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Investigating the effectiveness of HIV/AIDS public awareness campaigns on risk behaviour change in the Malawi district of Thyolo

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ABSTRACT

The fight against HIV/AIDS in Malawi is as old as the pandemic itself. Prevention strategies have so long been put in place since its existence since 1985. Some of prevention methodologies include public awareness/sensitization campaigns and condom distribution. Despite intensive efforts to impart HIV/AIDS knowledge to the general public through these interventions, there has been reported an increase of HIV infection in the country. However, little has been done to understand the effectiveness of HIV/AIDS public awareness campaigns in Malawi, being one of important intervention strategies aiming at increasing people's understanding of the pandemic for them to reverse risk behaviours. Hence this study was geared at investigating the effectiveness of these campaigns on risk behaviour change in Malawi district of Thyolo, TA Nchiramwera, Quantitative and qualitative methodologies were used to balance the findings. The study has established that there is proven evidence and promise for HIV/AIDS public awareness campaigns to increase people's understanding of HIV and AIDS as well as changing some attitudes and perceptions surrounding the pandemic. However, no evidence has been established for ability these campaigns to prevent the spread of HIV/AIDS in Malawi which largely depends on risk behaviour change with no and little sustained change on risk behaviours in the study area. Lack of assertiveness and poverty has been found to be key

factors behind people's failure to change risk behaviours. It is recommended that there ought to be paradigm shift; combining HIV/AIDS public awareness campaigns with income generation activities so as to address the socio-economic marginalization of people, interpersonal communication and more significantly mitigating underpinning factors associated with risk behaviours instead of continuing with these campaigns which have proven too marginal to win people's minds.

KEY TERMS: *Thyolo, HIV and AIDS, Public awareness campaigns, Prevention, risk behaviour change, Malawi*

INTRODUCTION AND BACKGROUND TO THE STUDY

Malawi continues to experience a severe HIV epidemic. The first case of the AIDS was identified in 1985 at Kamuzu Central Hospital in Lilongwe. Since then, HIV prevalence increased significantly particularly among persons aged 15-49 (NAC, 2010). In response, the Government implemented a short-term AIDS strategy (including blood screening and HIV Education Programmes), in 1988, the National AIDS Control Programme (NACP) was created to co-ordinate the country's AIDS education and HIV prevention efforts. According to Avert (2009) some have argued that these measures did little towards controlling AIDS in Malawi, and that it was not until 1989, when a five-year AIDS plan was announced, that the Government began to show any real commitment towards tackling the problem. Between 1985 and 1993, HIV prevalence amongst women tested at urban antenatal clinics increased from 2% to 30% (NAC, 2010). HIV prevalence among sexually active adults is higher among females at 13% than males (10%). HIV prevalence rose to 16.2% in 1999, before coming down and stabilising at around 12% since 2007 (MDHS, 2010). These rates translate into about 1 million Malawians living with HIV, including about 100, 000 children under the age of 15 years. Diele (2010) reported that about 88% of all new HIV infections in Malawi are acquired through unprotected heterosexual intercourse and 10% via mother-to-child transmission. According to NAC report (2009), about two percent (2 %) of infections are transmitted through blood transfusions, contaminated medical and skin piercing instruments.

Despite a number of interventions that were put in place to curb the epidemic, AIDS remains a big challenge to Malawi's socio-economic development. The fight against the AIDS epidemic in Malawi is complex because, rather than being localized in specific smaller groups, the incidence of HIV/AIDS persists throughout the population of adults of reproductive age. As Conroy et al. (2006) stipulates, Malawi still peril with HIV/AIDS pandemic. However, since the emergence of the pandemic government responded in various ways from general awareness, treatment, blood testing and screening, as well as creation of coordination efforts and plans at national level to combat the pandemic such as creation of National AIDS Control Programme (NACP) in 1988 and the National AIDS Commission in 2001.

In the 21st Century, it has been noted that with non-existent of HIV cure, the only solution remains in behaviour change. According to Njogu (2019) until there is an effective and affordable vaccine, risk reduction through changes

in sexual behaviour and consistent condom use remain the only means of cutting the chain of transmission of HIV infection in high HIV prevalence areas. Hence, the Government Malawi and its partners has placed much effort on HIV/AIDS public awareness campaigns through Information Education and Communication to impart knowledge on HIV to the general public as regard to how the virus is spread with the aim of influencing people's change in risk behaviours (NAC, 2017). Various studies have established that the IEC (Information, Education and Communication) interventions have managed to reach almost every part of Malawi, although NAC 2009 indicated that these are still low especially in rural and hard to reach areas where majority of the population live. Kambalame (2011) stipulated that over 90% of Malawi's population knows how the HIV virus is spread and its prevention strategies. In addition, Msowoya (2011) found 100% on HIV/AIDS knowledge level among Malawians. However, it has been indicated that this general awareness has not been matched with attitude and behavioural change. Malawi' still remains the home where many people are being infected and affected. It is therefore important to recognize and understand the effectiveness of HIV and AIDS public awareness campaigns on people's risk behaviours change. Hanan (2010) established that HIV and AIDS prevention largely depends on behaviour change. Hence, this study was devoted to investigate the effectiveness of HIV/AIDS public awareness campaigns on risk behaviour change in Malawi.

Objectives

Main objective

The main objective of the study was to investigate the effectiveness of HIV/AIDS public awareness campaigns on risk behaviour change in Thyolo district of Malawi.

Specific Objectives

The specific objectives included:

i. To identify modes of communication used by HIV/AIDS public awareness campaigns in Thyolo District of Malawi

ii. To explore people's knowledge on HIV/AIDS risk behaviours

iii. To establish the extent of risk behavioural change with HIV/AIDS public awareness campaigns

iv. To investigate factors that influence people's behaviour change

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METHODOLOGY

Research Design

The study used triangulation (integrative) methodology; both qualitative and quantitative. Quantitative study refers to studies whose findings are the production of statistical summary of analysis. Quantitative study is concerned with the collection and analysis of data in numeric form. Hence, this study employed the numeric data collection and analysis. It employed this methodology for precision and reliable measurements.

In addition, the study used qualitative study methodology. Qualitative study is often about naturally occurring, ordinal events in the natural setting. It can be used to describe individual groups and social movements (Schutt, 2013). Qualitative study, implies a direct discern with experience as it is "lived" or "felt", with the aim of understanding experience as nearly as possible as its participants feel it or live it (Swinton and Mowat, 2006). The study therefore, got in-depth feelings and experience in the natural setting, which aimed at gaining peoples understanding and experience about the phenomena.

The two research methodologies were used to balance the study findings. Quantitative method helped the study with the choice of subjects for qualitative investigation. It also aided the study with available tools used to analyse standardized questions. The strengths of one method were used to overcome deficiencies of another method.

Population of the study

The sample consisted of men and women, boys and girls of ages between 15 and 49. Specifically in sex, 54% were men and 46% were women. It also involved interviewing staff from Thyolo District Hospital, Nchima health centre, Conforzi health post, Atupele Private hospital, and Thyolo AIDS Support Organization (TASO).

Sample size

A sample of sixty-five (65) people was drawn from which thirty (30) respondents were women and thirty-five (35) respondents were men. Out of this sample fifty (50) respondents were general community members. The remaining fifteen (15) comprised of staff from Thyolo District Hospital, Conforzi Health Centre, Nchima Health Post, Atupele Private Hospital, and TASO.

Sampling Procedure

The study used three sampling techniques namely: cluster, simple random and purposive sampling.

Cluster Sampling

A researcher first samples cluster, each of which contains elements, then draws a second sample from within the clusters selected in the first stage of sampling. In this study, geographical demarcations by TA Nchiramwera were used to sample clusters. The advantage of cluster sampling is that it reduces the costs (Upton and Cook, 2003). It is also less prone to bias and ensures efficiency for administration (Trochim, 2006). This technique was chosen to reduce costs because the study area was large. It also worked in this study since it was possible to find clusters. One GHV was selected randomly from which population sample was drawn to select individuals as elements.

Simple random sampling

In this study, it was chosen to ensure generalization of study findings. The GVH was consulted and told all about the study: topic, aims and its objectives. 100 names of villagers were outlined. The name of each person was written on small piece of paper. These papers were thoroughly mixed in a box. Then two villages were called to select 50 papers from this box randomly. The names which appeared on the selected papers were taken for a sample.

Purposive Sampling

In this study, it was employed to generate rich data from experienced personnel, for instance, VCT officers and other health professionals such as nurses. Various such officers were consulted and contributed information for the study.

Sources of data collection

The study mainly relied on the primary data sources to collect its data.

Methods of data collection

The study used both qualitative and quantitative methods of data collection. These methods include: survey questions, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs)

Tools for data collection

Two data collection techniques were employed in this study, namely: Focus group discussions, Questionnaires

Focus Group Discussions (FGDs)

In this study, the technique was employed to gain wide range of responses from respondents during one meeting.This study had two focus group discussions; one had nine (9) participants and the other had six (6) participants. These were used to solicit people's views about the phenomena. FGDs included men, women, boys and girls between ages of 15 to 49. Two village heads were consulted and provided with details of the study; topic, aims and objectives. Request was made for them to suggest individuals to participate in these discussions and they did.

Questionnaires

Questionnaires contained open-ended questions, closed-ended questions. Closed-ended questions This study employed two types of questionnaires; interviewer and self-administered questionnaires. Both questionnaires contained open-ended and closed ended questions.

Interviewer-Administered Questionnaires

This was chosen to ensure consistency and efficiency of data since respondents vary in terms of their understanding due differences in education level. In this study interviewer-administered questionnaires were used to collect data from general community members by face to face interviews including chiefs, villagers, and all people who were selected in the sample. These contained both open-ended and closed-ended questions.

Self-administered questionnaires

In this study questionnaires contained both structured (closed-ended) and unstructured questions (open-ended) and were delivered by hand. This was advantageous as the respondents had enough time to concentrate on the questions. Self-administered questionnaires were used to collect data from health personnel such as HTC officers and nurses, and other key people. 15 questionnaires were used to collect data from these people. Questionnaires were left to respondents to fill them and collected later after on the agreed time.

Adherence to Research Ethics

The study strictly observed research ethics whereby literate respondents were given consent forms to read and sign to ensure their voluntary participation. Illiterate respondents were told every detail of the study; topic, aims and objectives and their informed consent to participate was sought orally. Due to high sensitivity of the topic most respondents sought confidentiality and the study adhered to their general desires.

STUDY RESULTS AND DISCUSSION

Study findings have been divided into themes for proper arrangement and to ensure that readers follow-up with ease.

Social-demographic characteristics

Information was collected from 65 males and females between the ages of 15 and 49 who were comprised of men, women, boys and girls. Out of these, 46% were female while the rest 54% were male. The figure 1 below depicts sex composition of respondents.

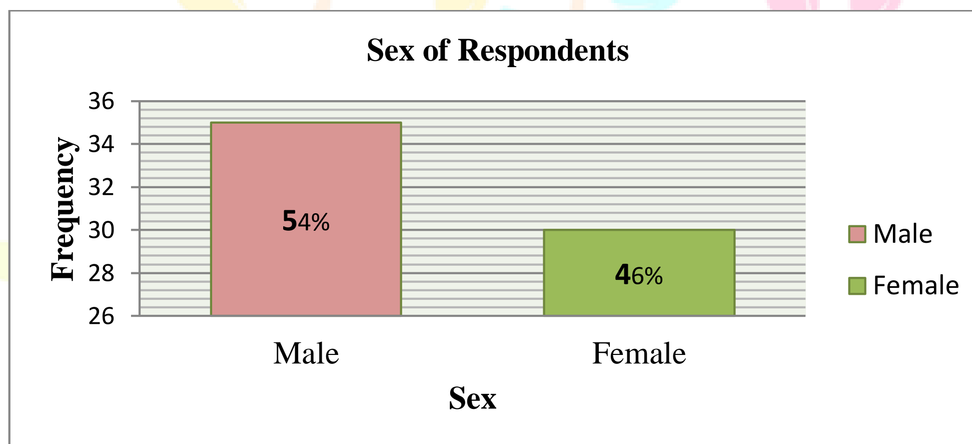

Figure1: Sex composition of respondents

Modes of Communication (Related to objective 1)

Data was collected to outline channels of communication employed by different organizations in public awareness campaigns. This aimed at understanding people's knowledge of these modes and investigating their opinions on outreach of awareness campaigns through these modes. Respondents indicated varying views with majority of the respondents 49% who reported that most HIV and AIDS public awareness campaigns use drama, 16% described use of pamphlets and leaflets, 6% conveyed through radio, 9% through posters, and 3% through entertainment shows. Entertainment shows are staged by well-known musicians conducting public awareness campaigns through performance. It was found that some organizations fund these performances. The rest 17% reported that there are other modes used by these campaigners. Figure 7 below depict people's opinions on modes of communications used by organizations to conduct HIV/AIDS public awareness campaigns in the study area.

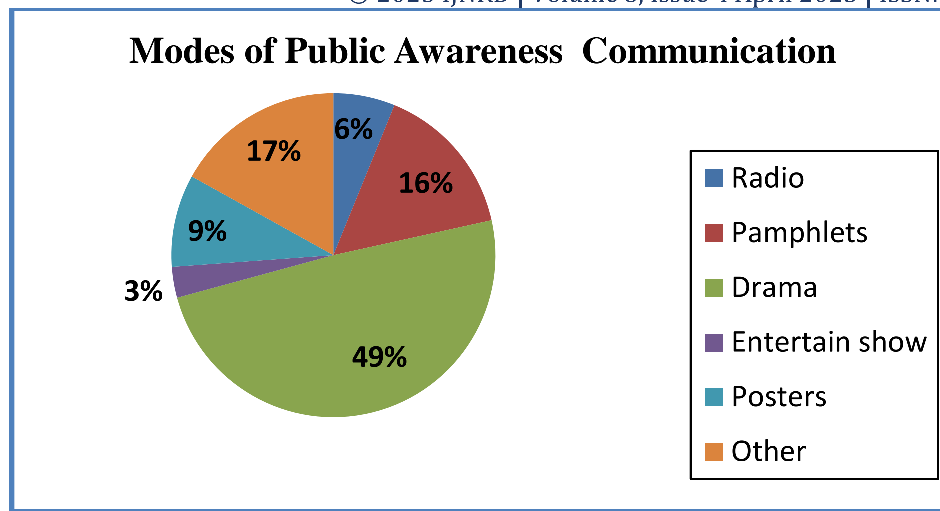

Figure 7: Modes of Communication used by Organizations to conduct HIV/AIDS public awareness campaigns

In this study, it has been recognized that drama is chosen due to direct appeal to people in the study area and its remoteness. This approves with NAC (2021) report which stated that thousands of community-based campaigns, dialogue sessions with traditional leaders, role modeling sessions, video shows and drama sessions have been conducted across the country. Theoretically, the choice of medium of communication depends much on the type of audience and wealth availability to both communicators and the intended audience. According to social cohesion and wealth models, when people have high wealth, they are more likely to purchase materials to uplift their lives as well being in position to legislate important policies that can help to solve many problems affecting their society. Various modes of communications vary in terms of their cost effectiveness. Innovated medium such as radios and television tends to be expensive as compared to drama and pamphlets. Malawi being one of the poorest countries with 90% of people living in rural areas depending on agriculture as stipulated by MDHS (2020), a lot of Malawians do not own television sets and radios. The only means to communicate with many Malawians is through direct contact as established by this study through dramas as a medium of communication. People in Thyolo are generally poor. The society's wealth determines the number of radios and television sets people might own. Besides, due to the county's economic situation, organizations have no choice but to select the cost effective mode of communication to get across their ideas as most of them are donor dependent.

It was also important to understand the ability of the chosen modes of communication to reach majority of the audience which might have direct impact on the individual response to changing HIV/AIDS risk behaviours. The study has established that though different organizations and clubs exist in study area, particular areas have not been reached with HIV and AIDS Public awareness campaigns. Awareness campaigners have failed to reach in remote and other hard to reach areas as they concentrate in trading centres and road sites. From this perspective, not all people get informed of HIV and AIDS risk behaviours other related services. In Chambers, (1983) it has been argued that in rural development there is spatial bias where the developers concentrate in urban centers and near main routes and not places that are far away, these are hard to reach areas as for this study. NAC, (2020: 23) acknowledged limitations of public awareness campaigns and other HIV/AIDS related services reaching in rural areas and other hard to reach

areas. In Thyolo people were of view that some areas have not been reached due to poor transport networks. Majority of the roads are slipper during rainy season making it difficult for campaigners to travel.

Knowledge about HIV/AIDS and Related Risk Behaviours (Related to objective 2)

The study measured people's knowledge about HIV/AIDS and associated risk behaviours. This data was collected from general community members with interviewer-administered questionnaires. Respondents were of different views regarding people's knowledge about HIV/AIDS and associated risk behaviours. However, it was indicated that majority of people have comprehensive knowledge about HIV/AIDS and related risk behaviours. They are aware of how HIV is spread and how it can be prevented. Among the respondents, 91% were of view that people are fully aware of HIV/AIDS risk behaviours. They stated that nowadays, there are a lot of HIV and AIDS public awareness programmes; hence these have imparted more knowledge about HIV and AIDS in the study area. One respondent said:

"These days, the issue of HIV and AIDS is not new, most people are now fully aware as to how HIV is spread and how it can be prevented"

The rest, 9% which is the smallest proportion stated that people are not fully aware of HIV/AIDS and related risk behaviours. They described that, not all are fully aware of HIV/AIDS related risk behaviours because public awareness campaigns have not yet reached in other hard to reach areas. Figure 10 below depicts respondents' views regarding people's knowledge about HIV/AIDS and related risk behaviours.

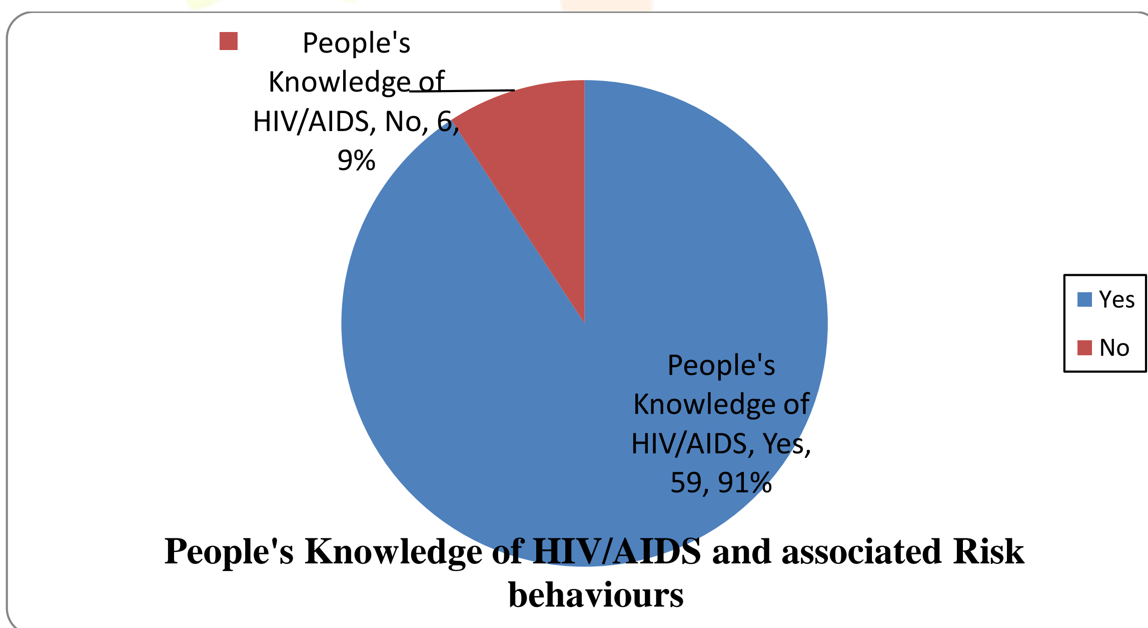

Figure 10: People's Knowledge about HIV/AIDS and related risk behaviours

There is much evidence on contribution of public awareness campaigns on increasing HIV/AIDS awareness levels in general and risk behaviours in particular to the general public. In his study, Msowoya (2011: 45) found that awareness levels on HIV/AIDS in Malawi was a far a 100%. This indicates the proven ability of public awareness campaigns to

contribute towards this general awareness levels. Similarly, in his study Kamabalame reported that, almost 90% of people in Malawi are fully aware of all issues concerning HIV/AIDS risk behaviours.

> "People have adequate understanding of the cause and modes of transmission of HIV/AIDS. They are aware that AIDS is caused by a virus called HIV. It is spread through unprotected sexual intercourse with an infected partner, blood transfusion, mother to child transmission, sharing of razor blades and piercing needles, unsterilized injections. They also know that unfaithfulness between partners is the main route for the transmission of the virus" (Kambalame 2011: 53).

In addition, WB (2020) reported that there has been much promise for the ability of public awareness campaigns to contribute much on HIV/AIDS awareness levels. Deducing from the findings presented in chapter four, there is evidence that though some areas are yet to be reached with HIV and AIDS messages, public awareness campaigns have increased people's knowledge about HIV and AIDS and other services in study area. This is also in accordance with the National HIV Prevention Strategy (NAC, 2020) and the study findings in Munthali (2018).

> "Over 2,000 radio and television programmes are produced and aired; and thousands of community-based campaigns, dialogue sessions with traditional leaders, role modelling sessions, video shows and drama sessions have been conducted. These interventions have assisted in raising universal awareness on HIV and AIDS" (NAC, 2010).

There has been an increase in number of organizations and clubs conducting HIV/AIDS related public awareness campaigns in recent years in Malawi, especially during the reign of the late president of the Republic of Malawi, His Excellency late Professor Bingu Wa Munthalika (Avert, 2009). Worthy, noted during this time, there were a number of international donors supporting the Malawi government on development issues which registered Malawi's economic growth at 6.9% (Ministry of Finance and Economic Planning, 2008). Theoretically, Bio-Psycho-Social theories advocates for economic development as a prerequisite for HIV prevention success. This means addressing all problems surrounding human beings. In Social Cohesion and Wealth models, wealth and social cohesion have contributions toward the fights against HIV/AIDS. The two concepts facilitate government and organizations response in mitigating factors associated with people's vulnerability and susceptibility to the pandemic (Holden, 2013). Hence, as established by this study, public awareness campaigns have contributed to increase in HIV/AIDS awareness levels dues to their frequency in reaching people as a result of the country's economic progress and the other reason might be an increase in donation levels from the West.

Extent of Risk Behaviour Change (Related to Objective 3)

The main object of this study was to investigate the effectiveness of HIV/AIDS public awareness campaigns on risk behaviours change among individuals which is a core aim of these campaigns. Hence, the study measured individuals' action after public awareness campaigns regarding behaviour change. This was required to understand the main

objective this study. Information was collected from all respondents' general community members and health personnel. Findings indicated varying opinions regarding people's behaviour change. Out of 65 respondents, majority 39% reported that people change behaviour only short period after awareness campaign. This entails that change is never sustained in long term; individuals change behaviour only a short period after HIV/AIDS public awareness campaign. In other words, behaviour change is temporally. In addition, 32% reported that people never change despite receiving the messages frequently. They just disregard and ignore the messages. One respondent said:

"People have a problem because even though they hear about HIV and AIDS, they do not change risk behaviours, especially those who are already infected attribute themselves as already dead and do not change their risk behaviours."

However, 20% of the respondents described that majority of people completely change their risk behaviour. They reported that people get knowledge about dangerous of HIV, they perceive themselves being at risk hence influenced to change behaviour. The rest, 9% reported that people partially change. The change some risk behaviours while sustaining others hence, they just half the risk of being infected. Figure 12 below illustrates respondents' views regarding people's risk behaviour change after HIV/AIDS public awareness campaign.

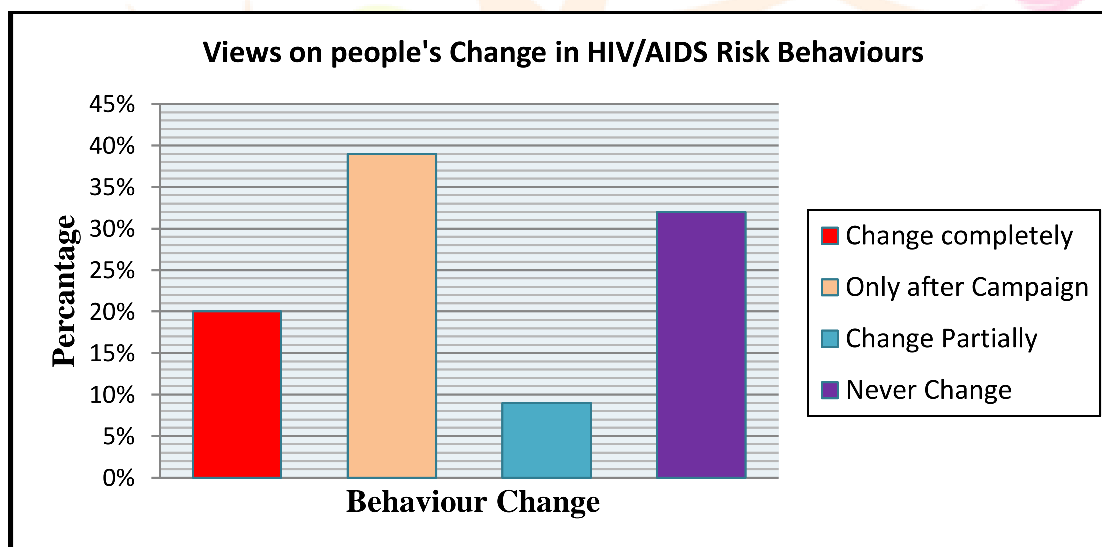

Figure 12: People's risk behaviours change after HIV/AIDS public awareness campaign

Literature on HIV/AIDS public awareness campaigns indicates that the main objective of all awareness campaigns or public sensitization campaigns is to change individual risk behaviours to prevent the spread of HIV/AIDS. This has been emphasized recognizing that prevention of HIV/AIDS much depends much on human behaviour. It has been established that behaviour change is the only alternative way of reversing the spread of the virus with non-existent of its cure. Hanan (2010) argued that in the absence of pharmacological, immunological, and medical interventions, the change in behaviour and attitude of the public may only be considered a possible way for the prevention and cure for HIV/AIDS. He further argued that prevention programs disseminated through media or community awareness campaigns are directed towards changing sexual practices. Similarly, Raj (2008) argued that public awareness and

sensitization campaigns are one of the many efforts geared towards minimizing risky behaviours by encouraging moral uprightness especially in sexual matters between both sexes. Being the main tool to prevent spread of HIV/AIDS worldwide as stipulated by Global HIV Prevention Working Group (GHPWG, 2008) contributions of public awareness campaigns are paramount to meet this objective.

> "Well-designed awareness programs seek to achieve results on multiple levels. They promote accurate individual knowledge and perception of risk and increase individual motivation to avoid risky behaviour. Prevention programs also build individual skills needed to use prevention commodities properly and, to the extent feasible, to avoid or effectively negotiate risky situations. Within households, HIV prevention programs aim to decrease the stigma associated with both HIV and sexuality, to promote open discussion about sexuality and drug use, and to influence gender roles and norms. At a community level, effective programs seek to increase the value associated with safer behaviours, to support community members to reduce their risk, to build social solidarity and reciprocity, and to reinforce new norms" (GHPWG, 2008).

Recognizing significance of change in risk behaviours this study geared to establish the effectiveness of HIV/AIDS public awareness campaigns towards people's risk behaviour change in Thyolo District. Deducing from the study findings presented in chapter four, the study has established that despite having general knowledge of HIV and AIDS, people change behaviour on temporally basis, only a short period after listening to or reading awareness campaign messages while others never change. The change is never sustained in long term. One HSA reported:

"We spread HIV/AIDS messages; however, the problem is that even though people are reached with them, they only change behaviour temporarily, sometimes only a week after awareness campaign and this is even better for others never change"

Findings from other studies also indicate that, there is little or no change in people's behaviour despite being imparted with HIV and AIDS knowledge through various means including public awareness campaigns.

> "People have adequate understanding of the cause and modes of transmission of HIV/AIDS. They are aware that AIDS is caused by a virus called HIV. It is spread through unprotected sexual intercourse with an infected partner, blood transfusion, mother to child transmission, sharing of razor blades and piercing needles, unsterilized injections. They also know that unfaithfulness between partners is the main route for the transmission of the virus. However, this knowledge does not translate to behavioural change as one of the preventive measures of HIV infection. This is shown with the presence of cultural practices which are promoting the spread of HIV such as *mitala, fisi, chidyerano and chitomero* being practiced amongst them (Kambalame, 2011)."

As indicated above, HIV/AIDS public awareness campaigns have failed to meet their objective to influence people's change in risk behaviours. Similarly, RCAP (2017) reported that a recent effort to pool the results of HIV/AIDS awareness campaigns, studies found evidence for short-term effects on change in risk behaviour and no evidence was found for long-term effects in Sub-Saharan Africa. In theoretical perspectives, people's response to various HIV/AIDS intervention strategies much depends on many factors from biological, psychological and social being of the individuals Campbell (2013). From this perspective there are underlying factors contributing to people's failure to changing risk behaviours related to HIV/AIDS in TA Nchiramwera.

Factors Influencing People's Risk Behaviour Change (Related to Objective 4)

Majority of the respondents 40% reported that people fail to change behaviour due to lack of assertiveness. 27.7% stated that poverty force people to engage in risk behaviour such as having multiple partners or unsafe sexual encounters so that they earn money. One respondent said:

" Some people fail to change risk behaviours that expose them to HIV due to poverty, especially girls in our area; they are being engaged in sexual relationships with sugar dads so that they get money".

However, 25.5% stated that peer pressure influence people not to change risk behaviours. The rest, 10.8% ascribed to complexity of HIV/AIDS awareness messages due to poor communication channels to people as well as messages slogan and presentation. Table 1 and figure 13 below shows frequency and percentage on factors behind people's failure to change risk behaviours.

Table 1: Factors that influence people not to change risk behaviours

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Complexity of Messages	7	10.8	10.8	10.8
	Poverty	18	27.7	27.7	38.5
	Peer Pressure	14	21.5	21.5	60.0
	Lack of Assertiveness	26	40.0	40.0	100.0
	Total	65	100.0	100.0	

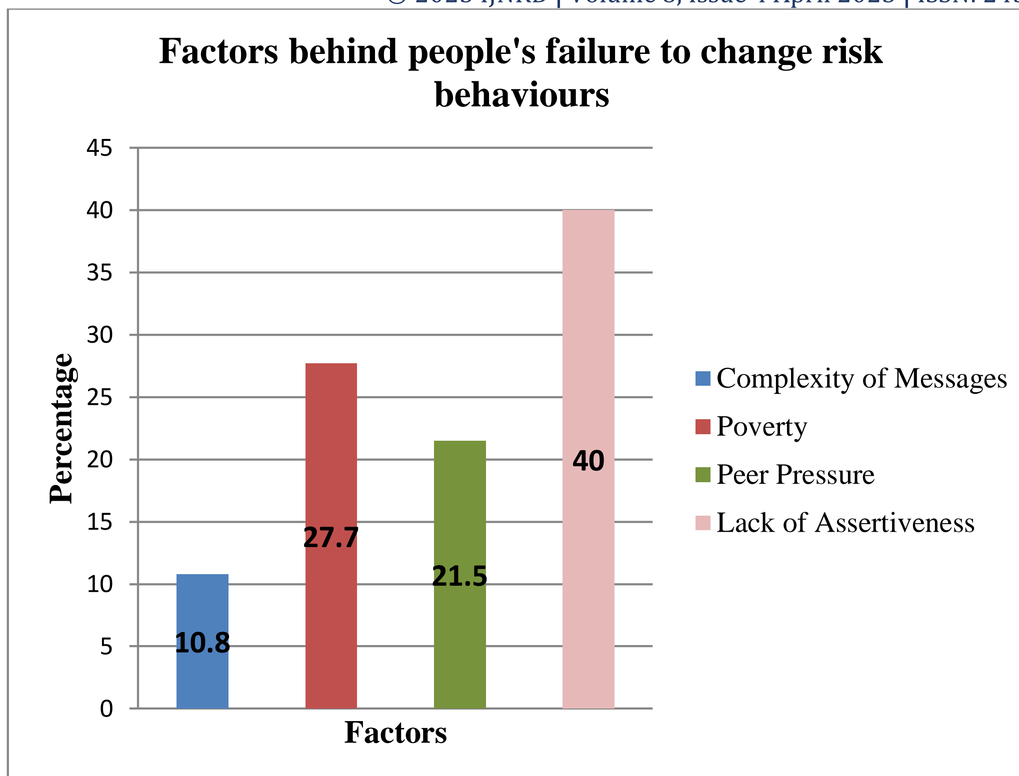

Figure 13: Bar Chart depicting reasons behind people's failure to change risk behaviours

Literature indicates that people's response towards HIV/AIDS prevention interventions is affected by various external factors. In Malawi, Conroy et al (2006) argued that poverty is a key factor fueling further spread of HIV/AIDS. They further argued that food insecurity has at a time contributed to the spread of HIV/AIDS in Malawi with special reference to 2002 when the country experienced food shortages. Similarly, Holden (2003) argued that food shortages have contributed to the spread of HIV/AIDS in Africa. These factors underpin people's failure to change risk behaviours which fuel HIV transmission. As indicated by the findings presented in chapter four, this study has established that lack of assertiveness and poverty are core factors that underpin people's failure to change their risk behaviours and to sustain change if it occurred. Research by CHGA (2008), also established that poverty is one of core drivers of HIV/AIDS pandemic in developing Africa. Lack of assertiveness was found to be common among men who leave their wives for other sexual encounters outside marriage. However, poverty though affects all, it was recognized that the youth are more vulnerable as they prefer luxury life out of sex encounters especially young girls. One respondent said:

"Most of girls are getting infected of HIV in our area because of poverty, even if we advise them they never understand as they prefer luxury life and being influenced by their friends most girls are dropping out of school before attaining standard 8"

In UNAIDS (2010) it was reported as follows:

> "Health education for HIV/AIDS has remained largely information-driven, with general awareness messages such as: "stick to one partner," "be faithful" and if that is not possible "use condoms." These

> messages are constantly repeated and information campaigns indeed lead to impressive awareness levels. Their influence on behavioural change appeared marginal, however, with some exceptions especially among young people. One reason for this is the lack of action on social determinants of behaviour in people's environment. In each society, there are specific social factors related to the progression of the epidemic and social responses can be triggered to reduce this progression. Poverty is a major factor but not the only one; the epidemic affects all classes of people"

From this perspective, the study findings have conveyed that, general HIV and AIDS awareness prevail in our societies, however there is little or no response due to societal and individual factors as indicated by poverty and lack of assertiveness. Theoretically, socio-economic and psychological factors have influence on people's response towards HIV/AIDS interventions as it has been coined by the Bio-Psycho-Social model of HIV prevention. To change people's risk behaviours, there require comprehensive approach unlikely public awareness campaigns alone.

RECOMMENDATIONS AND CONCLUSION

Recommendations

- **Combining HIV/AIDS Public Awareness Campaigns with income Generation activities**
  As established by this study, lack of assertiveness and poverty are major factors but not the only ones; the epidemic affects all classes of people. However, the rich and the poor share certain social behaviours and common values that facilitate the progression of the virus. Important in this regard is the shift from individual to social-economic vulnerability. HIV is a development issue, HIV is poverty pandemic, hence the needs to address people's socio-economic marginalization across the country. The government of Malawi and its partners need to combine their strategies with income generation activities to the vulnerable groups to combat poverty which influences them to engage in risk behaviours.
- **Economic Empowerment**
  According to Malawi Demographic Health Survey (2010), majority of people in Malawi live in rural areas depending on agriculture and majority 52% live below poverty line. In this perspective, addressing HIV pandemic through behaviour change require economic empowerment of rural people being majority of the population. Therefore, the GoM ought to provide infrastructure, ensure that crops are getting better prices at the market to uplift economic standards in this sector of population which would have great impact on minimizing risk behaviours.

- **Mainstreaming HIV/AIDS in all Development Planning**
  The GoM and partners should aim at mainstreaming HIV and AIDS in all development activities especially in districts development planning and facilitating local response to development which also have potential to mitigate factors influencing risk behaviours. Diversifications of economic activities can also promote

economic growth, thereby enhancing people's well-being. People are forced into risk behaviours for bread and butter hence breaking poverty cycle has potential to win the fight. Development actions will create a positive environment for behavioural change as they bring hope for the future and can contribute to income generating opportunities for women and youth. In addition, they will be first steps towards mitigating the development impact of AIDS in the rural/agricultural system with majority of population.

- **Creation of Employment Opportunities for the Youth**
  HIV and AIDS has affected the most productive age groups of population 15-49 years who are bread winners with 10.6% (Demographic Health Survey, 2010), hence creating employment opportunities to this highly depended group, especially the youth has potential to be effective in contributing to national efforts in fighting the pandemic by reducing risk behaviours. This age group is forced into risk behaviours for example, young women and girls being involved in commercial sex for the benefit of their dependents; children and grandparents and due to their economic marginality.

- **Designing Policies that address Socio-Economic Facets of HIV/AIDS**
  Designing development policies that merge social-economic vulnerability and HIV/AIDS is prerequisite for behaviour change HIV prevention efforts. This may include designing new behaviour change policies in view of various research findings as well as expanding existing policy programmes such as Social Protection Policy Programme which has led to the introduction of Social Cash Transfer Programme (SCTP) in all districts across the country. This programme provides cushions against economic shocks in ultra-poor and labour constrained households. Such policies have potential to boost economic growth at household level which might contribute towards mitigating factors underlying risk behaviours and prevent the spread of HIV and IDS in long run.

- **Involvement of Higher Risk Groups in Designing Public Awareness Campaign Messages**
  It is known that there are certain groups of the population who are at higher risk of getting infected of HIV and AIDS as compared to the general population such as sex workers in brothels, police officers and truck drivers. However, design of HIV and AIDS awareness campaign messages hardly involve such groups of people. Hence, unless there is involvement of representatives of the high-risk groups in qualitative research, the development of communication strategies and messages and in the management of the programs, their impacts will remain marginal.

CONCLUSION

HIV/AIDS public awareness campaigns have been employed with great frequency in Malawi. These campaigns have employed single or multiple modes of communication at the national, regional and local levels, either as stand-alone efforts or as part of multi-component programs. Traditional stand-alone efforts have often used television, radio, print media (pamphlets, newspapers), and dramas while there is evidence of newer campaigns emerging and increasingly incorporating "new media" such as internet websites. Multi-component awareness campaigns have combined media

with numerous "interpersonal" channels such as peer education and outreach, community coalitions, counseling, skill-building workshops, and support groups. Awareness campaigns are often utilized because of their ability to reach huge and diverse audiences in a cost-effective manner, giving such campaigns tremendous potential as a tool in fighting the spread of HIV/AIDS through behaviour change. A key question that has often arisen about HIV/AIDS public awareness campaigns, however, is whether or not they are effective in impacting HIV/AIDS knowledge, attitudes, and behaviours and more importantly changing people's risk behaviours in Malawi. Therefore, this study was devoted to answer this question.

HIV and AIDS awareness campaigns aims at increasing awareness based on the assumption that this would lead to preventive actions. Messages focus on improving risk perception, highlighting perceived benefits of behaviour change, and influencing norms toward safer sexual practices. HIV/AIDS campaigns have remained largely information-driven, with general awareness messages such as: "stick to one partner," "be faithful" and if that is not possible "use condoms." These messages are constantly repeated and information campaigns have indeed led to impressive awareness levels as established by this study. However, from the study findings, their influence on risk behavioural change to reduce the spread of HIV/AIDS has appeared to be marginal. One reason for this is the lack of action on social-economic determinants of behaviour in people's environment. In each society, there are specific social factors related to the progression of the epidemic and social responses can be triggered to reduce this progression. Poverty and lack of assertiveness are major factors behind people's failure to change risk behaviours. In every environment, there are socio-economic factors underpinning human behaviour. Important in this regard is the shift from individual to social-economic action.

The underlying models guiding awareness campaigns have predicted behaviour change subsequent to increased awareness about the disease and related risks. Nevertheless, so far it is clear that minimal behaviour change has occurred and never sustained despite impressive awareness raising efforts in the study area. In this view, there is an urgent need to move from individual awareness mounting and sensitization to mitigation of underpinning factors associated with risk behaviours. Such mitigation can only take place in a supportive socio-economic environment that offers well-functioning care and support structures and general economic well-being of people. A successful socio-economic mobilization program needs the full participation of people in all the communities, and analysis of their risk and vulnerability to HIV-infection. Based on this analysis there is need to plan actions that stimulate behavioural change and improve care and support for people living with AIDS, their caretakers and orphans.

HIV/AIDS is a development problem that can only be effectively countered through a multi –sector approach. Over all literature on HIV and AIDS has indicated that when communities are asked to identify reasons why it is difficult to avoid risk behaviors, they mention socio-economic reasons such as unemployment among youth, poverty leading to survival sex by women and girls, unequal gender relations, and even sexual abuse. Especially in the phase of socio-economic mobilization development, there is need for multi-sector support structures and organizations that address

such issues; Government and its partners. Development actions will create a positive environment for behavioural change as they bring hope for the future and can contribute to income generating opportunities for women and youth. In addition, they will be first steps towards mitigating the development impact of AIDS in Malawi.

From the study findings, evidence exists that suggests much promise for HIV/AIDS public awareness campaigns. The greatest evidence exists for the ability of such campaigns to increase knowledge and raise awareness of HIV/AIDS and changing people's attitudes and perceptions on issues surrounding the pandemic. However, there is no evidence for the ability of campaigns to change risk behaviours. When such effects have been demonstrated, they are small-to-moderate in size and short-term in nature, hence marginal achievement in the prevention of spread of HIV and AIDS in Malawi. This suggests the need for paradigm shift from individual sensitization to more comprehensive paradigm in behaviour change HIV and AIDS prevention strategies; mitigating catalysts for risk behaviours.

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