

YOUTH TO YOUTH: A STUDY OF THE HIV/AIDS COMMUNICATION STRATEGY OF PEMA/ACT IN CÔTE D'IVOIRE

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ABSTRACT: After two decades of work in HIV/AIDS, actors have come to the realization that there has been a missing link in the whole process. Many theories and communication strategies have been used or proposed but more people continue to be infected every day.

This aim of this project was to study the communication strategy of a faith-based organization known as PEMA or African Christian Television – that emerged in the late 1990s, to create awareness about social ills in Africa such as unemployment, teenage pregnancy, street children, family issues and challenges as well as HIV/AIDS. This Africa-based organization uses Entertainment Education (EE) to attract the attention of the public to the problems that plague Africa today. Its HIV/AIDS programmes are broadcast on national television stations in Cote d'Ivoire and more than 10 francophone countries. Its work in Africa, particularly its HIV/AIDS programmes, has caught my attention hence this study to determine what communication strategy it uses.

The study was based on interviews, content analysis, participant observation and literature review about HIV/AIDS in Cote d'Ivoire. I interviewed the director of ACT and Assistant producer of HIV/AIDS programme known as 'Miel Mortel.' Out of about 30 videos developed by ACT for the youth and by the youth, a random sample was studied and analysed. Youth reaching out to fellow youth confirms the premise of Rogers and Bhowmik (1971) that communication is more effective when source and receiver are homophilous. Homophily is the degree to which individuals in dyad are congruent or similar in certain attributes, such as demographic variables, beliefs and values (Touche 1974).

The study recommends to HIV/AIDS actors to integrate voice, culture and visibility as well as a multimedia strategy into their HIV/AIDS programming rather than continue using the diffusion of innovation strategy or the hypodermic needle model of communication of ABC (Abstain, Be faithful and use condoms). The study equally recommends the social interaction model and the bottom up approach to be able to reach the grassroots and convince them of the deadly disease.

Index Terms— Africa, communication, disease, entertainment education, social, strategy, youth,

1 INTRODUCTION

1.1. Introduction

Two decades of work in HIV/AIDS revealed a missing link in the many theories and communication strategies being used or proposed to fight against HIV/AIDS. The result is that more people continue to be infected every day. Yet there are many organisations implementing good strategies that are worth replicating. Hence this project to study the communication strategy of a faith-based organization known as PEMA or African Christian Television. This Africa-based organization emerged in the late 1990 and it uses Entertainment Education (EE) to attract the attention of the public to the problems that plague Africa today such as unemployment, teenage pregnancy, street children, family issues and challenges as well as HIV/AIDS. Its HIV/AIDS broadcasts are broadcast on national television stations in Cote d'Ivoire and more than 10 francophone countries.

22 PROCEDURE FOR PAPER SUBMISSION

2.1 Review Stage

Detailed submission guidelines can be found on the author resources Web pages. Author resource guidelines are specific to each journal, so please be sure to refer to the correct journal when seeking information. All authors are responsible for understanding these guidelines before submitting their manuscript. For further information on both submission guidelines, authors are strongly encouraged to refer to <http://www.ijser.org>.

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roduction and background to the study

1.2. Introduction

Two decades of work in HIV/AIDS revealed a missing link in the many theories and communication strategies being used or proposed to fight against HIV/AIDS. The result is that more people continue to be infected every day. Yet there are many organisations implementing good strategies that are worth replicating. Hence this project to study the communication strategy of a faith-based organization known as PEMA or African Christian Television. This Africa-based organization emerged in the late 1990 and it uses Entertainment Education (EE) to attract the attention of the public to the problems that plague Africa today such as unemployment, teenage pregnancy, street children, family issues and challenges as well as HIV/AIDS. Its HIV/AIDS broadcasts are broadcast on national television stations in Cote d'Ivoire and more than 10 francophone countries.

1.3. Context of HIV AIDS in Africa

Health communication has become of global concern because of the prevalence of diseases like HIV/AIDS in the world (endemic in Africa), SARS (China), Ebola disease (Congo), malaria (Africa) and other diseases. The UN Millenium goals for 1990-2015 include the fight against these diseases, cited as the sixth among others like eradicating poverty, achieving universal primary education, promoting gender equality, reducing child mortality, improving maternal health, ensuring environmental sustainability and developing a global partnership for development. According to WHO and UNAIDS, about 53 million people have contracted the HIV virus and 18.8 million of men, women and children have died of AIDS since the 1970s when the epidemic began. Out of this figure, 14 million of them are from sub-Saharan Africa.¹

A Congressional Research Service (CRS) reported that sub-Saharan Africa has been more affected by AIDS than other parts of the world. It has more than 70% of the world-wide population of infected people with a prevalence rate of 8.8% compared to 1.2% world wide. A UN report says that 29.4% adults and children worldwide are infected with AIDS, up from 28.4% in 2001. UNAIDS estimates that by 2020, an estimated 55 million Africans will lose their lives to AIDS. Twelve countries in East and Southern Africa have prevalence rate of more than 10% but the rate has reached 38% in Botswana. A 2001 UN reports says 21.5 million Africans have already lost their lives to AIDS to date. In 2003 alone, the number of infections reached 3.2 million while the number of deaths reached 2.3 million, UNAIDS report said. Furthermore, the report says women are two and half times more susceptible to contracting AIDS than men due to early sexual activity among them and the high tendency of multiple partners.

Children are not left alone in this dilemma. UNAIDS says 500,000 African infants are infected with HIV each year through mother to child transmission. An estimated 11 to 13.2 million children are orphaned by AIDS with the estimation that by 2010, 20.1 million

children will have lost one or both parents to AIDS.

1.3. HIV/AIDS in Cote d'Ivoire

In West Africa, several reports including that of UNAIDS confirm that Côte d'Ivoire is the country most severely affected by HIV/AIDS with a prevalence rate of around 11-12%. This is attributed to poverty, cultural practices, migration, population movement and inadequate access to information. The high prevalence of HIV/AIDS was originally attributed to truck drivers who used to travel long distances from neighbouring countries into Cote d'Ivoire. Having left their wives behind, they often visited sex workers who transmitted the disease to them. But the recent upsurge in population movement in and out of the country has tremendously contributed to the high prevalence rate of HIV/AIDS. The West Africa region experienced massive population movement in the last ten years due to wars in Liberia, Sierra Leone and Cote d'Ivoire and this has shot up the HIV prevalence rate in the region.

Total population of Cote d'Ivoire is estimated at 14.5 million in 1999, with 6.8 million adults between the ages of 15 and 49. Fecundity rate was estimated at 5.8% in 1998, and life expectancy at 47 years. Average adult literacy rate was 40%, with a gender difference (50% for men and 30% for women).² AIDS constitutes the principal causes of death in Cote d'Ivoire, says the UNAIDS report. The number of infected people is estimated at 1,200,000 people and 50 % of these are children and youth. Forty-five percent of tuberculosis patients and 30% of professional people are HIV positive (44% of teachers are infected). Over 75,000 people died of AIDS in 2002 and there are over 420,000 AIDS orphans. The age range that is most affected is between 15 to 49 years. The sex ratio of men to women has passed from 4.8 :1 to 1.5 :1. On the national level, four groups of people are considered particularly at risk because they are the most affected by the epidemic. These are youth, women, prostitutes and migrants.³

The country is currently undergoing war and instability. This political instability does not permit effective national response, although the political commitment is still high. Consequently, all planned activities are being implemented slowly. Below is a brief distribution on prevalence rates in major towns.

Table 1: Prevalence rate of HIV/AIDS in Cote d'Ivoire by region⁴

	1998	2000
Abidjan	13.75	10.8
Abengourou	12	12
Bondoukou	12.75	11
Bouake	9.8	7.7
Daloa	8.41	8.4
Korhogo	8.36	8

² UNAIDS

³ UNICEF. Impact du VIH/SIDA sur les enfants. Le cas de la Cote d'Ivoire, 2003

⁴ Source: Pogramme National de la Lutte contre le Sida PLNS

¹ Open Secret: People Facing Up to HIV AIDS in Uganda by ACTIONAID

Odiene	9.09	8.9
Man	10.23	10.6
San Pedro	8.05	9.1
Yamoussokro	-	8.6

1.4. The domain of the study

The domain of this study is health communication strategy. The purpose of the study is to analyse and understand the HIV/AIDS communication strategy used by the African Christian Television, (known in Côte d'Ivoire as PEMA), an NGO working primarily in Côte d'Ivoire but reaching other Francophone countries in Africa and beyond through its programmes. My aim is to bring out lessons learned that could be shared with other actors in HIV/AIDS communication in Africa and beyond.

1.5. Why study ACT?

- Africa Christian Television (ACT) is a faith-based organization that tackles social ills in Africa such as unemployment, street children, early pregnancies, and diseases which includes HIV/AIDS. It is only one among over 600 NGOs working in HIV/AIDS prevention in Cote d'Ivoire.
- It is an Africa-based institution directed by an African. All staff members are Africans while expatriates are involved only in the area of training and funding.
- It is not affiliated to any particular denomination but was a communication project started by the communication commission of Association of Evangelicals in Africa.
- It is an organization equipped with modern technology more sophisticated than those of some national TV stations that it collaborates with.
- In the past, issues related to sex were handled as taboos in Christian circles. But since sexually transmitted disease are ravaging our health situation all over the world, many Christian organizations are only now getting involved in health projects. A good number of churches have not yet started addressing the issue of AIDS but ACT is in a way a pace setter for them.
- Given that there is a huge unmet need for information on HIV/AIDS, sexuality and life skill education, ACT has taken up this communication challenge in partnership with other stakeholders like 3XM, Patella foundation and others, to contribute to a saturation of relevant information and communication about sexuality, HIV/AIDS and life skill education in Cote d'Ivoire and other franco-phone countries.

1.5. Research questions

My research questions therefore include:

- What is the vision of ACT?
- What is the goal of ACT?
- What strategy does ACT use in its HIV/AIDS communication?
- Who is the audience of ACT?

- What amount of feed-back does ACT receive from its audience?
- How much does ACT involve its audience in its strategy?
- What communication strategy does ACT use in its programming?
- How does ACT prepare its TV programs?
- What educational values are included in ACTS strategy and what is the appreciation of the audience?
- What lessons can actors in HIV/AIDS learn from ACT's communication strategy?

1.6. Rationale for the study

A study on HIV/AIDS communication is a very important subject because of the increasing number of infected persons in sub-Saharan Africa. In "AIDS Prevention with Adolescents", Rotheram-Borus et al (1995), say that prevention of immunodeficiency virus (HIV) and acquired Immunodeficiency syndrome (AIDS) among adolescents is increasingly recognized as a public health priority.

A report from the Congressional Research Service has summarized the plight of Africa in relation to HIV/AIDS as follows:

"AIDS experts emphasise a variety of economic and social factors in explaining Africa's AIDS epidemic, placing primary blame on the region's poverty. Poverty has deprived Africa of effective systems of health information, health education, and health care. Thus Africans suffer from a high rate of untreated sexually transmitted infections (STIs) other than AIDS, and these increase susceptibility to HIV. African health systems typically have limited capabilities for AIDS prevention work, and HIV counseling and testing are difficult for many Africans to obtain. AIDS treatment is generally available to the elite."

The CRS report further says that many experts relate the severity of AIDS epidemic in Africa to poverty. Health institutions are not well equipped for prevention, diagnosis and treatment. Famine, drought and low buying power of most people lead to malnutrition. Poverty leads many men to become migrant workers where they have multiple sex partners. The same poverty leads many women to become sex workers thereby increasing their risk of infection.

The media, in the early 2000, had reported the South African President, Thabo Mbeki alluding to the truth about HIV/AIDS in Africa resulting from poverty and many people the world over criticized him for that declaration. However, many articles such as the CRS report cited above are confirming that he was right. In the last two decades, an unusual merry-go-round continues in HIV/AIDS communication while many people are dying daily. What can we do about this phenomenon?

On its part, the World Bank reports that "The illness and impending death of all adults in some countries will have an enormous impact on national productivity and earnings. Labour productivity is likely to drop. The benefits of education will be lost, and re-

sources that would have been used for investments will be used for health care, orphan care, and funerals. Savings rates will decline, and the loss of human capital will affect production and the quality of life for years to come." (World bank, Intensifying Action Against HIV/AIDS in Africa).

Similarly, a UNDP reports explains that HIV, is a health matter but it also a general development concern above all else." This is why the UNDP adopted an approach that locates the factors affecting the spread of the virus, the manifestation of the epidemic and the nature of its consequences on the cultural, social and economic determinants of people's daily lives. The paper states that, "the impact on individuals, families, communities and nations will increase dramatically over the next two or three decades and beyond. The World Health Organisation conservatively predicts that more than 40-50 million adults will have become infected by the turn of the century. Other estimates put the figure at 120 million..."⁵

The paper further draws a conclusion from all the above in saying that, "the extent of illness and death caused by the epidemic could deplete critical sections of the labour force, undermine the public sector capacity to govern, lead to social and civil unrest and adversely affect every sector of the economy."⁶

1.6.1. Women and HIV/AIDS

A UNAIDS report says an estimated 58% of those infected with HIV in sub-Saharan Africa are women as compared to 50% worldwide. The ages range between 15 to 24. UNAIDS Executive Director says, "the unavoidable conclusion is that girls are getting infected not by boys but by older men," who are more likely than the young men to carry the disease. (UNAIDS press release, September 14 1999).

The paper further cites factors that make young women more vulnerable to AIDS as follows:

- Domestic violence – they are deprived of the power to negotiate condom use.
- Many young women become commercial sex workers because of poverty.
- Long distance truck drivers prey on the women to meet their sexual needs.
- Poor economy drive many young women to depend on older men to meet their financial and social security.
- Non respect of women rights in political and economic affairs.
- Women are the primary victims of rape and violence by soldiers and guerillas during armed conflict.

In "Health Crisis Among African women: Findings, Challenges and Options", Gachoka (2001:11-12) says the number of women infected with HIV/AIDS in Kenya equals that of men with official figure at 2 million. The

⁵ ibid

⁶ UNDP paper, HIV and development in Africa, presentation to the ADB Symposium on AIDS, May 1993, Cote d'Ivoire.

study exposes the plight of the girl child and women in Kenya viz à vis HIV/AIDS. She argues that "Long term strategies should be directed at underlying cultural and social structures. They should aim at promoting mutual respect between men and women and equal access to all types of resources....Effective HIV prevention strategies must target empowerment of women in those areas that render women vulnerable to HIV infection." The study recommended that culturally appropriate ways to talk about and respond to HIV/AIDS be found.

The UNDP paper cited above says that HIV in many parts of the world is called an "epidemic of women and youth" due to several societal factors such as poverty, social and geographic mobility, sexual assault, civil unrest, attitudes toward women, lack of access to health-care and economic dependence. The paper say that in Sub Saharan Africa, 55 % of all those infected with HIV are women while 45 % are men.

1.6.2. Youth and HIV/AIDS

HIV/AIDS prevention among adolescents is a national public health priority. Surveillance data from the Centers for Disease Control (CDC) (1993) indicate that 1,301 youths aged 13-19 years have contracted AIDS. Given the long incubation period between HIV infection and diagnosis with AIDS (Goeddert et al., 1990), it is likely that those with AIDS aged 20-30 years (about 20% of AIDS cases) became infected during their adolescence." Similarly, the paper reports that unprotected sexual intercourse is the primary HIV transmission route for adolescents (CDC, 1993). Additionally, substance and drug use place youths at risk for HIV (National Research Council, 1998). A sub sample of homeless and runaway youth engage in survival sex e.g battering sex for drugs, money), which further increases their risk for HIV infection. Survival sex is associated with frequent unprotected intercourse with numerous and anonymous partners, placing youths at higher risk for HIV infection.

A Pan African Youth Organisation Against HIV/AIDS, created in June 2003 met in Kigali in March 2005 to draw up a plan of action to enable youth "initiate, consolidate and strengthen the capacity and response of African youth to combat the spread of HIV/AIDS", IRIN reported. Participants came from 20 African nations to set up the organizational framework and priority area of intervention. PAYA wants to highlight the importance of youth in the fight of the epidemic and hopes to identify factors that make youth more vulnerable to HIV/AIDS and ensure that these issues are integrated into national policies and programmes.

1.6.3. Overall impact of the HIV/AIDS epidemic in Cote d'Ivoire

Many articles consulted confirm that:

- Cote d'Ivoire and other francophone countries, are losing many skilled workers and teachers to AIDS. Life expectancy is being reduced by decades. Although treatment of AIDS sufferers that can lead to long-term survival has been found, it is only available to very few people, the CRS report said. An estimated 44% of AIDS sufferers are teachers. (Source: Ministry of Health).

- There is demographic catastrophe as HIV/AIDS and associated diseases have reduced human life expectancy by decades. According to UNAIDS, life expectancy in Sub-Saharan Africa is now 47 years instead of 62 years without the epidemic.
- Political stability is threatened if security forces become unable to perform their duties due to AIDS.
- Millions of children have been orphaned by AIDS. They become heads of households at young ages thereby losing the basic right of education.
- It has led to decline in agricultural production and therefore famine in many African countries like Southern Africa. The report estimates that 7 million agricultural workers have been lost to AIDS in Africa thereby reducing the agricultural workforce by more than 20% in five countries (FAO, HIVAIDS, Food security, and Rural Livelihood, May 2002).
- People responsible for the support and care of others have died due to the epidemic;
- Children are traumatized by the loss of parents;
- Children and elderly people are left destitute;
- Survivors are left homeless;
- Adults die in their economically and socially active years;
- There is reduction in earning capacity;
- There is increase in health-related expenditure;
- Opportunity cost of time spent in caring for the sick;
- Social and psychological consequences abound;
- Households are battered and scattered;
- Increase in number of women and children-headed households.

1.6.4. Communication channels used for HIV/AIDS in Cote d'Ivoire

A UNICEF report says that 91% of the population in Cote d'Ivoire is informed about the existence of HIV/AIDS through the IEC campaigns and that the principle cause of transmission is sexual relations. Clinics known as Trust clinics have been established across the nation and many people have been responding to the calls to do their tests and know their HIV status.

The television, the radio and IEC materials are used for spreading HIV/AIDS messages in cote d'Ivoire. As I watched the media for HIV/AIDS messages, I noticed that some of the messages on the Ivorian television are not totally clear to some segments of the audience. They are mostly directed to the youth, in youth slang (*Si tu es yere, tu es cool -if you are knowledgeable you are cool*), but older people also get infected with AIDS and they may not understand youth language. One wonders whether some research or pre-testing was done before formulating such messages. Furthermore, I have not yet seen or heard any health communication message in local languages. Language has a socializing effect on the audience. This brings me back to the premise that health communicators need to know their audience well and understand how communi-

cation works.

A mini study of health communication channels and messages in Cote d'Ivoire reveal that most people do not understand some of the health messages on radio and TV and so do not pay attention to them. However, some organizations have made some progress in passing on the message about AIDS, thereby reducing infections. A few of them are captured in this table:

Table 2: A mini-analysis of AIDS communication channels and messages in Cote d'Ivoire

Communication channels used	Observations
Television	Used by the Red Cross, Ministry of health, Africa Christian Television (ACT), and NGOs. Life skill education is integrated but very limited.
Radio	Used by the Red Cross ("message of AIDS, pass it on"), Ministry of health and NGOs. Life skill education is integrated but very limited.
Pamphlets, books, posters	Used by the Red Cross, ACT, Ministry of health and NGOs
Video tapes	Used by the Red Cross, ACT and church groups
Drama (on TV)	Used by the Red Cross, NGOs, ACT and church groups
Small and large group media	Used by association of people living with AIDS, (PLWA) ACT and church groups
Face to face communication	Used by association of people living with AIDS, ACT and church groups The Red Cross uses peer educators a lot to sensitise the youth on prevention. Life skill education for the youth is very limited.
Platform media or traditional media	Used by Red Cross peer educators and PLWA associations but it needs to be popularized more in remote villages.

These and many other reasons led us to consider a study of this nature. ACT's programmes are prepared and produced by Africans for Africa, specifically by the youth and for the youth. The programmes are distributed to national television stations in concerned countries which air the programmes every week to millions of viewers. The programmes are now being broadcast weekly in Cote d'Ivoire, Cameroon, Congo, Togo, Chad, Burkina Faso and soon in Senegal. It is an African faith-based NGO founded in 1979 by the Communications Commission of Association of Evangelicals in Africa in Nairobi, Kenya. ACT is based in Cote d'Ivoire but in its mission, it is meant to be reaching all 22 francophone

countries in Africa. ACT focuses on the social ills in Africa such as unemployment, adolescent mothers, family problems, street children and HIV/AIDS. It began producing HIV/AIDS programmes in 2002, among other programmes. Through its programmes, it tries to propose viable solutions to these problems from a Christian perspective. ACT has built a modern studio with state-of-the-art equipments in the Cocody area of Abidjan.

1.6.5. Target Audience

The primary target audience of ACT is the youth aged 15 -24 years while the secondary target audience is young adult aged between 25-49 years. In "Soap Operas and Sense-Making: Mediation and audience Ethnography," (Tuft, 6) addressed the importance of doing audience ethnography in development. He says, "Seldom is research purely etic or emic. E-E [Entertainment Education] investigations traditionally used emic data like focus group interviews, but have rested their investigations on etic data, such as from audience surveys." Both demographic and psychographic data have been known to be important aspects of audience research. ACT believes in and does audience research to help formulate the right programmes for the right people.

1.6.6. Psychographic data

Psychographic data includes issues such as lifestyle, values, lifestyle, values, beliefs, habits, perception, behaviour, thinking pattern, attitudes and values. Based on focus group and literature research done by the researcher on youth culture and characteristics the following are the general psychographic data available on youth:

- Sexual frustration and urge due to maturing body;
- Desire to rebel against the restrictions of the society.
- Desire for emancipation from parental ties;
- Romantic concepts of life;
- Conformity to youth mores or cultures;
- Peculiar and distinctive dress and language;
- Strong sense of loyalty to friends;
- Desire for fun and popularity;
- Liking for sports, recreation and fun;
- Easily bored with routines;
- Imitation of heroes and mentors;
- Curiosity and tendency to ask a lot of questions;
- High memory power;
- Tendency to explore new things
- Very critical of authority.

1.6.7. Demographic data

According to a UNAIDS data, the following are the available demographic data: Population of youth in Cote d'Ivoire - 50% of the entire population estimated at 14.5 million in 1999.

Age About 6.8 million people are aged be-

tween the ages of 15 and 49.

Gender	-	Both male and female
Ethnicity	-	From varied ethnic groups
Income	-	Low income bracket
Occupation	-	Most are students
Location	-	the entire nation
Marital status	-	Most are single
Religion	-	They have varied religion

1.7. Limitations of the study

Kvale (1996) discussed ethical issues such as subjectivity/reflexivity and objectivity, among others, in interview research. Having worked as a volunteer in ACT for a couple of months in 2001, it is not easy for me to be totally objective in this research but I make effort to avoid prejudice of any kind. I used to go to the studio of ACT to observe the production team record programmes or do re-enactment. I have gone out with the team to show their video to youth and church groups. I have been part of the audience from time to time. A few times I have read the letters coming in from viewers and more and more I became interested in finding out more about this NGO and understanding its HIV communication strategies. I have been asked to critique some of their programmes and offer advice. So I am more of a participant observer with an insider's view.

The timing and scope of the study is limited and cannot give room for extensive research and documentation, particularly reception studies.

Chapter 2

Literature review

2.1. Strategic health communication

Why the emphasis on strategic in health Communication? In *Field Guide to Designing a Health Communication Strategy*, the author says that "strategic design is the hallmark of successful health programs. Over the past 20 years, health communicators have come to realize that collaboratively designed, implemented, and evaluated health communication strategies will help achieve the goal of improving health in a significant and lasting way by empowering people to change their behavior and by facilitating social change. Sound communication strategies provide coherence for a health program's activities and enhance the health program's power to succeed. Strategic communication is also the program's steering wheel, guiding it towards its goal. Strategic communication is also the glue that holds the program together or the creative vision that integrates a program's multifaceted activities."⁷

The author traced the history of health communication from 1960 to date. The 1960s was known as the "medical era" of during which medical people were involved in a monologue lecturing the patients. It was more like the hypothermic needle approach of injecting information into the audience. The 1970s was known as

⁷ John Hopkins University

the “field era” with a shift from monologue to dialogue (Rogers, 1973). The 1970s was called the “social marketing era” with some approaches borrowed from the commercial sector. In the 1990s, health communication has evolved into what may be called the strategic era, “characterized by multichannel integration, multiplicity of stakeholders, increased attention to evaluation and evidenced based programming, large-scale impact at the national level, more pervasive use of media and a communication process in which participants “senders and receivers” both create and share together” (Rimon, 2001).

The author gives a four level communication strategy outline as:

- Analysis
- Communication strategy
- Management plan
- Evaluation

Hornik (1990) emphasized the need to think about behavior change models in designing a health communication strategy. He says that many people learn about STDs and about ways to avoid them yet they do not initiate and maintain behavior change. This means that there are mediating factors that must be considered. He discusses behavior change models with examples and gave some notion about the implications for program design of each behavior change model which can be divided into six broad categories:

- Community level structural models,
- Social expectation models,
- Individual level structural models,
- Cognitive models, including
 - a) expectancy value model
 - b) perceived self efficacy model
- drive or trait model
- behaviorist model⁸

Graeff et al. define health communication as “the systematic attempt to influence positively the health practices of large populations.” For them an effective health communication is a combination of art and science. As a result, scientific and systematic health communication methodology must be applied to public health problems in order to have an effective strategy. They recommend listening (to the community), doing systematic research (with representative of target audience) and action (based on audience needs). Furthermore, sample strategies need to be tested with the audience before delivering them on a large scale. After a while, the strategy need to be evaluated through focused research which involves listening to the community and adjusting or fine-tuning the communication strategy. The audience need to be in the driver’s seat so that the communication strategies can respond to the client’s needs. They propose a five-step methodology developed by Ramuson et al., (1988) that include:

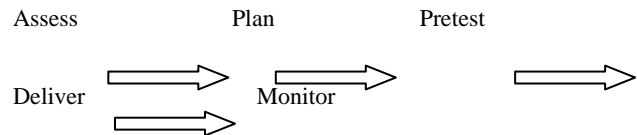


Fig 2. A five-step methodology developed by Ramuson et al., 1988

Graeff et al. propose current theories and models of health behavior that predominate in health promotion and communication such as:

- The Health Belief Model
- The Communication/Persuasion Model
- The Theory of Reasoned Action
- The Transtheoretical Model
- The Precede/Proceed Model
- The Diffusion of Innovation Model
- Social Learning theory, and
- Applied behavior analysis.⁹

Aggleton (1996) made reference to early studies that used models of rational decision making such as the ones above, but were criticized for “neglect of the social context within which particular actions become meaningful and for the assumptions they make about rationality”¹⁰

2.2. The communication problem

Many organizations have been fighting AIDS for over two decades with little success in prevalence rate reduction. So what is the reason for the limited success? According to Scalway (2003), communication approaches should move from putting out messages to fostering an environment where the voices of those most affected by the pandemic can be heard. This shift from message to voice marks a fundamental shift in the response to AIDS. While HIV/AIDS information and key health messages remain crucial, it is important to look beyond these messages – no matter how empowering and context-sensitive they might be – and help to develop environments where vibrant and internally derived dialogue can flourish.¹¹

On his part, Tufte (2004), recommended a strategy that takes voice, culture and visibility into consideration.¹² One wonders if this is the missing dimension that scholars have been referring to

⁸ Hornik Robert: Alternative Models of Behavior Change

⁹ Judith Graeff et al. Communication for health and Behavior change

¹⁰ Aggleton Peter, Global priorities for HIV/AIDS intervention research

¹¹ Scalway Thomas, November 2003

¹² Tufte Thomas, May 2004

in two decades of HIV/AIDS communication.

Africa Christian Television takes into consideration voice, culture and visibility into consideration by involving those infected by HIV/AIDS in its programme. Their voice, pain, tears and regrets help to convince the audience that AIDS is real. ACT tries to respect culture by involving people in the same age-group and avoiding things that are offensive to its audience culture. The real life and challenges of francophone youth is depicted in the drama thereby drawing the message home. It applies youth culture such as slang and dressing. All these are important when designing a communication strategy.

In her study on the use of mass media in HIV/AIDS prevention in South Africa, Coulson¹³ says "the effective use of mass media is a critical component of HIV/AIDS prevention" she cites examples of prevention strategies such as *Beyond Awareness 11* campaign, the multimedia "edutainment" programme *Soul city* and the youth programme *LoveLife*. She cites critical areas for mass media work in HIV/AIDS media campaign, namely:

- The conceptualization and strategy
- The research and development phase and,
- The evaluation, impact and cost effectiveness of mass media work for HIV/AIDS prevention.

She says that "Mass media work in health promotion traditionally focused on the individualistic models of behavioral change. This is because most health messages are targeted to individuals. For example, "Use a condom," Go for an HIV test", "Be faithful." However, the utilization of the mass media in health promotion has progressed beyond narrow interpretations of behavior change. New concepts such as media advocacy which aim to use the media to shape or change policy affecting health are being successfully applied. Increasingly, public health specialists are examining how the media can be applied to impact on the community and on society by stimulating community action and promoting changes to the physical and other environment," p.4

The study cites the UNAIDS efforts in developing an "African strategy" that have identified five interrelated domains of context that should be the focus in developing future communication strategies for HIV/AIDS prevention, care and support.¹⁴ This means adapting the African situation to African culture and environment. The five domain proposed by UNAIDS include government policy, socioeconomic status (SES), culture, gender relations, and spirituality.¹⁵

Furthermore, Hoover and Russo in "Modes of Engagement in Research and Media Meaning-Making," discuss "the dynamics of the meaning making process of circulation of cultural forms that reveal themselves in a recursive fashion between the producer and the receiver through the space of the texts. In fact, this 'culture as communication' is defined by

¹³ Coulson Nancy. *Developments in the use of the mass media at the national level for HIV/AIDS prevention in South Africa*. Source - Internet

¹⁴ UNAIDS/Penn State University, communication Framework for HIV/AIDS: a new direction, 1999.

¹⁵ Airhihenbuwa et al.: Towards a new communication framework for HIV/AIDS

being continuously under construction; it constantly modifies and is modified by the other processes that surround and compose it." P.2

Similarly, Smith (1992), in one of his 23 propositions on communication, says that 'meanings are in people' and also that there are five levels in developing meaning, namely, signal, referent, experience, needs and environment. He says all these are important to help the subject make meaning out of a communication.

2.3. What is communication?

Understanding this phenomenon called communication will help in redefining HIV/AIDS communication strategies in Africa. Over the years, communication scholars have come up with nearly 100 definitions of communication in their bid to understand or help the world understand what communication means. However, like the blind men who described the elephant from the part of the elephants they could see or feel, they explained their own limited perceptions of the process. In the end, Dance (in Severin and Tankard) declared that no one has got it right.

A few of the definitions compiled by Severin and Tankard (1999), say that communication is:

"A process by which senders and receivers of messages interact in a given social context." – Sereno and Mortensen

"The mechanism by which human relations exist and develop all the symbols of the mind together with the means of conveying them through space and preserving them in time." – Charles Cooley

"Who says what in which channel to whom with what effect?" – Harold Lasswell

"The act by one or more persons of sending and receiving messages distorted by noise within a context with some effect and with some opportunity for feed-back." – Devitto Joseph.

"A mechanism of imparting, conveying or exchanging ideas that enable human relations to exist and develop. It takes place when a source influences another through the manipulation of alternative signals which can be transmitted over a channel connecting them. – Charles Cooley and Charles Os-good.

"That which is heard." – Grunlan and Myers

"That which is understood" – Jim Engel

"The process through which one person formulates a meaning and induces it to a second person to formulate approximately the same meaning." – Trent Trent

"The process by which an individual (the communicator) transmits stimuli (usually verbal symbols) to modify the behaviour of other individuals (communicatee)" – Carl Hovel-and.

"Establishment of a commonage or making common some property through some medium such as air, a road, a tele-

phone, language.” – Charles Morris

“The use of some action by one person, whether or not accompanied by a material object as a stimulus to another person in such a way that the second person can perceive the experience of the stimulating person.” – Mapheus Smith

“A situation whereby A communicates B through channel C to receiver D with effect E” - Wilbur Schram

The list of definitions can go on but one thing that can be deduced from all these is the notion of relations, interaction and sharing. Some words like commonage, transmission, effect, meaning and experience tend to stand out. Scholars say that communication was coined from a Latin word known as "communicare" which means sharing. Other words from the same root include commune, common, community, communism and communion.

From the foregoing, we can draw some conclusions that explain the process of communication:

- Sharing of ideas with the help of expressions, words or symbols.
- Transference of information, knowledge, message and thought from one place to the other through a channel.
- Interrelating of human beings.
- mutual involvement and relationship that lead to commonality or a community.
- Intentional or unintentional influence of one mechanism on another.
- Exchange of meaning between individuals using common symbols like language.
- Trying to establish commonness with someone.

While Grunlan and Meyers feel that communication is limited to what is heard, Jim Engel (1979) believes that communication is what is understood. In other words, when there is no effect or understanding of message, there has been no communication.

One of the best definitions of communication, in my view, come from Smith (1992) who defines communication as “creating understanding”. This is the title of his book which discusses 23 interesting propositions about communication. He says all the problems in the world today are results of lack of understanding on different issues. Smiths says that communication is a process that is not as easy as some think.

Some scholars are of the opinion that many health communication messages in Africa are not well understood by the audience because of missing dimensions neglected by development agents and humanitarian organizations. Perhaps, if we use the seven points above to analyse health communication work in Africa, it might help us know if people are actually communicating in the real sense of the word.

Communicator	The source, speaker or writer
Message	Thoughts, ideas, information or instructions
Audience or receiver	Listener, reader or viewer
Communication objective (purpose or desired response)	What the communicator wants the receiver of audience to do
Communication channel	Means used to get the message across (fax, email, telephone)
environment	Setting in which the communication takes place
Feedback	Response given back about the message
Communication barrier or noise	Anything that causes difficulties during the process

Fig 1. Elements in the communication process

In the communication process, there is a source, who has a message for a receiver. The message travels from the source to the receiver through a channel. But there is noise (interference) at each of the levels – the source, the receiver, the message, the channel and even in the environment of communication -- that interferes with the process and influences the message. This noise could be psychological, physical or environmental. At the receiver’s level, meaning and experience are important because it depends on how he or she interprets the message. Little wonder Smith said that meanings are in people. At the end of a communication process, the *intended effect* may not be achieved. The learner could go home with only 10% of the message or a totally distorted message especially if the message was through the media because the message goes through some processing like selective attention and retention, among others. In that case, *perceived content* becomes different from the *intended content* and *actual effect* is different from *intended effect*. This is why it is absolutely important to know the audience in order to package relevant and appropriate messages before they even begin the long process of change described by Rogers as Awareness, knowledge, interest, decision, trial and adoption/rejection. This is why Tufte (2002), talked about mediation and audience ethnography in *Soap Operas and Sense-making*. He defined mediation as “the set of influences that structure, organize and reorganize the understanding of the reality that an audience lives. It is the process in which sense is made in the communication process.”¹⁶

In my view, Smith’s 23 propositions of communication provide very useful lessons for health and development operators dealing with human beings. I will cite a few of the propositions in this paper and comment only on some of them, for lack of space and time.

TERM	DEFINITION
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¹⁶ Tufte Soap Opera and Sense Making

2.3.2. Communication is involvement.

A Chinese proverb says "Involve me so I can understand" In other words, when an audience is involved in the conception of development projects or health communication strategy, the messages are rich, more relevant and effective, most times leading to the intended effect. Engel (1979) discusses this effectively in his book, "How can I get them to listen?" Many organizations like the Africa Christian Television (ACT) involves AIDS patients in the formulation of HIV messages on television and use real life stories that people can relate to and the numerous viewers' feed back show that the programmes are having intended effect on the audience who write requesting for literature on HIV/AIDS with indications for behavior change.

2.3.3. COMMUNICATION IS INTERACTION

For one to achieve the intended effect in communication, it is important for the communicator to study the audience, using psychographic (qualitative) and demographic (quantitative) approaches. Some scholars, like Tufte call it audience ethnography. This helps in the formulation of relevant and appropriate messages. But many development organizations do not make effort to know their audience. They formulate their message outside the continent, in many cases, without the involvement of the audience and import it to the site of communication. Some of them use the hypodermic (needle approach) model of communication and try to inject the message into the audience hence the resistance and rejection. The audience-centred and social interaction models of communication have been highly recommended by Smith and many communication scholars. But the development agents tend to use the problem-solver model of Havelock and Havelock called the "fire-fighting" model. Other models include the research development model and the linkage model. The social interaction model and the linkage model always have a link going back and forth to the recipient or user group ensuring clarity and ownership.

Some effort and time need to be devoted to knowing the audience through interviews, focus groups, social interaction, informal investigations, participant observation, seminars, workshops and applied research. In addition, the audience need to be involved in strategy development.

2.3.4 Meaning is internal and individual.

Smith says that 'meanings are in people' and also that there are five levels in developing meaning – signal, referent, experience, needs and environment. The signal may be a word, body motion or anything else and the referent is the idea or

object referred to. The receiver tends to draw upon his or her experience to interpret the signal depending on his needs and the environment. For example, a child that has never seen a doll cannot relate to its meaning because he has no reference point or experience in the domain. The same applies to the word 'condom'. Those who have no previous experience with condom will not appreciate the message. HIV/AIDS workers do demonstrate the use of condom to people but that message may revolt some people in cultures where it is a taboo to talk about such things. It may thus lead to message rejection or selective retention because sex is a very private thing in the African culture. Some would even walk out when the demonstration of condom use is being done because sex is a private thing and should not be talked about in public. Sex is a taboo in most African cultures. That is why many traditional parents find it difficult to give sex education to their children. ACT is bridging this gap by inserting sex education known as life skill education in its programmes. Many viewers testify that it was through ACT's programmes that they learned more about sex and HIV/AIDS.

Related to this is the issue of culture. Culture is sovereign, Smith says. Usage of a signal system is a function of culture. Messages outside these signal systems may not have much impact, hence the need to integrate the culture and languages of the people in health messages. Existing beliefs and value systems are major factors in building communication. Cultural patterns of a society, he says, fundamentally influence the form of communication. A health or development communication that is bound to be effective must integrate cultural dimensions in its conception and implementation. Tufte (2004), recommended a strategy that takes voice, culture and visibility into consideration.

Furthermore, the present needs of the audience also affects the interpretation and acceptance or rejection of a message. A very hungry person will respond more to a message about a feast than a message about condoms and sex because his basic need of food is not yet met. The same applies to a displaced person during armed conflict. His primary need is shelter (Maslow's hierarchy of needs consist of food, shelter, clothing, love and self-actualisation). The premise that AIDS is related to poverty makes the situation even more serious. If communication scholars can help the health actors formulate better health communication strategies, better ways can be found to combat poverty which is indeed the primary concern of many Africans.

Referring to a poster in Copenhagen communicating the possibility of taking a bicycle on the train and how the poster was given several interpretations, Schröder et al (2003:11) writes,

"The first and very practical point is that the receivers of mediated verbal and visual messages often get something completely different out of a message than what the sender intended to communicate. We normally assume that meaning is a fairly straightforward thing, but the example shows that we have to consider carefully what we actually mean when we say that a text has a message. We simply cannot take for granted that the meaning intended by the sender is identical to the meaning actualized by the audience."

2.3.5. Communication is contextual

The environment or context in which the communication is taking place shapes the interpretation of a message. A traditional population would like to refer to history and norms and possibly to their opinion leaders before adopting the message about using condoms. As a result, the message is not only censored or mediated but also passes through a sieve in the mind of the receptor before the message can be processed, accepted or rejected. This is why Smith also says that all communication has simultaneously rational and emotional dimensions.

The communicator's image of the audience and understanding of the context are primary factors in shaping the form of the message. The way the communicator views the audience matters a lot. History and current realities of the audience need to be considered by the health communicator. From my experience in humanitarian organizations, many expatriate health communicators tend to live in a different world (excessive luxury) from the people they claim they want to 'deliver' from their vulnerable positions of poverty and diseases. Many of them are ignorant of the experiences and history of the audience not realizing how experience and history have shaped their worldview and behaviour. This, undoubtedly, leads to message rejection.

According to Worsley (1999), the United Nations spent more time through out the 1990s trying to 'put out the fires' of inter-ethnic clashes in more than half of its member states, which the UN acknowledged was crippling the development prospect in many parts of the world. This has introduced skepticism in the traditional economic strategies being able to provide adequate basis for social progress. He says,

"The debacle in Somalia, in 1993, proved to be an important turning point in that it seemed to confirm that 'international' interventions that took no account of local culture were doomed to a total failure. Sadly the lesson learned, at least so far, was not to find out about local ways of life and then act intelligently, but effectively to abrogate responsibility – a fact that was brought home shockingly during the Rwanda genocide of 1994." (Worsley P.39).

History seems to be repeating itself in Cote d'Ivoire with the current armed conflict that began since September 19, 2002. Now in its 4th year, the stale mate continues and the debate about disarmament continues in the presence of thousands of UN peace keeping forces in the country without any end in sight.

2.3.6. People react to communication as members of social groups

Social groups have laws and norms that bind them together. Many times, it is difficult to break into such groups if they are not dealt with as an entity. But when the opinion leaders and the significant others are sensitized first and won, it is easy for them to influence the

entire social group. Women, youth, men, sex workers, civil servants, market women are important social groups that need to be targeted with different health communication messages. The multi-step flow comes into play whereby messages first reach the opinion leaders who first process the message before passing it on to their followers. The band wagon syndrome acts on the society so that when their leader accepts or rejects the message, every one automatically follows their example.

2.3.7. Messages are mediated.

As a result of the foregoing, Smith says messages go through a strata that includes culture, world view, experience and others as they are being processed. The audience also goes through selective retention and interpretation. It is only after this that the message is either rejected or accepted. This explains why ten years of HIV communication in Africa have not yielded much results as many still believe that AIDS is related to witchcraft and not to unhealthy sexual behavior. Many do not see the need for a behavior change in their lives. Many still practice wife inheritance without caring about what killed the late husband of the woman. Many still have multiple partners or wives because their culture or religion allows that.

2.3.8. Multi-media is inevitable

Smith believes that the use of mass media alone is not sufficient in communication. Though mass media extends the range of a message, it inevitably distorts the message. The audience is heterogeneous with different needs and experiences and interpret the message differently. He says that a decision needs to be taken to change results from the combined effects of public or mass media and interpersonal networks (including non-verbal). He adds that interpersonal communication goes a long way in reinforcing what the media began or in correcting the message the media distorted.

From the foregoing, there is need for a combination of various communication methods and channels such as radio, TV, posters, brochures, magazines, in order to reinforce the message. In more traditional communities, platform media (traditional media such as proverbs, drama, dance and folklore) need to be exploited more in disseminating health communication messages. ACT incorporates drama in its HIV/AIDS communication strategy.

2.4. Communication for development

Yoon¹⁷ discusses the top down approach in development dominant in the 1950s and 60s because it targeted modernization as opposed to the culture and sovereignty of the people. People questioned this form of development and began to advocate for participatory communication around the 1970s.

"Often, the people from the villages who are the 'objects' of these plans would first learn that 'development' was on the way when strangers from the city turned up, frequently unannounced, to survey land or look at project sites....over-riding the alien information communicated to the people was a bigger

¹⁷ "Participatory communication for development" in Participatory Development Communication: A West African Agenda.

problem. Because the development had been centrally planned without any consultation with people, wrong solutions were often pumped down to startled communities.... Central planning also deprived the people of ownership of local development plans....the expensive failures of the top-down, mechanistic approach were noticed in the cities. Activists began to loudly criticize them as focused on symptoms, not on root causes of poverty.”

2.5. Strategic communication in HIV/AIDS

Mckie et al. have developed a masterpiece of a book titled Strategic Communication in the HIV/AIDS Epidemic. Commenting on the book, Mahalingam (UNAIDS) says, “It is for the first time that a book is able to bring together and illustrate the entire gamut of communication tools, channels and strategies used in the fight against HIV/AIDS and take a balanced and objective view of strengths and weaknesses. It is rich in examples which make it attractive for programme planners and implementers” The five steps recommended by the book are **analysis, strategic design, development and testing** Implementation and monitoring and, evaluation and re-planning with the participation of all stakeholders.

2.6. Development communication is contextual and cultural

Blum (1998) affirms the work of other researchers who believe that “...development does not occur independent of environment. Rather, it represents the adaptation of the individual to the environment but the environment positively or adversely impacts development.” They view development as a social construction through ongoing interaction between the individual and the social contexts and social groups.

Airhihenbuwa et al. argue that “flaws in the application of the commonly used “classical” models in health communication are because of contextual differences in locations where these models are applied. That is to say that these theories are being applied in contexts for which they are not designed. For example, the differences in health behaviour is often a function of culture.” They therefore observe that in the new millennium, culture has now become a critical component of HIV/AIDS communication strategies.

The authors cite models of behaviour change as theories that have been used to inform health promotion programs such as health belief model, theory of reasoned action, social learning/cognitive theory, diffusion of innovation and social marketing.

Health Belief Model – individuals that they are invulnerable to harm

theory of reasoned action – a given behaviour is determined by the individual’s intention

social learning/cognitive theory – an individual behaviour is as a result of interaction among cognition, behaviour, environment and physiology

diffusion of innovation – creating awareness of HIV and using opinion leaders to influence attitudes and behaviour.

Social marketing – organised approach to promoting acceptability of a social idea (using the social marketing 4ps of product, place,

price and promotion which have been used extensively in HIV/AIDS prevention in condom promotion. They discussed the pros and cons of each of the programs.

Aggleton in Waugh (1996)¹⁸ refer to the same models above used in early studies to analyse the determinants of risk-related sexual and drug use behaviour. He added, however, that they have not gone without criticism mostly because of their “neglect of the social context within which particular actions become meaningful.” He further said that “understanding more sexual and drug-related meanings, and the health cultures within which they circulate, is vital for the development of effective interventions for prevention.” Popular beliefs about HIV/AIDS and STD, safe sex, femininity and verity are powerful factors influencing sexual and drug-related behaviour. This situation changes from culture to culture. He concludes that “further efforts needs to be invested in identifying the most appropriate procedures by which to gain rapid but proper access to sexual and drug-related meanings and cultures.” He recommends more research to identify the reliability and validity of recent approaches in specific cultural contexts and in providing answers to HIV and AIDS-related intervention-related questions.

Casmir (1991) observes that ignoring cultural, ethnic or national diversity in development efforts and highly centralized authoritarian control efforts and persuasive communication based on such a model, are inadequate. He therefore advocates for mutually developed, mutually accepted patterns of interaction which he calls culture building. He refers to Servaes (2002) who discusses problems arising from the conceptual level due to multiple interpretations and the difficulties when we attempt to use them in resolving problems in communication and development. He traces historical events and theoretical foundations that help to understand precedents that were set. He discusses media versus cultural imperialism. Servaes encourages qualitative research to improve our understanding. He develops concepts based on interdependence, global analysis, transnationalisation and two-way interactive participatory communication.

2.7. New trends in development communication

Frykheden (2003)¹⁹ says the development discourse has changed both historically and socially from the early days of industrialisation when the economic perspective was dominant and development was interpreted as economic growth of nations. Today, development, gradually, is becoming a multilevel issue, beyond the national level. The emphasis in international development has shifted from projects to programmes and from bilateral to multilateral. Donor organisations have moved from one-way-donations to developing countries to that of empowerment and participation on a grass-root-level. They are therefore moving from the diffusion model which focuses on knowledge transfer to the participatory model which focuses on involvement and dialogue. Diffusion is characterised by vertical information transfer whereas the participatory model refers to exchange of information on a horizontal level.

Entertainment Education (EE) is being used more and more in

¹⁸ HIV behavioral interventions in International Journal of STD and AIDS

¹⁹ Louise Frykheden, May 2003 “Communication and development discourses – a short review”

HIV/AIDS entertainment and conferences have been organised to define its effectiveness. Singhal and Rogers²⁰ define entertainment education as “purposively designing and implementing a media message both to entertain and educate, in order to increase audience members’ knowledge about an educational issue, create favourable attitudes, and change overt behaviour” p. 32 They cite three stages of change as **knowledge, attitude and practice/behaviour**.

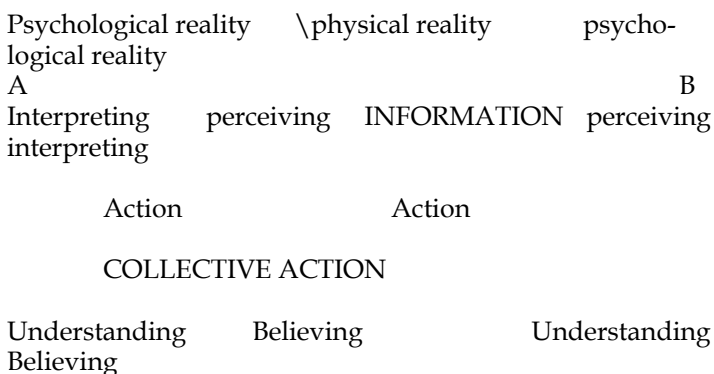
2.8. Development communication means collective action

Figueroa et al suggest an integrated model of communication for social change which involves beneficiaries owning the process and the content, a voice is given to a previously unheard people, communities are agents of their own change, de-emphasising information transmission from an external expert to dialogue, debate and negotiation with community members and a move from individual behaviour change to social change that reflects on policies, culture and the environment. The model stresses the fact that communication is dialogue with the following features:

- Information is shared or exchanged between two or more groups of people rather than transmitted from one to the other.
- understanding is treated in terms of a dialogue or ongoing conversation thereby emphasising perception and interpretation of participants and thus draw upon the principles of semiotic and the hermeneutics (Ricoeur, 1981).
- Communication represents a symmetrical horizontal relationship among two or more participants.

The model stresses the collective nature of communication by saying that the prevention of a disease can only be possible by a collective action. Development communication model is based on dialogue rather than monologue, horizontal rather than vertical information sharing with equitable participation, local ownership, empowerment and social versus individual change.

The authors propose a convergence model of communication which is down-up, from mutual understanding to mutual agreement to collective action and then to collectively produced information. Thus mutual understanding and information are the dominant factors in this model:



Mutual Agreement

Social reality
A&B

MUTUAL UNDERSTANDING

Fig 3: convergence model of communication by Figueroa et al

Tatzan (1999) recommends the use of technology to promote quality health worldwide particularly the development of individual ethic vis à vis health. He says that in the 21st century the Internet can be accessed from (television, phones, satellites, radio, internet kiosks, watches and other new venues). He believes that our current window to the world is the Internet or television.

Clift (1998) did a 20-year retrospective study on dichotomies and directions on IEC (Information, communication and communication) interventions in health and concluded that:

Communication strategies have, of necessity moved beyond the mere production of messages and campaigns as health issues and health behaviors have become more complex. Partnerships are recognized as vital to success, and values, meaning and cultural contexts have risen in the list of priorities to be considered. Quality, sound management and capacity building are now recognized as crucial to the success of truly integrated IEC programs, and understanding socio cultural and political environments into which health communications must fit is now paramount.²¹

2.9. Diffusion theory versus participation theory

Belbase (1994) recommends participatory communication in development issues and gives the example of the Production Credit for Rural Women (PRCW) in Nepal and the successful use of three communication patterns that must guide our efforts in the community:

- top down communication from decision makers to the various sections of the society
- horizontal communication between villages and districts
- bottom up communication from the grass roots to the decision makers

In this strategy, the grassroots are encouraged to take control of their own lives and are considered the most important element in the project. “The process enhances self-confidence, reduces threat and confrontations, accelerates consensus, and encourages action,” he says.

HIV/AIDS communication is a new idea that came in the 1970s but the diffusion theory had been used by health actors over the years. Roger and Shoemaker define diffusion as a special type of communication concerned with spread of new ideas which may bring about a change in a social system (different units of a people engaged in joint problem solving for a common goal). The authors

²¹ Clift Elaine. IEC interventions for Health: a 20 year Retrospective on Dichotomies and directions, Yale University School of public Health, New Haven, Connecticut, USA.

²⁰ Participatory communication in Journal of International communication

classify change into immanent change (change agent is from within) and contact change (change agent is from outside). The change could be selective (where they choose what they need) or directed (the change is enforced or imposed by the authorities). Roger and shoemaker gave the example of a diffusion of new idea in a Peruvian village about boiling water before drinking, an innovation that failed because of many reasons:

- Neglect of the people's cultural beliefs
- Influence of reference groups
- Negligence of opinion leaders
- Differences in class
- Innovation-orientedness of the change agents

Furthermore, the authors contend that the characteristics of the social system influence their attitude to change. The traditional social system is negative to change while the modern systems are more open to change. The authors argue that behavior change is not automatic because the rate of adoption of any new idea depends on its relative advantage, compatibility, complexity, triability and observability. Many societies in Africa have not found it compatible to accept the message of condoms, abstinence or faithfulness because their culture or environment dictates something different. Furthermore, adopters go through different stages such as awareness, interest, evaluation, trial decision and evaluation. In addition, they categorized adopters into five, namely innovators, early adopters, early majority, late majority and laggards. HIV/AIDS actors need to be aware of all these and to understand that not every one will be ready to adopt the message at the same time. Hence the need diversified approach and patience with the laggards.

In the "Field Guide to Designing a Health Communication Strategy" gives us a framework that has been successfully used in health communication for many years known as PBC (Process of Behavior Change). This framework recognizes that much as communication is a process, behaviour change is equally a process whereby people move through several steps in the behavior change process such as:

- Pre knowledgeable – unaware of the problem and risk
- Knowledgeable – aware of problem and desired behavior
- Approving – in favour of desired behaviour
- Intending – intends to take desired actions
- Practicing – practices the desired behavior
- Advocating – practices desired behavior and advocates them to others.

Dayton and Fraser (1980) express the same process in a similar but different way but all agree that behavior change is a process.

Finally, the guide to designing a health communication strategy gives us characteristics of strategic health communication.

1. Result oriented - leading to audience knowledge, approval and adoption of healthy behaviour. It must also increase capacity of local partners.
2. Science-based - combining accurate data and relevant theory using formative and summative research.
3. client-centred – understanding the problem from the client's point of view, using qualitative research and participatory learning approaches (PLA), encouraging greater community approaches and allowing clients to determine their one methods and program priorities for their health.

4. Participatory – promoting participatory decision-making by all stakeholders which includes beneficiaries in all stages of planning, implementation and evaluation. This will promote sense of ownership which certainly helps with a meaningful and successful implementation (for further studies see *How to Mobilize communities for Health and Social Change* by John Hopkins Bloomberg school of Public Health/CCP in collaboration with Save the children).
5. Benefit oriented - audience must perceive a clear benefit.
6. Service-linked – specific services must be promoted.
7. Multichannel - Various communication channels such as interpersonal communication, multi-media, traditional communication to create a dynamic, two way communication.
8. Technically high quality – must be professional, community-based and specific.
9. Advocacy-related – advocacy must occur on personal or social level rather than policy or program level whereby adopters acknowledge their change and encourage others to adopt a similar behavior.
10. Expanded to scale – strategy must have that capacity to be scaled up to a larger population.
11. programmatically sustainable – strategy should be able to be used again over a period of time., reaching new audience members and adapting to environmental changes.
12. cost-effective - achieving healthy outcomes in more efficient and cost effective ways.

This guide will prove very useful in assessing the effectiveness of the communication strategy of PEMA/ACT.

Chapter 3 Methodology

The methods used in this study include:

- Content analysis of a random sample of video tapes containing HIV/AIDS programs for the youth
- Interviews with the director of the organization and the assistant producer of the HIV/AIDS programme.
- Participant observation
- Literature review

Why have I chosen these methodologies?

3.1. Content analysis

All literature reviewed show that content analysis is a research method that is systematic, objective and quantitative. It is used in studying communication that has already been emitted such as words, themes, pictures, editorials and characters in television commercials. Berelson (1952) defined content analysis as a "research technique for the objective, systematic and quantitative description of the manifest content of communication" (p.18).

Krippendorff (1980:21) defined it as a research technique for making replicable and valid inferences from data to their context. Although most scholars agree with Berelson that all content analysis should be objective and systematic, some advocate that the studies should rather be qualitative. Rosengren (1981) associated qualitative content analysis to social-philosophic tradition and quantitative to Anglo-America tradition. Sepstrup (1981) advocated that both a qualitative and quantitative approach should be adopted in a content analysis.

Stempel (1991) argues that the four methodological issues facing the content analyst are the construction of categories, selection of the units of analysis, sampling of content and establishing reliability in coding. He suggests that already developed categories by specific scholars for specific types of study be used since they have the advantage of being workable. However, if one feels that the existing categories will not allow one to meet the set objectives, he suggests that one should construct one's categories bearing in mind the following: pertinence to set objectives, manageability of the system of categories and the functionality of categories.

Gordon (1975:82) observes that content analysis can be applied to all forms of communication. The sampling techniques are the same as in other research methods. He sees content analysis as an appropriate method for studying the communication process and other social phenomena. He argues that "content analysis possesses great potential power, however, to digest masses of material, sever relevant parts of it and compare this to that." Sestrup stresses that the social context of communication must be included in the construction of categories.

I concur to Gordon's view that the combination of qualitative and quantitative data produces best results and more insight into the topic under study. Content analysis will therefore be useful for this study because it is easy to make a random sample of the programmes that are already recorded, watch them and analyse them.

This research method has therefore been chosen because of the reasons mentioned above and the following:

- It is economic both in terms of money, time and staff.
- It is context sensitive and thereby able to process symbolic forms.
- There is the possibility of recoding certain portions rather than the whole thing if the coder makes a mistake. One can also code several times over a period of months or years to establish intra-coder reliability.
- It studies artifactual communication made in the past, which can also be compared over a period of time.
- It is unobtrusive (has no effect on what is being studied).

3.2. INTERVIEWS

I have chosen to use interviews because interview is a powerful tool for research. Interviewing is another good method of extracting views from people. A lot of information can be collected through interviews. Qualitative research interviews enable people to talk about their world, express their views and opinions in their own words. It helps the interviewer to understand the world from the subject's point of view. Kvale (1938) calls interview a professional conversation or "a conversation that has structure and purpose." Conversation, she says, is an ancient form of obtaining knowledge. History of wars was written from interviews conducted in the 19th century. The researcher defines and controls the situation.

Interviews have been used by social scientists, psychologists, anthropologists and sociologists to obtain knowledge over the years. He says,

"What is new in recent decades is that qualitative interviews are increasingly employed as a research method in their own right, with an expanding methodological literature on how to carry out interview research systematically."

Kvale differentiates research questions from interview questions and gives nine types of interview questions such as:

- Introducing questions
- Follow-up questions
- Probing questions
- Specifying questions
- Direct questions
- Indirect questions
- Structuring questions
- Silence
- Interpreting questions

Kvale (1938:88) proposes seven stages of the interview process, namely thematising, designing, interviewing, transcribing, analyzing, verifying and reporting. Every researcher goes through these stages and must pay attention to ethical issues such as subjectivity/reflexivity and objectivity, among others.

Being a young organization, ACT does not have a lot of documentations other than brochures and project proposals that explain the mission, activities and programs of ACT. One of the major ways I can get my research questions answered is through interviews.

Tufte, addressed the issue of emic and etic perspectives in audience ethnography. He says, "Seldom is research purely etic or emic. E-E [Entertainment Education] investigations traditionally used emic data like focus group interviews, but have rested their investigations on etic data, such as from audience surveys." He argues that "emic-like data is what is required to advance our understanding of how E-E works best in communication for social change."²² also in "Modes of Engagement in research on Media Meaning-Making", Hoover and Russo brought out issues like ideology and culture as important aspects to consider in meaning-making.

"Culture, therefore, is presented as a signifying practice; a site where meanings are produced and, therefore, where the relationships between determination and agency, and between ideology and individuals' consciousness are defended through the subjective process of negotiation or even resistance to the meaning offered."

3.3. Participant observation

Although the major methodologies for this project are content analysis and interviews, this researcher cannot ignore participant observation methodology having worked for the Africa Christian Television for a few months.

²² Soap Operas and Sense-Making: Mediation and Audience Ethnography, p.7

Tufte had referred to participant observation as a reliable research methodology. According to Spradley, "The participant observer comes to a social situation with two purposes: (1) to engage in activities appropriate to the situation and (2) to observe the activities, people and physical aspects of the situation. The ordinary participant comes to that same situation with only one purpose: to engage in the appropriate activities. In the process of carrying out these actions, this person does not normally want to watch and record everything else that occurs, describe all the actors present, or make note of the physical setting."²³

I was a consultant in ACT for a couple of months and used to go to the studio to observe them do casting and record programs. I have participated in outdoor video screening and interviews with audience. I have played the role of an audience watching the programs on television when aired by the national station. This gave me opportunity to critique the programs and offer advice for improvement. A few times I have read the letters coming in from viewers and more and more I became interested in finding out more about this NGO and understanding its HIV communication strategies. So I am more of a participant observer with an insider's view.

3.4. Literature review

Library research is very useful in finding out what has been done or written about the subject under study. In the current study, it is through literature review that I can find out the situation of HIV/AIDS in sub-Saharan Africa and particularly Côte d'Ivoire.

These methodologies will be used in this study in varied degrees to gather relevant qualitative data for this study.

Chapter 4 Data gathering

4.1 Choice of interviewees

I chose two staff of ACT to be interviewed because I feel that they are the ones to provide me with information that would answer my research questions.

The director of ACT was the first person interviewed being the pivot for all ACT programmes. The next person was the Assistant producer for the HIV/AIDS programmes.

4.2 Preparation for the interview

Some text analysis helped to understand the interview process. Kvale (1988:88) proposes seven stages of the interview process, namely thematising, designing, interviewing, transcribing, analyzing, verifying and reporting. The researcher went through the first four stages in the preparation stage. Ethical issues such as subjectivity/reflexivity and objectivity, among others, were real. The researcher experienced ethical issues related to subjectivity and reflexivity in order not to influence the study.

Smith (1992), in his 23 propositions on communication, says that 'meanings are in people' and also that there are five levels in de-

veloping meaning – signal, referent, experience, needs and environment. These factors were useful for me as I prepared for the interviews. They helped in the formulation of the interview guide.

4.3 The interview guide

According to Kvale (1938), preparing an interview guide before the actual interview is helpful in directing the interviewer in knowing the appropriate questions to ask. I prepared an interview guide as follows:

1. Why did you choose to operate in the area of HIV/AIDS in Cote d'Ivoire?
2. What is your general goal?
3. What is your specific objective?
4. Who is your primary target audience?
5. Who is your secondary target audience?
6. Someone said that personal story, drama and media are effective strategies in HIV AIDS communication. Which of these do you use in your strategy and why?
7. How easy or difficult is it to find people who are willing to tell their story on camera?
8. What incentives do you use to motivate them to tell their story for the benefit of others?
9. What impact do you think real life stories have on the audience?
10. What do you do after the interviews?
11. So you use drama to act out what was narrated in the interviews? How easy is it to find actors and actresses and do you remunerate them?
12. What do you do next after recording the drama?
13. Why did you choose television and print instead of radio given that many people own radio?
14. Do you have difficulties in getting your programmes accepted in the National TV stations?
15. In how many countries in Africa are your programmes currently broadcast?
16. How have your programmes influenced sexual behavior change in Cote d'Ivoire?
17. Has any kind of evaluation been done to ascertain the effectiveness of your programmes?
18. How many viewers' feed-back have you received since you started your broadcasts?
19. Do you think your programmes can be effectively adapted to radio?
20. Supposing there are partners willing to assist you in adapting your programmes to radio programmes would you consider doing that?
21. Would you be willing to give your programmes to another NGO which has all the logistics in place for radio programming?

4.4 The interview process

Before the interview process began, I first visited ACT and used participant observation method to see what actually goes on in the organization. I then booked an appointment with the two people to be interviewed and met them one after the other. I asked series of questions inspired by the interview guide and recorded the interviews on a tape recorder. As the interview progressed, I discovered that there were some questions that needed

²³ James Spradley, "Participant Observation" Harcourt Brace College Publishers

to be asked before others and more questions popped out from the conversations. I also discovered that some questions were irrelevant because they were not related to my research questions. These led to revising the interview guide. More sessions were held later to get clarifications on certain issues. Further information was procured through telephone and e-mail.

4.5. Content analysis

After obtaining the list of HIV/AIDS programmes developed by ACT since 2003, a random sample of video tapes containing the programmes were watched and analysed.

Table 3. Topics covered in the ACT’s HIV/AIDS programme from 2003-2005

Number	Title
01/2003	The importance of doing the HIV test
02/2003	How to escape the HIV/AIDS virus
03/2003	Free sex: a factor for the propagation of HIV
04/2003	A wild sexual life propagates AIDS
05/2003	Where is our portion of love?
06/2003	How to manage the impact of AIDS test result
07/2003	How to maintain friendly relationships with infected persons
08/2003	How to live with an AIDS infection
09/2003	Lifestyles that promote HIV infection
10/2003	Religious institutions and HIV/AIDS
11/2003	AIDS test before marriage
12/2003	HIV/AIDS Prevention methods
13/2003	Hiding one’s status: a danger for all
01/2004	AIDS is not witchcraft
02/2004	No excuse!
03/2004	
04/2004	No medicine for AIDS
05/2004	AIDS can destroy dreams
06/2004	A worrying lifestyle and HIV/AIDS
07/2004	Living with the HIV/AIDS virus
08/2004	Protection of the baby during pregnancy
09/2004	Stigmatization
10/2004	Family pressures
11/2004	Impatience leads to contraction HIV/AIDS
12/2004	Emotional problems and HIV/AIDS
13/2004	AIDS at the workplace

01/2005	Ignorance and HIV/AIDS
02/2005	Being born with the AIDS virus
03/2005	AIDS status and the propagation of HIV/AIDS

**Chapter 5
Analysis: findings and results**

5.1. The domain

The domain of study is, Youth to Youth: A study of the HIV/AIDS Communication Strategy used by ACT in Côte d’Ivoire and Beyond.

5.2 Methodology

Methodology used for the study include:

- Interviews with the director of the organization and the producer of the HIV/AIDS programme.
- Content analysis of a random sample of video tapes containing HIV/AIDS programs for the youth
- Participant observation
- Literature review

5.3. Findings from interviews and participant observation

Research questions include:

- What is the vision of ACT?
- What is the goal of ACT?
- What strategy does ACT use in its HIV/AIDS communication?
- How does ACT prepare its TV programs?
- What educational values are included in ACTS strategy and what is the appreciation of the audience?
- What lessons can actors in HIV/AIDS learn from ACT’s communication strategy?

5.3.1. Vision of ACT

I discovered a consistent strategy using entertainment education to create awareness on the epidemic with a view to changing the behavior of youth.

The vision of ACT is to produce programmes on social issues with the aim of drawing attention to these issues and proposing solutions. That way, ACT is able to bring its own contribution by proposing ways and means of solving some of the problems in Africa which include poverty, unemployment, street children, tuberculosis, malaria and the HIV/AIDS pandemic. In answer to the question on why Cote d’Ivoire was chosen as the base for this organisation, the interviewees said Cote d’Ivoire is one of the most affected nations with a prevalence rate of over 10-12%. So ACT felt it could help warn people about the pandemic through entertainment education through the electronic media that can be exported to other French-speaking countries in Africa.

ACT has taken up this communication challenge to meet the huge unmet need for information on HIV/AIDS, sexuality and life skill education, in Cote d’Ivoire and francophone countries in partnership with other stakeholders like 3XM

(Holland), Patella foundation (USA) and other partners.

5.3.2. Goal of ACT

The general goal of ACT is to help prevent more HIV infections among the youth in the 22 francophone countries in Africa, particularly in Cote d'Ivoire while the specific objective is to see the youth adopt abstinence as a life style before marriage and fidelity to their partners after marriage. The name of this prevention campaign is called "Miel Mortel" which means deadly honey. The title is aimed at making the youth understand the dangers of unhealthy sexual behavior and the consequences of contracting HIV/AIDS.

5.3.3. ACT multi-media strategy

ACT programmes are magazines based on true personal stories broadcast on television for millions of viewers. A visual magazine attracts more people more than an auditory one. People can remember what they see for a long time. ACT's final product includes street interviews and music. When viewers send feed-back asking for more information about HIV/AIDS, ACT sends them booklets that contain more information on HIV/AIDS and life skill education. Hundreds of viewers book for appointment to go for counseling either about HIV/AIDS or life skill education. By way of summary, ACT's multi media strategy comprises:

- Personal story (voice)
- Street interviews
- Drama or plat form media
- Music
- TV magazine
- Literature
- Counseling (interpersonal or face to face communication)
- School visitations (large group communication)

Generally, HIV/AIDS prevention programmes recommend ABC - Abstinence, Be faithful and Condom use to the audience. ACT uses the same but it places more emphasis on abstinence and faithfulness in conformity to the Christian principles the organization stands for. ACT believes that condoms are not 100% safe as many testimonies in its programs confirm that it can break anytime during sexual relations and someone can thus be infected. ACT does not encourage condom use because it encourages sexual pervasion among the youth. However, within a marriage situation where one spouse is infected and the other is not, ACT encourages them to use condom to minimise further infection. For example, a couple that was being interviewed said in their personal story that the condom they were using broke during intercourse but luckily for them the other spouse was not infected.

ACT agrees that there are cases when condoms can be used in a family situation.

ACT also broadcasts programmes on the family and covers topics related to AIDS. because AIDS also touches the family.

5.3.4. How ACT prepares its programs

In its HIV/AIDS communication, ACT interviews People Living With HIV/AIDS (PLWHA), writes a script out of the interview, gets people from the audience group (the youth) to act out what is in the script. It also does street interviews on the topic and both are edited and put together to form a comprehensive TV magazine program informing the audience about HIV/AIDS and what they need to do about it.

How does ACT get people to be interviewed? It is not easy to find people to be interviewed because the people infected with AIDS complain that many NGOs exploit them but do not care about their needs or well-being. ACT takes a personal approach by visiting the association of people living with AIDS such as *Club des amis*, *AMEPOUH*, *Lumiere action*, *Stand Up Africa* and *COSCI* and present to them ACT's goals and objectives. To motivate them to agree to be interviewed, ACT proposes the sum of 80,000 FCFA (app. \$ 150) for those willing to speak unmasked and 50,000 FCFA (app. \$100) for those who want to be masked. This applies only to Cote d'Ivoire where the programmes are produced. Since many of them are in difficult situations, they accept to be interviewed. About 30 people are interviewed per year.

ACT visits churches and youth groups sensitizing the youth to join in the campaign against AIDS by participating in dramas to re-enact the personal stories. They choose those willing to participate and do casting to select the most promising actors and actresses who can re-enact the personal stories. They take them for on-site shooting. The sum of 10,000 FCFA (approx \$ 20) is given to the caste members to cover their transportation and lunch. But the money is not the main motivation for them. Rather the main catch used is the fact that they are joining the battle against HIV/AIDS to help or save the people of their age. With this in mind, many youth accept to participate in the programme.

The reenactment last for 2-5 minutes and this includes some silent drama to illustrate the experiences of the person living with AIDS.

By way of summary, ACT programming involves:

- Search for interviewees
- Screening of interviewees
- Record the interview
- Translate the interview into English (being a bilingual organization)
- Determine the angle to take for the programme
- Write a script
- Do casting for the skit
- Film the skit
- Record and analyse the narration to bring out important elements
- Do street interviews or vox pop to get a good mix
- Finally, the footages are put together and edited.

5.3.5. Scale for strategic health communication

I will like to use the “Field Guide to Designing a Health Communication Strategy” cited above which has been successfully used in health communication for many years as a scale to judge the communication strategy of ACT. The guide gives characteristics of strategic health communication as follows:

- **Result oriented** - leading to audience knowledge, approval and adoption of healthy behaviour. It must also increase capacity of local partners. I found ACT strategy to be result oriented promoting audience knowledge and participation in its program. It is also promoting approval and adoption of healthy behavior.
- **Science-based** - ACT does research on how HIV/AIDS is impacting the youth in Cote d'Ivoire and other countries it intends to broadcast its programs. It therefore combines accurate data and relevant theory using formative and summative research.
- **Client-centred** – The audience for ACT's programs are youth and the interviews and actors in the program are equally youth. Even the musicians are youth. ACT understands the problem from youth point of view and uses qualitative research and participatory learning approaches thereby encouraging greater youth approaches. It allows youth to determine their own methods and program priorities for their health.
- **Participatory** – ACT promotes participatory decision-making by all stakeholders which includes youth in all stages of planning, implementation and evaluation. This has promoted sense of ownership among the youth who see the program as their programs. Infected youth are no longer ashamed to testify without masks because they said that even if they die they want to contribute in warning their fellow youth about the dangers of HIV/AIDS.
- **Benefit oriented** - the audience have discovered that there is a clear benefit for them in the programs. ACT receives a lot of feedback from viewers both within and outside Côte d'Ivoire, who ask very sincere questions about what they can do to avoid contracting the AIDS virus. Many of the viewers say they have never heard about HIV/AIDS or that they have never understood its seriousness confirming lack of information about HIV/AIDS in francophone countries. Television stations in francophone Africa solicit for ACT's programs.
- **Service-linked** – specific services are being promoted. The programs have become a means to teach life-skill education to the youth who are brought up in a setting where the family is not seriously upheld. ACT has become an information provider because many viewers write to ask for more information about HIV/AIDS so ACT has distributed thousands of booklets that meet this need.
- **Multi channel** - I found out that ACT's communication strategy is a multimedia strategy comprising of personal story (voice), drama and life skill education, among other things. Various communication channels such as interpersonal communication, traditional communication, large group communication, print media communication are being used to create a dynamic, two way communication.

Voice

Tufte (2004), pointed out that any successful HIV/AIDS communication strategy needs to integrate voice, culture and visibility into it.²⁴ The interviewees' feedback showed that if there were no personal stories, the listeners would not believe all the

talk about AIDS because many people in Africa still do not believe in the reality of HIV/AIDS. Many associate it to witchcraft or planned strategy by the government to reduce over population.

Entertainment education

Africa Christian Television uses EE in its HIV/AIDS communicating strategy. Drama is used to re-enact the stories to attract the attention of youth and entertain them. Many youth used to think that abstinence is impossible but through ACT programs, they have learnt that it is possible. Many of the youth that ACT interviewed testified to becoming sexually active at very young ages of 10 -12 years because they wanted to join the band wagon who put pressure on them all the time. A common expression used by youth is, “Every one is doing it.” Those who do not join the band wagon are ridiculed by their friends.

Large group face to face communication

By audience demand, ACT has just added school visits to their media mix. This involves large group face-to-face communication of between a hundred and a thousand youth who meet to watch the videos and actually see one of the infected people talk to them. They are given opportunity to ask questions during the event. According to the director of ACT, the result has been very positive and the invitations by schools and churches becoming overwhelming.

Print media communication

Each programme encourages viewers to write for a book that will give them more information about AIDS and many of them have requested for these.

Counselling

Special hone lines are kept open to receive viewers' calls. Some of the viewers request that they will like to talk to someone about their experiences or fears about AIDS and ACT has created a department that receives and counsels people. This department also encourages them to do their tests to know their status and many youth have done their tests and reported the results to ACT.

Social interaction

The youth feel they have a place they can go to have a chat with someone who is interested in their future and willing to listen to them and give them advice.

- **Technically high quality** – ACT programs are very professional, youth-based and specific. The program meets international standard and that is why ACT was awarded a prize in National Religious Broadcast of February 2004 in USA for its quality program in Africa.
- **Advocacy-related** – advocacy has been occurring on personal or social level rather than policy or program level whereby adopters among the youth acknowledge their change and encourage others to adopt a similar behavior.
- **Expanded to scale** – The strategy, though first used in Cote d'Ivoire, is being exported to other francophone countries. Attention is paid during programming not to mention any particular country so that the program can be used in another country. Other than Cote d'Ivoire, the programs are currently being broadcast in Congo, Cameroon, Burkina Faso, Benin,

²⁴ Tufte Thomas, May 2004

Senegal, Togo, Chad and Niger. The ultimate target is all the francophone countries in Africa and beyond.

- **Programmatically sustainable** – ACT programs are used again over a period of time, reaching new audience members and adapting to environmental changes. All players are found locally so it is not a big challenge to bring all these people together.
- **Cost-effective** - the programs are cost effective. Most of the staff are locally employed meaning that salaries are not so high when compared with expatriate staff.

5.3.6. Findings from content analysis

Each of the programs analysed contained a personal story of a youth infected with AIDS narrating his or her life before the infection. Most of them would say what led them to a life of debauchery and how they contracted AIDS. The viewers can see clearly the emotions of the infected people and empathise with them. Some of them cry while giving their personal story and that does something in the viewers. One girl narrated how her uncle brought her to the town so she can go to school. The uncle began to rape her repeatedly and when she tried to report him to relatives no one believed her. She ran away from the house and squatted with friends but the experience of being raped by her uncle made her feel worthless so she began sleeping with every young man that beckoned to her. She said her life had become meaningless to her so she often charged nothing for her services to the boys who slept with her because it was not money she was looking for. In the end, she contracted HIV/AIDS. Another girl narrated how she was deprived of paternal and maternal love. She began to search for love by sleeping around with men. She didn't know about condoms. She contracted AIDS in the process and the man she was living with chased her out of the house immediately he learnt that she was HIV positive. Viewers reacted a lot to her plight by saying that someone who was looking for love found AIDS instead. Another one was a famous footballer who lamented that he had so many girlfriends because he was a celebrity. He said he got a new girlfriend in every town he went to play a match. He had so much money and often spent a night or two with the girl in hotels. He had made two women pregnant at the same time. He had never heard about AIDS until he began to have skin diseases and some well wishers asked him to go to a nearby clinic and do a test. His result was devastating for him but joining an AIDS association boosted his moral and helped him to live longer.

Most of the youth who give their personal stories die even before their story goes on air. The daily news papers are full of pictures of young people who died of AIDS in Cote d'Ivoire. Although it is not said they die of AIDS but in the history of African people, young people have never died in mass as is the case now.

- [1] ACT programmes are raising a lot of food for thought for the primary and secondary audience and many youth are now

asking a lot of questions about how one can avoid contracting HIV/AIDS.

5.3.7. Distribution

The programmes are sent off to national TV stations in the above-mentioned countries and contracts are signed with them to broadcast the programme. Initially, some of the stations like in Cameroon, hesitate when they learn that ACT is a Christian organization but when they see the quality of the programmes and the angle taken, they accept them without any conditions. Today ACT programmes are regularly on air several times during the week and the people are happy with it. The programs are not evangelistic in nature, such that more emphasis is put on the social dimension rather than on the religious dimension. This makes it acceptable to people of all religious leanings.

5.3.8. Audience feedback

Regarding audience feedback, ACT received 116 phone calls between March and September 2003 as well as 73 e-mails and 101 letters in 2004. In 2005,letters and emails have been received. These came from Cote d'Ivoire, DRC Congo, and Burkina Faso but the majority are from Cote d'Ivoire. This gives an average of 19 viewers feedback per month.

No structured evaluation has been done so far but ACT Dutch partners have visited Cote d'Ivoire twice and interviewed some of the viewers. The aim was to receive constructive critiques to help improve the programmes and also viewers' feedback about how the programmes have impacted their lives.

Many viewers said they did not know that AIDS had the kind of face shown in the programmes. They said they were touched by the circumstances that pushed the AIDS victims into contracting AIDS and have therefore determined to change their behavior. Many of them said they will do the AIDS test to know their status and many ask for booklets that can give them more information on AIDS or on life skill education.

5.4. Added value of ACT strategy

Many youth in Cote d'Ivoire and many francophone nations do not receive sex education because sex has been a taboo in African culture over the years. The family members who should give this education are not even there as an entity. Many parents in Cote d'Ivoire do not live together either because people evade the responsibility or seriousness of marriage or people enjoy the liberty of prostitution. ACT is therefore filling a gap of giving skills education to the youth to help them learn how to manage their sexuality.

Actors in HIV/AIDS can learn from ACT's rich multi media strategy. Tufte's recommendation that voice, culture and visibility is very important in a HIV communication strategy has also been confirmed by other scholars in the literature review. They all reiterated that a one way communication can never

be sufficient in dealing with HIV/AIDS strategy.

5.5. Recommendation for future work in HIV/AIDS

The scope of this study does not allow an extensive research.

I will therefore recommend that more studies be done in the following areas:

- Reception studies on the target audience of ACT through the analysis of letters and phone conversations to bring out how the programmes have impacted the audience.
- The impact of AIDs on the family and or children in Cote d'Ivoire. This country has preoccupying family life styles that encourage the spread of HIV infection. A study on this topic will therefore be interesting.
- Children orphaned by AIDS are quite many in this part of the world so such a study will be most welcome.
- A content analysis of HIV/AIDS messages in the media (radio, television and the press) would be a good study.

Conclusion

The domain of study is, Youth to Youth: A study of the HIV/AIDS Communication Strategy used by ACT in Côte d'Ivoire .

This study involved:

- Interviews with the director of the organization and the Assistant producer of the HIV/AIDS programme;
- Content analysis of a random sample of video tapes containing HIV/AIDS programs for the youth;
- Participant observation;
- Literature review.

After going through all the relevant literature, I discovered that a lot has been done and written on HIV/AIDS but after two decades, it appears not much grounds have been covered. Thomas Tufte's paper, among others, revealed to us the missing dimensions. Their premise was that voice, culture and visibility are the most important factors that will guarantee success in HIV/AIDS work all over the world. By voice they meant personal stories of people living with the disease which help to give a face to HIV/AIDS and make it real in a continent where a high percentage of people still do not believe in the existence of the disease but attribute it to witchcraft or measures for population control. By culture they mean the beliefs or worldviews of people. All literature consulted agree that culture is sovereign and cannot be separated from people's behavior and attitude (Smith 1992). It must be respected even in HIV/AIDS programming and communication. By visibility they mean giving the audience the opportunity to see what AIDS sufferers looks like. Visibility plays a very im-

portant role in successful HIV/AIDS programmes. When people see for themselves the people who are infected with the disease and the kind of sickness they suffer from, it helps to convince the people that AIDS is real.

This study has enabled me to see that these three factors and much more, are taken care of in ACT's programming. Many of the youth who send feed-backs ACT say that they had no idea AIDS was as real as they saw or heard from the broadcasts. This study recommends to HIV/AIDS actors to integrate these three dimensions and a multimedia strategy into their HIV/AIDS programming rather than continue using the diffusion of innovation strategy or the hypodermic needle model of communication of ABC (Abstain, Be faithful and use condoms). The study equally recommends the social interaction model and the bottom up approach that makes it possible for the grassroots to be convinced of the deadly disease and be mobilized to participate in warning others about the disease.

Participatory communication is necessary

Many of the scholars recommend participation in conceptualization, decision making, implementation, evaluation and in benefit. This gives people control of their lives and environment. The last three forms of participation are seen as false participation by those who believe that participation in conceptualization is indispensable to communication for development. Although participatory communication gained grounds at the conceptual and ideological levels, development actors are yet to actualize it in the real sense of the word. The same goes for HIV communication in Africa. A down-up approach is needed.

AIDS threatens the lives of 80 to 90 million Africans by 2025 according to three scenarios spelt out in a new report by UNAIDS, IRIN reported. Peter Piot, UNAIDS Executive Director says the three scenario is a work of 100 eminent Africans from all works of life. He adds,

"the scenario confirm that with the AIDS epidemic, Africa is facing an unprecedented and exceptional crisis, and a challenge that we have never seen before, I would say, since slavery. It is so exceptional in its scale, complexity and the consequences across generations; it really is a mortgage on African future. The future of much of Africa today is dependent on how it responds to the epidemic today. The crisis is so unprecedented in severity, longevity and its impact that as societies and individuals we really don't know exactly how to respond. There is no pattern, there is nothing we can follow. But I think we are getting on the right track now."²⁵

He further explains that rather than "running after the crisis and behind the virus we now have to enter a phase of being

²⁵ UNAIDS

proactive and being strategic." This will focus on not only keeping infected people alive but also to ensure that the youth are HIV free. The three scenarios involve addressing the epidemic's social, economic and political causes. Among these are gender inequality, poverty, income inequality and Africa's marginalization in the world. The new approach advocates for a combination of factors, not just the famous ABC that seems outdated now because many wives are being infected by their sole partners and cultural boundaries prevent women the world over from imposing condoms on their sex partners. Addressing all three areas of Africa's existence seems to be the most logical solution for the epidemic otherwise it will continue to spread and render Africa even more under-developed.

Tapiwa²⁶ argues that the role of communication has remained a subject of considerable speculation in development theory and that AIDS is a development challenge.

Many writers have tried to provide models that explain and demonstrate this factor. However, there is consensus among theorists that communication is a vital part of development and a precondition for economic growth. The critical factor in communication and development is the conceptualisation, design and implementation of a communication activity within the premises of available theoretical persuasions that are supported empirically. Using development communication in development programmes requires a great deal of technical skills. "The communication perspective on development should be viewed as the construction of particular sets of relationships. Roles and patterns of actions and in this case communication should be viewed as a process through which these are created." P3

All scholars agree that development actors need to pay attention to the following:

Sensitivity to audience needs

One of the missing links in development efforts is lack of sensitivity to audience needs. Actors come in with their own agenda and begin to implement it because they are economically strong and do not care to ask about the needs of the audience. Tufte (2002) writing about social change using entertainment education approaches is clear about the need to be sensitive to the needs of the audience.

Duration and consistency

In generic electronic programming genre 13 is the minimum number of programmes that can be aired for any meaningful impact to take place. A lot of HIV/AIDS messages are rather spontaneous and inconsistent. Such messages are known to have little or no effect on the viewers.

Audience segmentation

Several scholars writing on cultural communication agree that the production of messages should conceptualise and categorise

²⁶ Tapiwa Kamuruko "Uses and appropriateness of the media in public communication campaign - the case of HIV/AIDS communication in Zimbabwe."

rise messages to specific segments and target audiences in terms of genres. Psychographic and demographic data and other diversities are some of the factors that should be used to segment audiences otherwise message reception can be difficult and sometimes impossible.

Trust and confidence

With reference to attitude and behaviour change, scholars advanced the premise that the creation of the necessary trust and confidence in the communicator is important if change is to take place. Many campaigns do not build trust or confidence with the intended target audience but instead frighten and scare people.

Sensitivity to audience needs, duration and consistency, audience segmentation, trust and confidence constitute yet another scale that can be used in measuring the HIV/AIDS communication strategy of ACT. This organization has done well in taking care of all the factors and has succeeded in building trust and confidence in its viewers. They keep coming in their hundreds asking very sincere questions about AIDS and seeking counsel about life skill education.

A review of communication theories such as the work by Roger Everett (1961, 1969, 1976, 1986) advanced the premise that human development is directly related to the way information and communication structures were in harmony with an individual's knowledge framework and experiences. The role of communication is to transfer technological innovations from development agencies to the various publics and to create an appetite for change through raising a climate for modernisation.

This study has opened a window into Africa's capability to conceptualise, design and implement a successful health communication strategy. With Africans in the driver's seat ACT's programmes are being popularized in several African countries and with time, it will be exported to the Western world.

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ANNEX 1 The Interview guide

1. Why did you choose to operate in the area of HIV/AIDS in Cote d'Ivoire?
2. What is your general goal?
3. What is your specific objective?
4. Who is your primary target audience?
5. Who is your secondary target audience?
6. Someone said that personal story, drama and media are effective strategies in HIV AIDS communication. Which of these do you use in your strategy and why?
7. How easy or difficult is it to find people who are willing to tell their story on camera?
8. What incentives do you use to motivate them to tell their story for the benefit of others?
9. What impact do you think real life stories have on the audience?
10. What do you do after the interviews?
11. So you use drama to act out what was narrated in the interviews? How easy is it to find actors and actresses and do you remunerate them?
12. What do you do next after recording the drama?
13. Why did you choose television and print instead of radio given that many people own radio?
14. Do you have difficulties in getting your programmes accepted in the National TV stations?
15. In how many countries in Africa are your programmes currently broadcasted?
16. How many viewers' feed-back have you received so far?
17. How have your programmes influenced the HIV/AIDS prevalence in Cote d'Ivoire?
18. Has any kind of evaluation been done to ascertain the effectiveness of your programmes?
19. Do you think your programmes can be effectively adapted to radio?
20. Supposing there are partners willing to assist you in adapting your programmes to radio programmes would you consider doing that?
21. Would you be willing to give your programmes to another NGO which have all the logistics in place for radio programming?

ANNEX 2 The actual interview with transcription

Remarks/observations

I had interesting interviews and got useful material that helped answer my research questions. The interview guide was useful but many questions popped out during the interview as the interview became more interesting. The interview

wees were very confident to talk about their organizations and to demonstrate to me that the staff is made up of only Africans. Occasionally, they invite trainers from Europe.

All these made me curious to know more about the organization and interested in watching some of their HIV/AIDS programme to see how the different stages of the production process fit together. Although this study is not focusing on reception studies, I looked at some of the letters to see what kinds of reactions viewers of ACT programmes are sending in SO. What is the vision of ACT?

AB. *Our vision is to produce programmes on social issues with the aim of drawing attention to these issues and proposing solutions. That way, ACT is able to bring its own contribution to solving some of the problems in Africa through its programmes.*

SO. What are some of the social problems in Africa that you want to address?

AB. *They include poverty, unemployment, street children, tuberculosis, malaria and the HIV/AIDS pandemic.*

SO. Why did you choose to operate in the area of HIV/AIDS in Cote d'Ivoire?

AB. *Cote d'Ivoire is one of the most affected nations with a prevalence rate of over 11%. So we felt that we could help warn people about the pandemic and help reduce infection rates. We also felt that by starting from Cote d'Ivoire, we could later extend the prevention campaign to other countries in Africa.*

SO. What is your general goal in this programme?

AB. *The general goal of ACT is to help prevent more HIV infections among the youth in 22 francophone countries in Africa, particularly in Cote d'Ivoire.*

SO. What is your specific objective?

AB. *The specific objective is to see the youth do their tests to know their status and adopt abstinence as a life style before marriage and fidelity to their partners after marriage.*

SO. What is the name of your HIV/AIDS programme?

AB. It is called "**Miel Mortel**"

SO. What does that mean and why did you use that name?

AB. ***Miel Mortel** means deadly poison. We used that title to make the youth understand the dangers of unhealthy sexual behavior and the consequences of AIDS.*

SO. What strategies does ACT use in its programming and why?

AB. *ACT uses personal story, skit and media. We felt that if*

there are no personal stories, the listeners will not believe all that we talk about AIDS. This is because, in Africa, a large number of people still do not believe in the reality of HIV/AIDS. We use drama or skit to re-enact the stories in order to attract the attention of youth. We incorporate life skill education in our programmes. Today, the youth think that abstinence is impossible. As a result, so many young people become sexually active at very young ages. We found out that a lot of the youth we interviewed became sexually active very early. This is why we want to teach them that abstinence is possible before marriage and thereafter, fidelity. Our final product includes street interviews and music. In addition, we send booklets that contain more information on life skill education to viewers who write to us.

SO. How do you find people who are willing to tell their story on camera?

AB. *It is not easy to find people to be interviewed because the people infected with AIDS complain that many NGOs exploit them but do not care about their needs or well-being. We, however, visit an Association of people living with AIDS such as Club des amis, AMEPOUH, Lumiere action, Stand up Africa and COSCI and present to them our goals and objectives. This convinces some of them to agree to be interviewed.*

SO. What incentives do you use to motivate them to tell their story for the benefit of others?

AB. *We promise those willing to be interviewed some money, 80,000 FCFA (app. \$ 150) for those willing to speak unmasked and 50,000 FCFA (app. \$100) for those who want to be masked. This applies only to Cote d'Ivoire where we produce all our programmes. Since many of them are in difficult situations, they accept to be interviewed. This year, we already have 10 people on the list to be interviewed.*

SO What do you do after the interviews?

AB. We choose youth from different churches to re-enact the stories. We do casting to select those who we feel can re-enact the personal stories very well. We then go on site and shoot the skits.

SO. How do you find the actors and actresses to re-enact the stories?

AB. Many youth want to participate but the problem is finding the ones with the talent to act.

SO. What incentives do you give the youth to motivate them?

AB. We do not give them any thing as such except 10,000 FCFA (approx \$ 5) to cover their transportation and lunch. But we make them understand that the battle against AIDS is for everyone because AIDS is ravaging people of their age. And if they assist, the number of infections and deaths will reduce. With this in mind, many youth accept to participate in the programme. They are also amateurs

not professionals who may demand for payment.

SO. How long are the drama or skits?

AB. They usually last 2-5 minutes. This includes some silent drama as well to illustrate the experiences of the person living with AIDS.

SO. Summarise for me the whole process involved in making a Miel Mortel video.

AB. It goes like this:

Search for interviewees

Record the interview

Translate the interview into English because we are a bilingual organization

Determine the angle we want for the programme

Write the script

Do casting for the skit

Film the skit

We go out to record and analyse the narration and bring out important elements

We go out and do street interviews

Finally, the footages are put together and edited.

SO. When the programmes are ready what do you do next?

AB. We send it off to a national TV station and sign a contract with them to broadcast the programme?

SO. Do the national stations pay for the programmes or you pay for the time slot?

AB. We give out the programmes free of charge to the stations as our contribution to solving the social problems in Africa.

SO. Are ACT programmes easily accepted by the stations?

AB. Initially, some of the stations hesitate when they learn that we are a Christian organization but when they see the quality of the programmes and the angle we take, they accept them without any conditions. That was the case with Cameroon but today our programmes are regularly on air and the people are happy with it. In our programs we focus more on social issues and not so much on Christian teachings. So people of all religions like watching our programmes and have received help in one way or another.

SO. How many HIV programmes have you produced so far?

AB. We produced 13 programmes in 2003 and another 13 in 2004. We will soon complete 13 programmes for 2005.

SO. In how many countries are your programmes broadcast?

AB. Cote d'Ivoire, Togo, Cameroon, Burkina Faso and Benin. Then from Cameroon, the broadcasts are received from Niger and Mali.

SO. How many viewers' feed-back have you received so far?

AB. In 2003, we received 116 phone calls between March and September. Between March 2003 and June 2004, we received 73 e-mails and 101 letters. These came from Cote d'Ivoire, DRC Congo, and Burkina Faso but the majority is from Cote d'Ivoire. This gives an average of 19 viewers' feedback per month.

SO. Have any evaluations been done to determine the impact of your programmes on the target audience?

AB. No structured evaluation has been done so far but our partners from Holland have come here twice and interviewed some of the viewers. The aim was to receive constructive critiques to help us improve our programmes and also viewers' feedback about how the programmes have impacted their lives.

SO. What kind of feedbacks did you receive from the viewers?

AB. Many of them said they did not know that AIDS had the kind of face we showed in our programmes. They said they were touched by the circumstances that pushed the AIDS victims into contracting AIDS and have therefore determined to change their behavior. Many of them said they will do the AIDS test to know their status and many ask for booklets that can give them more information on AIDS or on life skill education. These booklets were donated by a partner from the UK.

SO. Do you have an idea of how many booklets you have given out so far for follow up?

AB. We have sent out about 300 booklets to viewers to date.

SO. Why did you choose television and print instead of radio given that radio is more affordable than television?

AB. Our programmes are magazines based on true personal stories. Television is visual which means that the viewers can see clearly the emotions of the infected people and identify with them. Some of them cry while giving their personal stories and that does something in the viewers. A visual magazine attracts more people more than an auditory one. People can remember what they see for a long time.

SO. Do you agree that there is a category of audience that you do not reach in your programmes? These are those who cannot afford televisions.

AB. Yes, we know that television is a luxury for some people and we do not reach some people in the rural areas but a significant population in the urban areas are reached because it seems to me that AIDS is an urban disease.

SO. Generally, in HIV/AIDS prevention programmes, people talk about ABC – Abstinence, Be faithful and Condom use. I notice that ACT uses only A and B but not the

C, can you explain to me why?

AB . This is because we believe that condoms are not 100% safe. They can break during sexual relations and someone can be infected. We do not encourage condom use because it encourages sexual pervasion among the youth and we are certainly against that. However, within a marriage situation where one spouse is infected and the other is not, we encourage them to use condom to minimise infection.

SO. Have you ever interviewed someone who said they discovered condoms are not 100% safe?

AB. Yes, we interviewed a couple who said the condom they were using broke in the middle of the intercourse but luckily the other spouse was not infected.

SO. Did you cover the case of when condoms can be used in any of your programmes?

AB. Yes, it was covered in one of our family programmes. We only encourage it in a family situation.

SO. Do you think your programmes can be effectively adapted to radio?

AB. Yes, it is possible. ACT has a radio studio and minimal equipment but the quality may not be the same because radio requires some specific kind of machines.

SO. Supposing there are partners willing to assist you in adapting your programmes to the radio so that they can reach a wider audience, would you consider doing that?

AB. We may, if we have the right staff trained in radio.

SO. On the other hand, if there is another NGO which has all the logistics in place for radio programming, would you be willing to share your programmes with them?

AB. We may consider it if good agreement can be reached.

SO. You also broadcast programmes on the family and I have noticed that some AIDS topics are also covered in those programmes.

AB. Yes. This is because AIDS also touches the family.

SO. Thank you very much for all the information. If I need further help can I call you?

AB. Feel free to call me if you need clarifications.

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