

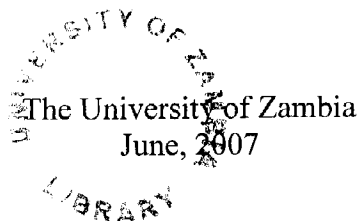
ASSESSING ANTI-HIV/AIDS CAMPAIGNS IN ZAMBIA, A CASE
STUDY OF STRATEGIES AND TACTICS USED BY THE
COMMONWEALTH YOUTH PROGRAMME IN LUSAKA

By

Christopher Kaule Siulapwa

THESIS
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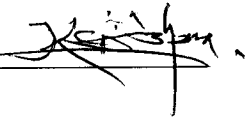
Submitted in partial fulfilment of the requirements of the degree of Master of Mass
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DECLARATION

I declare that this dissertation represents my own work, and has not previously been submitted for a degree, diploma or other qualification at this or any other university.

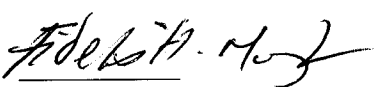
Christopher Kaule Siulapwa

Signature 

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CERTIFICATE OF APPROVAL

This dissertation of Christopher Kaule Siulapwa has been approved as partial fulfilment of the requirements for the award of the Degree of Master of Mass Communication for Development by the University of Zambia.

Name	Signature	Date
Mr. Fedelis Muzyamba. (Supervisor)		12-31-18 31-11

ABSTRACT

This study was carried out at the Department of Mass Communication in the University of Zambia and the Commonwealth Youth Programme Africa Centre (CYPAC). The objectives of the study were to find out what the Commonwealth Youth Programme (CYP) had been and was doing to solve some of the HIV/AIDS problems of the youth in Zambia; to find out what HIV/AIDS strategies and tactics had been/or were being employed by the Commonwealth Youth Programme (CYP) to try to combat HIV/AIDS and try to analyse the anti-HIV/AIDS strategies and tactics that the youth were using with a view to make recommendations for a better communication performance. The study thus used both quantitative and qualitative approach to research. It used instruments and techniques such as observation, reading of various documents, in-depth interviews, questionnaires and sampling. The data collected was pre-coded and fed into the Statistical Package for Social Sciences (SPSS) Programme. A summary and organisation of the data was done using descriptive statistics such as cross-tabulations and frequencies. The results of the findings, analyses and interpretations of the anti-HIV/AIDS strategies and tactics used by the youth were popular to the youth than others, for instance, the abstinence, being faithful and condom use strategy and tactic showed that 92 percent and 74 percent for Chelstone Clinic and Chipata Clinic youth respectively indicated that abstinence was very reliable/reliable as an anti-HIV/AIDS strategy and tactic to use in the fight. Lastly, the question of what sex, male or female supported what anti-HIV/AIDS strategy and tactic was neither here nor there what was at stake was communicating with the youth the right and effective anti-HIV/AIDS strategies and tactics.

DEDICATION

To my dear wife, Seraphina Chibango-Siulapwa; my step sons: George and Mubanga; my blood children: Chali-Chomba Hortense, Lupupa-Tanganika, Mbita-John and Agness-Mwengwe; my nieces especially Emmelle and all my grand children specially Carol, Luyando, Twaambo and Mwiinga: for giving me that little energy and happiness I needed as I embarked in that great search for a memory that had fled me due to a “stroke.” I suffered and forced my feeble hands to learn how to hold a pen and write sensibly!

I praise the almighty God Jehovah for giving me a loving father (now late) and brother, Wilson and caring sisters; Faides, Rose, Ireen, Maureen, Mwenya, Musisi, Mulenga (now late), and Jane; to my mother-in-law, Agness and her first born daughter Beatrice for praying relentlessly for me; and to all I have left to mention by name for seeing this book done in His Grace, Our Lord Jehovah and His Son, Jesus Christ.

Christopher Kaule Siulapwa

ACKNOWLEDGEMENTS

My first special thanks go to the people who have made me see academic light in a different and beneficial perspective, the workers at the School of Veterinary Medicine, UNZA, Lusaka. I say thank you to the then Dean of the School, Dr. Enala Mwase, other former Deans, Prof. Mutale Musonda (now Vice-Chancellor at the Copperbelt University) and Prof. Kenny Samui. These were dons who saw my Study Programme as the best therapy for the recovery of my memory. My memory is now back, thank you for your foresight.

I also extend my heartfelt gratitude to all academic members of the school for tolerating my sluggishness in a lot of areas and finally agreeing to let go of me onto the studies; well, you were not wrong, my document is now ready. I would fail in my position as the School of Veterinary worker not to remember all my friends, both women and men, who kept me alive by urging me, pushing me and sometimes going to excesses of laughing at me wondering whether or not I would finish my studies without dying on the way. Well, here I am still with you but this time in a different light, I am now looking forward to my MCD graduation! You were so compassionate and full of empathy for me; may God bless all of you in the School.

Second, I say thank you to the highest offices of the University of Zambia, the Vice-Chancellor's and Registrar's Offices for understanding my wish to study as 'a stroke victim.' In this case I salute Prof. Geoffrey Lungwangwa (then Deputy Vice-Chancellor) and Mrs. Pauline Mwale (then Acting Registrar), for agreeing to my study request. May you live a full life both of you.

Third, I pay a great tribute to the UNZA Staff Development and the Directorate of Research and Graduate Studies Offices for assisting me in all queries concerning their Offices and my Study Programme. This spirit of oneness between students and these two offices should continue.

Fourth, the out-going Regional Director at the Commonwealth Youth Programme (CYP), Mrs. Valencia Mogegeh and her entire crew need a pat on the back for their warmth shown to me. They welcomed me as if I was an old employee and friend even though I was only a

ACRONYMS/ABBREVIATIONS

ABC	-	Anti-HIV strategies emphasizing Abstinence, Being Faithful and the use of Condom in that order.
ADB	-	African Development Bank
AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Anti-Retro-Viral Therapy
ARV	-	Anti-Retro-Virus
BOZ	-	Bank of Zambia
CBD	-	Central Business District
CCZ	-	Christian Council of Zambia
CD4-Count	-	A measure used to find out about the number of immunity cells (white cells) available that protect the body from HIV/AIDS infection.
CFTC	-	Commonwealth Fund for Technical Cooperation
CFRCW	-	Commonwealth Functional Report of the Committee of the Whole
CHAZ	-	Churches Health Association of Zambia
CHG	-	Commonwealth Heads of Government
CIC	-	Children in Crisis
CIN	-	Children in Need
CSC	-	Communication for Social Change
CYPAC	-	Commonwealth Youth Programme Africa Centre
CYP	-	Commonwealth Youth Programme
EU	-	European Union
ETZ	-	Education Trust in Zambia
FAO	-	Food and Agriculture Organization
FAWEZA	-	Forum for African Women Educationalists in Zambia
FGD	-	Focus Group Discussion
HGM	-	Heads of Government Meetings
HIV	-	Human Immune Virus
ICT	-	Information, Communication and Technology
IDA	-	International Development Aid

IEC	-	Information, Education and Communication
ILO	-	International Labour Organization
IMF	-	International Monetary Fund
IPECL	-	International Programme on the Elimination of Child Labour
JAICA	-	Japan International Cooperation Agency
LDHMT	-	Lusaka District Health Management Team
ME	-	Ministry of Education
MoSYCD	-	Ministry of Sport, Youth, and Child development
NACZ	-	National AIDS Council of Zambia
NGOCC	-	Non-Governmental Coordinating Committee
NHC	-	Neighbourhood Health Committee
NHI	-	Neighbourhood Health Information
PPAZ	-	Planned Parenthood Association of Zambia
RDCs	-	Residential Development Committees
SAP	-	Structural Adjustment Programme
SFH	-	Society for Family Health
SPSS	-	Statistical Package for the Social Sciences
STD	-	Sexually Transmitted Diseases
STIs	-	Sexually Transmitted Infections
TB	-	Tuberculosis
THPAZ	-	Traditional Health Practitioners Association of Zambia
UNAIDS	-	United Nations Agency for International Development
UNESCO	-	United Nations education, Scientific and Cultural Organization
UNF	-	United Nations Fund
UNHCR	-	United Nations High Commission for Refugees
UNICEF	-	United Nations International Children's Educational Fund
UNZA	-	University of Zambia
VCT	-	Voluntary Counselling and Testing
WHO	-	World Health Organization
ZANACO	-	Zambia National Commercial Bank
ZBL	-	Zambia Breweries Limited

student on attachment! This is very awesome and memorable to me. Thank you for your mentorship on my dissertation. My special thanks are extended to all Senior Programme Officers and the Internship Office for giving me all the necessary help I needed. Fifth, I say thank you to the Finance and Administration Office for the beautiful hospitality I received. Lastly, I extend my gratitude to UNICEF's Eugenia Temba (then External Relations/Advocacy) for the great help she rendered to me during my research; the Officers associated to the Lusaka District Health Management Team (LDHMT) and the Society for Family Health (SFH). To all these I say thank you for the data collected from your institutions.

Sixth, I pay tribute to my lecturers who tolerated anything sluggish in my line as their student: Mr. Kantumoya L., (then Head of Department of Mass Communication), Mr. Makungu K., (the current Head, Mass Communication Department), Mr. Muzyamba F., (My Lecturer and Supervisor), Mr. Nkunika B. (my Lecturer and Supervisor) and Dr. Kasongo E (my late Lecturer). These are dons who loved me and still do, and gave me all the necessary skills and knowledge so that I could become a better communicator in my position and continue sharing antidotes of life with children, the youth, adults and the old. My life is now open because of you my lecturers.

Seventh, my classmates especially Brian and Mr. Mumbi, you loved me in all assignments and in all areas and I also say, I cherished your company so very much! May you live with Jehovah forever.

Lastly but one, I say thank you to you my friend and brother, Movety Phiri for being with me, in sickness and in happiness, in study and for lending me your lap-top to make my work easier and enjoyable. My friend, if it is possible be there on my graduation day!

Lastly, to my wife Serah, my children, my grand children, my sisters, my brother Wilson, nephews, nieces, aunties and my in-laws, Mr. and Mrs. Chibango for understanding me.

Christopher Kaule Siulapwa (Mr.)
(MCD Student)

ZDHS	-	Zambia Demographic Health Survey
ZEC	-	Zambia Episcopal Conference

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CHAPTER 1

BACKGROUND OF THE STUDY – COUNTRY PROFILE, ZAMBIA

1.1 Introduction

This Chapter gives a background to the study starting with the location of the research area, the Commonwealth Youth Programme Africa Centre (CYPAC). It gives a synopsis of information in the form of position and physical features of Zambia, the climate and natural vegetation of Zambia, Zambia as a Republic with a Multi-Party Democracy and as well as its Economic and the Social Sector. The Chapter also covers the HIV/AIDS pandemic in Zambia, and the Practical Attachment at which this student underwent at the CYPAC. A short background of the Commonwealth Youth Programme has also been included. The Chapter further gives the Statement of the Problem of the research, the Rationale behind the research, the Significance of the Study, Objectives of the study and finally, the Research Questions involved.

1.2. Background

1.2.1 Position and Physical Features

Zambia, a landlocked country, is located in South-Central Africa, sharing borders with Angola, Botswana, Democratic Republic of Congo, Malawi, Mozambique, Namibia, Tanzania and Zimbabwe. It covers an area of 752, 614 square kilometres and lies between longitude 22°E and 34°E and between latitude 8°S and 18°S of the equator (Naidoo and Bwalya, 1995). The land is divided into three distinct plateau areas; the high plateau at an altitude of 900 metres to 1,200 metres above sea-level, the middle plateau at between 600 metres to 900 metres and lowland or valley areas below 600 metres above sea level (Naidoo, 1995).

1.2.2 Climate and Natural Vegetation

Zambia has a sub-tropical type of climate with the following seasons: hot dry, hot wet and cool dry season. Mean hot dry temperatures are around 32 degrees Celsius and winter temperatures around 21 degrees Celsius with an annual range of 11 degrees Celsius (Alisinda, p48-49, 1998).

Zambia has an average annual rainfall of 760 mm. The higher rainfall amounts of 1 200 mm falls

on high lands of the north with lowlands recording as low as below 600 mm of rainfall per annum (Alisinda, 1997).

1.2.3 Early Political History

As of the time of writing, Zambia had seen three Republican Presidents ruling Zambia one after the other: Dr Kenneth Kaunda (the First President), Dr Fredrick Chiluba (the Second President) and Mr. Levy Mwanawasa (SC), the President at the time of writing. Zambia gained her independence from the British on 24 October 1964. At the time of writing, Zambia was a Multi-Party Republic running on Democratic Principles. The government at the time had been elected into office initially in 1991 and was again re-elected in 1996 and 2001. Zambia continues using English as the official language.

1.2.4 Economy and the Social Sector

Zambia was a mining country since colonial times but the economy went through transformations aimed at transforming it into an agricultural country with equitable distribution of wealth. The Second Republic introduced a state controlled, centralised economy. This, together with the 1973 oil crises, the fall in copper prices in the 1970s, support for the liberation movements led to a tremendous decline and disastrous consequences upon the Zambian people. As a remedy to the declining economy, loans were acquired from the World Bank (WB), International Monetary Fund (IMF) and measures such as Structural Adjustment Programme (SAP) were introduced. But all these measures seemed to add to the misery and poverty among the majority of Zambians.

It was against this background that Zambia found itself in a new battle against the Human Immune Virus (HIV) and Acquired Immune Deficiency Syndrome, (AIDS). Statistics by Living Conditions Monitoring Survey (LCMS, 1996 and 1998) show that the number of Zambians living under the poverty datum line in 1991 was 69.5 per cent rose by 13 per cent in 1998 and soared to 80 per cent in 2002.

1.2.5 The Age of HIV/AIDS

In response to the HIV/AIDS pandemic present at the time of writing, the Government, International Organisations, Non-governmental Organisations, Civil Society and Faith Based Organisations (FBO) have established various HIV/AIDS communication strategies in order to curb the spread and infection of the disease. In Zambia, Non-Governmental Coordinating Committee (NGOCC), United Nations International Children Educational Fund (UNICEF), (UNAIDS), Commonwealth Youth Programme (CYP), the Lusaka District Health Management Team (LDHMT), National Aids Council of Zambia (NACZ) and Society for Family Health (SFH) to name but a few, joined the bandwagon in the fight.

1.3 Practical Attachment

The Practical Attachment (PA) of this student-researcher was done to look at some of the communication strategies being used against HIV/AIDS in Lusaka and relate them to communication in general. The Commonwealth Youth Programme Africa Centre (CYPAC) was chosen for the following reasons:

- (a) Its HIV/AIDS programme is very new:
- (b) It has Professional Senior Programme Officers who would render great assistance and enable the researcher have a better understanding of HIV/AIDS and how to fight against it.
- (c) The results of the findings would benefit the University of Zambia, the Commonwealth Youth Programme (CYP) and other interested institutions and organisations.

During the attachment, the student gathered data and assessed the strategies of combating HIV/AIDS and saw whether or not they had been working. The CYP for Africa has embarked on a Five Year Action Plan (FYAP), “to develop and implement a programme to support young women and young men in special circumstances, including refugees, street children and those women and men living with HIV/AIDS”, (CYP, Youth Empowerment [YE], 1998).

This research focused on an assessment of the HIV/AIDS strategies being used in the prevention

and control of HIV/AIDS in Zambia and how related HIV/AIDS issues were being tackled using HIV/AIDS strategies in communicating with the youth.

Here below is the brief background of the Commonwealth Youth Programme Africa Centre (CYPAC) and its youth activities.

1.3.1 Background - Origin of the Commonwealth Youth Programme (CYP)

The origin of the CYP is the Commonwealth Organisation, i.e. a group of 52 member countries that are either developed or undeveloped countries. These countries share a common history, common institutions and a common language, which is English. Additionally, they all share the legacy of a past colonial relationship with Britain.

The Commonwealth and its diverse members of about 1.6 billion people cover Africa, Asia, the Caribbean, Europe, North America and the South Pacific. The Commonwealth has principles that make up the common values. Some common values included: democracy, human rights, access to education, combating drug abuse and trafficking, and communicable diseases, equality, empowerment, development, diversity, dialogue and cooperation and peace (Commonwealth Values, p. 2, 2001).

The Commonwealth emerged in the post-colonial era with the Secretariat being formed in 1965, London, England, (Commonwealth Values, 2001).

The Commonwealth Youth Programme Africa Centre (CYPAC) Office was opened in Zambia in 1974 at the Ridge Way Campus (RWC). The offices used at the time of writing were opened in 1981 at the University of Zambia, Great East Road Campus, Lusaka, Zambia.

The Commonwealth Youth Programme Africa Secretariat is a Regional Office that has a total of 47 employees trained in different fields. The Office is headed by the Regional Director and supported by three Senior Programme Officers engaged by the Commonwealth Secretariat, London Office.

1.3.2 The Assignments of the Commonwealth Youth Programme (CYP)

The work of the Senior Programme Officers (SPOs) is very vital in all activities of the Commonwealth Youth Programme (CYP) because they all dealt with:

- a) *Youth work and participation*: This involves youth work training and professional education. Training of the youth in youth work and participation reduces their poverty and social exclusion, enhances their health and well-being and their skills and knowledge (Commonwealth Secretariat, Promoting Commonwealth Values among Youth, 2001).
- b) *Empowerment*: The youth are empowered when they become trained in acknowledging that they create choices in life, are aware of their choices, take informed decisions freely, take action and accept responsibility of that action (PAYE 1998).
- c) *Governance*: Good governance leads to meeting basic needs, associational needs and participation-based needs. Participation needs required forming relationships as part of families, neighbourhoods, organisations and social networks. These associations lead to the formation of enabling environments (Amanda Shah', 2003) for the youth.
- d) *Youth enterprises*: After training, the youth are required to practice the skills they have learnt. Here, the youth try to blend theory and practice in their real life experiences such as finding better ways of prevention, control and protection against HIV.
- e) *Information Technology*: Information and communication technology is part of the mainstay of CYPAC for without its network, no development work can be done. It has now become a powerful tool in enabling the youth strengthen their networks. Many youth's grasp of ICTs makes them leaders (Youth Network and Governance, 2003).

At the time of writing, the CYPAC has an Internet café that has more than 10 computers fully connected to cyber programmes and the 'internet explorer' so that exchange of information is enhanced. The CYPAC has been leading in expanding computer literacy.

The above programme areas are intertwined so that gaps in theoretical and practical knowledge are sealed. The programmes also are mindful of the ravaging menace of the HIV/AIDS pandemic and as such, all programme areas have found ways and means of integrating the HIV/AIDS programme into selected activities.

All these youth activities lead to the development of the youth in Zambia and those in other member countries.

Lastly, the other assignment of the Commonwealth Youth Programme (CYP) is to find out about the works that are related to the HIV/AIDS and try to discover what communication strategies are being used in the fight against HIV/AIDS pandemic. In addition, the presence of the Senior Programme Officers doing their youth work in trying to integrate HIV/AIDS in the whole programme, CYPAC became the best organisation for a Practical Attachment. This is a programme for young people and HIV/AIDS seriously ravages young populations in Zambia and Africa.

1.4 Statement of a Problem

The HIV/AIDS pandemic had put pressure on both the government and international community to take decisive measures to combat its causes and effects. The loss of highly educated manpower such as those found around the Commonwealth Youth Programme Africa Centre (CYPAC), UNZA and other organisations and communities have become a source of worry for Zambia.

The Commonwealth Youth Programme (CYP) is one of the communication responses that have placed its action plan, which ended in 2005 as a way and means of communicating about and combating HIV/AIDS pandemic.

The experience in Zambia is that although the infection has gone down from 19% to 16% in the most affected areas; this figure is still very high, indicating that the impact of these programmes has not been sufficient (Living Conditions Monitoring Survey [LCMS], 2002). It was the aim of this study to contribute towards a better understanding of the efforts being made and the

shortcomings that exist particularly from a communication perspective.

1.5 Rationale

The fact that the HIV/AIDS infection has gone down slowly to 16% (LCMS, 2002) gives this country renewed vigour to pay more attention to HIV/AIDS strategies and messages of Abstinence, Being Faithful, Condom use, Voluntary Counselling and Testing (VCT), and other control and prevention methods. The study has been aligned to the need for better anti-HIV/AIDS strategies and tactics that should continue turning people around positively in their fight against HIV/AIDS epidemic. The improvement of health care issues in the urban and rural areas also needs renewed energy in HIV/AIDS strategies issues.

The study was important, first, to understand the Commonwealth Youth Programme's involvement in the fight against HIV/AIDS. Second, to know how the youth were responding to the call for a renewed fight against HIV/AIDS. Third, to find out what interventions were being employed in the fight against HIV/AIDS and try to give recommendations on ways and means through which the HIV/AIDS and its complications on social, economic, and cultural and other sectors of production could be brought to an immediate attention of the stakeholders and other interested parties.

1.6 Significance of the Study

This study was aimed at finding new knowledge on anti-HIV/AIDS strategies and tactics being used in the fight against HIV/AIDS. It also tried to see the relationship between the past fights and the ones going on at the moment. A few anti-HIV/AIDS strategies and various methods have been used and tried in the past but the dreaded disease keeps on ravaging the Zambian society.

1.7 Objectives

The purpose of this study was to: -

- (a) Find out about what Commonwealth Youth Programme (CYP) has been and was doing to solve some of the HIV/AIDS communication problems of the youth in Zambia;

- (b) Find out what HIV/AIDS strategies and tactics have been/or are being employed by the Commonwealth Youth Programme (CYP) to try to combat HIV/AIDS pandemic.
- (c) Try to analyse the above with a view to make recommendations for a better communication performance.

1.8 Research Questions

- (a) What strategies and tactics are used by Commonwealth Youth Programme (CYP) to sensitise and educate the youth against HIV/AIDS pandemic?
- (b) Which sector of the youth has it been/is it targeting?
- (c) How have its HIV/AIDS strategies impacted on the youth?
- (d) How appropriate and relevant are its HIV/AIDS strategies and tactics?
- (e) What factors inhibit effective impact on the youth in Zambia?
- (f) What factors would, according to the communication theories, possibly enhance impact on the youth?

The following chapter goes into the conceptual and theoretical framework and definitions relevant for the study as well as appropriateness of these concepts to the whole research exercise.

CHAPTER 2

CONCEPTUAL AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter deals with selected concepts and definitions, and tries to simplify them by giving a clear explanation of what they mean. The chapter also tries to elucidate the theoretical framework that consists of five-selected communication theories. These have been used to explain the significance of the fight against HIV/AIDS, the anti-HIV/AIDS strategies and tactics themselves, and the players involved.

2.2 Conceptual Operations and Definitions

The following are the conceptual and operational definitions of important concepts:

Abstinence:	To abstain or refrain from indulging in sex. This is done for, among other reasons, fear of contracting HIV/AIDS. The method is favoured by many religious organisations.
Adolescents:	Persons from 13 years to 19 years (young adults group of people).
Adults:	People aged 13 years and above.
Children:	Persons below 13 years of age.
AIDS:	Acquired Immune Deficiency Syndrome (a state/disease in which a body is unable to fight infections).
Community:	Warren (1996) defined it as a combination of social units, which perform the major function, having locality relevance. These are interdependent and have common ties.

Communication Strategy	The selection of appropriate communication objectives and the identification of the specific brand awareness and brand attitudes strategy consistent with behaviour in the category, www.oup.com/uk/booksites/0199274894/student/glossary/glossary.htn .
Faith Based Organisations	These are church bodies or religious groups advocating for Abstinence in the control and prevention of HIV/AIDS and care of the affected or infected with HIV/AIDS.
Framing:	A concept explaining that the media has the ability to transform the context in which an issue is viewed.
HIV:	Human Immune Virus- the virus causing AIDS.
Infant Mortality Rate (IMR):	The number of babies who die out of every 1000 babies who are born.
Infections (STIs):	These are diseases that are passed on from one person to another through indulging in sexual intercourse or any sexual manipulation.
Life Expectancy (LE):	How long a given person is expected to live, www.envestorounds.com/2880/life_expectancy.htm .
Morbidity Rate (MR):	The proportion of patients with a particular disease during a given year per given unit of population, www.answers.com/topic/morbidity
Maternal Mortality Rate:	The number of maternal deaths per 100000 live births. It measures the likelihood that a pregnant woman will die from

maternal causes, www.cdc.gov/nchs/datawhdefs/rates.htm.

Methods:	It is a way, a path, a manner, a technique or system of doing things (Collins and Klein, 1981 and 1971 respectively). Sporn (1975) refers to methods as the “how”, purposeful, planned instrumental activity through which goals are achieved and tasks are accomplished.
Opportunistic Infections:	Diseases which take advantage of the weakened immune system as a result of HIV/AIDS
Peer Education (PE):	This refers to a person who is generally of equal standing or has the same characteristics (e.g. age) as the ones he/she is educating.
Persuasion:	To influence people’s minds so that they believe in a view point on an issue at hand.
Prevention of Mother	This is the blocking of passing on of HIV/AIDS and other related diseases from the mother to the unborn child.
Priming:	This is where the media attends to some issues and not others thus altering the standards by which people evaluate certain events.
Skills:	These are considered as the ability to produce reliable and consistent results. Skill is familiar knowledge, specific art, trade, a gift or an accomplishment. All these are based on intellect. Skill is the same as dexterity, ingenuity, wisdom and ability (Kwaku et al 1990).
Techniques:	According to Dun (1981), these are “relatively specialized

procedures” applicable to “limited” contexts which translate as strategies. Processes of intervention consisting of discrete standardised actions that are mechanically performed.

Urban Community: This relatively has a generally higher population and population density than its rural counterparts. It has a centralised business district.

Voluntary Counselling (VC): The willingness or being willing without pressure, to share ideas, problems about prevention, of HIV/AIDS.

Youth: The Commonwealth Secretariat (2004) defines youth as a person whose age ranges between 15 and 29 years. The UN defines Youth as a person whose age ranges between 15 years and 24 years. Youth Programmes in Developing countries define youth as between 14 and 21 years of age. In Zambia (UNIP) Youth was defined as between 15 to 35 years of age. Zambia defines a youth as a male or female between 15 and 25 years old (Draft, National Youth Policy, 2005).

2.3 Theoretical Framework

This student identified five relevant theories in the communication and development fields, and has tried to assess how social change and human development can be related to HIV/AIDS pandemic in Zambia through looking at the work of the Commonwealth Youth Programme (CYP) in particular.

As indicated earlier, five main theories have been identified:

- (a) Functional Approach/ Theory of the Media;
- (b) Agenda Setting Theory;
- (c) Knowledge Gap Hypothesis/ Theory;
- (d) Communication for Social Change (CSC); and,

(e) Interpersonal Communication of Uncertainty Reduction Theory.

The above communication theories are explained and married to the whole theme of the research in Chapter 6, (part 6.3), but in the next section the researcher explains the meaning of the Theories.

2.3.1 Functional Theory of the Media

The first proponents of this theory were Harold Laswell (1948) and Charles Wright, (1960). They applied Robert Merton's Functional Theory to the work of Mass Media. They argued that Mass Media had many functions for society. They explained:

Media provide information and news under what is called surveillance. Second, the media present the information to the public after they have selected interpreted and criticized it, which is called correlation. Thirdly, through culture transmission, the media reflect the public's own beliefs, values and norms. Further, the media entertain people in their free time, providing all escape from everyday life. Lastly, the media act or are involved in promoting society's interest in times of a crisis under the umbrella of mobilisation, (Werner Severin and James Tankard, Communication Theories: 1992, p. 293-295).

The first element of surveillance deals with the public receiving information from the media on what is happening in the community, nation, region or continent. The emphasis is on the media to select the information that the public hear or read about. With regard to this study, the information which may be covered under surveillance is, for instance, the prevention, control, and positive/faithful living vis-à-vis the HIV/AIDS pandemic.

Secondly, as Laswell and Wright explained, the element of correlation involves seeing how the mass media select, interpret and criticise the information through editorial opinion or comment. Unfortunately, at the time of writing Zambians were not benefiting from editorial comments on radio or television. These had been discouraged since the 1991 takeover of government by the Movement for Multi-Party Democracy (MMD). They probably feared possible abuse of the media for political propaganda.

The third one is the cultural transmission element: the propagation of norms, ideas and values of

the society. For example, the media contribute to maintaining continuity in the recognition of cultural developments and the actual influence of culture on social change that includes changes in values and morals of society. In relation to the HIV/AIDS, this dimension looks at how the cultural norms, ideas and values are transformed or changed as societies continue being ravaged by HIV/AIDS pandemic. For example, cultural attributes covered by the media are of interest with regard to whether or not they discourage the spread HIV/ AIDS.

The fourth component is that of providing entertainment. This is done, e.g. through dance drama, poem recital and staging plays on open community theatres, radio or TV. Following the concept of edutainment or infotainment, the issue of HIV/AIDS pandemic continues to be dramatised by children and adolescents in dance drama and poem recitals, to intensify the fight against HIV/AIDS pandemic. The shows are accessed live or via television or radio.

Lastly, is the element of mobilisation: i.e. media promote certain positions especially during times of crisis. The HIV/AIDS scourge is one tantamount to a national disaster that calls for national leaders to take the first step in the fight, e.g. through campaigns. The influential in society should start playing the tune of salvation if they are not doing this!

Other theorists such as Denis McQuail (1983) asked two main questions in trying to analyse Functional Theory. First, what do the media actually do for society, their would-be communicators, and audiences? And what ought the media to do? The other question is, which expectations about the media activity can be derived, and what is actually done and how it is done? Functional Theory could guide communicators and advise others about the functions of the media and how they operate, or ought to operate. And under this theme of 'Assessing Anti-HIV/AIDS strategies,' reference to the theory under discussion is appropriate.

McQuail (1983) emphasised that, 'the media exist to meet certain needs or requirements of society and that the whole thought as a function refers to meeting such a need.' The function could either mean a consequence, a purpose, or a requirement.

McQuail's listing of functions adds to the original number given by Lasswell and Wright so the

list caters for information, correlation, continuity, entertainment and mobilisation.

Further, McQuail (1983) explained that the Functional Approach brought out two important concepts defined by Gabriel Tarde in Clark (1969). Perhaps the most important is the notion that the media might pioneer change by providing publicity about events or occurrences of importance. HIV/AIDS also involves such events that are publicised by the media very extensively and intensively (see part 6.3 of Chapter 6) that now there is a call for the integration of HIV/AIDS strategies in what is being described as the multi-sectoral Approach in the fight against HIV/AIDS. However, not all change is beneficial to society but the demand is for society to be proactive in life.

McQuail (p78, 1983) further quoted McCormack (1961) who said the media, 'integrate and socialise ... provide coherence, a synthesis of experience and an awareness of the whole.' He continued to say that, 'the media are informational, used for entertainment and amusement and can provide a sense of wholeness, continuity and shared experiences,' (Mcquail, p78, 1983). The question is, do the media in Zambia play this vital role in a satisfactory manner, particularly in relation to the problem of HIV/AIDS? This study, at least in part, addresses this issue. This is done in connection with the Commonwealth Youth Programmes' effort against HIV/AIDS.

2.3.2 Agenda Setting Theory

The Agenda Setting Theory dates back from 1972 and states that after sufficient exposure to mass media content, the audience's agenda or prioritisation of issues gets to approximate the media's agenda. It was originated by Maxwell McCombs and Donald Shaw and posits that there is a relationship between issues that were reported in the media and those that were considered of high public importance by the public. As Bernard Cohen (1963) stated:

The press may not be successful much of the time in telling people what to think, but it is stunningly successful in telling its readers what to think about. (www.theory.isthereason.com/?p=39)

The Agenda Setting Theory emphasises the power of the media without forgetting that individuals choose what they believe. McCombs and Shaw (1981) argued that, "Media significantly impact those who have high need for orientation". This is so for instance, if an issue

being discussed in the media is relevant to their life, and they are unsure about their position on the issue. The issue under research is such an issue affecting a lot of people, it continues to be covered by the media. No doubt, although there have been no studies on the matter the media agenda should be of influence to the audience. This issue is now very relevant to almost all families in Zambia because their members have either been infected or affected by the scourge of the disease at one stage or another.

Furthermore, Kindl (2003), explained that the Agenda Setting Theory had,

Two processes of media influence which can assist to explain how the public is affected. The process of 'priming occurs when an issue discussed in the Media reminds the public about the previous information that they have about the issue causing more thought and discussion ... the process of 'framing' has the ability to change the context with which an issue is viewed by emphasising some aspects and ignoring others, (Kindl, 2003).

Both processes referred to are at play in Zambia's anti-HIV/AIDS communications. The media have, in the past decade or so, changed the 'framing' of the debate in the fight against HIV/AIDS from an emphasis on condoms to a holistic Abstinence – Being Faithful to one's partner and condoms (ABC) – in that order. Also related to that is a 'priming' of focus upon Voluntary Counselling and Testing (VCT) as an essential ingredient in the fight. Another is the highlight of stigmatisation of AIDS as a problem to be resisted.

Stigmatisation could slowly be overcome if and when people stopped viewing HIV/AIDS only as a disease transmitted through sexual contact since there are various ways through which it can be contracted. In addition, political leaders and other 'influentials' in society could be encouraged to stop behaving or showing a negative attitude where the disease is concerned, and when they are tested and found positive, they should come out in the open and tell the public 'how' and 'why' they could have been infected. Anti-HIV/AIDS strategists could further assist by re-framing the way people view the disease. This re-framing would lead to positive agenda-setting, and a victory for the fight against the disease.

2.3.3 Knowledge Gap Hypothesis of Communication

The main theses of the Knowledge Gap Hypothesis of communication, originated by Tichenor,

Donohue and Olien, may be summarised as follows:

People of higher socio-economic status have better communication skills, education, reading, comprehending information ... people of higher socio-economic status can store information more easily or remember the topic from background knowledge ... people of higher socio-economic status might have a more relevant social context, people of high socio-economic status are better in selective exposure, acceptance and retention.... The nature of the mass media itself is that it is geared toward persons of higher socio-economic status. (Tichenor, Donohue and Ollen, 1970).

The hypothesis suggests that, while people from all sectors may learn new information as a result of mass campaigns, those with higher levels of education learn more than those with lower levels of education and socio-economic status (Holbrook, 2002). This argument could explain what might be happening as the Zambian public access information in their fight against HIV/AIDS pandemic

There may have been a widening gap in Zambia because of the increasing poverty levels in the period 1970-2000. The economic turn around of 2006-2007 should help improve access to information.

As the theory suggests, it seems that although the HIV/AIDS pandemic has been in Zambia since the early 1980s and remedial campaigns put in place, the grassroots and those lower in socio-economic status might not have had access to enough information. The strategic preventive measures such as Abstinence, Condom Use, and Being Faithful to one's partner, Voluntary Counselling and Testing (VCT), etc. may not be fully understood by those in the lower socio-economic status groups. Even when understood, the full benefits from such strategies may elude the lower classes due to their relatively poor access to information. This is likely to be so because these groups have less access to information technologies and news and information.

As Severin and Tankard cited by Parker and Dunn in their book, *Communication Theories* (P243, 1992) pointed out:

If access to information services is not universally available throughout the society, then those already "information-rich" may reap the benefits while the "information-poor" get relatively poor. A widening of this "information gap may lead to increased social tension.

The knowledge gap might continue to exist as long as society has classes but this should not discourage the fight against HIV/AIDS. Indeed, the gap should be reduced through campaigns. It also seems reasonable to encourage more expenditure on education as a long term measure to address the information gap.

2.3.4 Communication for Social Change Hypothesis

The guiding philosophy of communication for social change was traced to the work of Paulo Freire (1970). He said, “Communication is a dialogue and participation for the purpose of creating a cultural identity, trust, commitment, ownership and empowerment,” (UNICEF, 2005).

In this concept, what was first noticed was that information was shared or exchanged between two or more people rather than transmitted from one to the other. All participants acted on the same information, and none were passive receivers of information (ibid.). This meant that the act of dialogue would institute understanding. Further, those participating required areas of agreement and disagreement.

The concept seemed to explain that communication for social change was an interactive process where community or grass roots dialogue and collective action worked together to produce social change. Maria Figueroa et alia (2002), attested that a communication for social change process was important because it made people come together to decide who they were, what they wanted, and how they obtained it, all this was done through dialogue and information sharing. Here, the communication for social change demonstrated success, especially for the poor, previously marginalised or excluded people.

In communication for social change, workers in partnership with the grassroots beneficiaries, “move mountains.” They moved mountains of apathy, mountains of hopelessness, mountains of cynicism and even mountains of public inefficiency, waste and corruption. Once communication for social change was used in sorting out a series of issues, positive outcomes could be expected. People learnt how to think, identified problems and found solutions.

2.3.5 Interpersonal Communication of Uncertainty Reduction Theory

Two Theorists, Charles Berger and Richard Calabrese (1995) recognised that the concept of information had been a strong fountain for communication research. They affirmed that,

Information exchange is a basic human function in which individuals request, provide, and exchange information with the goal of reducing uncertainty.... The uncertainty was a central motive of communication. (1975).

Other communication researchers such as Heath and Bryant argued, "One of the motivations underpinning interpersonal communication is the acquisition of information with which to reduce uncertainty (200, p. 153)." Thus, the Uncertainty Reduction Theory placed interpersonal communication into the central focus to become the key in the development of interpersonal communication.

Other researchers, Hewes, Planalp, Roloff, Berger, Giles, Burgoon and Patterson, all had shaped interpersonal communication research. They affirmed,

Interpersonal communication tends to focus on dyadic communication interaction, or communication has a function in developing relationships," (Berger and Calabrese 1975). They further explain that, "Uncertainty is the numbers of alternate ways in which each interact might behave. The greater the level of uncertainty that exists in a situation, the smaller the chance individuals will be able to predict behaviours and occurrences.

The theory further stated that lower levels of uncertainty caused increased verbal and nonverbal behaviour, increased levels of intimacy and increased liking, (West and Turner, 2000).

The Uncertainty Reduction Theory in the fight against HIV/AIDS could assist in the understanding of why some HIV/AIDS strategies and tactics were accepted and adopted or rejected by the youth. The use of peer educators involves less uncertainty than otherwise. Unfortunately some of the campaigns are not very sensitive to this dimension. Indirectly, the

theory might also be applied to the inter-personal agendas as individuals assess the utility of strategies. For instance, the strategy of Condom use was seen by the youth as with a lot of uncertainty as the protective rubber sheath was not, according to experts, totally reliable. The research brought out a strong argument that the youth chose the strategies of Abstinence and Being Faithful (A, B) because the uncertainty surrounding the benefits from was less.

2.3 Chapter conclusion

An explanation has been given that social ‘life cannot be molded’ but was an on-going process that was subject to transformation (Vander Zanden [1986, p364], cited in Kwaku Osei-Hwedie Ed. 1990).

The Functional Theory educated the media as well as the public about certain functions the media might play in Zambia, Africa and the World. The Agenda Setting Theory also added value through revealing the positive correlation between media and audience agendas.

The Knowledge Gap Theory educated the media and the public that due to the many gaps of knowledge, e.g., about HIV/AIDS between the ‘haves’ and the ‘have nots,’ the fight against HIV/AIDS could take a longer time to win. The imperative line of action was to see how the theories could assist in the amelioration of the ideas of the crisis so that the fight could be won.

The communication for social change hypothesis explained that the communication in the fight against HIV/AIDS was an interactive process, a dialogue and participation for the purpose of creating a cultural identity, trust, commitment, ownership and empowerment.

The Uncertainty Reduction Theory stated that uncertainty existed when, in a given situation, there was a high amount of possible alternatives and their event was relatively equal (Shannon and Weaver, 1949). The two argued that the central motive of communication was to reduce uncertainty.

CHAPTER 3

LITERATURE REVIEW

3.1 Introduction

The Literature Review below includes works written about Scope (A Care International Project in Zambia); Children in Crisis (CIC) and Children in Need (CIN), 2002); Family Health International (FHI, 2003) and Faith Organisation (FO, 2003) such as the Roman Catholic Secretariat, Salvation Army, Seventh Day Adventist Church and others. The information was found in brochures, leaflets, booklets, posters and research papers written by academic and professional members of society.

The review also covers material from the Commonwealth Youth Programme (CYP), UNICEF and Society for Family Health (SFH).

3.2 Literature Review in General

In Zambia, the consolidated expression of international solidarity in the fight against HIV/AIDS started on a serious note in 2003 by Family Health International (FHI) who sourced financial support from USAID in partnership with SCOPE, OVC and UNICEF (UNICEF, 2002). This was after the George Bush government of the USA launched the Global Anti-AIDS Fund. A meeting was held to bring factual information to stakeholders in an attempt to improve intervention, as well as the targeting Orphans and Vulnerable Children (OVC). This was only for the care of the HIV/AIDS infected and affected families, to strengthen the household's resource base and enable them to cope with the needs of care of the HIV/AIDS patients and families.

The UNICEF (2002), NGOCC (2002), World Health Organisation (WHO) (2002), UNAIDS and USAID (2002) provided *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections* and launched a Joint Programme on HIV/AIDS.

The *Epidemiological Fact Sheets on HIV/AIDS* mentioned above revealed that the number of people living with HIV/AIDS at the end of 2001 in Lusaka, Zambia's capital and Ndola, a second major city in the Copperbelt, as follows: 1,200,000 (adults and children); 1,000,000

(adults 15 years to 45 years old); 590,000 (women between 0 to 15 years old). In 2001, the study revealed that 120,000 deaths of children occurred in Lusaka and Ndola. The number of living orphans stood at 570,000.

In 2002, the Epidemiological Study in the two cities revealed that the prevalence of HIV/AIDS among 15 to 19 years olds declined from 21% to 17% in 1998. *The US Bureau of Census 2000*, revealed that the indicators showed that the situation was bad putting the total population at 10,649,000 (2001) The Maternal Mortality Rate was at 870 per 100,000 live births (WHO 1995); life expectancy at birth was 41 years (UNPOP, 1993-2000); the infant Mortality Rate was 94 per 1000 live birth. From 1995 to 2000, the Mortality Rate was at 143 per 1000 births.

The above statistics portray a grim picture of the fight against HIV/AIDS. Their generalisations, although touching mainly Ndola and Lusaka, gave a basis upon which certain arguments were based when the Assessment of Existing Anti-HIV/AIDS strategies in Zambia arose.

Robert J.M. et al (2000) undertook a study of the, “Reproductive Health Risk and Protective Factors among the Youth in Lusaka.” It was undertaken on behalf of USAID and provided a comprehensive look at factors that left Zambian adolescents at risk from HIV/AIDS (ibid.). The study revealed that education contributed to better understanding of the use of condoms. Further, affiliation to Christian Churches contributed to a lower likelihood of having multiple partners. Lastly, living with parents was also a protective factor against HIV/AIDS (ibid).

Because of the number and diverse nature of factors influencing adolescent behaviours, no single intervention could reduce sexual risk behaviours (ibid.). However, community efforts to change social norms and values of adolescent behaviours would be cost-effective in addressing adverse effects of negative peer influences in the long run (ibid.). In addition, future intervention should emphasise knowledge and self-efficacy in relation to specific protective behaviours, for example, use of condoms to prevent HIV/AIDS and communication with partners (ibid.).

Lastly, Robert et al. al (2000) argued that gender-specific intervention was required. For instance, information on reproductive health associated to female adolescents increased their

negotiation skills. In addition, changing male attitudes and behaviours in relation to sexual violence should be the first priority (ibid.).

Robert, et al, emphasised reproductive health as a channel for curbing HIV/AIDS with the following strategies of combating HIV/AIDS among the youths in Zambia stressed upon: educating the youth about dangers and transmission of HIV/AIDS through sex, blood transfusion, homosexuality, and the use of razor shared blades and so on.

Furthermore, the use of Voluntary Counselling and Testing (VCT) as a strategy that has been magnified and is being encouraged to ensure that health living is sustained (Barclays, *Employee Wellness Programme*, 2005). Lastly, the three strategic messages of Abstinence, Being Faithful to one's partner and Condom Use (ABC) have been discussed and encouraged among the youth of Zambia and positive results have been observed but more resources were required, in monetary form, material and human resources for the campaign to benefit people (ibid.).

Hamby and Weiss (1999) in their paper entitled, *Young Adults Reproductive Health in Zambia: a Review of Studies and Programmes* indicated that 20% of the adult population (over 15 years of age) was infected with an additional 300 new infections every day.

Some estimates have stated that 700,000 under 14 years were infected with HIV (ibid). They concluded that the HIV prevalence was twice as high in urban areas than in rural areas. The final analysis included all ages and reported that the infection was associated with educational attainment - with high infection rates among higher levels of educational attainment. Further, single women were likely to be infected with the HIV than married women (Fylkesnes et. al., 1994). This finding was contrary to what was expected if the Knowledge Gap Theory was applied to the Zambian HIV/AIDS scenario. Perhaps the mix of factors at play complicated the local scenario.

However, despite these high numbers in the earlier years, there have been signs of decrease in prevalence in young people. For instance, 1992 recorded 28 percent among the 15 to 19 years olds but this reduced to 23 percent in 1994 (Fylkesnes et al, 1994) and reduced further to 17

percent in 1996 (Sichone et al, 1997 cited in Webb 1997). The decreasing trend has continued with a lot of hope that the strategic interventions would continue being employed.

The researchers, however, have not highlighted anywhere how each one of the strategies and messages used in the combating of the prevalence of HIV/AIDS among the youth in Zambia has fared, so that the Zambian citizens who have been infected and affected would deal with their lives and the HIV/AIDS epidemic positively and effectively.

This literature review brought out statistics about HIV/AIDS situation in Zambia but failed to pinpoint how Anti-HIV/AIDS strategies and messages have performed. International organisations like the Commonwealth Youth Programme (CYP) pledged, “to establish or strengthen national AIDS prevention and control programmes, as well as HIV/AIDS support networks such as the “CYP Ambassadors for Positive Living Programme”, (*Youth Empowerment in the New Millennium*, 1998). This programme would cover a period of five years.

In fact, none of the authors in this review, whether UNAIDS, USAIDS, UNESCO, UNICEF, ILO, SCOPE, NGOCC, FHD, CIC, SFH, Lusaka District Health Management Team (LDHMT), Faith-based Organisations and other academic professionals tried to assess the strategies of combating the HIV/AIDS epidemic to see how they fared.

The Society for Family Health (SFH) in co-operation with the Ministry of Health, with funding from USAID (2003), produced leaflets and pamphlets and one of these, *Self Esteem, HIV and Safer Sex*, contained a lot of counselling material for the youth on HIV/AIDS. For instance, it explained what “Self Esteem” is and elaborates on the issues of “abstinence” and “Safer Sex”. The print media were used as an outreach strategy. Others like Zambia Voluntary Counselling and Training Services, Zambia Counselling Council, Development Aid from People to People (DAPP) and, Society for Family Health have also been publishing brochures and flyers under the Zambia VCT Partnership (2000 to 2003), some of them with such titles, as *are you worried about HIV?* This pamphlet stressed on *How to take steps to protect yourself starting today*. The steps included: *Abstain from sex, Be Faithful to One’s Uninfected Partner, Practice Safer Sex, and Avoid Sharing Needles or Razor Blades*. It also explained what is termed *Voluntary*

Counselling and Testing (VCT).

The above HIV/AIDS strategies have been used in Zambia, and the big issue is the extent to which these have worked or not.

3.2.1 The Commonwealth Youth Programme HIV/AIDS communication strategies and tactics

A Report called *The Commonwealth Functional Report of the Committee of the Whole*, (The Coolum Communiqué, March 2002) supported and promoted the importance of young people working with the Commonwealth Youth Programme (CYP) in areas of development, poverty alleviation and anti-HIV/AIDS strategies. The Commonwealth Youth Programme called for concerted effort in the fight against HIV/AIDS especially that which calls for a multi-sectoral response. This meant involving all sectors of society: governments, business, civil society organisations, communities and people living with HIV/AIDS at all levels. In fact, all partners and stakeholders were summoned to get involved in the fight. (ibid.)

A report in *Gender Sensitive Approaches to HIV/AIDS* (Commonwealth Secretariat, 2004) brought out glaring information that stated that 39.4 million people were living with HIV as of end of 2004 and two thirds of them were from member states of the Commonwealth organisations. The literature reviewed prevalence rates for some countries in Africa as follows:

a)	Swaziland,	38.8 percent
b)	Botswana,	37.3 percent
c)	Lesotho,	28.9 percent
d)	South Africa,	21.5 percent
e)	Namibia,	21.5 percent
f)	Zambia,	16.5 percent
g)	Malawi,	14.2 percent
h)	Mozambique,	12.2 percent

It is, indeed, imperative that, in view of the above worrying figures, HIV/AIDS communication strategies and tactics be assessed for efficacy.

The *Gender Sensitive Approaches to HIV/AIDS*, (2004) reported that the Commonwealth Youth Programme (CYP) started a programme called the Youth Ambassadors for Positive Living (YAPL). This was formed in Africa in 1993 and covers young people who are HIV positive and working with other young people to educate them about HIV/AIDS issues. It developed strategies such as education support, counselling, talking to peer groups, participating in media and promoting women decision-making at household level (ibid.).

The whole objective was to show communities how HIV positive people can be productive members of society. A similar approach was used by another group of the youth called Positive and Living Squad (PALSZ). Its centre in Lusaka was at the time to writing at Kara Counselling and the Education Trust in Zambia (ETZ). It provided education in tolerance and understanding and helped break the stigma attached to HIV/AIDS (CYP Africa Centre, 2005.). Out of Zambia's population of slightly over 10 million people (2002 estimate) the HIV prevalence was at 16.5 percent (Zambia Demographic Health Survey, 2001/2002) in productive age group of 15-49 years. This picture was not encouraging as it showed that the most affected were in the economically productive bracket.

A ZDHS Report (2001, 2002) stated that in Zambia HIV/AIDS transmission was primarily through heterosexual contact. It was for this reason that prevention measures should be transmitted to the workers, their spouses and children and eventually to their next-door neighbours so that a desired positive behaviour change was realised. The Commonwealth Youth Programme (CYP) had also adopted a concept called HIV/AIDS workplace programme to help in the prevention of HIV/AIDS in a workplace.

Other aims of the programme were to provide care; support; treatment, and build capacity of the Commonwealth Youth Programme Africa Centre (CYPAC) in mitigating the impact of HIV/AIDS. Others were: to create an open and supportive environment for employees to talk about HIV/AIDS and live positively, prevent new infections, increase understanding of HIV/AIDS in the workplace, and to create an enabling and supportive environment where there would be no stigmatisation and discrimination (Commonwealth Programme Africa Centre, Secretariat: *The HIV/AIDS workplace programme*: March 2005).

The Commonwealth Youth Programme Strategic Plan (2003-2006) acknowledged that people had the right to life and health. It made a call for youth-focused programmes to address the global agenda on poverty alleviation and HIV/AIDS by developing new strategies and tactics, and continued use of the old ones if appealing to end users (Commonwealth Secretariat, P6, 2003).

In addition, the Commonwealth Youth Programme (CYP) had made use of Grace Mfunne, a young woman who had been living positively with the virus who felt free to share her HIV/AIDS experience and was now placed under Network of Zambia People Living under Commonwealth Youth Programme Africa Centre (Region Bulletin, p6, 2004).

The *Bibliographic Database: International Health and Disability Information: April 2005* recorded that the HIV/AIDS strategies and tactics had been generally associated with behaviour change for the prevention of HIV/AIDS. However, the role of strategies and tactics in HIV prevention had been generally grossly underestimated and many of them had been culturally inappropriate (UNAIDS, 2005).

Some strategies highlighted popular messages that ran on radio and television to engage audiences emotionally and create fora for debate and discussion. Further, some were designed to operate at the level of knowledge and attitudes and had had mixed impact on behaviour of people. A reading from the *Positive Living Training Manual* (Communicating HIV, p55-59) showed that the HIV/AIDS strategies and tactics that focused on developing knowledge, skills, behaviour and capabilities of the youth were the strategies and tactics that the authors thought could help significantly in the fight against HIV/AIDS pandemic (ibid.).

Also, of special interest was the material produced by Africa Youth Alliance (AYA, 2002) as well as the *Gender Sensitive to HIV/AIDS, A Training Kit for peer Educators*, (Commonwealth Secretariat; 2004) which had recorded the following list of current HIV/AIDS strategies and tactics:

1. Access to female-controlled methods such as female condoms and microbicides.
2. Provision of skills training in communication about sex and the use of the condom in order

- to foster interpersonal communication;
3. Improved access to economic resources to ensure that females had property and inheritance rights.
 4. Ensure that women had Access to health services and to HIV and STIs prevention technologies that they could control.
 5. Increase social support for women by offering them opportunities to meet in groups.
 6. Promoting family responsibility on sex-related issues for both men and women and extend it to community and national levels through participation
 7. Establishing workplace HIV/AIDS Programmes.
 8. Voluntary Counselling and Testing (VCT) may assist to control HIV transmission.
 9. Encourage men to partner with women in prevention, education and adopting healthier behaviour.
 10. Sharing information about the gender dimension of HIV/AIDS.
 11. Using interactive and life planning skills to foster behaviour change.
 12. Using repetitive messages about Abstinence, Condom Use, and Being Faithful (ABC) and employing a variety of channels such as face-to-face communication through counselling, peer education and use of mass media to reach a wider audience.
 13. Education-entertainment; drama, songs and dance and music festivals.
 14. Developing links with policy and advocacy activities at local community and national levels.
 15. Link youth with parents or other role models.
 16. Behaviour-change training.
 17. Using television spots to promote Abstinence/delay or condom use to: complement radio spots and songs.
 18. The FACEAIDS: HIV/AIDS approach in the Workplace - builds awareness at work sites and enhances group education.
 19. Training of Peer Educators.
 20. Promotion of female condoms for the empowerment of female youth.

21. Provision and enhancing family planning services.
22. Carrying out better health campaigns, while engaging communities in improving their own health through collective action.
23. Multimedia campaigns: which include different health topics including HIV/AIDS.
24. Encouraging Neighbourhood Health Committees (NHCs) and other Home Based Groups (HBGs) and strengthening communication packages through radio programmes, training and health information.
25. Provision of youth grants to youth clubs (e.g. to Africa Alive which reaches young people through music, sport and schools with HIV/AIDS messages).
26. Holding public campaigns on HIV/AIDS and other related issues.
27. Holding group-counselling workshops.
28. Holding debates and quizzes.
29. Promoting community and school outreach programmes.

The above strategies and tactics were recommended and used having in mind the age and sex of the youth: for youth experiences are different at every stage of development (Commonwealth Secretariat, 2004).

Other HIV/AIDS strategies and tactics recorded by the same source included:

1. Show less discrimination against women and bring a sense of respect for women.
2. Access to health services: build more hospitals and health centres, ARV centres, and train more counsellors, and create more VCT centres.
3. Afford women property rights and inheritance empowerment since women were the caretakers of orphaned children, and those needed empowerment.
4. Use Peer Educators: these are youth themselves educating, informing and communicating with fellow youth about HIV/AIDS.
5. Public health campaigns: use of Public Address System. (PAS).
6. Use of *flyers*, *pamphlets*, and *brochures* to reach communities about HIV/AIDS. These

could be utilised in border areas and could be read anywhere and at any time.

7. Use of popular theatre, psychosocial life awareness, behaviour change and information, education and communication.
8. Provide support for capacity-building e.g. by Cooperating Partners, Youth Association of Zambia, CYP, UNICEF, MYSCD, Churches, GTZ (Germany Development Cooperation) and Donors and others.
9. Printing and Publishing the *Trendsetter* Magazine, a publication meant for the youth and containing information, education and communication about HIV/AIDS and other youth matters. The target group was 14 to 19 years old.
10. Provision of “edu-entertainment” or “edutainment”, a relaxation style of fighting against vices through the use of entertainment for education.
11. Increased provision of general HIV/AIDS funding from Government, other countries and international Organisations.
12. HIV/AIDS Statistical Figures as strategy for stressing the problem: Africa had 28, 500, 000 people living with HIV seconded by South East Asia with 5, 600, 000 people, New Zealand and Australia has 15, 000. Other statistics show that every day 25 percent of the youth below 24 years were getting infected (UNAIDS, June 2000).

However, as stated earlier, the role of the strategies and tactics in HIV prevention had been grossly underestimated and many of these, it was said, were culturally inappropriate (*HIV/AIDS Communication Strategies: Bibliographic database; International, health and disability information*, p1 of 1, April 2005).

This research also found that some strategies and tactics were being deemed inappropriate and these included use of the condom (both male and female). The resistance to their use came from some Opinion Leaders of both Chelstone and Chipata communities. The leaders said they believed that the condom impacted on the youth negatively in that it carried the idea that as long as the condom was used, no HIV would be transmitted and that there was nothing morally wrong with it.

It, as it were, became a licence to recklessness: that, “sleeping around was fine provided the

condom was constantly used!” Such a conclusion would, if it arose, clearly be a serious dysfunction in the struggle against the disease.

Organisations involved in the promotion of the condom were urged by respondents in the study to minimise their stress on it and to, if possible, eventually stop marketing it if positive results were to be seen in the fight against HIV/AIDS. That “sleeping around was fine provided the condom was constantly used!” This was a wrong conclusion from a message designed to fight a difficult battle.

3.2.2 UNICEF HIV/AIDS strategies and tactics

The UNICEF report indicated that existing HIV/AIDS strategies and tactics were based on “Health education that used behaviour change methods that were suited to complex diseases,” (“Starting a Social Movement to know your status, July Paper, 2004”).

The *Global HIV Prevention Working Group, August 2006. UNICEF*, referred to HIV prevention research mentioning male circumcision, cervical barriers, pre-exposure prophylaxis with antiretrovirals, herpes suppression, microbicides and HIV/vaccines as some of the strategies and tactics that research was concentrating on (August 2006). It also summarised the state of HIV prevention research, and made recommendations to speed up research on new HIV treatment methods, and ensured rapid access to new tools and strategies as soon as they were proven effective.

A publication entitled, *UNZA School of Medicine: HIV/AIDS: June 1999* carried a paper entitled, “Ignorance, denial, fear and violence: stigmatisation and discrimination in African communities AF-AIDS, June 30, 1999” that talked about reduction in stigmatisation, increase in education and reduction of violence as strategies in the prevention of HIV/AIDS.

UNICEF also cited the Lusaka’s Bauleni Self-help Women’s Support Group (BSWG) whose members shared their experiences (www.unza.schoolofmedicine.com) with their communities about Voluntary Counselling and Testing (VCT) and other roles to their communities. This was

an effective strategy to eradicate HIV/AIDS.

UNICEF provided a publication entitled, *New Horizons and Challenges in Communication for Social Change, May 2006 Workshop Report*, edited by Ailish Byrne, that used youth facilitators and peer educators from two districts, Kabwe and Kapiri-Mposhi. The youth belonged to among other organisations, Network of Zambian People Living with HIV and AIDS (NZ+), Student Partnership World Wide (SPWW), Youth Friendly Health Services (YFHS) and the District AIDS Task Force (DATF). These were key players because they had the ability to spark community dialogue thus able to reach the youth through out the district and beyond. The group stressed on dialogue, mass education, HIV/AIDS campaigns strategies and tactics that were community-oriented. UNICEF had used these strategies since 2003 using, youth-to-youth dialogue and youth-to-adult dialogue within communities (2003).

The UNICEF Zambia Unpublished Reports on CFSC Workshops and Activities (2005/6), stressed strategies and tactics of sensitisation of local communities about HIV/AIDS through drama, poems, dances and sports; Voluntary Counselling and Testing (VCT) and forming Youth Friendly Corners that lobbied for collective action and service.

The UNICEF Paper (2004) on communication for social change placed the community that comprised children, women and adolescents at the centre of the circle of the fight against HIV/AIDS with outside stakeholders being e.g. UNICEF, government, corporate bodies etc. The outside stakeholders responded and contributed to the community's vision of possible solutions by providing technical, financial support and understanding skills.

A UNICEF Paper entitled, "Social Change Communication in Zambia, Working at a Scale" (29 July 2005) stated that what was required was the strategy of modelling of the behaviour of outsiders as role models (e.g. footballers, pop stars etc.) for promoting the behaviour of insiders, community members and local leaders.

UNICEF had used Paulo Freire's (1970) ideas to produce a paper that conceived communication in the fight against HIV/AIDS as a strategy that fostered dialogue and participation. It was a

cyclical process of information sharing leading to mutual understanding, agreement and collective action (UNICEF, 2005).

3.2.2 Society for Family Health (SFH)

The Society for Family Health produced a paper entitled, “SFH-2006 Population Services International,” (PS, Zambia page), that contained strategies of social marketing of products such as Voluntary Counselling and Testing (VCT) as well as Abstinence, Being Faithful and Condom use (ABC). It, in addition, mentioned the strategy that emphasised on the need for knowledge about delaying onset of sex as a tactic in the prevention of HIV/AIDS disease. All these were associated with behaviour change campaigns.

With regard to the strategy and tactic of the condom, an article entitled, “AIDS 2001,” SFH, revealed a dominant trend of having a significant decline in HIV infection and risk behaviour in Zambia based on evidence of decline in HIV prevalence in 15-19 years of age group, (Society for Family Health, 2005/6).

In the absence of much literature from the Society for Family Health (SFH), the researcher relied upon the interviews with two Communication Assistants from the organisation: Salome Namutami-Nyirongo and Kelvin Sakala. Kelvin and Salome (July 2005), Society for Family Health (SFH) Communication Assistants, explained that the SFH had disseminated information on the strategies and tactics of Abstinence, Being Faithful and Condom use (ABC). They emphasised that only institutions and organisations were being targeted except for schools at all levels.

The preventive strategies and tactics of Abstinence, Being Faithful, Condom use and advocacy on Voluntary Counselling and Testing (VCT) were the main works of the SFH at the time of writing. In addition, the problem of Mother-to-Child Transmission (PMTCT) of HIV took a prominent role in the work programme of the SFH. The organisation’s mission and vision is as follows:

To improve the health status of Zambians using social marketing techniques to increase demand

for access to use of essential health products and services (SFH, July 200).

Kelvin and Salome (2005) reported that the SFH targeted the following organisations and individuals over the years: uniformed people such as the police and security wings, fishermen/fish-mongers, transporters such as bus drivers, truckers, taxi drivers, locomotive drivers, mini-bus drivers, migrant workers and commercial sex workers through a wing of SFH called Corridors of Hope.

The report said SFH used the following specific strategies and tactics:

1. Face-to-Face communication in groups of 0-3. The reason being:
 - i) Messages display deeper impact in fewer people.
 - ii) A whole package is given with less disturbances or distractions.
2. Brochures, leaflets and flyers because they are very easy to read in any place and at any time.
3. Public address/balanced approach, giving out messages on Abstinence, Being Faithful and Condom use (ABC).
4. Mass approach; having a group of 8 people or more listening to messages and being educated and informed about how they should protect themselves against HIV/AIDS.
5. Provision of mobile video vehicles to show condom use and other messages to the people.
6. A free environment is provided in which the target feels at ease.
7. Creation of dance drama groups to edu-entertain people.

The Society for Family Health Communication Assistants reported that all these strategies and tactics had been successful in Lusaka (SFH Report, 2006). Unfortunately, the researcher was not afforded with more documents that reported on the strategies and tactics.

3.3 Chapter conclusion

All in all, none of the authors in the review tried to comprehensively assess the strategies and tactics used in the fight against HIV/AIDS in Zambia. The following has outlined the methodology in the study.

CHAPTER 4

METHODOLOGY

4.1 Introduction

The study employed both quantitative and qualitative approaches to research. The approaches involved a study of documents by the Commonwealth Youth Programme Africa Centre (CYPAC) and allied organisations to find out more about the Commonwealth Youth Programme (CYP) and its activities and a short survey using questionnaires was also done on the youth to assist in the assessment of HIV/AIDS strategies and tactics and another quantitative survey to determine the benefits of the CYP and its collaborating partners and the communities from the communication strategies and tactics under the study.

Furthermore, a number of in-depth interviews were carried out with senior officers at CYP, UNICEF, and Society for Family Health (SFH) and Lusaka District Health Management Team (LDHMT) to assist in the assessment of the strategies and tactics. The questionnaires, in-depth interviews and participatory observation were among the tools used.

4.2 Methods

4.2.1 I. Participant observation

Here, the researcher sought to understand what was physically seen and he applied the observation technique to examine attitudes, values, behaviours and appearance of populations under study.

4.2.2 II. Document research of secondary data

- (a) In a study of documents/reports of the Commonwealth Youth Programme (CYP) and related organisations, the CYP was chosen because of the reasons given in Chapter 1, and also for reasons of proximity to the place of academic study.
- (b) For the chosen organisation, there was a general evaluation/assessment of strategies and tactics of fighting against HIV/AIDS.

4.2.3 III. Quantitative survey

A survey was made on 100 youths who had been part of the Commonwealth Youth Programme (CYP) HIV/AIDS outreach/programme.

The researcher administered 50 questionnaires to Chelstone Clinic and the other 50 questionnaires to Chipata Clinic that used both open and close-ended questions to allow the respondents to express their thoughts freely and spontaneously in English or through an interpreter. Some of the questionnaires were self-administered. The researcher assisted in explaining any misunderstandings.

4.2.4 IV. In-depth interviews

Six main respondents from the two clinics were interviewed. During the interviews, the Researcher noted verbal and non-verbal expressions of the respondents so that accurate answers were registered. Individuals interviewed were:

- a) The Regional Director associated to CYP (RD).
- b) The CYP Senior Programme officer (SPO).
- c) Ms. Grace Mfuno and Mr. Andy Mwale, CYP Youth Ambassadors for Positive Living (YAPLs).
- d) Ms. Eugenia Temba, UNICEF Advocacy/External Relations.
- e) Mr. Sakala Kelvin and Mrs. Namutami-Nyirongo Salome, Communication Assistants, Society for Family Health,
- f) Mr. Patrick Mumba, Opinion Leader/Chairperson, Neighbourhood Health Committee (NHC), Mr. Saambo Lubasi, Peer Educator, Ms. Rose Zulu, Facilitator/Psycho-socio Counsellor (Peer Education), Mrs. Patricia Malambo, Sister-in-Charge/Mid-Wifery, PMTCT, Chelstone Clinic and Mr. Robert Tembo, Opinion Leader/Chairperson, Neighbourhood Health Committee (NHC), Ms. Febby Witi, Assistant Coordinator, Peer Education, Mrs. Jean Mungu, Sister-in-Charge/Mid-Wifery, PMTCT, Chipata Clinic, (Lusaka District Health Management Team, LDHMT).

4.2.5 V. Sampling

- (a) For the 100 survey questionnaires, the youth population in two townships, Chelstone and Chipata in Lusaka that the Commonwealth Youth Programme (through her cooperating partner, Lusaka District Health Management Team, LDHMT) worked with were selected. Then stratified random/accidental samples of the populations were taken in consideration of age and sex.
- (b) Community populations were used, for instance, the populations of the catchments areas of Chelstone Clinic and Chipata Clinic. The population figures were 86,376 and 130,000 for Chelstone and Chipata compounds respectively. Based on the population information, the sample size was then decided upon.
- c) A stratified quota /accidental sample of 50 youth with one adult (above 35 years old) under peer education was also taken at Chelstone Clinic, the same number of 50 youth with two adults (above 35 years old) under peer education was also taken at Chipata Clinic, see the table below. Each community was divided into Zones:

Chelstone Clinic – 9 Zones and Chipata Clinic – 10 Zones. The concentration was on the youth from Zone 1 that was surrounding the Clinic. The average population figures for Zone 1 were 5,500 and 6,161 respectively.

Table: 1 Sample sizes

SAMPLE NO.	CATEGORY	POPULATION	SAMPLE SIZE
1 (Chelstone)	15-35 Year olds	86 376 Catchment area	50 Peer Education
		5 500 Zone 1	youth
2 (Chipata)	15-35 Year olds	130 000 Catchment area	50 Peer Education
		6 161 Zone 1	youth

4.3 Data collection

Data collection was done in all areas that supported the research questions indicated in chapter 1. The procedure of data collection was as follows:

a) Primary data

- i) Carried out In-depth interviews that were a mixture of explorative or informal, directional/non-directional in nature.
- ii) The in-depth Interviews with two Assistant Communication Officers were carried out at the Society for Family Health (SFH).

b) Secondary data

- ii) Examined the Commonwealth Youth Programme (CYP) records to find out how the fight against HIV/AIDS started and progressed through the years.
- iii) Reviewed CYP literature on strategies and tactics to fight against HIV/AIDS.
- iv) Selected UNICEF, Chelstone Clinic and Chipata Clinic (belonging to Lusaka District Health Management Team) and Society for Family Health (SFH) in order to bring out their involvement by looking at their HIV/AIDS budgets and strategies and tactics in the last three years. However, budgets were difficult to obtain from UNICEF, the Lusaka District Health Management Team (LDHMT) and Society for Family Health (SFH) due to their restrictive policy with outside researchers.

4.4 Methods of data analysis and interpretation

The data was pre-coded before feeding it into the Statistical Package for the Social Sciences (SPSS) programme. To summarise and organise data, descriptive statistics that included cross-tabulations and, frequencies were employed.

4.5 Limitations of the study

There were a number of limitations during the process of data collection and preparation of this work. Some of the limitations encountered were as follows:

- 4.5.1 Language was sometimes a serious barrier. A few respondents did not understand

English but could speak or understand either Cinyanja or Cibemba. The labour of interpreting languages somehow presented a problem particularly in view of the technical and scientific nature of matters under discussion.

- 4.5.2 The issue of associating a Researcher to money sometimes led to a lot of delays in trying to convince people to answer research questions. Most respondents wanted to be paid before attempting to answer any questions. One hopes that the desire for money did not adversely affect the responses given to the researcher who could not pay the respondents.
- 4.5.3 The Researcher was sometimes suspected of belonging to 'a Satanist Cult.' Thus many respondents tried to avoid being asked questions for fear of being recruited. Such suspicions abounded in Zambia of 2006.
- 4.5.4 Married women were sometimes seen to be very reluctant to answer questions freely out of fear that their husbands would reprimand them.
- 4.5.5 Some respondents were not ready to reveal their true identity and situation thereby raising a possibility that false information may sometimes have been given out.
- 4.5.6 Some of the respondents did not seem to have enough time to answer questions. No benefits were overtly visible in doing that.
- 4.5.7 The sample size was small due to limited time and condition of the Researcher.

4.6 Chapter conclusion

The chapter discussed the methodology used in the collection of data during the research period. Instruments and techniques like observation and reading of various documents; in-depth interviews, questionnaires, and sampling were all used and they proved very effective in this research. Finally, the obstacles or challenges of this research have been outlined.

CHAPTER 5

RESULTS OF THE QUANTITATIVE SURVEY: FINDINGS AND INTERPRETATIONS

5.1 Introduction

The following are the results of the survey of the two communities surrounding the two clinics mentioned earlier. Sections 5.2.1 to 5.2.8 are based on frequency tables while 5.2.9 to 5.2.44 are based on cross-tabulation statistics.

Further, a reference to the three (3) main objectives of the study below has been made:

- a) Find out about what the Commonwealth Youth Programme (CYP) and her Cooperating Partners have been doing to solve some of the HIV/AIDS communication problems of the youth in Zambia.
- b) Find out what HIV/AIDS strategies and tactics have been/or being employed by the CYP and her Cooperating Partners to try to combat HIV/AIDS pandemic.
- c) Analyse the above with a view to making recommendation for better communication performance.

An examination of both Chelstone Clinic and Chipata Clinic brings out information about the youth, mainly between the ages of 15 and 35 years of age, (although they were one or three above 35 years) and how they responded to the 44 questions to help assess existing strategies and tactics for young people towards “an anti-HIV/AIDS campaign programme” that is linked to the Commonwealth Youth Programme (CYP). Here below, are the findings and interpretations.

5.2 Findings and Interpretations

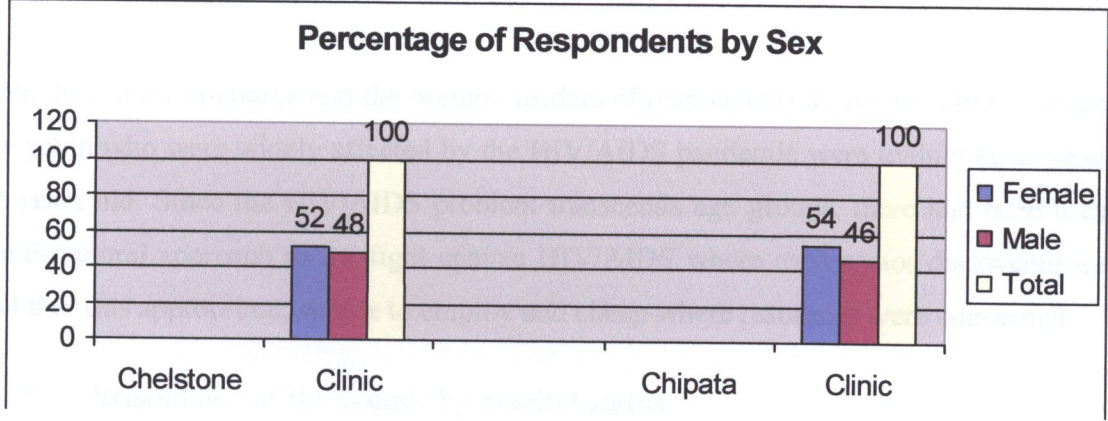
5.3 Breakdown of the sample by sex

As chart 1 below shows, 52 percent of respondents were female and 48 percent male youth. Respondents participated in the answering of the Questionnaire at Chelstone Clinic (see chart 1

below). On the other hand, 46 percent of the respondents were male and 54 percent female at Chipata Clinic (see chart below).

These were the youth who normally attended Peer Education Counselling Sessions every Monday and Wednesday of the week. Chelstone had two more males answering the questions while Chipata had two more females answering the questions than Chelstone. There were two more females in both samples for one reason; more women went for Peer Education Counselling sessions than males in both clinics.

Chart: 1 Respondents' per centre n = 50

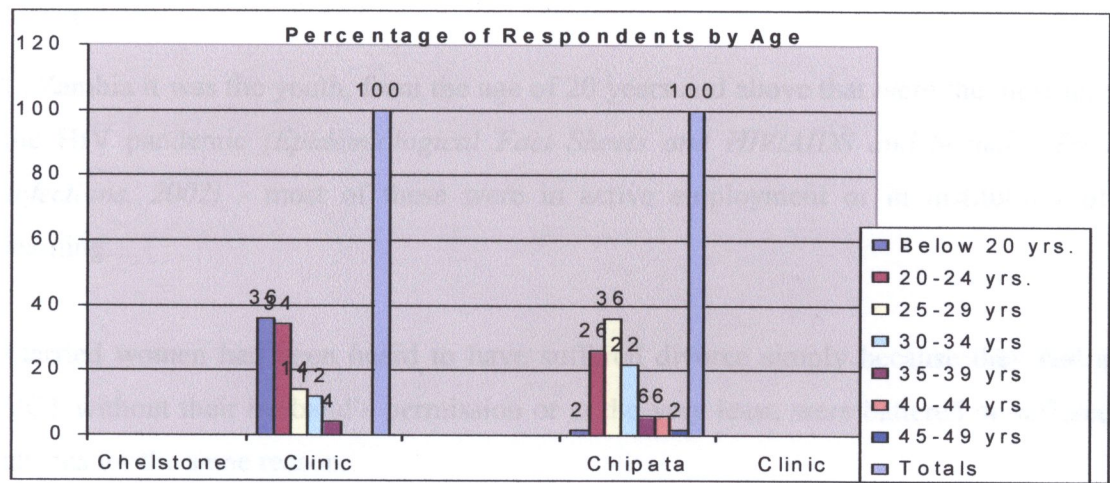


The survey questionnaire was given out to any youth who came first at the Peer Education Office.

5.2.2 Breakdown of the sample by age

At Chelstone Clinic the highest number of respondents came from the 24 year olds and below (see chart 2 below). The age bracket of up to 34 years old had a total of 96 percent as shown on the chart: 2 below. The data for Chipata Clinic showed that those aged between 20-34 years age group who participated in the research comprised 84 percent of the respondents. In both cases the age groups 34 years and below represented the majority of the sample.

Chart: 2 Respondents' per centre n = 50

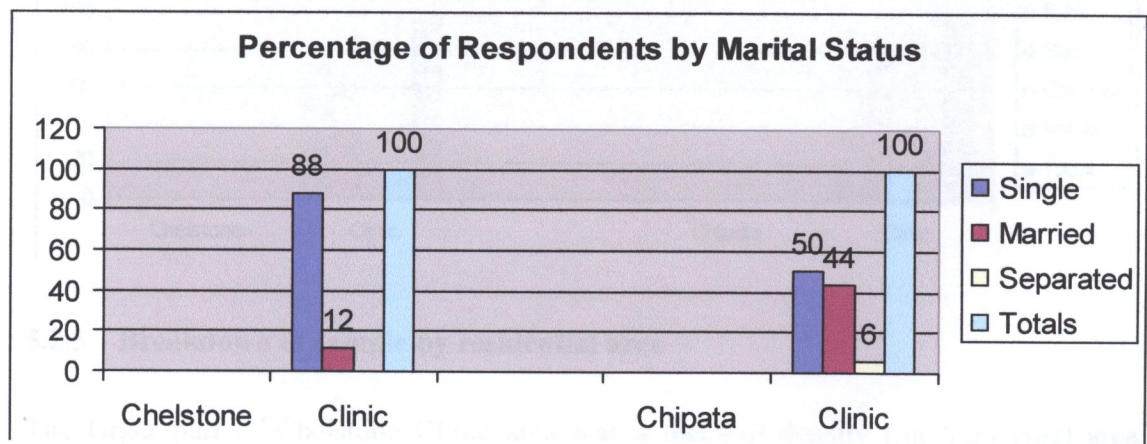


Both the nurses-in-charge and the opinion leaders of respondents at the two clinics observed that the youth who were widely affected by the HIV/AIDS pandemic were mainly aged between 20-34 years old. Since the HIV/AIDS problem transcends age groups, there had been a call for a multi-sectoral approach to the fight against HIV/AIDS where each sector discovered a strategy and that was appropriate, simple to employ and cheap where resources were concerned.

5.2.3 Breakdown of the sample by marital status

Chelstone Clinic as chart: 3 below shows had 88 percent of the youth who were single and 12 percent who were married.

Chart: 3 Respondents per center n = 50



It also shows that 50 percent of Chipata Clinic youth were single, 44 percent of them were

married and 6 percent were separated from their spouses.

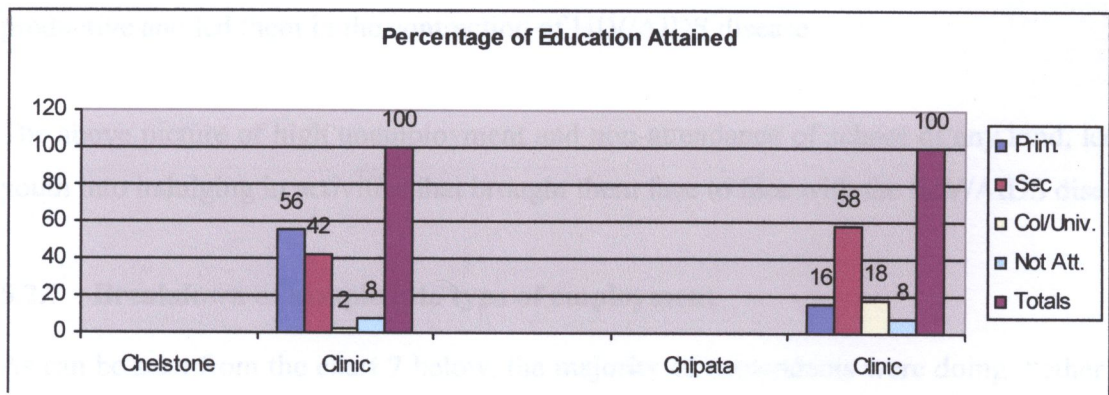
In Zambia it was the youth, from the age of 20 years and above that were the most infected by the HIV pandemic (*Epidemiological Fact Sheets and HIV/AIDS and Sexually Transmitted Infections, 2002*) - most of these were in active employment or in institutions of higher learning.

Married women had been heard to have suffered divorce simply because they had attended VCT without their husband’s permission or at the very least, were battered or suffered verbal attacks for the same reason.

5.2.4 Breakdown of sample by level of education

Chart: 4 below shows that at Chelstone Health Clinic (CHC), 56 percent of the respondents had attended secondary school education, 42 percent had attended higher secondary school but only 2 percent had attended college/university. At Chipata Health Clinic 58 percent respondents had attended secondary education, 18 percent had attended College/University education, 16 percent primary education and 8 percent had not attended any school.

Chart 4 Respondents’ per centre n =50

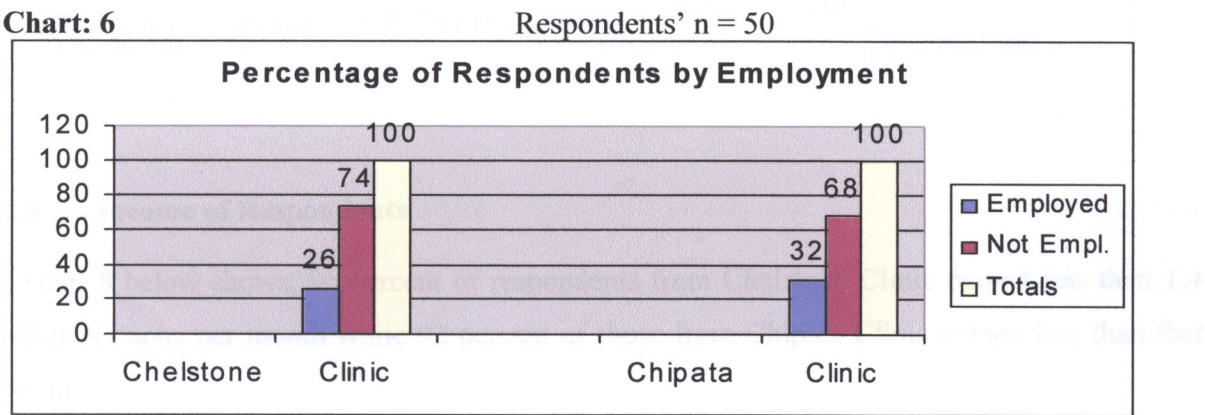


5.2.5 Breakdown of sample by residential area

The larger part of Chelstone Clinic area was a medium density (medium cost) area while Chipata Clinic area was wholly located in a high density (low cost) area.

5.2.6 Breakdown of sample by employment

The findings indicate that Chelstone Clinic had 26 percent of the respondents employed and the remaining 74 percent were involved in informal jobs such as selling second-hand clothes and other vending jobs. On the other hand, the Chipata Clinic had 32 percent of the respondents employed while 68 percent were not (see chart: 5 below).



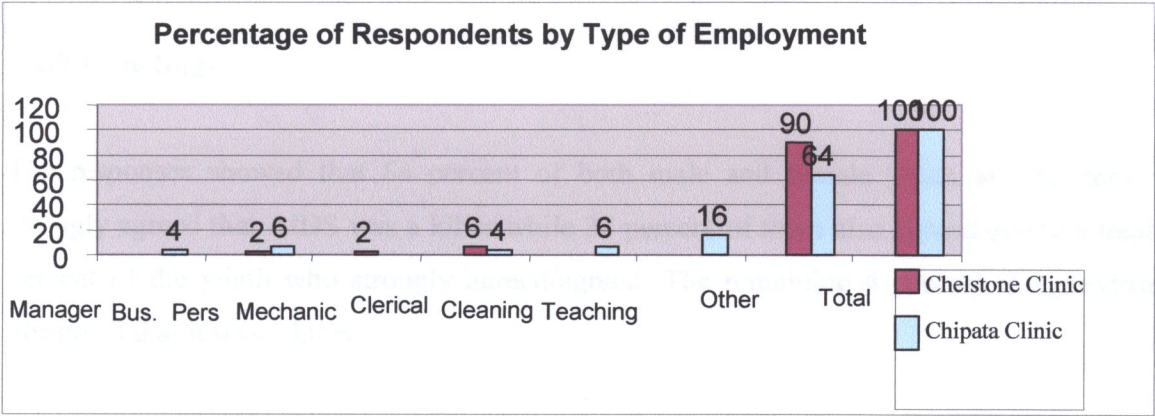
The condition of being employed was very crucial in the fight against HIV especially among the youth because it enabled people to access resources necessary for treatment, or prevention. It had also been reported that idleness led youth to engage in activities that were counter-productive and led them in the contraction of HIV/AIDS disease.

The above picture of high unemployment and non-attendance of school of any kind, led many youth into indulging in activities that brought them face to face with the HIV/AIDS disease.

5.2.7 Breakdown of sample into type of employment

As can be seen from the chart 7 below, the majority of respondents were doing “other jobs” - generally low paying jobs such as being casual workers or self-employed.

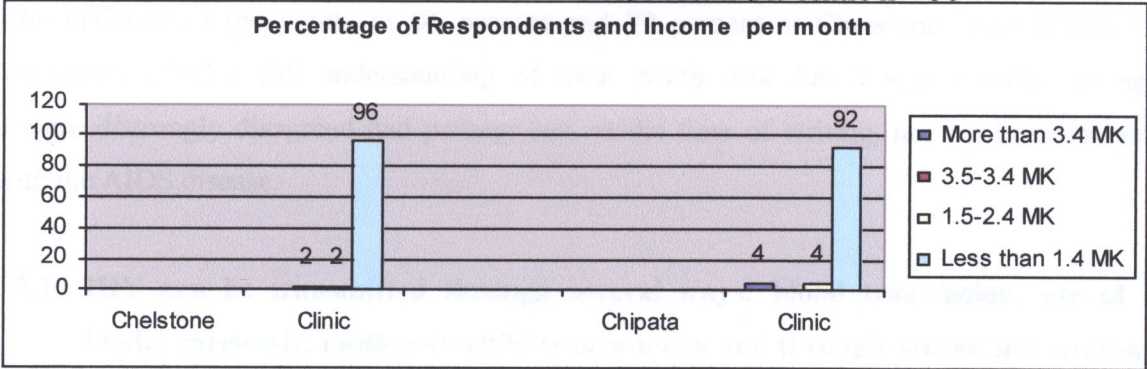
Chart: 7 Respondents' per centre n = 50



5.2.8 Income of Respondents

As chart 8 below shows, 96 percent of respondents from Chelstone Clinic earned less than 1.4 Million Kwacha per month while 92 percent of those from Chipata Clinic earned less than that amount.

Chart: 8 Respondents per centre n = 50



Having written briefly about the independent variables such as sex, age, marital status, education, residence, employment status and the type of employment the youth were involved and income earned, the researcher now turns to other questions on the assessment of strategies and tactics.

5.2.9 “AIDS is a killer disease that has no cure at the moment”

The purpose of asking respondents to react to this statement was to assess the extent to which the

youth understood HIV/AIDS as a disease and as a pandemic.

5.2.9.1 Findings

The responses showed that 64 percent of both male and female youth at Chelstone Clinic strongly agreed that AIDS was a killer while 32 percent of them also agreed giving a total of 96 percent of the youth who strongly agreed/agreed. The remaining 4 percent disagreed/strongly disagreed that it was a killer.

At Chipata Clinic, a total of 72 percent of both male and female youth strongly agreed/agreed that AIDS was a killer while 2 percent remained neutral and the other 2 percent strongly disagreed that AIDS was a killer.

5.2.9.2 Analysis and Interpretation

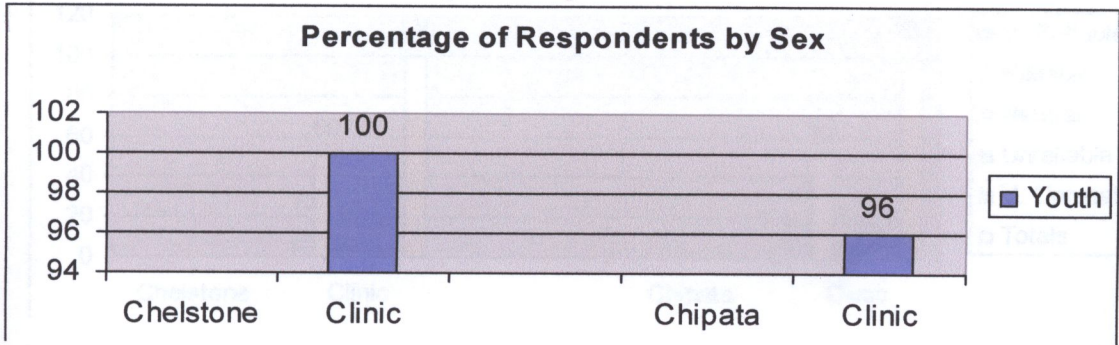
The majority of the youth, or 96 percent and 72 percent at Chelstone and Chipata Clinics respectively, had a full understanding of what AIDS was that it was a killer. Those who disagreed/strongly disagreed had perhaps not, at the time of writing, not yet been face-to-face with the AIDS disease.

5.2.10 HIV can be transmitted through several ways: blood transfusion, use of razor blades carelessly, mother-to-child transmission and through sexual inter-course

5.2.10.1 Findings

Chart: 10

Respondents per centre n = 50



At Chelstone Clinic 100 percent of the respondents understood the paths of HIV/AIDS transmission while Chipata Clinic showed a high of 96 percent of youth that understood the paths of HIV/AIDS transmission.

5.2.10.2 Analysis and Interpretation

The result indicated that the youth had no problem with the understanding of HIV/AIDS transmission paths.

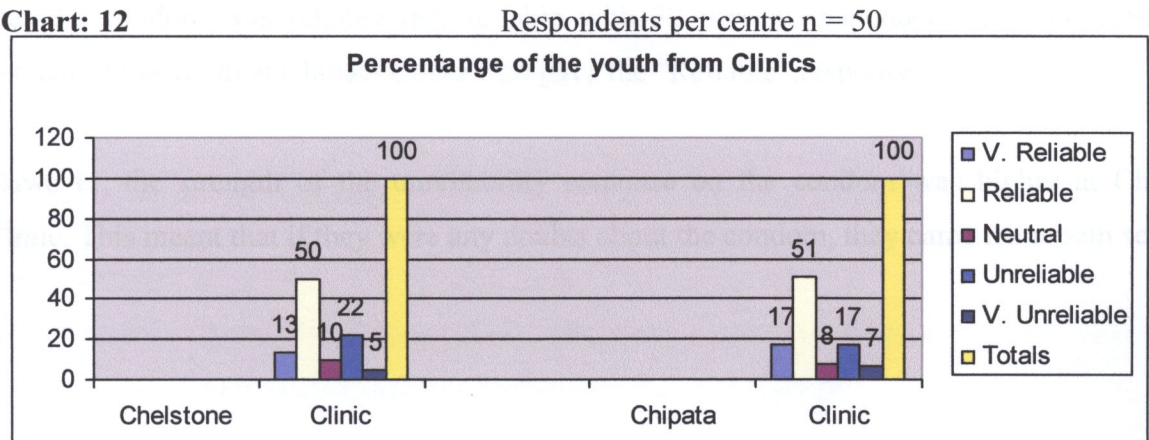
5.2.11 What do you think about the value of condoms? And,

5.2.12 Women do not know that the use of a female condom actually empowers them to negotiate equally with their male counter-parts.

The above two questions concentrated on the “Assessment of Anti-HIV/AIDS campaign strategies for young people used by the Commonwealth Youth Programme, (CYP)” and the answers were very similar.

In the diagram below, “condom” included the female condom or femidom although more emphasis was placed on the male condom.

5.2.12.1 Findings



As chart: 12 above shows, out of a sample of 50 respondents at Chelstone Clinic, and the same number at Chipata Clinic, a total of 63 percent of the youth respondents at Chelstone Clinic indicated that the condom was a very reliable/reliable strategy and tactic in the fight against HIV/AIDS. At Chipata Clinic, 68 percent of the youth indicated that the condom was very reliable/reliable in its use.

Some additional data at Chelstone Clinic showed that 13 percent of the youth thought the condom was very reliable, 50 percent reliable, 10 percent remained neutral, 22 percent unreliable and the remaining 5 percent, very unreliable.

At Chipata Clinic, the response from the youth showed 17 percent thought that it was very reliable, 51 percent reliable, 8 percent neutral and 17 percent unreliable and the remaining 7 percent unreliable.

However, at Chelstone Clinic, a total of 27 percent of the youth said that the condom was unreliable/very unreliable while at Chipata Clinic, a total of 24 percent of the youth thought that it was unreliable/very unreliable in the fight against HIV/AIDS. The remaining 18 percent of the two groups remained neutral.

5.2.12.2 Analysis and Interpretation

The responses revealed that the condom (especially the male condom) was still favoured by the youth. The percentages showed that at Chelstone Clinic the youth were not strong in revealing that the condom was reliable/very reliable with 32 percent respondents as compared to 34 percent of the youth at Chipata Clinic who gave the “Reliable” response.

However, the strength of the unreliability response on the condom was higher at Chelstone Clinic. This meant that if they were any doubts about the condom, they came from both sexes.

5.2.13 What do you think about the value of Abstinence as a message of prevention and protection against HIV/AIDS pandemic?

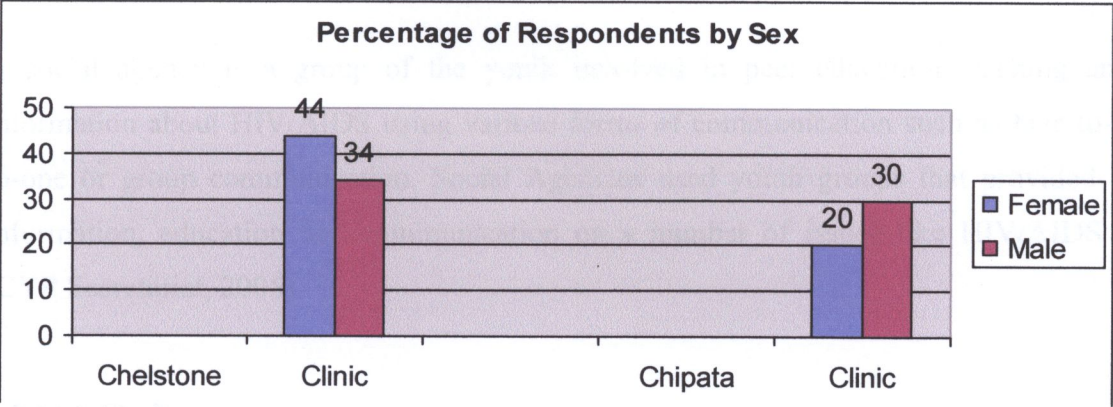
5.2.13.1 Findings

As shown on chart 13 below, Chelstone Clinic had 44 percent of the female and 34 percent of the male respondents who indicated that the message of Abstinence was very reliable while, at Chipata Clinic, 30 percent of the male and 20 percent of the female respondents indicated that they thought Abstinence was very reliable. The other data showed that Chelstone Clinic had 10 percent of the male youth who indicated Reliable and 4 percent of the female youth supported the assertion.

At Chipata Clinic, 16 percent of the female youth and 8 percent of the male youth indicated reliable. At Chelstone Clinic, the remaining 4 percent of the female youth indicated unreliable and 2 percent of the males indicated very unreliable.

At Chipata Clinic, 10 percent of the females indicated unreliable while 2 percent of them indicated very unreliable. Only 4 percent of the male youth indicated very unreliable response.

Chart: 13 Respondents per centre n = 50



A total of 92 percent and 74 percent for Chelstone Clinic and Chipata Clinic respectively indicated that Abstinence was very reliable/reliable

5.2.13.2 Analysis and Interpretation

At Chipata Clinic, a total of 74 percent supported the strategy of Abstinence. Only 6 percent at Chelstone Clinic seemed not to be in favour of Abstinence as a protective and prevention tactic against HIV. At Chipata Clinic, a total of 16 percent of the youth indicated unreliable/very unreliable. Finally, 2 percent were neutral at Chelstone Clinic and the other 2 percent remained neutral at Chipata Clinic.

Chart: 13 above clearly showed that Chelstone Clinic youth were very strong in revealing that Abstinence was very reliable in sex issues with a total of 78 percent while Chipata Clinic showed only 50 percent in support of the tactic. However, the higher percentages at Chelstone Clinic were due to the fact that most of the respondents were single while Chipata Clinic had the majority of the youth in marriage in which case Abstinence was not an issue to worry about.

The interpretation of the data above brought total figures of 92 percent and 74 percent at Chelstone Clinic and Chipata Clinic respectively for the very reliable/reliable responses coming more from the females rather than from the men. The responses became very significant in this case; Abstinence had been picked as one of the cheapest, in fact free anti-HIV/AIDS strategies available at the time, being rated as the best strategy and tactic for the youth.

5.2.14 Indicate the extent to which social agencies use the abstinence approach to HIV/AIDS prevention?

A social agency is a group of the youth involved in peer education teaching and sharing information about HIV/AIDS using various forms of communication such as face-to-face, one-to-one or group communication. Social Agencies used youth groups that provided life skills, information, education and communication on a number of issues like HIV/AIDS pandemic (CYP Secretariat, 2005).

5.2.14.1 Findings

From a total of 50 respondents, Chelstone Clinic had 54 percent of both female and male youth who indicated that social agencies very frequently/ frequently used the Abstinence approach

while Chipata Clinic showed 50 respondents with a total of 66 percent of the youth who indicated that Social Agencies very frequently/frequently used Abstinence tactic in the fight against HIV/AIDS.

However, 16 percent of Chelstone Clinic youth indicated that they did not know and 20 percent from Chipata Clinic had the same view. Further, a total of 30 percent of the Chelstone Clinic youth indicated that social agencies were rarely/very rarely in support of Abstinence. The Chipata Clinic youth seemed to have a similar perception; a total of 24 percent of the youth indicated the same response.

5.2.14.2 Analysis and Interpretation

It was clear that the anti-HIV/AIDS strategy in question was fairly recognised and seemed not to impact effectively on the youth of the two clinics. This meant that either the social agencies were not very active in the two areas or that the respondents themselves did not know the connection between the message of abstinence and social agencies. Lastly, the youth at Chipata Clinic showed a slight awareness that social agencies supported abstinence more than Chelstone Clinic youth.

5.2.15 Extent to which educational institutions use the Abstinence approach in the fight against HIV/AIDS pandemic.

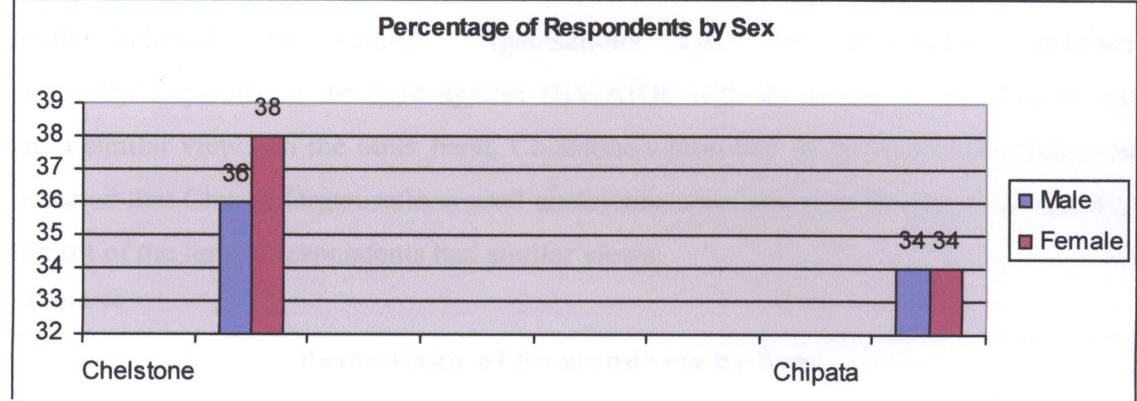
The role of Educational Institutions such as schools, colleges and universities in the fight against HIV/AIDS was very essential in that these institutions were pools of knowledge that covered dissemination of information on any subject and educated the youth in the sharing of educational knowledge through communication.

5.2.15.1 Findings

As shown on chart: 15 below, 34 percent of the male youth at Chipata Clinic indicated that Educational Institutions used abstinence very frequently/frequently to communicate with the

youth on HIV/AIDS with the same percentage going for the female youth. At Chelstone Clinic, 38 percent of the female youth indicated that Educational Institutions used abstinence very frequently/frequently to communicate with the youth with 36 percent of the male youth that indicated the same response.

Chart: 15 Respondents per centre n = 50



However, Chipata Clinic had 22 percent of the youth who indicated that they rarely/very rarely used abstinence and 10 percent indicated that they knew nothing. Chelstone Clinic had 20 percent of the youth that indicated educational institutions rarely/very rarely used abstinence in communicating with the youth on HIV/AIDS. Only 6 percent indicated that they knew nothing

5.2.15.2 Analysis and Interpretation

The overall picture was that there were more female youth than male youth who supported the abstinence strategy especially at Chelstone Clinic. A good percentage of the youth, that is 68 percent and 74 percent at Chipata Clinic and Chelstone Clinic respectively, seemed to know the importance of the Educational Institutions in the dissemination of Abstinence, Being Faithful and Condom use (ABC) messages. In addition, what mattered was perhaps the knowledge and how it was disseminated and if the youth, male or female, understood it.

5.2.16 Indicate the extent to which church organisations used the abstinence approach in the fight against HIV/AIDS pandemic.

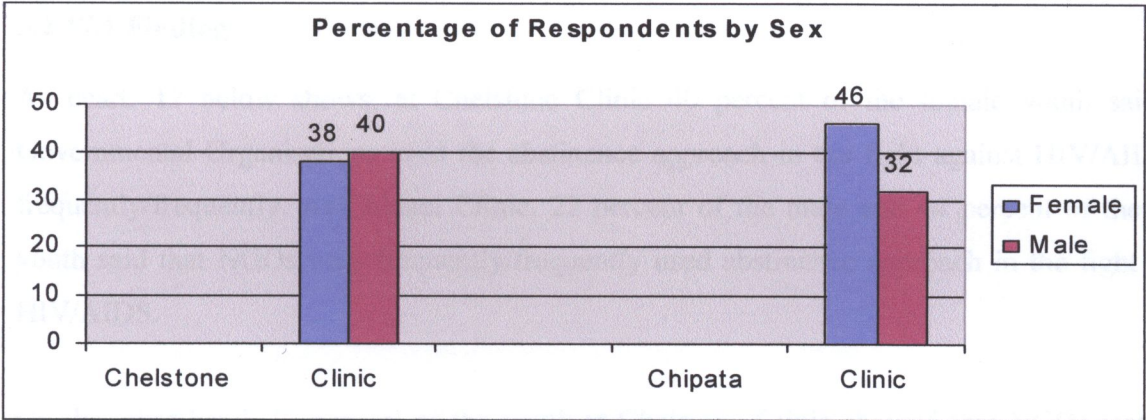
The Church Organisations’ role in the fight against HIV/AIDS had been indisputable for many years. The youth also has had a fairly good idea about the role of the church organisations in the

fight against HIV/AIDS

5.2.16.1 Findings

As shown on chart: 16 below, Chipata Clinic youth responses showed that 32 percent of the male youth indicted that Church Organisations used the abstinence approach very frequently/frequently in the fight against HIV/AIDS with 46 percent of the female youth who had a similar view. On the other hand, Chelstone Clinic had 40 percent of the male youth who indicated that Church Organisations used abstinence approach very frequently/frequently and 38 percent of the female respondents had similar views.

Chart: 16



Respondents per centre n = 50

However, at Chipata Clinic 12 percent of the male youth indicated Church Organisations rarely/very rarely used the abstinence approach and 8 percent of the female youth indicated the same response. At Chelstone Clinic, only 8 percent of the females and 8 percent of the males indicated Church Organisations rarely/very rarely used abstinence approach. The remaining 2 percent of the male youth at Chipata Clinic and 6 percent of the female youth at Chelstone Clinic did not know whether or not the abstinence approach was employed at all.

5.2.16.2 Analysis and Interpretation

In summary, a total of 78 percent of the youth at Chipata Clinic were in favour of the Church Organisation work with the youth on the abstinence approach and Chelstone Clinic also showed 78 percent in support of the female youth that had the highest overall percentage.

The high percentages above seemed to confirm the Church Organisations’ stand on sex issues in the lives of the youth. The churches had often emphasised abstinence before marriage and being faithful in marriage. So, it was not strange to observe such high percentages of the youth that supported abstinence.

5.2.17 Extent to which Non-Governmental Organisations used the Abstinence Approach in the fight against HIV/AIDS pandemic

Non-Governmental Organisations (NGOs) were sometimes referred to as social agencies that provided technical and other social skills that were sometimes referred to as life-long skills. They also provided funding to communities in urban as well as in rural areas.

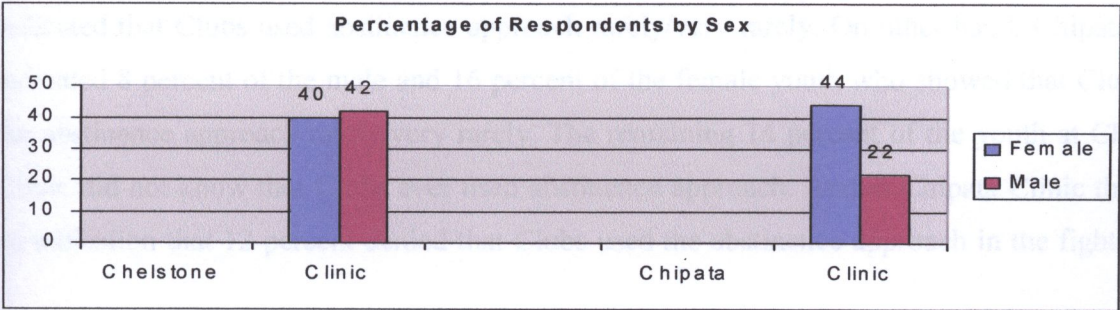
5.2.17.1 Findings

As chart: 17 below shows, at Chelstone Clinic 40 percent of the female youth said Non-Governmental Organisations used the abstinence approach in the fight against HIV/AIDS very frequently/frequently. At Chipata Clinic, 22 percent of the male and 44 percent of the female youth said that NGOs very frequently/frequently used abstinence approach in the fight against HIV/AIDS.

On the other hand, 12 percent of the youth at Chelstone Clinic showed that NGOs rarely/very rarely used abstinence approach to communicate with the youth. Chipata Clinic had 16 percent of the youth who indicated the same thing. However, 6 percent of female youth at Chesltone Clinic and 18 percent at Chipata Clinic showed that they did not know anything about the Non-Governmental Organisations in regard to the use of the abstinence approach.

The 82 percent of the youth at Chelstone Clinic and 66 percent of them at Chipata Clinic were again testimonies that the strategy was being used and more frequently at Chipata Clinic.

Chart: 17 Respondents per centre n = 50



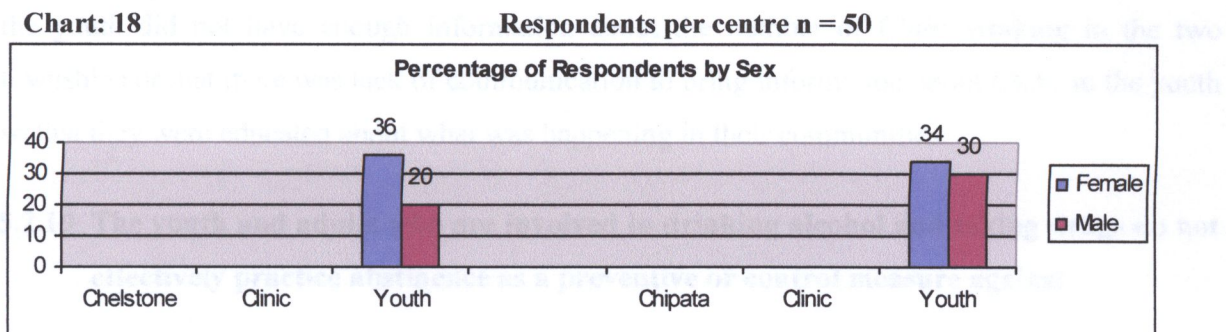
5.2.17.2 Analysis and Interpretation

The findings suggest that married youth knew more about the work of Non-Governmental Organisations than single female youth in the fight against HIV/AIDS pandemic.

The perception of the strategy of using Non-Governmental Organisations to disseminate the abstinence message was positive leaving one wishing that the trend would be encouraged more.

5.2.18 Use of Clubs in the fight against HIV/AIDS

Youth Clubs such as Anti-AIDS, Positive Living Squad (PLS), Youth Ambassadors for Positive Living (YAPL), Youth Alive Zambia (YAZ), Youth Networks (YN), Lions Clubs, and others were very important and relatively known by the youth in the fight against HIV/AIDS.



As chart: 18 above shows Chelstone Clinic had 36 percent of the female youth indicating that Clubs very frequently/frequently used abstinence approach in the fight against HIV/AIDS and 20 percent of the male youth indicated a similar response. At Chipata Clinic, 34 percent of the female youth said that Clubs used abstinence approach very frequently/frequently and 30 percent of the males supported the response.

In addition, 12 percent of the female and 18 percent of the male youth from Chelstone Clinic indicated that Clubs used abstinence approach rarely/very rarely. On other hand, Chipata Clinic indicated 8 percent of the male and 16 percent of the female youth who showed that Clubs used the abstinence approach rarely/very rarely. The remaining 14 percent of the youth at Chelstone Clinic did not know that Clubs ever used abstinence approach. And at Chipata Clinic there was an indication that 12 percent denied that Clubs used the abstinence approach in the fight against

HIV/AIDS.

5.2.18.2 Analysis and Interpretation

In summary, a total of 56 percent of the youth at Chipata Clinic knew that Clubs used the abstinence approach very frequently/frequently in the fight against HIV/AIDS. The Chelstone Clinic also reported 64 percent in total that showed the finding. At Chelstone Clinic, a total of 30 percent of the youth indicated that the Clubs rarely/very rarely used abstinence approach and Chipata Clinic had 26 percent of the youth with a similar view.

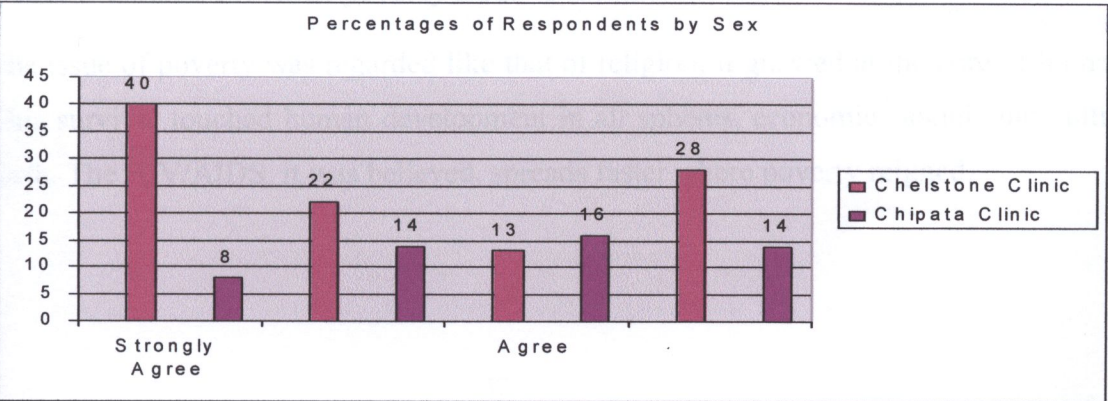
The 56 percent at Chipata Clinic and 64 percent at Chelstone Clinic, with more females in support, indicated very frequently/frequently used abstinence by Clubs, the findings showed that the youth did not have enough information about the number of Clubs working in the two townships or that there was lack of communication to bring information about Clubs to the youth so that they were educated about what was happening in their communities.

5.2.19 The youth and adults who are involved in drinking alcohol and taking drugs do not effectively practice abstinence as a preventive or control measure against

5.2.19.1 Findings

As chart 19 below shows, Chelstone Clinic had 40 percent of the female youth who showed very strongly agreed that adults and the youth who were involved in drinking alcohol and taking drugs did not effectively practice

Chart: 19 Respondents per center n= 50



abstinence as a preventive measure against HIV/AIDS. They were supported by 22 percent of the male youth. At Chipata Clinic, 28 percent of the males and 13 percent of the females said that they strongly agreed with their counterparts at Chelstone Clinic.

The remaining 16 percent of the youth at Chipata Clinic disagreed/strongly disagreed that alcohol and drug taking did not effectively practice abstinence. Another 12 percent at Chelstone Clinic supported the negative response with only 4 percent who remained neutral at Chelstone Clinic.

5.2.19.2 Analysis and Interpretation

The 84 percent of the youth at Chelstone Clinic and 71 percent at Chipata Clinic strongly agreed/agreed to the fact that the youth and adults who drank alcohol and took drugs did not effectively practice abstinence and consequently contributed to the spread of HIV. These were high percentages that showed that some thing had to be done to arrest the spread.

Further, the study showed that Chelstone Clinic and Chipata Clinic were communities that were located largely in medium to high/low-density areas respectively. The problem of drugs and alcohol could almost all the time be connected to the spread of HIV/AIDS. The reason was simple, for men and women under the influence of drugs and alcohol generally to lose their inhibition and became aggressive and abusive. They also tend to become loose, moral-wise.

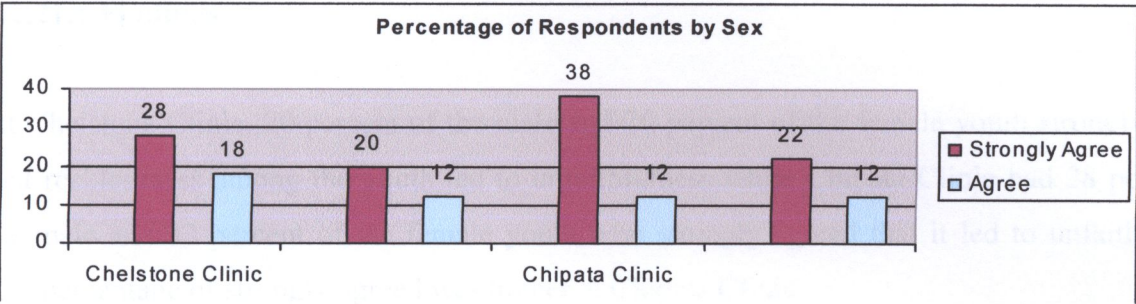
The youth were mobile, energetic and robust and they needed space to expend their energy. With these characteristics in mind, peer educators need to sit down and select the best practices to use and abstinence would, in view of the above, seem appropriate

5.2.20 Extent to which poverty leads to unfaithfulness.

The issue of poverty was regarded like that of religion; it gnawed at the core of human feelings. This survival touched human development in all spheres, economic, social, and cultural and so forth. The HIV/AIDS, it was believed, spreads faster where poverty reigned.

5.2.20.1 Findings

Chart: 20 Respondents per centre n= 50



As shown on chart 20 above, Chelstone Clinic had 20 percent of male and 28 percent of female youth who strongly agreed that poverty led to unfaithfulness in relationships while at Chipata Clinic 22 percent of male and 38 percent of female youth had the same response. The total of 48 percent and 60 percent of the youth at Chelstone Clinic and Chipata Clinic respectively strongly agreed that poverty led to unfaithfulness.

At Chelstone Clinic, a further 12 percent of the male and 18 percent of female youth agreed that unfaithfulness was caused by poverty. At Chipata Clinic, 12 percent of the male and 12 percent of the female youth agreed that poverty was a contributing factor to male unfaithfulness.

Furthermore, at Chelstone Clinic 10 percent of the male disagreed that poverty led to unfaithfulness while at Chipata Clinic, 10 percent of the female youth and only 2 percent of the male youth disagreed that it was. Only 4 percent of the youth in the two areas remained neutral on the issue.

5.2.20.2 Analysis and Interpretation

In both areas female youth were strong in asserting that poverty was the main cause of unfaithfulness.

As shown by the bar graphs above, 10 percent of the male youth at Chipata Clinic disagreed with the assertion that poverty led to unfaithfulness. The same response was shown at Chelstone

Clinic where 10 percent of the male youth disagreed that poverty led to unfaithfulness.

5.2.21 Recklessness and unfaithfulness in the fight against HIV/AIDS.

5.2.21.1 Findings

At Chelstone Clinic, 20 percent of the male and 20 percent of the female youth strongly agreed that recklessness among the youth led to unfaithfulness while Chipata Clinic had 28 percent of the male and 32 percent of the female youth who strongly agreed that it led to unfaithfulness. The percentage of strongly agreed was higher at Chipata Clinic.

In addition, 12 percent of the male and 22 percent of the female youth at Chelstone Clinic agreed that recklessness was a contributing factor to unfaithfulness. At Chipata Clinic, 10 percent of the male and 14 percent of the female youth gave the same response. In both cases, the highest percentage came from the female youth amplifying their earlier response.

Lastly, at Chelstone Clinic, a total of 8 percent of the youth disagreed/strongly disagreed that recklessness encouraged unfaithfulness and a total of 10 percent of the youth at Chipata Clinic gave the same response. The remaining 20 percent at Chelstone Clinic and 6 percent at Chelstone Clinic remained neutral.

5.2.21.2 Analysis and Interpretation

The response of the female youth was stronger against recklessness than the male youth. Females are generally more cautious in life while the males are more aggressive and less circumspect in their lives. It is important for change-agents to keep such differences in mind. Recklessness among the youth was also associated with alcohol drinking and drug abuse as explained in 5.2.17 above. However, there were no statistics to show that Alcohol and drug taking led to not being faithful. However, talking to the youth face-to-face brought out the fact that the practice of recklessness was rampant.

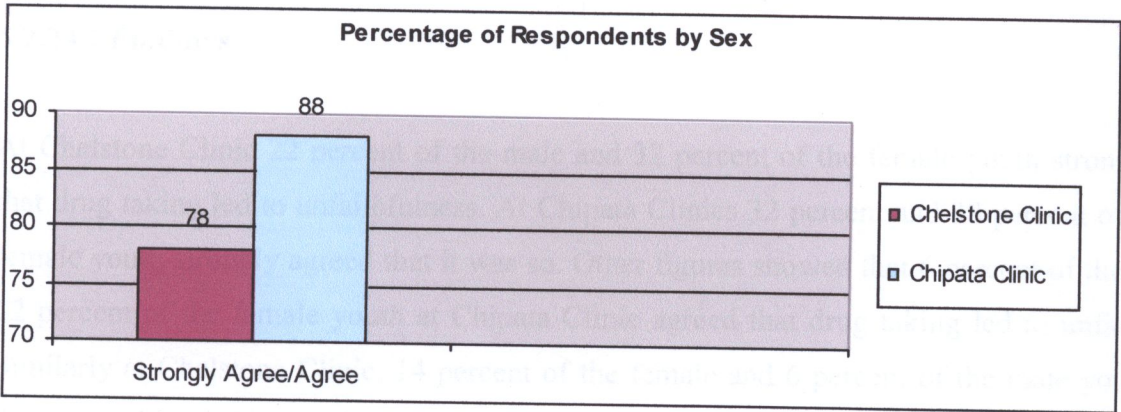
5.2.22.1 Indicate the extent to which drunkenness leads to unfaithfulness in the fight against HIV/AIDS pandemic

The recklessness behaviour discussed in 5.2.21 was related to drunkenness in the way they were looked at as social behaviours. For example, drunkenness was sometimes referred to as the cause of recklessness in certain youth.

5.2.22.1 Findings

Chart: 22 below shows that 30 percent of the male and 44 percent of the female youth at Chipata Clinic strongly agreed that drunkenness led to unfaithfulness while at Chelstone Clinic 20 percent of the male and 28 percent of the female youth strongly supported the assertion.

Chart: 22 Respondents per centre n = 50



At Chipata Clinic, 10 percent of the male and 4 percent of the female youth agreed that drunkenness led to unfaithfulness while at Chelstone Clinic 16 percent of the male and 14 percent of the female youth had the same view.

Further, the chart: 22 shows that a total of 88 percent of the youth at Chipata Clinic thought that drunkenness led to unfaithfulness while a total of 78 percent of the youth at Chelstone Clinic had the same view.

5.2.23.2 Analysis and Interpretation

The percentage totals of 76 percent and 86 percent of the youth shown on pie chart 23 above for Chelstone Clinic and Chipata Clinic respectively strongly agreed/agreed that polygamy led to unfaithfulness in the fight against HIV/AIDS. The above percentages were high that showed that the youth especially the female youth did not support polygamy. The figures that depicted neutrality and disagree/strongly disagree were so negligible to give a different interpretation.

5.2.24 Drug taking and unfaithfulness

Section 5.2.16 covered above provided an answer on drug taking. It brought out information that people involved in drug taking normally found it difficult to abstain from sex. It was also recorded that drugs and alcohol drinking formed unwanted combination for they destroyed human control.

5.2.24.1 Findings

At Chelstone Clinic 22 percent of the male and 32 percent of the female youth strongly agreed that drug taking led to unfaithfulness. At Chipata Clinics 32 percent and 38 percent of male and female youth strongly agreed that it was so. Other figures showed that 6 percent of the male and 12 percent of the female youth at Chipata Clinic agreed that drug taking led to unfaithfulness. Similarly at Chelstone Clinic, 14 percent of the female and 6 percent of the male youth agreed that drug taking led to unfaithfulness.

Furthermore, a total of 74 percent at Chelstone Clinic and 88 percent at Chipata Clinic of the youth supported the assertion that drug taking contributed to being unfaithful in their relationships.

However, 12 percent of the male youth at Chipata Clinic disagreed/strongly disagreed and it was compared to only 2 percent of the female youth who disagreed. At Chelstone Clinic, 12 percent of the male youth disagreed/strongly disagreed and 8 percent remained neutral on the subject.

5.2.24.2 Analysis and Interpretation

Again it might be deduced that female youth strongly supported the response that the male youth were culprits in the area of drug taking and therefore practiced unfaithfulness. The male youth had a high percentage where neutrality was concerned. Almost all the sections that dealt with abstinence and drug taking or alcohol or unfaithfulness in partnership, female youth had the male youth respondents on the defensive.

5.2.25 Inter-personal communication between partners is important in discussing HIV/AIDS issues especially on maintaining faithfulness.

It is believed that inter-personal communication between partners was important in dealing with HIV/AIDS issues especially in maintaining faithfulness.

5.2.25.1 Findings

At Chelstone Clinic 54 percent of the youth who had attended secondary school strongly agreed/agreed that inter-personal communication strategy was necessary in the fight against HIV/AIDS pandemic. In addition, 40 percent of those who had attended either college or the university strongly agreed/agreed that inter-personal communication were necessary in the fight and only 2 percent who had not attended school strongly agreed that the inter-personal communication was necessary in the fight against HIV/AIDS pandemic.

As shown in Table: 2(b) below, 26 percent of the youth from the Chipata Clinic who had attended primary school strongly agreed/agreed that inter-personal communication was necessary. The 48 percent of secondary education strongly agreed/agreed that it was necessary, 18 percent who had attended college or university education strongly agreed/agreed that inter-personal communication was necessary. Lastly, about 8 percent of those who had not attended school strongly agreed/agreed that inter-personal communication was necessary in the fight against HIV/AIDS pandemic.

Table: 2 (a)

Educational level of attendees at Chelstone Clinic (CC).

	Primary	Sec.	College./ University	Not Attended any
Strongly Agree		30 percent	28 percent	2 percent
Agree		24 percent	12 percent	-
Are Neutral		2 percent	-	-
Strongly Disagree		-	2 percent	-

Respondents per centre n = 50

Table: 2(b)

Did the youth who had attended or not attended some form of education at Chipata Clinic (ChC) support inter-personal communication in the fight against HIV/AIDS?

Respondents per centre n = 50

	Primary	Sec.	College./ University	Not Attended any
Strongly Agree	10 percent	36 percent	16 percent	4 percent
Agree	16 percent	12 percent	2 percent	4 percent
Are Neutral	-	8 percent	-	-
Strongly Disagree	-	2 percent	-	-

5.2.25.2 Analysis and Interpretation

The findings gave the meaning that education was necessary in understanding the HIV/AIDS issues using inter-personal communication whether or not one had passed through school of some kind or not.

5.2.26 What do you think is the use of Behaviour Change Communication (BCC) as a communication strategy in the fight against HIV/AIDS pandemic?

The behaviour change communication is aimed at the positive change of youth behaviour in the hope that they draw themselves from the risky area of HIV/AIDS.

5.2.26.1 Findings

Did education influence the way the Chelstone Clinic (CC) youth were to fight HIV/AIDS using the behaviour change communication strategy?

Table 3 (a)

	Primary	Secondary	Col./ University	Not Attended Any
Very Effective	-	28 percent	22 percent	2 percent
Effective	-	20 percent	20 percent	
Not Sure	-	4 percent	-	
Not Effective	-	4 percent	-	

Respondents per centre n = 50

As shown on Table 3 (a) below, at Chelstone Clinic 48 percent of the youth who had attended secondary school said that behaviour change communication was very effective/effective in the fight against HIV/AIDS pandemic. A further 42 percent of the youth who had attended college or university education said that behaviour change communication was very effective/effective in the fight against HIV/AIDS pandemic. Only 2 percent who had not attended any school supported behaviour change communication strategy.

Table 3 (b)

	Primary	Secondary	Col./ University	Not Attended Any
Very Effective	6 percent	20 percent	12 percent	4 percent
Effective	8 percent	22 percent	4 percent	2 percent
Not Sure	2 percent	12 percent	-	-
Not Effective	-	4 percent	2 percent	2 percent

Respondents per centre n = 50

In contrast to the above, Chipata Clinic, Table 3 (b) showed that 14 percent of the youth who had passed through primary school said that behaviour change communication was very effective/effective while 42 percent of the youth who had passed through the secondary school supported the behaviour change communication as being very effective/effective communication strategy in the fight against HIV/AIDS pandemic. For those who had attained college or university education, only 16 percent supported the behaviour change communication and 6 percent who had not attended school thought that behaviour change communication was effective/effective in the fight against HIV/AIDS pandemic

5.2.26.2 Analysis and Interpretation

At Chelstone Clinic, 90 percent of the youth who had attended school of one form or another said that behaviour change communication was very effective/effective in the fight against HIV/AIDS pandemic. This percentage was very high indicating that the youth liked the strategy.

What was interesting to note was that a total of 78 percent of the youth at Chipata Clinic who had passed through one form of education or another all supported behaviour change communication as effective/very effective in the fight against HIV/AIDS. These were very high figures that indicated that the youth seemed to appreciate behaviour change communication as an anti-HIV/AIDS strategy.

The small percentage of 8 percent that showed not effective, perhaps pointed to a lack of grasp of the meaning of behaviour change communication and how it had performed from the onset of the HIV/AIDS pandemic.

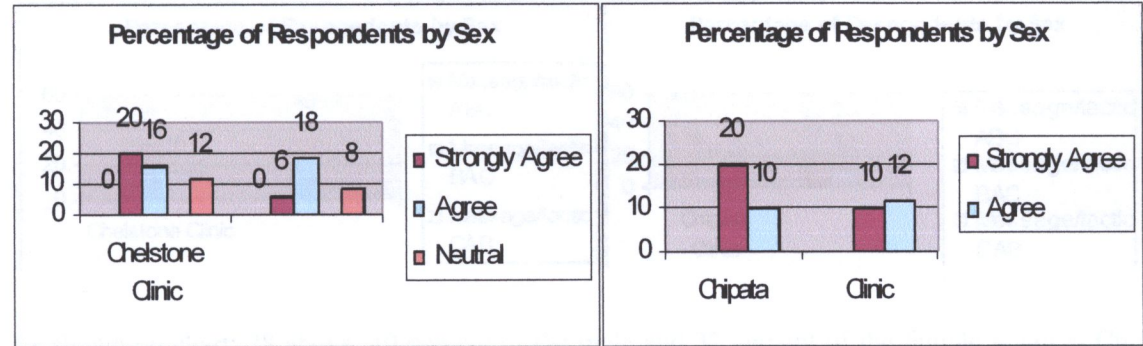
5.2.27 Male youth are perceived to be more unfaithful than female youth in issues of sex

5.2.27.1 Findings

Chart: 27 below shows that at Chelstone Clinic, 6 percent of the male and 20 percent of the female youth strongly agreed that the male youth were unfaithful in issues of sex.

Whereas at Chipata Clinic 10 percent of the male and 20 percent of the female youth supported the assertion. Further, at Chelstone Clinic 18 percent of the male and 16 percent of the female youth Agreed that the male youth were more unfaithful than the female youth on sex issues. It was apparent that the there was a higher likelihood of male youth being unfaithful than the female youth, (24 percent of male verses 36 percent of female youth at Chelstone Clinic and 22 percent male youth verses 30 percent female youth at Chipata Clinic).

Chart: 27 Respondents per centre n = 50



5.2.27.2 Analysis and Interpretation

The findings above showed that unfaithfulness was a real thorn in the fight against HIV on the side of the male youth, and, in this regard, all strategies dealing with being faithful in any relationship should be encouraged.

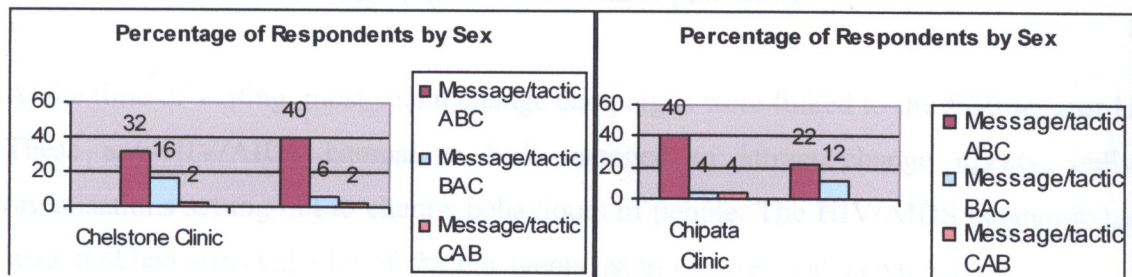
5.2.28 List the communication strategic messages of Abstinence, (A) Being Faithful, (B) and Condom, (C) in order of preference.

Abstinence, Being Faithful and Condom use (ABC) strategies started with behaviour change communication at the onset of the fight against HIV/AIDS. At the time of writing, the tactics were still being preached at clinics by peer education sections of the youth and among social groups fighting against HIV/AIDS.

5.2.28.1 Findings

As shown on chart: 28 below, 40 percent of the male and 32 percent of the female youth at Chelstone Clinic supported Abstinence, Being Faithful and Condom use (ABC) messages in that order while 6 percent of the male and 16 percent of the female youth supported Being Faithful, Abstinence and Condom use (BAC) messages and the remaining 2 percent of the male and 2 percent of the female youth supported Condom use, Abstinence and Being Faithful (CAB). Only 2 percent supported Being Faithful, Condom use and Abstinence (BCA) messages.

Chart: 28 Respondents per centre n = 50



As shown on chart: 28 above, 40 percent of the male and 32 percent of the female youth at Chelstone Clinic supported Abstinence, Being Faithful and Condom use (ABC) messages in that order while 6 percent of the male and 16 percent of the female youth supported Being Faithful, Abstinence and Condom use (BAC) messages and the remaining 2 percent of the male and 2 percent of the female youth supported Condom use, Abstinence and Being Faithful (CAB). Only 2 percent supported Being Faithful, Condom use and Abstinence (BCA) messages.

At Chipata Clinic the chart: 28 showed that 22 percent of the male and 40 percent of the female youth supported ABC messages, 12 percent of the male and 4 percent of the female youth

supported BAC, 4 percent of the female youth supported CAB, 2 percent of the male and 2 percent of female youth supported BCA messages, and the remaining CBA was supported by 2 percent of the male only. And, 8 percent of the male and 6 percent of the female youth supported ACB.

5.2.28.2 Analysis and Interpretation

At Chelstone Clinic 38 percent of the female and 40 percent of the male youth, gave a total of 78 percent of the youth who supported the use of Abstinence, Being Faithful and Condom use (ABC) messages. Similarly at Chipata Clinic, 22 percent of the male and 40 percent of the female youth supported the ABC messages that brought the total to 66 percent.

The ABC still had a high percentage and remained in contention in the fight against HIV/AIDS. At Chipata Clinic more women were for the use of the condom, being conscious of their married status. At Chelstone, more male supported the use of the condom perhaps they were forced to use it by their unmarried partners.

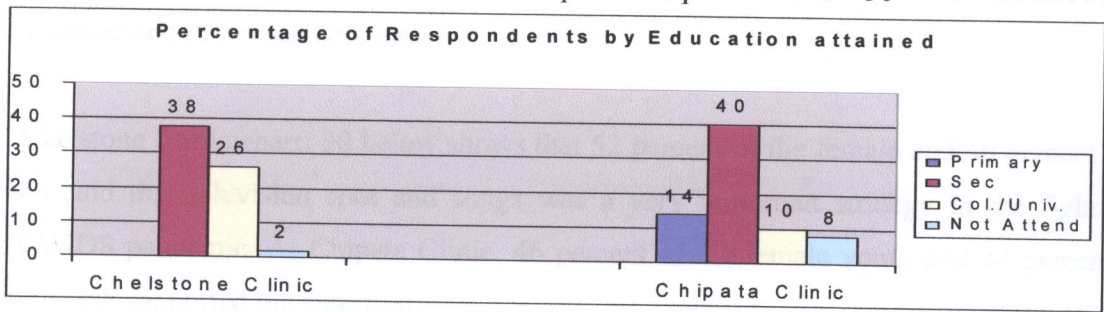
5.2.29 Indicate the extent to which the multi-media campaigns communication strategy is important in the fight against HIV/AIDS pandemic

At the time of writing, most social change campaigns were linked to the fight against HIV/AIDS. These anti-HIV/AIDS campaigns had managed to attract change agents, individuals or organisations setting out to change behaviours of people. The HIV/AIDS pandemic had been an issue that had attracted a lot of change agents using various media channels.

5.2.29.1 Findings

As shown on chart: 29 below, Chelstone Clinic had 38 percent of the youth who attained secondary school education who said that multi-media communication strategy was very important in the fight against HIV/AIDS. The 26 percent who were from colleges/university and 2 percent who had not attended any school said that the communication strategy was important

Chart: 29 Respondents per centre n = 50



Further, chart: 29 shows that at Chipata Clinic 40 percent of the youth who had attained secondary school education thought that the communication strategy was very important in the fight against HIV/AIDS. 10 percent who had attained college/university education supported the assertion with 14 percent who had been at primary school and 8 percent who had not attended any school claimed the communication strategy was very important. This brought the total to 64 percent of the youth that responded in a similar manner.

5.2.29.2 Analysis and Interpretation

The chart shows that the youth thought acquiring some form of education was better than none at all to make somebody knowledgeable about HIV/AIDS. The school opened up the minds of the youth and in the process reduced the knowledge gap that could have existed between different youth of different sexes. Influence of education on understanding the HIV issues could be observed from the responses given by the Chipata Clinic youth.

The understanding of the role of education in the fight against HIV/AIDS was apparent in both areas because it gave the notion that the HIV/AIDS pandemic was well understood.

5.2.30 Indicate the extent to which television spots and songs communication strategy is important in the fight against HIV/AIDS pandemic.

The multi-media communication strategy above was connected and related to the communication

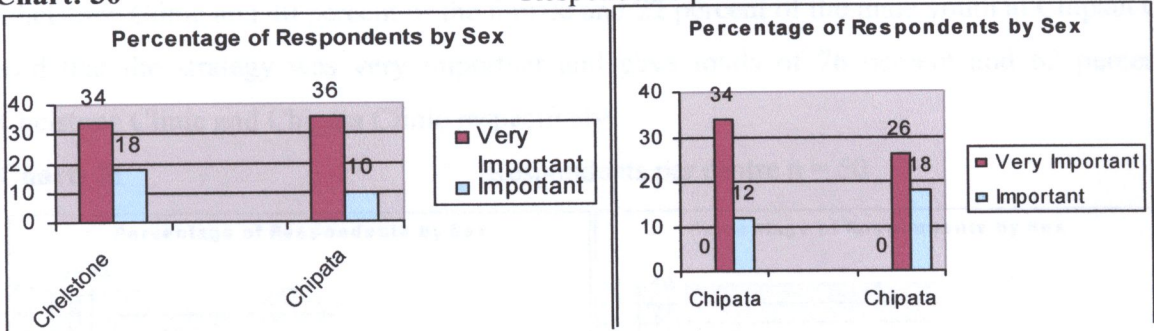
strategies of television spots and songs (section 5.2.30) and edu-entertainment (section 5.2.31) to be assessed and discussed here under.

At Chelstone Clinic chart: 30 below shows that 52 percent of the female and 46 percent of male youth said that television spot and songs was a very important strategy in the fight against HIV/AIDS pandemic. At Chipata Clinic, 46 percent of the female youth and 44 percent of the male youth supported the assertion.

5.2.30.1 Findings

Chart: 30

Respondents per centre n = 50



5.2.30.2 Analysis and Interpretation

In both clinics, more females than males were in favour of television spots and songs as strategies for fighting the disease. As observed previously, female youth seemed to be more compassionate and caring than the male youth. And since women were the ones mostly discriminated against, the strategy in question depicted the suffering of a woman in trying to fight HIV/AIDS pandemic.

The advantage of multi-media was that they brought out awareness through the use of information and education about HIV/AIDS to the people using all forms of communication; debates, quiz competitions, songs and dance, poems, live band concerts and other strategies.

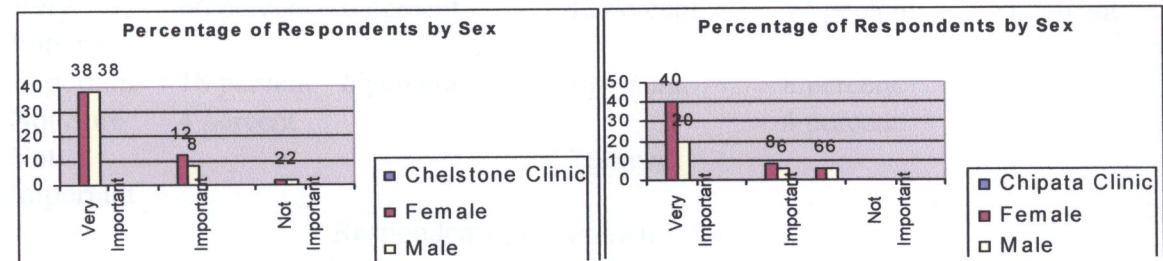
5.2.31 Indicate the extent to which edu-entertainment is important in the fight against HIV/AIDS pandemic.

The edu-entertainment strategy was about depicting realities in the lives of the youth, mixing information and education in order to communicate with the youth effectively about HIV/AIDS in form of entertainment.

5.2.31.1 Findings

As chart: 31 below shows, 38 percent of the female and 38 percent of the male youth at Chelstone Clinic and 40 percent of the female and 22 percent of the male youth at Chipata Clinic said that the strategy was very important and gave totals of 76 percent and 62 percent for Chelstone Clinic and Chipata Clinic respectively.

Chart: 31 Respondents per centre n = 50



5.2.31.2 Analysis and Interpretation

The findings supported the usefulness of the strategy thus making it Very Important in the fight against HIV/AIDS.

Using edu-entertainment strategy, the ugliness of HIV/AIDS was seen even in the South African drama, “Soul City” (SABC, 2005). Here, stigma and discrimination feature prominently because it was connected to rape. The questions that arose were why should rape victims be discriminated against? The virus they had, was it brought upon them on purpose? Was stigma justified in that case or in any other course that stood to safeguard the lives of the citizens?

5.2.32 Indicate the extent to which Neighbourhood Health Information (NHI) communication strategy is important in the fight against HIV/AIDS pandemic.

Some HIV/AIDS workplace programmes have co-opted neighbourhood health committees in their activities. For instance, Mathew Barrett, the Chairman of the Awards Committee, Barclays Bank (Z) PLC, mentioned providing free information on ARVs, education and counselling to employees and combating myths and stereotypes that came with the HIV/AIDS, (Barclays Globe, Issue 20 February 2006).

5.2.32.1 Findings

Table: 4

Neighbourhood Health Information (NHI) strategy and tactic					
	Chelstone Clinic Single	Chelstone Clinic Married	Chipata Clinic Single	Chipata Clinic Married	Chipata Clinic Separated
Very Important	66 percent	6 percent	42 percent	32 percent	6 percent
Important	18 percent	6 percent	6 percent	8 percent	
Not Sure	4 percent			4 percent	
Not Important			2 percent		

Respondents per centre n = 50

As shown on Table 4 above, 66 percent of the youth at Chelstone Clinic who are single said that Neighbourhood Health Information was very important in the fight against HIV/AIDS. Similarly at Chipata Clinic 42 percent of the youth who are single said that it was very important.

5.2.32.2 Analysis and Interpretation

The findings showed that the single youth seemed to be more active than their married or separated counterparts. The reason was simple to understand; the married youth were busy with their marital chores to bother about how the information from one of the Neighbourhood Health Information (NHI) centres was dissemination in the neighbourhood. On the other hand, the youth with the responsibility of marriage were more associated with care, compassion and sympathy

and thus very interested in nursing, paying visits to the infected and affected people and sharing HIV/AIDS information in their communities.

The interpretation reveals that even though people who had family responsibilities ran Neighbourhood Health Committees the HIV/AIDS information could be disseminated well by the youth with fewer responsibilities. Neighbourhood Health Information seemed to be associated to the theory of communication for social change. For it affirms,

Communication for social change (CSC) is a process of public and private dialogue and linkages through which people define who they are, what they want, and how they can get it, (Rockefeller Foundation CSC Network, 2005).

The strength of the Neighbourhood Health Information strategy and tactic was based on community effort to transform people's situation. The youth at different levels of society all needed protection from the scourge of HIV/AIDS. They also needed medication such as Anti-Retro-Virals and proper nutrition in order to maintain wellness of the body. All these were delivered to the people using community communication arms such as Neighbourhood Health Committees.

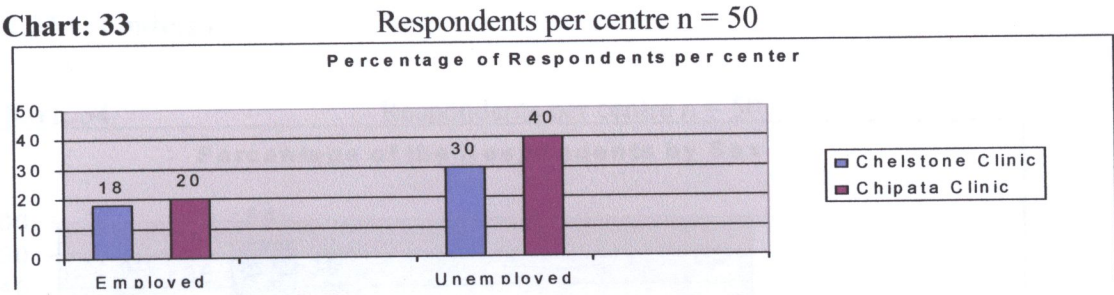
5.2.33 What do you think is the position of provision of youth grants using participatory communication strategy in the fight against HIV/AIDS?

Organisations such as UNICEF offered grants and other HIV/AIDS services to youth social groups. However, most assistance came in form of life-skills and counselling and empowerment for the youth in the fight against HIV/AIDS.

5.2.33.1 Findings

As shown in chart: 33 below, Chelstone Clinic had 18 percent of the youth who were in employment said that youth grants were very necessary in the fight against HIV/AIDS. These were supported by 30 percent of the youth who were out of employment.

The situation at Chipata Clinic was similar, 20 percent of the youth in employment said that it was very necessary and 40 percent out of employment had a similar view.



As shown in chart: 33 above, Chelstone Clinic had 18 percent of the youth who were in employment who said that youth grants were very necessary in the fight against HIV/AIDS. These were supported by 30 percent of the youth who were out of employment.

The situation at Chipata Clinic was similar, 20 percent of the youth in employment said that it was very necessary and 40 percent out of employment had a similar view.

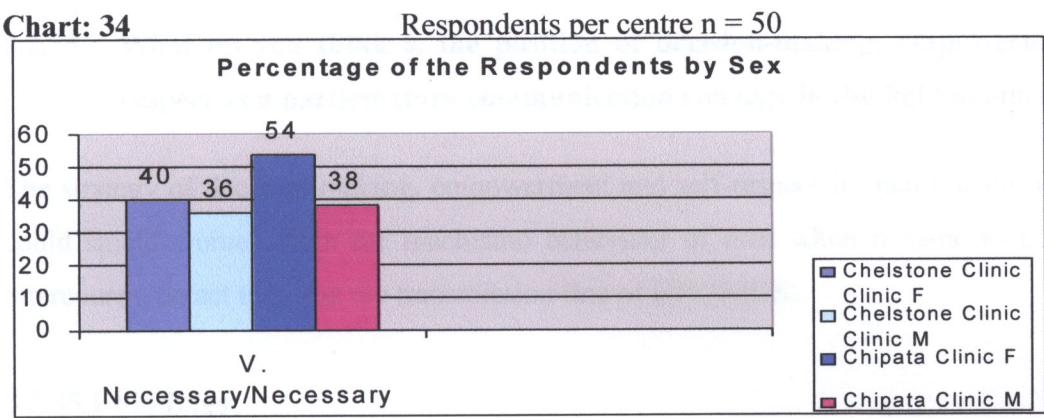
5.2.33.2 Analysis and Interpretation

The above findings show that most of the youth who were not employed thought that youth grants, if given to the youth, could create more self-employment enterprises and therefore assumed that the curbing of the virus could perhaps be contained if more such employment opportunities were created. A higher percentage of the youth remained neutral perhaps it was due to the fact that they had no idea what it was to be self-employed since most of them were unemployed and had no idea when they would be employed.

5.2.34 What do you think is the promotion of collective action as a participatory communication strategy in the fight against HIV/AIDS?

The concepts of mutual understanding and agreement supported the use of collective action and indicated that they came through the processes of dialogue and debate (UNICEF, May 2005).

5.2.34.1 Findings



As chart: 34 above shows, Chelstone Clinic had 12 percent of the female and 18 percent of the male youth who said that collective action in the community was a very necessary participatory communication strategy while at Chipata Clinic, 36 percent of the female and 24 percent of the male youth supported the assertion.

However, those who said that it was necessary were slightly more at Chelstone Clinic than at Chipata Clinic: for instance, 28 percent of the female youth and 18 percent of the male youth at Chelstone Clinic and 18 percent of the female youth and 14 percent of the male youth at Chipata Clinic.

In brief, at Chelstone Clinic 30 percent of the female youth and 36 percent of the male youth supported the strategy with a total of 76 percent while Chipata Clinic had 54 percent of the female youth and 38 percent of the male youth with a total of 92 percent who supported the strategy. Other responses were negligible.

5.2.34.2 Analysis and Interpretation

At both centres, the percentage of the female youth that supported the collective action strategy was quite high that appeared to give an idea and belief that women were more involved in community activities of HIV/AIDS than men. Sections 5.2.32 and 5.2.33 above all mentioned the importance of youth grants and the dissemination of neighbourhood health information and that

they all needed collective action to move and be executed.

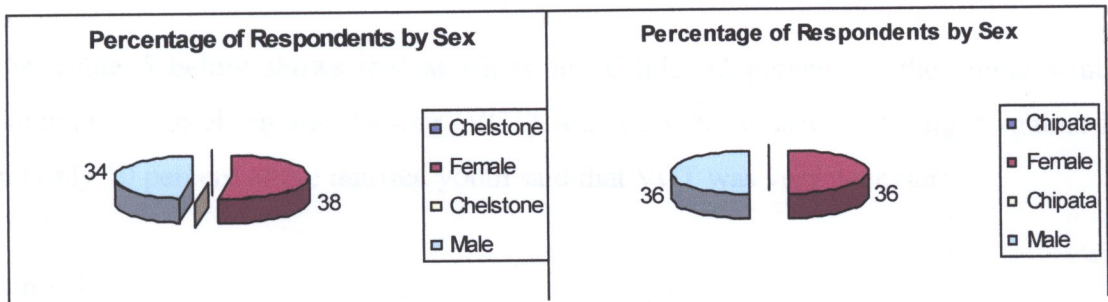
5.2.35 What do you think is the position of decision-making, empowerment and self-respect as a participatory communication strategy in the fight against HIV/AIDS?

The strategy of decision-making, empowerment and self-respect formed the strongest pillar that could shield women from the machismo behaviour of men when it came to issues of sexual intercourse, an act that was the transmission line of HIV/AIDS.

5.2.35.1 Findings

As shown by the pie chart: 35 below, at Chelstone Clinic 38 percent of the female and 34 percent of the male youth said that the decision-making, empowerment and self-respect

Chart: 35 Respondents per centre n = 50



strategy was very necessary/necessary in the fight against HIV/AIDS pandemic giving a total of 72 percent of all sexes that supported the strategy.

At Chipata Clinic, the picture was similar, 36 percent of the female and 36 percent of the male youth said it was very necessary/necessary. The total response was 72 percent who supported the strategy.

5.2.35.2 Analysis and Interpretation

Looking at the percentages closely, a small difference was noted; there were more women that supported the strategy (by 2 percent). Small as it was, it became significant when the female

youth in both clinics complained about their marginalised positions especially when a review of the strategies of Voluntary Counselling and Testing (VCT), Anti-Retro-Viral (ARV) and the Abstinence, Being Faithful and Condom use (ABC) strategic messages was made.

These were strategies that required a positive turn-around by men so that the fight could be fought in oneness. And this strategy was such a one.

5.2.36 What do you think is the position of Voluntary Counselling and Testing (VCT) as a participatory communication strategy in the fight against HIV/AIDS pandemic?

Table: 6 below assisted in the data interpretation of the VCT strategy. It also centred on the empowerment that the youth in general demanded that they should be recognised just as much as they wanted their decision-making to be respected on the communication strategy of Voluntary Counselling and Testing (VCT).

5.2.36.1 Findings

The Table 5 below shows that at Chelstone Clinic 62 percent of the single youth felt that Voluntary counselling and Testing (VCT) was Very Necessary in the fight against HIV/AIDS and only 10 percent of the married youth said that VCT was very necessary.

Table 5

Marital status and its influence on the VCT strategy

	Chelstone Clinic		Chipata Clinic		
	Single	Married	Single	Married	Separated
Very Necessary	62 percent	10 percent	38 percent	30 percent	4 percent
Necessary	16 percent	2 percent	8 percent	8 percent	
Not Sure	10 percent		2 percent	2 percent	2 percent
Not Necessary			2 percent		
Not Very Necess				2 percent	

At Chipata Clinic 38 percent of the single youth and 30 percent of the married youth said that VCT was very necessary in the fight against HIV/AIDS. Only 2 percent of the married youth said it was not very necessary.

5.2.36.2 Analysis and Interpretation

It was evident that married youth did not support Voluntary Counselling and Testing (VCT) in the fight against HIV/AIDS at both centres.

Chelstone Clinic had youth who supported other strategies where women featured prominently, and as such could not fail to support VCT as a useful strategy.

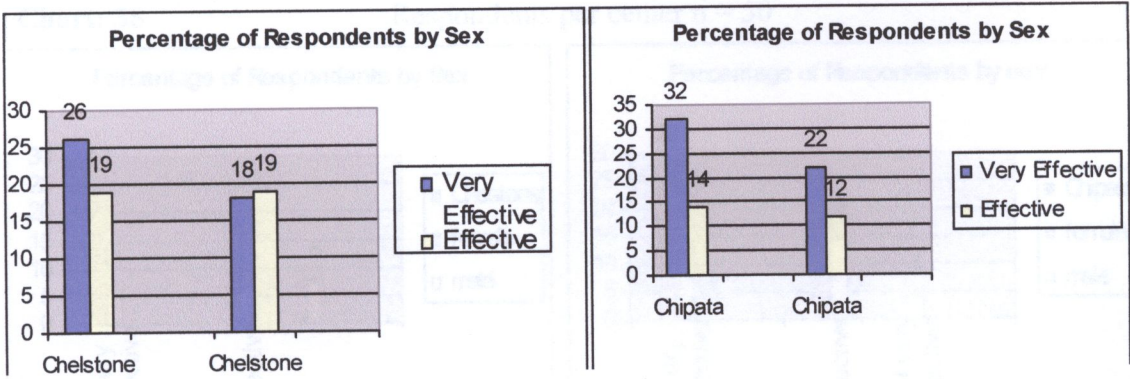
5.2.37 Indicate the extent to which Social Support for Women has been effective in the fight against HIV/AIDS pandemic?

In this research social agencies referred to youth organisations, youth clubs, societies, and institutions that were concerned with the welfare of community youth especially in the fight against HIV/AIDS.

5.2.37.1 Findings

As shown on chart: 37 below 26 percent of the female youth and 18 percent of the male youth at Chelstone Clinic felt social support for women was a very effective strategy in the fight against HIV/AIDS. Similarly, 19 percent of the female youth and 19 percent of the male youth all felt that the strategy was effective. The total response of the youth was 82 percent toward very effective/effective in the fight against HIV/AIDS.

Chart: 37 Respondents per centre n = 50



At Chipata Clinic 32 percent of the female and 22 percent of the male youth agreed that the strategy and tactic was very effective in the fight against HIV/AIDS. Additionally, 14 percent of the female and 12 percent of the male youth said that the strategy was effective. The total that supported the very effective/effective response was 90 percent.

5.2.37.2 Analysis and Interpretation

The strategy appeared to have been strongly accepted by the youth looking at their positive responses of 90 percent at Chipata Clinic and 82 percent at Chelstone Clinic. As a trend at the time, men did not keenly support strategies that favoured women.

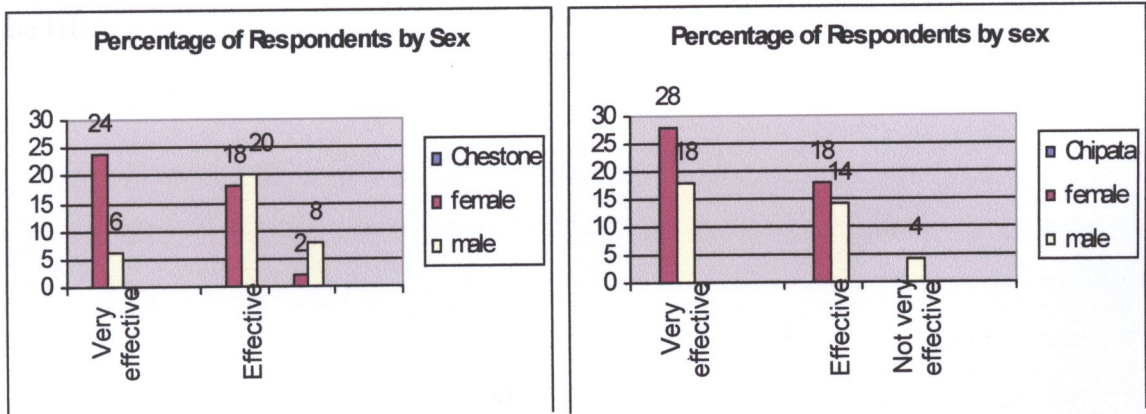
5.2.38 Indicate the extent to which promoting women decision-making strategy has been effective in the fight against HIV/AIDS

The promotion of women in decision-making strategy touched the youth who had been and were presently being marginalised. Since the onset of the Second Republic in 1991, women had increasingly been seen as viable resource at community, district and national development levels.

5.2.38.1 Findings

As shown on chart: 38 below, Chelstone Clinic had 42 percent of the female and 26 percent of the male youth that supported the promotion of women decision-making who said that the strategy was very effective/effective. Similarly, Chipata Clinic showed 46 percent of the female and 32 percent of the male youth who supported the strategy.

Chart: 38 Respondents per center n = 50



On the very effective response alone, the chart: 38 showed that Chelstone Clinic had 24 percent female youth and 20 percent male youth who supported the strategy. The Chipata Clinic showed 28 percent female youth and 18 percent male youth with the same response. At both clinics, female youth showed a higher percentage than the male youth in support of the strategy.

5.2.38.2 Analysis and Interpretation

The indignant stance that appeared to have been taken by the young male youth not to accept anything feminine could even be seen by the responses received.

The findings support the female youth who seemed to be strong in establishing the very effective/effective response for the strategy by 42 percent at Chelstone Clinic and 46 percent at Chipata Clinic while male youth showed only 32 percent and below. This again was a strategy that the male youth thought was for women and as such needed no special support from them.

5.2.39 Indicate the extent to which youth links with parents and Youth Ambassadors for Positive Living (YAPL) strategies have been effective in the fight against HIV/AIDS

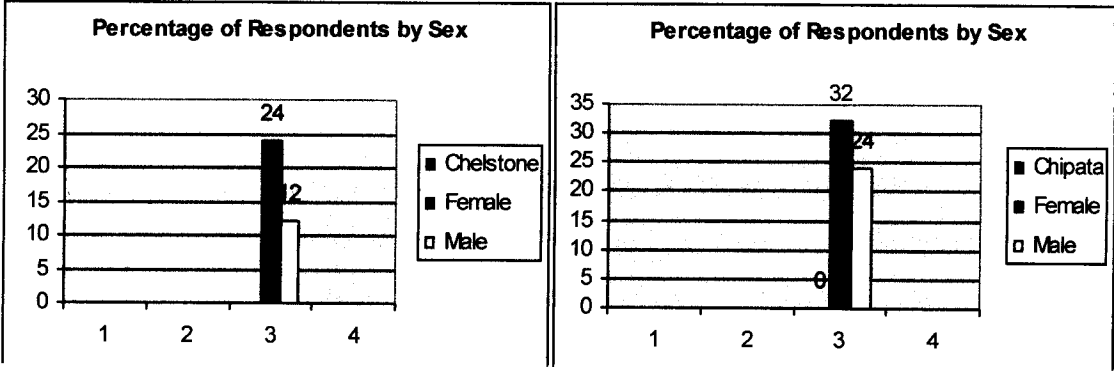
A community home, just like any other home, provides love and security to its inhabitants. This love came with care, compassion and action for survival. The above communication strategy demanded the aforementioned attitudes for the youth to understand and consequently go into action in the fight against HIV/AIDS. The parents nurtured and supervised their young ones until they came to a stage of being called, the youth.

Thus, the Youth Ambassador for Positive Living (YAPL) was a person that lived positively with the HIV.

5.2.39.1 Findings

Chart: 39

Respondents per centre n = 50



As shown on the chart: 39 above, 24 percent of the female and 12 percent of the male youth at Chelstone Clinic said that youth links with parents and Young Ambassadors for Positive Living (YAPLs) strategy was very effective/effective, 32 percent of the female and 24 percent of the male youth supported the assertion that it was very effective/effective at Chipata Clinic. The remaining responses were either not very effective or not sure.

5.2.39.2 Analysis and Interpretation

The findings show that 36 percent of the youth at Chelstone Clinic and 56 percent of the youth at Chipata Clinic supported the strategy. The remaining youth either said they were not sure about the strategy or that the strategy was not very effective/not effective.

The chart shows the highest percentage from Chipata Clinic. Perhaps this was so because most of the youth who responded to the questionnaire were married and without doubt the ones affected profoundly by the HIV/AIDS pandemic.

5.2.40 Indicate the extent to which the information, education and communication (IEC) strategy has been effective in the fight against HIV/AIDS pandemic

The information, education and communication strategy had been used right from the onset of the HIV pandemic (from the early 1980s) using communication paths such as communication for social change and behaviour change communication. The behaviour change communication

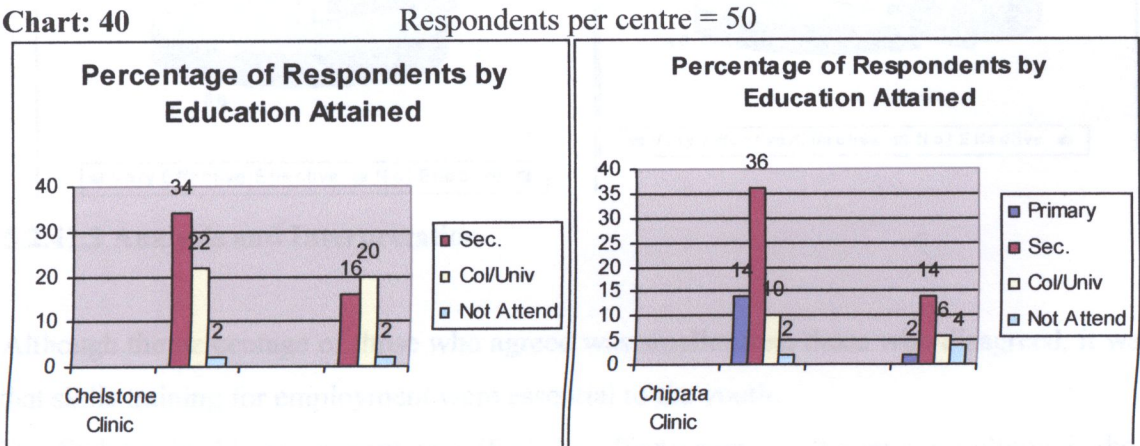
became popular because it put emphasis on changing the behaviour of individuals in a community on issues of open and unprotected sex.

5.2.40.1 Findings

As shown in summary on chart 40 below, at Chelstone Clinic 92 percent of the youth said that information, education and communication strategy was Very Effective/Effective in the fight against HIV/AIDS and these respondents had either attained secondary school or college/university education.

The chart also shows that Chipata Clinic had 82 percent of the youth who said that information; education and communication strategy was a Very Effective/Effective strategy. These two percentage figures were very high which meant that the youth might have understood the strategy.

However, 16 percent out of the total at Chipata Clinic had only attained primary education but were in a position to support and understand the strategy and tactic under discussion. This was a clear testimony that education was important in the fight against HIV/AIDS.



5.2.40.2 Analysis and Interpretation

The percentages of 92 percent and 82 percent for Chelstone Clinic and Chipata Clinic respectively that gave the very effective/effective response showed that the youth understood the

strategy and would be willing to work using it in the fight against HIV/AIDS. This was the strategy that the youth had known from the advent of the fight that was under behaviour change communication. The issuing of leaflets and pamphlets on HIV/AIDS had been carried out under this strategy.

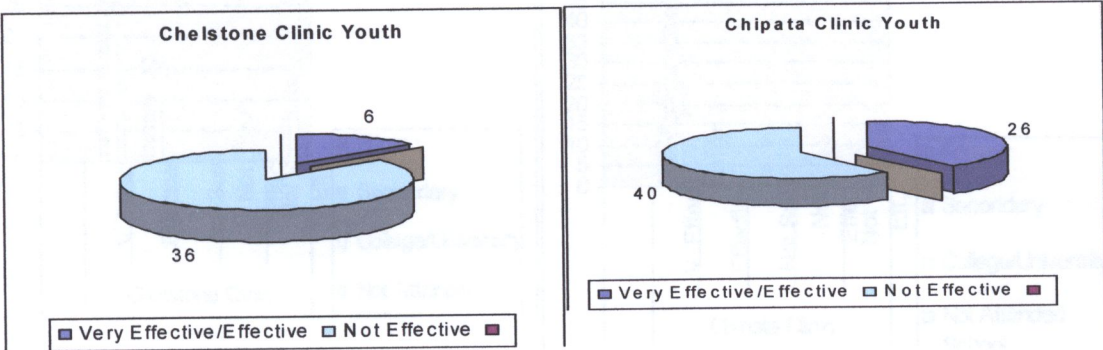
5.2.41 Indicate the extent to which provision of skills training for employment strategy has been effective in the fight against HIV/AIDS

5.2.41.1 Findings

As pie chart: 41 below shows, at Chelstone Clinic only 6 percent of the youth said that provision of skills for employment strategy was very effective in the fight against HIV/AIDS with 36 percent revealing not effective in the fight against HIV/AIDS.

At Chipata Clinic 26 percent agreed that it was effective with 40 percent saying it was not.

Chart: 41 Respondents per centre n = 50



5.2.41.2 Analysis and Interpretation

Although the percentage of those who agreed was smaller than those who disagreed, it was clear that skills training for employment were essential to the youth.

The findings in this assessment amplified the effectiveness of the strategy although the youth living in the two areas appeared not to prefer the strategy very much as observed from the percentage figures of the two clinics on the pie charts above.

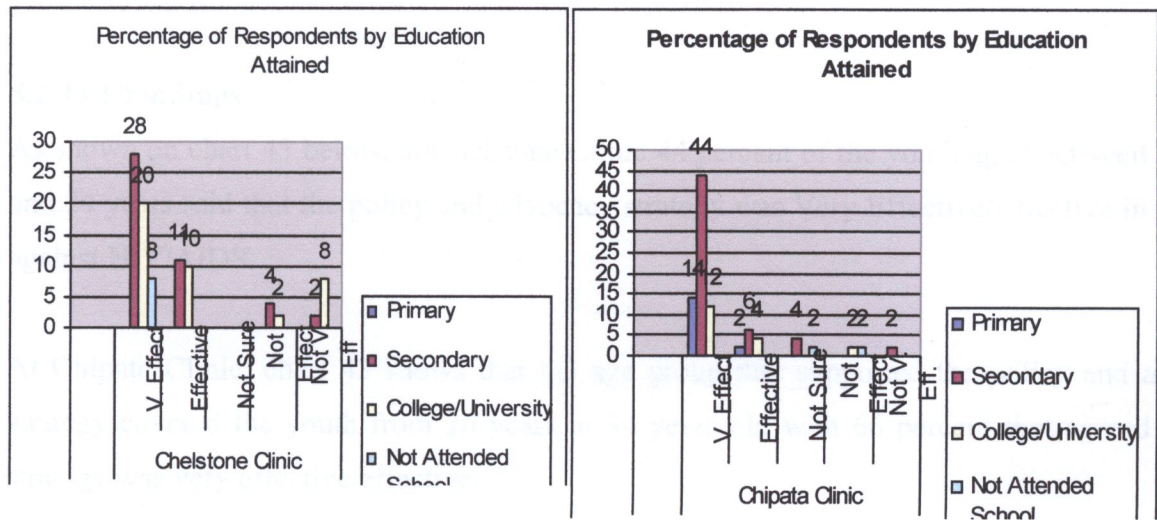
The reason might have been that skills training had been a privilege afforded to a few of the youth making it a doubtful tool to many youth who did not have them.

5.2.42 Indicate the extent to which provision of peer education strategy has been effective in the fight against HIV/AIDS pandemic.

Peer education is a strategy that often reached young people who mixed and mingled together in information sharing, educated one another on new attitudes and behaviours that acted as positive interventions in the fight against HIV/AIDS. A youth in the same age group shared information with his/her peers, the sharing could be on various aspects of life but in this case it was about HIV/AIDS (Commonwealth Youth Programme, 19190).

5.2.42.1 Findings

Chart: 42 Respondents per centre n = 50



As shown in chart: 42 above, most of the youth at both Chelstone Clinic and Chipata Clinic appeared to support peer education as a very effective/effective strategy in the fight against HIV/AIDS with total percentages of 60 percent and 70 percent respectively. However, 16 percent were the youth who had primary education.

5.2.42.2 Analysis and Interpretation

The findings gave an indication that education was vital to understand the role of peer education in part or in totality. One surprising aspect was that Chelstone Clinic that had a higher number of educated youth showed a lower percentage in support of peer education. The reason could perhaps be the non-availability of transport and lunch allowances from the clinic as mentioned by one of the peer educators. The problem was discussed in detail during in-depth interview sessions.

5.2.43 Policy and advocacy activities in the fight against HIV/AIDS

The HIV/AIDS policy was a guiding principle or document that contained a course of action or strategy that could be employed in the fight against HIV/AIDS. In a layman's language, advocacy was the promotion of any strategy that looked effective in the fight against HIV/AIDS (Commonwealth Secretariat, 2001).

5.2.43.1 Findings

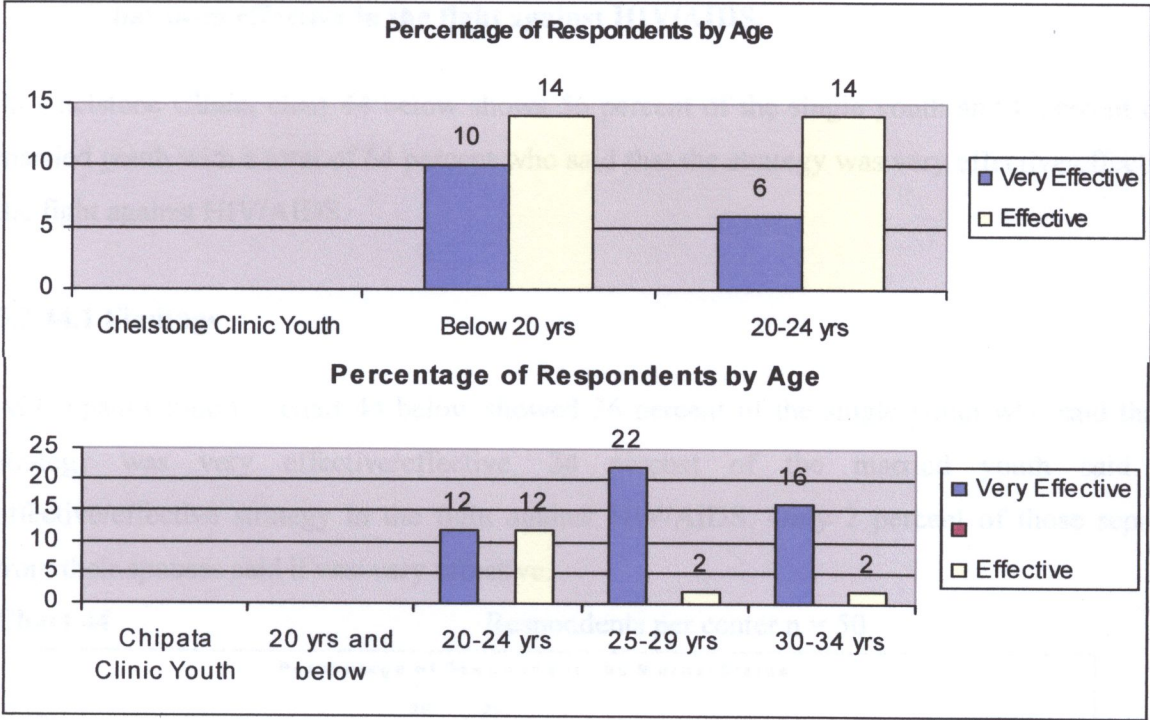
As shown on chart 43 below, at Chelstone Clinic 44 percent of the youth aged between 20 years and 24 years said that the policy and advocacy strategy was Very Effective/Effective in the fight against HIV/AIDS.

At Chipata Clinic, chart 43 shows that the age group that supported the policy and advocacy strategy covered the youth from 20 years to 34 years old with 66 percent that agreed that the strategy was very effective/effective.

5.2.43.2 Analysis and Interpretation

It appeared like there were more mature youth at Chipata Clinic who understood the policy and advocacy strategy than at Chelstone Clinic. In any case most of these youth were married with a better understanding of the strategy.

Chart: 43 Respondents per centre n = 50



However, younger youth, below 24 years old, seemed to know more about the policy and advocacy approach in the fight against HIV/AIDS pandemic. This was tied to their education that gave them an added advantage.

Furthermore, there seemed to be a lack of understanding as to the meaning of the two concepts; “policy and advocacy.” This went without saying that a lot of explanation was required to the youth about what advocacy for the intensification in the fight against HIV/AIDS and what the policy itself meant.

However, the Chipata Clinic with the youth age ranging of 25 years to 29 years old showed more knowledge of the two concepts.

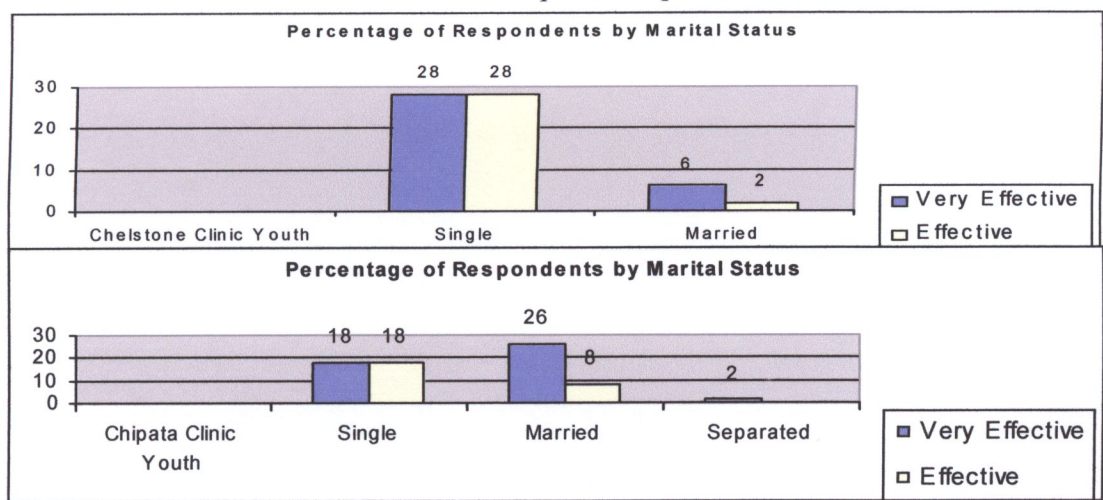
5.2.44 Indicate the extent to which enhancing family planning communication strategy has been effective in the fight against HIV/AIDS.

At Chelstone Clinic, chart 44 below shows 56 percent of the single youth and 8 percent of the married youth with a total of 64 percent who said that the strategy was very effective/effective in the fight against HIV/AIDS.

5.2.44.1 Findings

At Chipata Clinic the chart 44 below showed 36 percent of the single youth who said that the strategy was very effective/effective, 34 percent of the married youth said very effective/effective strategy in the fight against HIV/AIDS. Only 2 percent of those separated from their spouses said it was very effective.

Chart 44 Respondents per center n = 50



5.2.44.2 Analysis and Interpretation

It was clear that both clinics had single youth with percentages of 56 percent at Chelstone and 36 percent at Chipata that supported the strategy that it was very effective/effective in the fight against HIV/AIDS.

The married youth were not strong at Chelstone Clinic only 8 percent who were married supported the strategy. What was observed was that the more married youth (especially female youth) a clinic had the stronger was the support for the strategy.

In conclusion, Chipata Clinic youth who seemed to favour marriage felt family planning could be part of the positive fight against HIV/AIDS.

5.3 Chapter Conclusion

The findings, analyses and interpretations of all the strategies brought to light the perceived efficacy of most of them. Some were popular to the youth than others, to say the least, and these needed to be given the attention that they deserve in order to fully benefit the youth.

CHAPTER 6

RESULTS OF THE QUALITATIVE SURVEY: IN-DEPTH INTERVIEWS

6.1 Introduction

The qualitative survey involved in-depth interviews that were carried out at both Chelstone and Chipata Clinics. The two clinics were associated with the Lusaka District Health Management Team (LDHMT) at the time of writing this report. Other organisations at which in-depth interviews were carried out were the Commonwealth Youth Programme Africa Centre (CYPAC), UNICEF and the Society for Family Health (SFH).

It must be emphasised that due to limited space, only briefs of the interviews were considered in this research.

6.2 In-Depth Interviews

As stated earlier, the in-depth interviews were with the following:

1. Eugenia Temba, Advocacy and External Relations Officer at UNICEF
2. Mr. Patrick Mumba (Opinion Leader), Mr. Saambo Lubasi (Peer Educator), Ms. Patricia Malambo (Sister-in-Charge-PMTCT) – Group interview at Chelstone Clinic.
3. Robert Tembo (Opinion Leader), Ms. Febby Witi (Assistant Coordinator, Peer Education), Ms. Jean Muungu (Sister-in-Charge, PMTCT), Chipata Clinic
4. Ms. Eugenia Temba, Advocacy/External Relations, UNICEF
5. Marian Kapahkapah, Senior Programme Officer, Commonwealth Youth Programme (CYP)
6. Mrs. Valencia Mogegeh, Regional Director, Commonwealth Youth Programme (CYP)

6.2.1 Youth understanding of AIDS

The Advocacy and External Relations Officer at UNICEF, Ms. Temba stated that UNICEF had devised strategies that dealt with the problem of HIV/AIDS. She said what was important was to

make them understand all aspects of the disease and thereafter try to reach an agreement with them on how to combat it (Temba, May 2005).

Ms. Temba affirmed that the youth understood that AIDS was a killer, since most of them had lost their friends, parents, and relatives enabling them to develop the attitude of care, compassion, empathy, sympathy and philanthropy (ibid).

In addition, Ms. Temba said that the understanding of AIDS has enabled the youth to understand why some strategies have been and were more relevant and appropriate and was preferred than others (ibid.). She said as better understanding about HIV/AIDS came to the youth, there would be a reduction in the prevalence rate of the disease which, at the time of writing, stood at 16 percent in Zambia (UNAIDS Report, 2004).

What came to the fore in the interview was the understanding that AIDS was a killer that needed to be tackled immediately.

6.2.2 Women's knowledge of condom use

In this In-Depth interview, Mr. Patrick Mumba, an Opinion Leader attending Chelstone Clinic, while discussing the female condom mentioned that the device was rarely found at selling or issuing points, that it was laborious to wear and that it was more expensive than the male condom (Mumba, 29th September 2005). In his thinking, the female condom had failed to empower women in the fight against HIV/AIDS.

Mr. Mumba denounced the condom and argued that it encouraged promiscuity. He recommended abstinence for those who were yet to be married and being faithful for those who were already in marriage or in courtship as the best for them. He said that Christianity and not the condom should be a positive intervention in the fight against HIV/AIDS pandemic (ibid).

In this interview, it became clear that the female condom had not impacted positively on the female youth because it was unpopular. The female youth that used it were regarded as prostitutes thereby giving the female condom poor rating.

6.2.3 (a) Value of Abstinence as a strategy

On the value of abstinence as a strategy for fighting against HIV/AIDS, Mr. Mumba, an Opinion Leader of Chelstone Clinic affirmed that "...the strengths of the abstinence messages are loud enough in the Chelstone community where the youth have supported it in the fight against HIV/AIDS," (Mumba, 7th September, 2005).

However, Mr. Mumba lamented that the question of developing trust that one's partner was abstaining from casual sex became very important and tricky (ibid.).

It seemed that the youth understood that the choice of remaining chaste in life was the best fight against HIV/AIDS.

b) Position of Abstinence and Educational institutions, Church Organisations, Non-Governmental Organisations and Clubs in the fight against HIV/AIDS

An in-depth interview carried out with Ms. Witi, Peer Education Coordinator, Chipata Clinic about the above affirmed, "Organisations and Clubs bring out something that seems to support abstinence as the only strategy that can effectively fight against HIV/AIDS pandemic," (Witi, 26th August 2005).

She said the youth had accepted the strategy/ tactic of abstinence as ideal in the fight against HIV/AIDS because they realised that their educational institutions had other youth who were between ages 15-25 years old, very vulnerable to HIV/AIDS infection (ibid).

Ms. Witi suggested that what was required was the expansion and strengthening of Abstinence activities by Anti-AIDS clubs and other social clubs that already existed.

She further said an intensification of peer education at Chipata Clinic with emphasis on training more educators, providing more teaching materials and concentrating on the Abstinence and Being Faithful strategy instead of the Condom supported by increased funding to cater for

allowances to motivate the youth should do the needful to popularise the strategy (ibid).

Mr. Tembo, an Opinion Leader at Chipata Clinic added something about Church Organisations, “If the church allows the condom then the whole issue of morality would be compromised and abstinence would be thrown away in the gutter,” (26th August 2005). This was seen as the strength of the strategy question. However, Church Organisations needed to appraise their present stand on abstinence and guide the youth toward a comfortable and safer sex life.

Mr. Mumba, an Opinion Leader at Chelstone Clinic supported Mr. Tembo at Chipata Clinic when he affirmed the importance of Churches in regard to abstinence in the fight against HIV/AIDS when he argued that the strategy of abstinence could not be fully comprehended without bringing in the role of churches. He said church arms were involved either on full time or part time HIV/AIDS activities. For instance, the Churches Health Association of Zambia (CHAZ) had been providing funding to youth groups to encourage them to continue with their fight against HIV/AIDS (September 2005).

He further said,

churches such as the Roman Catholic encourage Abstinence among their priests and nuns but refuse the employment of the condom in the fight against HIV/AIDS because it is ungodly, blocking childbirth and promoting promiscuity.... It is all right to advocate for the condom if you do not have children who might be caught up in the dragnet of HIV but Abstinence is for everybody, priests, nuns, young and old, because it seems to be the purest and the most effective strategy in the fight against HIV, (ibid).

The interview above seemed to qualify social agencies as advocates for Abstinence. In-Depth Interview carried out with Salome and Kelvin, Communication Assistants (Society for Family Health), affirmed that using NGOs strategy to propagate Abstinence among the youth had been well received. In addition, the youth and adults needed to continue practising abstinence (25th July 2005).

And, Mr. Mumba an Opinion Leader at Chelstone Clinic concluded when he argued that the moral fibre of this society could be stitched up if and when organisations such as Society for Family Health (SFH), who had been fighting Sexually Transmitted Diseases (STDs) for many years, were seen to shift their emphasis from the condom to abstinence,” (August 2005).

(c) Value of Abstinence for the youth involved in drinking alcohol and taking drugs in the fight against HIV/AIDS

The In-Depth interviews with Ms. Witi (Peer Education Coordinator, Chipata Clinic said that the use of drama groups to entertain, inform, educate and communicate with the youth was used to dramatise the abstinence strategy despite the common problem of intake of alcohol and drugs by the youth (26th August 2005). She further said,

The use of Abstinence appears to have been found as one of the most profound strengths and the best practices that has come as a solution in the spread of the virus. Unless alcohol drinking is controlled from the high class to the low class, where they make their own ‘strong wine,’ the practice of Abstinence will always lag behind among other strategies and tactic in the fight against HIV/AIDS. (ibid.).

Drug taking was seen as a weakness in the fight against HIV/AIDS that was linked to rape cases and had rocked the communities. It was believed that when an individual was under the influence of drugs their sense of direction was seriously impaired and as such could not practice abstinence, (Patricia Malambo, Sister-in-Charge, Chelstone Clinic, 29th September, 2005).

6.2.4 Poverty, recklessness, drunkenness, polygamy and drug taking in the fight against HIV/AIDS pandemic

Poverty was a relative term; it was explained in a lot more ways, relating to the way of life of the people, availability of jobs, housing, education and other factors. However, in this case, poverty was related to the way community people sustain themselves using food, clothing, education, jobs, incomes and so on.

In the following in-depth interviews carried out with Mr. Mumba confirmed that poverty led to unfaithfulness. He said women seemed to know poverty more than men since their activities were associated to looking for sustenance in form of clothing, food, and other needs for their homes. He said the Zambian woman was at the receiving end of every suffering where HIV/AIDS was concerned. The woman was even labelled “not being faithful” and therefore discriminated against in all issues of HIV such as Voluntary Counselling and Testing (VCT) and receipt of ARVs (Mumba, 7th September 2005).

The researcher linked this revelation by Mr. Mumba to *The UNAIDS Report* (2000) that stated that young women were 1.6 times more likely as young men to be HIV positive and linked this discovery to gender inequalities and social-economic and cultural factors that contributed to the increased vulnerability for female youth. The report further recorded that 33 percent of women living with HIV in Africa were aged between 15-24 years. And yet all these young women could either have been raped or coerced in casual sex by men

However, it was evident that economic disparities existed that led women in doing what they were accused of doing. Be it as it may, the development of infrastructure such as providing better roads and provision of funds to start small businesses could give women capabilities to look after themselves so that poverty was removed (Mumba, 7th September 2005).

At the Commonwealth Youth Programme Africa Centre, Grace Mfunne, a young woman living with HIV affirmed that the expansion of health facilities, schools and other social amenities and controlling alcohol drinking, drug taking and practising polygamy could do the trick in reducing poverty and curbing the HIV scourge (Grace Mfunne, Youth Ambassador for Positive Living (YAPL), 12th April, 2005).

After the interviews it was clear that poverty was an ugly concept that HIV/AIDS wanted in order to survive. So, in order for the youth to win the fight against HIV/AIDS, poverty should first be reduced, leading eventually to partners remaining faithful in their relationships.

Andy Mwale, a Young Ambassador for Positive Living (YAPL), when responding to the extent

to which social agencies were related to the issue under discussion he affirmed, “The positive living individuals should be provided with jobs, life-long skills and better nutrition practices through capacity building,” (Mwale, April, 2005).

The issue of polygamy as explained by the Senior Programme Officer, Ms. Marian Kapahkapah, became important in the fight against HIV/AIDS because,

...it leaves some women desolate, abused, and impoverished and dejected forcing them to become destitute and fall prey to the virus. And, if inheritance issues arise, it is normally the widow and children who suffer more because they are exposed to the pangs of HIV/AIDS in the process, (May 2005).

At Chipata Clinic, Mr. Tembo, the Opinion Leader affirmed,

The Christian way of one-man-one-wife and not polygamy, goes a long way in sensitising communities on being faithful for those in marriage and remaining chaste for those in courtship especially in the fight against HIV/AIDS, (Mr. Tembo, 26th August).

6.2.5 Inter-personal communication between partners as strategy in the fight against HIV/AIDS?

In-depth interviews carried out with two Communication Assistants, Kelvin and Salome of Society for Family Health (SFH) said that, inter-personal communication was cardinal in issues of confidentiality, a quality that made it the best strategy for use in counselling matters. For instance, it was commonly used in counselling the youth about ABC messages, Voluntary Counselling and Testing (VCT), knowing about the counting of the defence immunity white cells in the blood (CD4-Count), use of the Anti-Retro-Viral (ARV) drugs and what Anti-Retro Therapy (ART) meant. It demanded total confidentiality thus suitable for partners in love or marriage, (Salome and Kelvin, SFH, 5th March 2005).

Kelvin and Salome also informed,

Inter-personal communication works well also in the counselling of the youth about prevention of Mother-to-Child Transmission (PMTCT) of diseases. The community youth are also encouraged to use the mother of all communication strategies, well-known local languages, for counselling if English becomes a problem. (2005).

The assessment gave reason to believe that dialogue was imperative and an excellent social path in the discussion of issues pertaining to HIV/AIDS. The inter-personal communication recognised the importance given to the youth so that they indulged in meaningful, intelligent and educative discussions in the prevention of HIV/AIDS pandemic. This placed the strategy under discussion very high on the ranking ladder.

6.2.6 Behaviour Change Communication as a strategy in the fight against HIV/AIDS

Carrying in-depth interviews with the Chelstone Clinic, Mr. Mumba on the strategy of Behaviour Change Communication he agreed that all the Abstinence Being Faithful and Condom use (ABC) messages and printed leaflets, flyers and brochures were circulated to the youth using largely education institutions. However, At the time of writing, influences such as alcohol taking, drug abuse, recklessness and other vices have led to the use of education to develop messages that would stop such practices completely (Mumba, 29 September 2005).

Mr. Mumba further said,

The strength of behaviour change communication strategy lies in some activities that are transmitted to the youth using the media. For example, one radio spot carried by UNZA Radio and financed by Churches Health Association of Zambia (CHAZ) was one running currently saying, *Abstinence ili che....*(abstinence is good) It gives the youth added knowledge and education including awareness about ABC messages, (Mumba, Opinion Leader, CHC, 29th September 2005).

All the above are seen as crucial, impacting the youth positively in the fight against HIV/AIDS.

This assessment gave an indication that the communication strategy was strong in the minds of the youth especially those with some form of education. However, every strategy was workable, what became a problem was the method used if it was not properly executed.

6.2.7 Sex of Youth as determinant of faithfulness

When answering the above question during an in-depth interview session at Chelstone Clinic, Mr. Saambo Lubasi, a Peer Educator, said that male youth were more unfaithful than female youth in issues of sex. The reason was simple,

Women are known to be less empowered than men to arrive at certain decisions in regard to their sex life. From childhood, girls are supervised, controlled strictly and told to be submissive than boys. This lazier faire type of supervision shown to the boys and later to young male adults leads to being irresponsible to some extent in sex issues. For instance, raping and abusing small girls that results in unwanted pregnancies. These unwanted sex behaviours tendencies are in turn associated with the transmission of HIV/AIDS, (Saambo Lubasi 26th August 2005).

The early tutorage to being obedient and humble exculpated the female youth and put the male one on the defensive. Mr. Lubasi alluded to fact that male you were often more unfaithful to issues of sex in the fight against HIV/AIDS.

6.2.8 Faithfulness can be strengthened without a condom

The unfaithfulness on sex issues sometimes could be cultural oriented or lack of dialogue between partners. Ms. Witi, Assistant Coordinator, Chipata Clinic peer education section argued that those married women who wanted the condom normally sent their husbands away to other women, worsening the problem of unfaithfulness on the side of men and consequently worsened the prevalence of HIV, (Witi, ChpC, 26 August 2005).

Ms. Witi further argued that there was, in most cases, no dialogue on issues of sex. For example,

A woman is not given chance to explain her situation, whether to want sex at that time or postpone it to an appropriate time. And even if they agree to

postpone the sex act, the man would be frustrated and seek for the comfort of another woman. Whatever is the case, the behaviour is still unfaithfulness on the part of man and a deterrent to the fight against HIV/AIDS, (ibid.).

The youth argue that, at all times, men wield more power of authority and decision-making on such issues and claim that that is why unfaithfulness was still more rampant on the side of men.

Lastly, the assessment of the communication strategy of Abstinence, Being Faithful and Condom use has taken a centre stage presently because many youth feel that Abstinence and Being Faithful were the strategies and tactics that could assist greatly in the fight against HIV/AIDS. However, the message of Being Faithful, the youth argue, is difficult to practice because of the discipline attached to it.

6.2.9 Position of the Commonwealth Youth Programme (CYP) on faithfulness and the strength of the ABC messages in the fight against HIV/AIDS

A Senior Programme Officer, Marian Kapahkapah, was interviewed at the Commonwealth Youth Programme Africa Centre (CYPAC) to find out if the Abstinence Being Faithful, Condom use (ABC) messages and tactics of protection against HIV/AIDS developed unfaithfulness in those youth employing.

The replies showed that the messages had been popularised by the efforts of social agencies, Non-Governmental Organisations (NGOs), the Government and other Organisations such as the Commonwealth Youth Programme (CYP), UNICEF, Society for Family Health (SFH) and other health institutions.

Kapahkapah asserted that the condom is meant for lustful people who engage in sex indiscriminately thus not ideal in the fight against HIV/AIDS, (August 2005). Furthermore, she said other combinations of messages seemed to be significant in this case. She went on to say that there was hope that the eventual outlook was to have minimum use of the condom because of the many negative arguments against it (ibid).

However, the ABC messages were still supported as a whole but there was a great turn-around where many youth now chose AB messages only – as the only way forward. The reason to understand this was simple and centred around the fact that they foster honesty, faithfulness, understanding and discipline in the sex life of a youth and therefore become better weapons to use in the fight against HIV/AIDS (ibid).

6.2.9 Multi-media strategies and tactics in the fight against HIV/AIDS

Under the multi-media strategy the in-depth interview said that the present society was saturated with communication arms such as face-to-face, television, radio, newspapers, books, circulars, magazines, brochures, pamphlets, posters, billboards and the internet.

At the time of writing, the youth noted that some multi-media practices had brought a slight twist in sending HIV/AIDS messages to the public,

They are now using vehicles pasted with messages and some with pre-installed video systems, T-shirts, hats, sweatshirts and shoes. All these are being used to promote the prevention, protection and control of HIV/AIDS pandemic, (Kelvin and Salome, Society for Family Health, 25 July 2005).

Additionally, multi-media were presently using musical bands to provide HIV/AIDS campaign music to spice the strategy with edu-entertainment.

In addition,

The communication strategy becomes effective when it includes different health issues related to HIV/AIDS, where the youth living positively with HIV are invited to radio or television studios to air their experiences, how they were coping with the virus and issues of stigma and discrimination. Other communication strategies such as neighbourhood health committees can also be featured to see how they compliment the whole of multi-media strategy, (Mumba, Opinion Leader, Chelstone Clinic, 7 September 2005).

The in-depth interview had not missed the fact that the other strength of the multi-media strategy

was that it tried to give the public HIV/AIDS information, training, empowerment to women and decision-making capacities, using electronic and print media, debates, quiz competitions on television, provide news and facilitated live concerts (Grace Mfuno, Young Ambassador for Positive Living [YAPL], May 2005)

Lastly, the Ms. Marian Kapahkapah, a Senior Programme Officer (Commonwealth Youth Programme [CYP]) agreed that the impact of the strategy at hand could be observed during the campaigns that were carried out that included strategies such as Voluntary Counselling and Testing (VCT), Anti-Retro-Viral drugs (ARVS), Prevention of Mother-to-Child Transmission (PMTCT) and Anti-Retro Therapy (ARTs) that had drawn interest of political and other public leaders in regard to HIV/AIDS, (Marian, 30th April 2005).

6.2.10 Television, spot and songs as strategies and tactics in the fight against HIV/AIDS

An in-depth Interview with Ms. Witi, Assistant Peer Education Coordinator said that the youth at Chipata Clinic had explained with illustrations that Zambia National Broadcasting Corporation (ZNBC) television showed a female youth on CFI television that was very depressed and sad who always kept saying, “It is finished, I am nothing!” She wept uncontrollably for herself because she had been tested HIV positive. Her friend sympathised with her and counselled her to say, “it is not the end of your world but only the beginning of a positive living life that is supported with Anti-Retro-Viral” (ZNBC/CFI, 2004/2005).

Ms. Witi said the spot brought reality in the lives of the youth and led them to decide on taking positive steps in the fight against HIV/AIDS.

She continued to explain that at Chipata Clinic female and male youth usually said television spot and songs strategy was very important in the fight against HIV/AIDS. Their contribution to the assessment of the communication strategy, she affirmed, was explained in reference to Danny “Kaya’s” song that was picked and argued that it informed, educated and communicated with the youth effectively using hip-hop music rhythms. It actually warned the youth that they should be conscious of the HIV because it was a killer, mentioning the fact that some youth

could die before the year 2010 soccer World Cup, (Muvi Studios, 2005).

Furthermore, Ms. Witi affirmed that the promotion of the message of Abstinence was sometimes shown on television spot. For example, the young man who went to an old man to have an iron pant with a protective key made so that he could protect himself from HIV/AIDS (ZNBC/CFI TV Spot, 2005/2006). The spot looked simple and comical but the message and education it carried may have saved many youth from contracting HIV/AIDS disease.

Last but not the least, Ms. Witi said Muvi Studios (2005) had taken HIV/AIDS songs very seriously, for example, a Zambian reggae star, Chileshe Nshumfwa, has been singing, “Takwaba Ukupola,” a very exciting song that was danceable too and carried the message that informed, educated and communicated profoundly with the youth about the ugliness of the HIV, warning people that when one contracts HIV, there was no cure! So, abstain to survive.

Lastly, Ms. Witi explained that Chipata Clinic had developed dance/drama and song, poetry, and poem recital programmes that were used to sensitise the public under peer education, (Witi, Assistant Peer Educator, 26th August, 2005).

The assessment of the strategy affirmed that television spot and songs were imperative in the fight against HIV/AIDS.

6.2.12 Youth grants in the fight against HIV/AIDS pandemic

The Commonwealth Youth Programme (CYP) Regional Director, Mrs. Valencia Mogegeh was asked whether or not youth grants were provided to the youth and to what extent they were essential in the fight against HIV/AIDS. She said that the youth were trained in life-long skills, governance and participatory youth development. The Commonwealth Youth Programme (CYP) had been promoting youth empowerment, training the youth in participation activities and expanding employment opportunities for them. She further said CYP had trained the youth in decision-making since its inception, but had not been involved in providing cash grants for them, (Mogegeh, 12 May 2005).

Mrs. Mogegeh further explained that,

The escalating problem of HIV/AIDS has seen the Commonwealth Youth Programme (CYP) spend about 31 000 British Pounds (2003/4), 25 000 British Pounds (2004/5) and 25 000 British Pounds (2005/6) in its facilitation of HIV/AIDS activities in Zambia. The funding did not provide for youth grants disbursement. This funding has also included the integration and advocacy strategies that are meant to create an impact on the youth with a lot of enter-twined co-ordination of HIV/AIDS activities, (Mrs. Mogegeh V., Regional Director, CYP, 12 May 2005).

As can be deduced from Mrs. Mogegeh above, the Commonwealth Youth Programme (CYP) did not, in many cases, provide direct funding to social groups in order to enhance the fight against HIV/AIDS. On the other hand, the CYP acted as a facilitator in convening of workshops, seminars and conferences. However, most of the funding countries and agencies were given as follows:

Table: 6 Funding countries and agencies

African Development Bank (ADB)	UNESCO
UNFPA	UNHCR
UNICEF	USA
World Food Programme	World Health Organisation
USAID	World Bank
Sweden	Canada
France	Netherlands
DFID	Japan
Germany	Norway
IBRD/IDA	International Labour Organisation
Italy	Britain

(CYP, Zambia Country Paper, 2004)

Interviewing Grace Mfune and Andy Mwale, Young Ambassadors for Positive Living (YAPL),

they suggested that the social groups that needed funding in the fight against HIV/AIDS included: Kara Counselling (KC), Positive and Living Squad (PLS) of Zambia and Youth Alive Zambia (YAZ). Others included, Youth Networks (YN), Forum for African Women Educationalists of Zambia (FAWEZA), Zambia National AIDS Network (ZNAN), Zambia Inter-Faith Networking Group on HIV/AIDS (ZINGO) and Traditional Health Practitioners Association of Zambia (THPAZ), (Grace and Andy [YAPL], 2005).

Even if the list of donors above seems to be long, Grace and Andy affirmed, the issue of youth grants that would enhance the fight against HIV/AIDS was still to be sorted out so that the youth were provided with adequate funding. Lastly they said, even if funding was available, the distribution of funding mechanism would still pose as a hindrance to the disbursement of such funds and consequently continue to be a weakness of the strategy.

The Opinion Leader from Chelstone Clinic, Mr. Mumba, talking about youth grants said,

The strength of youth grants strategy seems to lie in encouraging the youth to participate in the fight against HIV/AIDS activities. In Chelstone Clinic community, the youth belonging to such groups as Focus Groups (FG), Community Care Takers (CCT), Faith Based Groups (FBG) and Neighbourhood Health Committees (NHC), all indicate that there is need for youth grants that would be used to provide essentials to the infected, orphans and widows, (Mumba Chelstone Clinic Opinion Leader, 7 September, 200).

The information gathered from the interviews on the strategy was that at the time of writing the HIV/AIDS funding went to the government or its wings and from there, discrimination appeared in the way funds were disbursed to social groups requesting it. In some instances, youth grants took months or years to reach target adopters.

The whole process of winning funding from donors or other philanthropists, said Eugenia Temba of UNICEF, "Calls for mutual understanding and eventually agreement between the funding agents and the target adopters that makes the whole process of the youth grants issue a participatory communication strategy," (Temba, 2005).

Even though the perception of the strategy showed that it was slightly unpopular amongst some of the youth, the strategy was viable and seemed to have a place in the lives of both employed and unemployed youth.

6.2.13 Edu-entertainment communication strategy and special events in the fight against HIV/AIDS pandemic

In one of the in-depth interviews the Senior Programme Officer at the Commonwealth Youth Programme (CYP), Ms Marian Kapahkapah affirmed that CYP placed a lot of importance on special events of the year to execute adequately the edu-entertainment strategy in the fight against HIV/AIDS. For CYP, important days such as Family Day, World AIDS Day, World Women Day, Youth Day, Mother's Day, Independence Day and other important events were days when national peoples gathered together and encouraged one another in the sharing of information, ideas and other educative activities about issues that related to HIV/AIDS (Marian, CYP, 30 April, 2005).

She went on to say the year 2006 had the theme for the World Women's Day "Enhancing Women Decision-Making in Public Institutions." This theme supported women in their fight against HIV/AIDS pandemic (ibid).

These special days in youth calendar, if used wisely, profitably and productively, could assist in intensifying efforts and continue to enhance and maximise awareness about the fight against HIV/AIDS.

Lastly, edu-entertainment communication strategy was popular among the youth because, while entertaining them, it gave the youth something to think about so that they take action for themselves and others.

6.2.14 Position of Collective Action communication strategy in the fight against HIV/AIDS

During an in-depth interview in regard to the position of collective action in the fight against

HIV/AIDS, Mr. Mumba, a Chelstone Clinic Opinion Leader affirmed that the receipt of Anti-Retro-Viral (ARVs) drugs by women brought a lot of questions; should married women receive ARVs without the consent of their partners? Do women have a right to go for Voluntary Counselling Testing (VCT) without the consent of their partners? These questions were slowly understood and answers were given in favour of women through the use of collective action (Mumba, 7 September, 2005). This again was an advantage that the strategy had over other strategies and could not be ignored.

Mr. Mumba explained that culture had brought its own impediments that inhibit smooth execution of the collective action strategy. For example, cultural complications emerged with regard to married women going for VCT/ARVs. The general feeling was that that they had no right to go for VCT (without the knowledge or permission of their husbands) let alone receive ARVs, or else they would be labelled prostitutes (ibid).

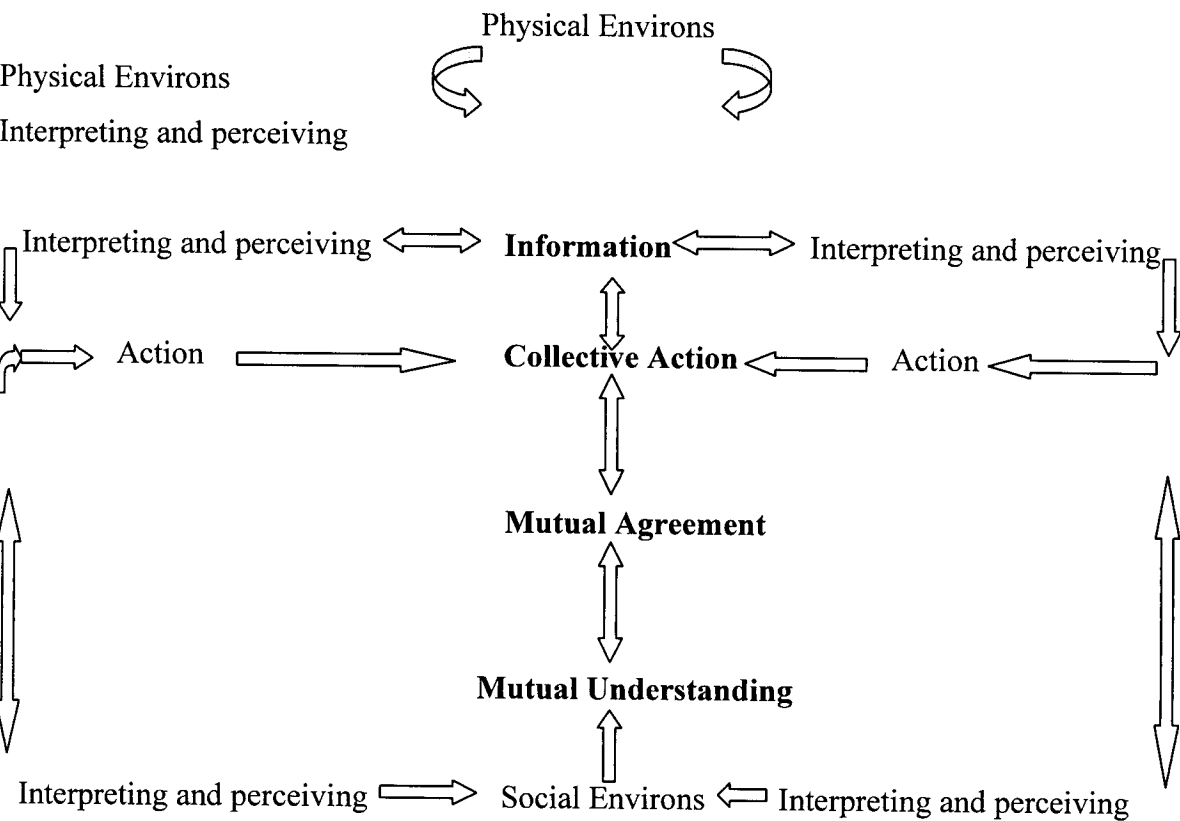
He furthermore said the method of drawing blood for testing was associated with traditional rituals or 'Satanism.' In the final analysis, it appeared to have turned out to be a crucial impediment in the fight against HIV/AIDS pandemic and had been seen to derail the efficacy of most strategies and therefore had weakened the co-strategy in question in the fight against HIV/AIDS pandemic (ibid).

Ms. Temba, UNICEF, explained that, HIV/AIDS collective action of any group was based upon information sharing, mutual understanding and finally, mutual agreement. She explained that the collective action strategy explained that the social environment lived within the physical environment. In turn, the people that created the social environment tried to perceive and interpret the environment they lived in, in order to understand their situation. And in this case the situation was that of the HIV/AIDS pandemic.

She said the environment had infected and affected various peoples who needed help from the change agents and other concern organisations. The target adopters and the change agents could not achieve anything if there was no mutual understanding (Temba, 2004). A simple diagram below on page 107 explains the strategy further.

It was explained that it was only upon reaching an agreement could action take place. For the change agents, action could be in form of providing youth grants, clothing and food, life-skills training activities and empowerment in decision-making while target adopters would have, provision of care and wellness in nutrition, supply of medicines and counselling. It was a total participatory working process that involved both male and female youth (ibid).

Diagram: 1 Collective action communication strategy at community level



(Adapted from the UNICEF, Rockefeller Foundation Paper, 2004)

In conclusion, the assessment of collective action strategy indicated that it was a preferred participatory communication strategy because it involved everybody, the youth, children and the old in the fight against HIV/AIDS.

6.2.15 Impact of the decision-making, empowerment and self-respect in the fight against HIV/AIDS

On the strategy of decision-making, empowerment and self-respect Mrs. Mogegeh affirmed in brief that,

The Commonwealth Youth Programme Strategic Plan for the year 2005/2006 has outcomes that are aimed at increasing participation of the youth in national development efforts to prevent HIV/AIDS and other diseases and reduce poverty through the knowledge gained, experience, and skills transfer. Furthermore, the level of incidence of HIV/AIDS had increased in many African countries since the 1990s and what is required are tools and information that would endeavour to empower both women and men in decision-making regarding the HIV/AIDS pandemic, (Mogegeh, Regional Director, CYP, 7 May, 2005).

Mrs. Mogegeh affirmed the presence of a number of strategies from different sectors that were in use as multi-sectoral interventions against HIV/AIDS pandemic.

On an individual level, the Regional Director lamented at how devastating the HIV/AIDS pandemic was and bemoaned at the thousands of women that were infected and intimated that HIV/AIDS strategies such as workplace programmes, training of trainers, training of peer educators and providing tips on better nutrition practices and encouraging wellness could assist to develop men and women in decision-making qualities. The strategies mentioned would, she argued, massively impact and empower women especially at the grassroots level in the fight against HIV/AIDS pandemic, (Mogegeh, CYP, May 2005).

And prior to the interview with the RD of CYP, a Senior Programme Officer (SPO) coordinating HIV/AIDS activities, Ms. Marian Kapahkapah, affirmed the sentiments of the Regional Director by adding that she knew about the role of decision-making, empowerment and self-respect participatory strategy in the fight against HIV/AIDS. She seemed to suggest that the Commonwealth Youth Programme (CYP) had not utilised the presence of authority figures such as cabinet ministers, businessmen and others in the fight against HIV/AIDS because it was not the policy of CYP to do it. However, the policy of CYP was to empower the youth up to the

grassroots level, providing them with capacity building programmes so that they were able to fend for themselves adequately (Marian, CYP, 30 April, 2005).

Grace Mfunne, a Young Ambassador for Positive Living (YAPL) affirmed what Marian brought out and said the Commonwealth Youth Programme (CYP) had been involved in programmes that had assisted the Positive Living Youth and others in similar situations, to develop their capacity in the continued process of understanding the HIV/AIDS problem. For Grace, she had even been on a sponsored trip by the Commonwealth Youth Programme (CYP) to other regions such as the South Pacific and the Caribbean to see and understand how the problem of HIV/AIDS was being tackled. She reported that the strategy was helpful, (Grace Mfunne, YAPL, 4 May 2005).

In sum, the assessment of the strategy of decision-making, empowerment and self-respect though not very popular among the youth, would, in the estimation of this researcher, be very essential in the lives of many a youth and in the overall fight against HIV/AIDS.

6.2.16 Position of Voluntary Counselling and Testing (VCT) as a strategy in the fight against HIV/AIDS

Under this strategy two officers were interviewed at Chelstone Clinic to understand how they viewed Voluntary Counselling and Testing (VCT) in the lives of the youth. Mrs. Malambo, Sister-in-Charge, Prevention of Mother-To-Child Transmission of diseases affirmed,

VCT was a very advantageous strategy in the life of an individual in the fight against HIV/AIDS because it extended the life of those infected by the HIV and encouraged them to be more productive in society, (Malambo, Sister-in-Charge, PMTCT, 29 August 2005).

She further affirmed that VCT was for everybody, not only for the youth but for the children and the old as well; it was for everybody, married, single or separated, who cared about healthy living and the extermination of the HIV (ibid).

Ms. Temba, UNICEF, said apart from the Lusaka District Health Management Team (LDHMT) supporting the strategy through their youth groups and other organisations works were on to establish pilot projects concerning PMTCT at Chelstone and Chipata Clinics. In fact, these works had been concluded. The project was started in 2004/2005. Other collaborating partners on this project were UNAIDS and the World Bank (WB), (Temba, UNICEF Advocacy/ External Relations, 19 May 2005).

Ms. Temba added to say the project appeared to aim at exposing 3,000,000 children to VCT and ARVs by the end of 2005 in Africa. And for Zambia, at least 100,000 children would have been placed under Anti-Retro Therapy and the action under which the project falls was called, '**Action 3x5**' (ibid).

Be it as it may, reports from UNAIDS and UNICEF and as reported from the media were that the number of the children projected was far from being attained by the end of 2005. However, some factors have been identified as being hindrances to effective impact of the communication strategy of VCT; shortage of VCT service points, ARVs, lack of transparency in the distribution of ARVs and lack of material related to VCT/ARVs enhancement (Unicef, 2005).

Finally, the assessment indicated that the impact and importance of the VCT communication strategy was seen in the light of its relationship with ARVs and PMTCT. The more community youth turned to the VCT, ARVs and PMTCT strategies the more the communication strategy in question was strengthened.

6.2.17 Extent to which social support for women is effective in the fight against HIV/AIDS

As shown from the responses under findings and interpretations in chapter 5, at both clinics the number of females to males was higher suggesting that the male youth were not in favour of the social support for women strategy.

Further, as noted in assessing strategies and tactics of sections 5.2.27, 5.2.28, 5.2.32, 5.2.35,

5.2.36, 5.2.38 and 5.2.39 in chapter 5, men did not support strategies that were centred around women, e.g. use of the female condom. Perhaps the male machismo prevented them from supporting what may have genuinely been strong strategies in the fight against HIV/AIDS.

However, all strategies and tactics need social support since nearly all of them were participatory in nature. The strategies of Voluntary Counselling and Testing (VCT), Anti-Retro-Viral, Prevention of Mother-To-Child Transmission (PMTCT), peer education, enhancing family planning and many others discussed in this research needed social support of one form or the other to function well and produce results whether women or men were supporting them or not.

6.2.18 Extent to which promoting women decision-making strategy and tactic is effective in the fight against HIV/AIDS

The gender-dimension strategy that called for the promotion of women in decision-making was a sensitive approach to the fight against HIV/AIDS and was important because it advocated for women and men to become partners in the fight against HIV/AIDS (Commonwealth Youth Programme [CYP], HIV/AIDS Gender Dimension, 2004).

Ms. Muungu, a Sister-in-Charge of the Prevention of Mother-To-Child Transmission at Chipata Clinic when interviewed affirmed that,

Female youth are missing their opportunities. A new dawn is supposed to bring women in front of the fight against HIV/AIDS. And they can do that if and when they are recognised as partners in development even in the fight against HIV/AIDS. The man controls his woman's sex life with the male condom. He calls all the shots, whether to use it or not, (Peer Education Group, Chipata Health Clinic (Muungu, 26 August, 2005).

And supporting fellow youth at the two clinics, Grace Mfuno and Andy Mwale, both Youth Ambassadors for Positive Living (YAPL), affirmed that,

The strategy of Zambian women in decision-making is an excellent idea for Zambian society. At the moment women are joining the bandwagon in decision-making in regard to HIV/AIDS pandemic. Further, women are:

articulate, work hard with precision, are compassionate, understanding, and have attained high levels of education, giving a high performance in all areas of production, (Grace Mfuno/Andy Mwale, YAPLs, Commonwealth Youth Programme [CYP], 12 April 2005).

Lastly, the research indicated that for women to exhibit more meaningful impact on their communities, they needed to be given more motivation in form of higher remuneration and promotion in their workplaces. In addition, the strategy should be encouraged for women acquiring more education and information to further empower them fight the HIV/AIDS.

The assessment put the strategy for women in an economic mover position for this country and placed it at a higher level in relation to others.

6.2.19 Extent to which Youth links with parents and Youth Ambassadors for Positive Living (YAPLs) strategy is effective in the fight against HIV/AIDS

In-depth interviews with an Opinion Leader at Chelstone Clinic, Mr. Mumba, who was also a chairperson of the Neighbourhood Health Committees said that HIV/AIDS had left hundreds of orphans, widows and widowed in its trail of death that needed counselling, care and understanding. He said that the strength of Neighbourhood Health Committees is concentrated in information dissemination, communication and education on issues of prevention, control of HIV and care for the infected and affected. (Mumba. Opinion Leader, 7 September 2005).

Mr. Mumba argued that linking the Youth Ambassadors for Positive Living (YAPL) with parents would continue impacting positively on the youth since those infected and had no idea where to go for Voluntary Counselling and Testing (VCT) and eventually receive Anti-Retro-Viral drugs would have that opportunity to be served by their communities. He said that the envisaged link was essential for many other things and gave the following examples:

- i) Prolonged life of those who had the virus by ensuring that ARVs were supplied and taken daily by those who needed them.
- ii) Counselling members of the community that ARVs ensured that people with the

virus continued working if they were in employment.

- iii) Counselling members and gave hope to the many that one day a cure would be found.
- iv) Warned that the experience of swallowing tablets of ARVs every day was a deterrent enough against HIV/AIDS, (Mumba, Chelstone Clinic, September 2005).

His counter part, Mr. Tembo, Chipata Clinic, also had this to say:

Local Language(s) used in communicating with the community people are important tools in the fight against HIV/AIDS. Communities love leaders who show interest in their welfare, and knowing the main local language is the best method to get attached to the community people. And since most of the news in the communities circulates around through rumours and gossip, knowing any local language, for example, Cinyanja or Cibemba, is very helpful, (Tembo, Opinion Leader and Chairperson of the Chipata Neighbourhood Health Committee, 5 September 2005).

The above was a positive impact that could not be ignored.

Lastly, the assessment brought out one point clearly, that the Young Ambassadors for Positive Living (YAPLs) and parents were 'birds of the same feather,' they needed a strong link in order to continue being very effective in the fight against HIV/AIDS. What was required in order for the strategy to be felt, as mentioned by community leaders, were funds that were supposed to be disbursed immediately if and whenever requested by community people.

6.2.20 Impact of Information, Education and communication (IEC) strategy in the fight against HIV/AIDS pandemic

In-depth interviews at the Chipata Clinic Peer Education section brought out interesting assessment of the strategy.

Ms. Witi, a Peer Educator understood the value of information, education and communication strategy and affirmed:

The information, education and communication strategy has been one that has faced a lot of hurdles, the main one is that connected to Satanist ‘voodoo’ and other black magic practices going on at the clinic. The belief or myth has in the past dissuaded a lot of the youth from attending Voluntary Counselling and Testing (VCT) counselling sessions thereby retarding progress on the reduction of the prevalence rate of HIV/AIDS in Zambia, (Witi, Peer Education Coordinator, Chipata Clinic, 26 August 2005).

A number of the youth had gone through education and had discovered that a lot more myths and other practices existed that retarded progress in the fight against HIV/AIDS. So far more people were now willing to give a little blood to test the presence of the virus and also donated blood for those who needed it in hospital (Witi, Chipata Clinic, 26 August, 2005).

And to lessen fears among the community people, he suggested, clinical staff could periodically ask their employers to provide television actuality about what happened when clients went for Voluntary Counselling and Testing, starting at the point of counselling, through to the laboratory and finally to the receipt of ARVs. The youth needed that information and education for them to be strong and have confidence as they continued participating in the fight against HIV/AIDS.

6.2.21 Impact of the media and skills training for employment strategy in the fight against HIV/AIDS

In-Depth interviews carried out with Grace Mfunne and Andy Mwale, persons living with HIV, said that if skills could be given to the youth at selected training centres, the HIV story would slowly be buried since most of the youth would find jobs and therefore have no time to indulge in unwanted sex, (Grace and Andy, YAPLs, Commonwealth Youth Programme, April 2005). The strategy of skills training for employment had been identified and supported realising that poverty was one of the problems profound enough to block the smooth fight against HIV/AIDS especially for women. The two youth affirmed that,

If and when a woman’s brain is kept busy with some income generating activity that come through acquiring skills, skills that are turned into money generating ventures such as tie and dye, batik, peanut butter and jam

making, and knitting, there is no need for a woman to think of selling her body in order to sustain her family.

The Skills are given so that the youth have no time to think about sex or selling their bodies, (Grace and Andy, YAPLs, Commonwealth Youth Programme, April 2005).

The above contribution was perhaps one of the strengths of strategy in the fight against HIV/AIDS.

Lastly, provision of skills training for employment was imperative in a third developing country like Zambia. Its strength and impact was derived from other strategies that aimed at getting rid of poverty in order to intervene in the progression of HIV?

6.2.22 Extent to which peer education strategy and tactic is effective in the fight against HIV/AIDS

During one of the in-depth interviews carried out at Chelstone Clinic, Mr. Saambo, a peer educator, affirmed that peer education was very cardinal in the fight against HIV/AIDS because it released peer pressure. The peer education strategy included messages such as Abstinence that had shown to be a tricky message that was difficult for the young adults to practice.

For instance, how would one know and be convinced that their partner had been abstaining from sex? (Saambo, Peer Educator, 29 August 2005).

Abstinence seemed to be a theoretical message to many a youth in Zambia but could be translated into a pragmatic message by the youth who were morally right. However, affirmed that whether Abstinence was adhered to or not, peer education appeared to be favoured and should continue being used among the youth (ibid).

The peer educator, Mr. Saambo, observed that peer education,

Has the advantage and importance over other strategies because it teaches

that avoiding sex before marriage is the best weapon to use if the virus has to be exterminated. Furthermore, it should continue being preached by youth peer educators themselves because it is the cornerstone of Abstinence. And, where lovers aimed at marriage, Abstinence becomes imperative, (Saambo, 29 August 2005).

At Society for Family Health (2005), Salome and Kelvin affirmed that,

Peer education encourages face-to-face communication in groups of 0-3. The reason is that the strength of communication is in the messages given that in turn displays deeper impact in many youth. Also, a free environment is provided in which the target adopter feels wanted. In fact, a whole package is given with less disturbances or distractions. The brochures, leaflets and flyers distributed are very easy to read in any place and at any time, (Kelvin and Salome, Peer Educators, SFH, 25 July 2005).

Lastly, the assessment brought out one important strength, that of having a balanced approach. This meant giving out messages on Abstinence, Being Faithful and Condom use (ABC) without any distortion. Furthermore, a mass approach was carried out where a group of 8 people or more listened to messages and were educated and informed about how they should protect themselves against HIV/AIDS. These strategies were used and impacted very strongly on the youth.

6.2.23 Extent to which promoting links with policy and advocacy activities strategy is effective in the fight against HIV/AIDS

At Chelstone Clinic, an in-depth interview with Ms. Patricia Malambo, a Sister-in-Charge, Prevention of Mother-To-Child Transmission (PMTCT) of diseases affirmed the efficacy and impact that the strategy might have had on the youth in the fight against HIV/AIDS. She said,

It seems the communication strategy in question is associated with disseminating knowledge and attitudes that have mixed impact on the behaviour of people. This is important and vital, and if that is the case, then the advocacy and policy communication strategy should aim at developing

and building capacities of the youth so that the fight against HIV/AIDS follows a desired path, (Malambo, Sister-in-Charge, PMTCT, August, 2005).

Furthermore, the advocacy and policy communication strategy had its strength embedded in information sharing. It offered education using varied documents. It included use of electronic and print media to sensitise the communities on HIV/AIDS (ibid).

And Ms. Witi, Assistant Peer Education Co-coordinator, at Chipata Clinic affirmed the effectiveness of the policy and advocacy activities strategy in the fight against HIV/IDS. She said,

The communication strategy can be strengthened if women are included in the agendas of the fight against HIV/AIDS after all it started with them and should end with them. The women have been and are still being marginalised in issues concerning HIV/AIDS and this, is one of its weakest points, (Witi, Chipata Clinic, 26 August 2005).

The policy and advocacy strategy had been supported by both the youth at Chelstone Clinic and Chipata Clinic possibly because it is one that could boost the operations of other strategies. The perceptions of respondents seemed to be in favour of the strategy because it was the foundation of the development of all strategies that might intervene in the spread of the HIV/AIDS.

6.2.24 Extent to which enhancing family planning strategy is effective in the fight against HIV/AIDS pandemic

During an in-depth interview, Ms. Witi, an Assistant Peer Educator at Chipata Clinic, affirmed the strength of the above strategy as follows:

Most of the young female youth are married at an early age producing a lot of children before they reach the age of 30 years, and when the male spouse dies of HIV/AIDS, it is the children who suffer most when you consider issues such as stigma and discrimination. This is the reason why VCT and family planning strategies are now very important in the Prevention of Mother-to-

Child Transmission of diseases because they ensure that mothers and their children survive longer [PMTCT], (Witi, Peer Education, Chipata Clinic, 26 August, 2005).

At Chelstone Clinic the Sister in-Charge of the Prevention of Mother-to-Child Transmission (PMTCT) section reaffirmed the importance and strength of enhancing family planning by explaining that,

The issue of enhancing family planning is crucial in that it ensures that suitable spacing of children and the number to be sustained is kept at its optimum level. And when a breadwinner dies, it becomes easier for relatives to look after the remaining children, (Malambo, Chelstone Clinic, 29 August 2005).

She further argued that the present situation was annoying because it was still the male partners who were not supporting enhancing family planning together with other strategies such as Voluntary Counselling and Testing (VCT) and Prevention of Mother-to-Child Prevention (PMTCT) of diseases (ibid).

However, when further asked about what should be done, she affirmed that,

Communities are ready to support the enhancing family planning strategy in the fight against HIV/AIDS, what is required now is to use new innovations in family planning that should diffuse and trickle down to the 'have-nots' in communities, (Malambo, 29 August, 2005).

Lastly, she further affirmed that the enhancement of family planning strategy was a good way of fighting against HIV/AIDS because its strength lay in encouraging young mothers to stay away from producing children often there by elongating their lives since the body immunity dwindled faster if the mother was carrying a virus after each child birth (ibid).

The assessment brought out one of the strengths of enhancing family planning, that it was concerned with the health of young mothers ensuring that they were protected from HIV/AIDS

and other endemic diseases such as HIV/AIDS. The planning or spacing out of children being born also added to the strength of the strategy because it ensured that most of the needs were provided to the child at the same time giving the mother enough time to remould her body.

6.2.25 Chapter conclusion

At the time of writing, the prevalent rate was at 16 percent in Zambia (UNAIDS Report, 2004) that made the understanding of the disease imperative. In addition, the question of what sex, male or female, supported what statement was neither here nor there, what was at stake was communicating to the youth the right and effective strategies that ensured individual, community and eventually national development.

On inter-personal communication, behaviour change communication and multi-media strategies, all interviewees supported them because they were associated with understanding of educational issues in the control and prevention of HIV/AIDS. The production of HIV/AIDS literature formed a powerful intervention in the fight against HIV/AIDS. Inter-personal communication strategy that used face-to-face, one-to-one, group communication and mass communication had all been supported and strongly appeared attractive in the fight.

Chapter 7

Recommendations and Conclusion

7.1 Introduction

After having looked at the findings, analyses and data interpretations for all the sections presented, and the results of the assessments contained here above, the researcher wishes to suggest some recommendations to help in the fight against HIV/AIDS.

The fight is for and by everybody that is why there is a call to utilise a multi-sectoral approach in the fight against HIV/AIDS.

7.2 Recommendations

7.2.1 Primary HIV/AIDS tit-bits

The youth need a constant reminder through multiple channels about the ways and means through which the HIV is transmitted for it to develop into the deadly condition of AIDS. Thus, the youth should constantly be reminded to continue protecting themselves against HIV/AIDS by abstaining from sex, avoiding dangerous habits of sharing razor blades, receiving unchecked blood, observing the need to prevent mother-to-child transmission of such diseases as HIV and other diseases and avoiding unprotected sexual intercourse between heterosexuals and homosexuals.

The above are primary care rules that should be turned into habits by every Zambia youth.

7.2.2 Intensification of youth HIV/AIDS debates, quizzes competitions, counselling and dialogue

The youth should be encouraged to continue to engage in debates, quiz competitions, counselling sessions and dialogue about HIV/AIDS issues with fellow youth, children and adults; at home, in schools, colleges, universities and workplaces to remind themselves about the importance of fighting against HIV/AIDS. This practice should be carried on direct and indirect (via mass

media) ceaselessly in order to have sufficient impact on people.

7.2.3 The dilemma of the condom and the empowerment of women

Unfortunately, the female condom has been associated with prostitutes, and many decent married women or single female youth now reject the condom avoiding being labelled prostitutes. In any case, male and female condoms seem to, in a way, put the user at risk of contracting HIV/AIDS. These characteristics, in the view of this researcher, disqualify the condoms from receiving favourable recommendation.

Consequently, the only recommendation is that the youth should avoid using any HIV/AIDS strategy that places them at risk of contracting HIV and eventually develop AIDS and die quickly if no medication is provided.

The recommendation here is that the youth should be left to decide on their own whether the condom is a viable gadget looking at the negative aspects of using it after all it is their choice, it is their life.

7.2.4 Abstinence (A) and Being Faithful (B) as strategy

New innovations in self-protection, self-prevention and self-control against HIV/AIDS now prevail amongst the youth; these are Abstinence and Being Faithful (the AB strategic messages). These promote moral values. For instance, the youth are now being encouraged to remain chaste and maintain moral uprightness.

Therefore, the youth should be encouraged to turn a new leaf in their lives and place their stake on AB strategic messages, after all these messages are priceless, but provide healthy life. The social agencies and organisations such as Society for Family Health (SFH) that have the youth at heart should be discouraged from marketing products that put the youth at risk of contracting the HIV.

In addition, even if the condom had a safety mark-up of 99.9 percent, the risk was still there

because the 0.1 percent was still enough to place hundreds of the youth in health problems.

The Abstinence and Being Faithful (AB) were reported by the youth as the strongest barriers against HIV/AIDS come up because of one important reason; the issue of sex does not arise before marriage in abstinence and being faithful is the key message in marriage. In this research, all the youth talked to support the messages and works of the social agencies, educational institutions, church organisations, non-governmental organisations and many organisations on their thinking about the value of abstinence and being faithful in the fight against HIV/AIDS pandemic.

What is now required is the creation of stronger partnerships that will erase fear and mistrust in relationships and marriages. And these relationships should be built on principles of mutual trust and honesty. Abstinence is about self-respect and being faithful is about being honest in our lives. These two are done in line with Zambia's adherence to her chosen philosophical outlook as a Christian nation and in agreement with African tradition.

Lastly, the recommendation was that youth institutions such as the Commonwealth Youth Programme (CYP), educational institutions and other organisations should not relent but should continue supporting the AB strategic messages because they were favoured by the youth, they were free and were built on Christian principles and values that enhanced trust, love and honesty in the lives of the youth.

7.2.5 Poverty, recklessness, drunkenness, polygamy and drug taking can be reduced or completely eradicated

The problems of poverty, recklessness, drunkenness, polygamy and drug-taking undermine the fight against HIV/AIDS, but this trend can be reversed and such habits reduced. These problems if not taken seriously can lead to very serious ramifications on society in the fight against HIV/AIDS pandemic.

When poverty strikes a home and becomes part of the life of the youth, it brings frustrations,

resentment and nurtures the 'I don't care' attitude that provides fertile ground for recklessness even in man-woman relationships.

Furthermore, poverty leads the youth in trying unsavoury means to sustain themselves. An interview with one youth at Chelstone Clinic mentioned that poverty was the mother of recklessness. This is the recklessness that comes in trying to find good life no matter at what cost, even if it washes away self-respect. Examples such as drunkenness and drug taking usually go together. A youth taking drugs and drinking alcohol at the same time possesses a confused mind that is prone to committing crimes. Some of the crimes include; rape, fights and abuse of the worst kind. All these seem to accelerate the prevalence of HIV/AIDS.

And on polygamy, men having two, three, or four wives in addition to so many concubines are clearly unfaithful to their partners, creating a fertile ground for an increase in the spread of HIV/AIDS even though no research paper has been read by the researcher of this paper on polygamy and the spread of HIV/AIDS. These are issues that are discussed in communities.

Recommendations in this regard are:

- a) Social agencies, international organisations, UN Agencies, the Commonwealth Youth Programme (CYP), Non-Governmental Organisations and the government should increase job opportunities for the youth who are coming out of schools, colleges and universities and offer youth grants to those in communities to stump out idleness, for idleness breeds crime. The increase in job opportunities will reduce poverty among the youth and lead to the reduction in the HIV/AIDS prevalence.

The government should enact a new law that will reduce/obliterate the practice of polygamy in Zambia as a whole in order to enhance the fight against HIV/AIDS.

- b) The government should enact a new law or reinforce old ones on the time of opening and closing of beer halls, night clubs, bottle stores and other social clubs, stipulating the ages of admittance and the fines spelt out for those contravening such laws to reduce recklessness

and drunkenness.

- c) The government, through the police traffic section, should periodically take surveillance on the youth driving cars and other vehicles to ascertain their ages and competence. Surveillance should also involve checking car parks and open highways to arrest any one found in cars or other vehicles committing indecent acts of sexual immorality that breeds HIV.
- (d) The Ministry of Youth, Sport and Child Development (MoYSCD) should intensify and accelerate the development of sports activities and sports facilities for the youth to keep their minds busy on developing their physical and mental being instead of leaving them in recklessness, a condition fertile for spread of HIV/AIDS pandemic.
- (e) The Commonwealth Youth Programme (CYP) should cultivate a cordial partnership with the universities of member countries, for example, the University of Zambia, so that they begin developing youth programmes that would aim at reducing poverty, drunkenness and drug taking.
- (f) The communication strategies of behaviour change communication (BCC), information, education and communication (IEC) and communication for social change (CSC) should continue being part of the youth programmes especially in sharing information about how to avoid reckless behaviour such as drug taking and drunkenness in the fight against HIV/AIDS pandemic.
- (g) Interpersonal communication between partners should be encouraged and be infused in dialogue during peer education, a powerful weapon for driving a valuable point about the evils of unfaithfulness in relationships, and a valuable strategy in the fight against HIV/AIDS.

7.2.6 The multi-media and HIV/AIDS strategy and tactic

The multi-media strategy and was, is and will always be the most viable social path in the fight against HIV/AIDS. The channels such as newspapers, books, magazines, journals, research papers, brochures, pamphlets, leaflets, flyers, posters and bill boards, sports and HIV/AIDS campaign shoes, hats, t-shirts, internet lines, (in ICT), television and radios should continue giving the public information and education about HIV/AIDS.

Furthermore, strategies and tactics such as television sports and songs, edu-entertainment should continue being a part of every fight against HIV/AIDS. The Ministry of Health should intensify the production of documentary films on Voluntary Counselling and Testing (VCT), Anti-Retro-Viral drugs (ARVs), Anti-Retro-Therapy (ARTs) and Prevention of Mother-to-Child Transmission (PMTCT) to fight ‘Satanist blood beliefs’ and bring the women in the mainstream of the fight against HIV/AIDS using edu-entertainment.

Lastly, drama groups in schools and workplaces should be given more space to enhance the fight against HIV/AIDS. Others such as HIV/AIDS quiz competitions in schools should be developed for the youth to increase their HIV/AIDS knowledge and awareness.

The recommendation is that the multi-media are the spring of information to the citizenry and as such they should be developed in all areas; reduced import taxes on machinery such as computers and printing accessories, for instance, on paper and inks that would do the trick in the fight against HIV/AIDS.

The manpower development and distribution of the popularity of multi-media throughout the country would also enhance the fight against HIV/AIDS. The radios and televisions, creating more channels, are required with corresponding reduction in license fees. Furthermore, censorship is required on DVDs that are being imported to cut on the influences some movies and children’s cartoons are bringing on Zambian children and the youth. Some of these cartoons are too violent, a recipe for recklessness and debauchery.

7.2.7 Enhancement of the work of HIV/AIDS social groups within communities

The neighbourhood health committees together with other social groups such as the faith-based groups, care takers and other groups work with the community people looking after the infected and those affected deeply like the orphans, widows and the widowed. These groups need funding that should be flowing directly to them from donors. The donors such as UNICEF and UNAIDS and other international organisations should place their funding directly on to the target-adopters under the collective action strategy, who are living with the people to avoid delays in the execution of HIV/AIDS programmes.

In addition, change agents should aim at knowing and understanding gatekeepers, opinion leaders and other influential people who command respect from and in communities for the fight to take a positive path.

Opinion leaders should nurture mutual understanding so that mutual agreements prevail more easily and funding flows smoothly. The neighbourhood health committees and collective action strategies blend very well together and should be used if more positive results are to be seen in the communities. The common local languages such as Icibemba and Cinyanja and others should be effective communication channels in the communities in this case especially where interpersonal communication such as one-to-one and group communication are envisaged to be carried out.

7.2.8 Enhancing the empowerment, general decision-making and self-respect for women

The struggle in the fight against HIV/AIDS has seen women marginalised in issues of Voluntary Counselling and Testing (VCT), Prevention of Mother-To-Child Transmission (PMTCT), Anti-Retro-Treatments (ARTs) and condom use. The women need a voice to reclaim their lost self-respect. They need a voice to participate effectively in decision-making; after all, decision-making follows a participatory communication process.

Organisations such as Forum for African Women Educationalists of Zambia (FAWEZA), the

Commonwealth Youth Programme (CYP), UNICEF, and Society for Family Health (SFH), National Aids Council of Zambia (NACZ) and the government can do greater works in uplifting the position of women as they gallantly soldier on in their fight against HIV/AIDS.

The recommendations in this regard include:

- a) The organisations named above should design special programmes that encompass both women and men. The programmes should stress on the special equal positions, positions of partnership, of both women and men in development such as HIV/AIDS activities.
- b) The concerned youth organisations should intensify the designing of programmes that will install and establish women in leadership positions so that they are made equally answerable in their youth work.
- c) The Commonwealth Youth Programme (CYP) should intensify the convening of regional workshops, seminars and conferences for the Youth Ambassadors for Positive Living (YAPL) so that they revise their existing HIV/AIDS policy and other diseases parts/sections so that they empower women in areas that are found wanting.

Meanwhile, the Youth Ambassadors for Positive Living (YAPL) do not have an active programme, what is required is for Zambia and other commonwealth countries in Africa to come up with a special YAPL programme suited to their own prevailing conditions in which the role of the YAPLs will be spelt out clearly. In fact, the YAPLs themselves should be the authors of such document because they will be the actors in the whole programme.

7.2.9 Society for Family Health (SFH) and its best practices

The Society for Family Health as an organisation dealing in the production and selling best practices of social products such as Abstinence, Being Faithful and Condom use (ABC) strategic messages, Prevention of Mother-To-Child Transmission (PMTCT), Anti-Retro-Virals (ARVs) and Voluntary Counselling and Testing (VCT) is recommended to:

- a) Intensify the promotion of these products especially in rural areas using their mobile vans, films, DVDs, CDs and training more peer educators and facilitators. The government should, in a similar vein, acquire such vans and train community care givers in handling the infected and the affected HIV/AIDS victims.
- b) Motivation to peer educators and other HIV/AIDS community workers should be provided in form of small allowances, offering them periodic counselling skills that can be used in other similar health problems. The allowances given should be viewed as that which could erase suspicions and speculations in the minds of community people about who is benefiting from the HIV/AIDS funding, and allow researchers involved in HIV/AIDS work to continue with their research without interruptions.
- c) The Society for Family Health (SFH) should increase the number of functions per provincial centre in its decentralisation package. For instance, increase in mobile vans and peer educators. The SFH and indeed any other organisation dealing with HIV/AIDS as a social problem, should not send experts to give prescriptions to community people about what they already know but send them to give that which the community people know will assist them in the fight against HIV/AIDS pandemic.

7.2.10 Enhancement of policy and advocacy activities

The HIV/AIDS policy and advocacy are very cardinal for all those women and men who empathise with people suffering because of the HIV/AIDS scourge. The policy facilitates the execution of the programmes and directs on how well they will be placed. Thus the present national HIV/AIDS policy in Zambia and that of the Commonwealth Youth Programme (CYP) should have more space (programmes) targeting the Young Ambassadors for Positive Living (YAPLs) and others living positively with the virus.

The policy should expand the role of the YAPLs and others in a similar situation because they are young people who work with other young people to inform and educate them and finally share whatever HIV/AIDS ideas they have. These youth need prominence in the HIV/AIDS

policy and advocacy documents because they stand as role models that show communities that *HIV positive youth can be active citizens and how willing they are to institute positive changes in their community lives* (“Zambia Human Face of the YAPs, UNAIDS Regional Support Team of East Africa and Southern Africa, P3-P5, 2004).

In this regard, one would recommend that:

- a) The policy and advocacy documents should include a written strategic framework to guide HIV/AIDS programmes.
- b) The HIV/AIDS policy should be circulated to all youth social groups and other organisations working with the youth because at the moment it was non-existent.
- c) Zambia is said to have inadequate administration, human and financial resources to address the policy and advocacy issues. The Commonwealth Youth Programme (CYP), United Nations International Children’s Education Fund (UNICEF), Lusaka District Health Management Team (LDHMT), Society for Family Health (SFH) and other cooperating partners should put there resources together so that a policy and advocacy documents that are youth oriented are produced and put in place.
- d) Youth HIV/AIDS exchange programmes are essential in any organisation, thus Zambia should infuse in its youth HIV/AIDS policy, a section that addresses how youth HIV/AIDS exchange visits are going to be developed and executed, by whom and who is going to benefit from them and at what cost? The Commonwealth Youth Programme (CYP) as a facilitator of such issues can take a leading role in calling for collective action on this issue from other member countries before Zambia can do it for its youth.

Lastly, the youth HIV/AIDS policy and advocacy issues should now take a central stage in the fight against HIV/AIDS so that more and more youth organisations take interest in it. And in any case, the HIV/AIDS policies have been replicated in many organisations and countries so that what is required is for Zambia and indeed any organisation to see what youth rudiments are

missing and fill them in and become proactive thereafter.

7.3 General conclusion

During the research, it was obvious that some strategies and tactics have taken a while for the youth and the old to accept their viability. For instance, the Abstinence, Being Faithful and Condom use (ABC) strategic messages, especially the condom, has been the main song sang by many change agents but there was more visible emphasis on abstinence and being faithful.

Furthermore, some of these HIV/AIDS strategies and tactics have been received passively by the youth because of some inhibiting factors identified by the youth including cultural barriers, age factor (where some strategies and tactics were seen as inappropriate to the youth under a certain age, especially those connected with sex) and remoteness of residential areas.

Then, there is, among others, the factor of religion; some religious values, beliefs and past experiences have affected and inhibited the impact of strategies and tactics among the youth. For instance, the condom, in the prevention of the HIV counteracts its values and beliefs about childbirth. Similarly, certain cultural beliefs in Zambia have contributed to the increase in the HIV/AIDS prevalence rate; for instance, the support of polygamy in a number of societies. Addressing these and other problems not mentioned here, might lead to bettering the lot of those affected or infected by HIV/ AIDS. This study has examined various strategies and tactics used in the fight against the disease and the researcher hopes that Zambia and other countries will benefit from this effort.

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APPENDICES

APPENDIX A: QUESTIONNAIRE SET, A

Questions designed for the youth who attend peer education sessions at Chelstone Clinic and Chipata Clinic.

I am a postgraduate student of Mass Communication for Development (MCD) at the University of Zambia (UNZA), Great East Road Campus, Lusaka. I am researching on “Assessing of Anti-HIV/AIDS Campaigns in Zambia. A Case Study of Strategies and Tactics used by the Commonwealth Youth Programme (CYP) in Lusaka.” The essence of this research is to find out about the impact and effect of HIV/AIDS strategies and tactics on the youth in Zambia.

This exercise is purely academic and there is no right or wrong answers to the questions in this paper and no one will judge your answers. In addition, the questions will be strictly confidential. No record or name of respondents will be kept. Finally, no one, apart from the researcher and his supervisor will see the answers or pass them to any one else.

Section 1: Respondent’s details – The section seeks for information about you the respondent. Kindly circle or tick the answer of your choice.

- 1. Sex... 1. Male 2. Female
- 2. Age... 1. Below 20 years
 - 2. 20-24 years 6. 40-44 years
 - 3. 25-29 years 7. 45-49 years
 - 4. 30-34 years 8. 50-54 years
 - 5. 35-39 years 9. 55-60 years
- 3. Marital Status
 - 1. Single 2. Married 3. Separated 4. Widow/Widower
- 4. Education
 - 1. Primary 2. Secondary 3. College/University 4. Not Attended any School
- 5. Residence
 - 1. High density area 2. Medium density area 3. Low density area
- 6. Are you in employment?

1. Yes 2. No

7. If yes (refer to question 6), what type of employment?

1. Managerial 2. Business person 3. Crafts man/Mechanic/Technician

4. Clerical 5. Agricultural 6. Driver/Cleaning staff

7. Teaching 8. Other such as Trading

8. In which Income category do you fall?

1. More than 3.5 Million Kwacha 2. 2.5-3.4 Million Kwacha

3. 1.5-2.4 Million Kwacha 4. Less than 1.4 Million Kwacha

Section 2: Condom Use– Indicate the answer by **Circling** or **Ticking**.

9. AIDS is a killer disease that has no cure at the moment.

1. Strongly Agree 2. Agree 3. Are Neutral

4. Disagree 4. Strongly Disagree

10. HIV can be transmitted through several ways: blood transfusion, use of razor blades carelessly, Mother-To-Child Transmission and through sexual intercourse.

1. Strongly Agree 2. Agree 3. Are Neutral

4. Disagree 5. Strongly Disagree

11. What do you think of the value of Condoms (both Female and Male) in the fight against HIV/AIDS pandemic?

1. Very Reliable 2. Reliable 3. Are Neutral

4. Unreliable 5. Very Unreliable

12. Women do not know that the use of a Female Condom actually empowers them to negotiate equally with their male partners.

1. Strongly Agree 2. Agree 3. Are Neutral

4. Disagree 5. Strongly Disagree

Section 3: Abstinence message against HIV/AIDS – Indicate the answer by **circling** or **ticking**.

13. What do you think about the Value of Abstinence as a Message of prevention and protection against HIV/AIDS pandemic?

1. Very Reliable 2. Reliable 3. Are Neutral

4. Unreliable

5. Very Unreliable

Indicate by a **tick** or a **circle** your choice from the selections for each category below about the extent to which the institutions use the Abstinence approach to HIV/AIDS prevention.

14. Social Agencies	1. Very Frequently	2. Frequently	3. Do Not Know	4. Rarely	5. Very Rarely
15. Educational Institutions	1. Very Frequently	2. Frequently	3. Do Not Know	4. Rarely	5. Very Rarely
16. Church Organisations	1. Very Frequently	2. Frequently	3. Do Not Know	4. Rarely	5. Very Rarely
17. NGOs	1. Very Frequently	2. Frequently	3. Do Not Know	4. Rarely	5. Very Rarely
18. Clubs	1. Very Frequently	2. Frequently	3. Do Not Know	4. Rarely	5. Very Rarely

19. The Youth and Adults who are involved in drinking alcohol and drug taking do not effectively practice *Abstinence* as a preventive or control measure against HIV.

1. Strongly Agree 2. Agree 3. Are Neutral
4. Disagree 5. Strongly Disagree

Section 4: Being Faithful message against HIV/AIDS – Indicate the answer by a **tick** or a **circle** where necessary.

Question: Indicate the extent to which the following lead to Unfaithfulness.

20. Poverty	1. Strongly Agree	2. Agree	3. Are Neutral	4. Disagree	5. Strongly Disagree
21. Recklessness	1. Strongly Agree	2. Agree	3. Are Neutral	4. Disagree	5. Strongly Disagree
22. Drunkenness	1. Strongly Agree	2. Agree	3. Are Neutral	4. Disagree	5. Strongly Disagree
23. Polygamy	1. Strongly Agree	2. Agree	3. Are Neutral	4. Disagree	5. Strongly Disagree
24. Drug Taking	1. Strongly Agree	2. Agree	3. Are Neutral	4. Disagree	5. Strongly Disagree

25. Interpersonal Communication between Female and Male Partners is important in discussing HIV/AIDS issues especially in maintaining faithfulness.

1. Strongly Agree 2. Agree 3. Are Neutral
4. Disagree 3. Strongly Disagree

26. What do you think about the use of Behaviour Change Communication Strategy in the fight against HIV/AIDS pandemic?

1. Very Effective 2. Effective 3. Not Sure
4. Not Effective 5. Useless

27. The Male Youth are more unfaithful than Female Youth in dealing with sex issues.

1. Strongly Agree 2. Agree 3. Are Neutral
4. Disagree 5. Strongly Disagree

28. Select your best choice of Strategic Messages number you think is ideal and effective in the fight against HIV/AIDS pandemic (*Messages = Condom [C], Being Faithful ?[B], Abstinence [A]*):

1.	A	B	C
2.	B	A	C
3.	B	C	A
4.	A	C	B

Section 5: Communication strategies used against HIV/AIDS – Indicate the extent to which the following communication strategies are important in the fight against HIV/AIDS pandemic. **tick or circle** the answer for **quest. 29-32**.

29. Multi-Media Campaigns	1. Very Important	2. Important	3. Not Sure	4. Not Important	5. Not Very Important
30. Television Spots and Songs	1. Very Important	2. Important	3. Not Sure	4. Not Important	5. Not Very Important
31. Edu-Entertainment	1. Very Important	2. Important	3. Not Sure	4. Not Important	5. Not Very Important
32. Neighbourhood Health Information	1. Very Important	2. Important	3. Not Sure	4. Not Important	5. Not Very Important

Answers to 33-36 refer to the following question:

What do you think is the position of participatory communication strategy in relation to other communication strategies such as the following?

33. Provision of Youth Grants	1. Very Necessary	2. Necessary	3. Not Sure	4. Not Necessary	5. Not Very Necessary
34. Promotion of Collective Action	1. Very Necessary	2. Necessary	3. Not Sure	4. Not Necessary	5. Not Very Necessary
35. Decision-Making, Empowerment and Self-Respect	1. Very Necessary	2. Necessary	3. Not Sure	4. Not Necessary	5. Not Very Necessary
36. VCT	1. Very Necessary	2. Necessary	3. Not Sure	4. Not Necessary	5. Not Very Necessary

Answers to 37-44 refer to the following question;

Indicate the extent to which the following communication strategies are effective in the fight against HIV/AIDS pandemic?

37. Social Support for Women	1. Very Effective	2. Effective	3. Not Sure	4. Not Effective	5. Not Very Effective
38. Promoting Women in Decision-Making	1. Very Effective	2. Effective	3. Not Sure	4. Not Effective	5. Not Very Effective
39. Youth Links with Parents and YAPLs	1. Very Effective	2. Effective	3. Not Sure	4. Not Effective	5. Not Very Effective
40. Information, Education and Communication	1. Very Effective	2. Effective	3. Not Sure	4. Not Effective	Not Very Effective
41. Provision of Skills Training for Employment	1. Very Effective	2. Effective	3. Not Sure	4. Not Effective	5. Not Very Effective
42.	1.	2.	3. Not Sure	4. Not Effective	5. Not Very

Provision of Peer Education	Very Effective	Effective			Effective
43. Promoting Links with Policy and Advocacy Activities	1. Very Effective	2. Effective	3. Not Sure	4. Not Effective	5. Not Very Effective
44. Enhancing Family Planning	1. Very Effective	2. Effective	3. Not Sure	4. Not Effective	5. Not Very Effective

July, 2005

Thank you for participating in the research!

**APPENDIX B: INTERVIEW FOR THE REGIONAL DIRECTOR, THE
COMMONWEALTH YOUTH PROGRAMME, AFRICA CENTRE
(CYPAC)**

TOPIC: Assessing anti-HIV/AIDS Campaigns in Zambia. A Case Study of Strategies and Tactics in the fight against the HIV/AIDS

DATE: 12th May 2005

TIME: 16.00 hours

GUIDING QUESTIONS

1. What is your perception of the HIV/AIDS pandemic as Regional Director of the CYP looking at the African context?
2. What can you say, according to your own experience, is the most devastating effect of the HIV/AIDS pandemic?
3. Do you think CYP is disseminating HIV/AIDS information among Zambian community youth and Africa satisfactorily?
4. Where has CYP been putting emphasis in the fight against HIV/AIDS pandemic and why?
5. Where does CYP place her funding in the fight against HIV/AIDS and, how much is the annual budget?
6. How is HIV/AIDS funding provided and which age group of the youth is targeted?
7. What Strategies and tactics is CYP using in reaching the youth in the fight against HIV/AIDS pandemic and what has been the impact?
8. What Advocacy methods is CYP using in the fight against HIV/AIDS pandemic?

Thank you for participating in the interview!

**APPENDIX C: INTERVIEW FOR THE SENIOR PROGRAMME OFFICER (SPO),
COMMONWEALTH YOUTH PROGRAMME (CYP)**

TOPIC: Assessing the Anti-HIV/AIDS Campaigns in Zambia, A Case Study of Strategies and Tactics used in the fight against the HIV/AIDS.

DATE: 30th April 2005

TIME: 15.00 hours

GUIDING QUESTIONS

1. To what extent does the Commonwealth Youth Programme (CYP) use the following mass media channels: television, radio, pamphlets, brochures, flyers, bill boards, booklets, leaflets and books in communicating with the youth in the fight against HIV/AIDS pandemic?
2. Which one(s) of the channel(s) mentioned is or are attractive to the youth as communication strategies in the fight against HIV/AIDS and why?
3. What Message among the ABC Messages is appropriate for the youth and why? Does the appropriateness of the Message show its effectiveness?
4. To what extent are Interpersonal Communication, Group Communication and Public Address System (communication) effective in counselling the youth in the fight against HIV/AIDS pandemic?
5. Do you use Peer Education in the counselling, information dissemination and education in reaching the youth in the fight against HIV/AIDS and what age groups are targeted?
6. What area needs attention of protection from HIV/AIDS among Low, Medium and High Density areas?
7. How can Youth Groups, International Organisations, Organisations, Social Agencies and the Government view special events and days such as World AIDS Day, World Women's Day, Youth Day, Independence Day, Farmer's Day and other such important days in the fight against HIV/AIDS?
8. Is the Condom safe as a rubber for fighting against HIV/AIDS? If the answer is no, what would be the most appropriate and effective Communication Strategy?
9. What HIV/AIDS Communication Strategy can be recommended for parents in order to reach out to the youth?

10. What role can Christianity in Zambia play in the fight against HIV/AIDS pandemic?
11. The youth are facing poverty as a menacing enemy just as much as HIV/AIDS is how can poverty be eliminated?
12. Teenagers are much more under the threat of HIV/AIDS, how can African Governments effectively protect the teenagers from the scourge of HIV/AIDS pandemic?
13. Is it prudent to state that the youth in higher institutions of learning do not need HIV/AIDS Counsellors and Peer Educators?
14. Why is ignorance about the causes and effects of HIV/AIDS still regarded as a drag on the development of the youth today?
15. Why is the position of a Youth Ambassador for Positive Living (YAPL) as a Role Model important today?
16. What is CYP doing to ensure that women are empowered more in the fight against HIV/AIDS and why?
17. What strategy can be devised to introduce the Message of Abstinence to the Youth?

Thank you for participating in the interview!

APPENDIX D: INTERVIEW FOR YOUTH AMBASSADORS FOR POSTIVE LIVING (YAPLs)

TOPIC: Assessing of the anti-HIV/AIDS Campaigns in Zambia. A Case Study of Strategies and Tactics used in the fight against the HIV/AIDS.

DATE: 4TH May 2005

TIME: 14.30 hours

GUIDING QUESTIONS

1. What is the immediate reaction when one is tested HIV positive?
2. What was your social life like before your tested positive?
3. Have you ever used a Condom? What can you say about a Condom as a protective shield against HIV/AIDS?
4. How are women empowered when they use their own Condom?
5. What advantages do you have as a Youth Ambassador for Positive Living (YAPL)?
6. What HIV/AIDS Communication Strategy has greatly impacted on the Youth, why?
7. What Youth age groups have benefited through the YAPL Communication Strategy?
8. Do you think poverty makes women vulnerable to the contraction of HIV/AIDS, why?
9. What strategies can be used to provide resources for promoting sexual and family responsibility among the youth in the fight against HIV/AIDS?
10. Explain how Zambian women can get involved in decision-making in the fight against HIV/AIDS?

Thank You for Participating in the Interview!

APPENDIX E: INTERVIEW WITH THE UNICEF'S ADVOCACY AND EXTERNAL RELATIONS OFFICER, LUSAKA

TOPIC: Assessing anti-HIV/AIDS Campaigns in Zambia, A Case Study of Strategies and Tactics used in the fight against the HIV/AIDS.

DATE: 19th May, 2005

TIME: 09.30 hours

GUIDING QUESTIONS

4. Has UNICEF got an HIV/AIDS Programme/Project of its own?
5. What Organisations work in liaison with UNICEF in the fight against HIV/AIDS?
6. What does ACTION "3x5" signify for UNICEF and her Cooperating Partners?
7. Explain how UNICEF uses CSC, IEC and BCC strategies in the fight against HIV/AIDS pandemic?
8. How can community participatory communication assist in the fight against HIV/AIDS pandemic?
9. Why should UNICEF worry about the development of an HIV/AIDS Youth Policy?
10. How can UNICEF use the Rockefeller Foundation, Integrated Model of Communication for Social Change (IMCSC), in the fight against HIV/AIDS pandemic?
11. Does UNICEF provide funding to community Social Groups involved in the fight against HIV/AIDS?

Thank you for participating in the interview!

INTERVIEWEE

Ms. Temba Eugenia, Advocacy and External Relations Officer, UNICEF, Lusaka, March, 2005.

APPENDIX G: INTERVIEW WITH THE OPINION LEADERS OF CHESTONE CLINIC (CC) AND CHIPATA CLINIC (ChC) COMMUNITIES, LUSAKA

TOPIC: Assessing Anti-HIV/AIDS Campaigns in Zambia. A Case Study of Strategies and Tactics Used in the fight against the HIV/AIDS

DATE: 26th August/7th September 2005

TIME: 09.30 hours – 12.00 hours

GUIDING QUESTIONS

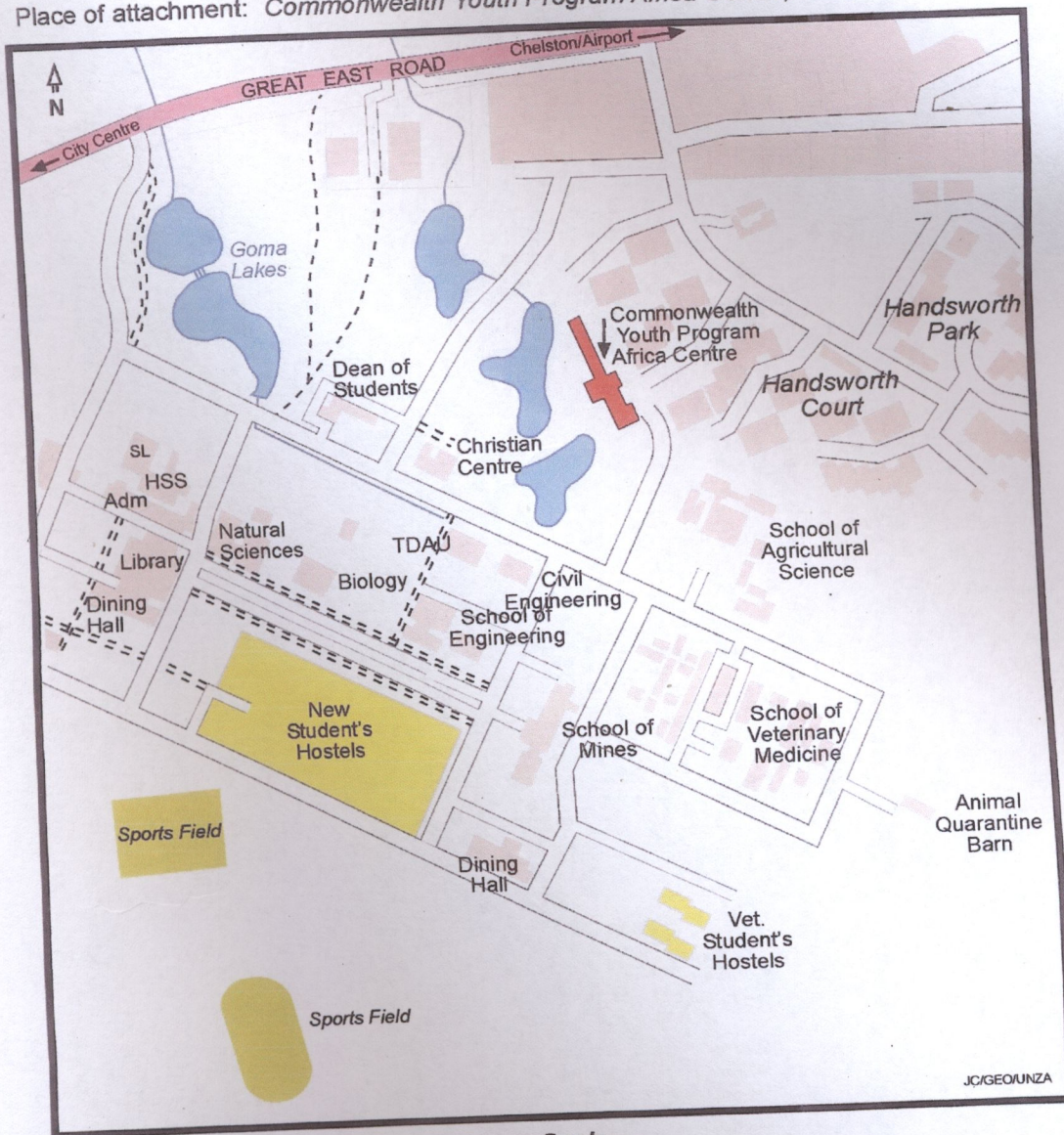
1. How are you chosen as the Chairperson of the Neighbourhood Health Committee? What qualities does the Community consider?
2. What are the functions of the Committee in as far HIV/AIDS pandemic is concerned?
3. In what areas of the functions of the Committee are the youth active?
4. Can you say Peer Education is a viable communication strategy for the youth in the fight against HIV/AIDS pandemic? Explain your answer.
5. What other Social Committees or Groups are working in liaison with the NHC in the fight against HIV/AIDS?
6. How has the NHCs dealt with the “Satanist cult myth of drawing blood” when you consider clients who need to be tested for HIV?
7. Do you see any problems with young mothers attending to PMTCT?
8. What is the general view of male youth about their female youth going for VCT?
9. Do you think female youth should exercise their human rights in cases of VCT, PMTCT and ARVs?
10. Is there an indication to say HIV/AIDS Messages are now loud enough for everybody to understand, why do you say so?
11. Is funding of small HIV/AIDS a big problem? Who funds communities and through what channels can this funding be accessed and channelled?
12. How are life-long skills to fight against HIV/AIDS transmitted to the community youth?
13. Is drama useful to the youth in the fight against HIV/AIDS, how and why?

SOME INTERVIEWEES

- Mr. Mumba Patrick, Opinion Leader and Chairperson of NHC, Chelstone Health Clinic Community, Lusaka, 7th September, 2005.
- Mr. Tembo Robert, Opinion Leader and Chairperson of NHC, Chipata Health Clinic Community, Lusaka, 5th September, 2005.
- Ms Witi Febby, Assistant Coordinator, Peer Education, Capac, Lusaka, 26th August, 2005.
- Mrs Mungu Jean, Mid-Wifely, ChpC PMTCT Section, Lusaka, 26th August, 2005
- Mr. Saambo Lubasi, Peer Educator, CHC, Lusaka, 30th August, 2005
- Ms Zulu Rose, Facilitator/Psycho-social Counsellor, Peer Education, CHC, Lusaka, 30th August, 2005.
- Mrs. Malambo Patricia, Sister-in-Charge, PMTCT, CHC, 29th August, 2005.
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Appendix H

Place of attachment: Commonwealth Youth Program Africa Centre, 2005



Scale
0 100 200 300 400 metres

LEGEND

- Commonwealth Youth Africa Centre
- Student Hostels
- Staff Housing and other Built-up Areas
- Sports Field
- Great East Road
- Other Roads
- Goma Lakes