conscious or readily available to consciousness. Aristotle argues that when people behave akratically, they are often aware that this is what they are doing; this is not a form of behavior that has somehow, to be kept secret. This view is confirmed by one FGD participant:

The smoker who wants to quit is fully conscious of his or her resolve to give up her habit just as he reaches out for another cigarette. Indeed, as he acts, she may fully be confident that he will subsequently feel regret, shame or even guilt about what he is doing (FGD participant, Mukurweini, September 2014).

This paper takes a look at the theory of Akrasia and what implications it has in HIV AIDS communication interventions. By discussing the implications of this concept as brought out in the study, the research lays the ground for its analysis and application in HIV AIDS communication interventions.

IV. APPLICATION OF THE CONCEPT OF AKRASIA IN ENSURING EFFECTIVE COMMUNICATION

As indicated earlier and as it emerged with some respondents, healthcare problems like HIV/AIDS and Malaria have been classified as complex societal problems requiring interdisciplinary efforts (DeTombe, 1994). Respondents therefore felt the need to use knowledge from various disciplines, including philosophy, to solve the scourge. The use of philosophy in health communications therefore is one such interdisciplinary effort.

Success in fighting HIV/AIDS will come with combined efforts from various disciplines. As a matter of fact, 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'? (Programme Officer, Regional Aids Programme Network, June 2014 interview)

The subject of "weakness of the will" is what Aristotle called "akrasia" which was first used in education philosophy. A classical definition of philosophy is that it is 'love of wisdom'. Philosophy as love of wisdom therefore entails the pursuit of wisdom.

Philosophy therefore implies the capacity to employ knowledge, of whatever reality, to improve human life. This requires an incisive and precise grasp of knowledge. And philosophy unceasingly aims at this kind of grasp of knowledge of whatever reality.

Wisdom, therefore, entails the highest kind of knowledge that results from sustained reflection and discernment. This is part of what is meant when philosophy is perceived as a contemplative discipline. This kind of knowledge must have a firm basis. Pettit (2009) aptly puts it thus: "Adapting a Platonic phrase, one might even say that wisdom is nothing but humanly oriented knowledge with an account". Wisdom also entails the capacity for sound judgement in matters of human conduct. Wisdom therefore implies moral knowledge, in the philosophical sense, and commitment to that knowledge.

A. AN OVERVIEW OF ARISTOTLE'S THEORIZATION OF AKRASIA

Why do people act wrongly, when they know full well what right conduct demands? This phenomenon, known to philosophers as incontinence or akrasia, receives extensive treatment in Book Seven of Aristotle's *Nicomachean Ethics*. Aristotle holds that akrasia presents a special challenge for moral education. In this view, akrasia is a form of practical judgement. More precisely, it is a form of practical judgment that has gone astray (Aristotle, 1952).

Aristotle argues that incontinent do possess knowledge of the good. In as much as akratics manage to achieve correct knowledge, they must be exercising reason. The first belief is thus mistaken: akrasia connotes neither ignorance nor irrationality. Second, it is impossible to simultaneously possess both knowledge of the good and strong feelings of pleasure. For Aristotle, akrasia has been wrongly defined as abandonment of reason, and to assume that it occurs in the face of appetite or pleasurable feelings is equally wrong. Nonetheless, Aristotle declares that:

(...) these common beliefs should not be discounted (...) while neither is entirely correct; each does contain a key insight regarding akrasia. The second premise is that the right to maintain that appetite is central to incontinence. What it fails to consider is the possibility that appetite is central continence as well (...) appetite is not the villain in the drama of akrasia. Its role must be explained in another way (Aristotle, 1952:232).

Aristotle holds that it is right to assume that the correct reasoning leads to correct behavior. However, he observes that this fails to entertain the possibility that the reasoned judgment can conflict with a person's actual conduct. In Aristotle's view, it is precisely the conflict between reason and behavior which makes akrasia so puzzling. He writes:

Though persuaded to act otherwise (...) the incontinent still acts wrongly. The incontinent person thinks it is wrong to pursue (...) the pleasant thing at hand, yet still pursues it (...) (Aristotle, 1952:275)

B. THE PRECISE DOMAINS OF AKRASIA

From Aristotle's theorization of akrasia, several reasons could be advanced as why people act contrary to what they hold. With regard to HIV/AIDS, it translates to the understanding that people may still engage in unprotected sex despite their having knowledge of the devastating effects of such practices.

According to Aristotle, 1952, there are four weaknesses that make people act akratically: Authenticity, Attention, Temptation and Principleness. These are what constitute the domains of Akrasia.

First, a person who usually does not usually stick to his or her original decisions as concerns cases where he or she needs to make decisions is not authentic. By being not authentic, it implies that such a person lacks a quality of sticking to what he or she judges to be good. The non-authentic person lacks the seriousness that would make him or her realize his or her potentialities. The authentic person heeds the voice of conscience. The non-authentic does not heed the voice of conscience. Such a person after doing what is contrary to his or her principles develops self blame (Aristotle, 1952). Such is the person who lacks authenticity. Aristotle says that the authenticity has to be earned by an individual. The non-authentic rarely have a self belief in what they want to do. They do not stick to judgments. This is because they do not persevere in the light of difficulties.

Aristotle observed that individuals sometimes attend to one premise at the expense of the other. Concentrating exclusively on the universal premise leads to incorrect conduct, because it is the particular premise which controls action. Focusing solely on the particular premise can also be misleading. Correct reasoning requires that the particular premise be properly classified. Aristotle maintains that correct classification cannot take place without a universal premise, for it is the universal premise which articulates general concepts and categories. In so far as universal premise is ignored, the misclassification is likely. Incorrect classification of the particular, in turn, results in incorrect action.

Secondly, the person who discounts his or her principles lacks attention. Other things easily distract him or her. This person lacks concentration on the task at hand and is easily distracted through lack of self control. Attention with effort is all that any case of volition implies. The essential achievement of the will is to attend to a difficult object (Pettit, 2000). Aristotle explains that the reason why knowledge and behavior sometimes conflict does not concern the knowing process, but rather the conditions under which knowledge is achieved. Aristotle observes that individuals may possess knowledge; but they also may be asleep or mad or drunk. Such feelings distract their will from proper judgement and consequent commitment to action, That is from engaging in the action that is consonant with the judgment. With regard to the fight against HIV/AIDS, individuals may lack attention of

what is required of them. People may lack attention of their professional ethics and code of conduct.

Third, man though conceived as rational, sometimes in the face of difficulties, has a tendency to opt for the easy course of action. If he finds that the principle that he has enacted for himself is difficult to live up to, he is bound to choose the easier course of action. He opts to choose the easier course of action even with its inherent evil rather than the hard course of action though perhaps with greater good. Aristotle says that a person who is weak goes through a process of deliberation and makes a choice: but rather than act in accordance with his reasoned choice, he acts under the influence of passion (Aristotle, 1952).

The impetuous person does not go through a process of deliberations and does not make a reasoned choice; he simply acts under the influence of passion. Aristotle maintains that at the time of action, the impetuous person experiences no internal conflict. He argues that once his act has been completed, he regrets what he has done. One could say that he deliberates. If deliberation were something that post-dated rather than preceded action; but the thought process he goes through after he acts comes too late to save him from error.

Aristotle's views are supported by views that emerged during the FGD with regard to HIV/ AIDS:

People may be fully aware of the dangers of HIV/AIDS. They may also be aware of the consequences of such practices. However, under the influence of passion and appetites, they engage in the vice. Take for example people who find pleasure in sex and have a passion for it, they will have a tendency to engage in sex even if they did not intend to do it. People who are sexually perverse will accept sexual favour, not because of the benefits sexual intercourse gives them, but just out of weakness or passion for it, they indulge....(FGD participant, Mukurweini, September 2014)

Fourth the functionality of alternatives presenting themselves to the agent could also be a factor contributing to the discounting of principles. If for example the agent's principle is "I will never steal" and in the course of duty money comes to his possession by virtue of his employment or duty, he may start thinking in terms of what money could do for him. How the money could be used to achieve what he has desired in this world. The more he is convinced that he could become better than he is at present in terms of status, the more he/she may deviate from his principle. He eventually may choose to steal the money with the consequent effects that stealing entails. In such a case, the agent chooses the evil instead of good.

As pointed above reducing opportunities for temptation in the fight against HIV/AIDS would facilitate the success of the efforts to stomp out the vice. It has been shown earlier that sometimes lack of knowledge is sometime a possible cause of HIV/AIDS. However, it has also been shown that there are many incidences where people engage in sex even with the knowledge of its consequences.

C. ARISTOTLE'S ANALYSIS OF THE CONFLICT BETWEEN KNOWLEDGE AND BEHAVIOR

Exploring common beliefs about incontinence thus leads to Aristotle to ask a series of questions which brings the

dilemma of *akrasia* into focus. How is it possible for the *akratic* to arrive at correct conclusion, yet still act wrongly? Aristotle considers two reasons to explain why knowledge and action conflict.

The first reason Aristotle (1952) says, derives from the fact that correct reasoning requires premises that are both universal and particular. Individuals, however, sometimes attend to one premise at the expense of the other. Concentrating exclusively on the universal premise leads to incorrect conduct, because it is the particular premise which controls action. Aristotle argues that:

Focusing solely on the particular premise is properly classified. Correct classification, cannot take place without universal premise for it is universal premise which general concepts and categories. In so far as the universal premise is ignored, then misclassification is likely. Incorrect classification of the particular, in turn results in incorrect action (Aristotle, 1952:261).

The second reason why knowledge and behavior sometimes conflict does not concern the knowing process but rather the condition under which knowledge is achieved. Individuals may possess knowledge, but they also may be "asleep or mad or drunk." It is this second state of affairs which Aristotle best describes *akrasia*. Like those who are asleep or mad or drunk, the incontinent is affected by strong feelings. Aristotle asserts:

Such persons both have knowledge in a way and do not have it (...) people affected by strong feelings may say knowledgeable things (...) this does not mean, however, that these persons actually understand the words they espouse. In this respect, the incontinent is like an actor who can convincingly recite verses seen though he does not comprehend them, or a young learner who is able to string together words without fully grasping their meaning (Aristotle, 1952:283).

Aristotle's views have implications to HIV/AIDS programming:

The action of a wicked person emanates from choice, but, the incontinent acts not by choice, but by acts contrary to his/her choice and judgement. Normally the incontinent person has the intention to do that which is good. Due to choice of pleasant and harmful things the incontinent fails to act on the good judgment or principles that he or she enacted. The incontinent men (people) are therefore at variance with themselves. They usually have appetites for some things and rational desires for others:

Yes. Such people are at variance with themselves. They possess a rational principle which is supposed to influence things that are for one's own good. However, appetites oppose this rational principle and they consequently perform that action which is contrary to the desires of the rational principle....(FGD participant, Mukurweini, September 2014)

Aristotle explained incontinence as resulting partly from the conflict between the principles in the Soul. He argued that when appetitive principle overcomes the rational principle, the incontinent person loses the capacity to do that which is consonant with his/her enacted principles. The incontinent person usually regrets his/her actions. Such a person therefore is curable of the weakness but the wicked person is incurable. Aristotle states that:

There is no cure for that person who does not regret his/her errors. The incontinent man knows that he does is bad. He is therefore conscious, unlike the wicked person who is unconscious of his/her wickedness (Aristotle, 1952).

Having distinguished the wicked person from the incontinent, it is possible to conceptualize akrasia with regard to knowledge, as it emerged in the interviews:

It would emerge that an incontinent person is a person who has knowledge yet he/she acts against such knowledge. Such a person has knowledge because one is not oblivious of the general principles that he or she has enacted. Knowledge is awareness of what one is required to do and that a person may be said to know something...(FGD participant, Mukurweini, September 2014)

D. COMMUNICATION INTERVENTIONS TO DEFEAT AKRASIA

As discussed earlier, a person who does not usually stick to his or her original decisions as concerns cases where he or she needs to make decisions is not authentic. By being not authentic, it implies that such a person lacks a quality of sticking to what he or she judges to be good. The non-authentic person lacks the seriousness that would make him or her realize his or her potentialities. The authentic person heeds the voice of conscience. The non-authentic does not heed the voice of conscience. Such a person after doing what is contrary to his or her principles develops self blame (Aristotle, 1952). Increasing opportunities for authenticity in the fight against HIV/AIDS would facilitate the success of the efforts to stomp the vice. The study revealed that the following communication interventions would help in building authenticity.

a. HIV PREVENTION CAMPAIGNS AND THEIR IMPACT ON INCREASING AUTHENTIC BEHAVIOURS

Respondents were asked about the effect of HIV prevention campaigns and their impact on strengthening the will. This section therefore analyses the impact of HIV prevention campaigns in strengthening the will and to persuade them to adopt behavioral practices that minimise their chances of becoming infected with HIV. The section seeks to evaluate the impact of these communication programmes, by analyzing people's perceptions concerning HIV/AIDS and the HIV prevention messages, and their sexual behavioural practices, essentially constituting Knowledge, Attitude, Practises and Behaviours (KAPB) survey. The results discussed in this section are mainly based on data obtained from face to face interviews, drawn from the 38 respondents and focus group discussion.

From studies conducted by Mulwo (Mulwo, 2008) the KAPB approach is fundamentally premised on the assumption that attitude and beliefs constitute behaviour. In seeking to measure the impact of IEC programmes, therefore, KAPB studies analyse the shifts in attitudes and beliefs concerning risky sexual practices which are then often conceptualised in this framework as heralding a change in sexual behaviour. Recent studies (Airhienbuwa, 2004) have shown that there

are several other intervening factors, such as gender, poverty, power inequalities and the desire to adopt modern lifestyles, that often hinder an individual's capacity to make rational sexual decisions. The KAPB framework therefore fails to investigate the authenticity of behavior which might explain why these messages do not have any impact on their sexual behaviours.

The model which most HIV/AIDS programmes use largely promotes condom use. People know they are supposed to use condoms yet sometimes under the influence of passion, they don't. This means the problem is deeper than that. It's a question of the ability to stick to what one regards to be good, which is a moral issue. The question is if communication is able to address issues of the will...personally, I knew I needed to use condoms always to protect myself, and I had them. Yet I failed to use them one day...and I got infected...(FGD participant, Mukurweini, September 2014)

The key results of the study show that people's find the HIV-prevention campaigns such as peer education, workshops, seminars and lectures ineffective in encouraging authenticity and therefore unable to strengthen the will. This is mainly so because HIV/AIDS campaign programmes are mainly oriented towards encouraging condom use, as compared to encouraging authenticity which would make people stick to what they judge to be good by heeding the voice of conscience leading to abstinence. Results further show that there was lack of correlation between people's knowledge and attitudes towards HIV/AIDS and HIV prevention and their sexual behavioural patterns. Whilst the majority of people's were aware of HIV/AIDS and perceived HIV prevention options positively, their sexual behavioural patterns indicate high levels of sexual risk-taking.

b. PUBLIC ENGAGEMENT PROGRAMMES AND THEIR IMPACT ON INCREASING AUTHENTICITY

Locally-generated, engagement communication programmes often involve closer interaction where issues are debated between participants, rather than the top down mass media approach, where information often flows in one direction. Because of this, engagement communication programmes are considered to be more effective in persuading social and behavioural changes, as compared to mass media campaigns (Green, 2006). This, therefore, suggests that to achieve social change, mass media campaign programmes should, of necessity, be complemented with contextualised public engagement programmes. This will create a social communication network which will contribute to tackling lack of authenticity that make it difficult for individuals to resist the temptation to engage in casual sex.

Friends, peer educators, doctors and nurses, VCT centres, seminars and religious groups are important sources of HIV/AIDS information. These channels fulfill an important need among human beings, the need to care and to be cared for, and the desire to reciprocate other's care...(FGD participant, Mukurweini, September 2014)

According to Green (2006) the above are important components of authentic behavior as all authentic behavior is oriented towards the basic assumption to care and to be cared for. In this regard the development of the 'self' (or 'identity')

and the moral ideals underlying authentic behavior require correction, dialogue and interaction with others.

Respondents also narrated the experiences of their children in school. Even though similar trends were noted most of the questions relating to public engagement sources of HIV/AIDS messages, significant participants from non catholic schools compared to the others indicated that they had attended workshops and lectures, and discussed HIV/AIDS with peer educators. Those from Catholic sponsored schools indicated that it was taboo to discuss sex and HIV/AIDS in their schools. These findings raise questions about the extent to which HIV/AIDS programmes have been mainstreamed into tertiary learning institutions as envisaged by the Kenya Aids Strategic Framework, 2014-18 (NACC, 2014). Findings from interviews with the peer educators and programme officers show that HIV/AIDS programmes have not been fully integrated into the school curriculum.

Another FGD participant observes:

I find friends compared to other interpersonal and peer education campaigns more useful compared to other interpersonal communication channels... (FGD participant, Mukurweini, September 2014)

The above statement confirms observations by cognitive theorists. Peer education programmes are theoretically underpinned on both individual and cognitive theories. Cognitive theory is a learning theory of psychology that attempts to explain human behavior by understanding the thought processes (Ajzen & Fishbein, 1980). The assumption is that humans are logical beings that make the choices that make the most sense to them. Information processing is a commonly used description of the mental process, comparing the human mind to a computer. Pure cognitive theory largely rejects behaviorism on the basis that behaviorism reduces complex human behavior to simple cause and effect. However, the trend in past decades has been towards merging the two into a comprehensive cognitive-behavioral theory. This allows therapists to use techniques from both schools of thought to help clients achieve their goals. Jean Piaget (1896 - 1980) was the first psychologist to make a systematic study of cognitive theory. His contributions include a theory of cognitive child development, detailed observational studies of cognition in children. The following theories fall within the Cognitive theories: Theory of reasoned Action; Social Cognitive theory, Health Belief model and Communication of Innovations Theory (Ajzen & Fishbein, 1980).

Interviews with programme officers, peer educators and focus group discussions with PLWHIV identified peer education as the key framework through which the selected NGOs planned to enhance social and individual behaviour changes.

c. PUBLIC ENGAGEMENT CAMPAIGN THEMES AND THEIR ROLE IN PROMOTING AUTHENTIC BEHAVIOURS

HIV/AIDS information and communication programmes often revolve around interrelated themes such as the creation of HIV/AIDS awareness, prevention of HIV infection, Voluntary Counseling and Testing, stigma and discrimination,

AIDS treatment, and renegotiating socio-cultural factors that encourage the spread of HIV (Masese & Mulwo, 2005).

Different programmes highlight different messages, depending on their objectives. However, as mentioned previously, strategies that target prevention of HIV infection have been identified as the key to reversing the spread of HIV epidemic among young people (UNAIDS, 2007). This section examined the key issues that are being highlighted in HIV related communication campaigns that participants access, with an aim of understanding the approach that is being used to persuade people to undertake preventive measures to avoid HIV infection.

During in-depth interviews, programme officers were also asked to explain how their campaign programmes were mobilised in terms of messages being highlighted. As the results of the survey illustrate, campaign programmes to which people have access across the programmes are generally oriented towards encouraging the use of condoms to prevent the spread of HIV, voluntary counselling and testing, methods of HIV transmission, HIV prevalence and, lastly, messages on human rights issues related to HIV/AIDS. Communication campaigns emphasising being faithful were very rare.

I think there are more messages telling people to use condoms and to be faithful than those telling people to abstain across the various programmatic areas (Programme Officer, Project Concern International, September 2014 interview)

There was no significant difference per programme in terms of the campaign messages identified by participants. Interviews with HIV/AIDS programme officers, however, revealed that different programmes favoured different models in their response to the HIV epidemic.

The approach undertaken by Catholic Relief Services (CRS), for example, favours a greater emphasis on abstinence.

According to the CRS HIV/AIDS Programme Officer, the value system of the sponsor – which emphasises virginity preservation, has to be taken into consideration when designing the programmes HIV response strategy:

We are a Catholic faith based NGO ...so we teach people to abstain because that is what the Catholic faith believes in and promotes. It would be wrong for us as an institution to advocate for condom use. We also encourage secondary abstinence for those who already got involved...but condoms are generally out of the question, just abstain or be faithful... CRS HIV/AIDS programme coordinator, October 2015, interview).

At International Centre for Aids and Treatment programmes (ICAP), the campaign strategy adopted emphasises VCT as compared to the other prevention options. According to the ICAP-Kenya HIV/AIDS Programme Advisor, the strong emphasis on the need for testing is premised on the assumption that sexual behavior change may not be helpful to an individual who does not know his/her HIV status. Knowing one's status is therefore perceived as enhancing the process towards real sexual behaviour change:

In all our HIV/AIDS public engagements - those talking about safe sex, public engagements campaigns to talk about sticking to one partner, ultimately all these engagements make sense if the individuals know about their HIV status because if you stick to one partner, for instance, but you don't know your status, it still leaves us with a problem because we don't know

where you stand. You will not know how to conduct yourself even with that one partner that you are faithful to.... It would still be a worthwhile thing to do even with all these other interventions - use of safe sex practice, use of condoms, which we distribute, female condom, all that - we still feel and we believe that, ultimately those strategies and interventions make much more sense to you as an individual if you know your status...(ICAP-Kenya HIV/AIDS Programme Advisor, September 2014, interview)

The view that knowing one's status leads to behavioural change has been challenged by the results of some previous studies, which have demonstrated that knowledge of HIV status do not necessarily motivate people to undertake preventive strategies (Bertrand, 2004). Hence the need to inject authenticity in these programmes. The morality underlying authenticity is based on the need to care and to be cared for, and the desire to reciprocate other's care (Taylor, 2001). In this sense, moral behavior and caring are important components of authentic behavior and all authentic behavior is oriented toward this basic assumption. In this regard the development of the 'self' (or 'identity') and the moral ideals underlying authentic behavior require correction, dialogue and interaction with others. These attributes would make individuals undertake preventive strategies.

d. PARTICIPATION IN HIV/AIDS-RELATED ACTIVITIES

Contemporary debate on HIV prevention communication underlines the need for horizontal communication programmes that seek to engage audiences in identifying, understanding and developing local responses to counter the spread of the epidemic (Mulwo, 2008; Panos Institute, 2003). Research in some sub-Saharan African countries, in which significant declines in HIV prevalence have been recorded, indicate that, in addition to other factors such as political support, social communication strategies involving local communities are key to attaining success (Chevallier, 1996). Social movements have also been identified as the main catalysts in the processes that lead to social and behaviour change, especially with regards to changing attitudes towards those affected by AIDS.

Pilot case studies conducted in South Africa and Namibia have showed that social movements effectively draw people together and create spaces for dialogue on problematic issues: "Social movements create, claim and shape spaces for public debate" (Mulwo, Tomaselli & Dalrymple, 2009). They are also instrumental in giving voice to and enhancing the active participation of those infected with or affected by HIV/AIDS.

It is with this background that this study investigated the peoples participation in HIV/AIDS activities. During in-depth interviews participants were asked what HIV/AIDS activities they had organized and participated in. The results of this inquiry show that people's participation in HIV/AIDS programmes is significantly low. These results clearly demonstrate that these programmes do not emphasise or utilize use of these activities or that these activities are not made interesting enough to attract participants. As indicated earlier, however, the tendency seems to be that people do not find these activities interesting as they often lack the

entertainment component. Whilst the programmes recognise the crucial role of engagement programmes such as peer education, such programmes have not been sufficiently strengthened to have any significant impact. Low levels of participation in HIV/AIDS activities could also be attributed to high levels of HIV/AIDS stigma as observed during the focus group discussions:

When the support group was first formed, membership was kept highly confidential because people who had joined the group did not want to be exposed, due to the fear of stigma...(FGD participant, Mukurweini, September 2014 interview)

The above points to lack of authenticity in the programmes. As pointed out earlier, the morality underlying authenticity is based on the need to care and to be cared for, and the desire to reciprocate other's care (Taylor, 2001). In this sense, moral behavior and caring are important components of authentic behavior and all authentic behavior is oriented toward this basic assumption. If these components were emphasized in the programmatic areas, the participants would develop authenticity.

It is therefore plausible to conclude that the low participation in the HIV/AIDS activities is associated with the less-aggressive approach that the organizations undertake in tackling the HIV/AIDS-epidemic, the content of the HIV/AIDS activities that people find appealing, and the stigma surrounding HIV/AIDS, as illustrated in the in-depth interviews with participants. These have resulted to inauthentic people incapable of resisting casual sex.

V. AKRATIC MODEL FOR HIV AIDS COMMUNICATION

HIV/AIDS interventions continue to present theoretical and conceptual challenges. The theories and approaches that were found to be partially applicable to this study were the social cognitive theory, the group dynamics approach and the development support communication approach. However these theories could not sufficiently explain the research study as the component of strengthening the will is missing.

Similarly, from the preceding sections, it has emerged that the HIV/AIDS initiatives are founded on the need to change human character. Perhaps an understanding of the nature of the humans with regard to moral obligations and conduct would best inform the choice of mechanisms that would give positive results. The following section explores the theorization of human nature as espoused in Aristotle's understanding of Akrasia.

Based on authenticity as one of the four domains of Akrasia as deduced from Aristotle's theorization, an Information, Educational and Communication (IEC) model could be developed that would tie the practice of communication to the fight against HIV/AIDS. Such a model would endeavour the development or man's capacity toward the realization of authenticity with regard to desire to combat HIV/AIDS. This would in turn inform the theoretical and practical framework for the development of anti HIV/AIDS communication initiatives.



Source: Author

Figure 1: The Akratic model for HIV/AIDS Communication

VI. CONCLUSION

It is the thesis of the Akratic model that HIV/AIDS communication should seek to foster the moral well-being of people. With an inherent moral being, people act with regard to the interest of others (Pettit, 2000). Noddings (2005) says that each person has a set of moral ideals that guide his/her behavior. People derive these ideals from experiences, encounters and caring relations with others. The IEC model propounded in this study focuses on teaching methodology in HIV/AIDS programmes for authenticity, one of the four domains of Akrasia.

The morality underlying authenticity is based on the need to care and to be cared for, and the desire to reciprocate other's care (Taylor, 2001). In this sense, moral behavior and caring are important components of authentic behavior and all authentic behavior is oriented toward this basic assumption. In this regard the development of the 'self' (or 'identity') and the moral ideals underlying authentic behavior require correction, dialogue and interaction with others.

In Taylor (2001) words: "One is self only among other selves. A self can never be described without reference to those who surround it". The self is under constant negotiation, development and change based on experiences, critical reflection and evaluation. Smith (2004) says, "...the self is a relation...it is dynamic, in continual flux" (Smith, 2004). Therefore the ideal self is a moral construct we strive to live up to in our quest to be authentic; it is "that subset of the self regarded as best" (Smith, 2004). Authenticity requires honesty in all other circumstances because it fosters open communication and trust, which are fundamental to establishing genuine caring relationships.

Secondly, as explained by Pettit, 2000 attention is the taking possession by the mind, in clear and vivid form, of one out of the several possible objects or trains of thought we simultaneously see. Several approaches and initiatives could be taken through the practice of education to help such a person to remain attentive. First as Bandura (1991) points out, individual self regulation plays an important role in strengthening ethics. This concept is based on the notion that people with strong values and moral autonomy are more likely to make ethical decisions than without them. A central focus of ethics training should therefore be to strengthen individual

moral autonomy. With more self assurance, individuals are more likely to address ethical dilemmas and make decisions in line with their individual ethical framework.

Thirdly, it should be the role of HIV/AIDS education to build people's capacity to be conscious and attentive at all times when discharging their obligations. This could be through the laying of emphasis on professional ethics and code of regulation as a whole, rather than emphasis on the particular issue of HIV/AIDS. HIV/AIDS education should focus on building man's innate rational capacities and ability to withstand temptations. Education should develop in people capacities to develop ways and skills of preventing spread of HIV/AIDS. The society should endeavor to be the technological equipment that would build a barrier for spread of HIV/AIDS.

Finally, the theorization as endeavored is intended to develop people's capacity to stick to their principles even when opportunity arises to engage in actual sex offers. This way, a curriculum for the practice of HIV/AIDS education should entail content, teaching methodology, concepts and evaluation of HIV/AIDS. It should be conceived to strengthen knowledge, skills and attitudes to resist casual sex and to act against it; cut across all the levels of learning while the teachers should be well trained in order to preside over the delivery of content to the learners.

The language of HIV/AIDS communication should help the learners to understand the meaning of concepts as used in the fight against HIV/AIDS. This model therefore calls for the use of analytical language that embraces definitions and meanings of key concepts in the fight against HIV/AIDS. Similarly, evaluation of HIV/AIDS communication initiatives should be constant meant to get feedback on areas that need improvement. Evaluation should further be done to test the learners' understanding and application of what has been taught.

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