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**EVALUATING COMMUNICATION STRATEGY OF HIV AWARENESS CAMPAIGN
IN GHANA: A CASE STUDY OF GHANA AIDS COMMISSION**

MADC 19043

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**LONG ESSAY SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES AND
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DECLARATION

I, the undersigned solemnly declare that the study titled EVALUATING COMMUNICATION STRATEGY OF HIV AWARENESS CAMPAIGN IN GHANA, is based on my own work carried out during the course of study under the supervision of Dr. Kofi Amponsah Bediako. I further certify that whenever I have used materials from other sources, we have given due credit to them in the text of the report and giving their details in the references.

NAME OF STUDENT.....

SIGNATURE.....

DATE.....

This study has been submitted for examination with my approval as the
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DATE.....

DEDICATION

For the tremendous support, belief and encouragements given throughout the academic year; I would like to dedicate this project to my family especially my father Mr. Solomon Kotei for never giving up on me. I am forever indebted. Thank you.

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ABSTRACT

Effective communication strategy informs patients on the awareness of human immunodeficiency virus (HIV) and helps remove myth surrounding the disease especially where ignorance prevails. This study sought to evaluate communication strategy of HIV awareness campaign in Ghana: a case study of Prampram Municipality in the Greater Accra Region. The specific objectives of the study were to examine the communication components in the HIV awareness campaign, identify the current communication tools and approaches used for the HIV awareness campaign, examine the gaps and challenges in the communication strategies deployed to create HIV awareness, find out strategic communication strategies that can increase HIV awareness and reduce spread in Prampram municipality.

The current study was carried out as a desk study which involved research conducted without fieldwork. The study was based on published reports. The study revealed that communication strategy must take into account the special circumstances within the environment by assessing the local situation to identify which types of barriers may need special attention before designing a health communication initiative. The present study recommended the following; a continuous effort required for structural change and a long-term goal for more effective health promotion activities, the Ghana AIDS Commission design a communication strategy from bottom-up and not vice versa. This is imperative to get community members to own the communication strategy. With meaningful community engagement in Prampram, to ensure that community members own the strategy rather than perceiving that it not for them.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

In the last decade, human immunodeficiency virus (HIV) has become one of the threats to humanity in Africa. To date, almost every country has been affected by the epidemic and as such has established a sort of mass media to promote HIV/AIDS campaigns (Noar, Palmgreen, Chabot, Dobransky & Zimmerman, 2019).

In Sub-Saharan Africa, HIV is predominantly transmitted through sexual means. Locally and internationally, campaigns have focused on awareness of HIV and prevention through positive sexual attitudes. In as much as these campaigns present some challenges, they are crucial as they sensitize the population against the spread of the virus (Anarfi and Appiah, 2014). Even though these HIV/AIDS campaigns continue to increase, significant populations become very vulnerable to this deadly virus (Ganle, Tagoe-Darko, and Mensah, 2012).

Although the precise impact of communication strategy on HIV awareness is still debated, channels of HIV knowledge are often accessible through mass media and other interpersonal means; friends, health workers, etc. It is revealed by previous studies that when the populace easily accesses information on prevention, HIV/AIDS infection can be reduced. Furthermore, Rawjee (2012) contends that “appropriate health and lifestyle education has been identified as the key to controlling the HIV/AIDS pandemic that is threatening this continent”. It is based on this information that; people can protect themselves from infection. It was asserted that “with no signs of the epidemic abating; there is an urgency to identify and/or develop effective ways of

communication about AIDS in a manner which people can understand and integrate into their lifestyle” (Muturi, 2015).

Successful communication strategies targeting MSM are best delivered as part of a multi-component programme. Such a programme should use a variety of channels and methods to impart a clear, concise message that focuses on key health issues to promote sexual health and support MSM in protecting their sexual health. Successful communication programmes require evidence-based planning, implementation, and evaluation. This guide outlines some of the principles and methods for developing and delivering such communication campaigns. To be effective, these principles and messages will need to be adapted to the local context based on the knowledge of the target group and the social norms surrounding it.

In Ghana, most HIV awareness campaigns have been non-formal approaches, not limited to mass media, religious sects, community-based campaigns, youth centres and many others (Anarfi and Appiah, 2014). HIV awareness through the mass media has adopted the print and non-print media that includes radio, television, and print media. Most of these campaigns have been in local languages (Noar, Palmgreen, Chabot, Dobransky & Zimmerman, 2019).

It is the ultimate goal of health communication programs to enhance awareness, knowledge, and understanding of HIV/AIDS and to improve the health status of the targeted or intended audience. To reduce HIV/AIDS spread, understanding is imperative, especially in situations where inadequate knowledge, cultural values, beliefs, and practices continue to put people at risk (Muturi, 2015). Especially in non-urbanized communities, apart from disseminating health knowledge,

effective communication strategy must also include some interventions like community participation and empowerment for proper decision making.

It has therefore now become even more compelling than ever that Ghana and its responsible institutions intensify appropriate communication strategies that could reduce HIV/AIDS spread of the disease in Ghana.

1.1 Problem statement

In HIV/AIDS prevention, effective communication is considered an integral part of service delivery programs to both providers and clients (Muturi, 2015). Since 2016 to date, data available indicate that HIV/AIDS infected persons have gradually increased even though there seems to be an existence of communication strategy developed by the Ghana Aids Commission (Airhihenbuwa and Obregon, 2010). Unlike previous studies, the current study evaluates a communication strategy that concentrates on HIV campaigns and specific communication processes in Ghana.

In the last three years (2016-2019), the table below shows a significant increase in HIV cases year by year. Out of the total of 3102 persons screened, 440 were tested positive representing 14.18%. The rate shows a significant increase over the three years. Among many reasons for HIV positive cases seems to be ineffectiveness or non-existence of communication strategy for awareness and prevention of the pandemic in Ghana. Beyond that, it is very clear that HIV cases will inevitably increase in Ghana as infected victims are not put under proper surveillance but rather allowed to associate with the public (Darteh, 2011).

Table 1.1: HIV reports in Prampram

| Year | Number of screened | Number of positive | Number on treatment |
|--------------|---------------------------|---------------------------|----------------------------|
| 2017 | 659 | 109 | 89 |
| 2018 | 1039 | 155 | 74 |
| 2019 | 1404 | 176 | 109 |
| Total | 3102 | 440 | 272 |

Source: Ghana Health Service (2020)

Ultimately, strengthening the effectiveness of communication strategy has become a necessity and timely in Ghana to create mass awareness to prevent HIV/AIDS spread in the Prampram municipality. The effectiveness or existence helps HIV/AIDS institutions including the media to mitigate the gaps that prevail in the existing communication interventions especially reaching out to non-urbanized areas that include Prampram. Furthermore, the communication strategy could address clear ways to mitigate the stigmatization of infected populations. On this backdrop, the current study wishes to evaluate the communication strategies of the HIV awareness campaign in Ghana.

1.2 Research objectives

The long essay had four objectives to guide this study. They were

- i. To examine the communication components in the HIV awareness campaign in Prampram municipality.
- ii. To identify the current communication tools and approaches used for the HIV awareness campaign in Prampram municipality.
- iii. To examine the gaps and challenges in the communication strategies deployed to create HIV awareness in Prampram municipality.

- iv. To find out strategic communication strategies that can increase HIV awareness and reduce spread in Prampram municipality.
- v. To explore the implication of communication strategies on awareness and prevention of HIV/AIDS in Ghana.

1.3 Research Questions

The following questions guided the researcher in this study. They are

- i. What are the communication components in the HIV awareness campaign in Prampram municipality?
- ii. What are the current communication tools and approaches used for the HIV awareness campaign in the Prampram municipality?
- iii. What are the gaps and challenges in the communication strategies deployed to create HIV awareness in the Prampram municipality?
- iv. How can strategic communication components increase the HIV awareness campaign and reduce spread in the Prampram municipality?
- v. To explore the implication of communication strategies on awareness and prevention of HIV/AIDS in Ghana.

1.4 Significance of the study

The long essay is significant in several ways. Specifically, policy direction, academia, and future researchers.

First of all, the outcome of evaluating HIV campaigns, will enable stakeholders including Ghana AIDS Commission to refine current HIV campaigns with clear communication components and could guide future communication efforts in reducing HIV spread in Ghana.

The study is significant to academia and higher learning institutions involved in the research. The document can be a source of secondary data for students and faculty who wish to extend this study on communication strategies in the context of Ghana.

The report of this study will benefit future researchers as they could identify the knowledge, methodological, theoretical, and literature gaps. These gaps could form a basis to extend studies in the future. The scope of the study could also be broadened by future researchers in the latter studies.

1.5 Scope of the study

The researcher examines six main communication components for every campaign. These include target audience, channel selection, message content, campaign theme, exposure, and outcome measures. These components form the basis for determining the success and failure of the HIV awareness campaign in Ghana.

1.6 Organization of the study

The study is organized into four chapters. Chapter one remains the Introduction which gives background information, problem statement, research objectives and questions, the scope of the study, the significance of the study, and the organization of the study.

Chapter two reviews local and international, current, and previous literature on communication strategies in the context of HIV/AIDS campaigns. Furthermore, theoretical underpinning is clearly

explained in this chapter. This is followed by Chapter three which is Research Methodology. The main themes include the research approach, research design, research method, source of data, etc. Chapter four concludes the findings of the study. In this chapter, some recommendations are given based on the study findings and limitations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The Literature review of this study provides a foundation upon which research is built to confirm, compliment, counter, or establish any new trends that possibly might have emerged. For orderly presentation; the study reviewed pertinent literature such as those relevant to the research objectives. Specifically, the themes included communication tools and approaches for HIV awareness campaigns and challenges in communication strategies for HIV awareness. The chapter reviewed the implication of communication strategies on awareness and prevention of HIV/AIDS. Finally, the chapter presented the theoretical framework supporting the entire study.

2.2 Communications tools in communication strategy

According Minas et al. (2012), communication strategy provides a “deeper understanding of client needs, barriers, and motivators to design targeted and integrated communications interventions”. In Ghana and other developing economies, communication strategies create communications linkages across HIV programmes which consider “a comprehensive communications platform for HIV prevention, care, and treatment that outlines the key elements relevant for each priority audience. By developing standardized approaches to promote individual behaviour, community and policy dialogues, and collective action”.

Communication approaches used in the strategy include the amalgamation of on-going mechanisms and mass media communication with creative and innovative use of channels. In evaluating communication campaigns, communication approaches have aimed to raise awareness

and educate individuals, breaking barriers of stigma and discrimination amongst infected individuals, promoting care-seeking behavior and attendance for HIV services, fostering a positive attitude among HIV patients and attitudes towards positive living, fostering action towards testing and promoting safe sex (National Communication Strategy, 2018).

Previous research shows that when public health communication campaigns are effective, it positively affects the health-related behaviours of individuals. In Kentucky, the study by Palmgreen, Donohew, Lorch, Hoyle, & Stephenson (2011) showed evidence that an anti-drug media campaign amongst the youth had reduced the use of marijuana use. In Europe and most African countries, one major communication tool used by countries to reduce HIV/AIDS produced higher levels of HIV awareness and increased condom use among high-risk populations (McCombie, Hornik, & Anarfi, 2012) is mass media.

The mass media is made up of radio, TV, print tools used to inform, educate, and communicate with targeted groups. Radio programmes have talk shows, interviews, and phone in interactions and can run in several local languages. In many developing nations like Ghana, radio initiatives as a communication strategy have significantly enhanced HIV information and education (Anarfi, and Appiah, 2014). However, the radio has only sound/voice effects but no visuals to stimulate improved understanding. According to Darteh (2011), since the mass media is used for purposes other than effecting and promoting behaviour change, it is assumed that exposure to a particular medium of communication, be it radio, television, newspaper, alone may not necessarily lead to positive behaviour towards HIV/AIDS among adolescents.

In sharp contrast, the television programmes can feature HIV campaign programmes with visual effects, as an added advantage over the radio. The TV is widely regarded as appealing and extremely useful in non-rural areas. In recent times, TV programmes have a wide audience and can be viewed by different audiences. For instance, several TV stations mostly digital have several music videos on HIV campaigns for reaching out to the population.

On the other hand, the print media remains largely newspapers used to provide education and other preventive HIV messages. This tool of communication is mostly for the literate class of the population.

Though HIV awareness campaigns have well been commendable to support HIV communication campaigns in both urban and rural communities, however, Anarfi and Appiah (2014) observed the challenge of translating HIV awareness into behaviour change. The authors explained the need for mass media tools to identify the missing link in HIV communication campaign approaches that would elicit change from risk behaviours especially hanging on to multiple sexual partners and non-use of condoms. The authors suggested the need to repackage HIV communication campaign efforts to enable individuals to break through the high self-efficacy perceptions of Ghanaians.

2.3 HIV-related communication campaigns

Studies including Li, Rotheram-Borus, Lu, Wu, Lin, and Guan (2009) found that when individuals are exposed to HIV-related communication, negative attitude of stigmatization towards infected patients significantly is reduced. It was again reported by Creel, Rimal, Mkandawire, and Brown (2011), that African nations including South Africa, reported that “social and behavioral communication interventions are a critical component of HIV/AIDS prevention”. To that end,

communication campaigns in the last decade have been intensified across nations through government initiatives and non-governmental organizations.

The communication campaigns help reduce the spread of HIV/AIDS by improving knowledge. These campaigns concentrate on sharing information on “modes of transmission, risk perceptions, changing sexual behaviours, questioning potential harmful social norms, and promoting resources and services that support prevention” (Do, Kincaid, and Figueroa, 2012). Do et al. (2012) reported that most HIV/AIDS campaigns have utilized mass media tools such as radio, television, and other outlets to address prevention by conveying messages through interpersonal, community, and national channels.

In South Africa, HIV campaign was conducted nationally, but also extends globally. A study by Peltzer, Parker, Mabaso, Makonko, Zuma, and Ramlagan (2012) revealed that National HIV/AIDS communication surveys in South Africa demonstrated positive impacts on the community, in turn, increased the level of knowledge and awareness and related HIV outcomes. Specifically, HIV communication programmes increased the use of condoms. However, the communication campaign did not impact on the reduction of multiple sexual partners (Niederdeppe, 2015).

A study by Pettifor et al. (2017), which aimed at assessing the reach of these communication campaigns found out that the participation in loveLife music, a communication campaign; reduced chances of being infected with HIV, and youth were more likely to report condom use at last sex and used condoms more consistently.

2.4 Challenges and strengthening communication strategies

Even though communication literature has evidence that HIV messages have helped set the public agenda and generally increased HIV awareness campaigns, yet most HIV communication strategies rarely contain specific information about risky behaviors and skills for modifying such behavior. The resultant effect of this is that the communication strategies do not produce a significant behavioral change of the targeted audience (Myrick, 2009).

One identified challenge noted in literature is the general and inexact nature of the communication messages about HIV/AIDS. According to Myrick (2009), communication tools were rather found to enhance the stigmatization of HIV and those affected. In this regard, communication messages could make use of culturally tailored communication strategies where educators, could continue to engage with the local population in their local languages.

2.5 Theoretical framework

The section discusses and sets up the theoretical framework for the entire study. After reviewing the literature, the researcher acknowledges many models used to support HIV/AIDS communication campaigns in communities. Most studies have adopted the health belief model, diffusion of innovation theory to support HIV/AIDS communication campaigns. The long essay adopts the health belief model.

In 1974, the Health belief model was proposed by Maiman and Becker and later reviewed by Mullen, Hersey, and Iverson in 1987. This model postulates that the health behavior of people is as a result of the threat of benefits perceived. Hence, the model shows that perceived barriers, susceptibility, benefits, or severity could determine how individuals engage in preventive health activity. The model asserts that the readiness of an individual to take action of his vulnerability to

a disease such as a threat of HIV/AIDS. Here, the individual's ability to take action is dependent on his knowledge about the disease. The more informed the individual, the better actions to overcome the threat. Many studies that use the model affirm that the severity of the disease (physical, psychological, emotional, etc) is reduced when the individual has access to knowledge or information. More so, many studies including Rawjee (2002) used the model in a more "preventative action, patient adherence and therapeutic regimens and the habits of everyday living HIV/AIDS prevention".

In this model, how susceptible and severity of the health-related issue (HIV/AIDS) serves as the basis for the individual to take actions and consequently have positive outcomes of the actions. In this study, communication strategies (mass media, etc) and HIV awareness campaigns are examples of 'cues to action' and this in turn supposedly serves as a stimulus to trigger the decision-making process of the individual. Thus, the model is applied in the Prampram community as the researcher evaluates the communication strategies of the HIV awareness campaign in Ghana and predicts that effective communication in the community could be given key roles in public awareness. This could lead to greater acceptance of health messages, targeted audience, and the promotion of strategies that incorporate cultural and belief systems to reduce the HIV/AIDS severity.

Like any other model, the model is a critique that it is a more individualistic approach to preventive health messages. Another critique for the model is that "individuals do not always follow up on health recommendations after being alerted of a potential health threat".

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The section covers the proposed mode of research, the methodology, and techniques used to conduct the current study, and the limitation of the study.

3.2 Research Approach

The current study is carried out as a desk study. This study involves research that is conducted without fieldwork. The study is usually based on published reports. The following steps are taken to conduct a desktop study.

- i. Defining the study objective. This step guides the researcher to search well and avoid irrelevancies.
- ii. Defining the research plan.
- iii. Searching key terms in the electronic database search engines. Again, exiting data such as annual reports are scanned through.
- iv. Concluding and verifying the data gathered from the published reports.

3.3 Justification for the methodology

Comparing this type of research to field research, it is less costly in terms of time and resources. The main cost for the desk research includes researcher time and telephone charges. Also, it is very effective as most basic information could easily be used as a benchmark in the research process.

3.4 Research Instrumentation

In addition to the analysis of published reports, this study adopts the use of interviews to collect data from the study participants. To support the existing secondary data, an interview is conducted with the study participant(s). An interview schedule is drafted to guide the researcher on evaluating the communication strategy of the HIV awareness campaign in Ghana. The interview schedule offered the opportunity to explore communication strategies in Ghana.

3.5 Sources of data

Both primary and secondary data are obtained for the present study. First, the researcher consulted a senior nurse office in the health facility in the community to gather primary data. The data is in the form of interviews with the study participant. Besides, the secondary sources of data for the study include research reports, annual reports, textbooks, and electronic databases from Emerald, SAGE publications, Science Direct, and many more. Both sources are very informative to guide the research and provide support for empirical evidence.

3.6 Data collection procedure

The search for data is done by identification of keywords; such as communication strategy, evaluating communication strategy, HIV/AIDS awareness campaign, HIV-related communication campaigns, mass media tools, and HIV/AIDS. Again, EBSCOhost and Emerald databases use search engines. The researcher applied the Boolean operator (AND) used to combine keywords for the searches. Information obtained is reviewed and analyzed to summarize the ideas about the topic under investigation.

Extensive reviews are carried out by reading, comparing ideas, and taking note of the outcomes of the various literature including the theory about the research topic. Analyzing the various concerns of the given topic. Also correlation among various literature, theory providing a clear picture and outcome relating to the topic, and finally finalize on a specific one that best examines the research area.

The researcher officially informs the study participant (s) on the intention of the study. After approval is sought, the primary data collection begun on three separate occasions, all to verify and confirm empirical evidence. The duration of the data collection is in three weeks.

3.7 Ethical considerations

To begin with, the study participant is duly informed and permission sought for. It is very clear in the interaction with the study participant(s) of privacy and confidentiality of data and non-disclosure. Protocols for the COVID-19 is highly followed in the period of this global pandemic. The study highly holds this research ethics in the whole data collection process. In the references list, the researcher acknowledges all scholarly works and data consulted including books, journals, theses, and field data accordingly.

3.8 Research setting

One coastal town noted for fishing is Prampram and also the capital, located in the Ningo-Prampram district. The distance from the port city is 15 minutes and is now emerging as a place for industrial and for recreation activities. This attracts many people to the place.

CHAPTER FOUR

SUMMARY, CONCLUSIONS, RECOMMENDATIONS, AND LIMITATIONS

4.1 Introduction

Finally, the chapter presents a summary of the findings, conclusions, recommendations and limitations. In this chapter, some recommendations are given based on the study findings.

4.1 Summary

The specific findings relating to the objective of the study is presented in this section.

4.1.1 Communication components in the HIV awareness campaign in Ghana

It was found out that communication processes or components in the HIV awareness campaign include source, message, medium and target audience (Verbeke, 2008).

For communication to yield a positive effect in the targeted communities (rural or urban), it must go through a process known as the communication process as put forward by Verbeke's model of communication. Specifically, the component process by Verbeke (2008) has three main components known as pre-campaign, campaign, and post-campaign stages, which are carried out nationwide. All three stages of the communication campaign are carried out to improve both internal communication which targets personnel, heads of health institutions and other stakeholders directly involved in the operation of the HIV/AIDS and external communication which is also geared towards reaching out to external stakeholders about the scheme, its products, and new developments. External stakeholders include health institutions, end-users of products of the scheme, and other stakeholders who patronize or indirectly take part in the scheme's operation.

4.1.2 Communication tools and approaches used for the HIV awareness campaign

The medium through which the HIV awareness campaign is sent to the targeted audience is a critical component of the communication strategy, which influences the outcome, or effect of the communication. As part of efforts by the Ghana AIDS Commission to reach a wide number of people in Ghana and also ensure effective communication, the Commission adapted various communication media. It was found out that the mass media have been the primary method for disseminating HIV/ AIDS prevention messages. Radio, TV, neighbors, teachers, pastors, health workers, and print media were found to be the major channels for HIV/AIDS education and communication. Leveraging modern technology has been deployed also.

4.1.3 Challenges in the communication strategies deployed to create HIV awareness

It was evident that existing HIV/AIDS communication channels are inaccessible as their messages are not usually in the local language. Secondly, social and political conditions impact sexual minorities in Ghana. The existence of HIV discriminations has a great influence on the life of victims and the general public.

One area that poses barriers to effective communication barriers is the low level of health literacy. In Ghana, some common factors that promote health illiteracy are language literacy, level of education, disabilities, history of access to health services, support mechanisms, and social position. Indeed, communication strategies cannot assume that the target audience has any previous knowledge of pathogens and infection mechanisms. Health facts may need to be communicated alongside prevention messages to provide context. Messages may be couched in simple terms, “Put on Condom to Stop HIV”.

Though messages developed for HIV prevention and awareness strategy are relevant, information, which is meant for the general public, ends up not benefiting a majority of the people including victims. The messages are usually sent through mass media, are not targeted and do not address the specific needs of groups like an adolescent, the poor and illiterates in our societies.

Unlike the urban communities, rural communities in Ghana still live without electricity, thus do not have access to technologies connected to power. Therefore, not considering the background of these communities, lives intended target group unreached. Thus, design a communication strategy that fits the specific needs of the people.

4.1.4 Strategic communication strategies that can increase HIV awareness

The researcher summarizes that HIV/AIDS prevention efforts would be more beneficial to the recipients after considering the following better reporting of media campaign components and outcomes, more systematic evaluation, greater integration of theory, and increased attention to communitywide intervention strategies. Secondly, targeting an audience to provide them with information that specifically meets their needs is essential for a positive outcome and media advertisements must be used to increase HIV awareness. The campaigns did not only create awareness but also inform the benefits of abstinence.

More so, involving heads of cultural and opinion leaders, households and parents, individuals, and setting up community-based groups to improve current HIV-communication efforts in rural communities if HIV/AIDS education is going to have an impact on rural people's knowledge and behavior. Even where the general political and social environment is supportive, beliefs and

attitudes still affect how communication interventions are perceived in different communities in Ghana, which may limit the reach of information across the different communities.

Community involvement and advocacy are critical communication strategies that can increase HIV awareness. Engaging with community members in a meaningful way helps the campaign strategy to be successful. Build a team by representatives from communities. By doing that, HIV messages are easily accepted by the community members.

4.2 Conclusion

To both health providers and clients, effective communication strategy is considered integral in halting and preventing HIV spread. The present study aims at evaluating the communication strategy of HIV awareness campaign is very critical. Although communication strategy is central to the prevention and awareness of HIV/AIDS in Ghana, its potential to evaluate its outcomes has not been fully realized, in part due to the lack of a working framework that translates health communication theories and practices into specific interventions to address each step in the treatment cascade.

It is clear that lack of communication about HIV/AIDS have existed between health care providers and patient. For instance, Muturi (2015) observed that “providers do not say anything even to close relatives on the basis that such information is confidential”. Hence, providers need to know about the various health issues to be able to communicate effectively to their potential clients. Unwillingness to be tested is common among most people in sub-Saharan Africa because nobody wants to know that they will be dying soon, especially if it is from AIDS. This therefore set the need for effective communication strategy to bridge the communication gap.

Even the best communication strategy can fail if it does not take into account the special circumstances within the environment. Of particular importance are barriers that prevent the delivery of effective communication. In conclusion, the study concludes that stakeholders select appropriate channels and methods based on the suitability for reaching the community members of Prampram. Equally, the level of complexity of the information in the message and the suitability of communication channels and methods to convey that information must be considered in the communication strategy.

Communication strategies seeks to empower people include patients by providing them with knowledge and understanding about specific health problems and interventions. In Ghana, communication teams should first assess the local situation to identify which types of barriers may need special attention before designing a health communication initiative.

4.3 Recommendations

A continuous effort is required for structural change, a long-term goal for more effective health promotion activities.

Unlike the top-down approach, the researcher highly recommends to the Ghana AIDS Commission that the design of the strategy must be bottom-up. This is imperative to get community members to own the communication strategy. In implementing this strategy, the Ghana AIDS Commission must into account the special needs of the rural and urban communities. Most communities are not involved in the communication process and as a result, do not meet the specific needs of such communities especially those in rural communities.

For communities like Prampram, effective communication must involve more than simply disseminating health messages using popular media or enhancing people's compliance with medical regimens. It goes beyond dissemination and involves interventions that deal with issues of participation and empowerment for proper decision making.

The need for more detailed information, with illustrations and in their local language. Community involvement with local people must be prioritize since HIV/AIDS communication and education has been low in Prampram. The disconnection of the local people seems to suggest that they could have an important role to play.

Meaningful community engagement in strategy development has shown to be effective in ensuring that community members own the strategy rather than perceiving that it not for them. In designing the national communication strategy for the HIV/AIDS, it must recognize the importance of other stakeholders and involved clients in the process.

4.4 Limitation of the study

Unlike a survey study, this study broadly depended on secondary data (review literature) for analysis. However, there was limited literature on communication strategies. Therefore with similar geography and gender distribution, the study based its findings. As a result of limited empirical data, the study was unable to establish causal relationships.

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