“They want to do sex rather than talk about it”

- a study on HIV/AIDS communication problems in Uganda

Ahnna Gudmunds
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Abstract

This is a study about hiv/aids communication between low- and non-educated women and hiv/aids organisations in Uganda. The purpose of the thesis is to define potential disturbance in the communication using three organisations and 9 women as examples. The research is made with qualitative methods and most of the data is collected through field studies and group interviews.

The result of the study is that there are a lot of disturbance causing problems in the communication between the women and the organisations. Most of the disturbances can be connected to the women’s limited access to media exposure. It is also a problem that the interviewed women are more or less isolated in their villages, which mean they are directly excluded from all the information activities placed on billboards, posters, fairs, and events that take place in the city centre or elsewhere. Even though there are a lot of community based information activities arranged by the organisations, these women will not be reached since most of the activities take place in schools where they don’t have access.

The poor level of education results in two problems, first, the women cannot read and therefore not access any print material and second, their English skills are not good enough to understand the meaning of the majority of the information material.

It is pointed out that all disturbances are not communication problems. One of them is the gender inequality in Uganda. The gender roles and structures are too unequal and dominating that even if the women, despite all disturbances, receive information it is often impossible for her to implement the knowledge without consensus from her man.

Key words

Hiv/aids, Uganda, media and communication, qualitative methods, disturbance, communication problems, health communication
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1. INTRODUCTION

After years of major challenges with record high HIV/AIDS rates, Uganda is today a successful example when it comes to preventing the spread of HIV. Uganda is a model for Africa in the fight against HIV/AIDS and the prevention strategies are closely watched and are likely to affect neighbouring countries’ politics and future projects in this area. The reason behind the success is unclear but several studies indicate that the high number of information campaigns have played a decisive role. (USAID, 2008 and Avert, 2010)

As information and education is such a relevant field when it comes to the struggle against HIV/AIDS, I decided to investigate how this topic is being handled within my subject, media and communication science. I am interested in seeing how HIV/AIDS communication is being carried out in Uganda but more important – to see what parts of the communication that are not fully working and therefore can be improved.

I want to find out how HIV/AIDS organizations are spreading information and compare it to how the most vulnerable group, low-educated women, prefer to receive the information.

My aim is to contribute to this field of knowledge by identifying how the communication between low-educated women and HIV/AIDS organizations can be improved. My ambition is that this study may be used as background guidance for organizations when creating their information strategies for dissemination of HIV/AIDS information.
2. RESEARCH QUESTIONS

The motivation behind this thesis is an assumption that the hiv/aids communication in Uganda has potential to be improved. The purpose of this study is to define the possible communication problems between three selected aids organizations and nine young low- or non-educated women. The study focuses on the communication methods and it aims to identify and define disturbance in the communication. My comprehensive research question is:

- **What are the potential communication problems in the dissemination of hiv/aids information by the three aid organizations to the nine low- and non-educated women?**

To answer the question the two sides of the communication process have to be investigated and compared. In order to do this three additional research questions have been formulated:

1. **What different methods and strategies are the three organizations using when sending information about hiv/aids prevention?**

2. **What different methods and strategies in hiv/aids communication are most likely to affect/not affect the non- and low educated women?**

3. **Are the three Ugandan organizations’ ways of spreading information about hiv/aids also those that the lower and non-educated women appreciate the most?**
3. STRUCTURE

3.1 Material
Research objects for this thesis are three Ugandan hiv/aids organizations and nine low- or non-educated women from Uganda. The data being used is based on interviews, literature research and internet sources. Most of the material has been collected during field studies in Uganda.

3.2 Limitations
It is important to point out that the purpose of this thesis is not to analyze or evaluate specific campaigns, messages or content made by the three organizations. The focus is on the methods being used and the women’s opinions about hiv/aids information. The women are not commenting on any specific campaigns and the organizations’ strategies are only used as examples being related to when discussing the results of the women’s opinions.

An innate limitation in this thesis is the fact that both writing, research and interviews are carried out in a language that is not mother tongue for any of the involved participants. This may have increase the risk of misinterpretations and lack of nuances, especially in the interviews done with help of an interpreter.

Because of the qualitative nature of this study no general conclusions will be made. The conclusions made in the thesis should be seen as examples in its specific context.

3.3 Disposition
The results of this study can be seen as divided into three parts:

1. Presentation of research done on the three organizations with the purpose of answering research question one.

2. Presentation of results from interviews with the low-educated women with the purpose of answers on research question two.

3. Comparison between the results in part one and two enables a discussion answering research question three as well as my main research question:

- What are the potential communication problems in the dissemination of hiv/aids information by the three aid organizations to the nine low- and non-educated women?
4. BACKGROUND

Uganda is one of the most affected countries when it comes to high rates of HIV/AIDS infections. By the early 1990s it was one of the worst hit countries in the world. AIDS has killed an estimated 940,000 Ugandans. Most of these victims were of childbearing age, and have left close to one million Ugandan children as orphans, many likely to be forced into exploitative situations to survive. The consequences of this are disastrous for the development and the welfare of the country and its communities. (HRW, 2007)

At the same time, Uganda is nowadays known as a success story of falling infection rates since remarkable declines in HIV were observed throughout the 1990’s. Statistics vary, but most UN and NGO sources agree that the national HIV prevalence fell from 15-20 percent in 1991, to an estimated five percent at the end of 2002 (Parkhurst 2005:571-574 and STD/AIDS Control Programme, 2002) The current HIV prevalence in Uganda is estimated at 6.4 percent among adults. Though, this number is accompanied by data showing a worsening of behavioural indicators especially an increase in multiple concurrent partnerships (UNGASS, 2010). The HIV prevalence is higher in urban areas (10 percent prevalence) than rural areas (6 percent) and women are disproportionately affected, accounting for 57 percent of all adults living with HIV. Ugandan women tend to marry and become sexually active at a younger age than their male counterparts, and often have older and more sexually experienced partners. This, plus various biological and social factors, puts young women at greater risk of infection. (Advert, 2010)

The HIV/AIDS approach used in Uganda has been named the ABC approach - first, encouraging sexual Abstinence until marriage; second, advising those who are sexually active to Be faithful to one partner; and finally, urging Condom use, especially for those who have more than one sexual partner. The approach in combination with strong government leadership, broad-based partnerships and effective public education campaigns has been given as the main reasons for the success. (Advert, 2010) Still Uganda’s prevention efforts have become less effective in recent years, with particular criticism levelled at US-backed abstinence campaigns that completely eliminates the encouragement of condom use in their messages. There are indications that Uganda’s HIV prevalence may once again be on the rise. (UNAIDS 2009 and Aidsmap 2006)
5. THEOREY

5.1 Comprehensive communication theories

Throughout this thesis I will use the basic terms *sender*, *message*, *channel* and *receiver* discussed in Windahl and Signitzer’s *Using Communication Theory* (2000). I will also adopt Shannon and Weavers concept of *disturbance* from Fiske’s *Communication Theories – an introduction* (2004). This is because I want to identify and define disturbance that eventually affects the information to reach the group of women in my research. The terms *feedback* and *feedback*, with definition taken from Windahl & Signitzer, will also be used as relevant concepts, especially since my study can be seen as a feedforward investigation.

5.1.1 Conceptual tools

“Without concepts it is impossible to communicate thoughts and intentions to others […] Concepts are tools…” (Windahl & Signitzer, 2000:6). To carry out this study I will use the concepts *sender*, *message*, *channel* and *receiver*. These concepts can be discussed and complicated further (see Windahl & Signitzer, 2000:6-12), but the following basic definitions are the ones I will use throughout this thesis.

*Sender* – The organisation that sends the message. This definition is not “…an expression of the assumption that the sender or communicator directs and controls the communication process.” (Windahl & Signitzer, 2000:8). A communication process might be a two-way process and I am also aware that there might be other organizations/sponsors cooperating with the sender. If this is the case I will discuss it, but still use the concept “sender” to label the organization that sends the message.

*Message* – In this thesis the message is everything that the sender communicates. The message is not in focus for my research and therefore I’m not going to differentiate between Windahl & Signitzer’s three dimensions of the message (Windahl & Signitzer, 2000:11).

*Channel* – The way in which the message is being sent. In this thesis medium and channel will be used as synonyms.

*Receiver* – When I speak about receivers in general I mean those who receive or react to the message, but I also have to keep in mind that the organizations have intended receivers that might not be the actual receivers (Windahl, 2000:12). If the group of low educated women is a part of the organizations’ target group I will also refer to them as intended receivers. (Windahl & Signitzer, 2000:12-17).

5.1.2 Shannon and Weaver - Disturbance

Disturbance is an important concept which I will adapt to my study, and it originates from Shannon and Weaver’s communication model (Fiske, 2004:19). Shannon and Weaver divide disturbance in two different levels according to their model, a technical and a semantic level (Fiske, 2004:19-20). Technical disturbance is everything within the channel that disturbs the communication process, and semantic disturbance is every distortion of the sender’s intended meaning in a message that still reaches the receiver (Fiske, 2004:19-20).
I will use a very wide definition of the concept of disturbance. For me everything that hinders the women from receiving the information will fall under the term.

### 5.1.3 Feedback and Feedforward

The terms feedforward and feedback, with definitions taken from Windahl & Signitzer’s *Using Communication Theory* (2000) will also be used as relevant concepts, especially since my study can be seen as a feedforward investigation. I am trying to enable better conditions for organizations working with dissemination of HIV/AIDS information by looking at the special needs of a specific vulnerable group of people.

“Feedback is a reaction on the part of the receiver to a sender’s communication” and “[f]eedforward is information about the receivers and their possible reactions that is gathered by a sender prior to initiating communication with them.” (Windahl & Signitzer, 2000:16).

### 5.2 Further communication theories

The comprehensive communication theory described above is mainly a typical traditional linear communication model (sender – message – channel - receiver) that does not consider the dynamics of the process of human communication. I will use it as a basic model with its clear conceptions, but I will also use theories about “Communication Networks” since it is very important to get another view of the complex picture of human communication (Windahl & Signitzer, 2000:71).

It is important to point out that all disturbances are not communication problems. When defining potential disturbance I relate to the framework of Kurths three E:s in *Windahl & Signitzer (2000)*. By sorting the disturbance in three categories the three E:s make it possible to define what disturbance can be defined as communication problems.

### 5.2.1 Networks

Rogers and Kincaid (1981) and Schenk (1984) have comprehensive presentations of the network approach and describe it as: “the interpersonal linkages created by the sharing of information in the interpersonal communication structure” (Windahl & Signitzer, 2000:71). This is relevant in my research and I agree with Windahl & Signitzer when they states that “…everyone in society belongs to one or several communication networks. This points out the importance of studying communication from a network perspective as a part of the study of human communication in general” (Windahl & Signitzer, 2000:71). In the book *Aids i Afrika* Palmberg also agrees with this when she writes that health education has always been in focus in the fight against AIDS and that personal communication between people is much more important than messages through the mass media, which do not have any great effect on behavior (Palmberg, 1993:94).

One mustn’t forget though, that communication doesn’t constitute a social network by itself. Values/attitudes and exchange are also important factors that correlate with communication (Windahl & Signitzer, 2000:72). For planned communication it’s important to know who does most of the talking in the network and how it is done (“traffic”), how open the networks are for ideas from outside (“closure”) and if the members of the network are equal or unequal when it comes to communication (“convergence”) (Windahl & Signitzer, 2000:73).
5.2.2 E.E.E.

Kurth’s three E:s is an additional framework for analyzing potential solutions and goals for problems in a communication process (Windahl & Signitzer, 2000:36). This is necessary for my thesis, as Windahl & Signitzer write and acknowledge in their book *Using Communication Theories* (2000), “Not all problems are communication problems” (Windahl & Signitzer, 2000:30). The three E:s stand for *education*, *engineering* and *enforcement* and these “represent the efforts and measures required in order to reach certain goals.” (Windahl & Signitzer, 2000:35). All three E:s are to be looked upon as complement to the original communication/information, but this doesn’t mean that they can’t include aspects of communication themselves. *Education* activities in connection to what originally is being communicated (the message) might include school programs, information literature, person-to-person contact and complementary mass communication (Windahl & Signitzer, 2000:35). *Engineering*, in the case of hiv/aids, might be efforts such as development of hospitals, medicines and so forth. *Enforcement* means using legalization to stop the problem. In the case of hiv/aids it is very hard to legislate for better conditions, on the other hand it can be discussed however there are laws that complicates peoples conditions, for example providing education for all children in a country.

The fact that hiv/aids is more than a communication problem is obvious and Windahl & Signitzer give an example of this: “An educational program promoting condoms use to prevent AIDS will be more effective if it is accompanied by an engineering effort ensuring that condoms are readily available for purchase.” (Windahl, 2000:35). Essentially hiv/aids is a health problem and to solve it (if it can be solved) communication is not enough. Education, such as complementary information in text and from person-to-person, and engineering efforts are essential. The same goes for the third E, enforcement, which of course is important in all fields where hiv/aids related work is carried out. All different areas have to work together.

5.2.3 The Message

The study will not focus on the message itself, but when investigation the communication process it is important to include some aspects of the message. In my case I will reflect on how different kinds of messages are understood generally by the receivers according to earlier research. For example, if my respondents opinions or ability to receive the message is disturbed by the message speed, slant or degree of difficulty, it is relevant for my research to categorize it as disturbance.

In the anthology *Public Communication Campaigns* (1981) McGuire writes about the message factors that may affect the receivers. First, he describes the difference between positive and negative messages in public health campaigns and shows how positive appeals are more effective with regard to retention of the message and actual compliance. The negative messages, where the risks and danger are more pointed out, excite less interest and motivation to the receivers, and therefore the message will not be remembered in the same extent as the positive ones (Rice&Paisley, 1989:47)

A hindrance for the message to be received is that the sender and the planned receiver do not speak the same language. Very often the sender’s message is based on experts and the authority’s macro perspective which includes a difficult language. This can be difficult for the
citizens to understand since they are more focused on the micro level and their own daily life (Jarlbro, 2004:80).

5.3.4 Public Communication Campaigns

“By definition public communication is directed at a wide range of people, so that it cannot focus exclusively on subpopulations with special characteristics” according to Rice&Paisley (1989) (Rice&Paisley, 1989:48). Bertil Flodin’s definition of public information is quoted in Övertalningsstrategier as: “…such activity that aims to identify, establish or terminate and develop communication between the authorities and its surroundings” (Palm, 1994:40). The organisations selected as my research object all have activities that could be defines as public communication campaign. They will also fall under the term of social marketing. A criteria of social marketing in Philip Kotlers definition is that the product in advertising correspond to “the acceptability of a social idea, cause, or practice” and that the sender is a nonprofit organization. That could be a public authority, foundation, non-profit organization or a church (Palm, 1994:40). The use of commercial methods for social issues have been criticized because it offers too easy solutions for complex health problems, for example, “Use condom to stop AIDS” (Jarlbro, 2004:18)

According to Jarlbro senders of health campaigns have begun to use commercial marketing. This sometimes causes problems because senders use simple solutions, for instance, “use a condom to stop aids”. Different strategies are needed depending on if the sender wants the recievers to buy something or prevent them from doing something, which normally is the case with health communication (Jarlbro, 2004:18).

To describe the ideal strategy for a campaign is impossible. There is no solution that fits all different situations for information campaigns. Every campaign has to be tailor-made for its own conditions, goals and target group (Jarlbro, 2004:20). Still it is possible to identify generalizations, which according to earlier research distinguish factors that make health campaigns more effective (Jarlbro, 2004:21). Jarlbro lists 27 generalizations for effective health campaigns, and from them I have chosen seven which are the most relevant for my investigation:

- use several different types of media - radio, television and pamphlets
- combine mass communication with interpersonal communication, for example small group activities
- have a specific target group
- provide constant repetition of simple messages
- advocate the positive aspects of a behavioural change rather than the negative effects of wrong behavior
- if the sender uses messages that include terror and fear, give directions as to how to act to avoid the problem arising
- appeal to authorities and credibility (ibid:21-22).

In Hälsovokommunikation Jarlbro point at the socio-cultural environment as a decisive factor for the success of a campaign. She quotes Ratzan and his book Aids: Effective Health
Communication for the 90s says: "No one campaign or general campaign strategy is likely to achieve the diverse demands of HIV/AIDS prevention. A wide range of different campaigns, using different communication strategies and messages targeted at different audiences, will have to be employed to help curtail the spread of HIV/AIDS" (Jarlbro, 2004:25)

5.3.5 The senders

Research in health communication often points out the importance of the citizens' trust and that they can rely on those who communicates health risks to them. People’s appraisals of risks are dependent on socio-demographic factors and cultural ideas, which makes it more difficult for the sender to appear credible to a wide group of different people. What a credible source is, is different in different situations but it has been shown that people tend to take the message more seriously if they feel trust for the sender (Jarlbro, 2004:77-79).

Other relevant concepts regarding the sender’s role is the symmetrical and asymmetrical communication. Symmetrical communication means that the sender adjusts the message/information and the means of communication to please the receiver. It is a balanced two-way communication, a dialogue. Asymmetrical communication is imbalanced, a one-way monologue and leaves the sender in power as it tries to change the receiver (Larsson, 2002:45).

By doing good research before choosing target group the sender can make the efforts more efficient (Jarlbro, 2004:47). Before taking decisions about target groups the sender should consider that “[b]y definition public communication is directed at a wide range of people, so that it cannot focus exclusively on subpopulations with special characteristics” (Rice&Paisley, 1989:48). This is a part of the public campaign dilemma when informing a large group also includes the non-susceptible receivers. “Campaigns must be designed to reflect the specific concerns and cultural orientation of the target audiences. Campaigns should address target audiences who are as homogeneous as possible though careful audience segmentation” (Jarlbro, 2004:25). This is why Jarlbro among others points out the importance of careful target group analyses to achieve the specific goal of the campaign.

5.3.5 Channel and medium

Different mediums have different qualities and the choice depends on the sender, the message and the target group. Several researchers points out the importance of combining different types of mediums if the sender want their message to be noticed and also strive to reach a change of behaviour (Jarlbro, 2004:96-98).

Some factors for sender’s consideration when choosing medium are:

Range – A high range means that a lot of people have the opportunity to be reached by the message, for example; national television.

Selectivity – When a medium has the ability to select to reach the specific target group, for example; advertising in schools (if the target group is kids)

Speed – When a message need to be disseminated quickly. For example; internet and radio.

Interactivity – A medium’s ability to create two-way communication. For example; columns or radio programs where the public are encouraged to contribute by writing or calling into the show.
Attention – Mediums which are capable of creating and retaining attention, for example; movies and television.

Efficiency – The medium’s ability to achieve effect on the receivers. For example; personal communication is superior when it comes to efficiency.

Retrievable – When it comes to retrieve the message a time after receiving it. For example; printed information is easiest to retrieve.

Cost of contact – How much it costs to reach every individual in the target group. The effects of using different mediums are different in the same way as the costs vary (Jarlbro, 2004:98-100)

5.3.6 The recievers

Maibach and Cotton (1995) shows in Jarlbro’s Hälsokommunikation that different receiver groups are in different stages considering their relation to the subject of the information. They divide it into four stages:

- Precontemplation to contemplation
- Contemplation to preparation
- Preparation to action
- Action to maintenance (Jarlbro 2004:88)

Different strategies of dissemination will therefore be used differently depending on which stage the target group belongs to. For example; if they belong to stage one, they are most probably not motivated to change behavior, hence the message should focus on the positive effects of a behavior change rather than trying to reach the change itself (Jarlbro 2004:89)
6. METHOD

This thesis is based on qualitative research. I have chosen the qualitative method of interview because I want to investigate thorough how different young women and organisations relate to hiv/aids information in Uganda.

I will not concentrate on determining if the information has general validity. What is essential is rather that I through field studies and qualitative methods of collecting information can gain a deeper understanding of the presupposed problem in this specific situation. I want to describe how a selection of different organisations and people work with the dissemination of information about hiv/aids. I will also through group interviews examine what the specific group of low or non-educated women think about hiv/aids information, how they receive it and how they prefer to access it. The data collected from the qualitative interviews will be compared and then able to answer my research question on what disturbance can be identified in the communication between the hiv/aids organisations and low-educated women.

6.1 Selection

6.1.1 The Country

Uganda is a successful example when it comes to the struggle against hiv/aids its hiv prevention strategies are watched closely and are likely to affect neighbouring countries’ politics and future projects. A large amount of aid money has been provided into the country and this has made many research trials and national and international hiv/aids projects possible (SIDA, 2007). If research concerning the hiv/aids problems is continuing in Uganda, it is possible to keep on collecting the knowledge and experience as well as creating new models for projects in other African countries. In this context I find it relevant to choose Uganda as the object of my thesis. The fact that the Ugandans have English as a second language makes the communication process during the research easier. Since I have previous experience from working in Uganda my contacts could also assist me with arrangements during my field studies.

6.1.2 The Organisations

For the research I use three organisations as examples of hiv/aids information senders. The selection is strategic in the sense that I have actively chosen three organisations that are as different as possible from each other regarding funding, ownership and size. The criteria for the selected organisations are:

1. They must all work with hiv/aids prevention and dissemination of information in some way.
2. They should not be connected to each other and preferably not have the same owner/main donor/carry out the same activities.
3. They must be based or have an office in Kampala, the capital city of Uganda.
4. They must include the 9 low- and non-educated women in their target group.
The representatives from the organisations have been selected on their availability at the time of my field study. Emails, phone calls, fact sheets, brochures as well as meetings have been used as sources of information.

The three organisations used as object in this thesis are:
1. Uganda Health Marketing Group (UHMG)
2. Young Empowered And Healthy (YEAH!)
3. Straight Talk Foundation! (STF)

6.1.3 Group interviews with women
The research objects of my group interviews are low- or non-educated women. The selection of low- and non-educated women is strategic for the reason that earlier research has identified them as an especially vulnerable group. The actual respondents are selected randomly since my contact person in Uganda, thanks to her network, helped me identify women in the relevant category. They are all in the age between 20 and 35.

The choice of non- or low-educated interview object is based on the fact that awareness of the hiv/aids problems and the use of condoms go together. (Enyegue, Meekers, Calvés, 1996). According to UNAIDS (2009) people with no or low education to a greater extent are hiv-positive compared to those with higher level of education.

The figure shows in percent the level of education for people tested HIV positive at a AIC (Aids information Center) in Uganda. Source: UNAIDS, 2007

USAID statistics shows that 57 percent of the infected people in Sub-saharan Africa are women. This makes the low or non-educated women an crucial target group from for information about hiv/aids.
6.2 The qualitative research

I want to investigate thoroughly how different people and organisations work with the spread of information about AIDS and what they think is the best way to send messages to the population. The validity will not be general for any other organisations or Ugandan women than those in my research. The qualitative method relies on proximity to the source where I, as a researcher, receive my information from (Holme & Krohn, 1991:14).

6.2.1 The qualitative interviews

The qualitative interview is an essential method for me when collecting data for my thesis. This study is based on semi-structured interviews with the low- or non educated women outside Kampala in Uganda. The interviews with representatives from the three organisations are not structured and should more be seen as informal meetings where they explain data and share fact sheets, based on my information request.

6.2.1.1 Semi-structured interviews

In the semi-structured interview the theme regarding the questioning is defined in advance (Østbye et. al., 2003:102-103). It is very important that this stimulus (theme) is analysed and well known by the interviewer before the actual interview (Flick, 2002:150). Also, “A clear […] research question is critical because it gives rise to the specific questions that should be raised.” (Stewart & Shamdasani, 1990:18). On the other hand, the order of the questions and their content are not as definite in the semi-structured interview, as they are in the structured. The semi-structured interview “…has a sequence of themes to be covered, as well as suggested questions. Yet at the same time there is an openness to changes of sequence and forms of questions in order to follow up the answers given…” (Kvale, 1996:124). This mode of interviewing offers, like the unstructured interview, a great range of flexibility and also promotes back-up questions and discussion (Østbye et. al., 2003:103). “[K]nowledge evolve through […] dialogue.” (Kvale, 1996:125). My subject is HIV/AIDS communication and all my questions will be bound to that topic one way or the other.

6.2.1.2 The group interview

One great advantage with group interview is that it stimulate to discussion between the group members, which adds useful information that the interviewer otherwise might had forgot to ask about. Another advantage with this method is that interviewer receives a lot of rich data at a low cost. A downside connected to this is that the large amount of data might be hard to sort and analyse (Flick, 2002:190). According to Flick the group should consist of between six and eight persons, revolve around a certain theme and last for at least one hour, maximum two hours. The group members should be strangers to the interviewer, not friends, but it is still recommended to start of with warming up questions to get to know the group and the group dynamic (Flick, 2002:198; Stewart & Shamdasani, 1990:34). The interviewer should be flexible, objective, empathetic and a good listener (Flick, 2002:190). Of course these four last traits apply even to the semi-structured interview. The interviewer’s role is also to produce informality, a liberal climate, but still keep balance between informality and formality. To much freelwelling is not good (Flick, 2002:198). The group interview is a balancing act between steering and moderating (Flick, 2002:190). Writing about focus groups, which will be a concept equal to group interview throughout this study, David W. Stewart and Prem N. Shamdasani, have this to say about the
balancing act: “A focus group is not a freewheeling conversation among group members; it has a focus and a clearly identifiable agenda.” (Stewart & Shamdasani, 1990:18).

6.2.2 The interviewer – ethics and problems

Discussing the ethics of interviewing Kvale writes about informed consent, confidentiality and consequences. Informed consent is briefing and debriefing “…about the purpose and procedure of the interview” (Kvale, 1996:153). This is to ensure that no misunderstandings will occur after the interview is done. It is also preferable to make the interview accessible for the interviewees once it has been done. Confidentiality is very important. It is not ethical to reveal information that can identify the interview subject if he/she wants to remain anonymous.

“The consequences for the interviewees concern the situation itself as well as later effects of participating in the interviews.” (Kvale, 1996:154). The interviewer has to know about the possible consequences and thereafter decide to pursue or not pursue the study.

Other things to keep in mind include is avoid asking leading questions and not to evoke a feeling that there is a preferred reading or a correct answer to the questions.

6.2.3 The Inter-Cultural Interview

The fact that I am a Swedish student and that my study is carried out in Uganda involves cultural differences that need to be considered. Spradley and McCurdy define culture as “the knowledge people use to generate and construe social behaviour” (Ryen, 2004:177). My knowledge about the culture and context of where my research is carried out is relevant when it comes to trust and relations to my informants. How to use the right phrases when it comes to politeness is important and is more difficult than it would be in my own country. My role as a woman can also be discussed and questioned when the country for my field study does not have similar gender roles that I am used to. The discussion of inter-culture will also involve reflections of such things as race, social class and level of education (Ryen, 2004:178-79, 182-188). It should be mentioned as a fact that the power relations between the interviewed women and me are unequal. It has been my responsibility to undramatize the situation and find a relaxed climate for conversation without them feeling insecure. In my group interviews the women knew each other from before and even if they were a little bit shy in the beginning before the discussion among them got intense and stimulated. I have been using an interpreter during my group interviews. It is important to be aware that even though the interpreter and me carefully discussed the procedure before the interview, there is always a risk that information might have been misunderstood, both between me and the interpreter and between the interpreter and the women (Ryen, 2004:182). To minimize the risk for misunderstandings I let one of my Ugandan friends listen to some of the recordings and confirm that the interpreter made a correct translation.

6.2.4 The interview manual

“An interview guide indicates the topics and their sequence in the interview.” (Kvale, 1996:129). It can be very detailed or it can just contain some rough topics to be covered. “For the semi structured type of interview […] the guide will contain an outline of the topics to be covered, with suggested questions (Kvale, 1996:129). Thematically the questions should relate to the topic of the interview and dynamically the questions should promote a positive interaction (Kvale, 1996:129-130). Regarding the group interview it’s important to know that it is “…not a
verbal version of a survey questionnaire.” (Stewart & Shamdasani, 1990:61). The interviewer should promote discussion and provide the direction of the discussion.

Concerning the questions they should go from general to specific, and also be ordered by relevance to the research agenda. The number of questions should in general not exceed the dozen (Stewart & Shamdasani, 1990:61-62).

Flick writes about and discusses four different elements important to the interview guide. The element of non-direction means beginning with general questions and then move to semi structured and on to structured. This is “…to prevent the interviewer’s frame of reference being imposed on the interviewee’s viewpoint.” (Flick, 2002:150). About the element of specificity he writes: “The interviewer should […] prevent the interview from remaining on the level of general statement.” (Flick, 2002:150-151). This can be done by applying the element of range, which means securing all aspects relevant to the research question. The last element is that of depth & personal, which means that the questions should ensure emotional response.

In the interview manual for this study, I decided to separate the questions in four themes starting with general questions about the women’s access to different mediums. The chapter also includes questions that will show how exposed they are for certain channels or messages. In the second theme the questions try to find out how the women receive their knowledge and information about hiv/aids. Third theme focuses on behaviour and aims to find out how the women take action and use the information they receive. Fourth and last theme is more directly trying to get answers on how the women prefer or wishes to receive their hiv/aids information.
7. RESULT

7.1 Hiv/aids organisations

7.1.1 The Uganda Health Marketing Group (UHMG)

7.1.1.1 Background

The Uganda Health Marketing Group (UHMG) is a health organisation that started its activities in Uganda 2007, when it was incorporated in a US led Technical Advisory Group called AFFORD. UHMG is a nationwide organisation generously funded by USAID. The head office is in Kampala. (Zzimbe 2010)

7.1.1.2 Strategy/objective

"The Uganda Health Marketing Group (UHMG) designs and implements strategic and integrated health marketing interventions intended to improve the overall wellbeing of the country's population, while stimulating and increasing commercial sector participation. UHMG is committed to improving the quality of life of Ugandans by providing needed superior affordable health care solutions using innovative marketing and communication approaches.” (UHMG 2010)

7.1.1.3 Projects/Methods

UHMG supports and promotes hiv initiatives to increase risk perception, self-efficacy and preventive behaviours among communities, with a particular focus on men and women of reproductive age, discordant couples and most at risk populations. UHMG also targets the most at risk populations for hiv infection including commercial sex workers and their clients, uniformed personnel, people living in fishing communities and long distance truck drivers. UHMG's main campaign The Good Life! targets the families, including young couples, caretakers of children under 5, pregnant women, and people living with hiv or aids.

All of UHMG's products, information campaigns and events belong under the Good Life! platform, which is a format for how UHMG campaigns should look like. UHMG is investing a lot in visibility and branding activities.

Good Life! Messages is a campaign that is aiming to reach out to the target with regular health related messages. It is using a variety of methods including a newsletter, community outreach and radio program.

The Good Life! Show is an interactive, entertainment-education game show with national coverage through television, radio, video halls and community road shows. The show also include interactivity when they invite couples to participate in games, for example answering questions and participate in discussions on health and sexual behaviour. The show also includes a competition where the audience is encouraged to call a free hotline for a chance to win prizes.

The Good Life! Teams are specifically selected community representatives who get trained and supported to utilize opportunities such as church gatherings, social celebrations, local
council sessions and informal one-on-one interactions with neighbours, family, and friends to advocate for things people can do to protect themselves in their everyday life.

The Good Life! at Work is a project that trains company employees and communities on prevention and health maintenance behaviours. By breaking down messages into simple steps UHMG wants people to improve their everyday life and at the same time pass on the information to friends and families.

Apart from information campaigning UHMG is also committed to the distribution of a wide range of health products. They are also having more projects in the business sector. For example, they do product facility, sales and marketing of health products, cooperation with pharmacies as well as research and evaluation of consumer behaviour and health market. They also arrange conferences enabling themselves and many health marketing practitioners to make evaluations and create strategies for the future. (Zzimbe 2010 and UHMG 2010)

7.1.2 Young Empowered and Healthy (YEAH)

7.1.2.1 Background

Young Empowered and Healthy (YEAH) was established in 2004 in response to the Uganda AIDS Commission’s call for sustainable and coordinated behaviour change communication aimed at reducing the prevalence of hiv and aids, adolescent pregnancies and early school leaving among young people. Y.E.A.H receives funds channelled through Uganda AIDS Commission but also directly from UNICEF, the USAID and Save the Children. (Twmuusiime 2010)

7.1.2.2 Strategy/objective

“Empowered young men and women in Uganda who are happy, healthy, and reaching their full potential in a supportive, protective and gender equitable environment”. The mission to do this is to “Stimulate dialogue and action among communities, families, schools, and health institutions; and model positive practices through local and national media.” (YEAH 2010)

7.1.2.3 Projects/Methods

The target group for most of Y.E.A.H’s campaigns are Ugandan youth or adolescents. Some activities specifically aim to reach

Rock Point 256 is an award-winning 30-minute radio serial drama for young people in Uganda that 2005 has been broadcasted weekly on 13 radio stations. It is coordinated by five Young people’s Advisory Groups (YAGs), one in Kampala and four in the regions. The groups actively advise the campaign on appropriateness of messages, materials, approaches to community outreach, participate in campaign strategy design, materials development including reviews and pre-tests. Youth are being trained and supported with material, manuals and tools to be able to train other youth groups, faith-based groups, community resource persons and community based organizations. As a multi-media communication campaign, Y.E.A.H employs a variety of communication channels that reinforce each other.

The main channel to spread Y.E.A.H. campaigns is in the radio serial drama Rock Point 256. Messages in the drama are reinforced and repeated through other communication channels that include: billboards, posters, street signs, fact sheets, board game, flyers, radio spots, songs
and music videos, silent videos, comic books, newspaper ads and television. Y.E.A.H. also produces promotional materials such as key rings, bandanas, t-shirts, cups, pens, and bumper stickers.

**Be a Man Campaign** was the second campaign Y.E.A.H launched in 2006, with a focus on redefining masculinity and male gender norms. The campaign focuses on helping young men to adopt more positive, socially acceptable and equitable “male” attitudes and behaviours to protect their own health, influence health-seeking behaviours and improve male/female relationships. This campaign was launched during the World Cup in soccer 2006. A lot of tv advertisement was made because of the high expected number of male viewers. Also after the World Cup the campaign has continued. The main forums for advertisement and activities has been schools, institutions, workplaces, sports clubs, armed forces and cultural groups NGOs.

**The True Manhood Campaign** is Y.E.A.H’s current campaign and was launched 2009. The launched campaign aims at empowering young men with skills to be able to assess their personal risk of alcohol abuse and commit to drinking responsibly or not at all, regardless of social pressure, to solve conflict using non-violent means; and to be able to resist relationships where gifts, favours or opportunities are exchanged for sex. The campaign also targets young women and fathers to support the young men to change.

**Something for Something Love Campaign** was the first Y.E.A.H campaign and it has since 2005 been focusing on adolescent sexual and reproductive health. Except from Rockpoint 256 and the other traditional mediums Something for Something Love also spread their message by arranging events for youth and families. For example was writing and painting competitions organized. (Twmusiime 2010 and YEAH 2010)

### 7.1.3 Straight talk fundation (STF)

#### 7.1.3.1 Background

Straight Talk Foundation (STF) developed out of Straight Talk newspaper that was first published in 1993 and funded by UNICEF. Today, Straight Talk Foundation is a health communication NGO that promotes Communication for Social Change through print, radio and face to face interventions. The NGO relies mostly on volunteers, but still the funds are limited which affect the organizations activities. Shortfalls during 2009 and 2010 resulted in that fund allocated to prevention mainly went to the most prioritized activities like “Voluntary Counselling and Testing” and "Prevention of mother-to-child transmission of HIV”. Only about 5% went to mass media and behaviour change work. UNICEF is still one of the donors together with DANIDA and private donors. (Straight Talk foundation 2010 and Campo 2009-2010)

#### 7.1.3.2 Strategy/objective:

The broad objective of STF is to "contribute to the improved mental, social and physical development of Ugandan adolescents and young adults. The programme also aims to keep its audience safe from HIV/STD infection and early pregnancy and to manage challenging circumstances such as conflict and deprivation.” (Straight Talk foundation 2010)

#### 7.1.3.3 Projects/Methods

Straight Talk Foundation aims, through radio, print and face-to-face projects, to increase the understanding of adolescence, sexuality and reproductive health.
**Straight Talk Newspaper** was the first and most important project for the organisation. Covering key messages themes like: know your body, understand your emotions, wait or use condoms, Life skills and health care, the newspaper gets distributed to schools in many areas of the country. It also gets inserted in The New Vision, which is the biggest daily newspaper in Uganda. Local language publications are also produced.

**Radio show “Enter-Educate”** is a programme that has been running every week since 1999. It is broadcasted in eleven languages on 29 stations. The target group is adolescents who cannot read and write and those ones not having access to the Straight Talk newspaper. Another programme is called “Doctors programme”. The topics include hiv/aids, STD prevention, relationships, alcohol and any topic that the audience send them a letter about. It is all produced by young journalists having experts such as doctors, counsellors or teachers in the studio.

**Outreach and Training Programme (OTP)** is a project that involves face-to-face communication, which complements the newspapers and radio programmes. It aims to target young people but also parents and teachers. Through Teachers training, Student trainings and Parent Talk Dialogues the participants will during a few days get guidance on how to deal with issues related to hiv/aids, sexuality and reproductive health. Within the project STF also arranges clubs at schools where children and youth can get information and guidance. Different kinds of health fairs are also arranged for the young people that dropped out of school and have no place to seek services like counselling and hiv testing.

**Farm Talk and Tree Talk** are two special initiative that aims to reach the vast majority of youth whom will remain in the countryside and support themselves through agriculture. It consists of a newspaper being sent out three times a year together with tree and vegetable seed.

**The Web** is also promoted as an important channel through which one youth can seek information about sexuality and health. (Straight Talk foundation 2010 and Campo 2009-2010)

### 7.2 Non- and low-educated women

#### 7.2.1 Group interview 1

**7.2.1.1. Access/Avaliability/Exposure**

In the first group of interviewed women one respondent is going to secondary school. The other two have only 5 years of education from primary school. None of them have a partner.

Since they live in the same village their access to different mediums are almost the same. There is a television in the village but “when I pass they only watch football anyway”. None of them say they use the television every day but the answers indicate they know how to access it if they wanted to. One woman says she watches televisions a couple of times a week. Radio on the other hand is the most frequently used medium. The women say they listen to radio “all the time”. Wherever they go they will hear a radio and some of them have their own radios. Mostly they listen to the private radio channels because they also play music. The two women with least education cannot read which is why they don’t access newspapers as information sources. The woman who is enrolled in school both read newspapers and accesses the internet from internet cafés sometimes. This woman is also the only one who frequently leaves the village for
other villages and goes in to the city. For the other women it can take several months between leaving their village.

Only one woman is a member of a women’s group but she has not been participating in any activities and does not know for sure what the objective of the group is. Only the woman in secondary school says she understands and speaks English, the other two only speak local languages.

7.2.1.2 Knowledge/Information/Communication

When discussion what knowledge they have about hiv/aids one women admits she though it was witchcraft the first time people started to become sick around her. The first time she got in contact with the illness was when her brother got sick. The women say that they learn about hiv/aids through observation and they put a lot of emphasis on the fact that they need to take care of sick people. That is also how they learn to see the symptoms.

They all mention radio as the medium where they get information about hiv/aids, both Rockpoint 256 and morning programs. On the question where to actively seek information about hiv/aids no one has a clear answer except going to the aids service clinic. Though, they have never been there themselves and neither heard about anyone else going there with the purpose of seeking information. The reason for not going is that “we are busy and there is a long way to go. It is just not something you do”.

There has been some kind of activity in the village where people have been coming from outside to inform about hiv/aids. All of the interviewed women remember this occasion but none of them were attending. They explain that it is a problem that this kind of activities takes place during daytime. “Then it is just the old people here. Young people and women are working or are at the market”.

The women say they can talk to each other and friends about the disease. They often discuss and give each other advise on how to take care of the sick people. One of the women is quick in adding that it is very difficult to talk to men about hiv/aids. “If someone starts talking about hiv/aids when a man is around he says ‘I have to go somewhere’. He doesn’t want to listen”. Another one adds that “Men can also get very angry” and “some of them are even prepared to spoil their marriages if the women starts talking about it”. “They don’t want to talk to their wives. They don’t want to talk to anyone until they are so sick they need our help”. One of the women says that men have a tendency to not accept that it is hiv when they get sick from it. Either the man denies the disease and keeps on having sex, or he realize he is sick but decides that he does not want to die alone so he will still keep on having sex with the purpose of infecting others.

7.2.1.3 Behaviour

When discussing the reason for the spread of hiv the first thing that comes up is unfaithfulness. “Mostly it is the men having many wives or more women than their wives”. They explain that women are usually always at home and while the men are out they don’t know if he is having sex with other women. “One man can infect a lot of women”. Once again the women point out that some men want to infect others with purpose because they don’t want to die alone while others who keep on denying their infections will also spread the virus. Women getting raped is also listed as a reason for the spread of hiv.
One woman criticises the churches for the spread of hiv/aids. “They will only say ‘let’s pray for you’. They are not being honest. They make the problem easy by saying ‘if you are infected just come to us and we will fix it’”.

None of the women feel they have enough information and knowledge about the disease. The illiteracy is pointed out as a disadvantage by one of the women. One woman makes a clear separation between information and behaviour. Even though people might have knowledge about how to protect themselves “they forget” when they are in a situation where sex is available. “When they are about to have sex, nothing else matters”. They also say people need to understand better how alcohol and drugs will change the judgement when it comes to having sex. One woman explains the male behaviour as an “urge” to have sex. “When they get that feeling nothing can stop them”.

When discussing how to protect themselves the women in secondary school says she is using condoms because she learned it in her school. The other women say they stopped having sex. One of them took the decision to not to be involved in any sexual activity after she found out her husband became positive when cheating on her.

One woman gets back to the fact that she does not think it’s the information people need, “it has to change people’s behaviour”. “They should come here and see what the sick people look like. Maybe then they would understand”. She means that even though the men are also around the radio when hiv/aids programs are being broadcasted “the next day they will forget about it”.

Only one woman has an opinion about criticising sources of the hiv/aids information. She says she believe in what they say on the radio but sometimes not when people only tell her unbelievable stories.

7.2.1.4 Requests/Wishes

When the women get a chance to think about how they would like to receive information about hiv/aids they put a lot of emphasis on the source of information. They encourage the churches to start telling the truth and stop misusing the name of God to attract people to the church. They want the government to stop spending the money on themselves and instead show that they want to get rid of the disease in their country, by for example sending more people to the villages to talk about the problems. NGO’s are stated as good examples. Also the importance of sending children to school is mentioned.

The hiv/aids information they remember the most is a story about a person who had his infected blood changed to healthy blood. The source of the story is not remembered but they speculate that it must be a very expensive surgery. Another story that is well remembered is that a new hiv medicine is going to come from Japan. One of the women says it is suppose to be both very good and cheap.

7.2.2 Group interview 2

7.2.2.1 Access/Availability/Exposure

None of the women in group interview 2 are enrolled in any form of education but they all have 7 or 8 years of primary school education. One of them is single and the other two married and engaged. None of the women have access to either internet or television. They all say they have
access to and use radio as a first choice medium. They rarely read newspapers but one woman says her husband read for her sometimes. The only time they go to another village or into Kampala city centre is when they need to buy something or do something. Last time they travelled away from the village was between one and seven months ago. The women in the group interview 2 speak the village local language and none of them says they have good knowledge of English.

7.2.2.2 Knowledge/Information/Communication

As far as the women know, no one has ever visited their village to inform about hiv/aids. The knowledge they have about the disease they got from the radio. They hear information and discussions about hiv/aids every day on various programs. One woman says she also gets information from the hospital when she goes there with her children. No one knows where to go if they would actively want to seek information about hiv/aids. One woman guesses the hospital.

The group of women say that they don’t talk to each other about hiv/aids because they live many houses away from each other. Also, there is no time to talk about these things because of all the daily work they are busy with. One of the women says she sometimes talk to friends close to her house about hiv. Last time was the other day after they heard something related on the radio. Once she also tried to talk to her boyfriend about how to protect themselves but “it has not been very good”. She prefers talking to other women, also of practical reasons: “We spend more time together when we are working. When the men come home, they want to do else than talk”.

7.2.2.3 Behaviour

Two of the women have been tested for hiv, one of them in combination with her pregnancy. The third woman says she has never been tested. She says she know her status since she stopped having sex seven years ago. “That is the only way to be safe”. The other women do not protect themselves when having sex. One of them says “I cannot use condom with my husband. I know he is out doing things with others when I am at home. The men are not being faithful and then they will bring the virus home to us”. The other one has a similar story: “I know my husband is cheating while I am home taking care of the kids. When he comes home in the evening he wants to have the sexual act and that is when I will get infected.” The two women with partners say they are afraid to get infected and that they don’t want to die. “But there is nothing I can do because I have children”.

In a discussion about condoms the women explain the reason why they cannot be used even though they have knowledge about how it would protect them. “The men would not allow us to use condoms”. They don’t know why the men refuses but one of the women explains why she don’t want to bring up the subject at home. “If I start talk about condoms he will beat me up”. The three women all agree they would like to have more information about hiv/aids, but most of all they think it is the men who should receive the information. “The problem is theirs but it becomes ours as well”. They discuss however that someone could come and talk to the men about the disease. The conclusion is that someone from the outside should come and talk to the men. “We cannot talk to them, and if I try, he will only beat me or do something else very bad”. They say the man is the “head of the house” which is why the person from the outside must be someone the men respect. One person they know the men respect is the oldest leader in the
village. When trying to come up with other authorities that might have impact they also mention foreigners. “But the most important is what the person has to say. It has to be about how to change their behaviour”

7.2.2.4 Requests/Wishes

The women themselves would be happy to receive more information, especially how to tackle issues related to the disease in their everyday life. One women mention that she would appreciate having someone to talk to, “someone who doesn’t only tell rumours”. There are different opinions about if they want to talk to someone in a group or one by one. The woman who prefers meeting someone alone refers to the fact that she might have questions that she doesn’t want anyone else to hear about. The women who would prefer group sessions also want to include men with the motivation “we women cannot make change happen alone”.

When the women talk about what hiv/aids information they have a strong memory of it is first hand experience that is empathized, both because “seeing someone infected gives very strong memories” but also because is has impact when hearing stories from friends about infected people.

7.2.3 Group interview 3

7.2.3.1 Access/Avaliability/Exposure

Two of the women in group interview 3 have no education at all. The third one has seven years of primary education where she also learned a little bit of English. The other ones only speak local languages. They are all in the age between 20 and 24, one of them is single and the other two have boyfriends.

Radio is the most frequently used medium in the group. They listen to it “all the time”, both when working and at home. There are many different programs. One of the women watches television once in a while. She goes to a place in the neighbourhood where they have a TV and there she can watch what is on for the moment. None of the women say that they are very good in reading and therefore they rarely read newspapers. The women have never tried to use the internet. None of them are members of any women groups or organizations.

If they have time and a need to buy things at the market they go to Kampala city centre once in a while, but very often the work load does not allow them to travel very often.

7.2.3.2 Knowledge/Information/Communication

The women who went to primary school says she learned that hiv comes from sexual intercourse and “if you later get aids you will be really sick”. One of the others says she doesn’t know for sure how people can get infected but “I know how painful it is to live with hiv/aids since I am positive”. The third woman says she gets her knowledge from the radio and by seeing people suffering from it. She says she gets in contact with hiv everywhere; on the radio, at the hospital, from friends and when you meet someone sick. The only time they actively seek information at the hospital is when someone is sick. Otherwise they stick to radio as their main source of information. Apart from the woman who went to primary school they have not met with people teaching them about hiv/aids, neither in their own village or somewhere else.
Sometimes they talk to each other about hiv/aids but it is nothing they plan, only if someone brings up the subject. They say that within relationships people tend to not talk about it, even if one of the persons is infected. One woman says she fears to bring up the subject with her boyfriend. “If he doesn’t want to discuss it then you are not allowed to do it”. One example is raised about women having men working away from home, only coming home in the evenings sometimes. “That means they have very little time to talk. When they are together they want to do sex rather than talking about it”. They all agree that it would be nice being able to discuss the hiv/aids issues with their boyfriends.

The most memorable things they’ve heard about hiv/aids all refers to own experiences or stories from friends. “Overall I remember when I see people suffering from it. Especially I remember when I saw a person who lost all her hair. It makes me want to take caution with my life”. One of the other women says: “someone told me it is untreatable. That made me really scared. Can it really be true…”

7.2.3.3 Behaviour

Two of the women have been tested for hiv. The third woman has not been tested because she is sure she is positive. Still she says she would like to go for testing so she can get access to assistance and treatment. “But I am nervous because I know my results. But I would like to get the assistance until I get to die”. One of the other women also says she is afraid to get infected. She is not using any protection when having sex because she and her boyfriend are planning to have children.

In a discussion unfaithfulness gets listed as the main reason for the virus to spread. Also one women states that “men prefers live sex” which is why condoms are rarely being used. They point out that changing people’s sexual behaviour is very difficult.

7.2.3.4 Requests/Wishes

The women in group 3 say they can never get too much information about hiv/aids. They discuss new ways of receiving information because the methods being used now are apparently not working since people are still getting infected. The need for a community-based organization that can arrange meetings is suggested by one of the women. It’s being pointed out that the activities have to be free of charge otherwise they will not attend. Two of the women say they would enjoy the possibility to ask questions to someone, both in general but also regarding a specific person that is sick. The third woman says she enjoys information from the radio the most since it enables her to work at the same time.

The women try to figure out what factors will decide if they remember information or not but in the end one of them conclude “my boyfriend will do whatever activity he wants, no matter if I remember what I have heard or not”.
8. DISCUSSION

8.1 Question 1 – the senders

What different methods and strategies are the three organisations using when sending information about hiv/aids prevention?

The three organisations have more or less the same objective with their hiv/aids information campaigns. Generalizing one can say they all want to empower, develop and improve the receiver’s quality of life and health by increasing the awareness and knowledge of hiv/aids related issues. They all aim to change the behaviour of the receivers somehow. The methods they are using to achieve this are a bit different. The character of the organisations varies.

UHMG are brands themselves as a modern, facilitating sender by focusing on facilitating both solutions and products for the health issues they are addressing. Both STF and Y.E.A.H have a more youthful approach and they also include young people in the production of the campaigns. Y.E.A.H use the radio programme Rockpoint 256 as the main method of communication while STF uses the newspaper Straight Talk as the most important channel for hiv/aids communication. The last two are focus on showing the complexity of hiv/aid related issues while UHMG provides solutions in line with what Jarlbro calls “the commercial methods” of public communication campaigns.

All the organisations are, like Jarlbro mentions, as a general rule for successful health campaigning, using several types of channels and media outlets. They all also adapt to the strategy of following up mass communication with interpersonal communication. In different ways they also arrange activities, fairs or conferences from where the hiv/aids messages are spread further. STF also arrange competitions of different kind for their audience.

Both STF and Y.E.A.H produce printed information material and radio programmes in several different local languages. UHMG invests in airtime on television for one of their main projects. According to Jarlbro television is a medium with high range but it also has limited possibilities to receive direct feedback. Though, UHMG have included an interactive part in their television show Good Life! Show.

The strategy of repeating a message can manifest itself in different ways. UHMG focuses a lot on visibility, and by using the same name in all their activities the chances of recognition from the audience increases. Y.E.A.H uses a slightly different method. By introducing all their new campaigns and messages in the widely known radio serial Rockpoint 256, they later repeat the massage through a variety of channels with the goal of having them reinforce each other. Y.E.A.H is the organisation that uses the largest variation of channels, from billboards, posters, street signs, fact sheets, board game, flyers, radio spots, songs and music videos, silent videos, comic books, newspaper ads and television as well as promotional materials such as key rings, bandanas, t-shirts, cups, pens, and bumper stickers.

In the way that Rice&Paisley defines public communication campaigns, the organisations’ campaigns are “directed to a wide range audience and they cannot focus exclusively on specific target groups”. Though, for example STF are having smaller campaigns like Tree Talk and Farm Talk where they are able to target smaller and more vulnerable groups more specifically.
8.2 Question 2 – the receivers

*What different methods and strategies in hiv/aids communication are most likely to affect/not affect the non- and low educated women?*

The accessibility of different mediums is crucial when discussing how the interviewed women are most likely to be affected by hiv/aids information campaigns. As the level of education of these women is low or non-existing, their skills in reading are limited. Only a few of them are able to read newspapers. The low level of education also affects their language skills and only a few of the interviewed women are comfortable with receiving messages in English. The availability of media channels in the villages is also affecting the exposure of campaign messages. For example, only one of the interviewed women has physical and knowledgeable access to internet. They are all aware of where to find a television but few of them use it.

Only one of the women is enrolled in secondary school. Except from that none of the women are actively involved in an organisation or other activities where they can access social events, education or information about hiv/aids. Occasionally, when someone did visit one of the villages to teach about hiv/aids the event took place daytime when all the women were occupied with work. The lifestyle of these women implies a number of limitations. In general they do not leave the village often which means they are not exposed to any information activities that are not available in their particular village.

Radio is by far the most frequently used medium among the women and it is also the most appreciated one. The women like radio as a channel of information because they are able to work at the same time. The topics on the radio become subjects of conversations among women and in this way the radio becomes more a part of a lifestyle than only a medium. All women listen to radio every day and say that they prefer getting the information from various programmes. Most of the women are aware that they can receive information at the hospitals but the only reason for them to go to the hospital is if someone is sick. None of the interviewed women indicate they actively seek information about hiv/aids. The lack of time is mentioned as a reason for not being more active.

The hiv/aids information women tend to remember the most is not the messages they receive from the traditional mediums but from friends or others. Especially they remember when seeing or hearing about people suffering from the disease. Rice&Paisley (1989) describes how positive messages are more effective than negative ones in health campaigns. Contrarily most of the women emphasized the negative messages as especially memorable.

The source of the information can in some cases be significant for the women. Some of them expressed concern about not being able to trust information coming from for example the church or the government.

The women in general talk to other women about aids. They share information on how to take care of sick people and they can also start discussing if they hear something interesting on the radio. The network theory is highly applicable when looking at how big part of the women’s knowledge originates from conversations with other people in the village. On the other hand the interviews show clearly that the women do not talk to men about hiv/aids.

All the interviewed women would appreciate more information about hiv/aids. Many women were wishing for opportunities to meet someone with knowledge about hiv/aids, both
how to prevent it and how to take care of infected people. Some women would prefer talking to
someone one-on-one, others would prefer talking in a group with other women and a few would
prefer talking in a group with both men and women. Several times it was pointed out that
activities like the one mentioned has to be free of charge, otherwise the women would not
attend. Interpersonal communication along with radio is clearly the methods that are most likely
to affect the low- and non-educated women.

In the interviews the women tend to have a micro level perspective in the discussions about
hiv/aids. This mean that they focus on what is relevant for themselves, their families and people
they know opposite to the macro level perspective that focuses on authorities and expertise.
(Jarlbro 2004:80) Two of the women specifically requested to receive more information about
hiv that could be used in their every day life. If an organisation focuses on micro level messages
they are more likely to reach the women.

8.3 Comparison

Are the three Ugandan organizations’ ways of spreading information about hiv/aids also those
that the lower and non-educated women appreciate the most?

What are the potential communication problems in the dissemination of hiv/aids information
by the three aid organizations to the nine low- and non-educated women?

The organisations are using a wide range of methods when disseminating their hiv/aids
messages. The women only have access to a few of the channels, which means that there is
major disturbance in the communication.

The interviewed women have a lifestyle based on hard work, both to earn a living and to
take care of family and home. They work many hours a day and they don’t have much spare
time. This means they cannot spend time on channels that need their fully attention, for example
television, newspapers or events arranged in other villages or places. They praise the radio for
its ability to inform them while keep on working as usual. Except from radio, interpersonal
communication is highly appreciated among the women, even though many of them haven’t
been reached in the extent they would have liked.

All three organisations are in different ways producing print materials for their campaigns.
For many of the women this is a waste since they will not be able to access the information
without help. The women are working long days with few possibilities of enjoying spare time.
This is a disturbance since the women will not be able to attend any events or activities in the
city centre or other villages. When not travelling they also miss out on all billboards, posters
and commercials that are visual in other places than their village. Even though organisations do
distribute printed material to villages the communication still risks being disturb by 1. The fact
that many of the women cannot read, 2. The materials are often distributed to schools where the
women not enrolled don’t have access, 3. If the newspaper or printed materials are not free of
charge, the women may not afford to buy it, 4. If the information is printed in English they
women might not have enough language skills to understand.

Using Kurths three E:s as a background it is a few disturbances that can be discussed as
communication problems and therefore also have the possibility to be improved. First, there are
some things that the organisations already are doing but that can be increased. For example, producing information material and radio broadcasts in local languages.

Focusing more on the women in general is something that can be improved. Rice&Paisly says that “public communication is directed at a wide range of people, so that it cannot focus exclusively on subpopulations with special characteristics”. Having that as a starting point it is also clear that the needs of the low- and non-educated women will not be satisfied by ordinary information campaigns. Even though the low- and non-educated women are included in the target groups of the researched organisations’ campaigns, their special characteristics as a vulnerable group result in a communication full of disturbance. If the target group should be as homogenous as possible, as Rice&Paisley suggest, the women could take good advantage of being their own target group in a tailor made campaign.

Some of the organisations’ attempts to reach the women are fairly asymmetrical. Even the radio, the women’s favourite channel, is asymmetrical in the sense that the women are not giving any feedback. Many of the youth groups have tried to create a more symmetrical communication by using interactivity in the radio programmes. They also do regular tests of their methods and messages by using focus groups. As the interviewed women’s wishes for interpersonal communication on aids, it indicates their need to be involved in more symmetrical communication. (Larsson 2002:45)

As Mai Palmberg describes, it seems like the personal communication between people is much more important than the messages through mass media. If the organisations want to adapt to the women’s need of interpersonal based information they have the ability to identify the community communication networks. A good start is to find out who is doing most of the talking and how open the network is for new ideas from the outside. Windahl and Signitzer also suggest to find out if the members in the network are equal or unequal in the communication. If the network in this case includes both women and men it is obvious that the relations are unequal.

In my research it is very clear that the gender roles are causing a big disturbance, especially when it comes to implementing the information received. The interviews show clearly that the women do not talk to men about hiv/aids. Since the women are highly dependent on the men this becomes a huge limitation in many ways, both for the women who want to change their behaviour according to the information they received but also for the organisations that are trying to achieve behavioural change in the society. This problem in itself falls out of Kurth’s definition of a problem that can be solved with communication.
9. CONCLUSIONS

This study shows that the low- and non-educated women are not likely to be affected by the majority of the hiv/aids information that is sent out by the three organisations. This study also indicates that the special characteristics of the non- and low-educated women make them marginalized in communication campaign with larger target groups. One conclusion is therefore that specific campaigns are needed to reach this vulnerable group.

Most of the disturbance identified is related to the poor access to media channels and the little exposure of messages. The interviewed women are more or less isolated in their villages, which mean they are directly excluded from all the information activities placed on billboards, posters, fairs, and events that take place in the city centre or elsewhere. Even though there are a lot of community based information activities arranged by the organisations, these women will not be reached since most of the activities take place in schools where they don’t have access.

The poor level of education results in two problems, first, the women cannot read and therefore not access any print material and second, their English skills are not good enough to understand the meaning of the majority of the information material.

Another potential problem that organisations might want to take into consideration is the economical poverty that does not allow the women to buy material or participate in events.

As a last conclusion I want to point out that hiv/aids communication to low- and non-educated women cannot be done without involving the men. The gender roles and structures are too unequal and dominating that even if the women, despite all disturbances, receive information it is often impossible for her to implement the knowledge without consensus from her man.
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Group interview 3, semi-structured group interview with three women (respondents 7, 8 and 9) carried out 2008-11-17 in a village outside Kampala, Uganda.

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Hand-outs
Brochure: Rockpoint 256, printed 2008 in Kampala.
ANNEX

Group interview 1

2008-11-07

Informant 1
Age: 25
Status: Single
Level of education: 12 years
Religion: Catholic

Informant 2
Age: 32
Status: Separated
Level of education: 5 years
Religion: Christian

Informant 3
Age: 31
Status: Separated
Level of education: 5 years
Religion: Catholic

ACCESS / AVAILABILITY / EXPOSURE

Are any one of you in any education right now?
1 – I am doing my last year now. Later, if I the circumstances allow me, I want to go to university at some point.

Do you have access to television?
2 – We have television in the village but it is not always in use. I think we can use it but we normally don’t.
1 – I watch sometimes - the news mostly, sometimes many days in a week.
3 – When I pass it they only watch football anyway.

Do you have access to radio?
3 – We listen to radio every day.
1 – All the time.
2 – Wherever you go you will hear the radio is on.
1 – But I most listen to music programs.
3 – I even have my own radio!

**What about newspapers?**
1 – I read the newspapers a lot. Almost every day.
3 – Sometimes if someone is reading. I cannot read myself.
2 – I don’t read. I get news from radio or people telling me.

**Internet?**
1 – I go to the internet cafe sometimes. I have an email address.
2 – I never go.
3 – Internet is nothing for me.

**How often do you go into Kampala town?**
1 – I go every day because I am in school there. But not in weekends.
2 – I go every now and then. It is different. Last time was a couple of month ago.
3 – Not very often. Only once in a while.

**How often do you go to another village?**
1 – Two times a month maybe. If it is a market maybe.
2 – It was more than three months since I visited another village.
3 – Just sometimes. Not very often.

**Are you members of any organization, women centre or network?**
3 – I am a member of Brask group.

**What kind of group is that?**
3 – I don’t know really, but I am a member. A friend asked me and I said yes. It is only for women.

**Do you have any activities with the group?**
3 – I don’t know. I have not been participating anyway.

**What languages do you speak?**
2 – I speak two of the local languages.
3 – I speak only one.
1 – I speak two, and also English.
2 – I understand English, but I prefer to not speak.

**KNOWLEDGE / INFORMATION / COMMUNICATION**

**What do you know about hiv/aids?**
2 – First, when people started to be sick all around we thought if was witchcraft – like a punishment to the village. Then we started to realize that it must be something - the sickness. My brother was very sick I then I found out that he was infected. That was the first time I got in contact with the disease.
2 – Now, when we are more aware we try to take care of the people that are positive.
3 – When we see the symptoms, for example if someone is having a fever for three months we think that maybe it is hiv.
2 – We learn most through observation. After a while we learn to see the symptoms.

**How often do you see information about hiv/aids elsewhere?**
1 – From the radio. Rockpoint 256. They have a program about hiv.
2 – And there is a program every morning when they speak about hiv/aids. There are various programs about hiv.

**If you want to get some information about hiv/aids, how do you do to find it?**
2 – You can go to the aids service at a clinic but I don’t think anyone does.

**Why?**
2 – We are busy and there is a long way to go. It is just not something you do.

**As far as you know, have anyone been in your village to inform about hiv/aids?**
3 – I remember once, but I was not here.
2 – They were going to have some event but I wasn’t here
1 – I was away too. When I hear about things, for example about people informing and educating it is often during daytime and then just the old people are here. Young people and women are working or are at the market.

**Do you talk to each other about hiv/aids?**
2 – Yes we do.
1 – I talk to my friends sometimes.
2 – Yes, but it is very hard to talk to men about it.

Why?
2 – For example, if a man is sick he will not accept that it is the hiv. He will be sexually active until he is so sick he need our help. Then he may say he is infected but he doesn’t want to die alone so he wants to infect other people anyway. So, we can have discussions about this but the men don’t want to. Either they say they are not sick or other they say that they don’t want to die alone and therefore want to infect others too.
1 – But we women can discuss other aspects as well. We can talk about how to handle an infected person and what to do to protect ourselves.
2 – If someone starts talking about it when a man is around he says “I has to go somewhere”. He doesn’t want to listen.
3 – Yes, we don’t talk about it with men. They can also get very angry.
2 – Some of them are even prepared to spoil their marriage if the women starts talk about it. This is sensitive you know…
3 – They don’t want to talk to their wives. They don’t want to talk to anyone until they are so sick they are so down and need help. That is how it is.

How often do you women talk about it?
1 – Only once in a while. Maybe if something has happened recently or if someone we know is sick.

BEHAVIOR

Why do you think hiv is being spread?
1 – People are not being faithful to each other.
2 – Yes, mostly it is the men having many wives or more women than their wives.
1 – Women are mostly at home in the evenings. So when the man is leaving she doesn’t know what he will be doing. Then he comes back and is engaging those sexual acts which is why also the women at home can be infected. One man can infect a lot of women.
3 – And bad habits. For example when a man doesn’t admit he is infected just because he wants to have more sex.
2 – And people having bad hearts. He wants to infect others on purpose just so he not has to die alone.
1 – And then some women get raped. Maybe if they say no to unsafe sex.
1 – And also the churches have contributed much to the spread of hiv/aids. They tell people that if they are infected they should come to church and they will pray. Then the illness will go away.
3 – If you come and say you are infected they will say “lets pray for you”. They are not being honest. They make the problem easy by saying if you get infected just come to us and we fix it.

So, where do you find honest information?
1 – I know from school how to protect myself. I use condoms to not get infected.

Do you have enough information about the virus and how to protect yourself?
1 – No, I will always want more information.
2 – Things develop. We need to know what is going on. But it can sometimes be difficult when I don’t read.
1 – This is not enough. We want to know more about everything.

How would you like to have the information?
2 – There is a lot of information out there but it doesn’t seem to change people’s behavior.
1 – Some people don’t know and others seem to forget.
2 – Yes, sometimes people forget what the disease can do to you. When they are about to have sex, nothing matters. They don’t think about what can happen.
1 – Yes, people now but they forget.
3 – People also need to get information about how drugs and alcohol can affect you because when you after that are having sex they will forget about the disease.
2 – And people know they have bad behavior sometimes but they still do it.
2 – They can get the feeling that now I feel for having sex today. The urge. When they get that feeling they will forget everything.

How do you protect yourselves?
3 – I had a man that was cheating on me. He became positive so I went to the clinic to find out. When I found out I was negative I was so happy and decided then to not be involved in any sexual activity again to keep myself safe.
1 – I go for regular testing but I am still using condom.
2 – I have also chosen to not be involved with any man and sexual acts.

The radio you listen to, is it governmental owed or is it private?
1 – It is more private radio channels.
2 – Deep down in the village where the signal is bad and the old people listen more to the governmental owed radio.
1 – It is most used for listening to radio programs.

Does men listen to the hiv/aids programs?
2 – Yes they do. It comes on the radio between the music sometimes.
3 – When information is coming often the young people are not around. And if they are, they will listen but it is just because it is there. The minute after they will continue with their lives and the next day they forget about it.
If it is just information on the radio I think it will disappear. It has to change people’s behavior. That is what matters. They should come here and see what the sick people look like. Maybe then they will understand.

Do you believe in the information you get about hiv/aids?
1 – If it is on the radio I believe it. But sometimes people tell me stories about the disease and I don’t know what to believe.

REQUESTS / WISHES

How would you like to have the information?
2 - They should tell the truth to people. You don’t get healthy just because someone prays for you.
1 - For the churches, it is just business, they want to earn money by getting more people to the church. They use the name of God to find ways and attract people coming to church.
3 – Instead of talking about condoms and aids they talk about this and that…
2 - The NGOs are trying to get out with the truth. The government should too.
3 - The government should take more action and say to everyone that we want to get rid of this disease in our country. Now they are only using the money for other things. Instead they should have people in the villages talking about the problem.
1 – They get money to do this work by now it is just being used for themselves.
1 – And it is important people can go to school and that they learn how to behave to avoid spreading and getting the disease.

Are there any information you heard or seen about HIV/aids that you still remember as a strong memory?
1 – I heard from a friend that someone changed his blood. They took the infected blood out and gave him new blood that was not infected. I don’t know how they did but I think it is expensive.
I also heard we are getting new medicine from Japan. It is suppose to be very good and cheap.

**Where did you hear that?**

2 – I think it was from the radio or maybe someone told me.

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**Group interview 2**

2008-11-10

Informant 4
Age: 22
Status: Married
Level of education: 8 years
Religion: Catholic

Informant 5
Age: 35
Status: Single
Level of education: 7 years
Religion: Catholic

Informant 6
Age: 28
Status: Engaged
Level of education: 7 years
Religion: Catholic

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**ACCESS / AVAILABILITY / EXPOSURE**

Are any of you in any education right now?

4 – No
5 – No
6 – No

Do you have access to radio?

5 – Yes we do.
6 – Every family has a radio.
4 - I always listen to radio when I am at home.
What about television?
4 – No…
6 – Never

Internet?
4 – No
(The others shaking their heads)

Newspapers?
5 – Only sometimes. I listen to radio instead.
6 – Yes, but we use radio the most.
4 – Sometimes my husband tells me what is in the newspaper.

How often do you go in to Kampala centre?
5 – Maybe once every month. When I need to buy something or do something.
6 – I don’t go very often.
4 – It was several months since I was away from the village.
6 – Yes, me too

Do you speak English?
5 – No, not really.
6 – I speak only a little bit, but I don’t use it very often.

KNOWLEDGE / INFORMATION / COMMUNICATION

From where did you get your knowledge about HIV/aids?
6 – From the radio. The people who work at the radio tells us a lot about HIV/aids.
4 – When I go to the hospital with my children I get information.

When was the last time you received information about HIV/aids?
6 – All the time. They are giving us more and more every day on the radio.
4 – And from the hospital…

If you want to have some information about HIV/aids, how do you do?
6 – I don’t know…
Have you ever done that?
4 – I’ve never gone to the hospital for that reason.

Do you talk to each other about HIV/AIDS?
4 – No, we don’t.
5 – We don’t have time. We live many houses away from each other.
4 – I don’t have time to call someone and tell her to come and talk to me. They have also work to do.

Do you talk to anyone else about the HIV?
6 – Sometimes with other women who live close to me. But there is not much time for that.

Do you talk to your husbands and boyfriends about it?
4 – Sometimes I have tried to talk to him about how to protect ourselves but it has not been very good. Then it is better to talk to another women for example when we are working.

Is it different to talk about HIV/AIDS with women and men?
6 – We spend more time with the women when we are working. When the men come home, they want to do else than talk.

Did someone else ever come to your village to talk about HIV/AIDS?
6 – No, not that we know of.

When was the last time you talked about HIV/AIDS?
4 – Maybe three months ago
5 – I don’t talk about it.
6 – Yesterday. We were working and heard something on the radio.

BEHAVIOR

Have you been tested for HIV/AIDS?
4 – I have been tested, also when I was pregnant.
6 – I was tested last year.
5 – I have never been tested but I know my status.
How do you know that?
5 – I stopped having sex seven years ago. That is the only way to be safe.

Ok, how do the two of you protect yourself?
4 – Nothing. I am not using condom with my husband.
6 – I cannot use condom with my husband. But I know he is out doing things with others when I am at home. The men are not faithful and then they will bring the virus home to us. That is why the virus is being spread.
4 – I know my husband is cheating while I am at home taking care of the kids. When he comes home in the evening, he wants to have the sexual act and that is when I will get infected.

What do you feel about that?
6 – I am very afraid to get infected. I don’t know what to die of course.
4 – There is nothing I can do. I have these (pointing at the two children)

Why can’t you use a condom?
4 – The men would not let us use the condom.

Why?
4 – I don’t know. If I start talking about condoms he will beat me up. That is why I don’t talk about it at home.
6 – It is the same for me. I don’t know why the men don’t want to have safe sex.

What do you think one can do to stop the spread of HIV/aids?
5 – I don’t know… I need more information about how to do that.
4 – Yes, we want to have more information but, still, the problem is the men.
6 – Yes, it is them who need more information about what they are doing - To us, to the kids and to themselves.
4 – The problem is theirs, but it becomes ours as well. We need more knowledge how to protect ourselves from the virus.
6 – But it is the men’s behavior that needs to be changed.

How do you think the men’s behavior can be changed?
4 – Someone should come and talk to them.
6 – Yes, they need information.
What kind of information?
4 – About how to live and behave. But it should be given to the men. We are willing to change our behavior but it is the men who don’t allow us to. That is why they need to be changed first.

How can this be done?
4 – Being talked to.
6 – Yes, because we can’t talk to them. They will beat us and we are afraid to get hurt.
4 – They are not listening to us.
6 – No, not at all.

Who do the men listen do?
4 – No one.
6 – If we try to talk it ends up with him beating me or doing something else very bad. He cannot listen.
4 – He is the head of the house, nobody can come and talk to him, not his father nor what. He is on his own and it is his family.

Who does the men respect?
4 – They respect the oldest leaders in the village.
6 – When the oldest are arranging a meeting they will attend as told. They can make them think. Maybe change.
4 – It is all about authorities. There have to be authorities to change the men.

Who is authority? Government/mzungos/elders?
4 – Mzungs can make an impact.
6 – Maybe.
4 – But most important is what the person has to say. They have to tell them about how to change their behavior.

REQUESTS / WISHES

What about yourself, do you need any kind of information?
5 – It is good we have the radio. I know there is good information on the television too.
6 – But we still need information about how to do in our everyday life.
How would you like to have the information?
4 – I would like to have someone to talk to - someone who doesn’t only tell rumors.

If someone should come and talk about HIV/aids, would you like to talk to the person alone or in a group?
6 – In a group.
4 – Yes.
5 – I would prefer to talk person to person.

Why?
5 – Because maybe I have questions no one else should hear about.

Do you prefer a group with just women or with both men and women?
6 – With both. We women cannot change alone.

Is there any information you heard or seen about hiv/aids that you still remember as a strong memory?
5 – When seeing someone infected gives very strong emotions.
4 – I heard information through friends about people who are infected aids but I have never actually seen someone suffering from the disease.

Group interview 3
2008-11-17

Informant 7
Age: 20
Status: Boyfriend
Level of education: 7 years
Religion: Protestant

Informant 8
Age: 24
Status: Single
Level of education: Non
Religion: Muslim

Informant 9
Age: 21
Are any of you in any education right now?
7 – No, I am finished

Do you have access to television?
7 – I watch TV once in a while, but not very often.
9 – We don’t have a TV. I listen to radio instead.

How often do you listen to radio?
8 – All the time.
9 – When we are at home, when we are working. Every day.

What do you listen to?
9 – A lot of things. There are always many various programs.

What do you watch on TV?
7 – Whatever is on for the moment. It is very different programs.

Where do you watch TV?
7 – We go somewhere in the neighborhood where they have TV.

Do you read newspapers?
8 – It happens. But it takes very long time to read.
9 – I am not very good reading.

Do you use the internet?
8 – No.
9 – I have never tried.

How often do you go into Kampala city?
8 – We go there all the time when we have to buy something for home use or food.
How often is that?
8 – Maybe once in a month.
9 – Yes, if I can find some time it is possible to go every month

How often do you visit another village?
7 – It takes time to go somewhere.
8 – Yes, work doesn’t allow that so it only happens sometimes.

Are you members of any network, women’s group or organization?
9 – No
8 – No
7 – (shaking her head)

What languages do you speak?
9 – I only use our local language.
7 – I learned English in school.

KNOWLEDGE / INFORMATION / COMMUNICATION

What do you know about hiv/aids?
8 – I don’t know very much. I know how painful it is to live with hiv/aids since I am positive. But I don’t know for sure how people can get infected…
7 – I know hiv/aids comes from sexual intercourse. You can then later get the aids and then you will be really sick.

Where did you learn that?
7 – From school

From where did you (9) get your knowledge?
9 – I listen to the radio and talk to people. Then I learn by seeing people suffering from it.

When was the last time you heard or saw something about hiv/aids?
8 – Almost every day.

From where?
8 – It is on the radio and in the newspapers. When you go to the hospital you will see it. Also when you meet someone that that is infected.
7 – I hear it from friends or on the radio.

If you want to get more information, what do you do?
8 – Listen to the radio
7 – Or we can go to the next village and visit the medical service clinic.

How often do you do that?
8 – Only in case someone is sick.

As far as you know, did someone visit your village to talk about HIV/AIDS?
7 – No.

Have you been somewhere else listening to someone informing about HIV/AIDS?
8 – No.
7 – Only in school.

Do you talk about HIV/AIDS?
8 – Among women we talk about it sometimes.

How often is that?
8 – It depends. Those times where we stay or work together.
9 – It is nothing we plan. If someone brings up the subject, we can discuss it.
8 – It could be while working, for breakfast, lunch… a discussion can start from anywhere.
9 – We don’t arrange it. We don’t just decide now we are going to sit down and talk about aids. It only happens.

Do you talked about HIV with your boyfriends?
7 – No. I don’t reach to him with it.
8 – Few people get time to talk about it. You might find that there are plenty of couples where one on them is infected and the other one is not. Instead of talking about it they keep quiet and infect the other person.
9 – He doesn’t talk about it. I fear to bring up the subject.
Why is that?
9 – You are not allowed to talk about it. If he doesn’t want to discuss it, you not allowed to. If I am willing to discuss it and the man says no we don’t have time to talk about it. Then we don’t.

Why doesn’t your boyfriends want to talk about it?
7 – I don’t know why…
8 – For example, if she is staying alone, if he is a businessman or something, then the husband comes home visiting. Then he needs rest and he is sleeping out. That means they get very little time to talk about it. When they are together they want to do sexual intercourse rather than talk about it. Instead they need to talk about how everything has been going when he was away and what had happened around home. That is not the time when you ask “hey, you have been away, have you been cheating on me?”.

Would you like to talk about hiv/aids more with your boyfriends?
9 – Yes, I wish we could talk more about it.
8 – I am alone so for me it is the same.
7 – It would be nice to discuss it the same way as we discuss other things.

Is it different in how you talk about hiv/aids with young people and old people?
8 – When it comes to children it is important to find time to talk to them separately. Otherwise I cannot see any difference.

Is it any specific information you heard about hiv/aids that you remember very strong?
8 – Over all I remember when I see people suffering from it. Especially when I saw a person who lost all her hair. I don’t want to do that. In some way that makes you want to take caution of your life.
9 – Someone told me that it is untreatable. That made me really scared. Can that really be true…
9 – You hear such scary stories from people all the time. It makes you think…

Have you been testing yourself?
7 – Yes, I have been tested.
8 – I see no reason going for testing. I know my status.

How do you know?
8 – I am positive. I know that. For sure.
What about you (3). Have you been tested?
9 – I do. The recommended time for being tested is about three month, and then six month after that.
8 – I would like to go for testing. I would also like to get assistance with the treatment so I can maintain my health. I am nervous because I know my results. But I would like people to get assistance until I get to die.

Are you afraid to be infected?
7 – In case I go and test myself and find out I am positive, that makes me scared. I start to imagine all things I have dreams and hope about.

How do you protect yourself from getting infected?
7 – I don’t use protection. I wish I could but we are planning to have a kid…
9 – I prefer using a condom.

How often do you use it?
9 – Sometimes… not very often.

Why do you think people get infected?
8 – They are cheating and not being faithful. For example a man can chose to have sex with me, then with her (7), then with her (9), and then in the end, all of us are infected. He can use all of all and the spread the infection to more women.

What do you think can be done to prevent it from being spread?
8 – I would say it is very difficult. You might find that two out of a hundred people are using a condom and that the other goes for live sex. Of course there is a problem.
7 – Men prefers live sex.
8 – I really don’t now how to prevent it. Even though you try to tell people to change their way of interaction sexually, still they continue doing the same thing. It is very hard.

REQUESTS / WISHES

Do you think there is enough information about HIV/aids?
9 – You can never get to much information. You can never say “now I know enough about hiv/aids”. It doesn’t matter if I know much or if I just know a little, what matters is how do I protect myself against it. There might be plenty of information but people are still getting infected. It is
apparently not enough. We need more.

**How would you prefer to have that information?**
8 – I would like to see community-based organization arranging some kind of gatherings or meetings for us. They should have knowledge about hiv/aids and give the information for free to everyone there.
7 – It has to be free otherwise I would not go.
9 – Also by the radio programs, because everyone is listening. And you can work at the same time.
7 – But I prefer someone talk to me directly. They should come here.
9 – Yes, most of us are home working, so it is much better if someone come to us.

**What kind of person should come and talk to you?**
8 – Anyone, as long as they have knowledge about how to deal with this.

**Would you like to have someone informing you or would you like to ask questions?**
7 – I would like to ask questions
8 – Yes, and also ask questions according to a specific person.
9 – Yes, that is good. If someone is sick and you don’t know what to do.

**Do you remember something particular that you heard on the radio?**
8 – Sometimes you come to remember what they were saying and sometimes you forgot.

**What decides if you remember or forget?**
8 – For me, even if I remember something about how to protect myself, when it comes to a situation, for example with a boyfriend, he will do what activity he wants no matter if I remember what I heard or not.