

## **CHAPTER ONE: INTRODUCTION AND BACKGROUND TO THE STUDY**

### **1.0 Introduction**

Over 40 % of the world's population in malaria infested areas. Malaria not only causes ill health and death but also hampers development due to the fact that lots of resources are spent combating the disease. For instance, expenditure on treatment and prevention is very high and there is loss of household incomes through absenteeism from work.

According to a United Nations (UN) study, Malaria costs Uganda \$347 million annually (*The New Vision* newspaper, 2004).

An estimated one million people in Africa die from malaria each year and most of these are children under 5 years old (World Health Report, 2002). In Uganda, malaria remains the biggest cause of death for children under five and one of the most important threats to new born babies. These deaths occur primarily among the poorest people because they do not have access to the drugs and protective measures necessary for prevention or cure. The fact that malaria kills an African child every 30 seconds proclaims distinctly the need for more attention on the health of children (Bellamy, 2003).

Combating malaria in scientific terms needs a lot of financial resources. Scientific efforts towards finding a malaria vaccine have so far been futile. In the meantime however, other alternatives towards malaria control would be using information campaigns to educate people on early detection of malaria symptoms and preventative measures such as using treated mosquito nets and seeking effective treatment. In this sense, communication programmes designed to bring about behaviour change will play an essential role in guiding people towards adopting the right malaria interventions.

Nevertheless, such programmes should be extensive and well-known to the people through a mix of communication approaches. Often people with the greatest health burdens have least access to information, communication equipment, health care and supporting social services. Even the most carefully designed health communication

programs will have limited impact if underserved communities lack access to crucial services, and communication channels that are part of a health improvement initiative.

In recognition of this extremely persistent health problem, a global partnership known as Roll Back Malaria (RBM) was founded with the goal of halving the world's malaria burden by 2010. The founding members of the partnership include the World Health Organisation (WHO), United Nations Development Programme (UNDP), The United Nations Children's Fund (UNICEF) and the World Bank. RBM is committed to better control, treatment and prevention of Malaria.

In Uganda, the Ministry of Health (MOH) supervises the activities of the RBM partnership and works hand in hand with the aforementioned regional partners and national stakeholders to implement the RBM initiatives. In line with RBM activities, the MOH adopted the Home Based Management of Fever/Malaria (HBMF) strategy, to ensure that children under five receive correct treatment of fever/malaria within 24 hours of the onset of symptoms. This study will mainly concentrate on the communication strategy adopted by HBMF initiative as a key weapon in fighting malaria amongst children under five.

### **1.1. Background to the study**

During the 1950s and 1960s, the malaria eradication campaign successfully eliminated and controlled the disease in some countries with temperate climate and in other countries where the transmission was low or moderate.<sup>1</sup> However, the emergence of drug and insecticide resistance, coupled with concerns about feasibility and sustainability of tackling malaria in areas with weak infrastructure and high transmission brought an end to the eradication era. This included the bulk of international funding for malaria and investment in malaria research (Africa Malaria report 2003: 13).

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<sup>1</sup> Malaria is a life-threatening parasitic disease, which affects the blood. It is commonly transmitted from person to person by a female Anopheles mosquito. The Anopheles mosquito is the most widespread in Africa and the most difficult to control (The Africa Malaria Report, 2003: 17)

Despite international indifference in subsequent years, progress continued to be made in understanding the problem of malaria and strategies for its control. By the early 1990s the international community began to appreciate that the malaria burden was worsening, particularly in Africa. In 1992, malaria control was re-established as a global health priority by a conference of Ministers of Health in Amsterdam. Scientific interest in the disease and its control, political commitment to reducing the burden of malaria, and financial resources for malaria research and control began to increase rapidly.

In addition, the project for Accelerated Implementation of Malaria Control 1997-1998 represented an unprecedented contribution to the fight against malaria in Africa south of the Sahara, in terms of both technical support and funding. The funding provided for the project over the two years was estimated to have been more than 12 times the contributions made by WHO during the previous decade (Africa Malaria Report, 2003:13).

As of 2000, an ambitious global commitment caused a series of significant landmarks in the fight against malaria. Notably among these are: the Accelerated Implementation of Malaria Control (1991-1998), the Multilateral initiative on Malaria (1997), RBM partnership (1998), the 2001-2010 United Nations Decade to Roll Back Malaria in developing countries, the 2000 United Nations' Millennium Development Goals, and the establishment of the 2001 Global Fund to fight AIDS, Tuberculosis (TB) and Malaria (Ibid: 14).

These developments portray that the general indifference of the past has given way to an urgent demand for information that can be used to define and analyse the malaria situation and measure progress towards the goals established by the international community and by national control plans. Unfortunately, malaria parasites have become resistant to one drug after another and many insecticides are no longer useful against the mosquitoes that transmit the disease. Mortality rates are expected to rise as the parasite which causes malaria becomes increasingly resistant to drugs. Years of vaccine research have not been successful and although scientists are redoubling the search, an effective

vaccine still seems to be years away. However, effective strategies are available for its treatment prevention and control. Some of these strategies are the underlying pillars of RBM namely,

- Use of mosquito nets treated with insecticide so as to reduce malaria transmission and death.
- Prompt access to treatment with effective up-to date medicines saves lives
- Resource mobilization for communication programs to enhance behaviour change aimed at guiding people towards reliable and effective malaria interventions.

## **1.2. International Policy Initiatives to ‘Roll Back Malaria’ (RBM)**

RBM was launched in 1998 with the declared objective of halving the global burden of malaria by 2010 and eventually reduce it to a level where it is no longer a major public health threat by 2030 (WHO fact sheet 2001). Its founding partners UNDP, UNICEF, WHO and the World Bank, agreed to share their expertise and resources in a concerted effort to tackle malaria worldwide, with a particular focus on Africa.

The RBM partnership seeks to achieve these goals by intensifying and strengthening awareness on the use of interventions, which are already known to be effective in tackling malaria. These include prompt access to effective treatment, promotion of insecticide-treated mosquito nets (ITNs) and improved vector control, prevention and management of malaria in pregnancy and improving the prevention of and response to malaria epidemics and malaria in complex emergencies. As regards children, the RBM partnership is working to reduce illness and death in young children through: prevention, prompt recognition and effective treatment of malaria.

The RBM partnership includes national governments, civil society and non-governmental organisations, research institutions, professional associations, UN and development agencies, development banks, the private sector and the media. The strength of RBM is the diverse strength and expertise of its many partners.

Since its launch, the RBM partnership has succeeded in bringing about a radical change in the attitude of the world community towards malaria, from the fatalism of the late eighties and nineties, to a positive and optimistic attitude characterised by partnership and common vision (Root, et al, 2003:15). Indeed RBM has been referred to as a catalyst for a renewed global commitment to tackle a disease that has been ignored by the world for far too long; a single disease that puts a brake on development, particularly in Africa (The Africa Malaria Report: 2003, 7).

In April 2002, while at an RBM summit in Abuja Nigeria, African Heads of State reaffirmed their obligations to controlling malaria and reviewed targets for monitoring progress. Among the specific Abuja targets was:

- Need to continue health systems reforms which would promote community participation and joint ownership of RBM actions to enhance their sustainability,
- To ensure that 60% of under-fives and pregnant women sleep under ITNs by 2005,
- To ensure that 60% of under-fives with fever receive treatment within 24hours by 2005.

Among the signatories was the Ugandan president Yoweri Museveni who made the commitment on behalf of Uganda. This reveals that the RBM activities have attained the highest political commitment and support in Uganda. The government monitors RBM activities and participates in the promotion of technologies for malaria control (MCSP 2001-5:3).

### **1.3. National Policy Initiatives**

In Uganda, the RBM objectives have been incorporated in the National Health policy (NHP) and the 2000/01-2004/5 Health Sector Strategic Plan (HSSP). According to this policy, the Ugandan government will focus on health services that are cost effective and that have the largest impact on reducing mortality and morbidity. The major contributors to the burden of disease, which include Malaria, will be given highest priority (Root, et al, 2003: 16)

This National Health Policy is run as collaboration between Ministry of Health (MOH), related ministries such as education and agriculture, development partners and other stakeholders as overseen by the MOH. In addition, the policy is based on the Local Government Act 1997, which decentralises health service delivery and the Poverty Eradication Action Plan 2001-3 (PEAP) which emphasises the improvement of the life of individuals and prioritises Primary Health Care (PHC). Malaria is highly targeted.

Four main strategies have so far been used to attain the objective of preventing and controlling of malaria morbidity and mortality. These include improved case management/home based management of fever, preventive measures with an emphasis on ITNs, preventive treatment of malaria in pregnancy and epidemic preparedness and response. Enabling strategies such as advocacy, Information, Education and Communication (IEC) and social mobilisation; human resource development; health systems and strengthening; technical support; monitoring and evaluation and management and supervision complement these.

### **1.3.1. Home Based Management of Fever (HBMF)**

The Home Base Management of Fever (HBMF) strategy was launched in Uganda, in June 2002 by President Yoweri Museveni, as a commitment to the RBM objective of access to effective and affordable anti malarial treatment. The strategy is currently being implemented in ten districts and plans are underway to spread out HBMF to the whole country. It is a key strategy towards reaching the HSSP and Abuja targets on access to effective treatment within 24 hours on onset of symptoms and increasing the proportion of children under-five protected by ITNs from 5% to 50% by the end of 2004. This strategy is an intervention that is expected to have a significant impact on the malaria burden among under-fives in Uganda.<sup>2</sup>

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<sup>2</sup> Malaria is the main killer of Uganda's children. On average, children suffer six episodes of malaria each year. With acute disease, a child can die within 24 hours. Malaria causes childhood anaemia, stunted growth and mental retardation ([www.health.go.ug/malaria.htm](http://www.health.go.ug/malaria.htm)).

HBMF is a community-level intervention to strengthen home management of children with fever/malaria, as part of a process to improve access to prompt treatment, particularly in rural areas. The strategy uses community based drug distributors to ensure that effective treatment reaches the under-five age group within 24 hours of onset of malaria symptoms. It is important that sufferers especially children under five years, start treatment within 24 hours of the onset of symptoms to prevent progression to severe malaria and death.

The concept of HBMF is to have mothers and caretakers of young children trained in the recognition of symptoms and benefits of prompt anti-malarial treatment. Pre-packaged kits of full-course treatments obtainable from drug distributors, with appropriate drawn and written instructions, allow mothers to treat children as soon as fever is detected. The strategy particularly targets under-fives since they are considered as biologically vulnerable persons to malaria.

The emphasis on home treatment is because households are the first point in which care for sick children is initiated. It is for example estimated that 86% of those suffering from malaria in Uganda get their first treatment at home using drugs from drug sellers (Root et al, 2003:51). Unfortunately, many children die at home without seeking care outside the home because of delayed treatment. This can be attributed to lack of appropriate information on the severity of malaria, treatment with wrong medicine or wrong dosage, inaccessibility to health facilities et cetera.

Home based management of fever involves the delivery of free, pre-packaged, quality-controlled first line therapy of Chloroquine and SP at community level by trained volunteers called community based distributors (CBDs). The focus is on improving access to proper treatment for under-fives, by providing full dose pre-packaged drugs at community level through trained CBDs in the villages. The free pre-packaged drugs are commonly referred to as HOMAPAK. These drugs are currently being distributed free to children under five years.

In addition, The HBMF initiative also promotes the use of ITNs as a key preventive intervention in malaria control. ITNs are identified as cost-effective method for malaria control. As a means of sustaining HBMF, the National Malaria Control Strategy (NMCS) has identified advocacy, IEC and Social mobilization as important to support strategies in the implementation of key malaria interventions in Uganda. Within the MOH, the Health Education and Promotion Unit (HEPU) is responsible for providing expertise to the country's malaria control program on IEC and other communication strategies.

#### **1.4 Statement of the Problem**

Five years since the launch of the Roll Back Malaria (RBM) initiative, malaria remains the major public health problem in Uganda. Malaria is on the increase countrywide and in spite of the achievements in the last three years, morbidity and mortality indices remain unacceptably high (MCSP 2001/2-2004/5).

Over 95% of the country is endemic with year-round malaria transmission. The malaria burden is the leading cause of death in Uganda accounting for up to 40% of outpatient visits, 25% of inpatient visits and 14% of inpatient deaths (Root, et al, 2003:13). This reveals how severe malaria is given that over 79% of the population is at risk of suffering from acute malaria. Ironically, this disease is preventable, controllable and curable, yet it continues to be a major impediment to health in the country.

The worsening situation has been attributed to a number of factors such as, climate changes which lead to epidemics; increasing resistance to anti-malarial drugs; weak health systems with poor access to health care facilities; and poor access to knowledge about appropriate health behaviour in the population which leads to delay in treatment or wrong treatment; inadequate knowledge on the disease and costly preventive interventions, among others (MCSP, 2001-5: Executive summary).

### **1.5. Aim of Study**

- The aim of this study is to find out how media and communication strategies can be used as an early warning system in the prevention and treatment of malaria.
- Secondly, the study seeks to explain and evaluate the communication strategies that have been used by the Ministry of Health and other actors, with the view of ascertaining their effectiveness, shortfalls and applicability.
- Finally, the study seeks to provide suggestions on how best communication campaigns can be designed.

### **1.6. Approach to the Study**

This study's viewpoint is that the persistence of malaria is not only a scientific problem but a behavioural one. With communication theory as the main premise, the interest of this study is to find out to what extent the persistence of malaria is a communication problem. Recognized models of communication/information campaigns for health communication and education; mass communication, social marketing and participatory communication, will be used to examine the media and communication strategies used by the Health Education and Promotion Unit (HEPU) as part of the campaign process in disseminating information on HBMF to the people.

Information campaigns have been defined as purposive attempts to inform, persuade or motivate behaviour in a relatively well-defined and large audience (Rogers and Storey, 1987). They consist of different communication activities with the objective of generating specific effects in a relatively large number of people within a specified period of time. On the whole, most definitions of information campaigns stress the fact that campaigns are intended by their organizers to cause overt changes in attitudes and probably behaviours of the targeted group (Salmon, 1989; Flay and Burton, 1990; Rakow, 1989, Dungan-Seaver, 1999; McQuail, 2000; Devine and Hirt, 1989; Weiss and Tschirhart, 1994).

Theoretical developments and evaluations of effective campaigns have shown that the chances of success are increased through research (by assessing needs, identifying relevant audiences, identifying programme failures and evaluating messages and effects continuously) and systematic planning (especially developing message strategies and considering external social structures (Rice and Atkin, 1989: 7). In addition is the use of a complementary mix of the most appropriate mediated and interpersonal channels of communication (Rice and Atkin, 1989; Windahl, Signitzer and Olson 1993, Rogers, 2003; McQuail 1987).

The aforementioned schools of thought will be used as basis of explaining and evaluating the HBMF communication campaign. The specific objective of the Ministry of Health's, malaria control messages is to increase public knowledge about malaria and its control interventions, so as to influence people's attitudes and stimulate appropriate behaviours/practices for better health. Therefore, how did the ministry's Health Education and Promotion Unit plan and implement the communication campaign?

### **1.7. Research Questions**

1. What has the government of Uganda and other partners done to address Malaria problem among under-fives in Uganda? What exactly is going on in the planning, implementation and evaluation of HBMF?
2. How do the government and other key actors use communication as a tool to fight malaria? What media and communication strategies are being used to promote the HBMF and its related malaria control interventions?
3. Basing on the principles of planned information/communication campaigns, to what extent did the campaign planners use interpersonal and participatory methods in the planning, designing and implementation of the campaign?

### **1.8 Hypothesis**

It is hypothesized in this study that the prevalence of malaria is a communication problem. The key underlying assumption is that there is lack of appropriate knowledge on the disease and this is reinforced by inadequate information strategies in sensitizing people about malaria.

The second hypothesis is that the malaria problem goes beyond simply lack of knowledge to include poverty and lack of resources to effectively fight the disease. The under resourced health structures are unable to implement better communication interventions. Consequently, inadequate funding weighs down malaria communication strategies meant to increase awareness and enhance behaviour communication approaches for malaria control.

### **1.9. Justification of the Study**

Malaria is a preventable and curable disease and yet an estimated one million people in Africa die from malaria each year and most of these are children under five years old. The Africa Malaria Report (2003) indicates that over three thousand African children die daily from malaria. In Uganda, the under-five mortality rate is graded at 124 for every ailing 1000 children (ibid). It is a disease that mainly affects the poor who suffer economic, social and educational deprivation among others.

The table below shows Uganda's morbidity trends due to malaria between 1997 and 2001. It clearly indicates that the number of people dying from malaria has risen substantially over the past years.

<b>Year</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>
Morbidity Rates.	2,317,840	2,845,811	2,923,620	3,311,088	5,622,934

**Figure 1.0: Source: MOH, Statistical Abstract Working Paper 2002: 34**

In Uganda, malaria has historically been a very serious health problem and currently poses the most significant threat to the health of the population. It has a great impact on a range of economic and socio-cultural aspects of the country. According to a Ministry of Health policy statement, “controlling malaria is considered a major way of improving human development and fighting poverty in Uganda” ([www.health.go.ug/malaria.htm](http://www.health.go.ug/malaria.htm))

The rationale of this study is that it underscores the importance and relevance of using communication as a tool in the fight against malaria. It reveals how different communication interventions can be utilized to increase awareness on malaria and to influence positive behaviours that are important for malaria control.

Home based management of fever is in its infant stages of implementation in selected districts of Uganda and is yet to spread out. This study is timely since it will examine the current situation in areas where HBMF is being implemented. The findings of the study will illuminate issues that the MOH, HEPU and other actors may find useful in the process of scaling up HBMF.

### **1.10. Motivation for the Study**

In January 2001, I was involved in a study aimed at discovering the systems of communication that exist in selected rural communities of Uganda. It was a study commissioned by UNICEF and I was a research assistant.

One of the districts we surveyed was Kabale, located in the south western part of Uganda. During the field study in Kabale, my colleagues and I found that there was a severe outbreak of malaria, which claimed many lives. The disease afflicted a number of households that I visited, with children in particular, looking so frail and emaciated, persistently crying. Worse still, some patients had not received adequate treatment, let alone, any treatment at all. It is then that I understood the severity of the disease.

That experience stirred my interest in conducting a study on malaria. Given that academically my orientation is in media and communication studies, I was motivated to

find out how media and communication strategies can be used as an early warning system in the prevention and treatment of malaria.

### **1.11. Thesis Outline**

Chapter one presents the introduction and background to this study and gives an overview of what the entire study entails. It presented the specific issues that directed this study on examining how the MOH and other actors used media and communication strategies in malaria control. The prevalence of malaria has been tackled, partially tracing the history of the disease and efforts towards eradicating it in the remaining parts of the world. Chapter two describes the theoretical premise on which the study is based. The study relies on the discussed theoretical principles to evaluate the HBMF campaign process.

Chapter three presents the key research methodologies used to conduct the study. A justification of these methods and problems encountered using these methods are presented. Chapter four of this study gives more understanding on the background to the study with its main focus on the national health policies and the country's demographic factors that impacted on the campaign. Chapter five consists of a presentation, discussion and analysis of the study's findings with the discussion of theories as a major link in analysing the findings. Chapter six is a summation of the entire study, draws conclusions and makes recommendations.

## CHAPTER TWO: THEORETICAL FRAMEWORK

### 2.0. Introduction.

*“There is nothing as useful as a good theory”*

(Lewin 1935, in Glanz et al, 2002: 23).

This chapter presents the theoretical framework that informs this study. In that regard, this study focuses on theories that are relevant to communication campaigns. These include approaches from the fields of mass communication, public communication campaigns, health communication and development communication. A description of these theories is given and a link established to the theme of this study is further elaborated in discussing the study’s findings in Chapter Five.

Kerlinger (1986, in Glanz et al, 2002:25) defines a theory as “a set of interrelated concepts, definitions, and propositions that present a *systematic* view of events or situations by specifying relations among variables in order to *explain* and *predict* the events or situations.”

Theories are by their nature abstract, and appear formidable and difficult to use (Witte 1995:145). Nonetheless, they have the capacity to simplify and systematize complex processes. Theories are absolutely useful in the development of communication campaigns since they make the process easier and less time-consuming than a campaign that starts from scratch without any guiding principles” (ibid). Unfortunately, many practitioners see theories as ivory-tower creations with little relevance to the real world (ibid). Another dilemma for communication planners is that their work is often criticised by people using their common sense theories and believing them to be as valid as scientific or well-grounded working theories (Windahl et al, 1993: 2).

### 2.1. Mass Communication Theory

Mass Communication theories have been applied in several communication campaigns. Some of these theories can be used in health education campaigns, such as the malaria

communication campaign under review in this thesis. In that regard, this study will discuss the two-step flow of information theory, uses and gratifications theory and diffusion of innovations model.

Before that however, I will first discuss the chronology of communication effects, to which the above-mentioned theories partly owe their existence. Early mass communication theorists assumed that the mass media wielded a lot of power and created “powerful effects” amongst their audiences. This became known as the “magic bullet” theory or hypodermic needle theory. The assumption prompted criticisms from other scholars who later advanced the aforementioned theories.

### **2.1.1 The Magic Bullet Theory**

The notion of mass communication being all-powerful and having direct influence on people can be traced to the historical era of mass society when human society was traditional in its social organization. The gist of the term “mass society” did not merely refer to large numbers but to ‘the multitude’ or the ‘common people,’ usually seen as uneducated, ignorant, potentially irrational, unruly and even violent” (McQuail, 1994: 36). With regard to social organization, people were tied to each other through family and kinship, loyalties to local rulers, or through deeply established beliefs, customs and traditions that guided their behaviour in all aspects of social life (Lowery and Defleur, 1995: 6).

However, the end of the eighteenth century brought about drastic changes namely, industrialization, urbanization and modernization, that caused society to change from being traditional to modern. The advent of these trends created bureaucracy in the social organization, which paved way for new impersonal relationships, where people became more isolated from others and diversified in values and beliefs, unlike in the past where friendship, kinship or traditional loyalty, united people.

As Lowery and Defleur (1995:8) noted, people still had families and friends, but the increasingly mobile, differentiated and bureaucratized society was one that tended to

reduce close personal ties between people rather than strengthen them. These changes altered the relationships members of society shared.

Another vital factor explaining the powerful effects of the media, is the 1890s, Darwin genetic view of mankind which stressed the animal trait of human nature and portrayed human beings as irrational creatures (Lowery and Defleur, 1995:13). It was assumed; therefore that human beings were uniformly controlled by their biological based instincts and that they would react more or less uniformly to whatever stimuli (situations confronting them) came along.<sup>3</sup>

The above-mentioned schools of thought propagated the ideas of media being all-powerful. With the demise of close relationships in the mass society, people had to depend on the mass media given that with modernization people increased their use of print, film and broadcast media. These modern societies became media-dependent societies (ibid: 11). Besides, humans were regarded as irrational and would react uniformly to any stimuli, including media messages. Audiences were seen as too powerless and relatively passive to resist the impact of media message (Griffin 1997:338, Lowery and Defleur 1995:13).

As more interactive forms of media became available, other useful models replaced the magic bullet theory, namely, the two-step flow theory, diffusion of innovations theory and the uses and gratifications theory.

### **2.1.2 Two-step flow theory**

Paul Lazarsfeld, Bernard Berelson, and Hazel Gaudet in the *People's Choice*, a publication that analysed the voters' decision-making processes during a 1940 presidential election campaign in the United States, first introduced the two-step flow theory. The results of their study suggested that individuals were more influential than the media in getting people to vote in certain ways.

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<sup>3</sup> The similarity between human beings and animals is justified by the assumption that, animals within a particular species presumably all behaved in more or less the same way because of their uniform inherited instincts, derived from their evolutionary history (Lowery and Defleur 1995:13).

The study established that the assumption of the mass society theory regarding humans as social isolates was false. This was in line with the critical theorists of the Frankfurt School who critique the mass society theory for “its uniformity, worship of technique, monotony, escapism, its reduction of individuals to customers and the removal of all ideological choice” (McQuail, 1994: 98).

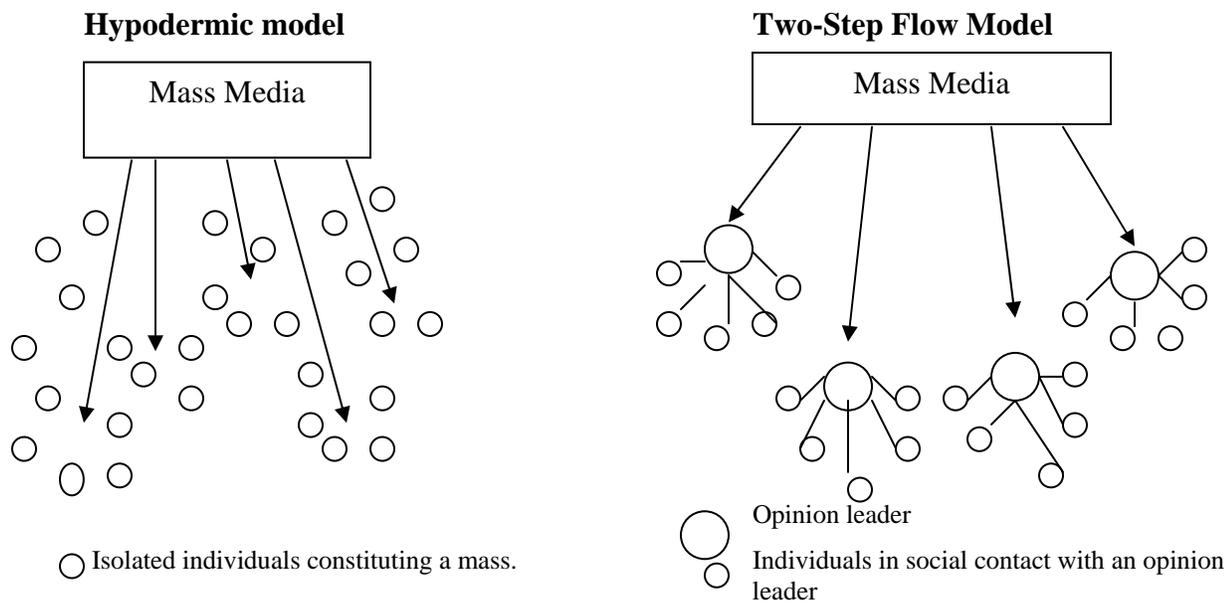
Instead, audiences are composed of social beings that communicate among themselves. In addition, informal social relationships play a significant part in modifying the manner in which given individuals will act upon a message that comes to their attention via the mass media (Defleur and Ball-Rokeach, 1975: 211; McQuail and Windahl 1993:63; Windahl et al, 1993).

It further suggested that communication from the mass media first reaches “opinion leaders” who filter the information they gather to their associates, with whom they are influential. These associates are considered to be less active sections of the population. According to Rogers, opinion leaders are members of a social system in which they exert great influence (2003: 27). They are people who tend to consume more media output, discuss certain themes with others, and participate more in organizations than do others in their immediate environment (Windahl et al, 1993:52). In principle, they act more or less as experts for other people who have very limited exposure to the media.<sup>4</sup>

By questioning the many assumptions of the magic bullet theory, the two-step flow theory became an essential part of communication studies since it challenged the dominant paradigm of mass communication research (Windahl et al 1993:51, Lowery and DeFleur 1995:91). The diagram below contrasts the two theories.

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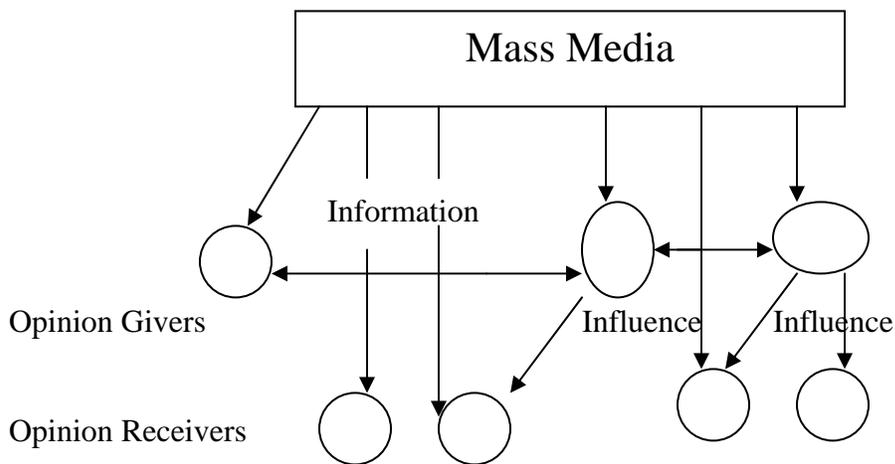
<sup>4</sup> Note that Opinion leaders do not replace the media but rather guide discussions of the media. They should not be regarded as replacing the role of interpersonal networks, but, in fact, as re- emphasizing the role of group and interpersonal contacts (Brosius et al 1996: 561-580). In addition, Individuals who act as opinion leaders on one issue may not be considered influential in regard to other issues (Merton, 1948:180-215).



**Figure 2.0 showing hypodermic effects approach and two-step flow approach  
Adapted from Windahl et al, 1993:53**

It is worthy noting that the above description of the model may differ from what transpires in the real-life situation. For instance, sometimes people are informed directly by the mass media and may initiate interaction on an issue with the opinion leader. In addition, opinion leaders do not necessarily obtain their information from the mass media but from other opinion leaders (Windahl et al, 1993:54). Besides, not all opinion leaders are active and can be selective about what information they receive. Opinion leaders may also use their power to sabotage planned communication efforts (ibid: 55). Consequently, other descriptions of this model have been proposed to reflect a real-life situation.

McQuail suggests that the two-step flow model becomes a multi-step, or N-step model, where the relationship between interpersonal discussion and reception of mass-mediated messages is viewed as recurring; people first learn about an event from newspapers, radio or television and this stimulates them to discuss the event with other people (McQuail, 1987; McCombs and Becker, 1979; in Windahl et al, 1993:55). In the first place, attention to mass media messages may have resulted from prior discussions; therefore it is quite misleading to assume that only opinion leaders receive information through the media. The following diagram illustrates what occurs in a real life situation



**Figure 2.1 showing a multi-step flow of Information  
Adapted from: Windahl (1993; 56)**

This model is also viewed as an important contribution to the trend towards a more social- centred picture of the mass communication process, given that it connects mass communication to interpersonal communication. Researchers suggest that in combination with interpersonal channels, mass communication can be very influential (Noelle-Neumann 1973; McQuail 1987; in Windahl et al, 1993:52).

This theory can be applied in information/public communication campaigns, more especially when the communication goals to be achieved require reinforcement through personal trust, something opinion leaders can provide (Windahl et al, 1993:55).

This model is relevant to my study since it addresses my research question on the role of interpersonal communication in the malaria campaign. In the context of the HBMF campaign, this model will be used to determine how the campaign planners utilized opinion leaders, such as local councillors (LCs), religious leaders, community health workers et cetera. As the study established, these leaders have more access to mass media information, which they partially use to educate their people on HBMF. The model will go on to emphasize the importance of using both mass media and interpersonal communication in communication campaigns.

### **2.1.3. Diffusion of Innovations Theory**

Similar to the two-step flow model, which reminds us of the value of combining different channels in communication, diffusion research goes one step further in acknowledging this. It centres on the conditions that increase or decrease the likelihood that members of a given society will adopt a new idea, product, or practice.

Diffusion is the “process in which an innovation is communicated through certain channels over time among members of a social system (Rogers 2003:5-24).<sup>5</sup> In that regard, an innovation is “an idea, practice or object that is perceived as new by an individual or other unit of adoption,” and communication is “a process in which participants create and share information with one another to reach a mutual understanding” (ibid).

An essential aspect of Rogers’ model to this study is the adoption process, in which an individual or groups of individuals are confronted with an innovation and react to it, in one way or another (Windahl et al, 1993:58). This process is divided into different stages, namely; knowledge, persuasion, decision, implementation and confirmation stages respectively (Ibid; McQuail and Windahl, 1993:74), and each of these stages may have one or more preferred channels of communication. Windahl et al observe that, while communication occurs throughout the process, “the individual receives unrequested information, seeks information, gives away and exchanges information, the interplay between mass and interpersonal communication is crucial at this stage” (1993:58).

For diffusion to occur, there must be an information exchange among individuals. Rogers observes that mass media channels are usually the most rapid and efficient means of informing an audience of potential adopters about the existence of an innovation.<sup>6</sup> On

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<sup>5</sup> A social system is defined as a set of interrelated units that are engaged in joint problem solving to accomplish a common goal (Rogers, 2003: 23-24). The social system may consist of individuals, households, informal groups and organizations. Attributes of the social system which influence diffusion include, effect of norms on diffusion, the role of opinion leaders, types of innovation decisions and the consequences of innovation (ibid).

<sup>6</sup> Mass media channels are all those means of transmitting messages that involve a mass medium, such as radio, television and newspapers.

the other hand, interpersonal channels are more effective in persuading an individual to accept a new idea, especially if the interpersonal channel links two or more individuals who are similar in socio-economic status, education, or other important ways (Rogers 2003: 18, Windahl et al, 1993: 61-62, 75).<sup>7</sup>

Like in the two-step flow model, the role of opinion leaders is remarkable in this theory. Research on the diffusion of innovations (Rogers & Shoemaker, 1971; in Flay and Burton 1990: 138) suggests that, enlisting respected leaders in the campaign cause and having them involved in interpersonal interactions with groups of the target audience will be helpful.

Generally, in many instances, a planned diffusion process is a traditional communication campaign. As is the case in most communication campaigns, the outcome of diffusion processes is supposed to be change, very often, behavioural change, in terms of knowledge and attitudes (Windahl et al, 1993:57), with emphasis on how people accept or refuse an innovation. The diffusion model is a special type of communication, in that messages are concerned with new ideas. The newness means that some degree of uncertainty is involved in diffusion (Rogers 2003: 6).<sup>8</sup>

This is of relevance to this study in that some of the main elements of the malaria campaign involve sensitising people about new ideas (innovations), such as using ITNs and the first-line therapy drug (HOMPAK). Against the background of this model, I will be able to examine how the campaign planners at the HEPU handled dissemination of these new ideas to the target audience.

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<sup>7</sup> This involves face-to-face communication between two or more individuals. Opinion leaders, in particular, are believed to speed up the diffusion process. A number of experiments on the effects of opinion leadership in health interventions deduced that opinion leadership intervention was effective in bringing about behaviour change (Rogers, 2003:321-325).

<sup>8</sup> Uncertainty is the degree to which a number of alternatives are perceived with respect to the occurrence of an event and the relative probability of these alternatives (Rogers, 2003:6).

#### 2.1.4. Uses and Gratifications Theory

This theory challenges the “magic bullet” view of mass communication effects being all-powerful and having direct influence on people. It instead promotes people as being rational and specifically paying attention to media messages that aim at fulfilling their needs.

Defining this model, Berger (1995: 100) observes “Uses and Gratifications theory implies that members of an audience are active and selective in choosing certain texts (or genres) that provide them with various gratifications.” In other words, the theory suggests that the audience play an active role in choosing and using the media. They have the ability to seek out a media source that best fulfils their needs and, besides, they have alternate choices from which they can satisfy their needs.

The objectives of the uses and gratifications theory are: (a) to explain how people use media to gratify their needs, (b) to understand motives for media behaviour, and (c) to identify functions or consequences that follow from needs, motives and behaviour (Rubin 1994: 419). Blumler and Katz (1974) provide a description of underlying logic of investigations into media uses and gratifications derived from them, as expressed in the model below.

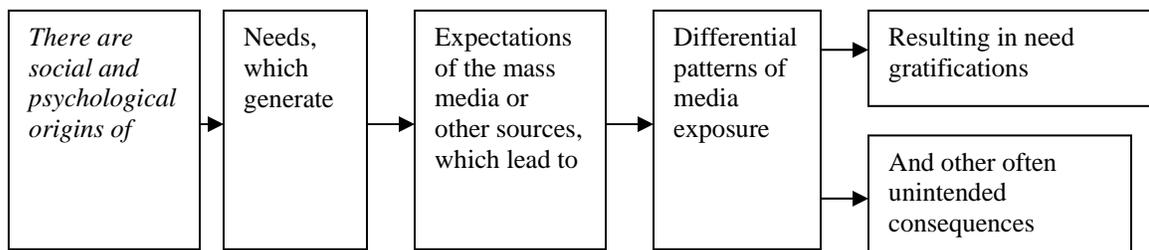


Figure 2.2 showing the elements of uses and gratifications model.

Adapted from McQuail and Windahl, 1993:134.

The above diagram reveals that the audience is not docile, but rather active and makes motivated choices, based on previous experiences with the media. As Windahl et al, put it, “Audience members will not accept everything that is offered to them” (1993: 165). It

also shows that the media is not the only means through which people satisfy their needs, and therefore, media influence cannot be automatic.

For communication planning, audience activity is the core concept in uses and gratifications.<sup>9</sup> Therefore, when designing messages or a campaign, it is important that the audience's needs and expectations are taken into consideration. In addition, they should be able to participate in the campaign process right from the initial stages.

This model is believed to have introduced the human being into communication theory. Much as this may be an over statement, the uses and gratifications theory presents a more positive image of the audience member than did any prior communication theory (Windahl et al, 1993:165)

This human element in the model addresses my research question on the factors the communication planners considered while designing messages for the target audience in the malaria campaign, and how the audience received and perceived the messages addressed to them.

## **2.2. Conceptualising Communication**

Having seen different views on communication effects on people, it is essential for this study to point out how communication in itself is understood. In this respect, I will briefly compare two models of communication, the “transmission” model and the “ritual” model. While the transmission model envisages communication as linear and regards the sender as having power over the receiver on whom a message is imparted, the ritual model perceives communication as an interaction, where emphasis is on the intrinsic satisfaction of the sender and the receiver (McQuail, 2000: 54).

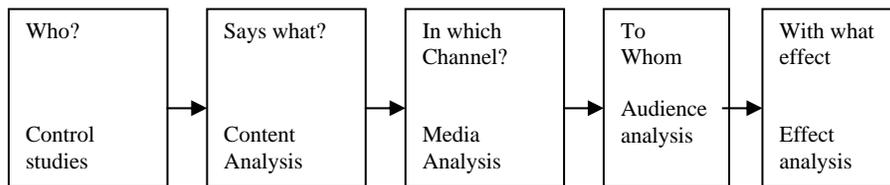
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<sup>9</sup> Audience activity refers to the utility, intentionality, selectivity and involvement of the audience with the media (Blumler 1979, in Rubin, 1994: 426).

### 2.2.1. A Transmission Model of Communication

Some of the earliest basic communication models took for granted that communication was a linear, one-way process from source to destination.<sup>10</sup> The 1948 Lasswell formula, of “who, says what, in which channels, to whom and with what effect?” has been described as “perhaps the most famous single phrase in communication research” (McQuail and Windahl 1993:13), that conceived communication as linear. Classic examples of one-way communication would include most mainstream media materials. These forms of mass communication tend to be exclusive, given that there are significant barriers to facilitating dialogue between the sender and receiver.

Besides providing such a definition, Lasswell showed how this formula could be used for different types of communication research. To each question, he attached a particular type of analysis, as elaborated in the diagram below.



**Figure 2.3. The Lasswell Model with corresponding fields of Communication Research**

**Adapted from McQuail and Windahl, 1993:14**

Much as this model may seem contradictory in a study that advocates participatory communication, it to an extent has some relevance, given that it will facilitate my research analysis. For instance, part of this study looks at the (a) “Who?” aspect of communication, focusing on the factors communication planners at the HEPU took into consideration when designing the campaign. (b) “Says what?” aspect that will analyze the content of the messages used in the malaria campaign and (c) “With what effect?” aspect that will consider what the audience made of the messages.

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<sup>10</sup> For example, Communication then was defined as “the transmission of information ideas, attitudes or emotion from one person or group to another (or others) primarily through symbols (Theodorson and Theodorson 1969, in McQuail and Windahl 1993: 4; Berger 1995: 10). A clear assumption that the sender had knowledge that was to be imparted to the receiver, with no provision for feedback

### **2.2.2 A Ritual Model of Communication**

Further advances of thinking led to the recognition of interaction, feedback and interpretative features in human communication as well as the significance of social context. One of these is the James Carey (1975) idea that pointed to the alternative view of communication as “ritual”, according to which

Communication is linked to such terms as sharing, participation, association, fellowship and the possession of a common faith...A ritual view is not directed toward the extension of messages in space, but the maintenance of society in time; not the act of imparting information but the representation of shared beliefs (McQuail, 2000: 54).

The ritual model suggests that communication is about the maintenance of a community’s social cohesion. In this model, communication is the “creation, representation and celebration of shared values” and it is through communication that communities are “created, maintained, and transformed” (Carey, 1985:33). In other words, communication is a way of reminding people who they are, of working out their problems and of celebrating their identity.

Representing this same line of thought, Rogers (2003:5-24) defines communication as a ‘process in which participants create and share information with one another to reach a mutual understanding.’ Therefore, communication should be looked at as a two-way process, rather than as a one-way linear act in which one individual seeks to transfer a message to another in order to achieve certain effects (Rogers and Kincaid, 1981, in *ibid*: 6).

When built into a campaign process, this model would enhance interactive communication where all the parties involved are given an opportunity to offer their ideas, interpretations and arguments. In addition, it would build and maintain connections of trust in the campaign, which is necessary to bind members of the community. It also supports the position of this study, on the importance of participatory communication in communication campaigns (See section 2.5.2).

Generally, with the advent of interactive communication technology, it is becoming increasingly difficult to think in terms of “source” and “receiver”; instead, each person is a “participant” (Windahl et al, 1993:7)

The onus is therefore on the communication planner to decide which model will be appropriate for a given campaign. Windahl et al, (ibid) further observe that the

Communication planner often shapes a strategy by choosing among options that represent one or the other definition. For some purposes, transmission types of solutions are preferable; for others, solutions that are more of a ritual and mutual type are more appropriate. Unfortunately, some communication planners overlook this, and mistakenly dwell on transmission-based strategies where ritual-based ones would be more effective (ibid).

Nonetheless, some planned communication circumstances may call for a combination of the two approaches. In the malaria campaign, for instance, the sender (MOH) is obliged to give information to the audience regarding the disease, the assumption being that the receiver needs this information. However, in order to draw the audience’s attention, it is important that the sender considers the audience’s needs, interests, values, norms, social environment, and lifestyles and so on.

As Mendelsohn (1973) puts it, “the planner must know the campaign’s audience well enough to recognize them as different targets based on their mass media habits, lifestyles, values and belief systems, demographic and psychological attributes” (Windahl et al, 1993:113). With that in effect, the communication process becomes mutual and not simply linear.

### **2.3. Public Communication Campaigns**

Public communication campaigns are important in communication since they demonstrate a link between theories and practice (Windahl et al, 1993:100). There are two different but complementary definitions of public communication campaigns that are commonly used. (a) The definition in terms of *objectives* focuses on one group’s intention to change another group’s beliefs or behaviour, using communication campaigns or non communication strategies, and (b) the definition in terms of *methods*

centres on the process of trying to influence others through a conventional mix of communication methods (Paisley 2001:5).<sup>11</sup> Both of these methods are applicable to this study in that the HBMF campaign focuses on changing the target audience's behaviour towards adopting better health practices in the prevention and treatment of malaria and to achieve this, the campaign planners use different communication strategies.

### **2.3.1 Public Communication Campaigns Defined**

Public communication campaigns are “purposive attempts to inform, persuade or motivate behaviour in a relatively well defined and large audience, generally for non-commercial benefits to the individuals and/or society at large, typically within a given period, by means of organized communication activities involving mass media and often complemented by interpersonal support.” (Rogers and Storey, 1987). McQuail further notes that campaigns have authoritative (legitimate) sponsorship, and their purposes tend to be in line with consensual values and with the aims of established institutions (2000: 425).

Communication campaigns can function in the field of advertising, public relations, psychology, organizational communication, interpersonal communication, health communication, political communication, mass communication etc. In all the fields mentioned, they have looked at how and to what extent individual attitudes and behaviour are changed or could be changed through the strategic use of messages. (Rakow, 1989:164).

Very rarely do public communication campaigns feature only communications through media channels. Usually they coordinate media efforts with a diverse mix of other communication channels, some interpersonal and some community-based, in order to extend the reach and frequency of the campaign messages and increase the probability that the messages will successfully result in change (Dungan-Seaver, 1999).

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<sup>11</sup> These may include use of brochures, posters, advertisements, commercials etc. In industrialized nations, unusual methods such as use of large billboards, wall paintings, issue mascots etc. in some cases, messages appear in unexpected places (Paisley 2001:5).

Other definitions also make it clear that campaigns are organized attempts to influence another's opinions, attitudes and behaviour towards desirable social outcomes or with respect to some object, through the use of mass media or other communication channels.

<sup>12</sup> Campaign designers hope to achieve such outcomes through campaign objectives of awareness, persuasion, and mobilization (Weiss and Tschirhart, 1994: 82-119; Devine and Hirt, 1989: 230).

Elaborating on these objectives, Rogers and Storey, (1987: 882) point out that; (a) To inform is "to increase individual levels of knowledge, to raise awareness of certain consequences, of options or of support available to increase the salience of an idea", (b) to persuade is "to seek to generate new attitudes or behaviours or to change existing ones" and (c) to mobilize overt behaviour change aims at "promoting or preventing a particular behaviour change".

The ideas mentioned above suggest that communication campaigns can have different effects, especially on knowledge, attitudes or behaviour. These effects can occur in different degrees and sequences. Hovland's hierarchy of effects model (1949, in McQuail and Windahl 1993: 190) advances the learning hierarchy, which asserts that effects are first at the cognitive level (knowledge), then affective level (attitude) and later the behavioural level (behaviour).<sup>13</sup> On the other hand, Bem, (1970, in Rice and Atkin 1994: 370), observes that rather than the simple sequence that knowledge changes attitudes that in turn change behaviour, it may well be that changed behaviour alters one's attitudes, which then causes one to seek out supportive knowledge.

Besides these effects, campaigns also aim at rewarding different subjects. Rogers and Storey mention that, either the receiver or sender of a campaign message (or even a third party) can be the principal beneficiary (1987: 824). In cases of health communication campaigns, it is usually the receiver who benefits from the campaign. This is derived

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<sup>12</sup> The object could be a product, an issue, or a person

<sup>13</sup> The learning hierarchy is a classic example where subjects are exposed to a persuasive campaign in which there is a clear position presented or a clear choice between different alternatives. The audience is assumed to be motivated and interested and proceeds from learning about an idea or innovation, to developing favourable attitudes, to adaptation of behaviour (McQuail and Windahl 1993:190).

from McGuire's definition of a health campaign as one that, "involves convincing individuals to exercise personal responsibility for their health by altering their lifestyles in more healthful directions, through the use of mass media and other communication channels to inform the public about dangers, motivate them to reduce risks, or train them in skills that enable them to adopt more healthful lifestyles" (1984, in Rogers and Storey, 1987: 820)

It is worthy noting that all campaigns are different and use different interventions. However, the common characteristic running through them is their focus on trying to influence what people think, think about, and how they act. Below are some factors that can enhance the success of a campaign.

### **2.3.2. What Makes Campaigns Successful? A Case of Health Campaigns**

Having discussed the elements of public communication campaigns, it is important to identify the determinants of successful campaigns so as to provide valuable guidelines for the development of such campaigns. There are several propositions on what makes campaigns successful. This study will not exhaust all of them, but will identify a few basic elements against which the HBMF campaign will be measured.

#### **2.3.2.1 Use of Theory**

As discussed earlier, (see section 2.0), theory and practice are two issues that professionals should combine in designing communication campaigns. Not only are they related but also they are both essential to health education and health behaviour (Glanz et al, 2002:22-23).

Rice and Atkin go on to observe that while campaigns are typically viewed as mere applied communication research, the most effective campaigns carefully review and apply relevant theories (1989: 9).<sup>14</sup> It is common for campaign designers, especially those with considerable expertise, to naturally rely on their personal experience and

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<sup>14</sup> Some of the theories commonly evoked to guide successful campaigns include: social learning (Bandura, 1977b), Self –Efficacy (Bandura, 1977a), Reasoned Action (Ajzen and Fishbein, 1980) and Instrumental learning (Hovland, Janis and Kelly, 1953). All adapted from (McGuire, 1989:43-66)

insights, since they regard academic theory as abstract or inapplicable (Rice and Atkin 1994: 368). Much as this perception may be true, we should remember Lewin's (1935) cliché that there is nothing as useful as a good theory (in Glanz et al: 2002:23).

Theory can inform message content and structure (see footnote 4), channel selection (Katz 1980), knowledge of the target audience (Bauer 1964; Blumler and Katz, 1974), and the general structure of the campaign (Flay, 1981). All adapted from (Flay and Burton, 1990:133)

In addition, theories can help during various stages of planning, implementing and evaluating a campaign. Glanz, et al suggest that “theories can be used to guide the search for *why* people are not following public health advice or not caring for themselves in healthy ways. They can help pinpoint *what* you need before developing and organizing an intervention program. They can provide insight into how to shape program strategies to reach people and make an impact on them. They also help identify *what* should be monitored, measured, or compared in a program evaluation (2003: 25)

### **2.3.2.2. Using Research in Campaign Design**

There are different types of research that have to be conducted before, during and after a campaign. Some of these include *formative evaluation*, which provides data and perspectives to improve messages during the course of their creation (Atkin and Freimuth 1989:131). Nowak and Siska, (1995:169-175) further observes that formative evaluation is also undertaken to identify which concepts and strategies work better; *efficacy trials*, aimed at finding out whether the campaign changed an existing situation; *process evaluation*, establishing what information is actually delivered; and *summative evaluation* (outcome), to find out whether the campaign achieved its objective.

An important element of formative research is pre-production research, which is conducted to identify potential relevant issues, campaign themes, targeted audience, message concepts and useful media channels (Nowak and Siska, 171). Accordingly, in the malaria campaign, pre-production research will call for campaign planners to

specifically identify and understand the target audience. This would enable the campaign designers to learn as much as possible about the intended audience before specifying campaign goals and devising strategies to attain those goals (Atkin and Freimuth 1989:134).

Pre-testing is another important element of formative research. Atkin and Freimuth define pre-testing as, “the process of systematically gathering targeted audience reactions to preliminary versions of messages before they are produced in final form” (1989:141).<sup>15</sup> At this stage, test audiences may suggest or supplement new or more suitable ideas, or even more relevant message sources. This is a vital stage since it provides an opportunity for the campaign planners to involve the audience in the planning of the campaign. With audience involvement, evaluation on factors such as, the audience’s attention to the message, level of message comprehensibility, relevance of message to them and any controversial issues can be detected at an early stage. Such pre-testing research can be conducted through focus group interviews, self-administered questionnaires, individual-in-depth interviews, theatre testing etc.

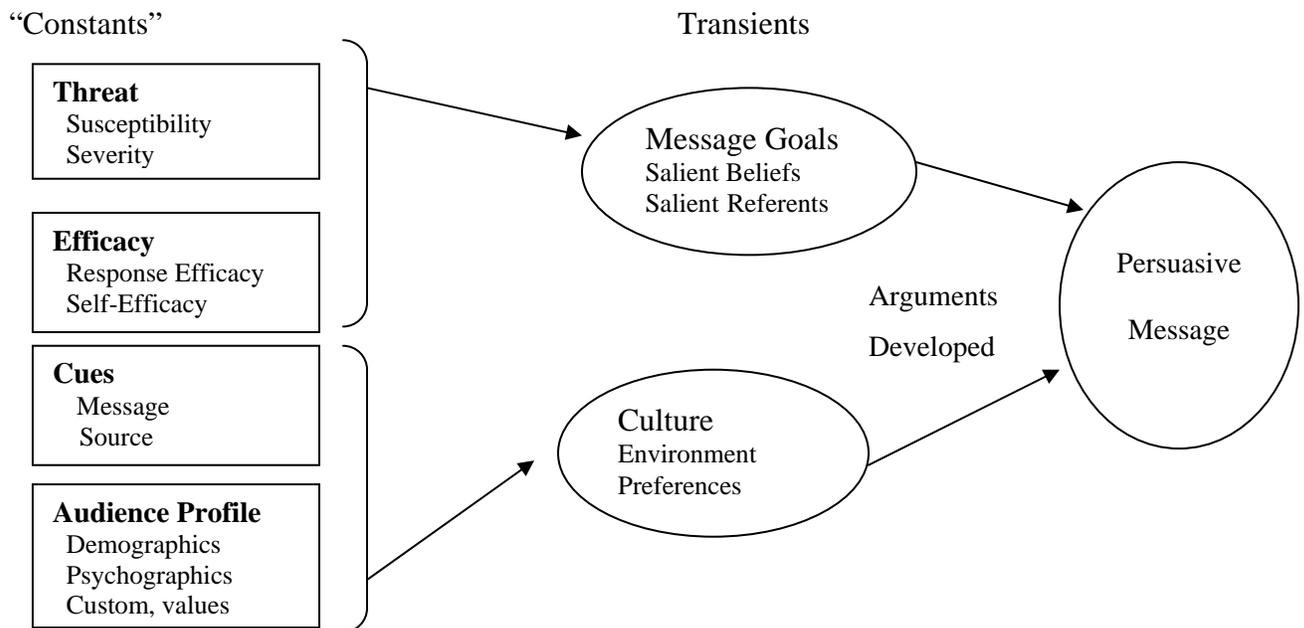
At the end of a campaign, summative evaluation research can be used to assess the success or failure of the campaign. Nowak and Siska (1995:178) observe that post-campaign evaluations play a valuable role in influencing and shaping the messages of ongoing campaigns, by establishing whether a given campaign did make a difference. In addition, proper summative evaluation can as well distinguish between theory failure (the extent to which KAP chain is rejected by the evaluation results) and program failure (the extent to which the implementation of the campaign was inadequate or incorrect) (Rice and Atkin, 1994: 382), thus allocating blame, credit and lessons for future campaigns accordingly. This is vital for improving future campaigns.

### **2.3.2.3 The Persuasive Health Message (PHM) Framework**

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<sup>15</sup> The intention for pre-testing messages includes assessing the readability of printed materials and conducting interviews with individuals and small groups to assess comprehension, recall, personal relevance, and controversial elements in proposed messages (Brown and Einsiedel, 1990:161)

The PHM framework as advanced by Witte (1995:146), offers an integrated approach to generating effective campaigns. The framework has constant and transient factors that always must be addressed before developing campaign messages. This framework is suitable for this study since it summarizes some basic elements necessary for successful campaigns. It is represented in the diagram below.



**Figure 2.4. A Framework for Developing Culturally Specific Persuasive Health Message.**  
**Adapted from Witte (1995:148)**

According to the framework, a persuasive health message should contain a threat message, an efficacy message, various cues, and should be targeted toward a specific audience, regardless of the topic, type of message or environment. The threat message, also known as the fear appeals in messages, aims at enhancing perceived risk and motivating adaptive behaviour change among the target audience (Stephenson and Witte, 2001:88).<sup>16</sup> The assumption is that when people are faced with a health threat or feel they are vulnerable to a perceived threat, they are bound to adhere to the recommended responses. On the other hand, the *efficacy* part of the message reassures individuals that

<sup>16</sup> Despite supportive evidence on using fear to motivate behaviour change has not gained universal acceptance in many applied communities (Backer, Rogers and Sopory, 1992, in Stephenson and Witte, 2001: 89). Witte (1995), cautions that, if a threat is perceived as too high, such that individual believe no response would effectively deter it, the message will backfire.

they can perform the recommended response, which can effectively avert the threat (Witte, 1995:147).<sup>17</sup>

The other elements of the framework are *Cues*, defined as “those variables that can influence the persuasive process in an indirect manner” (ibid). The two variables that act as cues in the PHM framework are the *source* and *message*.

#### **2.3.2.3.1. Source**

It is important for the communicator to consider variables related to the source of the message such as credibility, attractiveness, legitimacy, similarity or power. These elements may sound subtle but have significant impacts on whether the audience takes the message seriously and is motivated to act (McGuire, 1984, in ibid: 148).

Windahl et al, recommend that the audience ought to know who is communicating to them. When the audience question the authenticity and legitimacy of the message, it is likely to be rejected. The onus is thus on the communication planner to make it clear to the audience who actually is communicating with them and in whose interests (1993:10).

Use of source presenters in delivering messages is also an added advantage. A source presenter is usually a messenger or model that appears in messages, delivers information, demonstrates behaviour, or provides a testimonial (Atkin, 2001:64).<sup>18</sup>

#### **2.3.2.3.2. Message**

The manner in which the message is organized, the type of appeal given, the number of repetitions in a message, the vividness of language used, and more, can influence the

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<sup>17</sup> (Self) Efficacy is also defined as, “One’s confidence in one’s ability to take action” (Glanz et al, 2002:49). Its application involves; providing training or guidance in performing a given action, use of progressive goal setting, giving verbal reinforcement, reducing anxiety and demonstrating desired behaviour (ibid).

<sup>18</sup> These are some of the messengers that can be used in a health campaign. A celebrity, a public official, an expert specialist, an organization leader, a professional performer, an average person, a specially experienced person, or a unique character (Atkin, 2001:64)

persuasive process (Witte, 1995: 148).<sup>19</sup> It is also important for messages to be simple without being reductionistic (Flay and Burton, 1990:137). Short of this, it is likely that the receiver may totally misinterpret the message.

Windahl et al, further observe that often, the communicator and receiver get different meanings from a message and yet communication planners frequently overlook this disparity. “It is a common flaw in sender-oriented communication theory and practice to embrace the sender’s definition of the message and disregard the interpretation by the receiving side. The result, of course, is ineffective communication” (1993:11). When planners take note of such disparities and try to reach a mutual understanding, between sender and receiver, then effective communication in campaigns is possible (ibid: 12).

### **2.3.2.3.3 The Audience Profile**

The audience profile is the component of the framework that makes the message “fit” the audience, since it takes into consideration the demographic and psychographic information about the audience, as well as educational levels, cultural beliefs, values, customs etc of the audience (Witte 1995:149). Such information is very useful in the campaign process since it consists of the salient aspects necessary for designing appropriate messages for a given audience.<sup>20</sup>

Kreps and Thornton concur with this principle. They observe that:

To develop strategic health communication messages, the messages must be matched to the key cultural attributes of the audience for whom they are intended...they must appeal to specific audience targeted since audience members who do not perceive the campaign as personally relevant are unlikely to pay attention to, interpret, recall, or heed advice offered in health promotion campaign messages (1992:201)

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<sup>19</sup> Appeals can be emotional, logical, fear eliciting etc. The most effective appeals are those that have been specifically designed to fit the audience, channel, source, topic and intended effect (Brown and Einsiedel, 1990:161)

<sup>20</sup> Salient aspects fall under “transients” in the PHM framework. The transient components of the framework are those changeable elements of the campaign, e.g. salient beliefs, salient referents, culture, environment, message goals, and they are the components that determine the actual message content (Witte 1995:149)

Additionally, interpersonal influencers are valuable in promoting campaign messages among a given audience.<sup>21</sup> Atkin suggests that campaign planners need to influence other target audiences (interpersonal influencers), that can exert interpersonal influence or help reform environmental conditions that shape the behaviour of the segment to be changed (2001: 53).

#### **2.3.2.4. Communication Channels**

We have so far seen how the elements of the PHM framework, together with the use of theory and formative research, can enhance the success of a campaign. However, these would still not be achieved without the source, using appropriate channels to disseminate messages to the target audience, or carrying out a needs assessment.<sup>22</sup>

Communication planners must determine which communication channels will most effectively accomplish their campaign objectives. Several scholars agree that for campaign messages to reach the target audience, multiple communication channels (interpersonal and mass media) have to be used (Windahl et al 1993, Flay and Burton, 1990, Kreps and Thornton 1992, Atkin 1989, 2001 etc).

Kreps and Maibach (1991), propose criteria that can be followed to select the best channels for a campaign. They highlight the following; a) *reach*, how large an audience can be communicated with via the channel; b) *specify*, which particular group or individuals can be communicated with via the channel and c) *rate of influence*, how credible the channel of communication is with those individuals it reaches (in Kreps and Thornton 1992:202).

Atkin point outs that campaigns that mainly use traditional media channels to disseminate messages often produce unimpressive results (2001:57). He therefore suggests that more

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<sup>21</sup> Examples of interpersonal influencers are parents, siblings, friends, co-workers, bosses, teachers, coaches, medical personnel, police officers, etc (Atkin 2001:54)

<sup>22</sup> In this case, needs assessment is more or less the same as pre-testing, i.e. in order to develop better messages, the campaign planner should gain more knowledge about the problem they are addressing, the target audience, and the relevant social issues.

diverse channels be adopted.<sup>23</sup> In addition, when campaigns utilize multiple channels of communication they maximize the strength of each channel, while minimizing the channels' limitations (Flay and Burton 1990, Rogers and Storey, 1987). Ideally, interpersonal channels can be used to influence people, while mass media channels can be used for widespread knowledge and awareness.<sup>24</sup>

### **2.3.2.5. Using Social Marketing in Health Campaigns**

Modern health promotion efforts have increasingly adopted a social marketing approach to communication campaigns, since it is considered an effective way of motivating people to adopt healthy behaviour, by using crucial health products and services. This model is considered to be an important foundation for planned communication (Windahl et al, 1993:95)

Kotler and Roberto (1989, in Maibach, Rothschild and Novelli, 2002:438), define social marketing as “ a program planning process that promotes the voluntary behaviour of target audiences by offering benefits they want, reducing barriers they are concerned about, and using persuasion to motivate their participation in program activity.”

Brown and Einsiedel (1990:154) observe that the social marketing approach is important in health information campaigns since it focuses attention on the audience and its social, political and economic environment. From this perspective, campaign planners are compelled to consider not only what it is they are really trying to get people to do, but also why the audience might be motivated to comply with or might resist engaging in the

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<sup>23</sup> Diverse channels include secondary multimedia (e.g. billboards, posters, theatre slides), entertainment-education materials (e.g. songs, program inserts, comics) and interactive media (e.g. websites, CD-ROM disks, etc) (Atkin, 2001:57)

<sup>24</sup> Interpersonal channels are often described as having low reach, high specificity, and a high potential rate of influence. On the other hand, mediated channels are generally characterized by higher reach, low specificity and lower potential rates of influence (Kreps and Maibach 1991, in Kreps and Thornton 1992:202).

desired behaviour. This implies that for each step in the campaign process, the campaign planner should consider the needs, motivations and resources of the audience.<sup>25</sup>

There are four major principles of social marketing, often referred to as the “Four Ps”, (Products, Prices, Placement and Promotion), that are used to guide the development of persuasive communication campaign strategies (Kreps and Thornton 1992:200, Windahl et al, 1993:96, Maibach et al, 2002:444). According to these principles, social marketers should create a product that will appeal to a specific target audience; establish a price-according to economic, psychological, or social costs to consumers; identify ways to place the product, through the strategic use of communication channels to get the target audience’s attention;<sup>26</sup> and develop marketing messages to promote the product or show audiences how to adopt the health innovation (ibid).<sup>27</sup>

Special attention to the process of exchange is critical to the value of social marketing approaches. Wallack (1990:157) notes that, “the basis of exchange is that people are willing to exchange some resource (e.g., time, money) for a benefit (product or positive attribute).” In essence, this marketing process attempts to facilitate a voluntary exchange between the social marketer and consumers, so as to provide the latter (consumers) with tangible benefits at a minimal cost. This also presupposes that products are sold rather than given away to consumers. It is believed that when products are free, the recipient does not value or even use them.

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<sup>25</sup> Note that members of the target audience are free to choose or reject the behaviour or product being promoted in a social marketing program. Because the power of choice ultimately resides with the consumers, social marketers must focus their activities on understanding and responding to the consumers’ perspectives –as mentioned above- (Maibach, Rothschild and Novelli, in Glanz et al, 2002:448).

<sup>26</sup> A key ingredient to successful social marketing is effective communication. This calls for a mix of strategies and channels, including mass media and interpersonal communication to reach the target audience. Wallack adds that, mobilization of local organizations and interpersonal networks in a social marketing program are vital forces in the behaviour change process (1990:156)

<sup>27</sup> It is important to run education and communication campaigns, together with sales of a product or service simultaneously, because if an education or communication program stimulates healthy behaviour, e.g. using a health product or service, but the products are not available or affordable, then the value of the education may be lost.

Much as there may be a latent demand for the products, however, effective distribution of an attractively packaged product at an affordable price is mainly what is needed to motivate use by lower income groups. To increase the adoption of health behaviour social marketers can use IEC programs to educate individuals and motivate them to engage in health behaviour. This could be complemented with creative and effective advertising and promotions, through use of diverse communication methods such as mobile video units and point-of-sale advertising.

Social marketing is relevant to this study given that a number of private actors and social marketers are involved in the promotion of ITNs in the HBMF campaign. Additionally, they are recognised by the MOH as partners in the campaign.

Having looked at the background of public communication campaigns, (health communication campaigns in particular) and the factors that can augment their success, I will go on to discuss the theoretical foundations in health communication.

#### **2.4. Health Communication**

The relationship of communication and health started in the mid-1970s, which resulted into a health communication discipline. To date the field of health communication has been defined with greater emphasis being placed on communication than health.

Finnegan and Viswanath attribute this to the fact that “it was communication scholars who sought to exercise their expertise in health situations rather than the health experts who sought to illuminate communication effects” (1990: 9-10). Given that the theme of this study falls under health communication, it is important to consider some of its theoretical foundations in this chapter.

### **2.4.1. Health Communication Defined**

Berlin and Donohew (1990:4) define health communication as “the dissemination and interpretation of health-related messages. The disseminator may be an individual, an organization or a mass medium, whereas the interpreter may be an individual, a group and organization, or an indiscriminate mass public.” Costello (1977, in Finnegan and Viswanath, 1990:10) notes that health communication is the study of the process by which individuals acquire and convert data about health into meaningful or consumable information, the ends of which are “those of adaptation.” Cassata (1980: 584, in *ibid*) defined the field as “the study of communication parameters (levels, functions and methodologies) applied in health situations/contexts.” These definitions reflect a transmission view of communication discussed in section 2.2.1.

To the contrary, Kreps and Thornton defined health communication as concerned with human interaction in the health care process, focusing on the needs of patients/consumers in health-care settings, but also noting the levels at which communication processes and effects may be examined (intrapersonal, interpersonal, group, organizational, public and mass communication) (1984, in *ibid*).

This definition addresses the needs of the receivers of health messages, a notion that supports Rogers’ view on communication being a mutual sharing of ideas discussed in section 2.1.3. In an effort to better connect communication with health outcomes, Reardon (1988, in Finnegan and Viswanath, 1990:10) emphasised the role of the field in studying how and under what conditions communication may persuade and motivate people to adopt healthier lifestyles and behaviour as a matter of health promotion and disease prevention.

### **2.4.2. Health Education or Health Promotion**

Health education is an important communication process where relevant health information is disseminated to those individuals who can best utilise such data to reduce health risks and to increase the effectiveness of health care (Kreps, 1990:187)

Simonds (1976, in Glanz et al, 2002:8) defines health education as aimed at “bringing about behavioural changes in individuals, groups, and larger populations from behaviour that is presumed to be detrimental to health, to behaviour that is conducive to present and future health.” In the same light, another definition refers to health education as the “process of assisting individuals acting separately or collectively to make informed decisions about matters affecting their personal health and that of others (ibid).

Health educators or communicators can employ a wide range of health communication strategies and utilize many different communication channels to effectively disseminate relevant health information so as to influence target audiences. There is no doubt therefore that communication and health education must go hand in hand.

Health education messages can be disseminated in both formal and informal communication contexts. The formal type of health education can be presented through health-care specialists such as doctors, nurses, therapists, pharmacists, dentists et cetera. Other formal forums include mass media programmes and classroom instruction developed specifically to accomplish health information purposes (Kreps, 1990: 187.) On the other hand, informal health education can be provided by family, friends, co-workers, schools and popular mass media that indirectly provide or even allude to health information. Emphasis is on the importance of informal communication networks conveying health information, since such networks are “easily accessible, well utilized and personally involving for most people” (ibid: 191).

Nonetheless, Kreps (ibid: 193) cautions that sometimes, informal health information is inaccurate and contains misleading information, since the sources in these informal networks are not trained professionals. He proposes that formal health education sources must increase their “effectiveness in communicating relationship information, whereas informal health education sources must increase their abilities to provide accurate and

timely content information.” Consequently, individuals would be in a better position to “take charge of their own health and make positive health-care choices (Kreps & Thornton, 1984, 1992 in *ibid*). For health education to be effective, it should be designed with an understanding of the recipients or target audiences, and their health and social characteristics as well as their beliefs, attitudes, values, skills and past behaviour (Glanz et al, 2002:13)

### **2 4.3 Mass Media and Health Communication**

There have been differing views regarding the role of the mass media in health communication. On one end are those who believe that if health messages are communicated in an appropriate manner to the right audience and at the right time, even the most difficult health problem would yield. On the other end are those who contend that the profit-driven motive of the media creates a barrier to health education (Wallack, 1990:41). This perspective argues that media channels exist primarily to meet the needs of the advertisers and therefore, public service is a low priority.

The mass communication scene in most developing countries is rapidly changing as a growing number of these countries are deregulating the media. This trend has authorized the issuing of licenses to private companies and organisations to establish radio and television stations which compete amongst each other and the state-controlled/managed media. Such developments have contributed to audience fragmentation. People have greater choice of channels, and display high rates of switching channels in search of more stimulating entertainment or informational material (Atkin and Arkin, 1990:14)

Atkin and Arkin go on to describe the conflicting interests among the functions and goals of mass communication and public health sectors as presented below (1990:16)

#### ***Mass Media Objectives***

To entertain, persuade, or inform  
To make profit  
To reflect society

#### ***Public Health Objectives***

to educate  
to improve public health  
to change society

To address personal concerns

to address societal concerns

To cover short-term events

to conduct long-term campaigns

To deliver salient pieces of material

to create understanding of complex  
information

The promise of the mass media is to facilitate the goals of a democratic society by providing a forum for diversity of opinion and information. Viewed idealistically, the objective is to empower citizens better to make decisions about how to contribute to community life as well as their own individual well-being. The mass media approach this promise through news, entertainment, public information, education, advocacy and dialogue, and function as a mirror of society. (Wallack, 1990: 43). However, Atkin and Arkin's aforementioned observations portray different priorities of the two fields. In fact, Stuyck (1990:72) observes that the public health community needs the media more than the media need the public health community.

Irrespective of this, the mass media have great potential of promoting public health. If anything, there is a need for cooperation between mass communication and public health fields, given that at some point, they both facilitate each other in meeting their objectives. suggest that,

Before effectively educating the public, individuals working in both fields must themselves become better educated about the processes and priorities of the other field. The public health community ought to be sensitive to the realities of the media; mass communicators should be more aware of the public's fascination with health and more mindful of the influence they have on the audience and the value of presenting appropriate health behaviours and consequences. This can be facilitated by high-level networking between leading figures from both camps and greater interaction among public health and entertainment media organizations (Atkin and Arkin, 1990:29)

Part of developing realistic expectations about the role of the mass media in health promotion is better to understand how presentation of issues by the mass media can act as both a barrier and a facilitator. In this way perhaps, communication planners can make better use of the invaluable resource that the mass media represent (Wallack, 1990:43)

The mass media in a sense provide society with a menu from which strategies for health promotion are selected. As the saying goes, the mass media may not tell people what to think, but they clearly do tell people what to think about.<sup>28</sup>

## **2.5. Development Communication**

Under this subject, health communication campaigns are considered with regard to development. Development issues need to be measured with regard to health. Good health is essential for development. A country with many sick people is most likely to lag behind in development. The health of children is even more important since they are seen as the future of their respective countries.

The role of communication in health and development is indispensable. As we are yet to see, many development scholars and experts have departed from the initial ages of social development where the role of communication in development was monolithic. Instead, they have repeatedly asserted that, people are the real source of information in their own development, and that their participation is essential across all phases of development communication.

### **2.5.1. The dominant or modernization paradigm of development**

This paradigm emerged after World War II. Development was viewed as a type of social change caused by new ideas introduced into a social system. The ideal outcome of development in this paradigm principally included “higher per capita incomes and higher standards of living through modern (industrial) methods of production and improved social organization.” Rogers and Sevenning (1969, in Singhal and Sthapitanonda, 1996: 11, Rogers, 1993: 35).

Proponents of this paradigm also believed that the problems of developing countries were partly related to the existence of a traditional culture, and a lack of knowledge and skills

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<sup>28</sup> This notion was developed by McComb Maxwell and Donald Shaw’s 1972 Agenda setting theory. The theory states that audiences do not only learn about public issues through the media, they also learn how much importance to attach to an issue from the emphasis the media place on it (McQuail, 2000, McQuail and Windahl, 1993).

that hindered development (Honrik, 1989:115).<sup>29</sup> With this inclination, the goal was therefore to instil modern values and information through the transfer of media technology and the adoption of innovation and culture originating from the developed world. The western model of development was upheld as the model to be emulated universally (communication initiative).

At that time, the role of communication was perceived in a linear, cause-effect-oriented model, in that mass media were considered as “magic multipliers” or major vehicles of disseminating information motivating social change to a diverse public within a short period of time (Singhal and Sthapitanonda, 1996: 14). This one-way/ top-down transmission of information dominated the communication process in this paradigm. Consequently, development communication was equated with massively spread adoption of mass media to promote modernization. The media became both channels and indicators of development.

By the early 1970s, the dominant paradigm began to be widely questioned by both scholars and development practitioners. Rogers (1993: 39) attributes this to the realization that, development was not going on very well in third world countries that had closely followed the dominant paradigm. Besides, the linear role of communication to development failed to respond to the people’s diverse needs (Singhal and Sthapitanonda, 1996: 14). These reasons, among others, led to the conclusion that there are several pathways to development. This study considers participatory communication as one of these pathways.

### **2.6.2. Participatory Communication**

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<sup>29</sup> Bulmer (1993:3) defines developing countries as all countries in Latin America, Africa and Asia with exception of Japan, Australia, New Zealand and South Africa. They tend to have economies in which agriculture is the dominant activity, and to have low per capita income, nutritional standards, literacy and productivity. Health, water and social service provisions and transport communication facilities tend to be poor by comparison with the industrial countries of the “developed” world. They also tend to have high birth and death rates, short life expectancy and a marked incidence of ill health, malnutrition and disease.

As an alternative to the dominant paradigm, the emerging participatory development communication paradigm heavily emphasises the importance of people's participation in the process of communication design, implementation and evaluation.

Participation has emerged as a key concept of considerable importance to development terminology. Over the decades, there has been an increasing shift towards the use of participatory communication in health development programmes as in other sectors of human development. Melkote and Steeves argue that if development is to have any relevance to the people who need it most, it must start where the real needs and problems exist (2001:338)

The rationale behind participatory communication is that, it eliminates a one-way, non participatory approach and instead involves audiences (people or communities) in "dialogue, collaboration and group decision making" (Stuart and Bery, 1996: 200), and also considers them as the "ultimate and perhaps the most important beneficiary of development communication policies and planning" (Keune and Sinha, 1978: 36)

Nair and White (1993: 51) define participatory communication as; "the opening of dialogue; source and receiver interacting continuously, thinking constructively about their situation, identifying development needs and problems, deciding what is needed to improve the situation, and acting upon it."

Many communication scholars such as Ramanamma (1993:160), Bordenave (1994:43), Moemeka (1994:9), Servaes (1996:105) and Khadka (2000:107), believe that such an involvement of people in communication may enhance the likelihood of program success by stimulating two-way communication in a given program. As discussed above, this process is not inherent in the dominant paradigm of development communication.

The World Health Organization recognises a new approach to health promotion that stresses increasing people's control over the determinants of their health, high-level public participation and inter-sectoral cooperation (Minkler and Wallerstein 2002:281).

This, they argue, can be achieved through constant dialogue (as suggested by Nair and White's definition above)

This model is relevant to this study as it tackles the research question on the role of participatory communication in the malaria campaign. I believe that the findings from the study will go on to show how communities have great potential of playing an active role in malaria control and the importance of involving them in the campaign process not only as beneficiaries, but also as partners.

## **2.7. Summary**

This chapter has presented communication theories and how they can be applied in social settings. The theories discussed will form the basis for analysing the investigations of this study. It has revealed the importance of using both mass media and interpersonal channels of communication in health campaigns. The central role of participatory communication in campaigns has also been discussed.

## **CHAPTER THREE: METHODOLOGICAL APPROACHES**

### **3.0. Introduction**

This chapter discusses the research process and methods I used (for this study) in examining how the MOH uses media and communication strategies in promoting the Home based management of fever/malaria initiative in Uganda.

Research methodology in mass communication has been defined as “the structured sets of procedures and instruments by which empirical phenomena of mass communication are registered, documented and interpreted” (Jensen 1991: 8). Jensen and Jankowski (1999: 61) note that, “the key objective of research is to define the “how” of research (methodology), with careful deliberation to the “what” and “why” (subject matter and purpose of inquiry).”

The two significant methodological principles that can be applied to a study are quantitative and qualitative methods. Several scholars define quantitative research as “the numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that the observations reflect,” and qualitative research as “the non-numerical examination and interpretation of observations, for the purpose of discovering underlying meanings of patterns and relationships” (Babbie, 1992; Jensen and Jankowski 1991; Patton, 1990).

Hansen, Cottles, Negrine and Newbold (1998: 1) emphasise that “researchers should not only consider which is the most appropriate method for the study of their chosen topic or problem, but also what combination of research methods will produce a better and deeper understanding of it.” They further note that a good research usually benefits from the use of a combination of methods. Bulmer hastens to add that, “when different methods are used (or combined), they should be seen as being complementary to each other rather than in competition (1993: 10). This combination of methodologies is what is known as triangulation.

### **3.1 Triangulation**

Triangulation is the use of multiple methodologies. One of the assumptions of a multiple method strategy is that such an approach provides for more valid results than a single research strategy. As Jick (1979, in Jankowski and Wester, 1991: 62) puts it, the basic assumption of all triangulation is “that weaknesses in each single method will be compensated by the counter-balancing strengths of another.”

Various forms of triangulation have been proposed. Denzin, (1978, in Patton 1990:187) identifies four types of triangulation, namely: (a) data triangulation, the use of a variety of data sources in a study; (b) investigator triangulation, the use of several different researchers or evaluators; (c) theory triangulation, the use of multiple perspectives to interpret a single set of data; and (d) methodological triangulation, the use of multiple methods to study a single problem or program.

This study has in some way or other employed the aforementioned types of triangulation, however the most outstanding ones are the data, methodology and theory types of triangulation. The use of various sources of data, different theories relevant to the theme of this study and the use of qualitative and quantitative research methods, serve to illustrate the use of triangulation in this study.

### **3.2 Qualitative and Quantitative Research Methods**

Patton (1990:13-14) observes that qualitative methods are those that “permit the researcher to study selected issues in depth and detail...hence producing a wealth of detailed information about a much smaller number of people and cases, which increases understanding of the cases and situations studied.”

Noting the advantage of this approach, Wimmer and Dominick (1997:84), Jankowski and Wester (1991:46) observe that, “a qualitative researcher conducts studies in the field, in natural surroundings, trying to capture the normal flow of events and everyday behaviour.” This kind of flexibility increases a researcher’s depth of understanding of the phenomena being investigated (Tayebwa, 2003: 41). As maintained by Wimmer and

Dominick (1997: 85), the main shortcoming of this method is that “qualitative research studies use small samples: respondents or units that are not representative of the population from which they are drawn.”

Conversely, quantitative research methods are those requiring the “use of standardized measures so that the varying perspectives and experiences of people can be fit into a limited number of predetermined response categories to which numbers are assigned” (Patton 1990: 14). According to Patton, a key advantage of this approach is that it is possible to measure the reactions of many people to a limited set of questions, thus facilitating comparison and statistical aggregation of the data (ibid).

In this study, the qualitative research methods outweigh the quantitative ones. The qualitative methods used are, case study, in-depth interviews, focus group discussions, participant observation and document analysis (Patton 1990: 10; Jankowski and Wester, 1991: 59). Nonetheless, in the discussion of my findings, I will use some approaches which are parallel to quantitative methodology. Likewise, some of the questions in the interview guide for the target audience are not open ended (a typical characteristic of quantitative methodology).

### **3.3 The Qualitative Research Method Justified**

With regard to Jensen’s argument, that “the relevance of a specific methodology depends on the particular purpose and area of inquiry”, (1991:6), the nature of my research calls for an ‘in depth’ and ‘detailed’ approach in establishing how media and communication strategies are being used by the Health Education and Promotion Unit (HEPU) in promoting the HBMF campaign

This necessitated my involvement with key informants at the HEPU, at the district (e.g. health workers, voluntary distributors of HOMPAC etc), with the HBMF campaign target audience, (parents and caretakers of the under fives) and participants in focus group discussions at the community level. As Denzin (1994) asserts, qualitative research enables the intimate relationship between the researcher and what is studied.

Unlike the quantitative researcher who believes all “human beings are basically similar and looks for general categories to summarize their behaviours or feelings,” the qualitative researcher believes that “human beings are fundamentally different and cannot be pigeonholed” (Wimmer and Dominick, 1997: 84). Personally listening to the respondents’ feelings and opinions, engaging them in interviews and discussions, was very important to me in collecting findings for this study.

Van Maanen et al, (1982 in Jankowski and Wester, 1991:44) also concurs that to conduct an effective qualitative research, the researcher needs to understand the meaning the people ascribe to their social situation and activities. This can best be achieved when the researcher is in close proximity to the phenomena under study.

Irrespective of Wimmer and Dominick’s criticism on qualitative research using “small samples that are not representative of the population from which they are drawn,” (1997:85), clearly the aforementioned strengths of the qualitative method made this approach the ideal method in answering the research questions in this study.

### **3.4. The Qualitative Research Process**

As I mentioned earlier, data collection in qualitative research involves a variety of techniques; in-depth, open-ended interviews, direct observation and document analysis (Patton 1990:10, Jankowski and Wester, 1991: 59). What follows is an elaboration on how these methods were applied in this study.

#### **3.4.1 Sampling**

Wimmer and Dominick (1997: 61) define a sample as “a subset of the population that is representative of the entire population”. They hasten to add that, “a sample that is not representative of the population, regardless of its size, is inadequate for testing purposes because the results can not be generalized” (ibid).

Wimmer and Dominick (1997:62) suggest that samples can be selected on a probability or a nonprobability basis. Gunter (2002: 215) states that a probability sample is selected according to mathematical guidelines where-by the chance for the selection of each unit is known. On the other hand, a non-probability sample often relies on the fact that respondents are available, convenient to access and prepared to participate. Nevertheless, “more systematic forms of non-probability sampling are available...and these include purposive and quota sampling” (ibid). Of the two forms suggested, this study used the purposive sampling method.

A purposive sample is one “where respondents are selected according to specific criterion,” (ibid). Patton (1990:169) further observes that, the logic and power of purposeful sampling lies in selecting information-rich cases for study in-depth.

Information rich-cases are those from which one can learn a great deal about issues of central importance to the purpose of research, thus the term purposeful sampling (ibid).

Based on the above notion, my intention was to select ‘information-rich cases’ whose review would elucidate the questions in this study. It is typical for a qualitative inquiry to focus in depth on relatively small samples or even single cases selected purposefully (Patton, 1990: 169) (see section 3.4.2).

He further recommends a criterion known as snowball sampling or chain sampling as an approach for locating information-rich key informants or critical cases. “The process begins by asking well-situated people: *who knows a lot about....? Whom should I talk to?*”(ibid: 176). In other words, initial contact with an informant gives a researcher leads on whom to contact further.

While in Kabarole, my first meeting was with the District Director of Health Services (DDHS), Dr.Kabagambe, who advised on which people to contact and further suggested communities that I could deal with. In fact, it is from the list of HSDs that I later selected two health centres with their respective communities for this study (see section 3.4.2.1). Additionally, while at Toro Kahuna Health Centre, the Clinical Officer In-charge of the

unit, Wilberforce Hajusu Juma, suggested names of the voluntary drug distributors I could interview. Likewise, while at Kijura HC, the Clinical Officer In-charge, Deo Asiimwe advised me on whom to interview.

Furthermore, my initial contact with Patrick Baguma, the chairperson LC 1 and Teresia Nsabimana an LC committee member, in Kijura gave me a briefing on the estimated number of households in the area and the appropriate timing for visiting them. It is upon this that I used an aspect of systematic random sampling, “in which every ‘nth’ subject unit is selected from a population” (Wimmer and Dominick, 1997: 66). Using Kijura trading centre as a starting point my research assistants and I each took a North, East, West and South bound direction, and interviewed every second household in that direction. The strategy was to keep alternating from left and right. In total, we interviewed 30 parents and caretakers with children under five years.

Patton mentions that there are no set rules in determining the sample size in a qualitative inquiry. “Sample size depends on what you want to know, the purpose of inquiry, what’s at stake, what will be useful, what will have credibility, and what can be done with available time and resources” (1990: 184)

### **3.4.2 Case Study**

Patton (1990: 384) suggests that the case study approach to qualitative research is an explicit way of collecting, organizing and analysing data. He goes on to say that, case studies are particularly useful where one needs to understand some special people, particular problem or unique situation in great depth (ibid: 54).<sup>30</sup> In harmony with Patton’s observation, Wimmer and Dominick add that, the case study method becomes more valuable when the researcher wants to obtain a wealth of information about the research topic (1997:103).

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<sup>30</sup> A case can be a person, an event, a program, an organization, a time period, a critical incident, or a community. Regardless of the unit of analysis, a qualitative case study seeks to describe that unit in depth and in detail, in context and holistically (Patton, 1990:54).

When using a case study method, the researcher can use as many data sources as possible to systematically investigate individuals, groups, organizations or events (Wimmer and Dominick, 1997:102). In their own words, “the case study method also affords the researcher the ability to deal with a wide spectrum of evidence. Documents, historical artifacts, systematic interviews, direct observations and even traditional surveys can all be incorporated in a case study” (ibid: 103).

Jensen further emphasises that, the “purpose of a case study is normally to arrive at descriptions and typologies which have implications for other, or larger social systems” (2002: 239)

The above notion is the main premise on which this study is based. As I mentioned in Chapter One, HBMF initiative is currently being implemented in ten districts in Uganda. However, in order to find out how media and communication strategies are being used to promote the HBMF initiative, I decided to concentrate on one district so as to obtain a detailed perspective. In the section 3.4.2.1 below, I justify my focus on Kabarole district.

One major criticism of the case study method is that it is not amenable to generalization (Wimmer and Dominick, 1997: 103), since its representativeness is said to be uncertain. However, we have seen the strengths of using case studies with regard to richness of data and depth of the researcher’s involvement. Besides, I concur with Patton’s (1990:100) argument that, “case studies are manageable, and it is more desirable to have a few carefully done case studies with results one can trust than to aim for large, probabilistic and generalizable samples.” Bourdieu (1992, in Hamel et al: 35) further argues that, “a well constructed single case is no longer singular.” That is to say, if a case study is well selected and conducted, it may be possible to use it to generalize for a wider population since lessons learnt from it may be used with other studies of a similar nature.

I will not insist on the results of this study being generalized for the whole of Uganda. However, this study may give insights on the true nature of the HBMF at the grassroots level. Given that HBMF is yet to be introduced to other districts in Uganda, this study

could provide some good lessons to the relevant authorities implementing the HBMF initiative.

### **3.4.2.1 Study Location**

The study was conducted in my country of origin, Uganda, located in East Africa. Uganda is a landlocked country, bordering with Sudan in the North, Kenya in the East, Tanzania in the South and Democratic Republic of Congo in the West. The country covers an approximate area of 235, 835 square kilometres with an estimated population of 24.5 million inhabitants.

Uganda is divided into 56 districts and each district has an administrative unit run by local governments, which have legislative and executive powers. Several languages exist in the country though English is the official language.

This study was conducted in Kabarole district. Kabarole is located in western Uganda. It has a population of 371,499 and a population density of 92 persons per square kilometre.

Given that it is a big district, I used random sampling to narrow down my scope of study. On arrival in Kabarole, I visited the District Director of Health Service's office (DDHS), where I was availed a list of the Health Sub-Districts (HSD) in Kabarole, from which I selected the first one, Bukuku. Bukuku HSD has six-sub counties of which only three have both government and non-governmental organisation (NGO) health facilities. Of the three sub-counties, I singled out Hakibale sub-county and it is in this sub-county that I selected Kijura health centre (HC) III, a government facility and Toro Kahuna HC II, an NGO facility with their respective communities, as the main base for this study in the district. This locale was considered appropriate for my study because of the following reasons.

Malaria is the major health problem and main cause of morbidity in Kabarole. Kabarole was one of the ten districts in Uganda where the HBMF strategy was tested. This is quite relevant for this study given that HBMF is a main component of this study.

Besides government support, Kabarole district received substantial support from some development partners such as GTZ, UNICEF, in malaria control. My assumption is that, this puts Kabarole in a better position to plan and finance for malaria control outreach programs. Such programs are of interest to this study.

The two health centres in Hakibale sub-county were purposively selected because of their rural nature and high malaria transmission. Besides, these health centres are at community level, and HBMF is a community-intervention, particularly in rural areas. Despite its being rural, there is electricity and people have access to radio and a few to TV. Thus, there is a possibility that people listened to malaria control messages through these channels.

The language spoken by most of the people is Rutoro, a language that I understand. Given the fact that some of my respondents were women and men with hardly any formal education, and could not speak English, I felt Kabarole was a good choice since I could comfortably communicate with my respondents.

#### **3.4.1.2. Study Population and Respondents**

Informants for this study were drawn from different settings depending on the information I needed. In general, respondents were drawn from Kabarole district, namely, administrators, source presenters and recipients of the campaign activities. It also involved administrators at the central level, MOH- HEPU.

From the HEPU at the Ministry of Health, I selected two key informants. This Unit is based at the MOH headquarters and its main activities involve education and advocacy for malaria treatment and prevention. It was therefore appropriate to get information from them, since they are the main organizers of the HMBF campaign at national level. Similarly, I conducted a key informant interview with the ITN manager a social marketing firm, Population Services International, which is involved in private marketing of ITNs at the national level.

The Malaria Focal Person at DDHS's office Kabarole was another key informant. It was from him that I obtained information on communication efforts for malaria control and promotion of HBMF at district level.

Other key informants were medical personnel in charge of the health units at Bukuku HSD, Kijura HC III and Toro Kahuna HC II. They were four in total. I considered them as opinion leaders in their respective communities who could also act as source presenters (see footnote 18), since they deal with patients regularly. Besides, they are key stakeholders in the HBMF initiative and they also availed both verbal and documented information relevant to the campaign.

The implementers of the HBMF program in the communities were also a vital source of information. These are known as voluntary distributors of the HBMF main drug package known as HOMPAK. These people were recruited in their local communities and trained on how to administer HOMPAK medication. Their involvement in the community is good since they are known to the targeted audience (parents and caretakers), and could serve as opinion leaders in influencing people to embrace HBMF campaign. I interviewed five of them.

Local council leaders (LCs) were essential informants in this study. I had a group interview with seven of them. The main reason I enlisted them was to establish the participatory nature of this campaign and their role in sensitising people about HBMF. LCs are leaders in community and therefore understand what problems their people face. The LC structure is an important unit in Ugandan societies (see chapter 4) and LCs are classical example of opinion leaders. Similarly, I intended to have a group interview with religious leaders but it aborted due to some miscommunication between the convener and religious leaders. I managed to talk to only one, still on the basis of being an opinion leader.

The target audience for the campaign were basically parents and caretakers of children under five years. From the target audience, I obtained information from 30 respondents both men and women aged above 18.<sup>31</sup> Much as women in the African society take on the biggest responsibility in child care, I thought it important to interview men as well, to establish their attitude towards the campaign, since they have an obligation to their under five children as fathers or guardians.

### **3.4.2 Interviewing**

Interviewing is one of the qualitative data collection methods that is most widely used in communication research. Jensen (2002: 240, quoting Bower 1973) stresses that, “ a commonsensical justification for this fact is that the best way to find out what the people think about something is to ask them.”

According to Patton, the purpose of interviewing is to find out what is in and on someone else’s mind:

We cannot observe feeling, thoughts and intentions. We cannot observe how people have organized the world and the meanings they attach to what goes on in the world. We have to ask people questions about those things. The purpose of interviewing, then, is to allow us enter into the other person’s perspective (1990: 278).

Three common approaches to collecting qualitative data through interviews include in depth interviews, informal conversational interviews and standardized open-ended interview. For purposes of this study, the profile of my respondents and key informants dictated the interview approach I employed for each given category.

While interviewing the two key informants at the MOH, HEPU, the Malaria Focal Person at DDHS and the medical personnel at the health centres and HSD, I used the in depth interview approach using open-ended questions. The characteristics of in depth interviews are that, they usually use small samples, are very long and provide detailed background information about the reasons why respondents give specific answers.

Additionally, they are customised to individual respondents and can be influenced by the

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<sup>31</sup> 18 is the age at which a Ugandan may join and participate in any political, social and economic activity as an individual legal entity.

interview climate (Wimmer and Dominick, 1997: 100). Likewise, my intention of using open-ended questions was mainly because they “enable the researcher to understand and capture the points of view of other people without predetermining those points of view through prior selection of questionnaire categories” (Patton,1990: 24).

With that in mind, I considered this an appropriate technique for me to get detailed information from some of these respondents.<sup>32</sup> It also enabled me to establish rapport with the respondent, which I believe was very essential to enhancing the respondents’ willingness to open up.

As regards my interview with the parents and caretakers of children under five years, I employed the standardized open-ended interview. According to Patton (1990: 280), “the standardized open-ended interview consists of a set of questions carefully worded and arranged with the intention of taking each correspondent through the same sequence and asking each respondent the same question with essentially the same words.” An advantage of this technique is that, “it makes data analysis easier since it is possible to locate each respondent’s answer to the same question rather quickly and to organize questions and answers that are similar” (Patton 1990: 285). The gist of open-ended questions, he suggests, is that they “permit one to understand the world as seen by the respondents” (ibid: 24), given that they respond in their own terms.

Indeed I obtained useful information from these interviews, as I will later present in Chapter five. Notably, the direct quotations<sup>33</sup> from the respondents also provided remarkable data and insights for this study. With the consent of some of my respondents, I tape-recorded the interviews, which I later replayed and transcribed. However, this had some shortcomings as discussed in section 3.5.

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<sup>32</sup> Interview statements are, in a strong sense of the word, ‘data,’ and they become sources of information through analysis and interpretation (Jensen, 2002:240)

<sup>33</sup> Direct quotations are a considered a basic source of raw data in qualitative inquiry, revealing respondents’ depth of emotion, the ways they have organized their world, their thoughts about what is happening, their experiences, and their basic perceptions (Patton, 1990:24).

#### **3.4.4. Focus Group Discussion (FGD)**

The focus group discussion method is a kind of group interview that is typically based on homogenous groups. Focus group interviews involve conducting open-ended interviews with groups of five to eight people on specially targeted or focused issues (Patton, 1990:173).

For this study, I conducted two focus group discussions with a group of local council leaders and HONPAK distributors in Kijura. The main point was to bring together people of similar backgrounds and experiences to participate in a group interview so as to address the major program (HBMF) issues that affect them and their communities and to establish their role in the campaign. Moreover, from their responses, I could also establish the participatory nature of this campaign.

Wimmer and Dominick (1997:97) point out that researchers like focus groups because of their flexibility in question design and follow up. Indeed, the interview guide I used while conducting the FGD allowed for so much interaction with the participants.<sup>34</sup> Patton defines an interview guide as “a list of questions or issues that are to be explored in the course of an interview” (1990: 283). He further notes that the interview guide approach is especially useful in conducting group interviews since it keeps the interactions focused and allows individual perspectives and experiences to emerge (1990:283)

An advantage I experienced while conducting the FGD was that in some instances, a given participant’s remarks often stimulated more comments from the other participants. As Wimmer and Dominick) observe, such a situation is not possible in a situation involving just one individual (1997: 97).

Nonetheless, Patton (1990: 336) cautions that, “It is important to know how to manage a focus group interview so that it is not dominated by one to two people, and so that those participants who tend not to be highly verbal are able to share their views.” While

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<sup>34</sup> See Appendix 7 the for interview guide.

conducting the FGD with LCs there were two active participants who could have dominated the entire discussion, had it not been for my insistence on letting the other participants speak as well (Wimmer and Dominick, 1997:98).

### **3.4.5 Participant Observation or Field Observations**

Like other qualitative techniques, field observation is concerned with description and explanation in the process of data collection. According to Patton:

The data from observations consist of detailed descriptions of people's activities, behaviours, actions and the full range of interpersonal interactions and organizational processes that are part of observable human experience (1990:10).

He further explains that, creative fieldwork means “using every part of oneself to experience and understand what is happening. Creative insights come from being directly involved in the setting being studied” (ibid: 238).

I will not claim to have used ‘participant observation’ in the precise meaning of the expression.<sup>35</sup> However as I conducted my fieldwork, I made some observations that were pertinent to this study. For instance I noticed the absence of campaign posters in some health centres; contrary to prior information I had been given. I noticed that there were drug stock outs during a tour at two health centres; I observed the living conditions of the target audience in their homes, et cetera. These are the creative insights Patton talks about.

The advantage of such field observations is that, the study takes place in the natural setting of the activity being observed and thus can provide data rich in detail and substance (Wimmer and Dominick, 1997: 91).

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<sup>35</sup> For instance, some researchers (Wolcott, 1975, in Jankowski and Wester, 1991:55) suggest a minimum of one year for the fieldwork phase when using the ‘participant observation’ technique. That much time was not available for this study, but I still made observations that generated essential information for the findings of this study (see chapter 5)

### 3.4.6. Document Analysis and Other Sources

Document analysis is considered a “basic source of information about program decisions and background, or activities and processes that can give the researcher ideas about important questions to pursue through more direct observations and interviewing” (Patton 1990:233).

It is through this qualitative inquiry technique that a researcher can “yield excerpts, quotations or entire passages from organizational, clinical, or program records; ...official publications and reports...” relevant for a given study (Patton, 1990:10).

Several documents were used as sources of data for this study. Most critical to this study were two publications I was given at the MOH- HEPU, namely;” *The Republic of Uganda, Malaria Control Strategic Plan 2001/2-2004/5*” and the “*Roll Back Malaria Scoping Study 2003*”, and *The Africa Malaria Report 2003*, that I downloaded from the internet. Having read them before conducting my field interviews, I was able to design some of my questions with background information from these publications. Furthermore, some of the information in these publications supplemented the findings from the fieldwork.

At the DDHS office Kabarole, I was availed the district’s annual work plan that had relevant information on the burden of Malaria in the district and the strategic interventions for treating and preventing the disease. I also obtained clinical records and respective monthly primary health care work plans from Bukuku HSD, Toro Kahuna and Kijura HCs, which generated important information to this study’s findings.

Other sources of information were a campaign poster for the target audience and two campaign posters for health workers and voluntary drug distributors.<sup>36</sup> The former was used for illustration during my interviews with the target audience. In addition, the radio and television adverts, announcing preventive and treatment measures of malaria, were

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<sup>36</sup> See appendix 6 and 10 to 11 respectively for the posters

another important source of information. I personally recorded them and will use them for analysis in the forthcoming chapters.

The Internet was an enormous and vital source of information. I downloaded relevant academic data and conducted extended interviews with some respondents back in Uganda. Besides, the MOH has a website which provided essential data for this study.

### **3.4.7 Data Analysis**

According to Patton (1990: 371), the culminating activities of a qualitative inquiry are analysis, interpretation and presentation of findings. There is typically not a precise point at which data collection ends and analysis begins. In the course of gathering data, ideas about possible analysis will occur (ibid: 377).

One major shortcoming for qualitative data analysis is that “there are few agreed-on canons, in the sense of shared ground rules for drawing conclusions and verifying their sturdiness” (Miles and Huberman, 1984:16, In Patton, 1990:372). Nonetheless, some scholars provide guiding principles that researchers can use in analysing qualitative data (Jensen, 2002:245-253, Patton 1990:369-390, Jankowski and Wester, 1991:64-9). Below are some of the guidelines this study made use of.

Data reduction as discussed by Jankowski and Wester (1991: 64) refers to the “process of selecting, distilling, and otherwise transforming the information (data) found in the field notes or interview protocols.” Likewise, Patton suggests that “the voluminous raw data in these field notes are organized into readable narrative description with major themes, categories, and illustrative case examples” (1990: 10).

Another useful technique is that of ‘cross-case analysis’, which according to Patton, means “grouping together answers from different people to common questions or analysing different perspectives on central issues” (1990: 376). This approach was particularly useful to me as I conducted the standardized open-ended interviews with the target audience. Using the interview guide, I grouped certain answers from different

respondents against topics from the guide. The data reduction approach was also useful in that, I sieved and recorded information that I considered relevant to this study. It was common for some of my respondents to divert from questions posed to them.<sup>37</sup>

Having accumulated the raw data I needed for this study, I made a case record.

Describing a case record, Patton notes that:

The case record pulls together and organizes the voluminous case data into a comprehensive, primary source package. The case record includes all major information that will be used in doing the final analysis. Information is edited, redundancies are sorted out, parts are fitted together and a case record is organized for ready access either chronologically and/or topically. The case record must be manageable; it should include all the information needed for subsequent analysis... (1990: 387).

In view of Patton's notion, I outlined the major topics and sub-topics (where relevant) from the standardized open-ended interview on a Microsoft Excel spread sheet. I then entered raw data from each of the respondents in my case study and it is that edited and organized information that I used for subsequent analysis. For the key informant in-depth interviews, the analysis was done manually. I transcribed data from the recordings made and as for the written data in notebooks; I selected relevant information to use for the study.

### **3.5. Problems Encountered**

As I conducted in-depth interviews with respondents from the target audience, some respondents answered questions that I had not asked. Even though I introduced myself to them as a student, some perceived me as an employee with the government and relayed to me a number of their problems, totally irrelevant to the study. In other instances, respondents took long to respond to the questions posed to them. In fact, some questions

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<sup>37</sup> One particular example is where one respondent continuously criticised government's promotion of family planning yet our discussion was meant to be on malaria. It took some bit of time and patience to get him back on track.

were ignored by the respondents. Generally, the in-depth interview approach called for a lot of time and patience on my part.

Likewise, I had to wait long to have interviews with some key informants due to their busy schedules. Prior to the key informant interviews, I endeavoured to avail my questionnaire to some respondents' way before the interview. However the interviews were repeatedly postponed. In one scenario, one of the key informants accorded me only five minutes for what was meant to be an in-depth interview, despite the fact that this particular meeting had been re-scheduled a couple of times. This was such a set back since I had to select only a few questions that could be answered in five minutes. Worse still the questionnaire I had delivered twice prior to the interview had been misplaced. Fortunately, I had a meeting with another key informant with the same expertise, who answered the same questions to my satisfaction.

In another scenario one of the key informants promised to avail me detailed information relevant to this study. I was supposed to contact him in a given period; however, all this was in vain since this key informant was not reachable. When I returned to Oslo, one of my research assistants kept in touch with him. In spite of several phone-calls and appointments that aborted, that information was never availed. Efforts to contact someone else were futile since they all referred me to the same key informant. I resorted to the internet where I got some of the information I needed.

During the focus group discussions some of the participants were more active than the others and tended to monopolize the discussion. Often times, I had to find a way of restraining them so as to give the other members a chance to participate in the discussion. In addition, I was supposed to conduct a focus group discussion with religious leaders. However this aborted because of miscommunication between the religious leaders and the councillor who set the meeting. Efforts to reconvene the group were futile and I ended up interviewing only one religious leader.

Also problematic were the tape-recordings I made during some interviews. In the process of replaying them so as to transcribe the data, I realized that the recordings were not clear. The background of some tapes was beset with echoes, poor sound put and other interruptions. However, for each interview I tape recorded, one of my research assistants also made a handwritten copy. This served as a backup for the unclear recordings

### **3.6. Summary**

In this chapter, I have discussed the research methods I used for this study and explained what criteria I followed in selecting those methods. The concept of triangulation and its importance in data gathering and in combining theoretical concepts has been presented. I have shown why the nature of this study necessitated the use of qualitative methodology. However, some aspects of quantitative methodology are utilized given the use of statistics in discussing and analysing data in the impending chapters. Ultimately, I mentioned procedures I used to analyse data collected from the field. As a result of using the mentioned research methods during my fieldwork, I have discussed the problems I encountered while using those methods.

## **CHAPTER FOUR: UGANDA HEALTH POLICY ENVIRONMENT**

### **4.0 Introduction**

The preceding chapters reason that the environment in which a campaign is operational is extremely essential in determining its success or failure. In line with this argument, this chapter seeks to establish the policy environment in Uganda that I consider relevant for planning communication campaigns. Specific attention is given to aspects of socio-political environment and the nature of mass media. If communication planners put into consideration aspects of this environment, it could enhance effective dissemination of information.

#### **4.1. National Health Policy and the Health Sector Strategic Plan (HSSP) 2000/01- 2004/05**

The 1999 National Health Policy created a foundation for all health services in Uganda. This policy is set within the contexts of the Local Government Act 1997, which decentralises governance, health service delivery, and the Poverty Eradication Action Plan (PEAP), (Root et al, 2003: 16).

According to this policy, the Government of Uganda will focus on health services that are cost effective and that have the largest impact on “reducing mortality and morbidity, from major causes of ill health and reduction of disparity therein, as a contribution to poverty eradication and economic and social development of the people” (MCSP, 2001-5: 4). The major contributors to the burden of disease, which include malaria, will be given the highest priority (Root: 16).

At the heart of this policy is ensuring that, cost effective preventive and curative interventions are delivered in an integrated manner by means of the Uganda National Minimum Health Care Package. The first component of this package is the control of communicable diseases and the first disease mentioned is malaria (Root et al, 2003: 16).

Some of the components of the minimum health care package include:

- Prevention and control of communicable diseases especially Malaria, HIV and TB
- Integrated management of childhood illnesses (IMCI)<sup>38</sup>
- Public health interventions such as health education and promotion. (PEAP, 2001-3:126)

These interventions have been integrated in the Minimum Health Care Package at primary health care level and primary health care facilities have a central role in delivering services, through IMCI and in working with communities and other partners to deal with malaria locally (MCSP, 2001-5: 9). According to the MCSP, the following community structures will be targeted for the purpose of collaboration between the Malaria Control Program and community structures: civil societies, community leaders, community based providers, mothers' unions and shop attendants (ibid:11)

In conformity with the Abuja targets (see chapter one), aimed at preventing and controlling malaria morbidity and mortality, specific targets have been set to reduce the burden of malaria by the end of 2004, namely:

- Increase the proportion of population that receives effective treatment for malaria within 24 hours of onset of symptoms from 30% to 60%
- Ensure that 60% of pregnant women receive protection against malaria through intermittent preventive treatment with SP.
- Increase from 5% to 50% the proportion of children under-five protected by ITNs
- Reduce the case fatality rate at hospital level from 5% to 3% (Root et al, 2003:16).

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<sup>38</sup> IMCI is a holistic approach to child health care covering the management of childhood diseases and vaccine-preventable diseases, which account for 70% of childhood illnesses in Uganda. The HSSP aims at improving case management of diseases among under-fives and reducing childhood morbidity and mortality (Root et al, 2003:18).

These targets are expected to be achieved by enabling strategies such as advocacy, IEC and social mobilisation. It is important that such information enabling strategies are put to good use in the HBMF campaign. Campaign organisers have to ensure that the supply of information can be effectively provided in appropriate forms and at the right times to give maximum benefit to the target audience

#### **4.2. Context to Decentralisation**

The post-independence constitution of Uganda provided for decentralization based on regional governments, which were abolished in 1966 when the constitution was abrogated and all executive powers were invested in the presidency. Central government centralised all powers until 1993, when parliament enacted the Local Governments Statute and functions, powers and services were gradually transferred from the central government to the local governments at the district level (Steffensen and Trollegaard, 2003:1).

The 1995 Constitution and Local Government Act, 1997, provided for the district to be a unit of decentralization and they spelt out the functions devolved to local governments and the applicable funding mechanisms. One of the major objectives of the decentralization policy is to:

- Establish decentralization as the guiding principle applied to all levels of government so as to ensure citizens' participation and democratic control in decision-making, and
- Bring political and administrative control over services to the point where they are actually delivered, thereby improving accountability and effectiveness, promoting people's feelings of ownership of programs and projects executed in their areas.

It is clear that the idea behind the aforementioned objectives is to involve the people in the way they are governed, by involving them in issues such as,

Decision-making; identifying their own problems; setting priorities; planning their implementation and monitoring; ensuring better utilisation of resources both financial and human; ensuring value for money through participation, transparency, accountability and sensitisation (Steffensen and Trollegaard: 3).

In line with this, the National Health Policy decentralised health service delivery to the districts and also created a new structure, the health sub-district.<sup>39</sup> The structure was the basis for further decentralisation of services, with the definition of various levels of health units, down to the community levels. The HSD (health centre IV) is situated at a hospital, which acts as a referral facility. It includes all lower health units namely, HC III at sub-county level and HC II at parish level. Health policy states the aim of having a HC II in every parish and a smaller health post (HC I) at village level as improving geographical access to essential health services (Root et al, 2003:43).

While the districts are responsible for service delivery, at the various health units, the responsibilities of the centre (MOH) include policy, development, standard setting, supervision, regulation, provision of technical supports and resource mobilisation (PEAP, 2003: 129). The goal of the Malaria Control Program is to prevent and control morbidity and mortality and to minimize the social effects and economic losses attributable to malaria in the country (MCSP, 2001-5:12). In addition, the private sector is encouraged to participate in the provision of services, such as supply of ITNs, so as to reduce the burden on government and ensure improved service delivery at a reasonable cost.<sup>40</sup>

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<sup>39</sup> The National Health Policy re-defines the roles of different levels of the health service delivery to bring them in line with the policy of decentralization and the principles of primary health care. Services are now the responsibility of respective districts bringing them closer to the populations they serve, with greater community empowerment and participation being encouraged (Root et al, 2003: 40). The HSD is also expected to upgrade the quality of supervision of lower level units.

<sup>40</sup> Partnerships between the MOH and the private sector include different types of organisations: manufacturers and distributors of equipment and supplies, service providers, the media (radio, television, press), et cetera (MCSP, 2001/2-2004/5:10)

### 4.3. Communication Policy

We have so far seen the government's commitment to providing good health care services to the people at all levels through the decentralization policy. However, little advantage can be taken of such opportunities if the information needed to provide them with meaning and purpose is not available or, when it is available, cannot be effectively transmitted to the people who need it.

Aware of the needs to improve the quality of information and the means of its delivery, the government formulated an Information and Communication Policy for Sustainable Development, where information needs such as health education are addressed. One of the objectives of the policy is to ensure that "the provision of information for development is as comprehensive as possible and so designed that it reaches its targeted recipients in the forms best-adapted to their needs and the circumstances of reception"(White Paper, 1997:11).

According to the policy, districts and sub-counties are expected to maximise the value of the information they receive to their local populations and those responsible for developing information materials and its effective dissemination need to be trained in the necessary skills. The policy also emphasises that,

Where the mass media are involved in the transmission of development information, their professional techniques may improve the effectiveness of the messages they are conveying, but it cannot be assumed automatically that this is so. In particular, the mass media are often less concerned about the needs of such important groups as women and young people (White Paper, 1997:13).

It is upon this that suggestions have been made, encouraging regular dialogue to occur between broadcasters, journalists, advertisers and information providers to establish a better understanding of their respective positions and the possibilities which exist for a creative partnership between them in the interests of development (ibid).

Besides that, the 1995 Constitution of the Republic of Uganda contains two articles directly relevant to communication; Article 29, on freedom of expression and Article 41, on the right to access of information, also reflect the human right principles as outlined in the 1948 Universal Declaration of Human Rights of the United Nations.<sup>41</sup>

In any information and communication policy adopted by government, the rights to free expression and information provided by the constitution aim at promoting good governance, among others. Good governance has been defined as:

The exercise of politico-administrative and managerial authority and order which is legitimate, accountable, transparent, democratic, efficient and equitable in resource allocation and utilisation, and responsive to the critical needs of promoting human welfare and positive transformation of society (White paper, 1997:6).

#### **4.4. The Mass Media in Uganda**

The mass media forms an important part of any modern state given their role as the fourth estate in society. The Ugandan media is no exception considering their mark in shaping opinion, stimulating national debate on national issues and influencing policies. This development can be attributed to the existing political environment that permits a vibrant media. The dictatorial regimes prior to 1986 did all in their power to muzzle the media, thus reducing them to government mouthpieces or conduits for government propaganda (Kemigisha, 1998: V).

With the advent of the current government in 1986, there was a whole new situation in the political, economic, social and cultural life of the country. Market liberalisation, free enterprise, competition and birth of the independent press created a better opportunity for

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<sup>41</sup> The 1995, constitution of the Republic of Uganda, guides all organs and agencies of the state, all citizens, organisations, and other bodies and persons applying or interpreting the Constitution or any other law. It lays down the policy objectives and principles to be observed.

the media to thrive. Today, there is less government interference in the running of the media (ibid). There has been a significant shift from government ownership of media enterprises, to private ownership. Consequently, this has also triggered a shift from mass to segmented audiences.

#### **4.4.1. Broadcasting Media (Radio and Television)**

Since 1992, both public and private broadcasting have existed in Uganda operating side by side. The former is represented by Radio Uganda, established in 1953, which operates four channels and Uganda Television (UTV) established in 1963. Government provides funding for both public radio and TV services. It is generally agreed that the public corporations should meet the public's general broadcasting requirements, with the private companies playing a supplementary role (Kemigisha, 1998:113).

The past years have witnessed unprecedented liberalisation of the airwaves, giving birth to numerous private broadcasting stations, with FM stations being the majority. Entrepreneurship in the industry is rapidly increasing and private commercial broadcasting has spread across the country. Uganda has more than 150 registered radio stations, of which 40 are operational.<sup>42</sup> There are also eight television stations licensed, 4 of which are currently in operation. Most of these stations are concentrated in the capital city, Kampala. There is also web casting on a number of these radio stations.

Public corporations, such as Radio Uganda and UTV, were institutionalised by law, protected from any form of competition and mandated to provide information, education and entertainment for Ugandans (Nabaasa, 2003:11). Programming on these public corporations is typical of the traditional Public Service Broadcasting (PSB) to inform, educate and entertain. Unlike programming on the PSB stations, entertainment and advertising dominate programming on commercial stations.

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<sup>42</sup> Of the 40 radio stations, 33 are FM radio stations, 7 Am stations and 2 short wave stations ([www.infoplease.com/ipa/A0108066.html](http://www.infoplease.com/ipa/A0108066.html))

Radio stations operating in the countryside include news and information in the local languages and dialects of their respective audiences. The use of local language is vital given that literacy levels in the rural areas are much lower than in the urban areas. The use of local languages therefore widens the audience for radio and enriches its program content (Nabasa, 2003:19).

The demographic indicators for Uganda indicate that 85.6% of Ugandans live in rural areas.<sup>43</sup> Expanding private radio station coverage to rural areas coupled with the ability to transcend literacy barriers therefore means improved mobilization capacity, better information circulation and a more informed citizenry (ibid). In addition, as a way of being more relevant to their audiences, these stations also encourage participation through programming such as sending greetings and live phone-in discussions.

Compared to television, radio is quite extensive in the country. Statistics show that ownership of radio receivers in Uganda is between 128 to 507 radio sets for every 1000 people, whereas for television, it is between 16 to 27 television sets for every 1000 people. ([www.library.uu.nl/wesp/populstat/Africa/ugandag.htm](http://www.library.uu.nl/wesp/populstat/Africa/ugandag.htm)).

Some of the hindering factors to wide spread broadcasting network in rural areas is the cost of acquiring and maintaining television and radio sets. For instance, access to electricity in rural areas is limited or not available. Moreover, other alternative sources of power such as generators or batteries are a luxury for most Ugandans in these areas. Currently, rural electricity access in Uganda is 1%. Much as electricity sector reforms are underway, rural electrification is envisaged to be at 10% by the year 2010 (PEAP, 2001-3:119, 140).

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<sup>43</sup> Socio-demographic indicators in the PEAP (2001-2003:26)

#### 4.4.2. Print media

Since 1986, a new diversity in the newspaper industry has developed in both the public and privately owned publishing houses. The state-owned *New Vision* and the privately run *Monitor* are the principal daily newspapers published in English. There are a number of privately owned English-language weeklies and bi-weeklies. As of 2000, Uganda had 182 registered publications. However, not all of these are operational.

The only public newspaper publishing company in Uganda is The New Vision and Publishing Corporation, which are wholly owned by the government. Apart from the *New Vision* newspaper, the Corporation also publishes *Bukedde*, a Luganda daily, and three other weekly vernacular papers, *Orumuri*, *Rupiny* and *Etop*. This is the largest newspaper corporation in the country and has a daily circulation of 35,000 newspapers.

The three dailies in the country, the *New Vision*, *The Monitor* and *Bukedde* can circulate only between them about 80,000 on average daily, covering six-percent of the entire population (Kemigisha, 1998:91). It is estimated that newspaper circulation in Uganda is at 2 newspapers for every 1000 people

([www.library.uu.nl/wesp/populstat/Africa/ugandag.htm](http://www.library.uu.nl/wesp/populstat/Africa/ugandag.htm)). Some of the newspapers mentioned above can be accessed on the World Wide Web.

These small circulation figures can be attributed high levels of illiteracy in the rural areas where the majority of Ugandans reside.<sup>44</sup> Besides, the cost of newspapers is prohibitive for many Ugandans.<sup>45</sup> The print media in particular is limited to urban areas given that the level of illiteracy in the rural areas is relatively higher than in urban areas, thereby contributing to a general inability to read.

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<sup>44</sup> In Uganda, the overall literacy level is at 56%, with male and female literacy levels at 68% and 40% respectively (Uganda, general data of the country. [www.library.uu.nl/wesp/populstat/Africa/ugandag.htm](http://www.library.uu.nl/wesp/populstat/Africa/ugandag.htm))

<sup>45</sup> A newspaper in Uganda costs 800shillings (approximately less than \$ 1). Given that 35% of Ugandans live below the poverty line (PEAP, 2001-3:1), buying a newspaper would be a luxury. Besides circulation of newspapers is more concentrated in urban areas.

### **4.3. Summary**

This chapter has presented the policy environment relevant to the malaria campaign. It has shown that the transformations created by the changing roles and responsibilities of the local governments in a decentralised system of governance have created new opportunities for community participation. It is therefore important to make good use of such avenues. Equally important is the need to improve linkages and interactions among policy makers and implementers at different levels in orders to ensure sustainability and institutionalisation of innovations such as HBMF.

It has also discussed the state and structure of mass media in Uganda today. Considering the demographic statistics outlined above, it emphasises the importance of a multi-purpose communication approach including print and electronic media as well as interpersonal communication in promoting the HBMFcampaign.

## CHAPTER FIVE: PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

### 5.0 Introduction

*The culminating activities of qualitative inquiry are analysis, interpretation and presentation of findings” Patton 1990: 371)*

This chapter presents the data gathered for the study from a multiplicity of sources namely from in-depth interviews with key informants and the campaign’s target audience, from focus group interviews and document analysis.

Theoretical frameworks discussed in Chapter Two will provide a guide in presenting the findings; hypothetical principles of public communication campaign principles regarding interpersonal channels and participatory approaches will be used in examining the nature of the HBMF campaign. In addition, the campaign will be examined against the 1995 PHM framework presented by Kim Witte.

The strength of using such a framework is that it provides a model which can be used in examining a given campaign and presenting its findings. McQuail and Windahl observe that

a model seeks to show the main elements of any structure or process and the relationship between these elements...it helps in explaining, by providing a simplified way, information which would otherwise be complicated or ambiguous (1993:2).

Against this background, my choice of using the PHM framework and other guiding principles for conducting public campaigns is because they will provide a simplified and methodical way to present the large amounts of data collected for the study.

#### 5.1. The Campaign Planners

The Health Education and Promotion Unit (HEPU) at the MOH was mainly responsible for organizing the campaign. This included the design of health messages for both print and electronic media and advancing other communication interventions.

A communication strategy for HBMF was developed by DISH II project, on behalf of the MOH, to address the issue of behaviour change by improving public health attitudes, knowledge and practices.<sup>46</sup> In the past, DISH has been involved in health campaigns involving reproductive health, immunization and child nutrition.

In Uganda, tackling malaria is not solely a MOH responsibility. The MOH works with other relevant ministries such as Finance, Education, and Local Government, development partners, private sector partners, regional governments and the international community.

## **5.2. The Campaign's Communication Goals**

I conducted two key informant interviews with the Assistant Commissioner Health Services, Paul Kaggwa and the Senior Health Educator, Maria Byangyire of the HEPU at the MOH. These interviews generated fundamental information regarding the communication goals and design of the campaign. Remarkable was that communication was considered an enabling strategy in creating demand for strategies in place (i.e. Case management of malaria and use of ITNs) for promoting HBMF among the target audience. According to Byangyire, the campaign's primary target audience, were parents and caretakers (relatives of guardians) of children under-five.

Kaggwa said that the main objective of the communication campaign was to create awareness on the causes, effects and management of malaria. This would demystify causes and treatment of malaria e.g. (people attributing malaria to witchcraft and seeking treatment from traditional healers) thus ensuring early treatment of under-fives.

Byangyire further pointed out that, creating awareness aimed at enabling parents and care takers of under-fives, to know signs and symptoms of malaria, and also know where,

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<sup>46</sup> The Delivery of Improved Services for Health (DISH) II project was a project committed to improving quality, availability and utilization of reproductive, maternal and child health services, and enhancing public health attitudes, knowledge and practices in Uganda. Several collaborating partners on the project included among others; the MOH Uganda and the John Hopkins Centre for Communication Programs as the lead grantee.

when and how to seek treatment. She stressed that children under five are often vulnerable to other ailments such as, HIV, malnutrition, Diarrhoea et cetera, and when attacked by malaria it accelerated their mortality rates. It was therefore in the interest of the campaign to aim at reducing mortality and morbidity rates of under-fives. This she said was in line with the primary Abuja targets and HSSP targets aimed at ensuring that 65% of under-fives with fever/malaria receive effective treatment within 24 hours by the year 2005.

In addition, they both pointed out that the awareness campaigns emphasized the use of Insecticide treated nets (ITNs). As mentioned earlier, ITNs are considered to be the most cost effective method of malaria prevention in transmission areas. Besides this is in conformity with the Abuja target aimed at increasing the proportion of children under-five protected by ITNs from 5% to 50% by the end of 2004.

As a means of promoting the ideals of HBMF, a number of strategies were put in place to enhance the communication goals of the campaign. Kaggwa outlined these strategies as follows:

- Using the mass media both electronic and print media to reach people
- Using Community Based Organizations (CBO's) and Non-Governmental Organizations (NGO's) as partners for service provision, capacity building, monitoring and evaluation
- Improve communication skills of health workers through training, seminars and workshops
- Utilize community structures such as the Local Councillors ( LCs) to reach the target audience at community level
- Advocacy among parliamentarians, donors and district top management, to support enabling policies. For instance issues concerning increased funding for districts could be tabled before parliament for approval.

These strategies reveal that the campaign designers planned on using different forms of communication, such as mass media, interactive (interpersonal) methods and

participatory approaches in communication. This is in conformity with Rogers and Storey's suggestion that in attempts to inform, persuade and motivate behaviour among well defined target audiences in public communication campaigns, organized communication activities involving mass media are often complemented by interpersonal support (1987: 822). The idea of employing a mix of methods is further commended by Kreps who observes that:

Better formal and informal dissemination of relevant health information can ultimately lead to increasing levels of public health by empowering individuals to choose the best available strategies for health promotion, helping to reduce levels of public morbidity and mortality (1990: 200).

Much as the campaign strategies reflect the use of multiple channels on the lookout, this campaign greatly relied on traditional mass media approaches, radio and posters in particular. As I will discuss later, the community structures were not adequately used in spite of their being imperative in activities related to behaviour change in malaria control. Consequently, the level of participation at the community level was meagre, hence giving the campaign a leaning towards the transmission model of communication.

### **5.3. The Campaign Process**

In this section, I describe the campaign process which comprised several activities that were planned and implemented both at the national and district level.

With regard to design of messages, Kaggwa observed that the HEPU had a broad national strategy which involved key development partners, namely; the mass media, social marketing firms and the DISH project; management at district level and development partners and in the private sector.

Although there were several partners working with the HEPU, the findings of this study focused on a few representative ones, like the mass media, DISH II, Population Services

International (PSI) social marketing firm, Kabarole district Health Education Unit (HEU) and its community structures.

### **5.3.1 Mass Media Channels**

Several scholars, including Wallack, 1990, Atkin and Arkin, 1990, Windahl et al, 1993, McQuail, 1987, point out that the mass media are important in the dissemination of campaign messages, given their power to create awareness among large numbers of people, in a short period of time.

A communication strategy for promotion of HBMF was developed by DISH II project, on behalf of the MOH, to address the issue of behaviour change by improving public health attitudes, knowledge and practices. Materials developed to support the strategy included a poster, radio and TV adverts, a *Malaria Drug policy Guideline for Health Workers and Drug Vendors*; and a malaria logo, translated in three languages namely Ateso, Runyankole and Luganda.

Both Kaggwa and Byangyire observed that mass media messages were disseminated through various programs both on electronic and print media. The MOH statistics show that in the past year, a total of 34,506 health commercials were aired of which 3,649 (10%) were on malaria ([www.health.go.ug](http://www.health.go.ug)).

Radio and TV Public announcements were broadcast on both public and commercial radio and TV stations. Byangyire mentioned the preferred TV stations for the campaign as Uganda Television (UTV) and Wavah Broadcasting Services (WBS). She attributed the choice of UTV to its nationwide reach.

Although my findings do not establish individual preferences per television station in Uganda, an independent countrywide study, comprising 11,240,000 respondents from

twenty one districts established that, 27% (3,034,800) of the respondents watched UTV most often, followed by WBS at 12% (1,348,800) (Tayeebwa, 2003: 84).<sup>47</sup>

When compared to my findings they establish that 6.6% of the respondents said they obtained their information on malaria prevention and treatment from television. The low percentage can be attributed to my study location being in a rural area where electricity and television services are scarce. However, in urban parts of the country, TV services are far reaching and popular. Therefore, the campaign planners' choice of UTV and WBS was ideal for urban areas.

As regards radio, Byangyire indicated that radio was very essential in broadcasting messages to target audiences that had no access to TV and print media. As mentioned in section 4.4.1, radio coverage is extensive in the entire country. Almost every region in the country has a local FM station that broadcasts in the local language of the respective regions in which they operate.

In Kabarole, the Voice of Toro (VOT) and Radio Uganda stations were identified as the main radio sources of information on malaria related messages. This high preference of radio was confirmed by my findings where 76.6% of the respondents said they obtained information on malaria prevention and treatment through radio.

The Malaria Focal Person (MFP) in Kabarole, Byamukama Wilson, ascertained that the Health Education Unit (HEU) at the district largely relied on VOT to disseminate malaria related information. This he attributed to VOT's major broadcasting language, Rutoro, a local language that most of the respondents understand. He explained this as the main reason why most of the people preferred listening to VOT. "They consider it as their own radio", he added. Indeed, as my findings established, 76.6% of the respondents mentioned VOT as the radio station from which they obtained malaria related information. This was followed by Radio Uganda, with 43.3% of the respondents.

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<sup>47</sup> This survey was conducted by Steadman Research Services, an Eastern Africa Regional commercial research firm.

Besides, Public Service Announcements and commercials, promoting the HBMF initiative and ITNs, Byangyire and Byamukama mentioned health talk shows as having been aired on radio. At the time I conducted this study (October- December 2003), I happened to listen in to malaria health talk shows on *Health Net*, a program on Radio One, and *Capital Doctor*, a program on Capital Radio. These two radio stations are based in the capital city but have boosted their transmission to a wider radius coverage including the countryside. Although some respondents in Kabarole mentioned that they occasionally tapped Capital radio, they further observed that capital radio's transmission is not stable and was therefore highly unreliable for the respondents to tune in to such programs.

The above programs I listened to were live phone-in discussions, which enabled interaction between the audience and the program host. Members of the audience asked questions and got immediate feedback. This interaction was akin to the values of participatory communication which Nair and White define as;

the opening of dialogue; source and receiver interacting continuously, thinking constructively about their situation, identifying development needs and problems, deciding what is needed to improve the situation, and acting upon it (1993:51).

Regarding programming on Kabarole's VOT radio, Byamukama, said that the HEU run malaria talk shows on VOT radio. However he did not pinpoint particular talk show programs that were being aired besides the commercials and public service announcements. Likewise all the respondents categorised their information from VOT as public service announcements and commercials. Given that some of the strategies for meeting this campaign's goals took on a participatory nature, running phone-in discussions on VOT would have been one way of involving the target audience in the campaign.

Reflecting on what scholars such as Ramanamma (1993:160), Bordenave (1994:43), Moemeka (1994: 9), Servaes (1996:105 and Khadka (2000:107), suggested, the

involvement of people in communication stimulates two-way communication, thus enhancing the chances of a program's success.

Supplementing public announcements were private sector distributors in the ITN market, who were involved in creating awareness on the use of ITNs through the mass media, using both English and other local languages. Among these private distributors was Net Mark, and Population Services International (PSI).

With regard to the print media, no major supplements were used in promoting the campaign. However, articles on malaria sometimes run in the national newspapers. *The New Vision* newspaper has a Health Column that usually features malaria-related information. Much as *The Monitor* does not have a specialised health column, it runs malaria related stories occasionally.

As discussed in Chapter Four, the nature of print media in Uganda is that access is limited to urban areas. The level of illiteracy in the rural areas is relatively higher than in urban areas, thereby contributing to a disinterest in the print media given the general inability to read among the rural folk.

In fact my findings establish that only 10% of the respondents obtained their information on malaria treatment and prevention from newspapers. Although there is a regional paper in Kabarole, *Orumuri*, published in local language, illiteracy levels in rural areas are high especially amongst women. The demographic data of my respondents revealed that 28.6% female respondents and 77% male respondents had attained some kind of formal education. Incidentally, 10% of the respondents that attested to obtaining information from newspapers were those with some form of education.

Besides newspapers, placards summarizing treatment guidelines for children aged between 2 months to five years designed by MOH, WHO and UNICEF were produced and disseminated to health centres countrywide. In an interview with Kabarole's MFP Byamukama, he disclosed that health centres and Community Based Distributors (CBDs)

were availed with these placards. However, none of the CBDs admitted to having these placards. And using my own observation, I did not see any of these placards at the health centres.<sup>48</sup> Much as CBDs got training on how to administer HOMAPAK, it is essential that they get copies of these treatment guidelines for reference purposes. Good enough, these guidelines are very clear and answer pertinent questions on HOMAPAK. They can also add to the credibility of the CBDs since these guidelines are certified by the MOH.

According to Byangyire, community mobilization activities such as mobile film shows were used by the HEPU to reach upcountry audiences in particular. However, none of the respondents confirmed to being beneficiaries of such shows for the malaria campaign. If anything, 60% of the respondents suggested use of mobile film shows as a preferred source of information on malaria prevention and treatment.

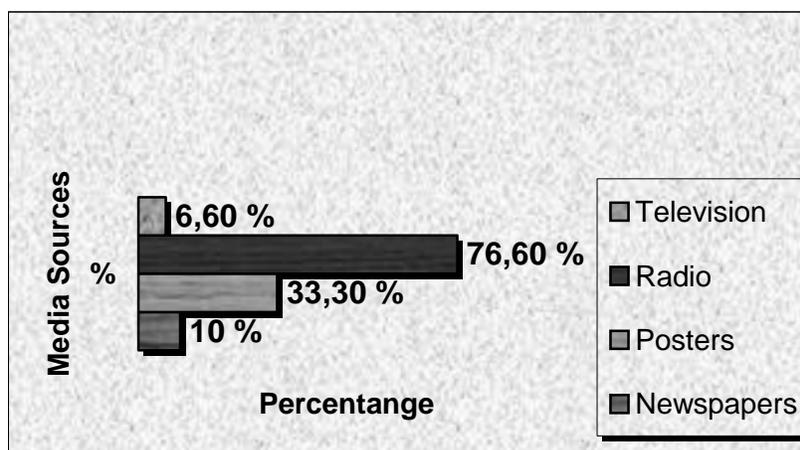
Other methods of spreading the campaign messages included use of public relations and advocacy activities such as press releases, press conferences and media sensitization seminars. Likewise, sensitisation seminars were conducted for districts to develop action plans to address priority health issues on malaria. Byamukama confirmed that the DDHS's office often organised workshops and meetings for health personnel. Regarding CBDs, he said they were trained before HBMF started being implemented at the district. Dr. Muhumuza added that the CBDs were attended refresher courses after six months. On the contrary, the CBDs I interviewed denied being invited to any refresher courses. They said that the only training they got was in the beginning when HBMF was being implemented.

The graph below summarises the mass media channels identified by the respondents as their sources of information on malaria treatment and prevention for children under five.

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<sup>48</sup> See appendix 10 and 11 for these placards

**Figure 5.0: Mass Media Sources of Information on Malaria Treatment and Prevention.**



Central to the campaign were messages disseminated to the target audience through the mass media channels identified in the above section. These included posters, radio and television adverts. In the next section I present a description and assessment of each of the aforementioned categories.

#### **5.4.1 The Campaign Poster<sup>49</sup>**

There was one major campaign poster relevant to the HBMF campaign designed by DISH II project. It was fairly large poster, measuring about 50 centimetres in length and 35 centimetres in width. The poster carried a picture of a couple with an evidently sick child below the age of five. It portrays the father carrying the child, whose arms are positioned at the back, hence emphasising that the child is too weak to hold onto the father. The mother looks at the child in pity.

The poster carries a bold heading that reads: “*Every Wasted Hour Could Mean Your Child’s Life.*” An inscription at the bottom of the page follows this: “*Treat Children with Fever immediately. Every fever is life threatening. Save your child’s life with the correct*

<sup>49</sup> See appendix 2 for the Campaign poster

*medicine and advice. Available from health facilities or community drug distributors with this symbol.” The symbol is the MOH malaria logo.<sup>50</sup>*

Further at the bottom of the poster in a smaller font it reads, “Produced by the Ministry of Health, WHO and DISH, with funding from The United States Agency for International Development.”

#### **5.4.2. The Radio Adverts**

There were three radio adverts relevant to the HBMF campaign. I will analyse two of the adverts since the third advert is similar to the television advert. The adverts were relayed in both English and local languages. For the case of VOT, the adverts run in the local language Rutoro, whereas, stations like Capital Radio, Radio one et cetera run in English.

##### **Radio Advert One:**

The first advert involves a woman announcer promoting ITNs and, the voice over is of man. In the background, is a tune that sounds like a drum beat. The main message reads.

**Announcer:** Insecticide Treated Nets kill mosquitoes,  
The carriers of malaria on contact all night long.

And as a mother, I would like to tell you that these  
Insecticide Treated Nets are totally safe for you and your family.

I also re-treat my net regularly so it stays effective.

And as a woman, I want to tell you that these nets are  
Available in a range of modern colours and sizes, suitable for any home.

**Voice Over:** Use Insecticide Treated Nets with a green net mark seal of quality.  
Insecticide treated nets, kill mosquitoes.

##### **Radio Advert Two**

In the background, a baby cries hysterically. The scene involves a mother, father and an announcer. It goes

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<sup>50</sup> See appendix 6 for the malaria logo.

**Mom:** Tata wabana, wake up! The baby is hot

**Dad:** Let me run next door to the community drug distributor and get malaria medicine.

**Mom:** Sure? Shouldn't we take him to the health centre?

**Dad:** But the health centre is many miles away. And we have no transport. Remember what the musawo told us? If your child has fever and you live far from a health centre, go to a community worker with the green cross for proper medicine.

**Voice Over:** Treat children with fever during the first 24 hours!  
Proper medicine and advice available from community distributors with the green cross or any health centre.

**FIGHT MALARIA!**

### 5.4.3. The Television Adverts

#### Television Advert One

Unlike the radio adverts, the TV adverts were only telecast in English. The first advert is as follows.

**Visual:** The background depicts a rural setting, in the night, with a pregnant woman and young boy asleep on the ground. A mosquito flies into their hut and bites the pregnant woman

Voice over: **The night biting mosquito is the only carrier of Malaria...**

**Visual:** the same mosquito flies to another nearby surrounding and bites an old man, seated with his peers in a bar like setting.....

Voice Over: **malaria kills over 2 million people in Africa every year**

**Visual:** the mosquito flies on to another area that depicts an urban setting with a woman and a baby sleeping under an insecticide treated net. The mosquito gets in contact with the insecticide treated net and dies instantly.

Voice Over: **Use an insecticide treated net with a green mark seal of quality. Insecticide treated nets kill mosquitoes on contact. These modern nets are totally safe, work all night long and must be re-treated to stay effective.**

*Continued.....*

**Visual:** Nets in different shapes, sizes and colours are displayed. On the left side of the screen is a display of logos namely, the Uganda Court of Arms, MOH malaria symbol, net mark seal and USAID.

### **Television Advert Two**

While the first advert promotes use of ITNs, the second advert promotes early and proper treatment for children under five. It goes as follows,

**Visual:** Man and woman running at night. The man is carrying an obviously unwell child who is less than 5 years old in his arms. The couple arrives at a health centre and are greeted by a nurse as they enter

Throughout, a ticker in red at the bottom of the screen shows the seconds ticking by in numbers.

**VO:** **80,000 children died unnecessarily from malaria last year in Uganda.....**

**Visual:** The couple enters the examination room and lays the extremely sick child on the examination table. The child looks as if he/she is dead. His hand falls to the side of the table as a drum sounds one loud beat.

**VO:** **....unnecessarily because malaria is almost always curable when treated correctly within 24 hours.**

**Visual:** the couple standing together looking happy. The child looks healthy and happy and is seen playing. The nurse stands by talking to the couple.

**VO:** **treat children with fever immediately for malaria. Get malaria medicine and advice at any health facility or where you see this symbol (*Visual: malaria symbol*)**

This message was brought to you by the Ministry of Health.

## **5.5. Assessment of the Campaign Adverts**

These adverts are assessed against the principles of the Persuasive Health Message (PHM) framework fronted by Kim Witte (1995) as presented in chapter two. In summary the PHM framework considers cues of source, message, audience and medium as indispensable in designing meaningful health education messages.

As maintained by Byangyire the main objective of the campaign adverts was to create awareness among parents and care takers of under-fives, to know signs and symptoms of malaria, and also know where, when and how to seek treatment.

### **5.5.1 The Campaign's Messages**

Message presentation in all the adverts spell out how dangerous malaria can be if children do not get proper and immediate treatment. As Witte suggests, the manner in which the message is organized, the type of appeal given, the number of repetitions in a message, the vividness of language used, and more, can influence the persuasive process (1995:148).

The images of the ailing child in both the TV and print adverts visibly show the suffering malaria causes to children. These images are accompanied by phrases embedded with fear appeals such as *“Every wasted hour could mean your child's life”*, *“80,000 children died from malaria last year in Uganda”*, *“malaria kills over two million people in Africa every year.”* Besides being fear appeals they also present facts on the disease burden. Also remarkable is repetition and emphasis of expressions such as *“use insecticide treated nets”*, *“fight malaria”* hence drawing more attention to issues being advocated for in the campaign adverts.

Witte's PHM framework proposes that a persuasive health message should contain a fear appeal (threat message). Stephenson and Witte (2001:88) show that fear appeals in messages aim at enhancing perceived risk and motivating adaptive behaviour change among the target audience. Much as Witte hastens to caution that, *“if a threat is perceived as too high, such that individual believe no response would effectively deter it, the*

message will backfire,” the malaria campaign adverts provided practical solutions, namely, seeking early treatment and using ITNs as a means of prevention, hence minimising the chances of the message backfiring.

In fact, the ITNs alternative draws on the PHM framework’s message aspect of efficacy which, re-assures individuals that they can perform the recommended response, thus effectively avert the threat (Witte, 1995:147). More so, the practical solutions provided in the campaign adverts promise a reward in terms of having health and happy children. As Windahl et al (1993) explain campaigns that focus on the immediate reward that can be gained from applying the suggested action is likely to be more successful than those that emphasize a distant future reward. In my opinion, use of fear appeals was good and very likely caused parents to be more vigilant in seeking early treatment.

Besides the fear appeals, the campaign adverts also used emotional appeals through phrases like “*save your child’s life*”, “*as a mother*” and scenarios of the crying baby. The crying baby may cause sympathy; the mother looking on in pity at the sick child also causes sympathy for the child. The use of mothers and women symbols can also be associated with the child nurturing or caring roles of mothers. I would say the use of these appeals was to a large extent appropriate for the context of the campaign. As Brown and Einsiedel (1990:161) observed, the most effective appeals are those that have been specifically designed to fit the audience, channel, source, topic and intended effect.

Nevertheless, when we consider Glanz’s definition of the efficacy, then it illuminates the inadequacy of the efficacy alternative, i.e. using ITNs, presented in the campaign.

Defining efficacy, Glanz’s notes that

it is one’s confidence in one’s ability to take action...Its application involves; providing training or guidance in performing a given action, use of progressive goal setting, giving verbal reinforcement, reducing anxiety and demonstrating desired behaviour (2000: 49).

True, the above messages promoting ITNs refer to them as “being safe for the whole family to use” and demonstrate how they should be used. However, not much elaboration

is given on the ITNs. Given that this is a new innovation, more time and effort should be put in promoting this innovation through the mass media and interpersonal channels.

Besides, the TV medium through which demonstration is given is mainly limited to urban based audiences. An alternative mass medium for rural based audiences could have been a poster. Better still, this would have been complemented with interpersonal contacts to explain and illustrate this new innovation to the target audience. As I am going to present, even the interpersonal contacts used to promote ITNs in the community had never seen any of them.

My findings establish that a number of respondents were cautious on using ITNs. Only 10% of the respondents had children sleeping under ITNs. From my interviews with them, I learnt that this inadequate use was largely due to lack of resources to purchase ITNs. Also outstanding were the false beliefs respondents have of these nets. A number of them expressed fears that the chemical used in treating the nets could have adverse effects on their children. For instance, one mother posed to me this question:

“If mosquitoes can die when in contact with that mosquito net, what of my baby sleeping under this net day in day out and has to inhale those chemicals?” (My translation).

In the Diffusion of Innovations model, Rogers insinuates that communication in the diffusion process involves messages that are concerned with new ideas and the newness means that some degree of uncertainty is involved in diffusion. This calls for a communication process in which participants create and share information with one another to reach a mutual understanding (Rogers 2003:5-24).

Therefore, the campaign messages should have been more elaborate in overcoming the uncertainty around using ITNs so as to reduce anxieties among the target audience. This in particular could have been achieved in combination with interpersonal methods. In the focus group interview with Local Councillors (LCs) in Kijura, they pointed out that they themselves had never seen an ITN and therefore had no authority talking about them. The LCs also mentioned that many of the community members are poor and could

not afford ITNs. They concluded that promoting ITNs among the people would not only be insensitive to their target audiences' economic situations, but also irrelevant.

Therefore, campaign messages should have targeted a secondary audience as well, namely Local Councillors, religious leaders et cetera, as interpersonal links to the community. They need to be properly educated on what information to disseminate to the communities. As opinion leaders it is important that they feed their communities with relevant information. The LC structure for instance can not be undermined given that they are highly recognised by their communities. This explains why 86.6% of the respondents said they preferred to obtain their information from LCs.

### **5.5.2. The Campaign's Audience Profile**

The characters presented and mentioned in the adverts, for example mother, father, nurse, doctor (musawo), baby and community distributor, befit the audience profile of the HBMF initiative. Undoubtedly, the strength of this is how the communication planners clearly identifying the target audience (parents) in the adverts, and lead them on to the right sources of treatment (doctor, nurse, community distributor). The latter symbolize professionalism hence making the message more credible to the target audience. This can be related to Kreps and Thornton's principle that,

to develop strategic health communication messages, the messages must be matched to the key attributes of the audience for whom they are intended.....they must appeal to specific audience targeted since audience members who do not perceive the campaign as personally relevant are unlikely to pay attention to, interpret, recall, or heed advice offered in health promotion campaign messages (1992: 201).

In an interview with Kaggwa, I learnt that the HEPU conducted a survey of targeted audience whose findings enabled campaign planners to establish any information gaps, audience attitudes and needs. He also mentioned that the audience research was instrumental in pre-testing the campaign messages. At this stage, campaign planners looked out for whether the audience understood and believed the messages. Consultations

involved district personnel from the DDHS's office and district health workers. In addition to that the HEPU used in-house pre-testing of messages, Byangyire added.

I commend this element of pre-production research since it enabled campaign planners to specifically identify and understand the target audience. As Mendelsohn (1973) put it, "the planner must know the campaign's audience well enough to recognize them as different targets based on their mass media habits, lifestyles, values and belief systems, demographic and psychological attributes" (in Windahl et al, 1993:113).

Nonetheless, one drawback in radio advert one is that to some extent it negates the role of men in owning up to their responsibility of looking after sick children as well. The over emphasis on mothers and women overlooks the role of men. Although it is common for mothers to take the leading role in caring for children, the communication strategy drawn by DISH II, for the MOH, emphasises involving men in child caring. As my findings reveal, I interviewed more women (70%) than men 30%. This is because I rarely found men at home as I conducted the interviews. In two instances, the men insisted that I interview their wives, since it is them that look after the children. The adverts' emphasis on mothers reinforced a stereotype of this being a women's role. Stereotypes can be harmful when they are used as inappropriate judgments on individuals. For effective communication to occur, communication planners must be aware of such cultural stereotypes and learn to set them aside or modify them (Øyvind, 1993: 23). Therefore, it is important that men are sensitised on their obligations as parents and caretakers of these children.

### **5.5.3. The Campaign's Sources**

Another outstanding feature of the adverts is authenticity accorded to three of the adverts by associating them with the Government of Uganda, the Ministry of Health, WHO, DISH, USAID and Net mark. As recommended by McGuire,

It is important for the communicator to consider variables related to the source of the message such as credibility, attractiveness, legitimacy, similarity or power. These

elements may sound subtle but have significant impacts on whether the audience takes the message seriously and is motivated to act (McGuire, 1984, Witte: 148).

Nonetheless, both of the radio adverts do not acknowledge the source of the message. Moreover, radio messages were the main source of information for my respondents as evidenced by 76.6% of them who said radio was their main source of information. It is important that the audience know who is communicating with them. No wonder, 26.6% of the respondents said they did not agree with the messages promoting ITNs whereas, 20 % of the respondents ignored the question on whether they agreed with the information in the messages. Much as this could be attributed to other reasons, such as the respondents' attitudes toward ITNs, it could have as well been an authenticity issue.

Windahl et al observe that when the audience question the authenticity and legitimacy of the message, it is likely to be rejected (1993:10). The onus is thus on the communication planner to make it clear to the audience who actually is communicating with them and in whose interests

#### **5.5.4. The Campaign's Communication Channels**

Although Witte's PHM framework does not overtly underscore the role of communication channels in a campaign, the elements discussed above would be incomplete without a channel to present them. Much as section 5.3.1 discusses the communication channels used for this campaign, the brief comments in this section are directly derived from the campaign adverts.

A salient element of the TV adverts is richness of visual images that make a message more vivid and entertaining. In spite of this, TV adverts could only be relevant for audiences in urban areas that have access to electricity and TV.

Given the nature of most rural societies, as discussed in Chapter Four, TV adverts were inappropriate for rural audiences. An alternative to TV images could have been the campaign posters. Unfortunately, in my study location, distribution of posters was poor.

All the health facilities I visited namely, Bukuku HSD, Toro Kahuna HC III and Kijura Health Unit, had no campaign posters on HBMF, let alone malaria. The only places where I saw posters were at the MOH headquarters in Kampala, and the DDHS office in Kabarole. 33.3 % of the respondents who mentioned posters as their sources of information said they saw them in Fort Portal town which is approximately 21kilometers from study location.<sup>51</sup> In fact, 70% of the respondents mentioned posters as a preferred medium of information on malaria.

In an interview with the Medical Officer In charge of Bukuku HSD, Dr.Muhumuza Simon, he attributed the shortage of posters to insufficient supply from the MOH. He said that, the capacity of the health education department at the district is weak and still dependant on MOH for IEC materials and support. On the other hand, the malaria focal person in Kabarole, Byamukama said that health units were given posters which they did not display possibly because it was not a malaria peak season. However all the three key informants I interviewed at the Health centres maintained that they had not received campaign posters from the district in a long time.

Another shortcoming was that the language used on the posters was English. Since I failed to obtain any copy of the campaign poster in local language, I used the poster in English for demonstration purposes in the interviews with target audience. Apart from describing the images in the poster, most respondents failed to interpret the messages in English. 53.3% of the respondents described the images in the poster correctly. As regards the message, 21% of the female respondents and 55% of the male respondents interpreted it correctly. This pattern can be attributed to high illiteracy levels in rural areas especially among females.

Both Dr. Muhmuza and Byamukama mentioned that the problem of inadequate funds could not enable the Health Education Unit to develop enough IEC materials in local languages. They said that not even the Primary Health Care (PHC) grant from MOH could sustain the development of such IEC materials.

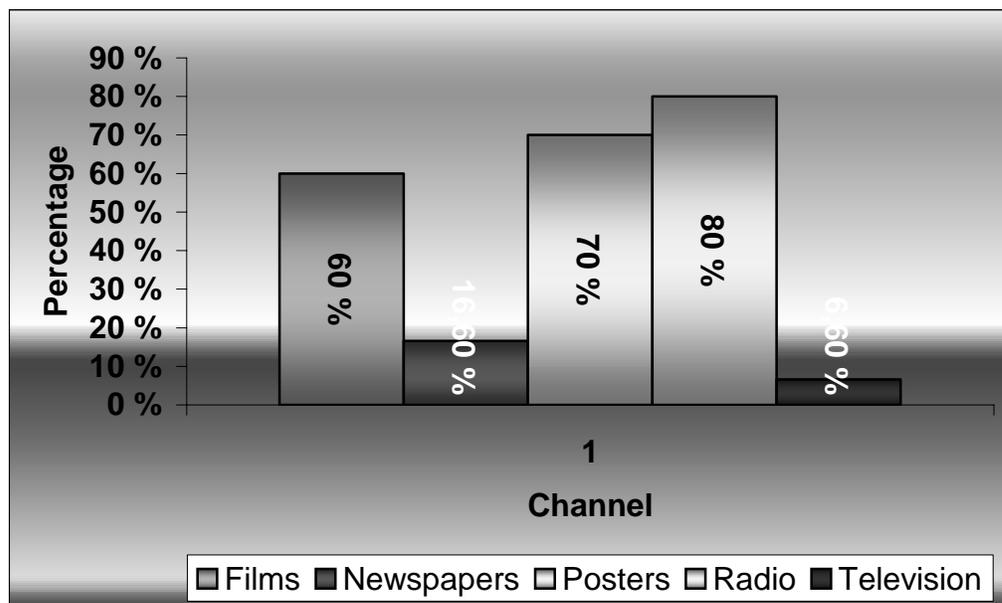
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<sup>51</sup> Fort Portal is a major town in Kabarole district.

Considering Rogers and Storey’s definition of public communication campaigns objectives, among which is to inform as a way of increasing individual levels of knowledge, to raise awareness of certain consequences, of options or of support available to increase the salience of an idea.....,” the language barrier created by the posters in English could only suppress such a process in communities where English is not understood.

The graph below shows the preferred mass media channels of information identified by the target audience.

**Figure: 5.1 Respondents’ Preferred Mass Media Sources of Information on Malaria Treatment and Prevention.**



The respondents’ choices represented above reflect how the uses and gratification theory has a bearing on the campaign. As mentioned earlier, this theory argues that the audience plays an active role in choosing and using the media that best fulfils their needs.

The high preference of radio can be attributed to its wide coverage in the area and its being broadcast in the local language. Besides radio sets are relatively cheap to purchase and maintain since they can use batteries as opposed to electricity. Although some

respondents mentioned the cost of maintain a radio as quite high, almost all the homes I visited had a radio.

In my opinion some of the respondents' preferred channels on radio, TV and newspapers reflect how contented they were with the initial channels used by the campaign planners to disseminate messages. Many of the respondents understood the messages in the radio campaign adverts even though they did not understand the particulars of the disease, namely how it is transmitted, how fatal it can be et cetera. Those who listened to the radio advert in the local language said it was clear. The same applied to those who saw the television adverts. Since many of my respondents were not well educated, my questions did not probe on what information they got from newspapers save for those who mentioned it as a source of information. On the other hand, their high preference for films and posters elucidates the loopholes in the campaign that need to be addressed.

As discussed in Chapter Four, the media situation in Uganda has changed a great deal, especially in urban areas where people are now exposed to mushrooming media that offers a wide variety of entertainment programming. In rural areas much as FM stations are a great source of entertainment, they cannot be compared to urban areas where there is a wide variety of channels and programming. Campaign organisers should therefore harness this opportunity to promote more health education programs on local FM stations; after all it is a popular medium among the respondents.

The above representation also reveals the appropriate medium through which to reach respondents in rural areas. Bearing in mind that the target audiences often looks out for information that will satisfy their perceived needs in the consumption of media messages will help campaign organizers identify the most suitable means of reaching such audiences. This however should be participatory in that the audience gets involved in pre-testing messages, just like the HEPU did.

## 5.6. Interpersonal Channels of Communication

Several scholars including Noelle-Neumann 1973, McQuail 1987, in Windahl et al, 1993:52, Rogers, 2003, argue that while mass media are important in creating awareness, interpersonal channels of communication are more effective in persuading individuals to adopt new ideas.

During my interview with Byangyire I learnt that due to inadequate funding at the HEPU, interpersonal methods were not being put to good use as the case should be. However, she said that there were intentions of concentrating more on interpersonal methods once the Global Fund materialized.<sup>52</sup> Support from the fund would be used to increase awareness and other behaviour change communication initiatives through interpersonal methods especially at community level.

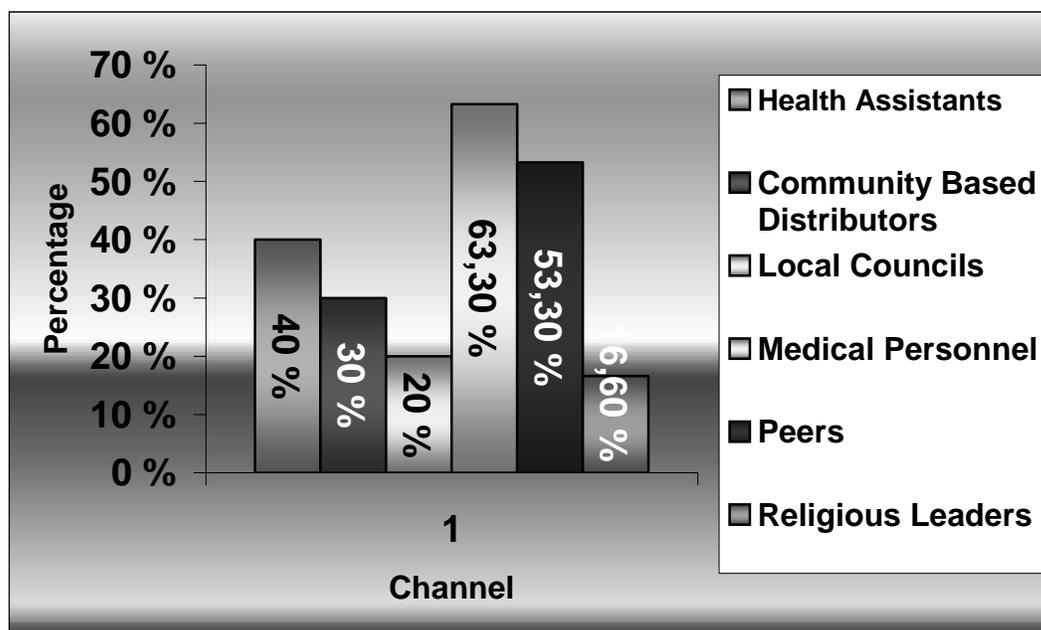
Irrespective of that observation, the situation was different at district level because I later established that Kabarole's HEU communication activities relied on interpersonal channels of communication to reach the community.

Kabarole's MFP, Byamukama and the Medical Officer In-charge of Bukuku HSD Dr. Muhumuza, mentioned that the district strategies greatly depended on interpersonal channels in educating the people on the need to seek early and proper treatment from health facilities and CBDs. Key preventive measures like using ITNs were other messages interpersonal messengers were required to educate the people about. The interpersonal contacts they mentioned included; LCs, Medical Personnel, Community Health Workers, Religious Leaders and CBDs. I present findings from each of these categories. This is further ascertained by target audience who identified the following interpersonal channels as their sources of information.

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<sup>52</sup> The Global fund was created to finance and dramatically increase resources to fight the world's most devastating diseases, namely AIDS, tuberculosis and malaria, and to direct those resources to areas of greatest need ([www.theglobalfund.org](http://www.theglobalfund.org)). In Uganda, the Global Fund Malaria Proposal is programmed for three years. Currently, the government is looking at the fund as a potential support for the HBMF program (Root et al, 2003: 23)

**Figure 5.2: Interpersonal Sources of Information on Malaria Treatment and Prevention**



### 5.6.1. Interpersonal Sources

As mentioned in Section 4.1 the HSSP envisages village health committees at Local Council 1 (LC 1) as the main force and entry point for community mobilization and participation. The Clinical Officer In-charge of Toro Kahuna HC III, Hajusu Wilberforce explained in an interview that they often called upon LCs to address issues on malaria such as seeking early treatment from CBDs during their meetings with the community. He said that when time allowed, health workers attended those meetings and addressed people directly on malaria related issues. He added that, the advantage of this forum was that it allowed for interaction since members had the opportunity of pausing questions directly and getting feedback.

In a focus group discussion with seven Local Councillors (LCs) I ascertained that they were partly involved sensitizing their community on malaria related issues and HBMF.<sup>53</sup> When asked where they obtained information they used to educate the community, they

<sup>53</sup> See Appendix 9 for list of participants in the LCs focus group discussion.

mentioned health personnel and radio adverts as their sources of information. From my findings, I established that 20% of the respondents said that LCs were their source of information on malaria treatment and prevention

Among the issues they raised, LCs expressed dissatisfaction at the failure of medical personnel and health workers to attend meetings where they could address the community directly on malaria. They observed that the only time such personnel attended an LC meeting was in February 2003. They argued that since health personnel were more knowledgeable on malaria related issues, it was the main reason why they should attend meetings and address people's concerns.

Secondly, LCs admitted to not ardently promoting the use of ITNs because of the cost implications in purchasing ITNs. They noted that most of the people are very poor and could not afford an ITN that costs 7,000 Uganda shillings (approximately \$ 3.5). Knowing their people's economic situations, it would be insensitive and a mockery to mention ITNs to them, they added. They said that much as promoting ITNs was one of government's key interventions in the HBMF initiative, it was not practical for people in rural areas. True to my findings, only 10% of the respondents had children sleeping under ITNs. The LCs decision not to promote ITNs also proves Windahl et al's observation that opinion leaders can be selective about what information they receive and disseminate (1993:54).

The LCs acknowledged their role in sensitizing people about HOMPAK, the main drug administered to under-fives in the HBMF initiative. They said, they often talked about HOMPAK during community meetings and even advised the people on where to find CBDs. They went on to underscore the apathetic attitude of some parents who they claimed do not complete medication after getting the full dose from CBDs. According to them, parents had to get more medication from the health facility in addition to that administered by CBDs.

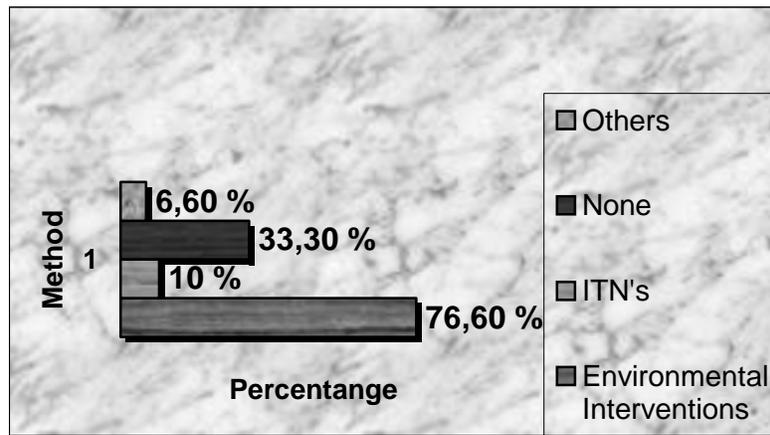
I later learnt from my interviews with the CBDs that this assertion was false. The medication administered by the CBDs was a full dose which did not necessitate follow up treatment from a health facility unless malaria became persistent.

Regarding what key messages they communicate to the community, the LCs pinpointed their message emphasis on environmental interventions as means to safeguarding themselves against malaria. The key interventions they promoted include: boiling drinking water, clearing bushes, clearing stagnant water, and closing windows and doors before dusk, as a means to preventing breeding places for mosquitoes.

On the contrary, studies show that in countries like Uganda, environmental management will have no significant impact on malaria transmission due to high levels of malaria transmission and the abundance of the vector and its breeding sites. Additionally, there is no scientific evidence for bush clearance having any effect on malaria transmission (Root et al, 2003:51). Therefore environmental interventions like those emphasized by LCs, should not be highly advocated and used as a malaria control intervention. Instead, sensitization efforts at community level should focus on interventions that will give significant impact on the malaria burden, namely, ITNs and seeking early treatment.

As is the case, 76.6% of the respondents cited the aforementioned environmental interventions as being used to safeguard their children against malaria. Asked why they chose such interventions, they said it was in accordance with the advice they obtained from LCs, religious leaders and Community Health workers. For others, it was because they believed mosquitoes would not breed in clean environments. The figure below shows methods respondents use to safeguard their children against malaria.

**Figure 5.3: Intervention Methods Used by Respondents to Safeguard their Children Against Malaria**



Regarding other interventions 33.3% of the respondents said they did not undertake any measures to safeguard their children. Some of the arguments for this was that their children are never attacked by mosquitoes hence there was no need to safeguard them. Only 10% of the respondents had children sleeping under ITNs, while 6.6% of the respondents said God protects their children.

Besides LCs, the Nurse and Deputy In charge of Toro Kahuna HC III, Mbaraga Martha said that sometimes religious leaders were asked to promote HOMAPAK to their congregations. She observed that church leaders have been very influential in promoting immunization in the past and could therefore do the same for HBMF.

To the contrary, in an interview with one of the church leaders Fr.Asaba, he said that they have not been asked to promote HOMAPAK. However he added that since the church has often been involved in other health awareness campaigns they have taken it upon themselves to educate their congregations on malaria prevention issues. He said that personally, he often advised the congregation on environmental interventions and seeking proper treatment at health facilities. Indeed 16.6% of the respondents mentioned religious leaders as their source of information on malaria related issues.

On the issue of HOMAPAK, Fr.Asaba observed that it was a relatively new idea to him and had not been involved in promoting it.<sup>54</sup> In my view, I believe that there is need for the church to be at the forefront in promoting HBMF and other malaria related issues. There is no doubt that people have faith in church leaders which explains why 73.3% of the respondents identified religious leaders as a preferred source of information on Malaria treatment and prevention.

As regards ITNs, Fr.Asaba acknowledged the numerous radio adverts promoting ITNs. However, he expressed dissatisfaction at the campaigns emphasis on the radio medium, arguing that not many people in the community had access to radio. He further observed that ITNs are a good venture but their high cost deterred people from purchasing them. He was of the view that for purposes of educating audiences in rural areas, government should invest more in facilitating interpersonal methods besides the mass media.

In addition to the church and LCs, Mbaraga said that parents and caretakers who seek treatment at the health facility are always advised on how to detect early signs of malaria so as to seek early treatment. In addition, they are notified on issues like utilizing CBDs and using ITNs.

In order for effective communication to occur, the occurrence of misinformation identified above between interpersonal sources and the target audience needs to be addressed. Considering their roles as opinion leaders, it is important for community leaders, such as LCs to give timely and accurate information to the target audience. Health personnel should also create time for community meetings so as to supplement information relayed to the community by LCs and other interpersonal messengers. There is no doubt that people have confidence in LCs and health personnel which explains why 86.6% and 70% of the respondents identified LCs and health personnel respectively, as their preferred source of information on malaria prevention and treatment.

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<sup>54</sup> As I mentioned before, I was supposed to conduct a focus group interview with four church leaders, which aborted. However, I managed to meet with one of them from whom I obtained this information. Much as this may be considered as a one-sided opinion given that there is a possibility that other church leaders are involved in promoting HBMF, I consider the issues raised by him as representative.

Like Windahl et al observed, often times, the communicator and receiver get different meanings from a message and yet communication planners frequently overlook this disparity. The result, of course, is ineffective communication(1993:11-12). Therefore, in order to achieve effective communication in campaigns, communication planners need to take note of such disparities and try to reach a mutual understanding between the sender and receiver.

### **5.7. The Campaign's Participatory Approaches**

This section examines the use of existing community structures used in the campaign to reach parents and caretakers of under-fives. This is against the backdrop of the HSSP that puts emphasis on aspects of community participation and empowerment in relation to health service delivery. This is in conformity with communication scholars who believe that such an involvement of people in community activities may enhance the likelihood of program success by stimulating two-way communication in a given program (Ramanamma (1993:160), Bordenave (1994:43), Moemeka (1994:9), Servaes (1996:105), Khadka (2000:107).

Apparently the popular community structures used in HBMF initiative in Kabarole were health assistants and Community Based Distributors (CBDs).

#### **5.7.1. Community Health Assistants**

In my respective interviews with Dr. Muhumuza, Hajusu Juma and the Clinical Officer In-charge of Kijura HC III, Asiimwe Deo, I established that the health extension workers, commonly known as Health Assistants, are staff members that link health facilities and services with the community. These health assistants have training in basic public health and are located at the sub-county level. In addition, they are responsible for various health activities right down to the household level and in executing their duties, they liaise with leaders at the parish and village level. There is a health assistant for each sub-county and this covers a very large population. Currently, health assistants are involved in the implementation of HBMF.

Dr. Muhumuza noted that the advantage of these health assistants is that the nature of their work, health promotion and disease prevention, involves working at household levels, which keeps them in closer touch with the communities.

Hajusu Juma and Asiimwe availed me with their respective health centre work plans for PHC activities that guide the health assistant's community outreach programs. The work plans covered the months of May, June, October and November 2003. From these work plans, I discovered that outreach programs aimed at sensitising community on health issues mainly focused on AIDS, Immunization and reproductive health. In the given four months, malaria outreach education programs featured twice compared to AIDS, Immunization and Reproductive Health that had five outreach programs for each of the aforementioned health issues. Indeed a number of the respondents mentioned that often times, health assistants talked to them more about sanitation, immunization and cholera. In that regard only 40% of the respondents identified health assistants as their source of information on HBMF. Ironically, malaria is the major public health problem in the district.

Malaria ought to be highly prioritized given that it is a major public health problem not only in the district but the entire country. Much as the malaria features highly on the district annual work plan, the outreach programs planned and implemented by the health units leave a lot to be desired. Though I was told that these health assistants are actively involved in promoting HBMF to the community, none of the work plans specifically mentioned HBMF. Moreover HBMF is relatively a new innovation in Hakibale sub-county because it started being implemented in February 2003.

As discussed in Chapter Two, the diffusion of such an innovation preferably occurs over a period of time and will undergo a series of stages before it can fully be adopted by the target audience. The interplay between interpersonal and mass communication is very crucial at this stage. See (Rogers 2003:5-24, Windahl et al, 1993: 58).

Furthermore, Hajusu Juma and Asimwe made key observations, which I consider great impediments to the work of health assistants. For one, health assistants have heavy workloads bearing in mind that it is mainly one health assistant assigned to an entire sub-county. Coupled with that health assistants tend to be frequently attending meetings and workshops organized by the MOH or the DDHS's offices which limits their time in the field. In fact, for the two and half weeks I was in Kabarole, I failed to meet with two health assistants due to their tight schedules. Secondly, they also pointed out the issue of inadequate transport, which often hindered health assistants' travel to grassroots' areas. Thirdly, even though they designed work plans for PHC activities; all outreach programs were dependant on funds available at the time. Even in cases where other community development assistants have been enlisted to work hand in hand with health assistants, inadequate funds and lack of transport have remained a stumbling block.

I believe that strengthening of this structure is very important given their expertise in public health issues. There is need to employ more health assistants if their role is to have more meaning to the communities they serve. The fact that 70% of the respondents mentioned them as a preferred source of information on HBMF proves that they are highly recognized by the community.

In addition the one-to-one approach applied by the health assistants when dealing with the community is not feasible in such a situation where one health assistant is assigned a big number of people in the community. A more feasible approach could focus on community-centred groups, associations or meetings in which interaction with a number of people can be conducted at one sitting.

It is in such forums that wrong attitudes, contentious issues and other problems raised by the community members can be addressed more frequently. For instance, some respondents associated children with high fever and convulsions with witchcraft. Treatment from CBDs was alien to them and they frequently treated their children with traditional herbs on the onset of malaria symptoms. 36.6% of the respondents said they

treated their children with traditional herbs and only went to a health facility when the sickness became persistent.

As development scholars advanced, the rationale behind participatory communication is that it eliminates a one-way, non participatory approach and instead involves audiences (people or communities) in dialogue, collaboration and group decision making...and also considers them as the ultimate and perhaps the most important beneficiary of development communication policies and planning (Keune and Sinha, 1978: 36 in Khadka 2000, Stuart and Bery, 1996: 200).

The current situation is that the health assistant structure is weak on malaria outreach programs. The ideal intentions by the campaign planners of using this structure as a participatory channel have been ineffective given the weaknesses highlighted above. Consequently most of the target audience still relies heavily on mass media channels that ascribe to the transmission model of communication where communication is linear.

### **5.7.2. Community Based Distributors (CBDs)**

The HBMF initiative uses CBDs to ensure that effective treatment reaches the under-five age group within 24 hours of the onset of malaria symptoms. In an interview with the Clinical officer In-charge of Kijura HC III, Asimwe, I established that for every parish, there are two CBDs. The community members in a meeting convened by the LCs elected these CBDs. They all work on a voluntary basis.

Kabarole's MFP, Byamukama said that in the introduction of HBMF, communities were sensitised on the approach and were asked to identify potential CBDs. This allowed communities to participate in the identification as much as possible of individuals with whom they have confidence in strengthening the management of fever and malaria in under- fives.

During a focus group interview with CBDs, I deduced that there is a gap between these CBDs and health facilities due to lack of supervision and coordination from the health

facility.<sup>55</sup> As Hajusu Juma observed earlier, medical personnel and health assistants are overburdened with other duties and hardly find time to carry out supervision at lower health centres. This is aggravated by inadequate logistical support especially in terms of transport and funds. At one point, one of the CBDs, Nalubenga Good, revealed that she had long run out of drugs and was unable to report to the unit. She was awaiting someone from the health unit to deliver more supplies. Three of them noted that ever since the program started, they have never been monitored or supervised by the health unit personnel. This, they said, demoralises them.

The CBDs went on to mention that a number of community members were still not aware of CBDs and opted to have their children treated at health facilities. As my findings established, 76.6 % of the respondents said they got treatment for their children from health facilities compared to 40% of the respondents who identified CBDs as their treatment centres.

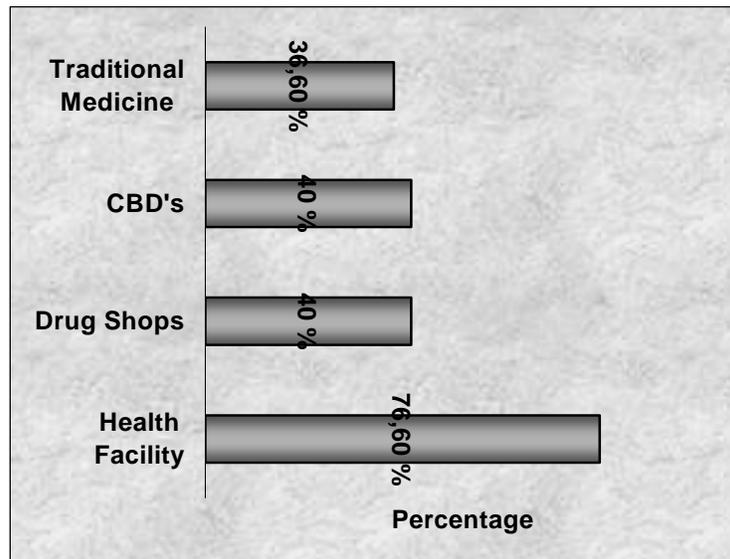
When I reviewed records of four CBDs, I noticed that since February 2003 when HBMF was implemented in Hakiabile sub-county, Nalubenga Good had the highest number of patients at 82 and the lowest was Byaragasi Robert with only 5 patients. Baryayanga Beatrice has 28, while Kanyankole had 35 patients. These figures represent records of CBDs over a one year.<sup>56</sup> These figures are still very low when compared to the records showing the number of under-fives treated at a health facility in a period of one month. In August 2003, 68 patients were treated at Toro Kahuna HC III and in September 2003, 65 patients were treated at Kijura HC III. The Graph presented below shows where parents and caretakers seek treatment for under-fives with malaria.

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<sup>55</sup> Appendix 9 shows the list CBDs that participated in the focus group discussion.

<sup>56</sup> One of my research assistants Michael Niyitegeka obtained these records in March 2004 which explains why the figures represent one year duration.

**Figure 5.4: Ways in which Respondents Seek Treatment for their Children with Malaria**



The CBDs also observed that some parents opted for self medication since they were not comfortable with Chloroquine, one of the major drugs in the HOMAPAK medication. 40% of the respondents acknowledged self medication as a means of treatment. In fact, some respondents mentioned in an interview that whenever they took Chloroquine, their bodies itched awfully. Therefore they did not want their children to go through that awful experience. They went on to say that they opted to buy other drugs from the shops, such as Panadol and Aspirin.

The drugs parents said they purchased from shops are mere pain killers and can only reduce high body temperature and not treat malaria. No wonder, all the children whose parents first tried self medication later had to seek treatment at health facility. When malaria is recurrent it is more complicated to treat and can easily cause death. It is therefore necessary to create more awareness and empower parents and caretakers to take action by ensuring that children with malaria get proper and immediate treatment. Drug shop attendants and private providers should also be sensitized on the need to administer proper dosages of anti-malarials to parents who opt for self medication.

Asked how they create awareness about HOMPAK, CBDs said that they often reminded LCs to talk about HOMAPAK during community meetings. Parents whose children had benefited from HOMAPAK are also encouraged to notify their peers on HOMAPAK. The church was also identified as an avenue in which CBDs are promoted.

Generally they observed that some families are still under utilising the CBDs structure in preference for traditional medicine and health facilities. To illustrate the former, two mothers in an interview said they did not respond to HBMF because in 1994 during a polio immunization campaign a number of children died due to being immunised with an expired drug. To them, HBMF was some form of immunization that they were not about to expose their children to.

That aside, CBDs also noted that in some instances, some adults often approached them seeking treatment for themselves. It is therefore important that campaign messages on HBMF, both in the mass media and interpersonal channels emphasise who the beneficiaries of HOMAPAK are.

They further observed that given that the implementation of HBMF greatly depends on their volunteerism, CBDs need to be recognised through good support and supervision. In fact during the discussion, the CBDs suggested that some form of incentive should be established as a way of motivating them further. They mentioned that often times; their schedules are interrupted since they have to attend to patients any time of the day or night.

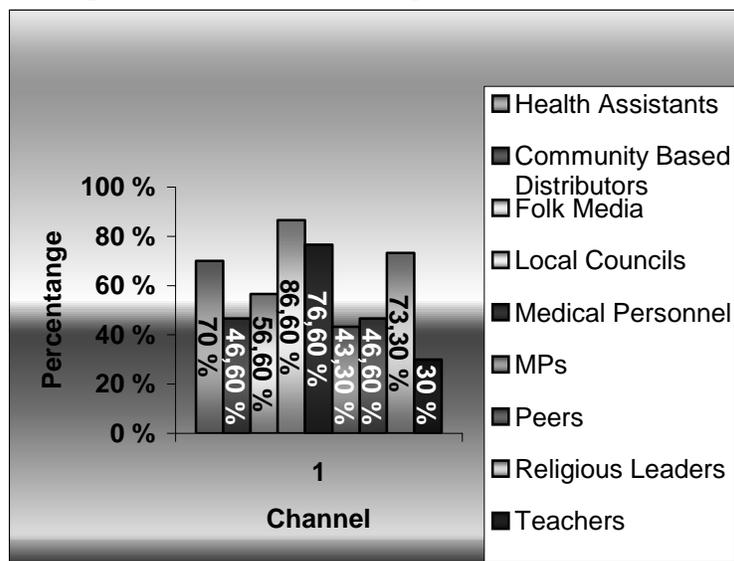
Root et al, (2003), observe that communities have great potential for playing an active role in malaria control especially if the interventions stimulate and empower them as partners in the process and not as mere beneficiaries. In a way, the gist of the CBDs structure caters for this given that communities are involved in identifying the CBDs who deliver a service to the people. However they need more recognition and support in order for their role to be fully utilised. Secondly, communities may be actively involved in choosing other avenues through which HOMAPAK could be efficiently distributed in

addition to the current CBDs. They should also be actively involved in meetings, interactions and gatherings, specifically meant to educate them on HBMF, so as to facilitate exchange of information between them and better informed professionals and community members. This will help demystify wrong myths that they still believe in.

Generally, the above presentation reveals that most of the issues highlighted by CBDs revolve around the lack of communication and coordination between the CBDs and health units they are attached to. Without this much needed support supervision, CBDs are left to work in isolation and are unable to express their problems or get assistance in finding solutions. Such shortcomings will only weaken the HBMF initiative and threaten its sustainability. Therefore, proper coordination and communication between HCs and CBDs is very important for the success of HBMF. As Nair and White’s definition of participatory communication suggests, it is

the opening of dialogue; source and receiver interacting continuously, thinking constructively about their situation, identifying development needs and problems, deciding what is needed to improve the situation, and acting upon it (1993:51).

**Figure 5.4: Respondents’ Preferred Interpersonal Channels of Communication**



The above graph summarises the interpersonal channels of communication identified by the campaign’s target audience as their preferred sources of information on malaria treatment and prevention.

## **5.8. The Campaign and Social Marketing**

In the meeting with Byangyire, I learnt that social marketers were key partners in the MOH campaign, especially involved in the promotion, distribution and selling of ITNs. Currently, Uganda's ITN market has five commercial distributors, whose focus is long-term sustainability for the supply of ITNs. One of the well known social marketers is Population Services International (PSI) formerly known as Commercial Marketing Strategies (CMS), a USAID funded project that began social marketing of ITN using the Smart Net brand in December 2000. Recent reports show that PSI has been successful at increasing awareness of ITNs and establishing an extensive distribution network throughout the country (Root et al, 2003:54).

In an interview, the ITN manager of PSI, Charles Akora, said the bottom line for them as social marketers is to create impact among communities through behavioural change communication. This he said they implement by giving support to the product (ITNs) mainly through promotion of campaigns on radio and television as means of ensuring that people have access to information. For audiences in rural areas, drama was a means of sensitizing them, he added.

He further noted that at the community level, PSI promotes ITNs through organized women groups in communities. Despite the fact that none of the women respondents in Kabarole attested to this, it is a good strategy that implementers of campaign may need to incorporate as part of community activities and community structures to provide information and services to the people. Infact while interviewing respondents in Kabarole, many suggested that women groups such as mothers unions would be a preferred interpersonal channel of communication on malaria prevention and treatment.

Besides that, they advocated the need for an aggressive social marketing strategy. One respondent suggested that organizations involved in marketing ITNs should carrying out promotions in rural areas using film vans or some kind of entertainment like the mobile

phone company MTN did some time back.<sup>57</sup> This would involve selling the ITNs on site during entertainment based promotion at subsidized rate. It is important to run education and communications campaign, together with sales of a product simultaneously, because if an education or communication program stimulates healthy behaviour, e.g. using an ITN, but the products are not available or affordable, then the value of the education may be lost.

Commenting on the low usage of ITNs in Uganda, Akora observed that the high cost of ITNs and low access of ITNs to even those who could afford them were the major obstacles. Against this backdrop, he added that PSI's current focus was on expansion of ITN distribution to most remote and economically disadvantaged populations

He said that between August and October 2003, PSI conducted an ITN voucher pilot project in Mbarara and Mbale districts as an innovative experiment aimed at providing ITNs at a subsidized rate to caretakers of children less than five years and pregnant women. The vouchers were valued at \$ 2.50 would be used by the target group to purchase ITNs from designated health centres and nearby sales outlets. This pilot experience would shape an imminent national project which the Global Fund has set out to finance.

When the national project starts running it will have positive implications in that the parents and caretakers with children under five years may be able to purchase an ITN at about 2000 shillings (approximately \$ 1). Probably, this will increase the number of children sleeping under ITNs. Like I mentioned earlier, although some respondents attributed the lack of using ITNs to negative feelings about the nets, the overriding factor was the costs of the nets. When I asked my respondents what would motivate them to have their children sleep under ITNs, 36.6% of the respondents said that if they were

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<sup>57</sup> MTN is a popular commercial telecommunications company in Uganda and is the widest mobile phone service provider in the country. One way it usually promotes its services in the country is through entertainment with vehicles driving through designated places, playing loud music and with an announcer promoting the service. It is quite an entertaining scene that attracts a number of people to buy their products.

much cheaper than they are currently, 40% of the respondents said if the nets were given out free, while 23.3% of the respondents said they would never use ITNs.

The PSI strategy of using a mix of communication channels, including mass media and interpersonal communication to reach the target audience is commendable. However, there is a need for more mobilization of local organizations and interpersonal networks at the community level, given that they are vital forces in the behaviour change process (see Wallack, 1990:156).

With the upcoming national voucher project the target groups will have to be sensitized from the initial stages of the project planning and implementation if it is to have more meaning to them. Fortunately, there are a number of community structures in Ugandan communities that would enhance such projects, if sufficiently used, given that they have higher reach and high potential rate of influence on their fellow community members.

### **5.9 Summary**

This chapter has discussed the data obtained for this study. I have examined the nature of the HBMF campaign against the background of theories of mass communication, health campaigns and public communication campaigns approaches outlined in Chapter Two. I have established that the HEPU and HEU used laudable approaches in conducting the campaign. These included formative research before designing message campaigns, use of mass media channels, interpersonal and participatory structures to spread awareness on HBMF.

The chapter also establishes a link that is in conformity with suggestions from campaign experts as discussed in Chapter Two. Most outstanding is that for a campaign to be successful, mass media channels will have to be combined with community, small group and individual communities in its organization and conduct. However, findings presented here reveal the campaign's over-reliance on mass media channels to reach the target

audience. Even still, some of the mass media channels were not entirely accessible and appropriate for the target audience.

This chapter has recognized that whereas the campaign attempted to use commendable approaches through interpersonal communication and participatory approaches, a number of factors were overlooked hence minimizing the effect of these approaches. Based on the multi-step flow of information theory, this chapter emphasizes the need for the target audience and interpersonal messengers to be fully involved in the HBMF program for it to be successful. As the theory reveals people do not only depend on the media for information but that social relationships are vital in disseminating information and also causing people to act accordingly.

## **CHAPTER SIX: CONCLUDING DISCUSSION**

This aim of this study was to examine the nature of HBMF initiative aimed at reducing the mortality and morbidity rates among children less than five years in Uganda. The HBMF initiative is part of the process of rolling back malaria. Of special interest to this study was to consider how communication tools defined in Chapter One were being used to fight malaria.

The first task of this study was to make a situational analysis of the campaign process in the HBMF initiative. Using mainly in-depth interviews with key implementing personnel at the central administration and grassroots' personnel in Kabarole district, and document analysis, Chapter Five presents an account of the on-going process in the HBMF campaign process. From the findings presented, it establishes that both HEPU and Kabarole's HEU have sound strategies to enhance the campaign. However these sound approaches are greatly undermined by poor coordination and communication between the key steering units and implementing personnel at the grassroots. Inadequate funding for the campaign process has also been determined as a major impediment to the success of the campaign.

The chapter further highlights the cost implication of inadequate funding on the communication strategy of the campaign planners. In my opinion, funds need to be availed to facilitate a vibrant communication strategy especially among rural communities. The HBMF Initiative should go beyond making drugs available in the community and sensitize people fully and correctly on the availability of the service. Fortunately, as presented in Chapter Four, government's commitment to providing good health care services to the people at all levels through the decentralization policy provides a good foundation to promote initiatives such a HBMF. However, little advantage can be taken from such opportunities if the information needed to provide people with meaning and purpose of the initiative is not available or, when it is available, cannot be effectively transmitted to the people who need it.

Secondly, the study set out to establish how communication was/is being used as a tool to fight malaria. Chapter Four describes a favourable health policy environment in which the campaign is operating. It also recognizes that the national health policy is complemented by a communication strategy encompassing advocacy, IEC, social mobilization, mass media and interpersonal methods as essential tools in promoting health campaigns such as the HBMF. All these strategies are commendable.

However, Chapter Five discovers loopholes in these strategies, such as an over-reliance on traditional forms of communication through the mass media by HEPU. Even where attempts at interpersonal methods have been made, the implementation and results are substandard. The over-reliance on mass media insinuates that the campaign's recognition is more on promoting awareness and not attitude change even though the HEPU states that its communication strategy aims at improving public health attitudes. This one-dimensional approach to health promotion is shown to be insufficient to achieve program goals. As emphasized in Chapter Two, a campaign of this magnitude should have utilized both mass media and interpersonal methods given that the former is strong on spreading awareness while the latter is strong on persuasion and influencing attitude change. Additionally as discussed in chapter two, studies show successful health promotion efforts are increasingly relying on multidimensional interventions to reach diverse audiences about health concerns.

Therefore, behavioural change communication using inter-personal methods will be particularly important for both increasing usage of ITNs and access to effective treatment. Also critical is that interpersonal messengers get proper training and guidelines on what information to disseminate to the people to avoid misinformation. Other important interpersonal structures such as religious leaders should also be harnessed in the campaign process. As revealed in Chapter Five, the target audience themselves identify what mass media and interpersonal channels of communication they prefer as a major source of malaria related information.

The third task of this study was to determine the participatory nature of the campaign. It has been shown that the campaign used some participatory approaches in implementing HBMF. Community volunteers were used to deliver a service, HBMF, to the people. Most remarkable and laudable is that communities were involved in selecting these volunteers. Nonetheless, Chapter Five highlights major drawbacks that watered down the essence of the HBMF initiative namely, poor coordination, deficient communication and inadequate funding. HBMF is a good initiative that needs vital support at all levels of planning and implementation. Proper appraisal of the HBMF initiative is needed to ensure sustainability of this program.

The government should also review funding mechanisms especially in areas where inadequate funding has been revealed as a major obstacle in achieving the campaign's plans. The country's decentralization system should be truly utilized to bring services closer to the people. This calls for strengthening the communication component of malaria control at district level. It is vital that the government creates greater capacity and sufficient resources at district level, to initiate, produce and distribute IEC materials in local languages and to facilitate other communication interventions that are greatly frustrated by inadequate funds, personnel, logistical support, et cetera.

Additionally, it is commendable that Kabarole district's HEU and all health units visited highly prioritize malaria control activities in their work plans. In reality however, several outreach programs dwell more on other health issues than malaria. It is essential that the commitment to educating communities on malaria intervention is not only in writing, but more importantly in practice.

As regards the issue on how audience needs were catered for in campaign design and implementation, the campaign had some strong points. For one, the involvement of the target audience in pre-campaign research is laudable. The messages disseminated clearly emphasize the dangers of the disease to a well defined audience and measures to take so as to control the disease. However, as presented in Chapter Five, the campaign messages overlooked some secondary audiences. Failure to produce sufficient IEC materials and

inadequacy of mediums used to reach the target audience among others are presented. This study argues that for a campaign to be successful, effective health promotion and communication initiatives must adopt an audience-centred perspective, which means that promotion and communication activities reflect audiences' preferred formats, channels and contexts.

However, genuine audience centred perspectives reflect realities of people's everyday lives e.g. education and income levels, gender, age, cultural beliefs, primary language et cetera. As presented in this study, the campaign fell short in observing some of these realities. For instance lack of IEC materials in local languages, under utilizing community structures to educate the people and reach the people, its emphasis on promoting awareness than changing wrong attitudes and so forth.

Regardless of the shortcomings presented, the campaign had significant strong points. The study reveals that the campaign used theoretical approaches comparable to those of public communication campaigns. These include the use of mass media and interpersonal communication to reach the audience (despite under utilization of the latter); the use of social marketing principles; the use of pre-campaign research; the use of CBDs specifically chosen by the community members; and the relevance of the campaign adverts to the PHM framework. Additionally, the favourable policy environment by government and international community shows commitment in a sustained effort to fight malaria.

An essential observation made during this research is the favourable policy and strategy environment in Uganda and the international community commitment to controlling the incidences of malaria so as to reduce infant mortality and morbidity rates. Malaria is highly prioritized on the Ministry of Health's agenda and other international actors. This commitment should also be translated into increased funding to support the current malaria control activities that are hampered due to inadequate funding. Proceeds from the Global fund malaria proposal to fully support HBMF, may go a long way in facilitating increased awareness and other behavioural change communication initiatives. Also

essential is that in order to sustain the HBMF initiative, it is important that government plans on how to sustain HBMF and its related activities when the period for global funding elapses.

There is no doubt that effective communication is crucial to the success of all key malaria interventions. Communication, advocacy and social mobilization are mentioned as one of the key enabling strategies in the Malaria Control Strategic Plan (MCSP). Although limited interventions have been undertaken, effective communication for behaviour change for malaria control remains a weak aspect in the HBMF campaign.

Initiation of key interventions, like HBMF and ITNs, requires high level of advocacy at the national level to support malaria control activities. There should be more emphasis on awareness and promoting attitude change through adequate use of both mass media and interpersonal communication. As presented in Chapter Two and Five, dissemination of information using appropriate and most effective channels is crucial to the success of the campaign. Also important is that interventions developed should be relevant and practical for communities.

Given that HBMF initiative is still on going and is yet to be implemented in other parts of country, the revelations of this study can still be beneficial in improving the communication strategies and other pertinent activities relevant to HBMF. Despite the limitations of case studies identified by Wimmer and Dominick as “not being amenable to generalizations” (1997:103) as presented in Chapter Three, Kabarole provides a comparatively symbolic sample. Even though Kabarole is used as a case study, the relevance of the study need not be limited to Kabarole only. The lessons learnt can be applied to similar prospective campaigns.