

Does mass media communication support HIV/AIDS prevention campaigns among the youth in Oshana Region, northern Namibia?

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Abstract

HIV/AIDS is a global health and social problem, and has affected people of diverse backgrounds and all walks of life. Since it was detected in Namibia in 1986, many people have become hospitalised and died due to the disease. However, many organisations have used mass media campaigns to communicate health messages in an effort to bring change in people's lifestyles and sexual behaviours. This paper explores the impact of mass media communication aimed at HIV/AIDS prevention among the youth in Oshana region, northern Namibia. In this paper both quantitative and qualitative research approaches were employed. Survey research was conducted among the In-school youth (ISY) and Out-of-school youth (OOSY). Participants were drawn from nine secondary and 26 combined schools and six youth organizations in the region. Respondents revealed that mass media campaigns are available in the region disseminating information to the youth using the conventional health education model. Data also revealed that the majority in both sets of youth groups are sexually active, have sexual partners and received behaviour change information mainly through mass media (radio, television and printed materials) regularly. Study results further revealed that in addition to knowledge, youth require understanding and dialogue to be able to manage change in their social and sexual behaviours.

Introduction

This paper explores the perceived impact of mass media campaigns in communicating information on the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) prevention to in-school youth (ISY) and out-of-school youth (OOSY) in Oshana Region, northern Namibia. Globally HIV/AIDS has affected many countries in the world. In Sub-Saharan Africa (SSA), the Southern African Development Community (SADC) and Namibia, HIV/AIDS has become a major cause of hospitalisation and death (UNAIDS, 2008). Namibia is not an exception, being near the HIV/AIDS epicentre. The consequences of HIV infection affect individuals, families, communities and the country at large in all its development endeavours. Since the first case of HIV infection was recorded in the country in 1986, HIV/AIDS has become the principal public health and social problem in Namibia (MoHSS, 2008).

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Oshana Region

This study was conducted in Oshana Region, one of the thirteen political regions in the country, situated at the northern part of the country. It has diverse cultural and ethnic groups. Currently, rural and urban lifestyles coexist in the region. The region is mainly rural with the second highest population density in the country concentrated in the towns of Oshakati, Ongwediva and Ondangwa (NPC, 2003). These towns are stopovers for national and international migrants searching for educational, health services and economic opportunities. Oshana Region has experienced dramatic urban growth in recent years and forms an important commercial and industrial focus with urbanization as one of its challenges (MoHSS and Macro, 2008). The Oshana region has one of the highest HIV/AIDS infection rate in the country, thus it is important to find out how effective the current prevention strategies are in addressing the HIV/AIDS pandemic in Namibia.

Youth and HIV/AIDS in sub-Saharan Africa (SSA)

According to the Global Report on the AIDS epidemic, the disease has continued to proliferate from 1981 since the first case was diagnosed (UNAIDS, 2008). Africa as a continent is the most affected by HIV/AIDS. The UNAIDS (2008) report indicates that the epidemic in SSA is not homogeneous in all countries within the region; some countries are more affected than others (*ibid.*). HIV/AIDS affects all ages of both sexes. One can describe the situation of HIV/AIDS among the youth as a catastrophe that needs to be prevented. Today's young population could be considered to be the AIDS generation, because they have not known a world without AIDS (Parker, Rau, Peppia, 2007). Moreover, according to the UNAIDS (2008, p. 33) annual report young people aged 15-24 years account for an estimated 45 percent of all new HIV infections worldwide.

Young people are assumed to be vulnerable to HIV/AIDS in SSA and elsewhere in the world. Some of the reasons which place young people at the centre of HIV vulnerability are lack of HIV information, lack of educational programmes with relevant youth-friendly services and the risks that accompany adolescents' experimentation and curiosity. Parker, Rau and Peppia (2007) claim that the future of the epidemic maybe partly shaped by the actions of the youth, when they have knowledge, understanding and skills on how to avoid HIV infection when they became sexually active.

Literature indicates that it is a challenge to maintain the HIV negative status among the youth because they are living in societies with many contributing factors to HIV infection. Worldwide people in the reproductive age of 15-49 years are also the most sexually active and affected by HIV/AIDS. Hence, it is vital to know what can be done to facilitate lifestyle and sexual behavioural changes to reduce the infection and death rates among the youth in Namibia in general and in Oshana Region in particular (MoHSS and Macro, 2008).

HIV/AIDS and Namibian youth

Since 1986 when the first case of HIV/AIDS was recorded in Namibia, HIV/AIDS has become the number one cause of hospitalization and death in the country.

A young population forms the base of the Namibian population, and youths are mostly threatened by HIV/AIDS pandemic. Namibia had a rate of HIV infection standing at 15.3 percent in 2007/8 (MoHSS and Macro, 2008). Since then, HIV cases have increased among the sexually active population, the age group 15-49 years (*ibid.* 2008). Literature reveals that the Namibia Government has many policies, guidelines and strategies in place helping people to fight HIV/AIDS (GRN, 2004).

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Mufune (2003) stated that traditional norms and values are disappearing fast among the youth, because young people are easily influenced by many foreign social systems, which influence their views, thereby contradicting those of their parents and cultures. Mufune (2003) further reported a weakening of the link between community morals and sexual behaviour resulting in more liberal sexual attitudes. Therefore, parents need to guide youths, because guidance and training are vital parental roles to mould youths towards adulthood, including sexual issues. Rew (2005) argues that youths are at high risk for many reasons, including poverty that leads to prostitution, disintegration of the family system because of migration or forced displacement or death of parents, urbanization and inequitable gender relations. However, Adams and Berzonsky (2006) argue that access to information and uses of condoms do not encourage adolescents to start sexual activity earlier or to have more partners. It has been observed that youths need to develop life skills such as decision-making, communication and listening skills, responses to peer pressure for unprotected sex, negotiation and conflict resolution skills related to condom use. It is argued that life skills will empower young people to make constructive decisions and have control over their lives.

Mufune (2003) also argues that there is some notable cultural continuity in northern Namibia, where sex is regarded as a taboo and may not be discussed among people of different ages. He further explains that the lack of open discussion between parents and young people inadvertently blocks the youths' access to much needed information on sexuality and HIV/AIDS prevention. Chanda, Mchombu and Nengomasha (2008) argue that mass media campaigns are instrumental in giving information to the public (individuals and communities) with the aim of influencing people's behaviour to promote lifestyle change.

Adams and Berzonsky (2006) argue that mass media campaigns have a significant influence on young people, but the question is how frequently youths are reached by HIV/AIDS related messages and their effects on youths' needs, lifestyle and sexual behaviour. The literature further indicates that youth do not understand issues in their surrounding environment and lack necessary life skills (such as communication, listening, negotiation and decision making) towards HIV/AIDS prevention methods such as condom use for them to be able to act responsibly as self-directed individuals. Mass media campaigns have been identified as an instrumental tool used to give information on HIV/AIDS prevention, but in Oshana Region they lack participatory approaches between media campaigners and receivers of information in the creation of a positive communication-learning environment. However, youths in Oshana Region like in other African countries have strong cultural and traditional norms that influencing their daily lives (Chanda et al., 2008). Therefore, an option is to educate the youth to have knowledge and understanding to be able to prevent HIV.

Theoretical framework

The theoretical perspectives of various theorists and educational thinkers used in mass media campaigns on HIV/AIDS prevention form the base of this study. A combination of social theories and models of social behaviours change such as Social Cognitive Learning of Bandura (1977), Communication/Diffusion of Innovations of Rogers (1995), Participatory /Empowering of Freire (1985) and Health Belief Model focus on individuals' attitudes, social relationships and structural factors in explaining human behaviours. Theories and models also describe what learning is and how knowledge and understanding influence learning and effect individual and social change.

Bandura Social Learning theory postulates that people / youth learn through modelling the behaviour of the others or by direct experience. The social theory has a premise that one needs to have knowledge (well informed) and motivated (have ability to perceive the danger of HIV/AIDS in his /her surroundings) to be able to adopt change. According to Rogers (1995) people learn by imitating what their role models or opinion leaders / peers are doing. Therefore, media campaigners as strangers can persuade people / youth through the radio (disseminating information) to learn and change behaviours, but no learning will take place. Freire (1985) empowerment theory proposes that people/ youth learn through diagnosing their own needs and find solutions as a team in collaboration with mass media campaigners. Freire believes that people do not learn by mere telling or instructing communities what to do. Youth, as individual, should believe that they are vulnerable or at risk of contracting HIV infection and its severity in their communities (Best, 2003). Best (2003) argues that youth should be aware of barriers that impinge their actions (to learn and change behaviours) such as their attitudes towards condom use, myths, cultural and religious norms.

The theoretical perspectives conclude that theories and models used in this study were designed to guide the implementation and evaluation of media campaigns with the aim of yielding the expected outcomes. These theories and models describe learning as a continuous information-sharing and cyclical process that take place through an interactive approach. In Oshana Region, the community's existing knowledge, culture and holistic environment is not being incorporated or recognised during information awareness campaigns. Information providers are using the conventional method of communication when disseminating information to the youth. This theoretical framework concludes that ideally it is crucial for mass media campaigners to act as facilitators who assist the youth to develop new collective norms and behaviours in the face of the dangers of contracting HIV/AIDS.

Research objectives

The purpose of the study was to explore how mass the mass media communication support HIV/AIDS prevention among the ISY and OOSY in Oshana region, northern Namibia. The specific research objectives were as follows:

To explore and describe how mass media communication is supporting the youth (ISY and OOSY) on HIV/AIDS prevention in Oshana region.

To explore youths' perceptions, views and knowledge on the effects of mass media communication campaigns in Oshana region.

The study focussed on the Namibian youth covering 9 secondary schools, 26 combined schools and 6 youth organizations in Oshana Region. The study was conducted in one region for the purpose of obtaining in-depth information on the youths' perceptions, knowledge and understanding of HIV/AIDS prevention. The study was conducted from June to December 2007, by the researcher as a doctoral student.

Research design and methodology

The research design for this study was quantitative and explorative in nature. A survey method was employed. Babbie and Mouton (2009, p. 232) describe a survey as a "non-experimental research that focusses on obtaining information regarding the status quo of some situation , often via direct questioning of a sample of respondents". The study population were the ISY (grade 10, 11 and 12 learners from combined, junior and senior

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and secondary schools) and OOSY (who were members of youth organizations) in Oshana Region. To have a reliable research population, a sample of 920 respondents was selected from 9 secondary schools, 26 combined schools and 6 youth organizations. All youths in this study were of the age group 12- 30 years and lived in Oshana region during the survey period (Cohen, Manion, and Morrison, 2007). Data were gathered based on the probability sampling approach, using simple random and stratified sampling methods (Creswell, 2008). Permissions (written and oral) to conduct research in schools and youth organisations were requested and granted. Ethical aspects of research, including confidentiality and informed consent were adhered to during the research processes. Survey data were collected using self-administered questionnaires. A questionnaire was selected because it covers a large group of the population with less time and offers the possibility of complete anonymity (Oppenheim, 2008). Respondents completed questionnaires as individuals to give their views and express their feelings on mass media campaigns and their messages on HIV/AIDS prevention in an environment free from physical and psychological pressure. Data from closed-ended questions were analysed through the Statistical Package for Social Sciences (SPSS), whereas data from open-ended questions were analysed using content analysis (Creswell, 2008).

Presentation of the research findings

Demographic information

A total of 825 ISY from schools and 95 OOSY from various youth organizations in Oshana Region participated in the study. Youths were asked to indicate their age group, gender and places of residence. Among the ISY (54.2 percent) and OOSY (33.7 percent) were in the age group 17-21years. Fifty three percent of the ISY were females and 46.9 percent were males, whereas OOSY females were 58.9 percent and 41.1 percent were males.

Youths were also asked to state whether they could in English and understand easily or with difficulty information related to HIV/AIDS prevention in newspapers, magazine, posters and other printed materials.

Table 1: ISY and OOSY who can read and understand information related to HIV/AIDS prevention

	ISY		OOSY	
	Frequencies	Percentages	Frequencies	Percentages
Easily	712	86.5	69	74.2
With difficulty	90	10.9	16	17.2
Not at all	21	2.6	8	8.6
Total	823	100	95	100

Data indicated that the majority (86.5%) of the ISY and most of the OOSY (74.2%) said they could easily read and understand information related to HIV/AIDS prevention. Only 10.9 percent of the ISY and 17.2 percent OOSY said they could read and understand information with difficulty, whereas 2.6 percent and 8.6 percent of ISY and OOSY respectively, could not read nor understand any information at all. This means most of the youth in both youth groups were literate, they had basic reading and writing skills, but a small number had reading difficulties as they did not understand written information clearly.

Respondents' HIV/AIDS background knowledge and information

Respondents were asked whether they had heard about HIV/AIDS. Data revealed that the majority of ISY (98.2%) and OOSY (88.4 %) had heard of HIV/AIDS. Only 0.7 percent ISY and 11.6 percent OOSY respectively, had not heard of HIV/AIDS. Youth who had heard about HIV/AIDS were asked to state where they heard about HIV/AIDS for the first time.

Table 2: Indicates where youths (ISY and OOSY) heard about HIV/AIDS for the first time.

	ISY		OOSY	
	Frequencies	Percentages	Frequencies	Percentages
Home	198	24.2	18	19.1
School	195	23.8	21	22.3
Church	20	2.4	6	6.4
Media (radio, TV, printed materials)	357	43.6	29	30.9
Youth organisation	21	2.6	7	7.4
Health worker	18	2.2	3	3.2
Others	8	1.0	3	3.2
Not applicable	1	0.1	7	7.4
Total	818	100	94	100

ISY (43.6%) and OOSY (30.9%) stated that they had heard about HIV/AIDS for the first time from mass media sources, that is either radio or television or printed materials.

The study results reveal that in actual fact both youth groups have adequate knowledge on HIV/AIDS prevention since that they confirmed three correct causes (blood transfusion, unprotected sex and direct contact with human discharges) and three correct preventive measures such as abstain from sex, have a faithful sex partner, use condom and make informed decision) for HIV/AIDS. They have also dismissed some of the well-known myths as causes of HIV/AIDS such as eating in the same plate with an infected person and sleeping in the same bed with an infected person cause HIV infection.

Sexual activity and self-efficacy of the youth

Respondents were asked if they had sexual partners.

Table 3: Indicates youth who had sexual partners.

	ISY		OOSY	
	Frequencies	Percentages	Frequencies	Percentages
Yes	215	26.3	68	71.6
No	600	73.3	27	28.4
Not applicable	4	0.5	0	0
Total	819	100	95	100

However, 0.7 percent (n = 6) ISY did not respond to this question.

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A follow-up question was asked whether youths who had sexual partners had penetrative sex with their boyfriends/girlfriends/partners. Out of 215, 26.3 percent ISY who had sexual partners, 67.4 percent (n=145) had had penetrative sex with their partners and only 32.6 percent (n=70) had not had penetrative sex. Again, out of 68 (71.6%) OOSY who had sexual partners, 54 (79.4%) had penetrative sex with their partners and only 27 individuals (20.6%) did not have penetrative sex. Both youth groups, ISY (67.4%) and OOSY (79.4%) who had first penetrative sexual intercourse had it in the age group of 16–20 years. Data also revealed that some youth are dating at the early age of 13 years.

Respondents who had sex were asked to state whether they had sex with their regular partners or another person (another person here refers to multiple partners). Of the ISY who had penetrative sex, 15.7 percent had it with their regular partners and only 4.8 percent had sex with other persons. Whereas, OOSY (56.5%) who had penetrative sex had it with their regular partners and only 13 percent had sex encounters with other persons. The rest of the youth either did not respond to the question or responded by saying the question is not applicable to them.

Youths were asked to state whether they had used condoms during their last or previous sexual encounters. About 174 (21.3%) ISY and 51 (55.4%) OOSY have used condoms during their previous encounters. Use of condoms is associated with knowledge, understanding of the method of HIV/AIDS prevention and behaviour change.

Table 4: ISY and OOSY who took decisions on condoms use in their sexual relationships (in percentages)

	ISY		OOSY	
	Frequencies	Percentages	Frequencies	Percentages
Respondent	45	5.6	13	14.9
Partner	39	4.8	21	24.1
Joint decision	95	11.8	25	28.7
Cannot remember	26	3.2	5	5.7
Not applicable	598	74.3	23	26.4

Youth were also asked to state who took the decision on condom use in sexual relationships. Data in table 4 indicated both youth groups (ISY–11.8 percent and OOSY–28.7 percent) who took joint decisions on condom use during their previous sex encounters. Youth as respondent and partner refers to male and female youths in their sexual relationships.

In this study, all youths who had not used condoms during their last sexual encounter, stated three main reasons why they did not use condoms (no condom was available, there was no agreement on condom use and it was difficult to negotiate condom use). Difficult to negotiate condom use refers to the process of initiating negotiations. No agreement on condom use refers to the end result of the negotiation process.

Respondents were also given statements measuring their attitudes and self-efficacy skills as individuals in relation to condom use.

For ease of understanding and interpretation of the significance of the results, the responses for “probably could” and “definitely could” are considered as “agreed” and “definitely could not” are considered as “disagreed” and the results of “not sure” and “no response” is considered as “do not know” or uncertainty on condom use. This interpretation and assessment was applied to both youth groups.

Respondents indicated that 71.5% ISY agreed (‘probably’ and ‘definitely could’) that they could force their partners to use condoms every time they would like to have sex. Again, ISY (63.6%) who indicated that they ‘could definitely refuse’ (agreed) to have sex if their partners (55.5% – agreed) did not want to use condoms. Only 42.9% of the respondents ‘could definitely not refuse’ (agreed) to discuss with their partners condom usage, whereas 40.3 percent of the youths agreed that they ‘could probably’ and ‘definitely refuse’ to discuss condom use with their partners every time they had sexual encounters.

ISY (51%) also agreed that they ‘could definitely’ force partners (means to pressurize a partner to agree on condom use) to use condoms every time they had sexual encounters. Only 23.3 percent could ‘definitely refuse’ to discuss issues related to condom use with partners. All these information suggests that ISY have high level of self-efficacy beliefs towards condom use. In addition, some ISY did not either respond to questions or had no opinions on statements given. This would seem to indicate that some ISY are uncertain on the issues under exploration.

OOSY were also given statements to assess their level of self-efficacy beliefs toward condom use. OOSY, like ISY, agreed ‘probably and definitely could’ that they could force their partners to use condoms (64.2%); they agreed that they could refuse to have unprotected sex (61%) and less than a half (37.9%) agreed that they could ‘probably and definitely could’ refuse to discuss condom use with their sexual partners. Only 33.7 percent OOSY said that they could not refuse ‘definitely could not’ discuss condom use with their partners. Data revealed that only 40 percent of the OOSY stated that they could “definitely” force their partners to use condoms every time they had sexual encounters.

Youth of both groups (ISY -74.5%, & OOSY – 66.7%) revealed that condom is the best protective measure against HIV infection. Therefore, some youths refused to have sex without condoms. Some youths agreed to negotiate and discuss condom use and took joint decisions, irrespective whether they were males or females. In contrast, some OOSY and ISY did not respond to the statements. Some youths were uncertain on condom use. Information revealed that both youth groups (ISY and OOSY) had high levels of self-efficacy beliefs towards condoms use in relation to HIV/AIDS preventive behaviours. Youth who had unprotected sex are vulnerable and at risk of contracting HIV infection. Again, some youth lack knowledge, understanding and critical thinking, therefore, they were hesitant neither to refuse unprotected sex nor to discuss/negotiate condom use in their sexual relationships.

Media campaigns and youths’ exposure to mass media messages

In this section youth were asked whether they had heard of a person who died of HIV/AIDS. Almost all (95.6%) ISY and the majority of the OOSY (83.7%) indicated that they had heard of a person who had died of HIV/AIDS. Only 16.3 percent–OOSY and 3.8 percent–ISY had not heard of anybody who died of HIV/AIDS. Only 0.6 percent of ISY did not give any response to this question. Both respondents (ISY and OOSY) agreed that there were HIV/AIDS media campaign organizations in their areas. However, 28.3 percent OOSY said that they were not aware of any media campaigns in their areas.

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Radio listening, watching television and reading printed materials

Table 5 indicates the percentages of both youth groups who received information through mass media communication. In contrary, a large group of both youths (a group of youth who say no to the question) did not receive any information through the mass communication. This means that mass media messages did not reach the target audience.

Table 5: Youths who listened to the radio, watched television and read printed materials

		Radio %	Television %	Printed materials %
ISY	Yes	74.6	61.5	64.5
	No	24.3	37.3	32.8
OOSY	Yes	69.9	67.9	80.7
	No	28.9	32.1	19.3

Language use during mass media campaigns

Both youth groups (ISY-59.1% and OOSY - 49.4%) stated that English as the official language in Namibia was used regularly to disseminate information to the Namibian population in general and in Oshana Region in particular through mass media communication. Youths further explained that local languages were not really used in mass media campaigns organizations

Radio spots/messages on HIV/AIDS prevention

Respondents were asked if they had heard any radio spots (short messages given through radios) or messages with regard to HIV/AIDS prevention in the previous three months and how often.

Table 6: ISY and OOSY who had heard radio spots/messages with regards to HIV/AIDS prevention

	ISY		OOSY	
	Frequencies	Percentages	Frequencies	Percentages
Yes	695	84.7	66	69.5
No	106	12.9	21	22.1
No response	17	2.4	8	8.4

Data in table 6 shows the number of youth who had heard radio spots daily and weekly respectively. This data confirmed that most youth of both groups had heard radio spots/messages with regards to HIV/AIDS prevention in the previous three months.

Television spots/messages on HIV/AIDS prevention

Both youth groups were asked to state whether they had seen Namibia Broadcasting Corporation (NBC) television spots/ messages with regard to HIV/AIDS prevention in the past three months.

Table 6: ISY and OOSY who received NBC television spots/messages during the previous three months in percentages.

	ISY		OOSY	
	Frequencies	Percentages	Frequencies	Percentages
Yes	526	64.6	58	66.7
No	182	22.4	29	33.3
No response	106	13.0	0	0

Table 6 shows youths who watched NBC television and received spots/messages during the previous three months in Oshana Region. Both youth groups (ISY & OOSY) watched NBC television regularly.

Table 7: ISY and OOSY who watches NBC television and how often they saw the messages

	ISY		OOSY	
	Frequencies	Percentages	Frequencies	Percentages
Number of days	193	23.6	23	28.0
Everyday	210	25.7	14	17.1
Once a week	174	21.3	27	32.9
Never watches TV	192	23.5	13	15.9
No response	49	6.0	5	6.1

Table 7 shows the number and percentages of youth who saw television messages regularly. Some youth did not see anything because they are not watching the television, while some did not respond to the question. Out of those who saw the television message, they saw it for an hour or more (ISY = 43.5%, OOSY = 42.7).

Reading newspapers spots/messages on HIV/AIDS prevention

Respondents were asked to state if they usually read newspapers/magazines and other printed materials.

Table 8: ISY and OOSY who have read the information from printed materials

	ISY		OOSY	
	Frequencies	Percentages	Frequencies	Percentages
Yes	762	92.9	71	80.7
No	53	6.5	17	19.3
No response	5	0.6	0	0

Table 8 shows that both youth groups read printed materials weekly.

Perceived impact of mass media messages on young people

Both youth groups stated that they received information from the NBC radio; television and printed materials which raised awareness on HIV/AIDS prevention. Youth of both sexes and of various ages indicated that they perceived self-efficacy beliefs because some youths could “definitely” refuse to have unprotected sex and “definitely” agree to discuss and negotiate condom use in their sexual relationships.

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In general, youth perceived their vulnerability to HIV/AIDS infections and started negotiating and discussing with their sexual partners. Youths after receiving information had reflected on their life style and indicated that they had basic knowledge on negotiation and communication skills that need to be strengthened and translated into practice.

Conclusions and discussion

The purpose of this study was to explore the perceived impact of mass media campaigns in communicating information on HIV/AIDS prevention to ISY and OOSY in Oshana Region. The study data were collected using a self-administered questionnaire. Questions were answered by ISY (825) and OOSY (95). Both youth groups were from various socio-demographic backgrounds, lived in different environments with various historical, social, religious and cultural characteristics which influence their socialization in diverse ways. A survey was conducted among the ISY and OOSY in Oshana Region, in Namibia.

The study data indicates that most youth have basic knowledge on the causes and preventive measures of HIV/AIDS. Lipinge, Hofnie and Friedman (2004) supported the finding. Data in table 1 shows that most of the youth have access to information and could read and understand information related to HIV/AIDS prevention in radio, NBC television and printed materials. Mass media communication was identified as the most common source of information (table 2) for the youth in HIV/AIDS awareness prevention campaigns in Oshana Region. Information was provided mainly in the English language as a medium of instruction. The use of English as language is a challenge. Elder, Shults, Sleet, Nicholas, Thompson and Rajab (2004) echoed the finding that a foreign language is not always clearly understood and could mislead youth to misinterpret the meaning of messages.

When youth were given statements to assess their level of self-efficacy beliefs toward condom use, the results indicate that youth have a high level of self-efficacy. In addition, the percentages of youth who have received information spots / messages from radio, television and printed also indicated that media messages did influence some youths to have basic knowledge, moderate self-efficacy abilities and understanding of HIV/AIDS preventive measures. Therefore, in this study some youths could “definitely” discuss and negotiate condom use with their sexual partners. This is a positive attitude towards condom use and safer sex relationships, because youths who could discuss condom use have the ability to think critically, negotiate issues affecting their lives, communicate with their partners and make informed decisions.

However, some youths reacted that they could not force their sexual partners to use condoms and avoid unprotected sex or refuse it. Those youths who could not refuse or negotiate unprotected sex, did not understand the dangers of HIV/AIDS nor did they perceive their vulnerability to HIV infection. The latter action has put youths at risk of HIV infection through their actions and attitudes of their sexual partners. Therefore, some youths mainly males, misused their power to control their partners and slightly dominate their female partners not to use condoms and this made both youths to engage in risky sexual behaviours. Bouare (2009) echoed this finding that some female youths lack power to control issues affecting their lives and make informed decisions.

These youths need communication and negotiation skills that will empower them to become critical thinkers and self-directed individuals as recommended by Freire (1985) in his Empowerment Theory.

No political or traditional leaders were mentioned as a source of information among the youth in the region, despite the fact that the Namibian Governments' high political will in supporting HIV/AIDS prevention plans and campaigns in the country (GRN, 2004). Rogers (1995) communication theory emphasises that youth learn through imitating their opinion leaders. Therefore, the study revealed that youth from Oshana region are not learning from their leaders.

In conclusion, media campaigners in Oshana region continue to use the conventional, one-way educational approach to deliver information to the public, including the youth. The latter approach is a gap in the communication-learning environment that needs to be bridged. Hutchinson, Mahalela and Yukich (2007) have argued that the conventional model was found to increase knowledge acquisition but was ineffective in creating sexual behaviour change among the youth because of its non-interactive approach. Therefore, a dialogical, reciprocal interaction between the youth as receivers and providers of information is required to improve the current situation and ensure the effective mass media communication.

Lessons from this study

Youths as individuals are the focal point in the information-sharing sessions during mass media campaigns. It is suggested that youths need to be recognized by media campaigners as equal partners and unique individuals. Therefore, educational meetings should focus on target audience and communicate in a two-way dialogical manner, to ensure knowledge acquisition, understanding and behaviour change.

At the regional, constituency and community levels, youths as individuals in Oshana Region need to be trained in life skills development (communication and negotiation skills) that will empower them to understand issues affecting their lives and to make constructive decisions. This knowledge may influence youths to become critical thinkers and self-directed individuals who may also be able to change their norms with respect to AIDS education.

It was also learnt that collaboration between youth organizations and regional HIV/AIDS committee in Oshana Region is essential to facilitate peer education and networking approaches during information-sharing meetings. This means that the youth should be addressed by their peers, who are for example HIV positive, as role models to increase their level of perception of risky behaviours, their vulnerability to HIV infection and the importance of using condoms during sexual relationships. The creation of a collaborative networking approach and active involvement of all key stakeholders including peers/youths in the HIV/AIDS campaigns will facilitate the creation of collective social norms that may enhance new knowledge and behavioural change.

Although the Namibian Government in its policies, strategies and coordinated management plans has indicated HIV/AIDS as a national issue that needs a collaborative approach, many of the stakeholders were neither collaborating nor working as a team.

Therefore, it is suggested that regional networking meetings between all media campaign organizations as implementers of health communication be organized in collaboration with the Regional HIV/AIDS Coordinating bodies in Oshana Region to achieve optimum results. It is also suggested that HIV/AIDS prevention messages could be designed and produced in the local languages that are clearly understood and can be easily internalized by all relevant stakeholders in a dialogical and participatory manner.

Does mass media communication support HIV/AIDS prevention campaigns among the youth in Oshana Region, northern Namibia?

The study was conducted in Oshana Region and explored sexual behaviours, which is a taboo subject in many African cultures. A key lesson learnt from this study is that use of integrated dialogical health communication model could be replicated and/or adapted in other HIV/AIDS prevention media campaigns with similar situations as the Oshana Region, for other parts of Namibia, and indeed elsewhere in Southern Africa.

The study conclusion is that mass media campaign is an instrument and tool to provide information to the people, but information alone cannot effect change. The information-sharing activities need to be coupled with knowledge, understanding, self-efficacy, dialogue, participation and democratic communication to create behaviour change.

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