

**HEALTH COMMUNICATION FOR DEVELOPMENT**

**Counting on Communication to Achieve Behaviour Change:  
The case of the Nutrition and Early Childhood Development  
Project (NECDP) Communication Campaign in Lwangoli and  
Buwangolo villages in Mbale district, Uganda**

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## **ABSTRACT**

This study begins by observing the paradox of a country endowed with plenty food supplies and a rising level of malnourished children below six years. Malnutrition, a condition that often results from not having enough food is a major health challenge that continues to plague Uganda's children. This thesis examines the Nutrition and Early Childhood Development Project (NECDP); a project funded by World Bank and the Ugandan government to deal with the malnutrition problem. The main aim of this study is to examine the role played by the NECDP communication strategies in reducing the levels of malnutrition through behaviour change of mothers' breastfeeding and weaning practices. The evaluation is centred on the communication campaign goals, messages, channels, alternative strategies, planning and implementation of the project and the limitations to message adoption.

Using theories of health, communication and development theories as guidelines for analysis; the study also integrates qualitative research methodologies in gathering and analysing data. The major findings of the study show that the NECDP communication intervention used a number of inappropriate channels to the rural mother who was the primary target audience of the project messages. The analysis also reveals that there were inherent weaknesses within the project planning and implementation structures and these limited the impact of the project's behaviour change goal. Conclusively, the study makes a few recommendations that provide a basis for improvement of future health campaigns.



**PREFACE**

*“Good nutrition is the cornerstone, the very foundation upon which sound economic development is achieved.”*

Curtis Abraham, Daily Monitor, Dec 5, 2005

This piece of writing falls particularly in the larger discipline of Development Communication; albeit, my quest lies in the role of health communication in development which lays the foundations for this thesis study topic, *Health Communication for Development*. I restrict my study to an evaluation the Nutrition and Early Childhood Development Project (NECDP) communication campaign with specific interest in the planning, design and implementation of the communication strategies carried out in the villages of *Lwangoli and Buwangolo in Mbale district, Uganda.*” The field research for this thesis was carried out between September 15, 2005 and January 3, 2006.

My interest in health communication issues and specifically nutrition communication was birthed during my Ordinary Level studies in Tororo Girls School where I got an opportunity to study a course in foods and nutrition. In this course we were exposed to the causes of malnutrition and how proper dieting can be used as a solution to stunted growth.

During my University internship, I decided to dig more into health communication so I interned with the Ministry of Health Nutrition Section. While there, I was exposed to the plight and seriousness of malnutrition and how communication could be used as a preventive tool to the malnutrition challenge.

My first observation of the scale of impact of the malnutrition problem on Uganda’s children happened in July 2001. This was during a Ministry of Health, Nutrition Section and UNICEF sponsored Vitamin A supplementation and immunization campaign in Kabale district in Western Uganda. Watching the children with swollen stomachs and sunken eyes then, has continued to stir my interest in malnutrition. This explains my motivation into studying the impact of donor-funded projects like the Nutrition and Early

Childhood Development Project in the prevention of malnutrition and its consequent effect of development of Uganda.

Oslo, Norway, 03 July 2006

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Special thanks to my family: dad and grandma for your continuous prayers, blessings and confidence in me; my beloved brothers and sisters, Anthony, Nico, Yorkeez, Allen and Racheal for your prayers, love and support. Yorkeez thanks especially for accompanying me to those villages in Mbale district where I conducted my research.

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Finally and most importantly, to the Almighty God for incessantly giving me life and strength to carry on.





**DEDICATION**

To Dad, Auntie Rose and Jaja

For all the support, sacrifice and prayers towards my education

Thank you

Barbra



**ABBREVIATIONS**

ACFODE	Action for Development
AJFAND	African Journal of Food, Agricultural, Nutrition and Development
CAO	Chief Administrative Officer
CBO	Community Based Organization
CCW	Community Childcare Workers
CCG	Community Childcare Givers
CHILD	Community Home Initiatives for Long-term Development
ECD	Early Childhood Development
ECE	Early Childcare Education
FAO	Food and Agricultural Organization
FCR	Formative Communication Research
FDNC	Forum for Development of Needy Communities
FGD	Focus Group Discussion
FOWODE	Forum for Women in Democracy
GDI	Gender-related Development Index
GPM	Growth Promotion and Monitoring
HDI	Human Development Index
IA	Implementing Agency
IDA	International Development Association
IFAD	International Fund for Agricultural Development
IMF	International Monetary Fund
LC	Local Council
LCs	Local Councillors
MDGs	Millennium Development Goals
MOH	Ministry of Health
NECDP	Nutrition and Early Childhood Development Project
NGO	Non Governmental Organisation

PCO	Project Coordination Office
PEAP	Poverty Eradication Action Plan
PPI	Positive Parental Interaction
PIM	Project Implementation Manual
PMC	Project Management Committee
TOT	Training of Trainers
UDHS	Uganda Demographic and Health Survey
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UMWA	Uganda Media Women's Association
UPHOLD	Uganda Program for Human and Holistic Development
VHS	Video Home System
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation
WOUGNET	Women of Uganda Network

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## CHAPTER ONE - INTRODUCTION AND BACKGROUND FOR THE STUDY

### 1.1 Introduction

Despite Uganda's plentiful food supplies, over 12% of her children die before their first birthday because of malnutrition that triggers disease<sup>1</sup>. According to ANTENNA (2003) and Kikafunda & Tumwine (2004), over 40% of Uganda's 24.7 million population copes with child-growth stunting on a day-to-day basis. The study further notes that, more than 33% of Uganda's children under 35 months are too short for their age, with insufficiently developed long bones yet by contrast, this problem is only experienced by 2% of the global population. Results from the latest nutrition survey revealed in the *Uganda Demographic and Health Survey (2000-2001)*, showed that almost half of the children below 5 years of age were stunted<sup>2</sup> (45.5%) and almost a quarter were underweight (23%).

Malnutrition, according to the WHO and Smith & Haddad et al, (2000) refers to a nutritional disorder resulting from not having enough food, or enough of the right food, for a long time. According to UNESCO, children under 5 years of age are most at risk because they are growing rapidly and have a hard time fighting off disease. Malnutrition can have long-term effects by stunting growth or causing mental retardation (Lawrence, 2001). The World Health Report (2005), reports that malnutrition is directly or indirectly responsible for 54% of the 10.8 million deaths per year among children under the age of five and poor nutrition contributes to 1 out of 2 deaths associated with infectious diseases among children aged under five in Africa.

Although the causes of malnutrition are many and complex, most nutrition and health reports cite lack of knowledge on proper childcare, poor breastfeeding and complementary feeding practices, and poor health, caring and sanitation practices as the main causes of frequent illnesses, low weight-for-age and stunting among young children

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<sup>1</sup> Joint WFP, Ministry of Health and UNICEF nutrition survey in August 2004

<sup>2</sup> Uganda has been reported to have one of the highest rates of childhood stunting in Africa (UNICEF, 1994). "Stunting" is a term which was first introduced by J. C. Waterlow in the 1970s to describe the linear growth retardation that results in children being very short for age as a result of prolonged nutritional deprivation coupled with repeated infections (Kikafunda, 1998).

(Verzosa 2005:1). It is often believed that these poor caring and nutrition practices affecting the growth of children are largely determined by maternal knowledge and attitude rather than other factors such as resource constraints or poor health care systems.<sup>3</sup> This increasing child mortality resulting from ignorance of proper feeding, as stated by John C. Waterlow is “an enormous waste of human potential – a waste which no society can afford” (WHO Global Database on Child Growth and Malnutrition 1997).

Considering the effects of malnutrition, the Ugandan government in collaboration with the World Bank launched the Nutrition and Early Childhood Development Project (NECDP) in 1998-2003. NECDP’s overall objective was to improve the health, nutrition and education of children below six years of age through a communication for development and behaviour change intervention. To attain the behaviour change objectives, the project adopted a communication strategy that aimed at increasing parents’ knowledge and supporting positive attitudes, beliefs and practices focusing on three specific practices necessary to improve health and nutrition of children (Verzosa 2005:14). The thematic areas included:

- (i) Exclusive breastfeeding and Complementary feeding practices (weaning)<sup>4</sup> and food security,
- (ii) De-worming and Sanitation practices
- (iii) Early Childhood Development (ECD) and Positive Parental Interaction (PPI)

Since proper communication is important to improve the health, nutrition and education of children, it is important that a major project like NECDP proposes an adequate communication intervention. There is a call for an evaluation of the NECDP

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<sup>3</sup> Source: *Thin on the Ground*, A Save the Children Report 2003.

<sup>4</sup> Exclusive breastfeeding for the first 4 months and if possible 6 months is the World Health Organization (WHO)’s recommended method of feeding full-term infants by healthy, well nourished mothers. Breast milk is the natural first food for infants and should be fed alone for the first 4 to 6 months of life. After 6 months however, breast milk alone is not sufficient, in quantity and quality, to maintain the growth and development requirements of the infant. Appropriate foods, referred to as weaning or complementary foods, need to be introduced while continuing breast feeding up to 24 months. This is the weaning process (Kikafunda et al., 2003:1).

communication intervention and this thesis, which is based on research carried out during the past two years, is intended to be a contribution to this context.

For an effective evaluation of the NECDP communication intervention, this research is restricted to studying the communication strategies adopted by the project to address the breastfeeding and complementary feeding practices of mothers and caregivers of children below six years of age.

The problem addressed by this thesis is based on the hypothesis defined in Section 1.3, while the purpose and the goal for the research are defined in Section 1.4.

## **1.2 Background to the Study**

Lending for Early Childhood Developments (ECD) has been an ongoing World Bank (WB) project extended to developing countries since the mid 1990's (Alderman 2004:1). The bank under its International Development Association (IDA) supports Early Childhood Developments projects with emphasis on children's needs in relation to the health and development of their communities.

### **1.2.1 The Nutrition and Early Childhood Development Project - NECDP**

In response to the prevalent malnutrition levels that continued to plague children's growth and development, the World Bank extended a US \$ 34<sup>5</sup> million credit in 1998 to assist the Ugandan government in setting up a Nutrition and Early Childhood Development Project (NECDP).

The project which was also referred to as **Community Home Initiatives for Long-term Development (CHILD)** was community-based and covered about 8,000 communities in 25 of Uganda's then 45 districts. The districts were selected based on their high levels of malnutrition, infant mortality, and primary school enrollment rates. Among its specific goals, the project aimed at:

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<sup>5</sup> The total budget for the project was 40 million US dollars. The Ugandan government had to contribute 2 million US dollars and the beneficiary Ugandan communities were to contribute 4 million dollars. (Save the Children UK, 2003 Report.)

- Strengthening the capacity of families and communities through sensitization, education and skills training on early childhood development, nutrition and training for savings and income generation
- Helping communities organize services for children under six years, through growth monitoring and promotion and establishment of Early Childcare Education (ECE) facilities
- Supporting communities through community grants and incentives (Verzosa, 2005:11).

The Formative Communication Research<sup>6</sup> (FCR), conducted by Steadman Research Services, showed that child caregivers lacked knowledge about quality and composition of foods for children, timing and frequency of meals. The child care givers also had misconceptions about feeding during sickness and continuation of breastfeeding when the mother fell sick. Most child caregivers believed the child's stomach was very small so they gave too little and often diluted porridge of low nutrient density to the children. Study findings by LINKAGES<sup>7</sup> reveal that malnutrition can result from suboptimal breastfeeding practices, poor quality complementary foods, detrimental feeding practices, and contamination of food and feeding utensils. The second half of an infant's first year is an especially vulnerable time because infants are learning to eat and must be fed soft foods frequently and patiently. "If nutritional intake is inadequate, the consequences persist through out life."

According to the Baseline Survey that guided the project planning process, 35% of mothers failed to continue breastfeeding their babies for the recommended two years. Nearly 60% of caregivers were introducing solids or semi-solid foods before 6 months of age. Many believed that one either breastfed or fed solid food, leading to late introduction of complementary foods and abrupt weaning (cessation of breastfeeding)

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<sup>6</sup> Formative Communication Research (FCR) is the basis for developing effective strategies, including communication channels, for influencing behavior change. FCR helps researchers identify and understand the characteristics - interests, behaviors and needs - of target populations that influence their decisions and actions. Formative research is integral in developing programs as well as improving existing and ongoing programs (FAO 2002).

<sup>7</sup> <http://www.linkagesproject.org/technical/compfeeding.php> LINKAGES is a [USAID](#)-funded program providing technical information, assistance, and training to organizations on breastfeeding and complementary feeding. The site was accessed 05/02/06

The baseline survey findings therefore reflect a relationship between a lack of knowledge (misconceptions) and malnutrition, which necessitated a communication intervention.

Using findings of the baseline survey and formative communication research, the NECDP implemented a communication campaign to address the misconceptions and to encourage positive childcare practices leading to behaviour change.

### **1.2.2 The NECDP Communication Strategy**

The Communication for Development Manual by FAO (2002), UNICEF, UNDP, defines a communication strategy as a framework encompassing the combination of communication activities which can induce changes in terms of knowledge, opinions, attitudes, beliefs or behaviour in the target community that are necessary for solving a development problem, within a given (and often medium-term) time-table and taking available resources into account.

According to (*Findings*, Good Practise Infobriefs, April 2005:2), the NECDP overall communication strategy included:

- National advocacy effort aimed at parliamentarians, health education ministry officials, district officials and community leaders.
- Multi media campaigns that emphasized three behaviour change interventions; such as weaning practices, deworming, and ECD-related behaviours.
- Training program for health workers and pre-school teachers on their role in improving the health and nutritional status of pre school children.
- Monitoring and evaluation component to ensure that materials were disseminated via cost effective channels of communication and that messages reached target audiences.

The communication strategy was important in defining the scope, focus, content and channels of the campaign. The campaign took two distinct phases, i.e. **sensitization** and **motivation**. The sensitization phase focused on awareness and the motivational phase aimed at behavioural change. Of the four communication strategy activities, this study evaluates the multi-media campaign; with specific interest in the NECDP campaign

goals, messages, design, content and channels used to reach mostly the primary target audience who are the rural mothers and caretakers.

Observably, the projects' process of behaviour change was illustrated in five major stages:

1. **Awareness and sensitization;** where people become aware of a problem through policy makers. Sensitization and training of NECDP spokespersons and policy makers
2. **Education and information;** through a multi-media approach, i.e. radio, newspapers, group, face-to-face communication and other credible and accessible channels
3. **Motivation:** to try new behaviour by community child workers, health workers, teachers, religious leaders etc.
4. **Trial and Maintenance;** trial and maintenance of the promoted behaviour
5. **Monitoring and Evaluation;** continuous monitoring of project and incorporation of lessons learned into the communication strategy.

The communication activities were implemented at national, regional, district, sub-county, parish and village level following the local government decentralization of power structure.<sup>8</sup>

### 1.3 Hypothesis

Seven years after implementing the Nutrition and Early Childhood Development Project (NECDP) communication strategy, the problem of malnutrition still persists in Uganda. The research findings by the *Steadman Research Services* in Uganda (2003) revealed that the NECDP campaign attained a 30% reduction in malnutrition in the project areas it covered.

According to recent statistics from the UNICEF's State of the Worlds Children (SOWC 2005),<sup>9</sup> **23% of Ugandans under five are underweight, while 39% are stunted.** The

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<sup>8</sup> Uganda Country Report on the Status of Early Childhood Development. (See appendix 1 of 1 for a detailed structure)

(SOWC 2005) further observed that the under five mortality rate is still high; for instance, for 1,412,000 annual births in 2004, Uganda registered approximately 195,000 under 5 deaths, directly or indirectly related to malnutrition. However this study believes that the high levels of malnutrition, resulting from misconceptions can be effectively solved by an effective communication campaign like the NECDP. This is due to the aforementioned fact that Uganda has plentiful food supplies through out the year and this food is largely accessible to mothers. The problem though is maternal limited awareness and limited knowledge on food nutrients that are necessary for enhancing children's health.

It is hypothesized in this thesis that the increasing rates of malnutrition in Uganda are mainly a communication problem; resulting from the failure of the NECDP communication strategy to recognise local variations in media channels, appeals, and approaches relevant to audience needs. It is theorised that different communities need different communication approaches, for example a rural woman who has no education will need to be reached using channels different from an educated urban woman. Therefore, using the appropriate medium is as important as sending the right message.

#### **1.4 Purpose and Goals of the Study**

The purpose of this research is to evaluate the planning, designing and implementation of the NECDP communication strategies in achieving behaviour change in the weaning practices of women; and subsequently reducing malnutrition levels of children below six years.

The goal of this study consequently is to:

1. To evaluate the effectiveness of the NECDP communication strategies in improving the exclusive and complementary feeding practices of mothers in the selected study areas.

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<sup>9</sup> [http://www.unicef.org/infobycountry/uganda\\_statistics.html](http://www.unicef.org/infobycountry/uganda_statistics.html) accessed 06/02/06

2. Identify the lessons that health communication designers can learn from the NECDP communication strategy, which can be used to further communication campaigns.

### **1.5 Research Questions**

The goal defined in Section 1.4 is to be achieved by searching answers to the following set of questions:

1. What communication strategies did the NECDP project use to reach the information needs of the rural mother in relation to their pre-dispositions, attitudes and knowledge towards weaning?

#### **Sub question:**

How effective was the NECDP communication campaign in reaching the rural women and affecting behaviour change in their weaning practices.

2. What lessons can health communication designers from Uganda learn from the NECDP campaign?

These are the questions fundamental for the research carried out and reported by this thesis.

### **1.6 Research Design and Methods Used**

This study is an evaluation study that uses the case study research design. It is specifically a single case design of one district with two units of analysis that is Lwangoli and Buwangolo villages of Busoba sub-county in Mbale district, Uganda. A triangulation of three qualitative research methodologies was used. This includes interviews, document analysis and focus group discussion. These methods are discussed in full in chapter three.

### **1.7 Review of Related Literature**

One of the major causes of the high levels of malnutrition and infant mortality are rooted in low education levels of the rural mothers. The Uganda Demographic and Health Survey report (2000-2001:8-9) mirrored this fact when it showed that in all the 45 districts of Uganda reflected in the report, stunting levels were high among children



whose mothers had no education. The report observed that anaemic cases were more common among children of women with no education compared to mothers who had some basic education.” Verzosa (2005) substantiates this claim with a quote from a Ugandan rural mother.

***“I did not know my child was malnourished, all of the children in the village look like this.”***

*Mother in Mwanamugimu Nutrition Referral.*

*Centre; Uganda Quoted in (Verzosa, 2005:5)*

The mother in question is not even aware of the symptoms of malnutrition, mainly because of lack of knowledge. This mother is not the only one battling illiteracy and disease. Women, who total to about 10.7 millions out of 27 million of Uganda's population, have remained the least informed due to their high illiteracy levels<sup>10</sup>.

Therefore, the **malnutrition problem has been augmented by the low education levels of rural women**. The basis of my argument arises from the findings of the International Fund for Agricultural Development (IFAD)<sup>11</sup> study done in 2000 which showed that illiteracy in Uganda is 55.1% among women, compared with 36.5% among men.

Usually, in rural areas the gap is larger and literacy rates are lower, yet these illiterate and semi-literate mothers/women assume approximately an 80% role of bringing up a healthy child.<sup>12</sup> The NECDP formative research findings showed that 70% of the households had chickens (eggs) yet lack of protein foods was sited as one of the main reasons for malnutrition. Meaning that they have the food but are not aware of the food values and more so how to prepare it.

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<sup>10</sup> Women and men in Uganda: Facts and figures. Ministry of Gender and Community Development, 1998 p.32

<sup>11</sup> <http://www.ifad.org/gender/learning/sector/extension/52.htm> International Fund for Agricultural Development (IFAD) accessed Feb 20,2006

<sup>12</sup> Fathers are deemed responsible for providing food and money for school fees and housing. Their interaction with young children is primarily that of a disciplinarian (Verzosa, 2005:6).

Additionally, women are particularly affected with **skewed availability of communication services** since the majority of women are based in rural areas. The 2004 Uganda Poverty Eradication Action Plan<sup>13</sup> (PEAP) report showed that 86% of the Uganda's population lives in rural areas with limited access to communication services while the bulk of communication services are only available in urban areas. The Uganda Media Women's Association (UMWA) observes that "rural women's access to information and ability to utilize the media is limited due to various cultures, social and traditional norms that discriminate against women. In Uganda for instance the literacy level of women is low because of lack of education, as the culture favours education of a boy child over the girl child. As a result, **women are unable to read available information materials such as posters or newspapers**. In cases where other channels of communication are available in a home, for instance a radio, some men control these, since they are the ones who purchased them, and they at times move with the radio away from home."<sup>14</sup> As a result most of the rural women depend only on the knowledge they have acquired through oral traditional sources and from their friends to either improve on their agricultural production or nutritional status of their families. This lack of direct access to mass media information affects women's participation in their decision-making process in health, nutrition, agriculture, politics and other areas of life<sup>15</sup>

The 2005 Gender-related Development Index<sup>16</sup> (GDI) value for Uganda ranks 109<sup>th</sup> out of 140 countries with a value of 0.502; showing **the existence of high levels of gender disparities in information access, education, employment, income and health**. Yet in development practice it has been observed that balancing the genders is a fundamental element in working towards sustainable development (Nassanga, 1997).

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<sup>13</sup> PEAP is a framework adopted by the Uganda Government in 1997, to address key poverty challenges (IMF Country Report No.05/305, August 2005)

<sup>14</sup> [http://www.fao.org/documents/show\\_cdr.asp?url\\_file=/docrep/X3803E/X3803E23.htm](http://www.fao.org/documents/show_cdr.asp?url_file=/docrep/X3803E/X3803E23.htm) FAO High Level Consultation on Rural Women and Information. accessed 06/02/2006

<sup>15</sup> <http://www.umwamamafm.co.ug/situation.php> accessed 06/02/2006

<sup>16</sup> The Gender-related Development Index (GDI), introduced in Human Development Report 1995, measures achievements in the same dimensions using the same indicators as the HDI but captures inequalities in achievement between women and men. [http://hdr.undp.org/statistics/data/country\\_fact\\_sheets/cty\\_fs\\_UGA.html](http://hdr.undp.org/statistics/data/country_fact_sheets/cty_fs_UGA.html) accessed 06/02/06

Women of Uganda Network (WOUGNET) report (2003:3)<sup>17</sup> maintain that effective participation of women in information access is imperative to national development since information is a crucial resource for development. Nevertheless, lack of education has also hindered women from accessing employment opportunities at all levels. Their contribution especially to the agricultural sector (81.8% of the labour force) is still at the "unpaid family workers" level<sup>18</sup>. This has resulted in women, especially those living in rural areas having very meagre income and limited access to any credit (below 1%)<sup>19</sup> to enhance their developmental activities. So far, once low-income women increase their income, they use their new earnings to improve the education, health and nutrition of their families. (Ojiambo, 1999)

In short, rural women in Uganda still have to contend with malnutrition because the majority of them are illiterate with no education limiting their employment opportunities. Women have limited access to information and this limits their ability to raise healthy children, hence creating and augmenting the vicious cycle of malnutrition and infant mortality.

## **1.8 Thesis Outline**

This study is an evaluation of the NECDP campaign. It focuses on how the campaign reached its target audiences right from the planning, designing and implementation of the project. In chapter one the background to the study and the hypothesis and problem statement was presented, giving an overview of the intricate interplay between maternal limited awareness, illiteracy and malnutrition. The aims and the guiding research questions to this study are also presented.

Chapter two presents the theories used as foundations for evaluating the NECDP communication campaign activities. Some of the theories include; the diffusion of innovation, the multi-step flow theory and the Persuasive Health framework.

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<sup>17</sup> <http://www.wougnnet.org/Events/iarw.html> accessed 04/04/2006

<sup>18</sup> (Baguma, 1999) *Gender Budget Project Education Sector - A survey*, Forum for Women in Democracy (FOWODE).

<sup>19</sup> (Manyire, 1999) *A Gender Analysis of the 1998/99 Agriculture Sector Policy and Budget - Research Report*, FOWODE.

Chapter three discusses the three key methodological approaches used in researching the case of Lwangoli and Buwangolo village that served as the two units of analysis for this study. The chapter explains how the investigation was carried out and also outlines the challenges or problems encountered during the data collection process.

Chapter four presents and analytically discusses the findings of the study with a linkage to Chapter two and Chapter three theoretical underpinnings and methodologies respectively. The chapter discusses the various communication strategies used by the NECDP project to reach the rural women. It also states the limitations of the strategy in effecting behavioural change citing the lessons learned. Finally in chapter five presents the conclusions and recommendations of this thesis.

### **1.9 Summary**

Aside from stating the study aims, the research questions and hypothesis, this chapter offered a brief review of the problem of malnutrition in Uganda, arguing that the high levels of malnutrition have been intensified by maternal ignorance and limited awareness on the proper breast and complementary feeding practices. The chapter also gave a background to the birth of the NECDP project outlining its goals and its communication strategy structure, which guide the general flow of the consequent chapters.

## **CHAPTER TWO - THEORETICAL AND CONCEPTUAL FRAMEWORK**

### **2.1 Introduction**

This chapter uses theoretical underpinnings, models and a framework to study the NECDP campaign in relation to communication planning and implementation. The theories discussed specifically include the multi-step flow theory that has its roots in Lazarsfeld's (1944) two step flow theory. Secondly, the chapter discusses the diffusion of innovation theory where the perceived "new" innovation (a health message) is explored and how it is introduced into a social system with inherent beliefs and traditions; seeking for change and adoption of the new behaviour. Since the topic of this thesis explores the role of health communication in development, it includes a brief discussion of development communication, principally the participatory theory, and how it relates to the NECDP campaign. The chapter then explores Kim Witte's Persuasive Health Communication Framework which is pertinent to this study in terms of understanding successful message design and planning of the NECDP communication campaign.

Most of the health communication theories discussed in this chapter are an integration of both communication and health, although many are more of a communication than a health perspective. Finnegan and Viswanath, (1990:10) have argued that "it is not surprising that the field of health communication has been defined with greater emphasis on communication than health per se, because it was communication scholars who sought to exercise their expertise in health situations and not the other way round." My point of departure as follows, is a brief discussion of what constitutes a health communication campaign.

### **2.2 The Health Communication Campaign**

The communication campaign is a planned effort on behalf of a sender to influence some or all groups in society with a certain message or set of messages. Campaigns play a leading role in the field of communication planning. (Windhal, 1993:19)

Health communication campaigns are developed as a result of a significant health concern while communication is the primary force that fuels health education and

promotion<sup>20</sup> focused on eliminating the health concern. Rogers and Storey (1987) identifies four features that characterize a communication campaign. They observed that a campaign should be:

- (i) Purposive
- (ii) Aimed at large audience
- (iii) Have a more or less specifically defined time frame.
- (iv) Involve an organized set of communication activities

In a related study Pavlik (1992:135) using Harold Mendelsohn's study suggests four reasons how information campaigns succeed:

- (i) By determining and identifying their appropriate target audience
- (ii) By identifying the appropriate messages and appeals to be used
- (iii) By identifying the right media to be used with the given audience
- (iv) By using interpersonal channels to reach the target audience.

Using Rogers and Storey (1987) definition, the NECDP campaign can be described as a typical campaign because it integrated all the four features. That is; it aimed at halving the malnutrition levels of children six years and below, by the end of its five year operational time frame. It involved an organized set of communication activities that will be discussed in chapter four. It also targeted a large audience of approximately 8,000 communities in 25 districts of Uganda. Mendelsohn's study too is critical to this research because it lists important reasons that will enable an evaluation of the NECDP campaign in general, beginning with the selection of the target audience, the messages, the appeals and channels to use.

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<sup>20</sup> Kreps (1992:122) notes that specific communication strategies must be developed to reach and influence each unique audience. Health promotion is an important outcome of the use of strategic communication in health education efforts, where individuals who acquire relevant health information use this information to take charge of their own health and make enlightened health choices (Kreps et al., 1992:197)

### 2.3 Health Communication Levels in Planned Communication

Everett M. Rogers (1996:15) basically defines health communication as any type of human communication whose content is concerned with health. Ratzan et al (1994a:362) defines it as, “the art and technique of informing, influencing and motivating individual, institutional, and public audiences, about important health issues.” Ratzan’s definition is adopted in this study for its precise description of health communication; calling it an art and a technique of not only informing but also influencing usual health behaviour.

Glanz (1995) suggests that successful health communication campaigns should integrate theoretical explanations from intrapersonal, interpersonal and mass levels of communication. Payne and Bishop et al (1996) argue that health communication should be examined within the existing levels of communication such as interpersonal and mass communication. This is because the study of interpersonal communication focuses on behavioural change through face to face communication between two or more people;<sup>21</sup> while the mass communication level focuses on effective message dissemination for health promotion, disease prevention and health related messages transmitted through mediated channels (Jackson, 1992; Payne et al, 1989).

Some researchers argue that there are handicaps to using the two communication level approaches in defining health communication. For one thing, it focuses on one level of analysis while ignoring others within the wider spectrum of health communication. Kreps (1992:197) reasons that “communication whether interpersonal or mass mediated is the primary force by which relevant health information is conveyed to intended audiences.” My contention however is that using various levels of health communication to theorise, contextualise and understand health communication is essential given the fact that influencing behaviour change is a factor of intrapersonal, interpersonal and mass mediated levels of communication influence. Windhal (1993:52) argues that the notion of connecting mass and interpersonal communication levels is of great importance for planned communication. Therefore analysing both levels is important for a holistic evaluation of the impact of communication on adoption of health messages.

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<sup>21</sup> In this study I limited my investigation to the use of focus group discussion to establish the impact of interpersonal communication to behavioural change. Methodologies such as participant observation would lead my study to fields that are beyond this thesis scope.

#### **2.4 Power Variations in Information and Communication Planning**

Communication planning is synonymous with power variations between the source and the receiver in relation to information dissemination. Rogers and Kincaid (1981:48) have defined information as a difference in knowledge that affects uncertainty in a situation where a choice exists among a set of alternatives. Information then becomes a one-way process from an informed sender to a less informed receiver. Communication according to Windhal (1993:6) is “a process in which the participants create and share information with one another in order to reach a mutual understanding.” Health Communication then is seen as a two-way process between a health worker and a group of people or an individual. Donohew and Ray (1990:4) observe that the disseminator (sender) of health communication messages may be an individual, an organisation, or a mass medium. The interpreter (receiver) may be an individual, a group, an organisation, or an indiscriminate mass public.

However, earlier models of health communication messages originated from individual health care experts, such as doctors and nurses who were viewed as authoritative disseminators of health messages; what Kreps (1992:123) describes as *formal health education*. Today health messages can be accessed not just from health experts, but also from the *mass media, organisations* and other *informal* sources, such as every day communication contacts with family, friends, and co-workers, who provide informal opportunities to discuss health issues (Kreps, 1992).

Current models of health communication are characterised with an unbalanced two-way communication approach, characterised with a “*powerful*” sender and “*less powerful*” receiver often described as a target for planned communication messages (Windhal, 1993:8-9). The earlier form of health education has taken on a new face, by using organisations that are comprised of authoritative and expert health and communication workers who are the powerful sender while the less powerful receiver are the various target audiences and opinion leaders at the grassroots. In the case of the NECDP campaign we had the message originating from the “powerful senders” such as the World Bank and Project Coordinating Office down to the “less powerful” target audiences at the grassroots. Windhal (1993) argues that the asymmetric or symmetric power relationship is a two-edged sword between the sender and receiver of health messages. The



communication planner can try to exploit the opinion leader's power over the group for the purposes of the planned communication. The opinion leader may on the other hand use his power to defeat planned communication efforts by not disseminating the right information to the receivers or by mobilising individuals to reject the campaign messages (Windhal, 1993:55).

## **2.5 The Multi-Step Flow Theory**

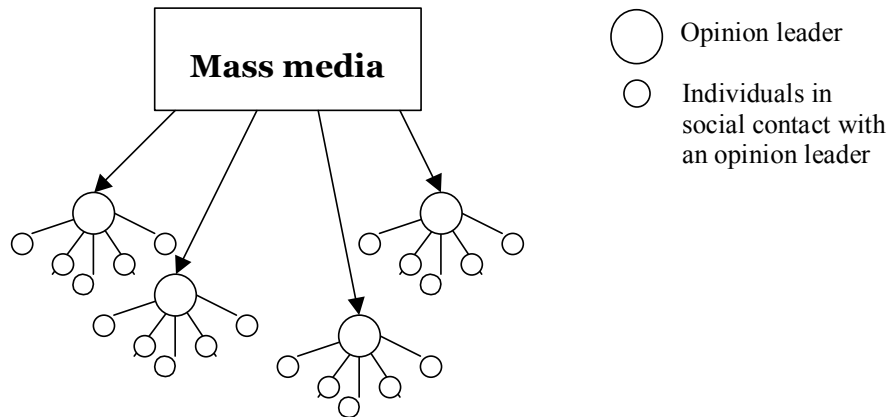
The multi-step flow theory develops from the two-step flow theory of communication that was first introduced by Paul Lazarsfeld, Bernard Berelson, and Hazel Gaudet in *The People's Choice*; a 1944 study focused on the process of decision-making during American presidential elections. The theory was one of the earliest empirical researches done to investigate the all-powerful mass media influence<sup>22</sup> (Defluer, 1991:525). Researchers expected to find empirical support for the direct influence of media messages on voting intentions. However they were surprised to discover that informal social relationships (such as family members, friends and peer groups) played an important part in influencing political and women's buying decisions than the combined mass media (Melkote 1991:70). Findings of the empirical study rejected the bullet theory of uniform and powerful effects of the mass media, showing minimal effects of the mass media and the role of opinion leaders in modifying the manner in which individuals selected content from the media campaign and how they were influenced by that content (Melvin L. Defluer and Sandra Ball-Rokeach, 1989:192-193).

The theory suggested that mass media effects were indirect and that information from the media moved in two distinct stages/steps. The first step was from the media to opinion leaders. The second step was from the opinion leaders to others in the community (Katz and Lazarsfeld, 1955: Katz, 1957) (see Figure 1). Opinion leaders are described as relatively well-informed individuals who using interpersonal channels of communication

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<sup>22</sup> Earlier theoretical perspectives such as the magic bullet theory/ hypodermic needle theory perceived the mass media as a powerful influence on behaviour change. Using images of (bullet and needle) the theories suggested that the media had direct, immediate and powerful effects of a uniform nature on those who paid attention to their content (audiences). The theories implied that the mass media alone could influence a very large group of people directly and uniformly by 'shooting' or 'injecting' them with appropriate messages designed to trigger a desired response (Defluer et al., 1991:524-525).

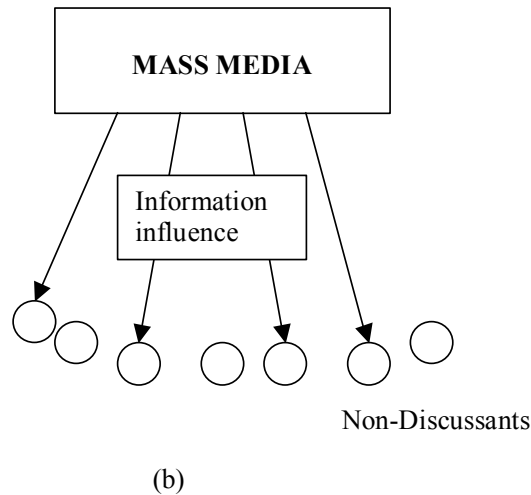
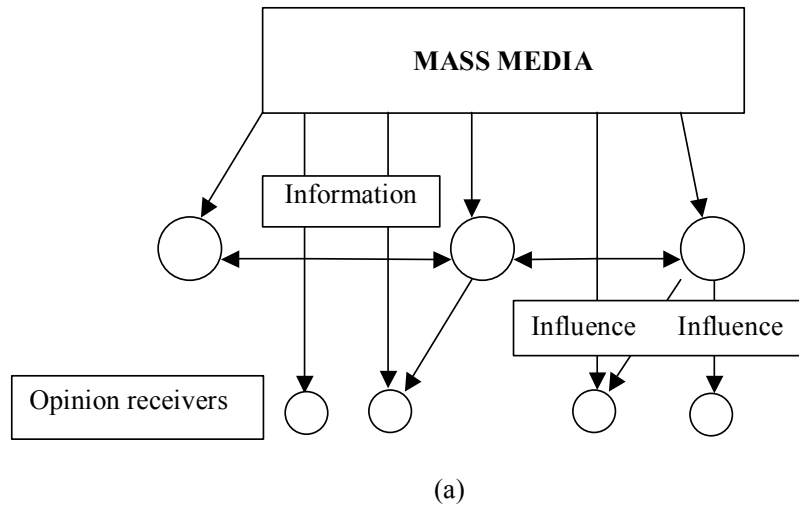
pass on their own interpretations in addition to the actual media content to individuals who had less direct exposure to the media and who depended upon others for their information (DeFluer et al., 1989:192).



Source: McQuail and Windahl (1993:53)

**Figure 1: Illustrating the Two Step Flow Model of Communication.**

The two-step flow theory is criticized for being linear and simplistic (from the mass media to opinion leader, and from opinion leaders to individuals) in its interpretation of the complex reality of information flow. Multi-step theorists such as McQuail & Windahl (1983), Schenk (1985), argued that opinion leaders may obtain their information other than through the mass media – through interaction with other opinion leaders, who disseminate the information to their followers (individuals in the social system) (see Figure 2(a)). When this happens, the two-step flow then becomes a *multi step or N step model* McQuail (1987) quoted in Windhal (1993:55).



Source: (Windhal et al 1993:56)

**Figure 2: Illustration of the Multi-Step Flow Theory of Communication.**

Windhal (1993) argues that it was quite misleading for the two step flow to assume that only opinion leaders receive information through the media. Since the media is targeted to a large anonymous heterogeneous audience, there are people (the non discussants see Figure 2(b)) who will receive information directly from the mass media and they will not discuss it with others. While they are people who will first learn about an event from the newspaper, radio or television and this stimulates them to discuss it with other people

thus becoming opinion givers. There are those who become opinion leaders by virtue of their occupations and formal positions in the social structure. These may include teachers, politicians, religious leaders and health workers and others whose opinions are respected and sought after by individuals in the social system.

In the instance of the NECDP campaign, the media was not the only source of information on nutrition practices. Although the campaign highly relied on the mass media, it also incorporated opinion leaders such as Local Councils, Sub county chiefs, CBO/NGO leaders who passed on the message down to individual or opinion receivers. The project (as the *source* of the campaign messages running in the media) also held trainers sessions for society's perceived opinion leaders such as teachers, health workers and community childcare workers who received detailed nutrition education that they did not access through the fleeting mass media messages. The multi-step flow theory is applicable to this study because it provides a more complex reality of information flow, from mass media to opinion leader; from opinion leader to another opinion leader. The primary opinion leader can also be the communication planner (source of campaign messages), seeking out secondary opinion leaders in the social systems who in turn reach the individuals as the case was with the NECDP campaign.

## **2.6 Diffusion of Innovation Theory**

The diffusion of innovation theory, which is largely attributed to Everette Rogers, is an extension of the multi-step flow theory. The theory was birthed on the question of whether ideas were independently developed in different cultures or whether an idea was invented in one culture and borrowed by or diffused into another (Melkote, 1991:75). Evidence indicated that in most cultures there was a predominance of borrowed or diffused elements over those that developed from within a particular culture (Linton, 1936;Kroeber,1944; Herskovits,1969). The theory assumed that, "static societies were brought to life by outside influences, technical aid, knowledge, resources and financial assistance and by the diffusion of ideas" (Golding, 1974:43). Diffusion of Innovations theory addresses how ideas, products, and social practices that are perceived as "new" spread throughout a society or from one society to another (Glanz 2005:34).

Rogers (1995:5) defines diffusion of innovation theory as the process through which an *innovation*<sup>23</sup> is *communicated* through certain channels *over time* among members of a *social system*. The elements of communicating an innovation in a social system, relate to Rogers and Storey's features of a communication campaign discussed in section 2.1.1 of this chapter. Windhal (1993:57) observes that the purpose of communication planning is often promotion of an innovation, be it a healthy lifestyle, a new way to save energy, or the introduction of personal computers to homes and workplaces. In the case of NECDP the "innovation" was proper breastfeeding and complementary practices among other themes. The communication was carried out over a five-year time frame in various social systems with different stakeholders including the World Bank. Thus Rogers's definition of the diffusion theory helps focus planned communication campaigns.

The theory is primarily concerned with the flow of information on an innovation and how people adopt or reject an innovation. The theory conceptualizes five stages in the adoption process of an innovation:

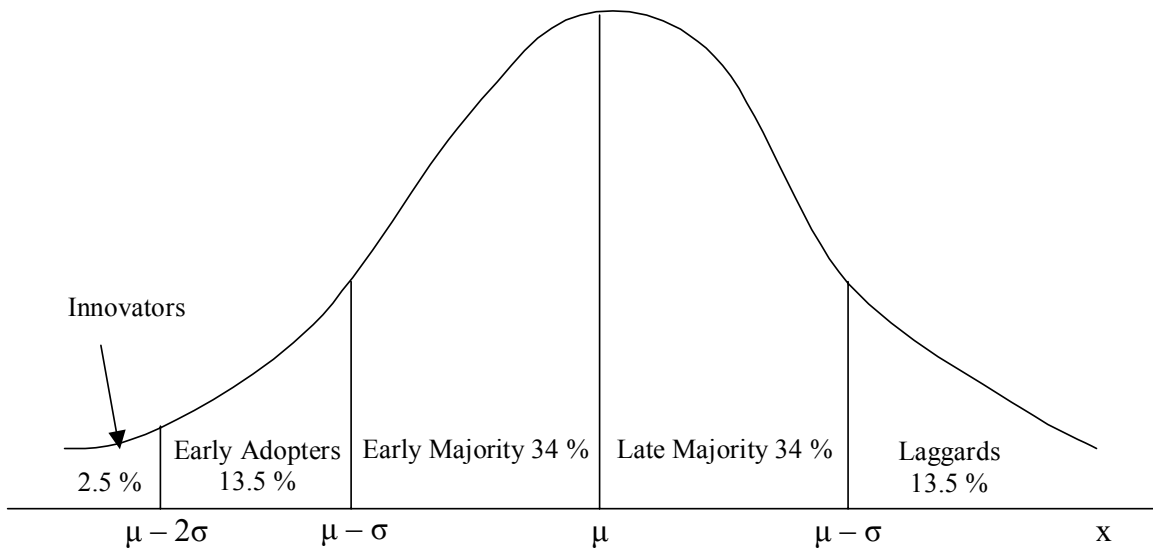
- (i) *Awareness stage*, the individual is exposed to innovation or idea usually through mass media.
- (ii) *The interest stage*, the individual seeks more information on the innovation.
- (iii) *The evaluation stage*, the individual mentally decides whether the innovation is compatible with present and future needs and then decides whether or not to try it.
- (iv) *The trial stage*, the individual takes the decision to try.
- (v) *The adoption stage*, individual decides to continue full use of the innovation (Rogers, 1995).

Based on when they embrace an innovation, Rogers (1983) categorizes adopters in the following way (see Figure 3):

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<sup>23</sup> An *innovation* is "an idea, practice, or object that is perceived to be new by an individual or other unit of adoption." (Rogers, 1987:79)

- Innovators<sup>24</sup> make up 2.5% of those accepting the innovation.
- Early adopters, 13.5%
- Early majority, 34%
- Late majority, 34%
- Laggards, 16%



$\mu$ : mean value of distribution

$\sigma$ : standard deviation of distribution

**Figure 3: The distribution of adopter categories. Source: (Rogers 1983).**

The *innovators* are the risk takers, while *early adopters* are respected locals whom people turn to for advice. The *early majority* tend to be deliberate in their decision making. Members of the *late majority* are sceptical, and need peer pressure to adopt an innovation. The *laggards* are generally suspicious of new things and are firmly attached to their traditions (Windhal, 1993:63). Although Rogers' percentage of adoption categories may not necessarily reflect a similar pattern shown above, the categorization is

<sup>24</sup> Innovators are described by Rogers as people who dare to take risks. (Windhal, 1993:62)

crucial in explaining adoption patterns. The NECDP campaign had Rogers' categories of adopters reflected in the community based participatory projects such as village exchange visits and group meetings as will be discussed in chapter four.

According to Glanz (2005), a number of factors determine how quickly, and to what extent, an innovation will be adopted and diffused (Glanz, 2005:35). At the individual level, adopting a health behavior innovation usually involves lifestyle change. At the organizational level, it may entail starting programs, changing regulations, or altering personnel roles. At a community level, diffusion can include using the media, advancing policies, or starting initiatives.

In the diffusion paradigm, an individual's decision about an idea or innovation does not happen instantly; it is a process that occurs over time, with a series of actions and decisions. Rogers (1983: 20) calls it the innovation-decision process, defined as the process through which an individual (or other decision-making unit) passes from first knowledge of an innovation, to forming an attitude toward the innovation to a decision to adopt or reject, through implementation of the new idea and finally to confirmation of this decision.

The diffusion of innovation theory has been criticized for assuming that a new innovation/idea always comes from the outside and not from within. Yet studies over time have shown that before any new idea or innovation takes root, there is need for an understanding of the existing local beliefs, traditions, cultures and interpretations of life, because the ideas described as new ideas may not necessarily be new (Servaes, 1999: 7). Melkote (1991:253) notes that the diffusion of innovation theory reinforced the stereotype that rural people had little useful knowledge or skills to contribute to development.

However looking at the NECDP campaign, to attain project success, it was necessary to carry out a baseline survey on the existing breastfeeding and weaning practices before the perceived "new" idea was introduced in the social system. Ascroft and Masilela (1989) cited in (Melkote 1991) argue that, there's need for a symmetrical exchange of ideas (knowledge sharing) between senders and receivers rather than the top-down transmission of information and teaching reflected in the diffusion paradigm.

This theory is relevant to this study in as much as it emphasizes change, very often behavioural change is achieved through the adoption of a new innovation. Rogers's (1995) innovation-decision process theory was used to analyze how mothers in Lwangoli and Buwangolo villages adopted or rejected the new complementary feeding practices as disseminated by the NECDP campaign over a five year time frame. The theory also helped me analyze the flow of information from sender to receiver and vice versa.

## **2.7 Development Communication Theory**

Understanding the role of health communication in the development process is imperative to this study since the NECDP-World Bank sponsored campaign aimed at advancing Uganda's development by way of improving the nutritional status of Uganda's children. The project through a top-down and bottom-up "collaboration" with stakeholders like the national government, the World Bank, and non-governmental organisations, sought to improve the present nutritional needs of children without compromising the production abilities of the future generation of Ugandans.<sup>25</sup> According to Pratt (1997) good nutrition is the cornerstone upon which sound socio-economic development is achieved;

*Nutrition is crucial to national development; an under nourished or a malnourished population is at risk of infectious diseases that may reduce its working and productive capacities (In Journal of Health Communication, Vol 2, No.1, Feb 1, 1997).*

When the working and productive capacities are destroyed, the resultant effect is a decline in the socio-economic growth and sustainable development of a nation and its citizens. Melkote and Steeves (2001: 103-4) explain that at both the macro and micro level, communication is viewed as a product and booster of economic growth and development.

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<sup>25</sup> I adopt this argument from the World Bank and UN Millennium Development Goals of halving the rates of malnutrition and hunger by the year 2015, through sustainable development projects like Early Childhood Development projects. Sustainable development according to Michael Redclift (2002) quoting the Brundtland Commission is "development that meets the needs of the present without compromising the ability of future generations to meet their own needs." (Michael Redclift, 2002:275) Although this definition has its weaknesses, it is crucial in discussing the goal of World Bank in development projects.



Yoon (1996) defines development communication as a branch of the communication theory or practice that is concerned with applying insights from communication theory to address problems of development and modernization. In essence, development communication theory carries the *notion that mass media are capable of creating a public atmosphere favourable to change*, which is assumed indispensable for modernizing traditional societies.

Scholars in development studies have for long been preoccupied with the question of what causes change and how change occurs (DiClemente, 2002). Is it through the mass media? Government policy? The environment or individuals? However, as Weinstein (2002) observes, since change occurs at different times and in different places and under different circumstances, there's no independent theory that comes up to explain all changes that occur.

However one factor has been observed in all the theories and changes that occur is that there must be communication and the exchange of information (Nassanga, 2001). This partly explains why some of the earliest theories of development communication such as modernization theory, had an overblown view of the impact of the mass media and communication on development. Using models like the diffusion of innovation, the mass media were seen to have the potential of 'blowing the winds of modernization' to isolated traditional communities, replacing their structure of life, values, and behaviour with ones seen in modern western society (Daniel Lerner, 1958 & Thussu, 2000). Thus the media were viewed as the *magic multipliers* of development benefits in the third world.

Important to note is that the roots of development communication started after the Second World War (1950's) with the dominance of the modernization theory of development. Modernization is the oldest and most deeply rooted view in Western development thinking (Servaes 1999: 5). It came up during the late 1940s and 1950s, arising from the notion that mass communication could be used to spread the message of modernity and transfer the economic and political modes of the West to the newly independent countries of the South (Thussu, 2000: 56; White et al., 1994). The mass media were believed to have the potential to transform traditional societies by bringing images of 'modernity' to them.

The theories were criticized of viewing development as the bridging of gaps between traditional and modern by means of imitation processes, to the advantage of the latter (Servaes, 1999: 19). Hettne (1996) observed that the development of traditional societies could not be achieved through imitation of the top down approach. The top-down modernization theory is further criticized for seeking the explanation for countries' underdevelopment in mainly internal causes that could be solved by external aid (*through "expert" knowledge or WB and IMF loans, my emphasis*), rather than in their trade or external relationships with industrialized countries (Servaes, 1999: 7). The theory was also attacked for assuming that "information was the only missing link in the development chain and people were regarded as passive receivers of development information" (Melkote 1991). Contrary to the modernization theorists, information is certainly not the only missing link in the development process and people are not passive receivers of development information because they have their inherent views, and they also have valid contributions to make towards their own development. The weaknesses of the top-down approach, which was largely reflected in the message, design and planning of NECDP information, education and communication materials will be explicated in the chapter four of this study.

## **2.8 Towards Participatory Communication and Social Marketing Approaches**

As a result of the weaknesses of the top-down approaches to development, the discourses of participatory communication<sup>26</sup> and social marketing<sup>27</sup> were born. Participation through co-sharing of knowledge between the beneficiaries and benefactors was hoped to bridge communication gaps arising from the top-down paradigm. It also aimed at involving the people who were the subjects of development to sustain the development process (Yoon, 1996). At the risk of oversimplifying, (Servaes, 1999) contends that there are two major, but interrelated, approaches to participatory communication. The first approach (*which is*

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<sup>26</sup> Participatory communication is defined as a dynamic, interactional, and transformative process of dialogue between people, groups, and institutions that enables people, both individually and collectively, to realize their full potential and be engaged in their own welfare (Singhal, 2001; Singhal & Devi., 2003).

<sup>27</sup> According to the Washington based, Institute of Social Marketing, Social Marketing is the planning and implementation of programs designed to bring about social change using concepts from commercial marketing.

*preferred in this study*) focuses on the dialogic pedagogy of the noted Brazilian educator, Paulo Freire (1970). The second approach, often broadly labelled as the participatory community media approach, or the alternative communication approach, centers on the ideas of access, participation, self-determination, and self-management.

The Frerian “pedagogy of the oppressed” emphasized the role of “teacher as learner” and the “learner as teacher,” with each, learning from the other in a mutually transformative process. Frerian’s pedagogy emphasizes the indispensable need for communication planners, like the NECDP, to understand the “world” in which members of the audience are living in order to communicate effectively. Moemeka (1994) puts it succinctly when he argues that,

*unless a communication strategy includes a two-way flow of messages, makes sure the rural people have access to adequate channels and can express themselves in freedom, and unless the authorities are willing to listen to messages from the countryside, and to learn from them, the best of such strategies will come to naught (Moemeka, 1994:61).*

Social marketing on the other hand, seeks to influence/improve people/society behaviour by use of commercial marketing concepts and tools like; product, price, place and promotion (explained here below). According to the US Department of Health and Human Services (2002), the ultimate objective of social marketing is to influence action. In relation to social marketing, Robinson (2004) notes that:-

- Action is undertaken whenever target audiences believe that the benefits they receive will be greater than the costs they incur;
- Programs to influence action will be more effective if they are based on an understanding of the target audience's own perceptions of the proposed exchange;
- Target audiences are seldom uniform in their perceptions and/or likely responses to marketing efforts and so should be partitioned into segments;

He recommends that social marketing efforts must incorporate all of the "4 Ps of marketing," which are:-

- *Product*: Create an enticing "Product" (the package of benefits associated with the desired action);
- *Price*: Minimize the "Price" the target audience believes it must pay in the exchange;
- *Place*: Make the exchange and its opportunities available in "Places" that reach the audience and fit its lifestyles;
- *Promotion*: Promote the exchange opportunity with creativity and through channels and tactics that maximize desired responses;

In their recent book; *Social Marketing: Improving the Quality of Life*, Philip Kotler and Ned Roberto et al (2002:45) make an important observation as far as social marketing and development communication are concerned: “the marketplace [society] is constantly changing and so program effects must be regularly monitored and management must be prepared to rapidly alter strategies and tactics.”

The NECDP used both participatory and social marketing approaches in designing and delivering messages on complementary feeding practices to rural women. This study therefore looked specifically at how the NECDP campaign “listened to” and “involved” mothers in designing complementary feeding practices programmes.

## **2.9 The Persuasive Health Message Framework**

Using the Persuasive Health Message (PHM) framework<sup>28</sup> Kim Witte (1995) offers an integrated approach to generating effective campaigns, which is applicable in this study. The framework which is comprised of elements of the theory of reasoned action (Fishbein & Ajzen, 1975), the elaboration likelihood model (Petty & Cacioppo 1986) and the protection motivation theory (Rogers, 1983), proposes that messages must be

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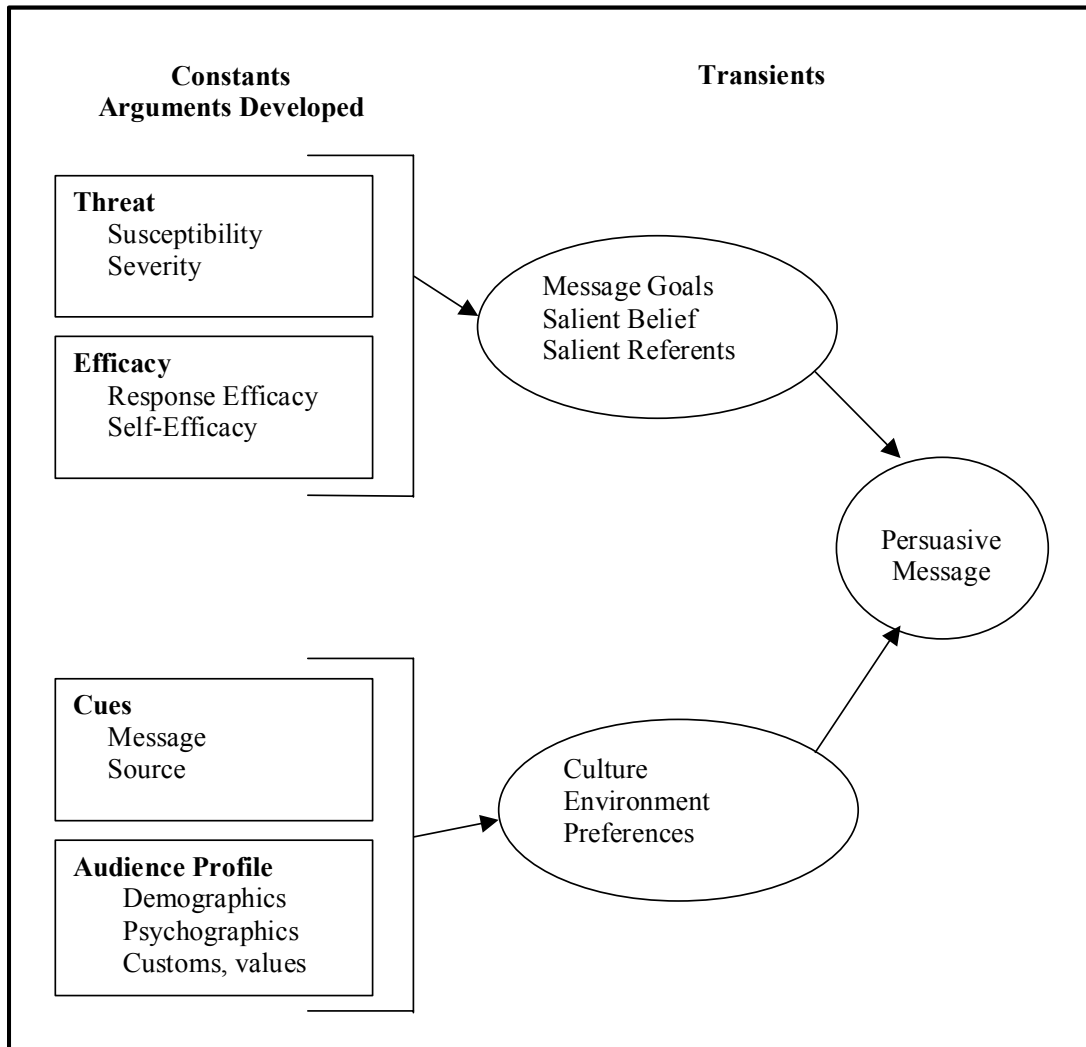
<sup>28</sup> A framework differs from a theory in that, it does not attempt to explain human behaviour, it simply outlines what one should do to develop the most effective and persuasive campaign possible. The framework pools the best available knowledge about a multitude of factors (parts of successful theories) into a simple guide for campaign development. (Witte, 1995:146)

culturally, demographically appropriate if they are to influence the audience as intended (Atkin & Friemuth 1989; Fishbein & Ajzen 1981). The theory argues from the theory of reasoned action, Fishbein & Ajzen (1975, 1981) that the only way to effectively induce behaviour change in a persuasive message is to change the underlying set of salient beliefs that are causing a specific behaviour. Salient beliefs are ones primary beliefs on a topic (Witte, 1995:150). For instance; one of the major salient beliefs affecting exclusive breastfeeding is mother's assumption that they have "insufficient milk."

The theory proposes two distinct factors that must be addressed prior to the development of campaign messages (see fig 2.3) that is *constant* and *transient*<sup>29</sup> factors. According to the framework, a persuasive message should contain the following *constant* component that is a *threat message*, and an *efficacy message* that uses various *cues* targeted towards a specific audience (Witte, 1995:146).

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<sup>29</sup> Transient factors are parts of message that change given different populations and message goals



**Figure 4. Kim Witte's Theory of Persuasive Health Message (PHM) Framework. A framework for developing culturally specific persuasive health messages (Source Kim Witte 1995:148).**

The threat message convinces individuals of their *susceptibility* to a *severe* threat, in this case, its malnutrition leading to stunting and in severe cases death of their children. While the *efficacy message* tries to convince individuals that they are able to perform the recommended response (self-efficacy) and that the recommended response effectively averts the threat (response efficacy) For instance the NECDP campaign can use cues of a respected opinion leader (who has practiced exclusive breastfeeding) to persuade individuals of Lwangoli village that breastfeeding is the cheapest and healthy way of raising a healthy child free from malnutrition effects, and every mother can afford it!

The transient components (changeable elements) of a campaign include salient beliefs, and salient referents; culture, environment and message goals that determine the actual message content and features of the constant components.

Transient components are divided into two. The first pertain to information relevant to the threat and efficacy and those include the salient beliefs, salient referents and message goals. Witte argues that changing a single belief is unlikely to influence the overall campaign, there's a need to determine and influence what the salient referents, (individuals who influence the thinking of the target audience) think about the advocated behaviour change.

The second transient component includes culture/environment and preferences, developed from cues and the audience profile. The source and message preferences aid in the production of cues, while the audience profile is determined from the audience analysis where information specified to the *constant* components of demographics, psychographic, customs and values is determined. In the NECDP campaign, the message designers developed their message basing on an audience analysis of Northern Uganda. Findings of the audience analysis determined what issues to address during message development. The question is whether findings from the northern Uganda audience analysis could be applied to other parts of Uganda since; Uganda is a highly multicultural society. The customs, cultures and values in northern Uganda may not necessarily be comparable to those in eastern Uganda where this research was done.

One of the weaknesses of this framework is the assumption that the goal of all health communication messages is to persuade audiences to take action. Backer et al (1992:5) disagrees with that assumption when he lists two types of health communication innovations, that is *incremental* and *preventive*. The incremental innovation is more easily adopted because individuals want to gain an increment in the desired outcome. The preventive innovation however, is the one that's more difficult to diffuse because it requires persuasion of individuals at mass media, family and whole community levels to support the change process. Hornick (1988:99) argues that the goal of nutrition education (health communication) can be either to provide information or to persuade target groups to select the desired health practice. Hornick observes two categories of nutrition

education. The first category is when current resources can be used more efficiently in obtaining a desired end without cost to other desired ends. For instance, in a situation where mothers choose to bottle feed rather than breastfeed because they believe bottle feeding is nutritionally superior; the logical possibility of changing behaviour would be in changing what mothers know. The second category is when two desired ends are in conflict, and the nutrition educator believes that one ought to be valued over the other. A mother may be aware that bottle feeding is less nutritionally valuable than breast feeding, yet choose the bottle for her infant because her “modern” social network expects her to. In that case the goal of health communication would be to persuade.

The Persuasive Health Message framework despite its persuasive generalization of the health communication goal is relevant to this research in as much as it aids in explaining the practicalities of planning and designing a preventive (persuasive) health message, aimed at behaviour change. In relation to salient belief and referents (that is, what primary and secondary audiences think versus the message design and dissemination) the framework gives the stated aspects a fair analysis. The framework is also important in understanding the NECDP message cues, threat appeals, efficacy and the role of external factors like culture and environment in message adoption.

## **2.10 Summary**

As observed by Glanz (2004) programs based in theory are more likely to succeed than those developed without the benefit of a theoretical perspective, simply because theories help health communication planners wade through the waters of fighting a health risk with a compass directing them on the right path to take. A combination of strengths of one theory can obscure the limitations of another theory. Therefore in this chapter, we discussed a number of theories such as the multi-step flow theory with its opinion leader to opinion leader imperative versus the simplistic two-step flow mass media to opinion leader protocol. We also discussed the diffusion of innovation theory and the concept of a “new” innovation, giving emphasis to the role of diffusion stages and adoption categories in message adoption. Finally, we discussed Kim Wittes, Persuasive Health Message framework and its application to the NECDP campaign in terms of creating a persuasive and targeted health message. We also discussed the development communication theory



and its newer paradigm of participatory communication (shared communication) showing its limitations of the lopsided relationship between the sender and receiver. In the next chapter the methodologies that guided this research are discussed.



## CHAPTER THREE - RESEARCH METHODOLOGY

### 3.1 Introduction

This chapter discusses the methodology, strategy and techniques that are used in this study. As mentioned in chapter one, the study mainly evaluates the communication strategy of the Nutrition and Early Childhood Development Project (NECDP) in attaining behaviour change in the complementary and breastfeeding habits of two selected communities of the project areas, i.e. Lwangoli and Bwangoli villages in Mbale district, Uganda.

The investigations that were carried out greatly relied on the triangulation technique because triangulation is imperative in sealing the gaps (limitations) created by a single method approach. Jankowski & Jensen (1991:62) puts it succinctly when they state that the basic assumption of triangulation is “that the weaknesses in each single method will be compensated by the counter-balancing strengths of another.” Yin in a related argument says that, “using multiple sources of evidence to make any finding or conclusion is likely to be more convincing than using of a single source (Yin, 1994:92).

Besides, the dominant mode of inquiry used in this study is justified, which is largely a *qualitative* rather than quantitative research methodology. This is not to say that qualitative inquiries are superior over quantitative, but borrowing (Jensen and Jankowski 1991:61) line of thinking, it was observed that “different methods should not be seen as competing with each other, but rather each method, depending on the purpose and area of inquiry, has particular instances where it can yield the best results.” In this study qualitative research methodology yields the best results as will be rationalised in Section 3.3 of this chapter.

This chapter also discusses the three data collection techniques that are used in this study that is: interviews, focus group discussions and document analysis and finally notes the challenges that were met during the entire research process.

### 3.2 Triangulation

Triangulation and specifically methodological triangulation is a technique that was used to draw on the strengths and limitations of the various qualitative research techniques. Triangulation is a term that has been used by most researchers who advocate for the use of multiple methods as opposed to single method. Jankowski (1991) quoting Denzin, states that,

*Triangulation, or the use of multiple methods, is a plan of action that will raise sociologists above the personalistic biases that stem from single methodologies (Denzin, 1970b:27).*

Patton (1990:467) argues that triangulation greatly improves evaluation results because of its ability to validate information obtained through interviews; by checking program documents and other written evidence that can corroborate what interview respondents report. Since this is an evaluation oriented research, the protocol of triangulation is significant in eliminating single method biases in the research process. Stake (1995) contends that, “we assume meaning of an observation is one thing, but additional observations give us grounds for revising our interpretation.” “With multiple approaches within a single study, we are likely to illuminate or nullify some extraneous influences. We use triangulation to minimize the misperceptions and invalidity of our own conclusions.”

Stake (1995:107-120), Yin (1994:92) Jensen and Jankowski (1991:62) propose four various forms of triangulation protocols used to logically interpret, clarify and validate diverse phenomena, disciplines and issues. These include:

- (i) *Data source triangulation*, which refers to the dimensions of time, space, and analytical level in which information is obtained.
- (ii) *Theoretical Triangulation* suggests application of concepts and perspectives from diverse theories and disciplines.
- (iii) *Investigator triangulation* involves the more standard approach of using several analysts or coders, often as part of a multidisciplinary team of scientists.

- (iv) *Methodological triangulation*, which constitutes a research strategy in which different methods are employed for data gathering and analysis around a single object of study.

Of the four types of triangulation, this study depended mostly on methodological triangulation because it was more plausible given the time frame and the research level compared with the three other triangulation protocols.

### **3.3 Qualitative Research Inquiry Justified**

Research is categorised into two methodological choices namely qualitative and quantitative research methods, which employ various techniques of data collection and analysis. Tones, Tilford and Robinson (1990: 38) observe that quantitative techniques are those that are statistically based while qualitative techniques are not statistically based and they specifically include: participant observation, documentary analysis and unstructured in-depth interviews.

The justification for the use of qualitative approaches in this study comes from Tones, Tilford and Robinson (1990: 42) who affirm that research is a means of enquiry in which appropriate methodology should be used to answer particular questions, drawing on the strengths and limitations of a range of approaches.

Since this study was largely an evaluation research of a single case study design qualitative methods of inquiry seemed more advantageous in analysis than quantitative methods.

Denzin et al (1998:10) lists three qualities that qualitative inquires are much better at:

- (i) Capturing the individuals' point of view through detailed interviewing and observation.
- (ii) Examining the constraints of everyday life by seeing the world in action
- (iii) Securing rich descriptions of the social world.

Denzins' observation of qualitative merits are relevant to this study since capturing the individuals' point of view through interviews and focus group discussions along with

examining the constraints of everyday life hindering the adoption of campaign messages was a central element in this research.

For instance basing on Denzins' merits of qualitative research having the advantage of capturing points of view through interviewing and observation, we avoided taking empirical anthropometric measurements<sup>30</sup> of the children in terms of weight, height (length), to establish the malnutrition levels. Instead, we relied on the validity of observing external features of the children. Equipped with the knowledge of the signs and symptoms of malnutrition, we used simple observation during the focus group discussion to distinguish a healthy child from a malnourished child, while interviews were used to find out what couldn't be observed like the weaning and breastfeeding practices. As Patton (1990:278) argues, "we cannot observe everything!" Interviews come into place, to allow us enter into individuals' perspectives/point of views. Therefore, given the merits of qualitative inquiry and the nature of my research design, qualitative research methodology served as the most plausible approach.

#### **3.4 The Research Design/ Strategy**

Research strategies according to (Denzin et al 1998: xv) locate paradigms in specific empirical sites and in specific methodological practices-for example making the case an object of study. Yin (1994:4) lists five major research strategies which include: experiments, surveys, archival analysis, histories and case studies. However, the case study research strategy/design was adopted. Yin (1994:13) argues that the case study is not either a data collection tactic or merely a design feature alone (Stoecker 1991) but a comprehensive research strategy.

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<sup>30</sup> Anthropometric measurements are systematic measurements of children's (weight, height/length, mid upper arm circumference) to assess and monitor a child's growth status. Ministry of Health handbook on The National Guidelines on the Management of Moderate Malnutrition at a Supplementary Feeding Centre, August (2005:7) According to the State of the World Children (1998: 2), measuring weight and height is the most common way of assessing malnutrition in populations.

### 3.5 The Case Study Design

A case, according to (Patton 1990:54) can have a person, an event, a program, an organization, a time period, a critical incident or a community<sup>31</sup> as its unit of analysis. Yin (1994:13), technically defines a case study as an empirical inquiry that investigates a contemporary phenomenon within its real –life context.

According to Robert K. Yin, there are four types of case study designs.

- (i) A single case design with one unit of analysis.
- (ii) A single case design with multiple units of analysis.
- (iii) A multiple case design with one unit of analysis per case.
- (iv) A multiple case design with multiple units of analysis (Yin, 2003:40).

This study in practice is a single case design of one district with two units of analysis that is Lwangoli and Buwangolo villages of Busoba sub-county in Mbale district. The aim of the research as mentioned in chapter one is to evaluate the communication strategy of the NECDP; CHILD campaign in affecting behaviour change particularly in the complementary and breastfeeding practices of the mothers in these two neighbouring villages/communities. Although (Patton 1990:54) argues that “case studies are particularly valuable when the evaluation aims to capture individual differences or unique variations from one program setting to another or from one program experience to another;” this case was carried out in two village with similar settings, though it would have been a better analysis if done in two distinct districts. Nevertheless, Stake (1981:32) argues that “good case studies be it single or multiple can provide more valid portrayals, better bases for personal understanding of what is going on, and solid grounds for considering action”

Jankowski and Wester (1991:60) note the limitations of case studies, arguing that while case studies are effective in examining the many characteristics of a single subject, a major limitation often cited about them is that the data obtained cannot be taken beyond the sample in case, to generalize about a wider population. Although this may be partly

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<sup>31</sup> My interpretation of a community is taken from (Trend 2001:251) definition which describes a community as a people with a common history or similar socio-political interest living in a particular area.

true for Uganda's heterogeneous cultural society, we concur with Patton's (1990:100) arguments that a number of project case studies can be synthesized to draw still larger conclusions about development processes more generally. Stake (1995:8) conversely argues that "the real business of a case study is particularization not generalization." We take a particular case and come to know it well, not primarily as to how it is different from others but what it is, what it does,... *what it has done, how it was done, and how much success it attained and why, as is the case with the objectives of studying the NECDP campaign (my emphasis)*. Nonetheless, we contend that both particularization and generalization of the case study are both significant because recommendations arising from the findings, analysis and discussion may form the subject of generalities for future health campaigns in the nutrition field.

### **3.6 The Field Research Process**

This field study was conducted in two neighbouring villages of Lwangoli and Buwangolo in Busoba Sub County, Mbale district<sup>32</sup>, Uganda. Busoba sub county is located in Bungokho County south, and has a total population of approximately 26, 000 people. We selected the choice of Mbale district after reading some of the NECDP documents that included the NECDP Community Participatory Evaluation Report, National Household Survey 1999/2000 and Baseline Survey report. The reports reflected that Mbale district had a 45% level of malnutrition, and that was one of the highest among the 25 districts that were selected to participate in the NECDP project campaign. The criterion of selecting the districts was based on their levels of malnutrition and infant mortality (Vezosa 2005:1).

On the other hand, Mbale is my home district, and we thought it right to start with my home district before venturing in other territories. Besides, the choice of my home district presented me with the advantage of communicating to my interviewees and focus group discussion participants in the language that they understood, Lugisu, since most of them could not communicate using the English language partly because of illiteracy.

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<sup>32</sup> Refer to Appendix (1 of 3) to view the map of Mbale District.



The field research was started by seeking permission from the Chief Administrative Officer (CAO)<sup>33</sup> to conduct interviews and focus group discussions in the two villages that are under his jurisdiction. Stake (1995) observes that almost always, data gathering is done on somebody else's home grounds and therefore the procedure for gaining access and permission to carry out the study are needed. Armed with my written permission, it was possible to contact the sub county chief who oversees these villages according to the structure of local governments in Uganda. With enlightenment from sub county chief of the NECDPs "most dedicate and enthusiastic" village Local Council (LC 1) chairman that was from (Lwangoli) village, we decided to use his village as one of my case study areas. The Lwangoli's neighbouring village, Buwangolo, was also taken into account. The initial aim of the study was a comparative study of two villages from two distinct districts, but due to limitations of bureaucracies and time (it was less than 3 months for the field study) only the neighbouring village Buwangolo was studied. While in Busoba subcounty, in-depth interviews were carried out with the Subcounty chief and the Community childcare workers in addition to focus group discussions from each village.

### **3.7 Data Collection Methods**

#### **3.7.1 The Focus Group Discussions/ Interviews**

Brown et al, (1989:40) cited in Patton (1990:17) observe that groups are not just a convenient way to accumulate the individual knowledge of their members. They give rise synergistically to insights and solutions that would not come about without them" According to Blumer, "its only through the close contact and direct interaction with people in open minded, naturalistic inquiry and inductive analysis that we come to understand the symbolic world of the people being studied"(Patton, 1990:76). Since this was an evaluation of how the campaign worked for its target audience, the best way of finding out how it worked was through asking them through focus group discussions/ interviews.<sup>34</sup>

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<sup>33</sup> See Appendix (2 of 3) for a copy of letter of permission.

<sup>34</sup> Patton (1990:335) affirms that a focus group interview is indeed an interview and not a discussion, because it's not a problem-solving session, nor is it a decision making group, it's an interview.

To describe the group in-depth, a homogeneous sampling was used for all the NECD project beneficiaries. Patton (1990:173) notes that the purpose of homogeneous sampling is to bring together people of similar backgrounds and experiences to participate in a group interview about major program issues that affect them.

Using a corresponding open-ended interview guide,<sup>35</sup> two focus group discussions were conducted in each village with available participants. Considering the flow of information in a village setting, only the village Local Councillor (LC1) of Lwangoli was contacted before the discussion day, so we had approximately 40 people showing up for the discussion including mothers with their children. Meanwhile, the Buwangolo LC1 chairman on short notice managed to mobilize about 25 respondents for the focus group interview.<sup>36</sup> Most qualitative researchers recommend a 5-8 or 8-10 people composition for a focus group discussion; however, the criteria of availability were used to participate for the focus group sample size composition. Besides it is more advantageous to gather many people than few, and more so, it was inevitable for the mothers to attend the discussions without their children. In support of my focus group size of selection, (Max Travers 2001:2) argues that, “there is no hard and fast rule for how many people you need to interview...some of the best life-history studies have been based on a series of interviews with one respondent.” Patton (1990:335) notes that focus group interviews are a highly efficient qualitative data collection technique. In one hour the evaluator can gather information from eight people instead of only one person. Thus the sample size can be increased significantly using qualitative methods through focus group interviewing. However, it may be argued that the size should be limited to a manageable size for effective moderation.

As a way of introduction to the discussion, the participants were invited to identify the various food types on a Ministry of Health nutrition chart that was used by the Community Childcare workers during their household nutrition education visits. This

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<sup>35</sup> Patton (1990:280) notes that the interview guide approach is especially useful in conducting group interview: it keeps the interactions focused but allows individual perspectives and experiences to emerge.

<sup>36</sup> Refer to Appendix (3 of 3, and 4 of 3) for a detailed list of the FGD participants of Lwangoli and Buwangolo Villages respectively.

aimed at establishing the respondents' basic nutrition knowledge levels<sup>37</sup>. It was noticed that the Lwangoli group were much more informed and lively compared to the Buwangolo group. We then progressed into the discussion of the issue of breastfeeding and complementary feeding practices which is the crux of my study in the 3 thematic areas of the NECDP project. The mothers were invited to mention their earlier breastfeeding methods and how the campaign helped them adopt the positive practices that were being promoted by the project campaign. They were also asked to mention their sources of information on breastfeeding and complementary feeding practices. The mothers who had not adopted the campaign messages (of exclusive breastfeeding for six months before introduction of complementary foods) were also invited to state the reasons that hindered their adoption of campaign messages. Finally, we had a debate/discussion focusing on what the participants thought were the causes of prevalent malnutrition despite the campaign intervention. The debate centred on whether malnutrition was a problem of lack of knowledge (ignorance) on proper feeding habits or a result of other factors.

Notably, the discussions were conducted in Lugisu (the local language of Bagisu people living in Mbale district). Some of the key informants for this discussion included the Community Childcare Workers (CCWs) and Division 1 Local Council chairmen (LC1)<sup>38</sup>. The CCWs were people selected from within the community. They worked for the project on "voluntary" basis to disseminate information to their fellow community participants. The CCWs, LCs and Community Based Organization (CBO) facilitators could be described as the opinion leaders in this campaign, because they were the people charged with the responsibility of disseminating the campaign messages to the household/community levels. The CCWs received training from the CBO facilitators and were in turn supposed to share that information with community members and childcare givers.

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<sup>37</sup> Refer to appendix (5of 3) for a copy of the basic nutrition questions

<sup>38</sup> Uganda has a decentralized system of administration with the following Local government structure: At the District there's an LC5, Country-LC4, and at the Sub-county –LC3, Parish LC2 and Village -LC 1. Source: NECDP Country Report on the Status of ECD. Page: 2.

Importantly, the tape recorder was an indispensable instrument during the focus group discussions. It aided me in keeping a logical recorded flow of the discussion, although Stake (1990:66) argues that, “the tape recorder is of little importance unless ultimately an audio presentation is intended.” On the contrary, the tape recorder was a very helpful tool to document the various arguments raised by the Focus Group Discussion (FGD) participants given the varied nature of perspectives from focus group participants. A tape recorder is an inevitable instrument for verification, confirmation and authentication of FGD information. It is difficult to get back to all the ten or more participants of a discussion to clarify the accuracy of their statements. Even though (Stake 1990) argues that interviewees are often dismayed with transcripts, not only because of the inelegance of their own sentences but because they did not convey what they intended; nevertheless, a tape recorder is crucial to the researcher because it facilitates them get the intended meaning of the respondent even when listened to at a later stage.

### **3.7.2 The Qualitative Interviewing Method and Process**

Qualitative interviewing according to Patton (1990:278) is the process of finding out what is on someone else` mind. Patton argues that the purpose of open-ended qualitative interviewing is not to put things in someone`s mind but to accept perspectives of the person being interviewed. “Much of what we cannot observe for ourselves has been or is being observed by others” (Stake 1990:64). For a researcher to display and portray the multiple views of a case, *the interview* is that main road to the multiple realities.

Patton proposes three basic approaches to collecting qualitative data through open-ended interviews. These include:

- *The informal conversational interview*, which relies on the spontaneous generation of questions in the natural flow of an interaction.
- *The general interview guide approach*, which involves outlining a set of issues that are to be explored with each respondent before interviewing, begins
- *The standardized open-ended interview*, which consists of a set of questions carefully worded and arranged with the intention of taking each respondent

through the same sequence and asking each respondent the same questions with essentially the same words.

Each of the above approaches has its own strengths and weaknesses and each serves a different purpose.

In this inquiry, the interview guide instrument<sup>39</sup> was used to a great extent, as opposed to the quantitative questionnaire. According to Patton (1990:290), the fundamental principle of qualitative interviewing is to provide a framework within which respondents can express their own understandings in their own terms. Closed instruments such as questionnaires force program participants to fit their knowledge, experiences and feelings into the evaluators' categories. This thesis being evaluation oriented, the researcher/evaluator thought it best to use the open in-depth interview guide instrument in relation to the closed questionnaire interview, to be able to capture the complexities of individual perceptions and experiences with the project during its implementation period.

### **3.7.2.1 The Interviewing Process**

To establish the most resourceful people to use as my informant, the NECDP project documents received from Irene Blick, the current NECDP Communication Officer, were used. The project report (annex 3) on Community Participatory Evaluation gave me a pointer to the key informant at the district level, who was Kenneth Woniaye, the Chief Administrative Officer (CAO).

Woniaye recommended us to the projects' most resourceful people at the sub county level (sub county chief and LCs), and at district level, Community Based Organization (CBO) / Non Governmental Organization (NGO) facilitators for the project.

In reference to the NECDP, Project Implementation Manual (PIM) (pg 38) the flow of information took a top down approach, i.e. From the Project Coordination Office based in Kampala, through the district CAO , to a lead NGO/ CBO at the district level, through the Sub-county chief, to the Community Childcare Workers (CCWs), and lastly to the Village/community project beneficiaries.

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<sup>39</sup> See Appendix (6 of 3) for a copy of the interview guide questions

Considering the flow of information, this researcher chose to carry out an in-depth interview with five key informants<sup>40</sup>. Two informants linked to the Kampala office, the current NECDP communication officer and a Ministry of Health Nutrition Section officer, a CBO/NGO facilitator, the sub county chief and two CCW workers. The village project participants were interviewed using focus group discussion already explicated in section 3.7.1 above.

The advantage of the interview guide was exploited for all the interviews primarily because of its conversational approach. Patton (1980:283) notes that the interview guide is advantageous in ensuring that the interviewer has carefully decided how best to use the limited time available in an interview situation. The time factor advantage was useful when interviewing the rather busy Program Coordinator of the CBO/NGO, Foundation for Development of Needy Communities (FDNC), Joseph Kunikiina. Mr. Kunikiina was rushing to go for a field study and he gave me a few minutes (less than 10 minutes) for the interview.

The flexibility component of the interview guide was much appreciated throughout all the interviews since the researcher didn't have to follow the exact wordings as is the case with standardized open-ended interview. For instance while interviewing Ms. Barbra Tembo Nutritionist at the Ministry of Health Nutrition Section; the researcher used a checklist of the pertinent issues relating to breastfeeding habits, and did not have to systematically and sequentially follow the same wording for the same questions. Stake (1990:65) argues that the main questions should be kept in mind, probes carefully created, occasionally asking the dumb question, assuring that what was said was said, or asking if they meant what clearly was not meant. The researcher on several occasions during the interviews asked the dumbest questions for confirmation and clarity of issues.

### **3.8 Document Review**

To get a firm understanding of the NECDP goals and plans, aims and objectives, communication strategies and implementation approaches, the volumes of NECD project

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<sup>40</sup> Refer to Appendix (7 of 3) for a list of key informants.

documents, posters, newspaper articles on malnutrition, audio and video materials used in the communication campaign were studied. Some of the documents that were reviewed included the NECDP Project Implementation Manual (PIM), Growing Up Well in Uganda, Trainers manuals, The NECDP 2004 Synthesis Evaluation Report by Professor Richard Skolnik, George Washington University, The NECDP Communication Strategy document, The Child Wave 1-Wave 6 Steadman Evaluation reports as well as The Country Report on the status of Early Childhood Development (ECD) were also reviewed. It was also convenient to review and frequently refer to Verzosa, Cecilia Cabañeros` (2005) World Bank Working paper No.59, on the project. In addition, some material from the Ministry of Health Nutrition department was used; such the Breastfeeding and Complementary Feeding Manual: A Guide for Parents and the 2005 handbook on National Guidelines for the Management of Moderate Malnutrition at Supplementary Feeding Centres.

Apart from the print documents, we accessed the audio radio spots which were produced in five local languages and run on various radio stations across the country was granted. Stake (1995) notes that almost every study finds some need for examining newspapers, annual reports, correspondence, minutes of meetings, and the like. Quite often, documents serve as substitutes for records of activity that the researcher could not observe directly. Gathering data by studying documents follows the same line of thinking as observing, yet the researcher should be open for unexpected clues. One may agree with Stake argument that documents serve as substitutes for direct observation of the campaign because the various documents helped fill the information gaps from both the interviews and focus group discussions.

### **3.9 Challenges Faced During the Data Collection Process**

#### **3.9.1 Focus Group Discussion – FGD Challenges**

We were not able to talk to the Community Childcare Workers (CCWs) of Buwangolo village during the focus group discussions and yet these Community Childcare Workers had participated in the nutrition training courses and had been charged with the responsibility of relaying their learned knowledge to the villagers. According to the

Buwangolo chairman, the CCWs had long moved to the city in search of the proverbial “greener pastures.”

The debate oriented discussion on what they thought were the major causes of malnutrition in their village, was highly enjoyable as it received an enthusiastic response of people who wanted to make their point especially in Lwangoli village. This created a problem of moderating the group, as almost everyone wanted to say something while some participants were highly verbal and tended to dominate the discussion that was intended to get a representation of all the participants’ views. It was also challenging taking note of all the participants’ viewpoints while listening to their line of arguments simultaneously. The tape recorder then, served as an indispensable data collection instrument.

When we got to the sensitive question of why some mothers were not practicing the exclusive breastfeeding for six months, some mothers who had initially mentioned that they were not following the said practice, walked away from the discussion, while some stayed and gave their reasons.

It was challenging to systematically follow all the focus group interview guide question and balance with the time schedule. We ended up spending more time than originally estimated to use per village FGD.

### **3.9.2 Interviewing Challenges**

We planned on using the project implementation communication officer as one of my major (key) in-depth interview informant, but that was not attainable. Ms. Anne Gamurora the communication officer during the project implementation (2000/2001-2004/2005) was apparently working with another organization and wasn’t in position to respond to any of my questions at that time. Therefore, we resolved to use Ms. Irene Blick, the new officer, who unfortunately couldn’t respond to all my questions since she wasn’t involved in the project right from the start. As Patton (1990:278) argues, “qualitative interviewing begins with the assumption that the perspectives of others are meaningful, knowledgeable and able to be made explicit.” During this research this assumption was invalidated since the informant was fresh in office with limited



experience with the project operations. To fill the information gap, she recommended me to Ms. Barbara Tembo, a breastfeeding nutrition specialist at the Ministry of Health Nutrition Section, who was involved in the project consultations at ministerial level. She was able to handle the technical questions.

At the district level however, one key informant, and CBO facilitator for Busoba Sub County, Ms Nambuya Esther failed to turn up for the interview despite several attempts to reach her.

### **3.9.3 Document Analysis Challenges**

Most of the NECDP documents that were accessible lacked a date of publication; this made it hard for me to trace their date of publication and currency which has affected the referencing imperative for academic papers such as this.

### **3.10 Summary**

This chapter has, in effect, shown through the case of Lwangoli and Buwangolo village that served as the units (objects) of analysis that case study research design is an important imperative in qualitative evaluation research. Using its characteristic methods of interviewing, focus group discussions and data analysis, the researcher was able to establish individual and group perspectives that are used for particularization and generalization of study findings. The chapter also pointed out that triangulation or use of multiple methods is an important imperative in qualitative researcher because it helps eliminate single methodological biases and weaknesses, thus validating research findings. Finally, the chapter outlined the challenges or problems encountered during the data collection process. The consequent chapter uses findings from these research methods to analyze data collected.



## CHAPTER FOUR - PRESENTATION AND DISCUSSION OF FINDINGS

### 4.1 Introduction

This chapter presents and discusses the NECDP communication strategies used by the campaign planners to attain behaviour change in the breastfeeding and complementary feeding practices of mothers and caregivers of children 6 years and below. The limitations witnessed by primary target audiences<sup>41</sup> in adopting the campaign messages are discussed. As stated in the research aims and objectives in chapter one, the objective was to evaluate the appropriateness of the communication approaches used to reach the rural mother, as the primary target audience. The effectiveness of the NECDP campaign with the view of giving recommendations for future campaigns is discussed.

Findings are presented from three methodological triangulations of interviews, focus group discussion and documentary reviews discussed in chapter three. The methods blend together to form a qualitative analysis of the case of Lwangoli and Buwangolo village in Busoba sub county, Mbale district. The findings are discussed on the basis of the aims and objectives and research questions set out in chapter one. The specific themes of analysis include

- (i) NECDP campaign goals,
- (ii) NECDP messages, appeals, design and information structure,
- (iii) NECDP mass media channels,
- (iv) NECDP alternative strategies and lastly,
- (v) Limitations to message adoption.

These themes are discussed using Rogers and Storey's definition of what constitutes a communication campaign, and Harold Mendelsohn's study of how information campaigns succeed, described on page 14 of chapter two.

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<sup>41</sup> The campaigns' primary target audience were primarily mothers/caregivers and fathers of children 6 years and below.

## 4.2 The NECDP Campaign Goals

As stated in the introductory chapter, the NECDP campaign of 1998/2003 aimed at using communication to attain behaviour change in the breastfeeding and complementary practices of mothers and care givers of children 0-6 years of age. This particular statement is echoed by Ministry of Health's Barbara Tembo who noted in an interview that; "...the ultimate goal of communication is to facilitate a change in behaviour, rather than raise awareness." Which therefore raised a fundamental question on how the project expected to achieve "behaviour change" without raising awareness among rural women? According to Maibach et al (1995) and DiClemente (2002), awareness raising is a critical stage in the behaviour change process and cannot be under emphasised or even overlooked.

Ms. Tembo also added that by the end of five years of NECDP operation, the project hoped to have doubled the proportion of mothers practicing appropriate childcare, from 1 in 4 to 1 in 2, thus reflecting a 50% adoption. The question however is how was the project going to achieve the set impact? According to Ms. Irene Blick, current NECDP Communication officer, the project expected to create awareness and behavioural change using two communication campaign phases of sensitization and motivation.

Blick affirmed that the initial sensitization phase aimed at raising awareness on the problem of malnutrition through advocacy and mobilization of policy makers at both national and district levels. The motivational phase used communication activities/strategies to help parents and caregivers of malnourished children understand the relationship between specific behaviour that they undertook with misconception such as (feeding during illness, introducing solid foods before six months, poor quality and insufficient and irregular feeding practices assuming the babies stomach was small). The motivational phase included modelling the new behaviour, providing information on parent and child caregiver success in adopting new behaviour, imparting skills and giving instructions to clear up misconceptions about specific child feeding practices.

In a related observation, Ms Ann Gamurora,<sup>42</sup> former NECDP communication officer, noted in an interview that the project communication campaign had three phases, the first being introducing the project. Then raising public awareness among the community especially leaders in NECDP (CHILD) as a project, and finally raising the awareness among the public on the issue of child development and the problem of stunting among other things. All the three phases it was hoped would gain behavioural change in the breastfeeding and weaning practices of targeted mothers and hence reducing the malnutrition levels by at least 30%.

#### **4.2.1 Were the Goals Achieved?**

Ministry of Health's Barbara Tembo, who is also a Nutrition expert on breastfeeding and complementary feeding, revealed in an interview that;

“The projects major impact was in the awareness and communication intervention – telling mothers what to feed and how to feed. However when it comes to behavioural change and the 30% reduction of malnutrition, that figure is questionable because: 1)The project implementation was basically between 2½ to 3 years time frame and with nutrition you cannot say that the impact was realized in that time frame. 2) When starting the project, they carried out a needs assessment, but when the project was ending, I did not hear of any nutrition assessment” (Tembo, in interview January 02, 2006).

The NECDP campaign according to Steadman Research Report is said to have registered a 30% reduction in malnutrition levels at the end of the five years of its operation. Verzosa (2005) observes that communication activities showed an increase in the percentage of parents and primary caregivers who adopted favourable practices in: complementary feeding of enriched porridge (from 67 percent to 90 percent) Malnutrition among young children 0–36 months was reduced by 30 percent in the project areas from 24.4 percent to 17.1 percent. A comparison between areas benefiting from NECDP interventions and non-project areas showed increased exclusive breastfeeding practices

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<sup>42</sup> Ms Ann Gamurora noted with a disclaimer that she joined the project when it was two years old and left before it closed and so doesn't have all the details.

(14 percent from 1 percent); improved supplementary feeding practices (such as children fed with more legumes, 66 percent from 33 percent); higher immunization rates (73 percent from 58 percent); improved intake of Vitamin A (17 percent from 13 percent, and increased deworming among children under 72 months of age (38 percent from 8 percent) (Verzosa 2005:13 & 21).

Notwithstanding Verzosas' (2005) projected commendable impact in the selected areas, findings from interviews, focus group discussions and NECDP stakeholder documents are incongruous with Verzosas' World Bank Report findings. According to the focus group discussion participants in both Lwangoli and Buwangolo villages, implementation of the project in their villages started later than the national Project Coordinating Office (PCO) implementation time structure and therefore the project couldn't have possibly achieved the 30% malnutrition reductions in a period of less than two years. The observations from both villages showed that malnutrition was still present especially in Buwangolo village, as the village was characterized with many potty bellied, sunken eyed and reddish brown-haired malnourished children. (See picture 1, section 4.7.2). In a focus group discussion, almost all of the mothers in Buwangolo village revealed that they had taken up the practices of exclusive breastfeeding for six months. Lwangoli village on the other hand had a few instances of teenage mothers who hadn't taken up the exclusive breastfeeding practice.

Document report findings by Save the Children UK a stakeholder in the project concur with Tembo's observation arguing that,

There's no evidence that an analysis of the malnutrition situation was conducted; since no evaluation of the projects impact over the first four years of the implementation was made public. Yet there is already discussion of expanding into a larger second phase among project implementers and observers.

Save the Children UK report (2003:16)

Construing from the focus group observation, the document observation and interview findings discussed above, my assertion is that the projects alleged 30% "success" story was in fulfilment of donor requirements laid out in the blue print *Project Implementation*

*Manual* which stipulated that by the end of its operation, the project should have realized a 30% reduction in malnutrition. Evaluation experts Tom Cook and Brian Flay point out that campaigns should be assessed at three levels:

- (i) The *advertising model*, which primarily determines exposure to the message.
- (ii) *The monitoring model* which determines the intended behavioural effects.
- (iii) The *experimental model* which determines whether the relationships among the theoretically predicted influences, messages, peer support, and so on were causally linked to attitude and behaviour change (Rice 1992:145).

If undeniably the NECDP campaign carried out an assessment (of which it didn't) it may have been at the advertising level, which determines the awareness and exposure, but not the behavioural change impact because behaviour change is a long-term process. Irene Blick, the current NECDP Communication Officer, said in an in-depth interview that the project was partly ineffective because for a pilot project, it was too ambitious in its goal of halving the malnutrition levels within a time frame of five years. Health Communication scholar Thomas Backer (1992:52) concurs with Blick when he reasons that "sometimes campaigns fail because the aims and goals of the campaign are too ambitious." Backer (1992) recommends that a five-year project should have a 5% or less goal accomplishment because behaviour change is a long-term goal.

### **4.3 NECDP Message Design, Formative Research and Baseline Survey**

According to the interview with Irene Blick, the project carried out a three-part formative evaluation research on breastfeeding and complementary feeding practices in Northern Uganda. Blick also notes that the project carried out a Knowledge, Attitude, Beliefs and Practice (KABP) study in 12 districts, which determined the issues to address in the message design. Focus Group participants of both Lwangoli and Buwangoli acknowledged that they were interviewed about various development variables like access to water, pit latrines, education levels, and frequency of meals and others before

the trainings of community childcare workers started.<sup>43</sup> Save the Children UK, an independent stakeholder in the project planning process on the other hand reveals that,

There is no evidence that a causal analysis of malnutrition was conducted by either the World Bank or the Government before the NECDP began (the baseline survey began after the project design was complete and project implementation had started). Instead a basic local needs assessment and demand analysis were undertaken by the Child Health Development Centre in Makerere University that consisted of a literature review of nationally available data on nutrition projects and visits to three districts of Bundibugyo, Kiboga and Tororo. (*Thin on the Ground*, Save the Children UK report, 2003)

The document further states that the following statement prefaced the literature review. “Findings in this report are based on a literature review done within only 3 weeks. The findings are not therefore conclusive... the study does not reflect either the need or the qualitative and quantitative impact of the interventions in the districts... the study does not closely scrutinize the efficacy, strength, efficiency or weakness in the specific strategies adopted by the intervention agencies..” (Serunjoji, 1996) Relying on an unconvincing study of three districts to determine the message design for 25 projects` districts was inappropriate choice of action by the project planners which has a bearing on the projects` success.

The Project Implementation Manual which served as the reference material for all the different aspects of the project, stated that NECDP messages were designed through a consultative process involving the Ministries of Health, Agriculture, Animal Industry and Fisheries, Education and Sports, Local Government, Gender and Community Development, Finance, Planning and Economic Development, Justice, and several Non Governmental Organization stakeholders and overseers.

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<sup>43</sup> However, it should be noted that implementation of the project in both villages was delayed and it started months after the central project implementation.



Similarly, communication scholars observe that getting the communication planning process right begins with knowing and seeing the problem from the audiences' perspective, —beginning with their knowledge, attitudes, beliefs, and practices, as well as the barriers and perceived costs of adopting the new behaviour. Tembo in an interview points out that before any communication intervention is done, it is imperative to carry out a KABP study to determine the appropriate media to use basing on audience behaviour and practices. For instance, “you can decide to use radios in Karamoja and yet people there don't have radios and do not get their information through radios, but through social contact. If you decide not to use KABP strategy your messages will fail.” Freimuth (1992:90) in the same school of thought with Tembo, argues that “if the campaigns are highly creative and professionally produced, but the channels and appeals used are inappropriate for the target audience, then the message will not get to the target audience as planned.” Formative research then is crucial because it acts as a navigational tool that guides message content and appropriate channels to reach the audience. Backer (1992:53) points out that formative research is essential in the initial planning of campaigns because it helps establish the real characteristics of the target audience. These characteristics are essential components in message design, because they help in determining the message, the appeals, the channels and audience profiles.

As argued in chapter two by Wittes` (1995), “the only way to effectively induce behaviour change using a persuasive message is to change the underlying set of salient beliefs.” But one cannot change the salient belief before understanding the audience. Therefore the persuasive health framework recommends an understanding of the audience profiles, (demographics, psychographics, customs and values) and establishment of correct cues which can be done through effective formative research. Verzosa (2005:22) noted that, formative research enabled the communication designers to focus on the target audience by developing a clear understanding of their needs through research. Formative research helped in defining the issues, identifying the desired behaviour changes, segmenting audiences, framing the right messages and selecting the effective mix of communication channels. The premise of using formative research is based on the argument that the client (target audience) has the choice and the power to decide what to do with the messages and should be considered in message planning.

On the contrary, the NECDP formative research and baseline survey findings did not fully consider the audience in message planning in terms of representing their needs, attitudes, beliefs and practices. As already stated, first the project depended on findings carried out in one region (northern Uganda), in spite of Uganda's diverse and heterogeneous cultures and staple foods. Secondly the needs assessment survey was barely representative of the 25 districts covered by the project. These flaws by no means challenged the projects' behaviour change imperative.

#### **4.3.1 World Bank Role in Message Planning and Information Flow**

The NECDP message planning took primarily a downstream flow of information. Joseph Kunikiina in an in-depth interview carried out on November 22, 2005 in Mbale district, Uganda, said that the messages were planned and disseminated from the Project Coordination Office (PCO) in Kampala down to the people. Findings from Lwangoli village focus group discussion with the Community Childcare Workers (CCWs) revealed that the CCWs had no input in the planning of the training materials partly because the information was quite technical and needed specialized education which they lacked. Therefore the target group or audience contribution to message planning and design was limited to formative research and baseline surveys done by Steadman Research Group and World Bank Consultants. Whereas baseline studies and formative research are crucial in message planning, target audiences should be consulted throughout the planning and implementation process for effective results in influencing the knowledge, attitude, behaviour and practices of people existing in an ever-changing environment. What is more is that documents like *Thin on the Ground* (2003:6) state that problems arose in NECDP campaign message planning process because of the lack of genuine participation of national and local stakeholders in the project design. The report notes that

The World Bank consultants sometimes had little or no experience of working in the countries where the projects were based and many stakeholders felt that the World Bank came with a blueprint to solve the problems of malnutrition in any country. The inadequate attention given to the analysis of the causes of malnutrition in each country meant that blueprint approaches remained unchallenged. (*Thin on the Ground* 2003:6)

Verzosa (2005) writes in the *World Bank Working Paper No. 59* that Glaxo Smith-Kline partnered with the government, the project team, and the World Bank to provide on-the-ground technical support to planning, implementing, and monitoring of communication activities. Verzosa who was also part of the World Bank experts based in Uganda, notes that, “Caroline Pond of Glaxo Smith-Kline lived in Uganda for three years working with us on the communication program. Anne Gamurorwa of the Uganda project team managed communication activities and travelled extensively to project sites to work with those who helped implement communication activities. Dr. John Mutumba, the Project Director shared our vision for a central role for communication and paved the way for reaching out to critical audiences.” Whereas the World Bank expert Verzosa reports a scenario of joint participation with government and other stakeholders, reports from independent stakeholders in the project such as UNICEF and Save the Children UK, have a contrary observation of the project participation, showing a dominance of World Bank views to those of the local stakeholders.

The World Bank approach to message planning and information flow depicted above is a replica of the top-down, vertical, modernization theory, criticized for seeking the explanation for countries’ underdevelopment in mainly internal causes that could be solved by external aid (*through “expert” knowledge by WB consultants my emphasis*), rather than in the local peoples participation in their own development (Servaes, 1999: 7). The goal of NECDP was to achieve behavioural change, but how could that be attainable if the World Bank “consultants” are not willing to cooperate with the people they purportedly want to assist fight malnutrition. This scenario serves to confirm the World Bank Operations Evaluation Department (1999) assertion that,

The Banks core business processes and incentives remain focused on lending money rather than receiving impact.

*(Thin on the Ground 2003:6)*

Juxtaposing the World Bank participatory communication approach with Freire’s dialogic pedagogy, which emphasizes the role of “teacher as learner” and the “learner as teacher,” (Freire, 1970); my contention is that the World Bank approach did not convey true participation. According to Freire, true participation does not involve a subject-

object relationship, but rather a subject-subject relationship with each, learning from the other in a mutually transformative process. The role of the outside facilitator (in this case the World Bank) should have been one of working with, and not for, the oppressed to organize them in their incessant struggle to regain their nutritional health and consequent economic growth. The World Bank should have listened to what the local Ugandan stakeholders and consultants had to say since they were coming from a different setting with the goal of diffusing some “new” ideas, forgetting that the locals also have their inherent opinions to put to consideration in the planning process. The World Bank's blue print approach to message planning therefore limited genuine participation and involvement of local stakeholders. The local stakeholders' ideas could have improved the projects' impact since on average the locals know their society and people better than the Bank's foreign expatriates.

#### **4.4 NECDP Campaign Channels**

According to the interview with Irene Blick, the NECDP campaign employed a multi-media approach in sensitizing mothers on complementary and exclusive breastfeeding practices. The mass media channels used, specifically included: radio, television and newspapers (see Table 1 below).

From the above table it is evident that the NECDP project employed a multi-media communication approach in reaching rural women complementary and breastfeeding practices. However, judging by the nature of the target audience (rural women) with no access to television and can't even read newspapers; scattering the few available resources to so many (often inappropriate) channels doesn't help. The project should have focused on using channels that reach the primary target audience.

Joseph Kuniikina, NGO lead facilitator in Mbale district and Aaron Ayeta Mulyanyuma, Chairman Busoba Sub County, however said in an interview that emphasis should have been put on the radio medium because of its easy access to rural women in Lwangoli and Buwangoli villages. The women told the researcher in a focus group discussion at both Lwangoli and Buwangolo villages that, radio is their favourite choice of medium as it was broadcast in a local language (*Luganda*) they could understand. Therefore instead of scattering their limited resources on so many channels, (TV and newspapers), the

NECDP campaign planners should have concentrated on radio because it is the most effective media as far as reaching their target audience is concerned.

**Table 1. Showing NECDP campaign channels.**

Mass Media Channels	Language	Frequency/Repetition of Message (Advert)	Target Audience	Effectiveness
Radio	English and five local languages, <i>Luganda, Luo, Ateso Runyoro/Rutoro, and Runyakore/Rukiga</i>	900 spots in total	Peasant class	Appropriate, easily affordable.
Television	English	Once or twice a day for 3 months	Middle class	Not appropriate for rural women, they don't own television sets and most don't have electricity in their homes to sustain the target.
Newspapers	English and five local languages, <i>Luganda, Luo, Ateso Runyoro/Rutoro, and Runyakore/Rukiga</i>	29 adverts in total ( <i>see section on newspapers for detailed analysis</i> )	Middle class	Not appropriate for rural women, most of them are illiterate and cannot afford the price of a newspaper

#### 4.4.1 The Radio Broadcasts

Irene Blick in an interview observed that the radio broadcasts included 30-second advertisements (spots) that were repeatedly broadcast in approximately 6 regional languages. The adverts were aired on 29 radio stations covering the whole country out of 145 operational stations. A total of 900 nutrition radio spots were aired each phase in addition to talk show radio programs. *The NECDP Communication Strategy Document* showed that the spots were designed to reflect the two aforementioned campaign phases of sensitization and motivation. According to the strategy document, the 2000 radio adverts focused on *sensitization* and were translated into five local languages *Luganda, Luo, Ateso Runyoro/Rutoro, and Runyakore/Rukiga* languages. (*See advert 1 for the English version of the translated messages*). The 2003 radio spots had a *motivational* goal and were translated into six languages *Luganda* covering the central regional,

(Runyakore, Rukiga, Runyoro/Rutoro), all four fall under the Western region, Ateso, Eastern Region, Acholi, northern region and Karamojong, Eastern (see advert 2).

**Advert 1: The 2000 Sensitization Radio Advert focusing on exclusive breastfeeding & complementary feeding practices**

*Intro: Attention grabbing traditional folk jingle...(with farmer-garden setting)*

**Announcer:**

If you want to grow a strong and healthy crop, you have to nourish it properly.

Like wise if you want to raise bright, healthy children, you need to feed them correctly  
(strong authoritative voice)

You should breastfeed your baby exclusively for the first six months,

Then add, nutritious mixed meals at least three times a day

Give a fruit or an egg in between the meals as a snack

Continue to breastfeed until the child is at least 2 years old.

**Voice Over:**

By doing this, you will be helping your children to grow bright, healthy and strong.

**CHILD**, The Uganda Nutrition and Early Childhood Development Project,  
*Helping Children achieve their full potential.*

#### 4.4.1.1 Analysis of Radio Messages (adverts) and Appeals

Advert 1 was simple and precise. The advert was designed in response to the formative research findings, which showed that mothers and caretakers were not aware of the child's feeding sessions and the types of foods to give. Using an attention grabbing jingle and an analogy of a healthy crop and children; the peasants who form over 80% of

Uganda's population living in the villages could easily identify with the message. The analogy was good for message understanding and retention. Backer (1992:32) argues using Bandura's social learning theory that messages should use symbols to increase the acceptability of understanding new ideas by target audiences. The analogy of the crop and child helped in message memory and retention because during the focus group discussion, most of the women of Lwangoli villages could memorize what the advert said, while in Buwangolo a handful did memorise the message, those who hadn't heard it mentioned that they lacked radios, and relied on Child day messages for their nutrition information. Regarding the importance of clarity of the message, one of the candid focus group discussants, Soyiita Stephen Balayo, from Buwangolo village, observed that because radio spots are so fleeting in nature, they should be easy to understand, because they do not provide immediate room for clarification compared with face-face communication that he preferred. In other words, if a health message is not simple and clear enough chances of remembering and practicing it will be limited. Parrot (1995:16) explains that health communicators should avoid ambiguous language in the design of health messages to avoid misunderstanding.

The message in advert 1 was informative and clear in the way it outlined the steps that were needed to raise a healthy child, listing the number of meals the child should have and the type of snacks that they should have. As earlier observed in chapter two, in relation to (Kim Witte, 1995) persuasive message assumption, one may contend that a health communication message doesn't always have to persuade. In the case of advert 1 shown above, the need was information on exclusive breastfeeding and meal times, which was met in a precise advert. However advert 2 reflects a persuasive message design approach because according to the formative research findings described on page 25 of the *NECDP Communication Strategy*, most caregivers and mothers had misconceptions about feeding during illness so the campaign had to persuade them to choose the "desired end", by correcting the misconceptions, and emphasizing that it is proper to breastfeed during illness. That is, "*Breast milk is good. The more I feed him, the better he will get.*" (See advert 2).

**Advert 2: The 2003 *Motivational* Radio Advert correcting formative research misconceptions of breastfeeding during illness**

**INTRO:** *Jingle/ signal of terribly crying baby*

**WIFE:**

Daudi drink this, Bende my husband, we have to follow the health workers advice. This sickness has made our baby loose a lot of water, so he needs the fluid to keep him strong. They said at least 2 to 3 tumpecos a day as much as he can drink.

**HUSBAND:** Yes, Yes

**WIFE:**

They also told me to give Daudi some solid foods like beans mashed with *posho* (a meal prepare out of maize flour) or any other food that he likes. I am encouraging him to eat, because the food will give him the energy to be strong and fight the illness.

**HUSBAND:** But I have seen you breastfeeding him, is that okay when he is sick?

**MOTHER:**

Yes! Because the breast milk is good for him and the more I breastfeed him the better he will get. He needs the breast milk even more now that he is sick.

**HUSBAND:**

So on top of treating him we have to give him a lot of fluids, solid food and breastfeed him? Ok! I want my child to recover quickly; I will provide whatever it takes.

**VOICE OVER:**

This message is brought to you by **CHILD**, The Uganda Nutrition and Early Childhood Development Project, *Helping Children achieve their full potential.*

Advert 3 shown below was used to encourage use of growth promotion cards by weighing of children to determine their growth rate. (See advert 3 below) The Growth Promotion and Monitoring<sup>44</sup> spot encouraged good behaviour by showing an early adopter Joseline, whose baby is now growing well after adoption of the health workers messages. In this advert, there's a hybrid between mass and interpersonal

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<sup>44</sup> GMP is defined as "the process of weighing a child, graphing the weight, assessing the growth, and providing counselling and motivation for other actions to improve growth" (Griffiths M., Dickin K., & Favin M., 1996)



communication, particularly when Joseline the mother mentions that, “I have been following the advice that you gave me.” This is in line with Coleman’s (1992:61) assertion that mass media and interpersonal communication are inseparable in a communication campaign because “the mass media are required to provide information, while interpersonal communication methods are needed to promote actual change.”

Although Coleman’s ideas are not universal, advert 3 showed that much as the message was running on the radio spots, it suggested that Joseline had first heard about the use of GPM cards from the health worker, and she’s was now back to the health worker for a follow-up. This relates to Windhal’s (1993:56) multi-step flow theory that affirms that there’s a more complex reality of information flow, which shifts from the simplistic two-step flow perception of mass media to opinion leader, to embrace the opinion leader to opinion leader approach. In essence, the multi-step flow theory suggests two sources of information, the mass media being one and the opinion leaders. Basing on personal observation, the NECDP campaign tried to model the multi-step flow theory; in that, opinion leaders from national, district, sub county and village all participated in message transfer from one opinion leader to another, to another and then to the community in addition to mass media messages coordinated through the Project Coordinating Office in Kampala.

**Advert 3: The 2003 Motivational Radio Advert promotion the use of Growth Promotion and Monitoring (GPM) cards**

**Health worker**

Joseline, your child is now 9.2 kilograms, let us sit down and look at her growth card

**Mother**

Ok, I am eager to know if my baby is now is growing well

**Health worker**

Congratulations see here on her child health card how weight has increased from 8.7kilos last month to 9.2kilograms this month

For a child of one and a half years, she has now started to grow well, and is now on the right track of a healthy child.

**Health worker**

What have you been doing?

**Mother**

I have been following the advice you've been giving me during the monthly weighing sessions

**Health worker:**

That is very good, continue bringing her every month for these weighing sessions, depending on the conditions we will decide what to do.

**Wife & husband**

Together we will make her a healthy and strong baby.

**Husband**

Thank you so much madam, our baby is now healthy and does not cry a lot at night and my wife has more time for me...(laughs suggestively)

**Voice over**

Babies are so small and difficult to know if they are growing well as they should be. By the time child is visibly stunted, it will be too late, but by following advice given by health workers after monthly weighing, you can be able to prevent stunting early and help your child to grow up healthy and strong.

This message is brought to you by **CHILD**, The Uganda Nutrition and Early Childhood Development Project, *Helping Children achieve their full potential.*

The other aspect of message design explicated in advert 3, is the issue of appeals and their relevance to target audiences.

Advert 3 took on a sex appeal innuendo in the closing lines of the spot. "Thank you so much, madam, our baby is now healthy and does not cry a lot at night and my wife has

more time for me...” According to the focus group interview respondents from Buwangolo village, the campaigns’ sex appeal model didn’t touch the real challenges that they face. Most of the focus group discussants from both villages argued that the plausible attraction would be a more logical appeal, say, saving on medical bills, government purchase of their agricultural products, etc, but not a sex appeal, because that was not a major challenge to them. In Lwangoli village also, the focus group participants preferred appeals that would enhance the sale of their agricultural products. Kim Witte (1995:148) quoting (McGuire, 1984) argues that, “health communication planners *should be careful in deciding the type of cues (message, source)* that prompt the target audience to accept or reject a message. Witte argues that,

The manner in which the message is organized, **the type of appeal given** (i.e.; emotional or logical), **the number of repetitions in a message, the vividness of language use**, and more, can **all influence the persuasive process**. (Kim Witte 1995:148)

He argues similarly, that **the source of the message should be credible** and attractive because that has subtle and significant impacts on whether the audience takes the message seriously and is motivated to act. Windhal (1993:10) observes that,

Too often communication is rejected because of an unclear perception of who is sending it; this can cause the audience to question the authenticity and legitimacy of the message. (Windhal 1993:10)

The NECDP campaign fared well on identifying the source of the messages because it clearly identified (CHILD/NECDP) as the source of the messages in all the three adverts (See bottom of adverts 1, 2&3). In addition, the goal (slogan) of the project is clearly identified, “*helping children achieve their full potential.*”

Kim Witte and Windhal’s observations are pertinent to this research because they help evaluate the impact the NECDP messages had in persuading the audiences to change, considering the credibility of the source, the suitability of the appeals, the language used and the number of repetitions of the message. My assertion is that since some of the message traits were lacking, (the appeals and repetitions) chances are that the radio spots registered minimal effects than they could have attained. For instance, according to the

NECDP *Communication Strategy Document*, the campaign had only 900 radio spots running for a whole year. This means that an average of three radio spots was run each day. Considering the fleeting (30 seconds) nature of spots, 900 spots were quite few repetitions to create a “magical” behavioural change in less than two and a half years of project implementation. In a follow up online interview held on May 23<sup>rd</sup>, 2006, Ms. Anne Gamurora, the Communication Officer during the first two years of the project implementation, disputes the 900 spots stated in the communication strategy. She argues that,

I know the radio spots were much more than 900. By the 5<sup>th</sup> year, we were working with 45 radio stations country wide. I know for sure that *Radio Lira*, *Radio One*, and *Radio Simba* gave us many bonus spots. Once one radio station – which I forget gave us 300 spots. Also because NECDP was under the Ministry of Health, it enjoyed a 50% discount so we could get double the spots for the budget it had. (Anne Gamurora in an online interview, May 2006)

In short Gamurora argues that the project had more spots than the planned 900 spots recorded in the Communication strategy document.

#### **4.4.1.2 Assessing the Radio Broadcast Environment**

Radio is a relatively cheaper and more accessible channel of communication for rural people. In Uganda radio receiver ownership is estimated at (127-507) per 1000 people compared to television set ownership estimated at (16-27) per 1000 persons.<sup>45</sup> Since the introduction of a liberalized broadcasting policy in 1994, radio especially private FM radio is the most popular source of information in Uganda. It reaches over 90 percent of Ugandans while 34 percent read newspapers and only 17 percent watch television.

The station with the widest geographical reach is government owned *Radio Uganda*, (Verzosa 2005:8). Juuko (2002), argues that as a result of the liberalization and commercialization of the airwaves, government public service broadcasting such as

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<sup>45</sup> <http://www.library.uu.nl/wesp/populstat/Africa/ugandag.htm> Uganda General Data, accessed 26/02/06

Radio Uganda and Uganda television face challenges in maintaining their public service principles and media values due to competition of audiences and advertisers.

As of September 2005 statistics from the Uganda Communication Commission<sup>46</sup> showed that Uganda had 145 licensed and operational private FM stations. Critics of the private radios in Uganda observe that they mainly aim at satisfying commercial needs - money and advertisers. There are less current affairs, less discussion of social issues, fewer programmes aimed at or reflecting poor and rural people, and less chance for poor communities being heard on air. *Panos London Online*<sup>47</sup>.

Chibita (1999) contends that the “liberalization of the airwaves has not meant diversity of representation because most of the private stations feature music and do not provide any news or commentaries on development issues.” This kind of station format presents a challenge in reaching the rural based mother with development-oriented messages. Projects like NECDP therefore have to use appropriate and effective strategies to reach these audiences. However, findings from the projects’ *Communication Strategy Document* revealed that the project aired 28 radio talk shows on *Radio Ones*, “Health Net” programme. It is interesting to note that of the selected 29 stations, the project communication planners decided to concentrate all the 28 radio talk shows on a single Kampala based English speaking radio station (*Radio One*) whose target audience comprises of the urban and wealthy; who are less prone to malnutrition caused by under nourishment. One may argue that the operational budget costs limited the project from using many radio stations, but the question is why concentrate all the 28 on one Kampala based station out of 29 selected radio stations? Ann Gamurora, in an online interview defended the project’s choice of using *Radio One*. She argues that,

The project decided to use *Radio One’s, Health Net*, a talk show that was (and still is) very listened to for health related issues. The talk show mainly reached leaders within the reach of *Radio One*. At the time, it already had a very large audience with knowledgeable resource persons. It had different topics for each program, covering the range of issues for the project. When

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<sup>46</sup> <http://www.ucc.co.ug/marketInfo/about.html> The Uganda Communication Commission website, accessed 15/03/06

<sup>47</sup> <http://www.panos.org.uk/global/projectdetails.asp?ProjectID=1026&ID=1002>. Panos London accessed 06/03/06

you have many different radio stations, it means you may not be able to control the messages especially if the hosts/presenters are not up to speed with such a new idea like integrated Early Childhood Development. Besides, at the same time as this was running, many other radio stations were carrying radio spots which are of course pre-recorded and not liable to misinterpretation by presenters.

*Online Interview with Ann Gamurora,*

*Communication Officer NECDP, May 24, 2006.*

The rationale of programme presenters not being able to articulate Early Childhood Development (ECD) issues is not adequate enough because the project had as one of its plans training of journalists in ECD reporting.

Most journalists in Uganda do not have extensive education and have limited knowledge of childhood development and nutrition issues. As such, their exposure to the NECD project may be the first opportunity for them to learn about problems related to stunting, poor school performance inadequate early childhood development. It may be necessary to invest some time in educating journalists on these issues.

*The NECDP Communication Plan 1997*

Additionally talk shows are different from radio spots in terms of detailed explanation of the subject matter, because talk shows often invite experts on the subject as panel discussants and the journalist acts as the moderator of the programme.

Notwithstanding Ms. Gamurora's observation, the project should have at least used a radio station that is accessed by the primary target audience (the rural women) and not invest 28 talk shows addressing leaders who are not faced with the challenges of malnutrition.<sup>48</sup> Every region has its own local radio; Mbale district where this research was carried out has approximately ten local radio stations that could have been used to

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<sup>48</sup> Malnutrition literally means "bad nutrition" and technically includes both over and under nutrition. However in the context of developing countries, under-nutrition is generally the central issue of concern facing mainly poor communities. Source: Ministry Of Health, *National Guidelines on the Management of Moderate Malnutrition and Supplementary Feeding Centres*, August 2005.

reach the target population. In both focus group interviews the participants said that they had heard about the NECDP messages through radio spots run by *Open Gate* radio and *Top Radio* stations but not *Radio One*. Had the project planners intended for their messages to reach their rural primary audience, they should have considered holding talk shows on popular local stations such as *Open Gate Radio* and *Top Radio*. The project should have run at least one talk show programme in the most popular radio stations in each region.

Kunikiina in an interview explained that, people identify more with information run on local stations due to proximity of the messages disseminated and the use of local languages like *Lugisu* and *Luganda* compared with English since most of the rural people are illiterate and cannot comprehend English. Therefore for a project to reach the grassroots with radio messages whether in spot or talk show format, popular local stations should be the preferred channel for both talk shows and radio spots.

It is important to note that the talk shows through their “phone in, question-time” format provide for immediate feedback and clarifications by listeners. The shows usually comprise of credible “behind the scenes” technical personnel like doctors and nutritionists involved in the project, who explain the scientific issues addressed by campaign messages, making them simpler to understand. For mothers like Namuwenge Harriet from Buwangolo village who preferred getting their information from health workers compared to radio because of its fleeting nature; talk shows then presented an enhanced alternative because they had a feedback provision; although this too may have been limited by the timing of the shows and ability to phone in.

## **4.5 Other Media Channels Discussed**

### **4.5.1 Television**

According to an interview with Anne Gamurora, the NECDP campaign used television as a medium for reaching mainly the decision makers and opinion leaders. The television adverts aimed at introducing the project and raising public awareness among community leaders. The channels mainly came from Uganda Television (UTV) that covers most of the country. The adverts run once or twice a day with repetitions for a period of three months. It's important to note that given the limited reach and affordability of television, 16-27 per 1000 people owns a television in Uganda. Therefore television was not an

appropriate medium for reaching the rural women who were the primary target audiences of the campaign.

In fact in both Lwangoli and Buwangoli villages, none of the focus group participants owned a television. In this scenario, television was not an effective media of communicating to the grassroots audience because it covered only one group of the target audience that is the tertiary audiences that included political leaders and policy makers, parliamentarians, ministers, government and non government agencies, district level officials and community leaders who can afford TV sets. The primary target audiences (who are the chief beneficiaries of the project) that comprised of mothers, childcare givers and fathers and the secondary target (influencers) that included, village health workers, the teachers and grandparents couldn't be reached by television due to access and affordability. The NECDP project planners should have saved on their limited resources and spent them on channels like radio and posters that were reaching their primary target audiences. Even though the project used the TV ads to reach the community leaders, most of them are too busy with their work to watch television ads run once or twice a day in a 3 months time frame. The NECDP choice of using the television channel reflects a lack of consultations with the target audiences on the most appropriate media to use.

#### **4.5.2 Newspapers**

The NECDP project also used newspapers to reach its target audiences. Irene Blick mentions in an interview carried out on January 3, 2006, that the project drafted a 4 paged supplementary advertisement entitled **CHILD Matters**,<sup>49</sup> which was run in the following papers as listed in Table 2.

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<sup>49</sup> A sample of the Child Matters advert is shown on appendix 3 of 4



**Table 2: Showing Distributions of Advertisements among the 5 Newspapers Houses.**

NEWSPAPER	LANGUAGE	No. of Adverts
The New Vision	English	10
The Monitor	English	4
Bukedde	Luganda	6
Orumuri	Runyankole	2
Etop	Ateso	2
Rupiny	Luo	2
		<b>26</b>

Source: *NECDP Communication Strategy Document*.

**Table 3: Showing Estimated Newspaper Circulation Figures.**

Newspaper	Language	No. of Copies
The New Vision	English	35,000
The Daily Monitor	English	32,000*
Bukedde	Luganda	15,000
Orumuri	Runyankole	15,000
Etop	Ateso	15,000
Rupiny	Luo	15,000

Source: *NECDP Communication Strategy Document*.

\* Source *Daily Monitor* Circulation Manager.

The two leading English papers in Uganda include the state owned *New Vision*<sup>50</sup> and privately owned *The Monitor*<sup>51</sup>. Other privately owned newspapers include *The Weekly Observer*, *The Red Pepper*, *Sunrise* and *The East African Procurement News*. The New

<sup>50</sup> <http://www.newvision.co.ug/V/> *The New Vision* Accessed 15/03/06

<sup>51</sup> *The Monitor* was in June 2005 re-launched as *Daily Monitor* <http://www.monitor.co.ug/others/aboutus.php> Accessed 15/03/06

*Vision* also publishes *Bukedde*, a *Luganda* daily, and three other weekly vernacular papers, *Orumuri*, *Rupiny* and *Etop* that have specific audiences as reflected above. As shown in fig 4:2, *The New Vision* English newspaper received over half of the NECDP campaign messages as compared to *The Daily Monitor*, partly because the government owns 80% of the papers' shares. Government affiliated projects like the NECDP usually consider advertising with the government paper as opposed to independent papers despite their circulation figures.

This becomes a disservice to Ugandan citizens who read the private paper. For example *The Daily Monitor* has higher circulation figures than *Bukedde*, but *Bukedde* a government sister paper, took precedence over *Daily Monitor* despite its circulation figures. Thus, challenging the objective of reaching the largest number of people with the malnutrition message. Mody (1991:91) argues that when selecting the appropriate and most effective media channel, designers should consider the utilitarian principle of the choosing the channel which engenders "the greatest good for the greatest number of people" Ms. Ann Gamurora in an online interview argues that, "The project chose to have more adverts in *Bukedde* instead of *Monitor* because the circulation at the time was much less considering findings by Steadman and Associates yearly media survey. Ms. Gamurora contends that to reach the *Luganda* reading audience - which is very large, the project had to use *Bukedde*. If the *New Vision* and *Monitor* are used at the same time, one is likely to reach only a certain socio-economic group."

Nonetheless, Verzosa (2005) earlier noted that the print adverts were used to support the project among decision makers and opinion leaders. However, most decision makers are educated and are therefore able to read English, hence defeating the criterion used in offering *Bukedde* a *Luganda*, Central region based newspaper 6 advertising inserts. Besides according to the *Project Implementation Manual*, the decision makers were categorized as the tertiary target audiences and not the primary audiences.

Pertaining to content, the newspapers try to balance information, education and entertainment. However the Uganda print media has been criticized for being elitist, urban centred and vertical in nature focusing on politics, entertainment and advertising while reducing rural communities to recipients rather than participants in sharing of

ideas, processing and disseminating information for development (1998 UNDP/UNESCO report). Uganda Program for Human and Holistic Development (UPHOLD) argues that although the leading dailies, *New Vision* and *Monitor* have health columns, such as *Health and Beauty*, *Better Living* respectively. These columns are mainly read by the elites who can afford to buy a newspaper daily and rarely focus on health issues affecting the grassroots. A newspaper in Uganda costs between (800 –1000) Uganda shillings, which is approximately, less than 1 dollar (Poverty Eradication Action Plan 2001:3). During the focus group discussion in both Lwangoli and Buwangolo villages, almost all the participants mentioned that they couldn't afford a newspaper, let alone read it due to illiteracy. Kunikiina Joseph mentioned in an interview that even the newspaper ads run in the local languages are not fully comprehended by the majority of local people because many of them can only speak but not read their local languages. Thus newspaper adverts were not appropriate for the primary target audiences.

#### **4.5.3 Posters and Billboards**

Adding to the mass media channels like radio, television and newspapers the campaign used Information, Education and Communication materials, such as posters and billboards. Joseph Kunikiina in an interview mentioned that posters and billboards were an important resource for grassroots in awareness creation, which have often been overlooked. In Lwangoli and Buwangolo villages, posters were the preferred channels besides radio, childcare workers and opinion leaders. During the focus group discussion in both villages, almost all the focus group participants acknowledged that they had seen the nutrition billboard which was located at the sub county offices. They even wished they had one in every village.

Posters too played a critical role in awareness and message retention. According to an interview with Mr. Kunikiina, the NGO/CBO overall facilitator, “The use of posters and billboards was a more effective media compared to newspapers or radios because posters were free and well illustrated, unlike the newspapers and most of the village people kept the posters as decorations for their living rooms.” Kunikiina's observation is in line with Hornick (1988:134) earlier research which observed that, “In rural homes where little other printed matter is to be found, distributed materials may be treated with special

care.” It is then easier to retain the messages for a longer time compared with the short-lived radio spots. Even when the project ended, Kunikina explains, that the campaign messages would still be found hanging in people’s living rooms. Posters therefore presented an indirect continuation of the diffusion process. Kunikina explained that posters of crusades of the 1980s and 1990s were still found in people homes because they considered them as special. However he noted that, the problem of illiteracy is a challenge to the use of explained IEC materials, because most people can only speak the local language but cannot read it. The solution he proposed would be the use of well illustrated and easy to read posters that can help grassroots people to understand the health message, while acting as a remedy to the illiteracy problem.

Hornick (1988:134) observes that for those uneducated women with greater visual skills, the posters or flyers would act independent of the training they received. Hornick nonetheless, argues that posters cannot stand-alone; they must be preceded by some direct instruction. Owing to the special care given to the glossy posters, the NECDP campaign should have invested more in the use of posters and billboards instead of splitting their limited resources on channels like television, which were not very effective in reaching the primary target audience.

#### **4.6 Strategies for Enhancing the NECDP Campaign**

The NECDP campaign used several strategies in addition to the mass media to reach their target audiences. The strategies included among others, radio listening clubs, Child days and exchange visits, nutrition trainings conducted by CCWs, and opinion leader - interpersonal communication approaches.

##### **4.6.1 Radio Listening Groups**

In an effort to reach the rural people who lacked access to radio due to affordability, the project used the *radio listening group* approach. The concept of radio listening groups started in 1948 in Bolivia and Colombia (Latin America) as a form of non-formal distance education for rural development. The "radio phonic school" strategy of group listening and discussion of special programs assisted by a local trainer and print materials--was soon adopted by equivalent organizations in most countries of the region. (Beltran 2004)

In Lwangoli and Buwangoli communities, the radio listening groups operated in such a way that the Community Childcare Workers (CCW`s) who had accessed a project radio, would call on village members both male and female, to form small listening and discussion groups. Using information audiotapes designed in a documentary style, the CCW would moderate the group. Mr. Kuniikina, a key informant to this research and NGO/CBO overseer in the two villages of Lwangoli and Buwangolo argued that, the listening groups were not effective because of poor group development. For instance, the men preferred to listen from a fellow male, and didn't heed to the call of the female CCWs.

Similarly females preferred a female CCW. The *NECDP Community Participatory Evaluation Document* also observed that the listening groups (meetings) were often dominated by women and a handful of men. Secondly the listening groups faced a challenge of timing. Most of the mothers in both Lwangoli and Buwangolo villages mentioned during the focus group discussion that they were unable to attend the meetings because they were either tending a sick child, fixing meals, out in their gardens or tending their small businesses at the timing of the group meetings. Rural women in Uganda are unable to take part in participatory development projects because they are preoccupied with multiple roles of mother, cook, ayah, farmer, builder, storekeeper and the like. Cate Lane (1995) explains that “women in Africa are not only responsible for ensuring the food supply (production, processing, conservation), but also for providing and dispensing everything concerning people's health (childbirth, educating children, domestic hygiene, the supply of water and firewood, improving living facilities, feeding the family properly, etc.) All these activities have an impact on women's own health and on that of their progeny”. Sanyu Mpagi, (1998:15) argues that because of these multiple roles, a rural woman works for 15-18 hours a day, making it a challenge to involve herself in participatory development activities. Azungi (2002) illustrates this fact with a quote from a rural woman in Buwama village in Uganda.

I wake up at 4:30 am; prepare breakfast for my husband and four little children. At about 6 am when my husband wakes up, the children are ready for school. My husband baths and takes breakfast and leaves for work (carpentry). Then I'm off to the garden until 10am. Then I have to go to the

market to buy the fresh food (e.g. the meat has to be bought just then and not before because, they do not have refrigerators to keep it fresh) for the restaurant. The food has to be ready between 12-1pm. By 3pm, when there are no more customers, I have to work at least four more hours on the farm, because I am alone and there is a lot to do. After that, I return home to prepare dinner, then, the children are back home. My children are so destructive; they give me a headache just staying by them. It is always better when they are at school. At home, there is always something to do...when my husband returns from drinking (after work, he and his friends sit out for a drink and he returns about 10-12 pm), I make him warm water to bathe and serve him dinner. Then he goes to sleep. I go to bed last, about midnight everyday! *Buwama rural woman quoted in (Azungi 2002:87)*

The mother in question is a typical scenario of the gender division of labour<sup>52</sup> in Uganda that inhibits female participation in development strategies like radio listening clubs.

Kunikiina recommended in an interview that radio listening groups could be more effective if they exploited existing social networks such as the drinking places to seek out the male audience; church/mosque gatherings, weddings and burial functions<sup>53</sup> to reach all other audiences. The *NECDP Community Participatory Evaluation Document* concurs with Kunikiina when it notes that, “Focus group participants attributed encouragement for group formation to sources other than CCWs/CBOs. Most of the reported groups were burial groups or groups formed by NGOs. Some of the groups had no linkages with NECDP at community level.” This group formation arrangement exhibited in these villages shows the need for project cooperation with existing government or non-

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<sup>52</sup> Theoretical writings on the sexual inequalities of gender and power imbalance are well documented by Wingood and DiClemente (2002:313) in their book *Emerging Theories in Health Promotion Practice and Research*. The theory of gender and power whose facets are beyond the scope of this study lists three major structures that characterize the gender relationships between men and women, that is, (1) The sexual division of labour, (2) The sexual division of power and (3) Cathexis, which examines social norms and affective attachments.

<sup>53</sup> Social gatherings such as church meetings, weddings and burial functions are usually well attended by many community members in Uganda and therefore such gatherings are good opportunities to inform people on ongoing community activities in the villages.

governmental community organizations to accelerate the adoption rate of an innovation. Kreps et al (1992:16) observe that the different ways group dynamics are developed within a group can have a strong impact on the output of the group. Rogers (1995) affirms that health communicators should take into consideration principles of homophily and heterophily. “Homophily suggests that individuals are more prone to be influenced by people who are more similar to them than those who are different; while heterophily is the degree to which pairs of interacting individuals are different in certain attributes such as beliefs, education, social status and the like.” (Rogers 1995:18)

Despite their limitations, the radio listening clubs on the whole were good for mobilizing rural women into groups thus facilitating easy reach and communication, since they were conducted in their own villages. They were good at enhancing participatory communication since women (those who were able to attend) could be consulted as a group. They were also good for generating debate and discussions through interpersonal communication which according to McQuail (2000) is a very good strategy for message effectiveness.

#### **4.6.2 Child Days and Exchange Visits.**

As a way of increasing awareness among the communities, the project came up with Child Days and Exchange visits. The Child Days were designed to be held twice a year after 6 months and communities were required to come together at one meeting point in the parish. According to an interview with Jackson Musani, Chairman Lwangoli village, some mothers did not attend due to the long walking distances to the Child Day meeting place. Other times the children were sick so the mothers could not participate in the Child Days.

Child Days are an adaptation of the Ministry of Health existing innovation done in districts of Rukingiri and Iganga. The Child days were organized in the various project parishes to increase the access of health care services to the communities. Child Days comprise of the following activities, i.e. Growth Promotion and Monitoring (GPM) and nutrition counselling, food demonstrations, immunization, health care and education for children and women, environmental sanitation and hygiene, de-worming, training for food security and kitchen gardening. Most of the mothers in the focus group discussions

said that they learnt more from the child days and got more value for their time because of the variety of information materials that were given. For Beatrice Sakwa one of the focus group participants from Lwangoli village, participation in the Child Days enabled her learn a new and better recipe of how to prepare nutritious porridge, locally called (*ekitobero*), for her weaned child.<sup>54</sup> “The child days helped me learn how to prepare healthy porridge, I also got my child immunized and I walked home with a beautiful nutrition poster”. Interestingly, the so-called “child days” mentioned among the NECDP strategies seemed to be the most popular part of the project as observed from the mothers’ affirmation of participation during the focus group discussions. Nonetheless, it’s worth noting that these child days are essentially run by the District Health Services, an existing government structure that was not directly involved in the project implementation, as the project created an independent office at the district, ignoring the existing systems.

The exchange visits too were held within the parish (from community to community). The sub county chief and Lead NGOs guided the exchange visits. The exchange visits relate to the diffusion of innovation theory in the way ideas flowed from one community to another and from one *innovator* (risk taker) who sets the pace for the *early adopter*, *early majority*, *late majority* and finally the *laggards* who are suspicious of new things. The *NECDP Community Participatory Evaluation Document* for example noted that “the bulk of the listening groups were self-initiatives by individuals within the communities who adopted what they saw happening in their neighbourhood or from afar.” Using Rogers’s categorization of adopters the individuals who adopted what they saw happening in other communities could be described as the early adopters, early majority, or late majority depending on the time they joined the adoption curve. Exchange visits were therefore good for inspiring communities that were lagging behind to adopt the “new” practices that were promoted by the project.

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<sup>54</sup> See appendix (1 of 4) for a poster on *How To Make Good Porridge*, and other a sample of other posters that were distributed during the Child Days celebrations. The same information in the posters was shown on the billboards.



### 4.6.3 Training Manuals for health workers and CCWs

The project's technical message designers such as the Child Health Division of the Ministry of Health developed a training curriculum (manual) that was used in the training of health workers on the preventive measures of malnutrition resulting from poor breastfeeding and complementary feeding habits. The training was done at two different levels. The Community Based Organization (CBO) facilitators were trained first and they were expected to train the Community Childcare Workers (CCWs). The CCWs would in turn share the information with Child Care Givers (CCGs), mothers and other members during home visits. According to the interview with Mulyanyuma Aaron Ayeta, the Busoba Sub County chief;<sup>55</sup> the effectiveness of the CCWs was impeded by short training time. Ayeta noted that "CBOs who had received six months training were expected to transfer that knowledge and skills to the CCWs in a matter of three days, each day handling a specific thematic area, i.e., complementary feeding and food security, deworming and sanitation, positive parental interaction. The three day learning period was not realistic to the CCWs." Ayeta also noted that some of the CCWs selected by the communities were illiterate or semi-illiterate and could not ably grasp the concepts let alone correctly relay them to the community beneficiaries.

George Walwayi one of the Lwangoli focus group participants said that he preferred to get training directly from the subject matter specialists because they could ably explain the nutrition technical questions that he heard unlike his fellow village mates the CCWs. Wonyaye Akisoferi from Buwangolo village said in a focus group discussion that he preferred the use of CCWs because they were taken from within his community and they used his local language. Wonyaye noted that he could easily reach the CCWs unlike the subject matter specialists (CBOs and health workers) because "some times the health workers can promise to come and they don't turn up, so it's better to use our own people." Using the technical subject matter specialists to influence adoption of practices at rural peasantry level is one aspect of the diffusion theory that has been criticized for fostering the "top-down" one-way flow of influence.

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<sup>55</sup> Sub county chiefs are currently known as Assistant Secretaries.

However, as argued by Rogers and Kincaid (1981:48) in chapter two, “Information is a difference in matter-energy which affects uncertainty...” There exists a power variation between the sender and the receiver that creates the one-way flow of information. My opinion is that the *teacher* in this case the (CBO or health worker) is more informed than the *students* (CCWs and other community members), and so the students should be willing to learn from the “expert”, although, the teacher if flexible enough, can also learn from the student, despite their asymmetrical relationship. Critics of the participatory model of communication argue that there can never be a truly balanced participation, because health workers come to impart what they have learnt for years and the grassroots communities and are often ignorant of this information. Mody (1991) observes that “this top down structure of development initiatives and parallel centralised media system reflect the national power structure. The source of development initiatives is at the top, the receivers wait at the bottom.” Nonetheless that doesn’t suggest that the receivers be taught this nutrition information in such a short time (3 days) as was done in the NECDP project. The NECDP 3-day training approach only blurred the line between teacher and student because the teacher was not as informed as expected and so had limited impact. The World Bank states that the minimum training under even the best circumstances should be 10 days to cover basic training objectives (Griffith, M., et al 1996). For effective results, the project should have taken more time in training the CCWs considering that most of the nutrition concepts were new to them. The project should have additionally taken into consideration the literacy levels of nominees during selection of CCWs, for better delivery of some technical terms to the community. This therefore calls for informed (guided) participation of the local communities.

#### **4.6.4 Interpersonal Communication and the Role of Opinion Leaders**

Opinion leaders were an instrumental element in the message dissemination (awareness) and behavioural change process. As discussed in the multi-step flow theory in chapter two, information flow didn’t only arise from the mass media; other channels such as opinion leaders played an instrumental role in the sensitization, mobilization and adoption process. Without the role of opinion leaders the projects impact almost failed in both Lwangoli and Buwangolo villages. According to the interview with both LC1

chairmen, and the focus group discussion participants, during the first phase of the project, in 2001 the project did not involve the village LC 1 chairmen. It selected ordinary individuals to talk to the community about nutrition. When the villagers started asking where they got the authority to speak on nutrition, they run to the chairmen who were not informed. It was not until the project corrected the blunder that the members responded to what they had to say. Moyo (1998:93) quoting Tinarwo, states that,

If you go to a certain area and you do not talk to the local chief or the local councillor, you will find that you are wasting time, because you will be using the wrong channels...they will ask, “Who is this person?” Who brought him in to talk to our people...? But once that structure has been convinced, they actually provide you with a lot of support and they become facilitating machinery (*...as was the case in Lwangoli and Buwangoli, my emphasis*).  
(Tinarwo, in an interview)

Witte argues that for adoption to occur there's a need to determine and influence what the salient referents, (*individuals who influence the thinking of the target audience*) think about the advocated behaviour change, because these are the individuals who influence the others. In the case of Lwangoli and Buwangolo villages, the NECDP campaign was not welcomed in their community until members saw their chairmen (salient referent) involved. This reflects the multi-step flow theory argument that messages do not necessarily have to arise directly from the mass media, to opinion leaders; they can originate from one opinion leader to another and then to the community.

In the diffusion of innovation theory discussed in chapter two, the mass media are said to be instrumental in the health promotion process mainly at the awareness and knowledge levels through their ability to repetitively send a health message to large heterogeneous audiences. Mody (1991:23) argues that despite their limitations in reaching a large audience, “interpersonal communication is much more instrumental at the decision making level of a new idea in a society”, as was the case for Lwangoli and Buwangolo villages.

In a similar argument, FAO Document Repository<sup>56</sup> observes that, Communication is not simply a question of using the organized (mass-) media, however powerful they may be. Communication makes use of other formal and informal channels of communication including interpersonal channels. Backer (1992) contends that the mass media can provide all the public service announcements, but behavioural change is mainly achieved through interpersonal intervention. Soyiita Stephen Balayo one the focus group participants in Buwangolo village argued that, “the Community Health workers were more effective than the radio because they gave him an in-depth explanation (education) of the health message which a 30 second brief radio spot could not achieve.” He added that “the opinion leaders offered an advantage of immediate feedback and clarification of issues that confirmed his doubts and compelled him to adopt the campaign message.” The use of opinion leaders such as village chiefs and chairmen is instrumental in message adoption and mobilisation of the community into participating in the NECDP project. In order to gain acceptance in the community, the project should have thought of involving the authority of the village chiefs and Local chairmen right from the start instead of waiting to act after disapprovals from the community of the projects` choice of opinion leaders. This demonstrates that the participatory contribution of the local people`s interests is crucial in project success.

## **4.7 Limitations to Adoption of NECDP Campaign Message**

### **4.7.1 Culture and Beliefs**

Although culture is not the subject of this study, in the case of Lwangoli and Buwangolo villages, one of the hindrances to adoption of the campaign was the inherent traditional food cultures or practices that considered feeding fathers the most valued portions of the meal before the children. In both the villages, most of the mothers reported giving first preference to their husbands because they buy the food. None of the mothers reported giving the most valued portion of the meal to the weaning child. The men however argued that they assumed that food was enough and besides the traditional Bugisu culture forbids them from involving themselves in kitchen matters. Sarah Welihe from Lwangoli

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<sup>56</sup> FAO documents: Accessed March 03, 2006  
[http://www.fao.org/documents/show\\_cdr.asp?url\\_file=/DOCREP/005/Y4334E/y4334e05.htm](http://www.fao.org/documents/show_cdr.asp?url_file=/DOCREP/005/Y4334E/y4334e05.htm)

village said that her husband needed to have enough food so that he can get the energy he needs to work and put more food on the table.

Earlier research done by Hornick (1988:108) concurs with the above mentioned food practice in both Lwangoli and Buwangolo villages. Hornick observes that, “often it is suggested that the income-earning household members are given first preference at eating time. If there’s meat or high energy food, the income earners are said to eat their fill, leaving only residual portions for others.” Hornick (1988) argues that “the short term consequences of depriving the income-earner of the energy required to earn that income are not consistent with the long term consequences of the health and productivity of the weaning child.” Closely relating to Hornick’s observations, my contention is that because of nature of their growing bodies, children require more body building foods (proteins) than adults, and mothers should have this knowledge at the back of their minds when serving meals. But the problem is that many of the mothers are ignorant of this fact, and the practice has become the norm.

Nonetheless, the practice of serving fathers before the children is an erroneous practice that needs modification. Given the consequences, the NECDP campaign should have captured the cultural perceptions and practices in its message spots, especially in relation to the different regional campaigns. Since different regions in Uganda have different cultures, and one universal message cannot work for all, each message has to be fashioned according to specific audience needs. Charles Atkin (1992:48) argues that “changing cultural values is very difficult. We must try to change beliefs first and then relate to values.” This can be done through adapting a message that addresses the audiences’ knowledge levels and pre-existing values. This gives relevance to Kim Witte’s persuasive health framework that argues that a health message should be persuasive, but before attaining persuasion, communication planners and designers are required to investigate and consider target audience’s culture as a precondition for designing a persuasive health message.

The diffusion of innovation theory contends that there’s always a new innovation coming from afar, usually from a developed to a less developed community. However (Linton 1936) quoted in Melkote (1991) argues that “Through out the long history of

human kind, no nation or people have been the sole repository of knowledge; instead different cultures have generated new ideas, beliefs and knowledge, which have diffused from area to area.” In other words before “new” ideas or beliefs are diffused from one area to another, they are first generated from within a community. They do not always have to diffuse from one advanced community to less advanced one. Therefore it’s imperative that communication planners take into consideration the existing ideas, beliefs or culture before diffusing the “new” ones.

#### **4.7.2 Mothers’ “Insufficient milk” Mentality**

In the focus group discussion with mothers from both Lwangoli and Buwangolo villages, despite the campaign messages on exclusive breastfeeding for six months, a good number of mothers said that they had started introducing complementary foods to their babies as early as two months, giving reasons of “insufficient” breast milk. According to the in-depth interview with Ministry of Health, Barbara Tembo who is also a breastfeeding specialist, “all mothers are capable of producing sufficient breast milk for their children for the first six months, whether the baby is small or big. But mothers have a perception that when the baby cries so much then the baby doesn’t have enough milk yet crying is a way of communication and not an indication of insufficient milk. For the mother to know that the baby is getting adequate milk, the baby has to urinate for at least 6 times a day, this is the information we have to pass on to the rural mother.” “The mentality of having “insufficient milk” is an imaginary perception that is not true scientifically because the more your baby suckles the more breast milk is produced as a result of the prolactin reflex,” argues Tembo

Arun Gupta (2002:12) makes the point that “it may seem the breast is not producing milk, but the fact is the milk is there but not flowing because of the mental state of the mother.” “Negative feelings like pain, worries, anxiety inhibit the oxytocin hormonal reflex that releases the milk.” Tembo further noted in an interview that the mothers do not know how to properly attach and position the babies to the nipple and that limits suckling, so they assume they have insufficient milk yet it’s a problem of positioning and attachment. She said that the Ministry of Health has adopted a Baby Friendly Initiative aimed at training health workers who will in turn teach the mothers how to position and attach

their babies correctly. Tembo and Gupta observations substantiate Windhals' (1993:8) conceptualization of communication being an asymmetric two-way communication between the powerful source (sender) in this case the health worker and less powerful receiver (target). The technical person (health worker) quite often knows more in that specific field than the receiver; making a true two-way balance of communication unachievable.



**Picture 1: showing some of Buwangoli Village children and mothers. Most of the children in this village looked malnourished with sunken eyes, protruding bellies, yellowish brown hair.**

The issue of having “insufficient milk” was mentioned by almost every mother who was not exclusively breastfeeding their baby for 6 months, before introducing complementary foods. As shown in the picture 1 above, most of the children were evidently malnourished because most mothers claimed they had “insufficient milk.”

Therefore for a health message to gain impact in this situation, it has to correct the misconception, which Kim Witte (1995) refers to as the salient belief, which is the insufficient breast milk mentality. Kim Witte (1995) argues using the persuasive health framework, that to successfully create a persuasive health message. The message designer has to understand and address the salient beliefs (such as “insufficient milk belief”) to be able to affect the target audiences' message adoption.

### 4.7.3 Illiteracy and language problem

Mothers noted in a focus group discussion that they did not understand some technical terms and written local translations on the posters. They preferred the more illustrated pictorials from which they would derive meaning from the symbolic representations.

Due to the illiteracy and low scientific and grammatical development of local languages, Community Based Organization facilitators and Community Childcare Workers mentioned in an interview that they faced a challenge explaining some of the scientific concepts in the reading materials such as proteins, vitamins and carbohydrates. Often times they used colours like red, yellow, green to explain the nutritional food values in each food type, but this has problems of biasing the audience because not every green vegetable consists of vitamin C or iron. According to the interview with Kunikiina, “the local language has remained undeveloped partly because of the Ministry of Educations’ prioritization of the English language over local languages, in Uganda’s education system. This has in the long run relegated the local languages to strictly oral communication. By so doing, the rural peasant in the village can fluently speak their local language but cannot read it.” In an interview with Aaron Ayeta, Busoba subcounty chief, he agreed with the above point saying that, “our people cannot conceptualize some of these nutrition terms because our local languages have not developed the vocabulary for them.”

Moyo (1998:100) quoting Rønning (1989) argues that,

A major problem in development programmes...is related to the fact that many of the people who are supposed to take part in the programmes *not only cannot read and write, but neither do they have concepts that relate to the content of the programmes as such*. These programmes have been developed within the context of a reading culture. Rønning (1989:5)

As it were in these two villages, the IEC materials are designed from the context of the reading culture and directly translated from English into the local languages which is even harder to read even among the elites compared to English.

Larry Stewart (1992:159) notes that “campaigns are successful when they are well planned, the audience characteristics are studied and the message is presented according



to the semantics of the target audience. The key is to know who you are speaking to, and then speak to them in the language that they understand.”

#### **4.8 Improving Future Campaigns: Lessons Learned from NECDP Campaign**

##### **4.8.1 Need to Integrate Projects in Existing Government Health Structure**

The NECDP project operated independently from the existing government health structure.<sup>57</sup> MOH's Barbara Tembo, who is also a Nutrition expert observed in an interview that, the factors that limited the greater impact of the project is the establishment of a separate office at the district level instead of utilizing the pre-existing government structure such as the District Health Services (DHS). Because the project was not integrated in the District Health Service structure, this created a lack of ownership and apathy at the district level. In fact when we got to Mbale district, we were looking for the NECDP office under the District Health Service government department, but we were instead directed to the Municipal administrative offices where we located an independent NECDP office. This didn't not only strain the project financially in terms of renting an office, but the merging of health in administration is simply incorrect. The *Project Implementation Manual* (1999) mentioned that, the creation of new structures should be avoided as much as possible to prevent problems associated with setting up parallel or conflicting structures. In practice however, most of the project relied on these parallel structures (see Figure 5). The project is placed under the Ministry of Health (MoH) at the national level. Thus the project Coordinating Office (PCO) sits in the MoH and project reports are issued from the MoH office. At the district level, the Chief Administrative Officer (CAO) is given the responsibility for the project, supported by a multi-sectoral District Co-ordinating Committee and a focal person selected by both the CAO and the District Executive. No responsibility is given to any particular ministry (especially the health ministry) at the district level, but there are over 20 community-based NGOs involved in the implementation of the project. The community-based NGOs are supervised by district-based NGOs, who are overseen by four coordinating NGOs and the project office at the national level. These organizations are all external to the

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<sup>57</sup> See appendices (2 of 4) and (3 of 4) showing the NECDP and MOH organizational structures respectively.

government and each has its specific operating environment, making the management of the NECDP project complex. “The project was not consistent with existing systems and nor are the structures sustainable.”<sup>58</sup> Kunikiina argued in an interview that, “Without the support of pre-existing district and community structures, the project lacks sustainability, and lasts as long as the donors can support it.” Since according to the (UNDP 2005) Human Development Report, reduction of under five mortality by two thirds by the year 2015 is one of the Millennium Development Goals (MDGs); it is clear that one of the objectives of the UN partnership with the Uganda government through the NECDP project was to ensure sustainable development of the nation, but if the project is not enveloped in existing government structures, sustainability will not be feasible. The project was meant to steer continuity of proper health for Uganda’s children and this should have been attained by integrating the project in the existing government structures; when the project ended, the government structures still remained assisting the locals regarding nutrition and health related consultations.

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<sup>58</sup> *Thin on the Ground 2003* report on World Bank-funded community nutrition projects in Bangladesh, Ethiopia and Uganda.

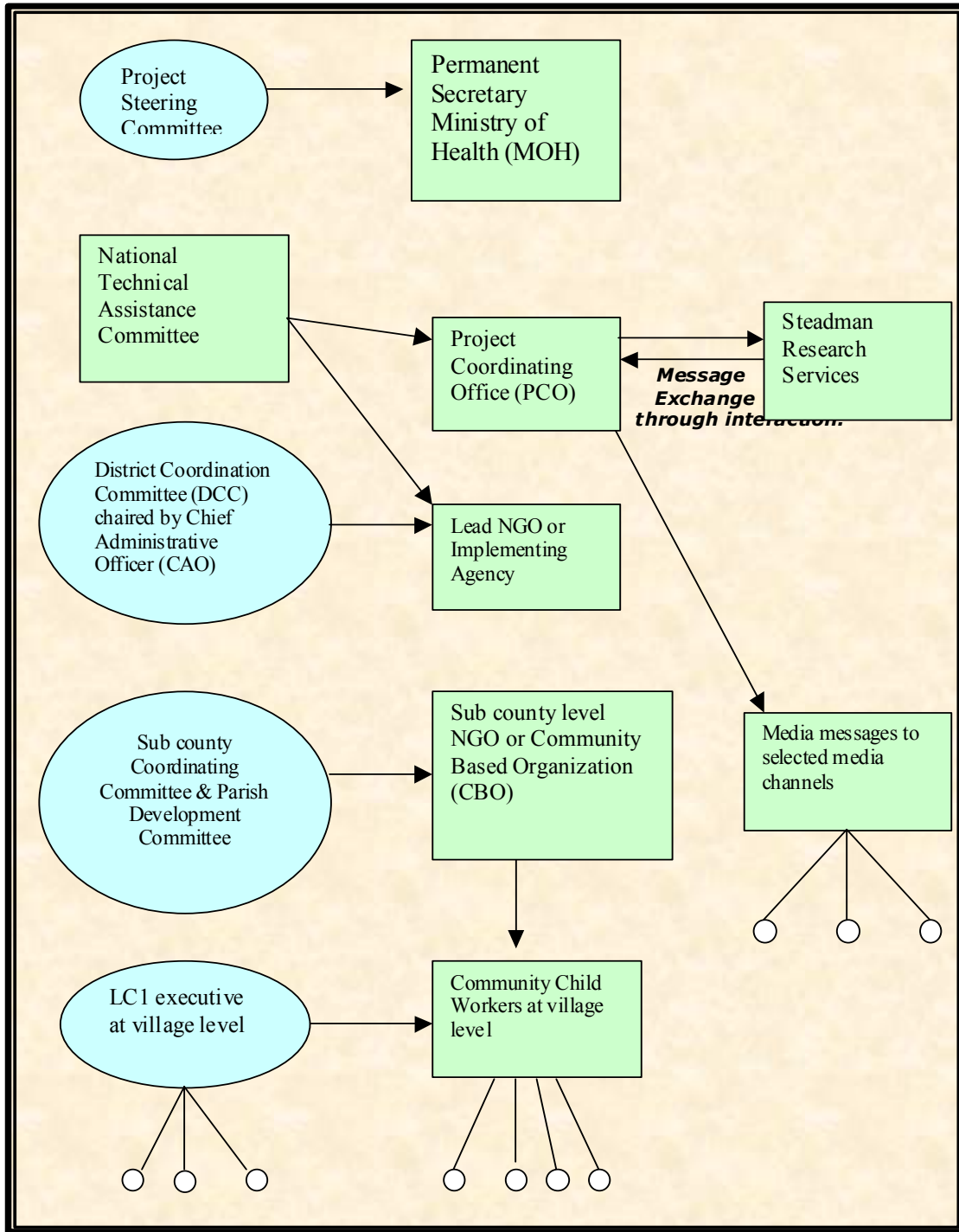


Figure 5: NECDP parallel information flow structures.

#### **4.8.2 Motivation of Community Childcare Workers (CCWs)**

Buwangolo Village LC1, Waccaya James said in an interview that two of the CCWs in his village had long moved to the city in search of better opportunities than the NECDP project had to offer. Village members of Buwangolo agreed with their chairman when they mentioned in a focus group discussion that, “we had the CCWs visit our homes during the beginning of the project, after a while, we never got to see them again” David Maccluum (1992:127) argues that opinion leaders should be appealed to through egos by using methods designed to enhance their prestige as a result of campaign participation. However the youthful community childcare workers of Buwangolo were interested in financial motivation rather than ego appeals. According to an interview with Waccaya,

“We chose these young representatives to educate the community because they had acquired some formal education which most of us in the village lacked, but they disappointed us when they moved to the city, because they could not sustain their families on voluntary work!”

*Interview with Waccaya James, Buwangolo LC1 Chairman.*

Thin on the Ground, Save the Children, UK report states that one of the problems faced by the project is its reliance on inadequately trained, under-supervised and poorly paid nutrition workers to implement a complex intervention. The nutrition workers received a maximum of 10,000 Uganda shillings per month (equivalent to US\$ 6.25 per month). This was not reasonable considering their responsibilities; two community nutrition workers were responsible for a community with an average of 75 children under 3 years living in different homes that they had to visit and reach with the nutrition message. Chin Saik Yoon (1996) argues that,

For every hour spent "participating" there is an opportunity cost: that is, the fact that the villager may be foregoing more productive activity if the participatory process does not lead to benefits either in the long or short term. The social communicator should take this into consideration when entering a village or slum. But often the price people have to pay for taking part in participatory processes is overlooked. It is often assumed that the villager has nothing better to do with his or her time. Saik Yoon (1996)

Hornick (1992:106) in a related argument notes that,

That a good “field agent” (*a CCW in this case*) is very effective in the community portion of any campaign. In practice, however, many field agents are not highly motivated and thus may not have much impact.

Conversely, the Community childcare workers of Lwangoli village were more enthusiastic elderly people who were committed to serving their community on “voluntary”<sup>59</sup> grounds. They could easily comply with the appeals of ego and prestige. My personal observation considering the eternal features of the children is that, children residing in Lwangoli village looked healthier than those from Buwangolo village. (See picture 2 below and compare with picture 1 above). This could be having a bearing on the type of leaders the community elected to serve.<sup>60</sup>



**Picture 2: Some of Lwangoli village children. A good number of the children in this village looked healthier than their Buwangoli counterparts.**

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<sup>59</sup> Voluntary in the sense that they were willing to settle and work for the 6.25 US dollars per month, partly because they had no home demands compared to their younger colleagues.

<sup>60</sup> The elderly CCWs in Lwangoli village were committed to serving the committee despite the low remuneration.

It should be noted that the project did not impose these workers on them; rather the community through participatory channels elected their own representatives. The assumption was that if the community chose their own leaders, they would easily identify with them rather than the project imposing Kampala based workers who cannot even speak the local language nor relate to the local setting. Construing from the Buwangolo experience, my judgment is that, participatory development approaches should be guided by field experts to enable the local community to make better and more informed decisions. Had the people of Buwangolo known better they would have elected a more reliable team of CCWs to serve the community. To seal this argument, we can agree with (Backer 1992:52) proposal when he states that,

Although a certain amount of sharing of power is essential in any collaborative effort, some people must have a vision of the campaigns` direction, along with the leadership abilities and the authority to keep the campaign on track.

#### **4.8.3 Malnutrition is more than a simple lack of knowledge**

In an in-depth interview with Barbara Tembo, MOH Nutritionist, she argued that, the problem of malnutrition should be approached in a multi dimensional view, and not imagine it being “a simple lack of knowledge or food” Tembo noted that to understand the persistence of malnutrition, one has to refer to the conceptual framework of its causes (see diagram) because so many factors contribute to the prevalence of the situation. First it’s the *immediate causes* of disease and inadequate dietary intake, these arise from the *underlying factors* such as inadequate care for children and women, poor sanitation and health services. The underlying factors however, have their roots in the *basic causes* of political, cultural, environmental, social and economic systems including women’s status that limit the utilization of potential resources. In addition, Tembo noted that information, communication and education are indispensable components in fighting malnutrition, because the lack of information or inadequate education is a factor that cuts across all the three level causes of malnutrition as shown by the conceptual framework.

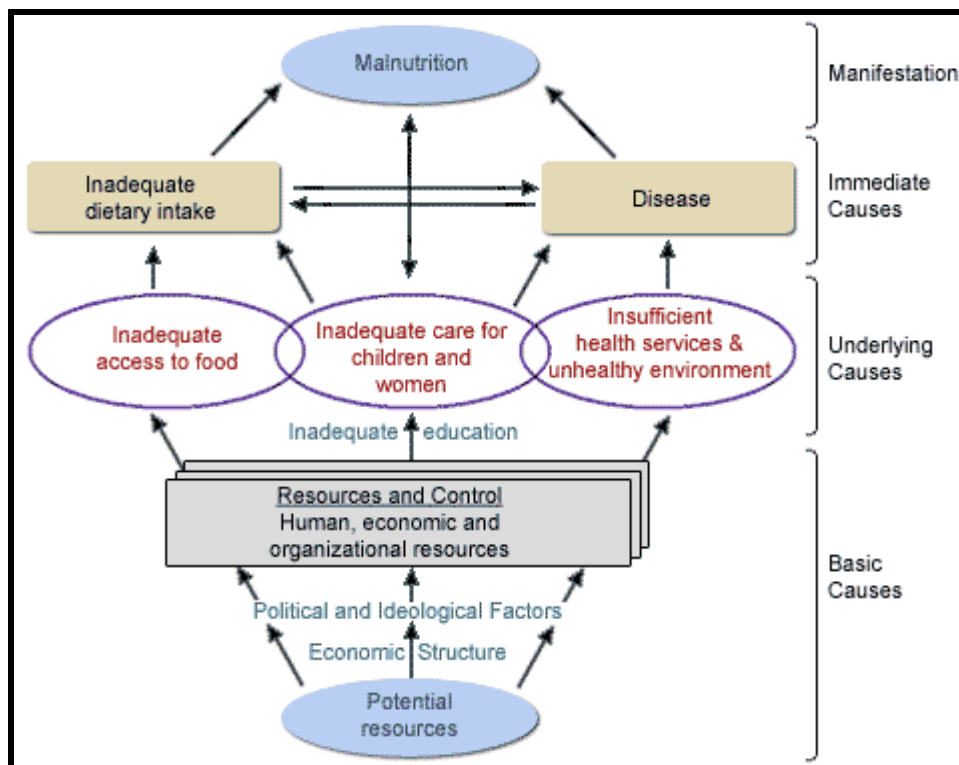
Mulyanyuma Aaron Ayeta, the Busoba Sub county chief also agrees with Tembo when he notes that,

Very often, communication campaigns assume that information will solve all the problems. However, if campaigns want to effect behavioural change they must address all the problems. He noted that the malnutrition problem has for instance been compounded by the spread of HIV/AIDS. This has resulted in many malnourished orphans in the villages. Planners should be able to address these related problems too.

*(Interview with Mulyanyuma Aaron Ayeta, November 2005)*

*Thin on the Ground* document report correlates with Ayeta's opinion when it observes that,

Growth faltering is a consequence of an enormous range of factors, including poor sanitation, low energy density of complementary foods, low household food availability, diarrhoea, TB, malaria and intestinal infection. The nutrition worker must have the time and skills to talk to the mother to try to identify possible actions the mother can take to improve the child's situation. But these projects all use barely trained men and women to undertake the most important part of the project – communicating with mothers (*By using barely trained workers to address a complex issue, the thin ground impact is certainly apparent-my emphasis*).



**Figure 6: Conceptual Model of the Causes of Malnutrition (developed in 1997 by UNICEF). Source: The State of the Worlds Children 1998<sup>61</sup>**

Just like development problems are multi dimensional, so are communication problems. The problem though, is that most communication for development planners has developed a blind faith in the impact of communication. Communication alone is no panacea to development and socio-political policy problems. Planners have to realize the problems at stake and address them. Kipling.J. Gallion (1992:96) makes this point succinctly when argues that,

Usually the communities we are targeting are disadvantaged. They do not have the resources to overcome environmental constraints to solve their social problems. To be successful, media campaigns have to address economic problems, social problem...

Gallions observation is true to the Lwangoli, Buwangolo situation. For example Soyiiita a focus group participant from Buwangolo argued that, some of the health campaigns are

<sup>61</sup> <http://www.unicef.org/sowc98/silent4.htm> UNICEF website; Accessed Feb 04, 2006



unrealistic to the rural economic situation, giving an example of the malaria campaign. Soyiita explains that

The malaria campaign was instructing us to buy mosquito nets that cost 10,000/= shillings (approximately 5 dollars) which is the cost of a bag of maize for the next planting. A wise man's priority would be to secure food first for his community before thinking of a mosquito net. Therefore if we don't have money to buy food, we cannot buy de-worming tablets for our children, we cannot boil drinking water for lack of fuel, so our children get diarrhoea, lose appetite and get malnourished.

What Soyiita labours to explain is so evident in these communities, there's a vicious cycle of disease, poverty and ignorance that is compounding the malnutrition problem. For example while in one of the Mbale district restaurant we were served un-boiled drinking water, so if the people at the district haven't got the sanitation message, what about their village counterparts who cannot afford/access information channels like newspapers, radios, television and now the Internet. This then becomes a "big picture" problem requiring a bigger vision. Hornick (1998:151) explains that, "development is multi-faceted, focusing on only one problem risks exacerbating others and is parochial."

Tembo and Blick said in an interview that the project tried to not only give information on how to solve malnutrition but also to ensure food security, through distribution of Community and Innovation Grants. Through a process of participatory planning the communities decided what type of food security intervention they thought was best suited to their areas from a choice of interventions outlined in the Project Implementation Manual. The communities had the liberty of using participatory communication channels to consult and decide on which intervention to adopt. Both Lwangoli and Buwangolo villages chose the goat project as a milk and protein food strategy for the children. However most of the focus group discussion members mentioned that they didn't benefit from the goat project<sup>62</sup> because: 1) the representatives bought poor quality goats from

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<sup>62</sup> *Thin on the Ground* document (2003:35) agrees with the focus group findings when it states that, "There is no guarantee that the care givers of malnourished children will benefit from the community and

Soroti district 2) The goats were few and had to be shared 3) lack of responsibility due to group dynamics 4) some goats died because they lacked veterinary services. Considering the goat project problems, we agree with Kunikiinas observation when he argues that Community grants/projects should be individual (household based.) rather than community based to realize results. This is because community ownership of the goat project presented problems of ownership, stewardship, time and commitment to the projects. At the end of the day, it was difficult to establish who owned the goat. Did it belong to the community, the family, the children or the herdsman who invested time and energy in rearing it?

#### **4.9 Summary**

This chapter has presented and discussed the major findings of this study. The chapter related primarily on the research questions that sought to answer the question of what communication strategies were used by NECDP and whether the strategies were effective in reaching the information needs of the rural woman whose child is most vulnerable to malnutrition. Based on a multimedia approach, the appropriateness of the NECDP selected choice of medium in relation to the target audience needs was analysed. Using Harold Modelsohns model of what constitutes a successful information campaign, the chapter observed that some of the channels and appeals were not appropriate. For instance, findings showed that radio and posters were the most appropriate media to reach the rural woman compared to newspaper and television. Furthermore, the role of formative research in message design, and that of the World Bank in message planning, was discussed.

In the second part of the analysis that was reported by this thesis, some of the limitations faced by the NECDP campaign that include culture, illiteracy and underdeveloped local language challenges was discussed. In addition, the lessons learned for the NECDP project are pointed out, such as the need to integrate projects in existing government structures, the need for a reasonable motivation for child care workers and the fact that

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innovation grants, because the innovation grants have been used to provide training, etc, in areas where the project was not initially planned. Thus, the food security component of the project has been downsized.”

“malnutrition is more than a simple lack of food” and preventive interventions such as NECDP should approach the problem multi-dimensionally.



## **CHAPTER FIVE - CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter is the conclusion of the study. It wraps up this study as well as suggests recommendations that can be used to enhance future campaigns. The major goal of this research was to analyse the communication campaign and strategies adopted by the World Bank funded Nutrition and Early Childhood Development Project (NECDP) to prevent the rising malnutrition levels among children below six year of age in Uganda. The principal assumption of the study was that the persistent levels of malnutrition in Uganda are a communication problem resulting from failure of the NECDP communication strategy to recognise local variations in message design, planning, appeals and approaches relevant to target audience (rural women's') needs. Using a number of theories and qualitative methodologies, this study assessed the NECDP communication approaches implemented in Lwangoli and Buwangolo villages, Mbale district, Uganda. Below is a synopsis discussion of the major findings, concluding arguments and recommendations to this study.

### **5.2 Major Findings**

#### **5.2.1 NECDP Goal, Mass media and Alternative Strategies**

The NECDP goal of the project was to reduce malnutrition rate by 30% by the end of the five years of projects implementation. This was an ambitious objective considering that the project aimed at behavioural change and behaviour change is a long-term process, that couldn't be realised in about 2 to 3 years of the projects implementation.

Relating to the effectiveness of the communication strategies, findings discussed in chapter four showed that radio was the more appropriate mass media channel in reaching rural women, compared to television and newspapers which were more middle class oriented. Radio had the advantage of using a local language that people could understand and it was relatively affordable. Although the project is criticised for concentrating a major portion of radio talk shows on Radio One, a Kampala based FM radio, a good

number of the women mentioned that they had heard about the projects` complementary and breastfeeding messages through the radio spots unlike television and newspapers adverts. Therefore the NECDP project should have concentrated its resource budget on using radio because it was the most effective media channel in reaching the rural women who are faced with the plight of malnutrition.

Alternative media strategies such as posters, billboards and Child day celebrations registered tremendous progress in sensitizing mothers on breastfeeding and complementary feeding practices. Well-illustrated posters and colourful big billboards were eye catching and good strategies for reaching the rural illiterate mother. Illiterate mothers with great visual abilities could easily understand the messages by interpreting the pictorials, without reference to the text. In addition, mothers had the possibility of walking home with a special glossy nutrition poster that they used for decorations. This helped in protracting the diffusion and adoption of innovation process. Many mothers mentioned that they had learnt how to prepare nutritious complementary foods, what type of foods to give their children and how often, by simply attending bi-yearly Child day celebrations. The Child days were very instrumental in that, they acted like a “one-stop shopping centre” for a variety of useful information.

The use of Community Childcare Workers (CCWs) was also an instrumental strategy in message dissemination to the communities. The CCWs who were elected by the group had the advantage of speaking the local languages, finding the mothers in their homes, and identifying with the family situation since they were coming from within the community. However some of the CCWs specifically from Buwangoli village were not effective due to poor remuneration, short training period and illiteracy. Besides most of the nutrition reading materials given to the CCWs had concepts that were difficult to explain since the local languages are not yet fully developed to accommodate vocabularies of protein, carbohydrates and Vitamins A, B, C etc.

However strategies such as radio listening clubs and food security community and innovation grants did not yield much result due to a number of challenges. The radio listening clubs were poorly attended because it was challenging to get mothers or fathers

to sit down and listen to radio spots instead of going about their ways. Radio listening clubs could have improved their impact had they exploited the social gathering audience.

Community and innovation grant strategies tailored towards improving household food security faced outstanding challenges of ownership and stewardship and therefore registered limited impact.

### **5.2.2 Message Formulation, Planning and Implementation**

Although the messages were good at identifying NECDP as the source of the messages, some of the message appeals used were not relevant to target audience needs. Moreover, formative research for the message design was carried out in northern Uganda ignoring Uganda's diverse food culture and traditional staple foods.

Study findings indicated that the World Bank consultants with little or no experience in the country came with a blue print to solve the malnutrition problem in Uganda. The Bank consultants were reluctant to heed to local stakeholders' proposals which hindered genuine participation of stakeholders; thus suggesting that the "top-down" modernisation concept of development is still at large in the operations of donor bodies like World Bank.

The implementation of the project in the various districts was independent of existing government structures, creating a problem of project impact sustainability, yet one of the "big picture" goals of World Bank projects is to achieve Millennium Development Goal of halving hunger by the year 2015.

### **5.3 Recommendations**

Formative research should be carefully planned and it should start before project implementation. This would establish much more plausible information to guide the development of appropriate message content for the specific target audiences.

There's a need to focus on a few appropriate and effective media channels (radio) instead of scattering the few available resources on so many channels like television and newspapers that are not accessed by rural women who are the primary target audience of the campaign.

Health projects need to consider cultural beliefs and misconceptions when designing health messages, because if the underlying beliefs are not changed then adoption of a health message becomes a challenge.

There's a need to go beyond tackling malnutrition in isolation and include other aspects like gender, education and culture that directly or indirectly affect nutrition and health as a whole.

Projects such as the NECDP should not create parallel or even conflicting structures, as was the case of NECDP in Uganda. For support and sustainability, donor funded projects should integrate their work activities in the existing government structures.

World Bank consultants should try to be more flexible by cooperating with the local experts to facilitate the participatory exchange of ideas and full involvement of the locals in their own development

Use more of self-explanatory poster illustrations to send the message across to the local target audience, especially the illiterate folks. They tend to use the posters as decorations and in the long run, they get to master the messages as they frequently look at the posters.

Community grants and projects should be more household (individual) based than general group based for efficiency and effectiveness of their desired goals. For instance, instead of coming up with the goat, cow projects, individual households should be given improved vegetables to plant in their backyard gardens. These would effectively address the vitamin deficiency. The project should emphasise the need for individual contribution because it leads to ownership and sustainability

There should be a use of more appropriate media channels like drama productions, songs, etc to supplement the radio messages. For instance, local musicians can be paid to compose songs and launch them nationally and locally. The drama productions and songs just like the posters create a continuity of the diffusion of messages, because they have a message sustainability effect, which helps in reinforce the message, long after the project ends. The strategy of radio listening groups should take advantage of social cultural gatherings to reach people with the message on nutrition.



The total strategic communication interventions of the project were important and there's a need for continuity of such projects since their core aim is to deal with behavioural change that takes a long time.



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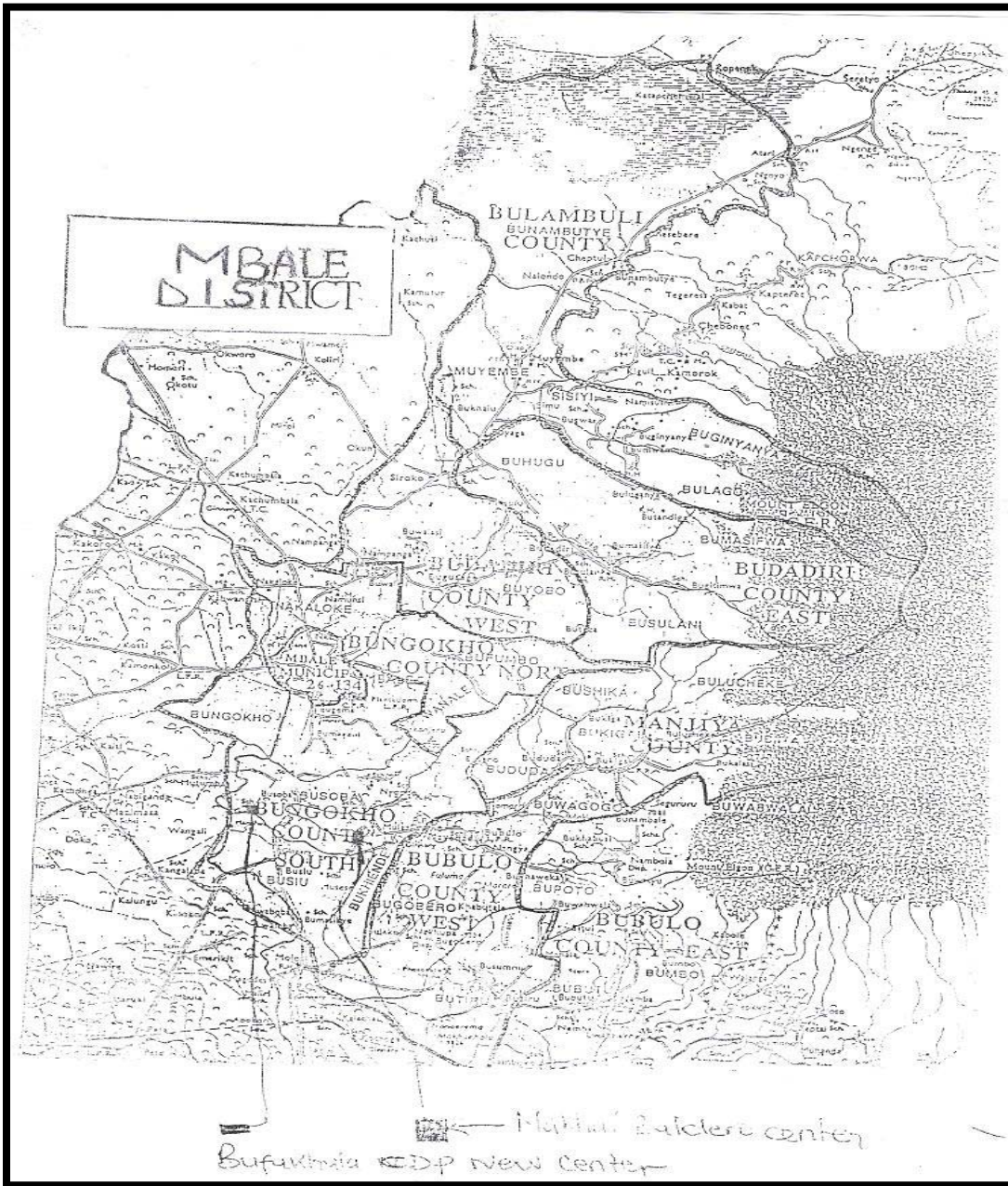
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**APPENDICIES****Appendix 1 of Chapter 1 - Local Government Structure of Uganda**

Level	Number	Admin. Unit
District	45	LC5
County	167	LC4
Sub – county	893	LC3
Parish	4,517	LC2
Village	39,692	LC1

Appendix 1 of Chapter 3 - Map of Mbale District



## Appendix 2 of Chapter 3 - Letter of Permission

# MBALE DISTRICT LOCAL GOVERNMENT

Telephone:  
 District Chairperson.....045 - 33737  
 Chief Administrative Officer.....045 - 33458  
 D/District Administrative Officer.....045 - 33201/4  
 General Line.....045 - 33201/4  
 Fax.....045 - 33542  
 District Education Officer.....045 - 33169  
 District Engineer .....045 - 34400  
 D/Director of Health Services.....045 - 34502  
 Fax.....045 - 34363  
 C/Production Co-ordinator.....045 - 34176



THE REPUBLIC OF UGANDA

P. O. BOX 931  
 MBALE  
 UGANDA

22<sup>nd</sup> November 2005


IN ANY CORRESPONDENCE ON  
 THIS SUBJECT PLEASE QUOTE NO. ....

CR.221/I

Re: NATIFU BARBRA STUDENT OF OSLO UNIVERSITY

This is introduce to you Ms Natifu Barbra, a student at the above university pursuing studies leading to an award of Master of Philosophy (Communication and Media) at University of OSLO – Norway. She would like to look at the population figures and to hold a discussion with the Community Based Organisation facilitator and hold focus group discussion with village members in Busoba Sub County, Lwangolo village.

The purpose of this letter is to request you assist her access the information required.

 CHIEF ADMINISTRATIVE OFFICER  
 MBALE DISTRICT

Nambozo Loyce Joyce

For: CHIEF ADMINISTRATIVE OFFICER/MBALE.

c.c. Community based Organisation in Busoba Sub County

cc. Coordinator Comm. Based Services

cc. Sub-County Chief Busoba

cc. Population Office, Mbalale

**Appendix 3 of Chapter 3 - Focus Group Discussion Participants Luwangoli Village  
Busoba Sub-County**

Jackson Musani **LC 1 Chairman**

Peter Khaluswa

Mviti Isaac

Masaba William

Muyembe Joel

Grace Muliwa

Woniaye Rogers

Derick Nambafu

Rodah Wanda

Margret Abaji

Robinah Mabonga

Grace Wamalo

Lorna Waswaka

Janet Wanda

Grace Musani

Nabafu Beatrice

Wakoli Barbra

Beatrice Sakwa

Jass Mutonyi

Betty Namakhanga

Rose Mabonga

Jennifer Tongoi

Jacqueline Namutosi

Kakai Catherine

Kakai Silivia

Sarah Werishe

Nambuya Deborah

Shisokho Vincent

Diana Khanakwa

Namwaki Justine



George Walwayi  
Jackson Mukyasi  
Herbert Waswaka  
Moses Werishe  
Steven Wokuri  
Kevina Khaita  
Harriet Mutonyi  
Riita Wanyenya

**Appendix 4 of Chapter 3 - Focus Group Discussion Participants in Buwangolo Village, Busoba Sub-County.**

Waccaya James **LC 1 Chairman**

Walwany Patrick

Waccaya Ben

Soyiita Stephen Balayo

Waccaya Moses

Wabeya Musa

Wonyaye Akisoferi

Shimali Geoffrey

Waccaya Ronald

Namutosi Agnes

Wakooli Florence

Namono Irene

Namuwenge Harriet

Wanakwa Alice

Kituyi Jennifer

Wambi Damasco

Nekesa Sarah

Kamuli Robert

Wangokho Dennis

Simali Leonard

Mwisaka Joseph

Muyobo Ahmed

Wokanya Davis

Musamali Geoffrey

Waccaya Peter

Bonya Paul.

**Appendix 5 of Chapter 3 - Focus Group Discussion Guiding questions on basic nutrition and the NECDP campaign strategies.**

**ON BASIC NUTRITION**

Questions relating to knowledge of food values

What are the three main categories of food that the body needs

Mention a few foods found in each of the three major categories

Explain the type of foods the child needs to grow healthy.

What can happen to your child if deficient in the food types mentioned above?

Do you think its important that all the three categories should be served to your child

What is the importance of a balanced diet to a child?

How do you cook and serve nutritious meals for young children?

**Questions on Exclusive Breastfeeding**

Have you heard about exclusive breastfeeding?

What is the importance of exclusive breastfeeding for the first six months?

Have you been practicing exclusive breastfeeding? If not why?

When should you introduce other (complementary) foods to your baby's diet?

**Questions on Complementary Feeding**

State when children should start receiving food in addition to breast milk

State at least how many times a baby should breastfeed

State how many times a child should be fed in a day including main meals and snacks?

State the types consistence and quantity of complementary foods that should be given to a child.

**Questions on Stunting and Wasting (Malnutrition)**

Are you aware of the national levels of stunting and Wasting in Uganda?

What do you think causes stunting or wasting in children?

How serious is this problem? What becomes of stunted children?

How did the government Child project help address this problem?

## ON COMMUNICATION CAMPAIGN STRATEGIES

### Questions Evaluating the NECDP Communication Campaign Strategies used to reach the people of Lwangoli and Buwangolo villages

Have you heard about the Child project (NECDP)?

From which media channel did you learn of the project and its nutrition messages? i.e, newspapers, radio, television

What messages do you recall about nutrition?

How did you get to know about the practice of exclusive breastfeeding?

Did you listen, read and correctly understand the messages on exclusive breastfeeding and complementary feeding?

Other than the mass media (radio, tv, newspapers) how else did you get your nutrition information?

How serious is malnutrition as a disease affecting children below six years?

How did the media messages affect or improve on the way you feed your baby? Did you learn anything new from the media campaigns?

Did you adopt the new practice (behaviour) that was being promoted by the campaign messages?

What caught your attention about the messages that you received from the child project

How differently would you like the messages to be designed given another go at the project?

Did you listen to any child development messages on Radio Ones Health net program?

What are your opinions on radio spots and radio talk shows? Which one works best for you?

What is your view on “Child Days”? How did you benefit from the Child Day programs that were carried out every after six months? Were you able to attend these meetings? If not why?

How would you define the role of Community Based Organization (CBO) facilitators and Community Child Care Workers (CCWs) in the dissemination of nutrition information

How would rate the role of your chairman in the information access and dissemination of NECDP nutrition messages. Do you think your chairman should be involved in planning and dissemination of the project messages to the people?

Lastly, do you think the malnutrition problem is entirely a problem of lack of knowledge? If not mention other reasons.

What are recommendations can you give to improve the NECDP project?

**Appendix 6 of Chapter 3 - Interview Guide for Opinion leaders (Informants)**

What communication initiatives did you use to deal with the malnutrition problem, (*at the district or village depending on the informants status in the campaign*)?

How effective were the communication initiatives mentioned above?

Who were the target audiences for these messages?

What were the key messages in the campaign?

How appropriate were the messages sent to the audience needs?

What do you think about the relevancy of the appeals used?

Who was responsible for designing the messages that were disseminated?

How effective were the mass media and alternative media channels used in attaining behavioural change?

i.e., radio, television, newspapers, posters, reading materials etc.

What were the outstanding challenges in the communication process?

What are your recommendations to the project planners and donors?

**Appendix 7 of Chapter 3 - List of Key Informants**

Ms. Irene Blick current Communication Officer at the PCO office

Ms. Anne Gamurora former Communication Officer at the PCO office

Ms. Barbara Tembo, Nutritionist Ministry of Health, Uganda.

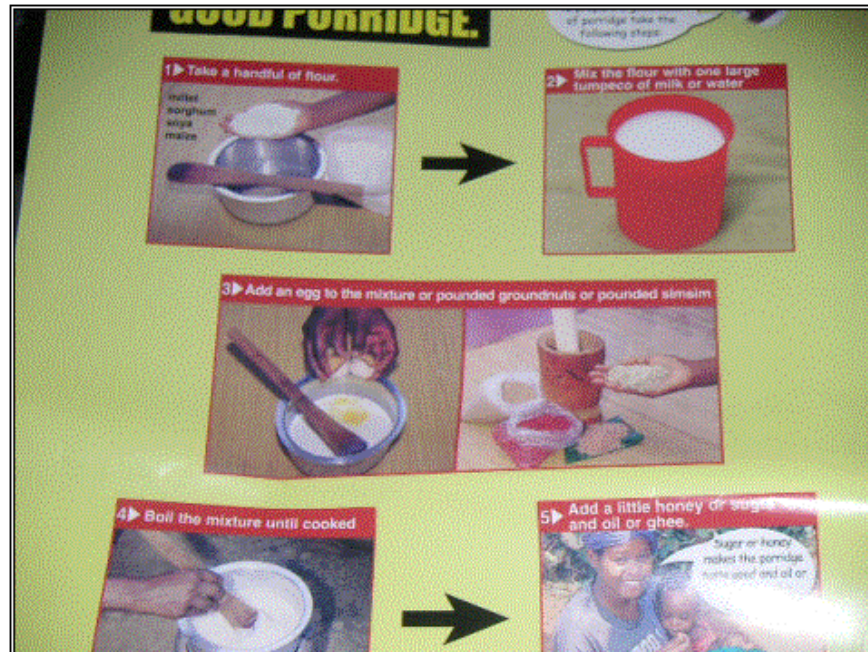
Mr. Joseph Kunkiina CBO/NGO Program Coordinator Foundation for Development of Needy Communities (FDNC)

Mr. Mulyanyuma Aaron Ayeta Sub County Chief/Assistant Secretary Busoba sub county.

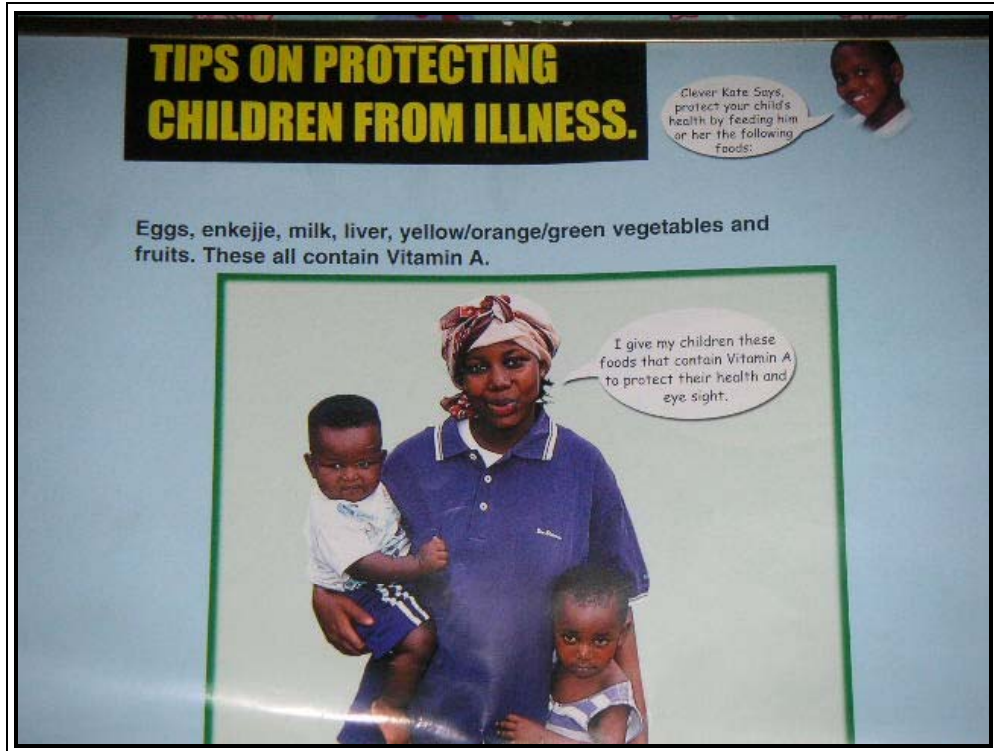
2 Village Local Chairman 1 (LC 1) one for each village. Jackson Musani Lwangoli village, and Waccaya James, Buwangolo village

2 CCW workers Robinah Mabonga and George Walwany

Appendix 1 of Chapter 4 - One of the NECDP Posters showing How to Make Good Porridge



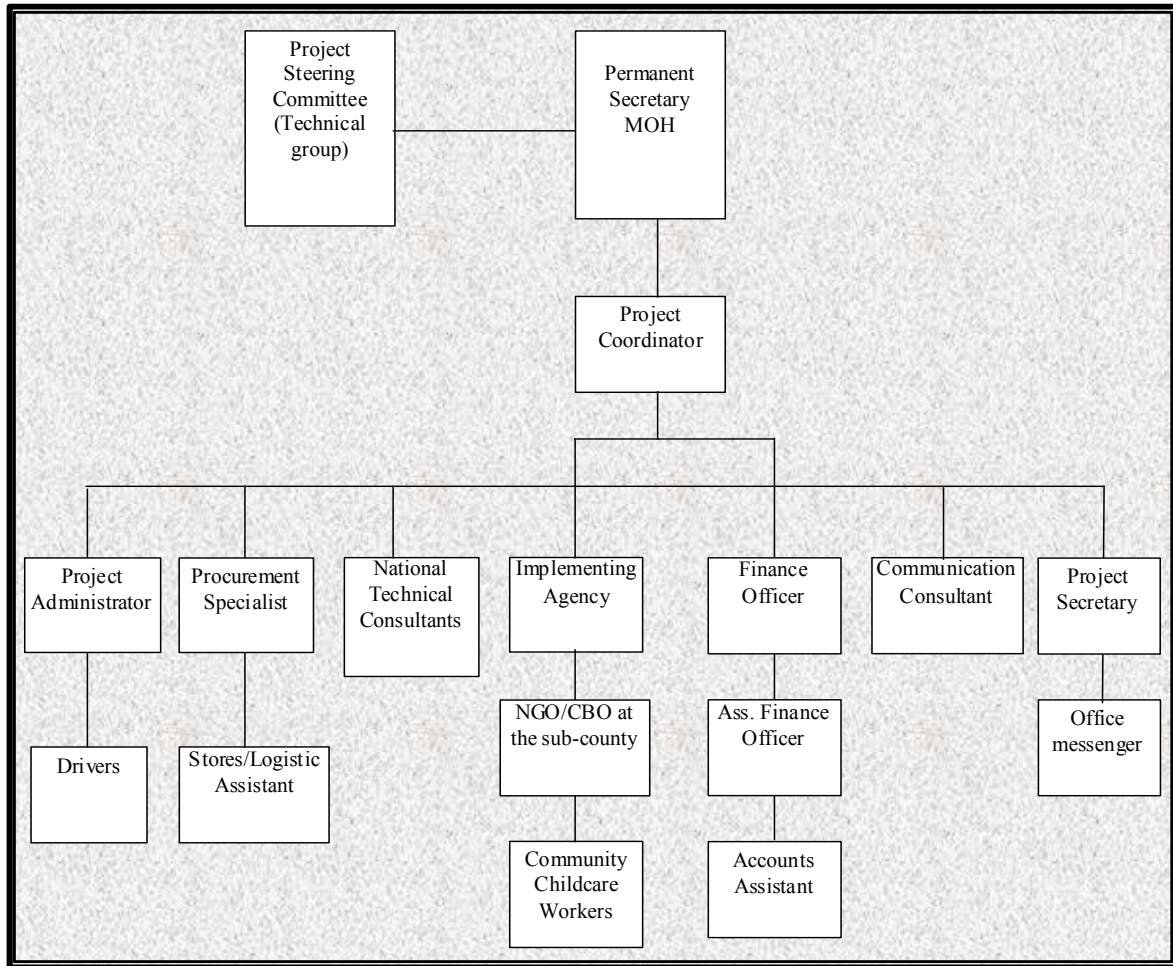
Posters showing tips on protecting childhood illness.



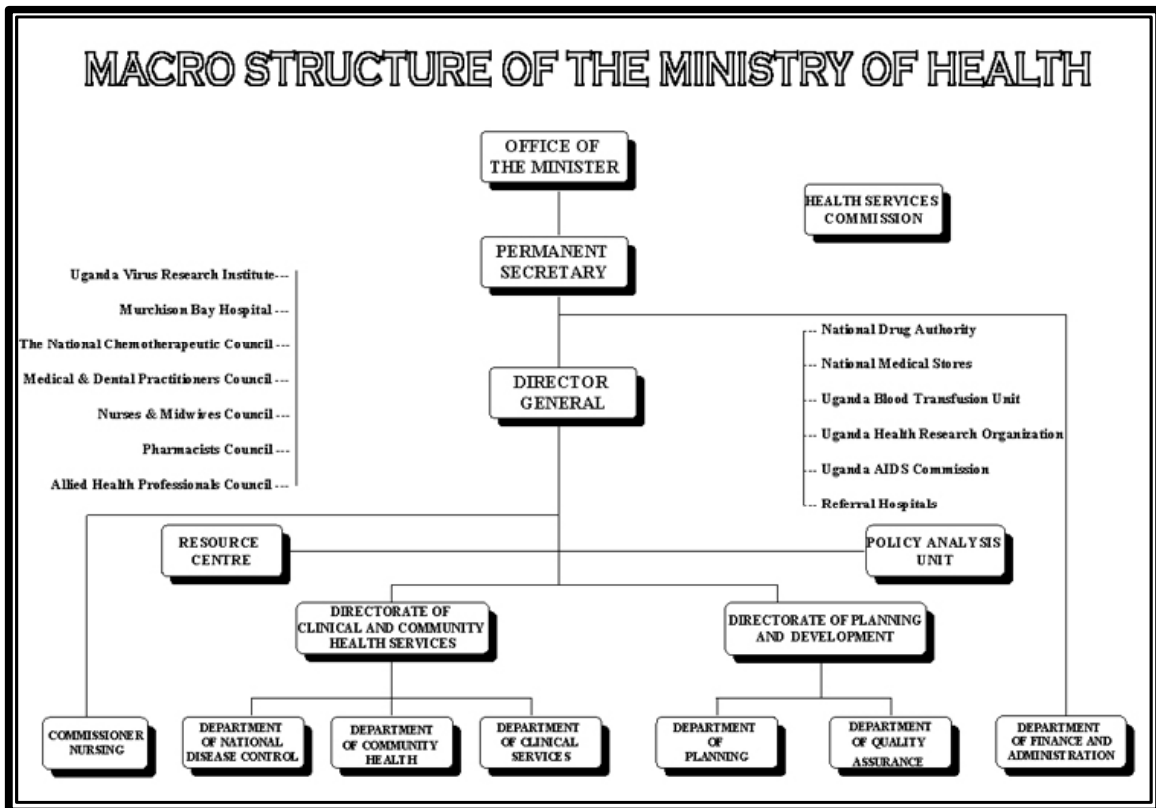
Posters Showing Tips on How to feed a Sick Child.



**Appendix 2 of Chapter 4 - NECDP Organogram**



Appendix 3 of Chapter 4 - Ministry of Health Organogram



Appendix 4 of Chapter 4 - NECDP CHILD Matters newspaper adverts

# CHILD Matters

Issue 1

## What is stunting?

Stunting is when a child's height is lower than that of a normal child of the same age. Stunting is a result of poor nutrition and is often referred to as 'hidden malnutrition' as the child may not always look sick. This is a common problem in Uganda where poor children being physically stunted. Physical stunting is not the only problem; the child's brain development is usually affected as well. Mentally, the child has not developed fully like a normal child. This means that the child will take longer to understand simple things and will usually show poor performance in school. If an undernourished and poorly cared for child does not start to grow properly before the age of 6 years, then the child will be physically and mentally stunted for life.

38% of Uganda's children under 6 years are stunted



## Akiyokiun epoloe a ikoku(a ngidwe)



**Ikoku samasama**

Itemokino ngikauryak kori ngulu iyokito ngidwe yanarite ngidwe lodakitar akipim apolis a ikoku ikotere esanyuno epoloe keng. Akipim ikoku inges esanyunere eras kepoloe: ejok kori pa kepoloe. Neni eripunere ebe izano ikoku ejok kori ekadit akimuj. Emasasi ngikar akisikar ngidwe. Masi nai isilikio ngidwe ekiloe angikar eluyisitar ngidwe ngikankapei. Aneni pai ka akidoun itemokino kasemsemse ikoku kiretakinere ngidwekyo ngulu a ryokon(polo), Lokudi(T.B.), Lowal, Teregege, lokore, ka Puuru. Lodakitar akimokinere iyong ngapako nguna kasemsemet ikoku. Emasasi ikoku tomasi ngikito lu ageun ngilapoyo ngikankapei tar ngikaru ngikankapei. Emasasi ekiloe ngilo a vitamin A dang inakintafeti ikoku kasemsemo. Eras ekiloe lo ngilo iretakini edeke a ngakonyen anikoku.



**Ikoku pimo**

## Akitoosun ngatameta a ikoku



Ikoku ngatam a ngidwe ngameti ka akuwari. Ani inaanari iyong ngamori inges egogongunoto topoloto. Inges atemur ikoku dang aneni pai ka akidoun masi kitopolun ngatam keng. Abolys a ngidwe ka akisikar ngidwe inges ngarsini ngatam kac toosul. Ani epoloe ikoku itemokino iyong kinarakinte inges akitoosun ngatam keng ikwa akutatam inges ngakiro ka ngipiteyo ngulu itoosunete inges itemokino akauryan tomisa ngidwe keng ikwa ngike korei. Kitatami ngidwe torput nguna ejekak ka nguna anenoh. Kitatamete ngipiteyo ngulu ejekak ikwa arimao, kitatamete ngidwe ityate nguna ejekak. Ngina iboyatar iyong ka ngidwe kitamete kaapei. Aiyahete kaapei, eras neni akitolou ngidwe eooak.

NECDP - CHILD Matters newspaper adverts in Ateso language.

Appendix 5 of Chapter 4: Copy of one of the Training material booklets

