THE POTENTIAL AND CONTRIBUTION OF FACEBOOK IN HIV/AIDS PREVENTION AMONG YOUNG PEOPLE IN UGANDA

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Dedication

To my Mother, Sarah Wamala, thank you for praying for me. Through your relentless prayers and unceasing faith, I have witnessed God's guiding hand throughout this journey.

Also dedicated to my wife, Moreen Namagembe Kakooza and our children: Warren Max Walusimbi and Wilfred Matt Mayambala.

I did this for you!

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Abstract

Globally, Uganda has been recognised as a model country in fighting HIV/AIDS through communication interventions that facilitated a decline in infection and prevalence rates in the early years of the epidemic in Uganda. Despite these interventions, current statistics indicate a rise in infection rates among young people between the ages of 15-29 years. The current communication intervention against HIV/AIDS in Uganda is the *Obulamu* campaign whose principal audience are young people. Young people in Uganda have embraced social media platforms for their communication needs, and this campaign has employed social media in its communication interventions. It is on this basis that this study sought to investigate the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda.

The participatory communication model, the social network theory and the social learning theory guide this research. This theoretical framework emphasises the involvement of individuals and communities in determining their own wellbeing. This requires a communication platform that can facilitate interactive dialogue and engagement towards behavioural change. The study findings were derived through the case study design that employed in-depth interviews and focus group discussions. The research participants were selected through purposive and quota sampling procedures.

The study established that Facebook is a popular, affordable and accessible communication platform for young people in Uganda and caters for their individual agency. Further, the study established that the use of Facebook has not been fully explored by the *Obulamu* campaign because of the low appreciation of social media in health communication, poor social media content management skills and lack of social media communication plans for health interventions among programme implementers.

The study concludes that health communicators in Uganda need to embrace Facebook as the most current and relevant channel to reach out to young people, if its potential in HIV/AIDS prevention is to be realised. There is need for health communicators to appreciate that Facebook is a dialogical platform and requires communication strategies that are aligned to the unique needs and attributes of social media.

Keywords: Social media, Facebook, Health communication, Participatory communication.

List of Acronyms

ACP - AIDS Control Programme

AIDS – Acquired Immunodeficiency Syndrome

MOH – Ministry of Health

UBOS – Uganda Bureau of Standards

FGD – Focus Group Discussion

CHW – Community Health Workers

FHI – Family Health International

HIV – Human Immunodeficiency Virus

I**CT**- Information Communication Technology

ISP – Internet Service Provider

ITU – International Telecommunications Union

NMRS – National Medical Record System

PLWHA – People Living With HIV/AIDS

SCOT – Social Construction of Technology Theory

SDGs – Sustainable Development Goals

SLT- Social Learning Theory

SMS – Short Message Service

SNS – Social Networking Sites

SOML – Save One Million Lives

SST- Social Shaping of Technology Theory

TASO– The Aids Support Organisation

UAC – Uganda AIDS Commission

UHIN – Uganda Health Information Network

UHMG – Uganda Health Marketing Group

UNDP – United Nations Development Programme

UNESCO – United Nations Education, Scientific and Cultural Organisation

UNF – United Nations Foundation

USAID– United States Agency for International Development

VHT – Village Health Teams

WHO – World Health Organisation

SMUG – Sexual Minorities Uganda

UNCST – Uganda National Council of Science and Technology

IPC – Inter Personal Communication

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CHAPTER ONE: Introduction

Introduction

"Today it's me, tomorrow someone else, It's me and you, we've got to stand up and fight We'll shed a light in the fight against AIDS, let's come on out, let's stand together and fight AIDS " are part of the lyrics from the song, *Alone and Frightened,* by the late Philly Bongole Lutaaya (1988). Lutaaya was a Ugandan musician who gave a face to campaigns against HIV/AIDS through his music. He publically opened up about his status that energised the open communication campaign on HIV/AIDS in Uganda during the 1990's. This line from *Alone and Frightened* is a call to continuously find solutions that will help end HIV/AIDS in Uganda. This introductory chapter gives the purpose of the study through a disposition of the HIV/AIDS challenge from a global perspective to the national response towards HIV/AIDS in Uganda, where the study was carried out. The case of interest for this study is the *Obulamu campaign* (loosely translated to mean *how is life?*), which is the current national campaign targeting HIV/AIDS prevention in Uganda, and which has employed social media in its HIV/AIDS communication strategy.

The *Obulamu* campaign is run by Family Health International (fhi360) with funding from USAID and was sanctioned by the Ministry of Health in Uganda to harness HIV/AIDS prevention and treatment through communication. This campaign employs various communication channels, which include social media. The campaign has particularly deployed Facebook in its interventions towards HIV/AIDS prevention in Uganda and is available at https://web.facebook.com/obulamuUg/. Social media have been noted to be popular communication platforms among young people and it is on this basis that this study explores the potential and contribution of Facebook to HIV/AIDS prevention among young people in Uganda. The focus of the discussion in this chapter takes into account the research question, the background to the study, and the significance of the study. Further, the discussion highlights the theoretical framework that guided the study as well as the methodology that was employed in gathering empirical data. The last section of this chapter provides for the key research questions used to explore the research problem and concludes with an explanation of how this thesis has been structured.

Study objective

The main objective of this study was to explore the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda. As such, the study was guided by the following specific objectives:

1. To find out how Facebook has been used in the *Obulamu* campaign on HIV/AIDS in Uganda
2. To assess audience perceptions on the use of Facebook in HIV/AIDS prevention among young people in Uganda
3. To explore how Facebook can best be used for HIV/AIDS prevention among young people in Uganda
4. To establish how the contribution of Facebook in HIV/AIDS prevention is assessed

Background to the study

For over three decades now, the HIV/AIDS epidemic remains a major public health and security challenge globally. By 2016, the number of people living with HIV/AIDS globally stood at approximately 37 million people (UNAIDS, 2017:12). Through the years, over 78 million people have been infected by HIV and by 2016, an estimated one million people had died of AIDS related illnesses (UNAIDS, 2017:12). Available data indicates that over 20 million people living with HIV/AIDS (PLWHA) are found in the Sub-Saharan African region, which still accounts for over 44% of new HIV infections on the global scale (UNAIDS, 2016:7). However, recent data suggests a greater decline in new HIV infections in a number of countries including Mozambique, Swaziland and Uganda, which has contributed to the improved new infection estimates (UNAIDS, 2017:8). An estimated 1.8 million individuals, including adults and children worldwide, became newly infected with HIV in 2016. This accounts for about 5,000 new infections per day, of which 64% are in sub-Saharan Africa (UNAIDS, 2017:13).

Disaggregated further, the data shows that almost 43% of new infections are among women, with 37% being among young people between 15–24 years, and about 22% among young women between 15–24 years (UNAIDS, 2017:13). This brings out the fact that the declines in new HIV infections among adults have slowed down since 2010, while the annual number of new infections among adults has remained static at an estimated 1.9 million (UNAIDS, 2016:4).

Figure 1.1: Summary of global statistics on HIV/AIDS in 2016

Number of people living with HIV	Total	36.7 million [30.8 million–42.9 million]
	Adults	34.5 million [28.8 million–40.2 million]
	Women (15+ years)	17.8 million [15.4 million–20.3 million]
	Children (<15 years)	2.1 million [1.7 million–2.6 million]
People newly infected with HIV in 2016	Total	1.8 million [1.6 million–2.1 million]
	Adults	1.7 million [1.4 million–1.9 million]
	Children (<15 years)	160 000 [100 000–220 000]
AIDS-related deaths in 2016	Total	1.0 million [830 000–1.2 million]
	Adults	890 000 [740 000–1.1 million]
	Children (<15 years)	120 000 [79 000–160 000]

Source: UNAIDS (2017:12)

This also shows that many countries in sub–Saharan Africa have not made measurable progress while others have experienced worrying increases in new HIV infections, which is threatening further progress towards the end of the AIDS epidemic (UNAIDS, 2016:10). HIV/AIDS continues to deplete both human resources and financial capital worldwide. For instance, in 2015, a total of US$19 billion was used to support HIV/AIDS response in low-and middle-income countries yet international funding for in-country services continues to decline at a rate of 7% (UNAIDS, 2016:12), which makes it unsustainable.

Figure 1.2: Summary of regional HIV/AIDS statistics

	Adults and children living with HIV	Adults and children newly infected with HIV	Adult & child deaths due to AIDS
Eastern and southern Africa	19.4 million [17.8 million–21.1 million]	790 000 [710 000–870 000]	420 000 [350 000–510 000]
Western and central Africa	6.1 million [4.9 million–7.6 million]	370 000 [270 000–490 000]	310 000 [220 00–400 000]
Middle East and North Africa	230 000 [160 000–380 000]	18 000 [11 000–39 000]	11 000 [7700–19 000]
Asia and the Pacific	5.1 million [3.9 million–7.2 million]	270 000 [190 000–370 000]	170 000 [130 000–220 000]
Latin America	1.8 million [1.4 million–2.1 million]	97 000 [79 000–120 000]	36 000 [28 000–45 000]
Caribbean	310 000 [280 000–350 000]	18 000 [15 000–22 000]	9400 [7300–12 000]
Eastern Europe and central Asia	1.6 million [1.4 million–1.7 million]	190 000 [160 000–220 000]	40 000 [32 000–49 000]
Western and central Europe and North America	2.1 million [2.0 million–2.3 million]	73 000 [68 000–78 000]	18 000 [15 000–20 000]
TOTAL	36.7 million [30.8 million–42.9 million]	1.8 million [1.6 million–2.1 million]	1.0 million [830 000–1.2 million]

The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information.

Source: (UNAIDS, 2017:14)

A combination of prevention approaches including behavioural, biomedical and structural approaches have been applied with a target to reduce new HIV infections to fewer than 500,000 per year by 2020 (UNAIDS, 2017:5). But this is off track since a few countries can consistently maintain a combination of HIV prevention approaches tailored to priority populations within their local contexts (UNAIDS, 2016:10). Despite advances in biomedical interventions that include the use of condoms, the use of vaccines, the use of microbicides, penile circumcision and the use of antiretroviral drugs aimed at reducing the risk of HIV transmission at pre-exposure and post exposure levels (Kippax and Stephenson, 2012)[1], the reality is that until now, that is, 2018, there is no cure for HIV/AIDS and the "pace of decline in new infections is too slow to reach the Fast-Track Target" (UNAIDS, 2017:5). This means that emphasis should be placed on the challenges of HIV prevention (UNAIDS, 2016:10). It is believed that the media, through advocacy, engages the public in dialogue about health issues.

This increases awareness about major health issues in the public domain which may facilitate the demand or support for health services including influencing individual behaviour and policies on public health issues that are deemed critical (Ahmed and Bates, 2013:4) as well as enabling an environment for related behavioural change. Behaviour change communication programmes use various tools to provide information that may influence informed decision-making, and encourage community participation through the use of multiple media, which may have a synergetic effect for the change of behaviour (Lisa and Elliot, 2003) to facilitate adoption of HIV/AIDS prevention measures.

Contextualising HIV/AIDS prevention in Uganda

Uganda is one of the Sub-Saharan countries located in the Eastern region of Africa. It borders Kenya to the west and the Democratic Republic of Congo (DRC) to the east. Uganda covers a geographical area of 241,038 square kilometres of which 197,100 square kilometres are taken up by land and the remaining 43,938 square kilometres are occupied by water (Briscoe and Aboud, 2012)[2] The population of Uganda currently stands at about 39 million people (The World Bank, 2014)[3] which makes Uganda one of the most rapidly growing populations of the world. This rapid population growth is mainly due to the high total fertility rates, standing at six children per woman, again one of the highest fertility rates in the world (Central Intelligence

[1] http://www.catie.ca/en/printpdf/hiv-canada/4/4-2/4-2-2
[2] http://www.statehouse.go.ug/about-uganda#
[3] http://data.worldbank.org/country/uganda

Agency, 2015)[4]. Uganda falls in the Eastern and Southern Africa cluster where people living with HIV/AIDS totalled 19.4 million as of 2016 (UNAIDS, 2017:14), making this region number one in contributing to a great percentage of PLWHA globally. Just like the rest of the other Sub-Saharan countries, Uganda continues to struggle with the HIV/AIDS challenge since the registering of the first case in 1982 in Rakai, which positioned the country among the first developing countries in the world to encounter and acknowledge this devastating epidemic (Uganda AIDS Commission, 2011:18). During this time, Uganda had been affected by several years of political turmoil and instability hence the poor state of the country's health services and infrastructure. The quality of life was very low with limited access to health care, safe water and good sanitation. This enabled the rapid spread of HIV/AIDS (Tumushabe, 2006:9).

HIV/AIDS resulted into excess mortality that lowered the life expectancy indicated by high infant mortality and high death rates, as well as causing serious sickness, disability and death among adolescents and young people (Genuis and Genuis, 2005:615). In its early years, HIV/AIDS in Uganda was described as a mysterious disease and by the time it was discovered, "its consequences had a direct impact on at least one in every 10 households in the country" (Okware, Opio, Musinguzi and Waibale, 2001:1113). However, It was after 1986, that a proactive prevention response to this emerging epidemic was prioritised by the new head of state, President Yoweri Museveni (Green, Halperin, Nantulya and Hogle, 2006:339). The government of Uganda took an open communication approach about this epidemic. The AIDS Control Programme (ACP) "started a mass education campaign about HIV/AIDS using scare messages on radio and television that promoted abstinence and condom use" (Tumushabe, 1996:8). These campaigns employed print materials, billboards and community engagement to combat HIV/AIDS from the grassroots level as well as training community-based AIDS counsellors, health educators, peer educators and other types of specialists (Green, et al., 2006:339). These awareness campaigns aimed at promoting mass education, voluntary counselling and testing, treatment, prevention of mother-to-child transmission and women's empowerment (Murphy, Greene, Mihailovic and Olupot-Olupot, 2006:1446).

Throughout these campaigns, women's empowerment was emphasised in HIV/AIDS prevention efforts because they are a minority, most-at-risk population and their gender role of "sexual subordination exposes them to elevated reproductive health risks: coerced sex and rape, maternal mortality, unsafe abortion, and sexually transmitted infections (STIs), including

[4] http://www.cia.gov/library/publications/the-world-factbook/geos/ug.html

HIV" (Murphy, et al., 2006:1443)**.** Further, women still constitute the biggest number of people living with HIV/AIDS (PLWHA) particularly among those aged 15-24 in Sub-Saharan Africa (Ramjee and Daniels, 2013)[5]**,** because of their early age of sexual debut which makes them more likely to be infected at earlier ages than their male counterparts (Green, et al., 2006:340). This is in addition to the physiological predisposition of the female anatomy and the differential power relationships in negotiating 'safe sex' with male partners on whom they are usually reliant for anti-HIV infection measures. A strategy to sexual behaviour was designed to target the whole population through "delayed sexual debut for youth (A, abstinence), partner reduction for the sexually active (B, be faithful), and factual information regarding condom use for those who were infected or involved in risky lifestyles (C, condoms)" (Green, et al., 2006:335) hence the ABC approach to HIV/AIDS.

This effort was boosted further by the liberalisation of the broadcast media in Uganda as part of the economic reforms that the new government was operationalising, which led to the opening up of the broadcast sector to private players. The establishment of more private commercial FM radio stations, notably Sanyu FM in 1993, Capital FM in 1994, and many other players, pioneered the involvement of many private broadcast operators in "HIV/AIDS programmes to inform the public about HIV/AIDS and to fight the associated stigma" (Tumushabe, 2006:16). This was timely in the sense that most of these stations carried broadcast spots and programmes about health that also tackled issues related to HIV/AIDS for the Kampala audience. The commencement of private radio and television broadcasting in the mid-1990s increased public awareness of issues related to HIV/AIDS. Many new programmes were launched to inform the public and to fight the associated stigma. At a time when people living with HIV/AIDS (PLWHA) were highly discriminated against in Uganda, radio was used for education and sensitisation on the transmission of HIV and encouragement to coexist in society with PLWHA (Tumushabe, 2006:16). These efforts were reinforced by the state-owned Radio Uganda, which remained the major source of HIV/AIDS programmes that included *Family Life Education*, *Life Watch,* and *Youth Straight Talk.* The other programme formats about HIV/AIDS were drama, interviews, talk shows, and magazine programmes done in 28 indigenous languages as well as English and Swahili and which covered the whole country (Nassanga, 2000:117).

[5] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3874682/

On the other hand, the newspapers at that time, including *The New Vision, The Monitor,* and *The Crusader,* carried articles about HIV/AIDS and frequently addressed "HIV/AIDS prevention, prevalence, and awareness" (Nassanga, 2000:117). Other notable publications on HIV/AIDS related issues were *Straight Talk* and *Young Talk* that were inserts in *The New Vision* newspaper targeting young people with information on sex education including HIV/AIDS issues. These publications delivered "frank information about sex and relationships to 15,000 secondary and primary schools and 600 community groups" (Tumushabe, 2006:17). Apart from just providing information, these publications would engage young people by answering questions from them through letters to the editor especially for those in rural areas who were ignorant about sexuality and body changes at the adolescent stage. The combination of ignorance about sexuality and body changes would encourage early sexual activity. The realisation was that the youth needed information about sex during their transition period from adolescence to adulthood (Nassanga, 2000:116-117). It therefore became everyone's duty to support efforts to fight HIV/AIDS through communicating and motivating the population towards a fundamental behaviour change based approach (Green, et al., 2006:338). In order to concretise interventional benefits of the ABC strategy, a multi-sectoral approach to HIV/AIDS response was developed involving government, NGOs and external donor agencies.

The Uganda AIDS Commission (UAC) was mandated to coordinate this multi-sectoral approach in which the "[g]overnment and political personnel conducted mass campaigns with support from community resource people and networks of people with HIV/AIDS" (Okware, et al., 2001:1114). President Museveni undertook public education on HIV, emphasising that "it was a patriotic duty that required openness, communication and strong leadership from the village level to the State House" (Green, et al., 2006:338). These efforts to fight HIV/AIDS became part of Uganda's development agenda, which "encouraged constant and candid national media coverage of all aspects of the epidemic emphasising behaviour change" (Green, et al., 2006:338). Under the multi-sectoral approach to HIV/AIDS prevention, a number of behavioural change interventions were employed in Uganda during this time, reinforcing and emphasising the ABC approach to HIV/AIDS prevention. These included the Zero grazing/love carefully campaign between 1986 – 1990s, which alluded to the traditional way of grazing cattle by fencing or tying them to a wooden pole or tree to limit grazing beyond their own pasture boundaries (Portsmouth, Trede and Olsen, 2012:1148). It meant sticking to one partner. This strategy also acknowledged the polygamous nature of some relationships and "encouraged the

men who had more than one stable sexual partner, to limit their sexual activity to only those partners" (Koenker, Keating, Alilio, Acosta, Lynch and Nafo-Traore, 2014:25).

The positive living strategy was the other intervention to HIV/AIDS prevention in Uganda championed by the AIDS Support Organisation (TASO). This approach emphasised knowing your HIV status so that you are empowered to live a responsible life. A responsible life meant avoiding practices that would "compromise one's sense of judgement of potential risks, such as alcoholism and drug abuse, practising safer sex, avoiding multiple sexual partners and adopting tested technologies such as safe medical circumcision (SMC)" (Koenker, et al., 2014:25). In 1999, the seven Delivery for Improved Services for Health (DISH) campaigns were launched. The aim of this intervention was to assist districts to promote reproductive health services by providing family planning services, encouraging good child health practices such as nutrition and immunisation, as well as safe motherhood and malaria prevention. The other component was sexually transmitted disease management including HIV/AIDS prevention through voluntary HIV testing and counselling and prevention of mother-to-child transmission of HIV (Koenker, et al., 2014:27). With these concerted prevention efforts, a major decline in the national HIV prevalence rates was achieved: from 30%, which was the highest in the world during the 1990s, to an estimated 5% in 2001 (Genuis and Genuis, 2005: 615). The HIV epidemic had accounted for a 12% of total death in 1998 and with an estimated 1.9 million people living with HIV/AIDS (Tumushabe, 2006:1). This decline has been attributed to the nationwide open communication and mobilisation effort against HIV/AIDS through the ABC behavioural change strategy.

Overall, Uganda had shown a 70% decline in HIV prevalence and a 60% reduction in casual sex (Stoneburner and Low-Beer, 2004:715) in the early 1990's, setting a historical example to the world that HIV/AIDS can be prevented if the population is engaged with information to avoid risk. The noted decline in prevalence rates was as a result of Uganda's early HIV/AIDS prevention messages which were consistent with notions of "*stick to one partner*, the ubiquitous *love faithfully* and *zero-grazing* admonitions readily understood even by the many illiterate residents of this largely rural nation" (Green, et al., 2006: 342). This Ugandan experience revealed that most HIV/AIDS cases resulted from consensual sexual intercourse and could be avoided through empowering people with information and knowledge. This historic example from Uganda confirms the important role of information education and communication for behaviour change in relation to HIV prevention. Behavioural Change

Communication (BCC) is an interactive process to develop tailored messages and approaches using a variety of communication channels to develop positive behaviours; promote and sustain individual, community, and societal behaviour change; and maintain appropriate behaviours (Family Health International, 2002:3). Therefore, understanding factors related to HIV transmission, behaviour and practices is invaluable in designing appropriate behaviour change communication as was done in Uganda with a key lesson that "providing consistent messages and knowing your population were essential to the initial response" (Koenker, et al., 2014:35). The HIV/AIDS epidemic in Uganda has now **"**progressed from a concentrated epidemic in high-risk groups, to a generalised and mature epidemic" (Uganda AIDS Commission, 2007:20).

From this discussion, Uganda took critical steps at that time to enhance its HIV/AIDS prevention agenda that involved open communication, liberalising the broadcast media and the multi-sectoral approach that included HIV/AIDS interventions in all sector areas. The ABC approach served as a means of reducing infection risk from multiple sectors for its success. As summarised by Genuis and Genuis (2005:615), Uganda's initial success in HIV/AIDS prevention was anchored on three broad principles: (1) HIV/AIDS was openly addressed; (2) sexual behaviour change was specifically targeted; and (3) the programme was adaptable across population groups (Koenker, et al., 2014:35). This period (1986-2000) reflects a time frame when a "credible communication alarm and advice had taken root in discussions within social networks to a greater extent and provided greater personal exposure of fear to the evolving consequences of the epidemic and thus catalysed the process of behavioural change" (Stoneburner and Low-Beer, 2004 : 716). This observation is in tandem with a conclusion by Ahmed and Bates (2013:4), based on studies about their deployment in discouraging alcohol, tobacco, drug abuse and promoting responsible sexual decision-making, that mass media channels can be effective tools in promoting health and disease prevention. This re-affirms the critical role that mainstream media played in communicating clearly the reality of the HIV/AIDS epidemic in Uganda through rational fear about the risks associated with spelling sex and the fatality of HIV/AIDS that required an immediate population response.

Despite the continued donor support on a range of communication campaigns targeting HIV/AIDS prevention in Uganda that have included: *Something for Something Love Campaign*

2004[6]*, Rock Point 256*[7]*,* and *Be a Man 2006-2009*[8]*,* as well as *True Manhood 2009*[9]*, Go Together, Know Together 2009*[10]*,* and *Go RED" 2009*[11]*,* The *GoodLife Campaign 2006*[12]*, One Love-Get off the Sexual Network Campaign 2009*[13]*,* and the *Stand Proud, Get Circumcised 2011*[14] together with the current *Obulamu* campaign[15] (which is the case of interest for this study as will be discussed in chapter 4 & 5), the Uganda HIV prevalence is rising among different demographics. Between 2007 and 2013, the estimated number of PLWHA increased from 1.2 million to 1.6 million resulting into a national prevalence average rate of 7.3% with heterosexual relations accounting for 43% among young people and those in long-term relations (Uganda AIDS Commission, 2014:5)**.** Recent reports indicate that at least 70% of young people infected with HIV/AIDS are mostly girls between the age of 18-24 years (Emodeck, 2015)[16]. Notably, young adults of 15-24 years constitute the highest number of PLWHAs standing at 188,636 of the 1.6 million people living with HIV (PLWHA) in the country, and accounting for an overall 3.02 per cent of young people living with HIV in Uganda as illustrated by the new-modelled statistics from the Ministry of Health (Kulanyi, 2016)[17]. This is in spite of the fact that most HIV/AIDS prevention programmes in Uganda target young people who are sexual learners, adventurous and more vulnerable to the risk of HIV/AIDS infection and therefore in need of information to live healthy.

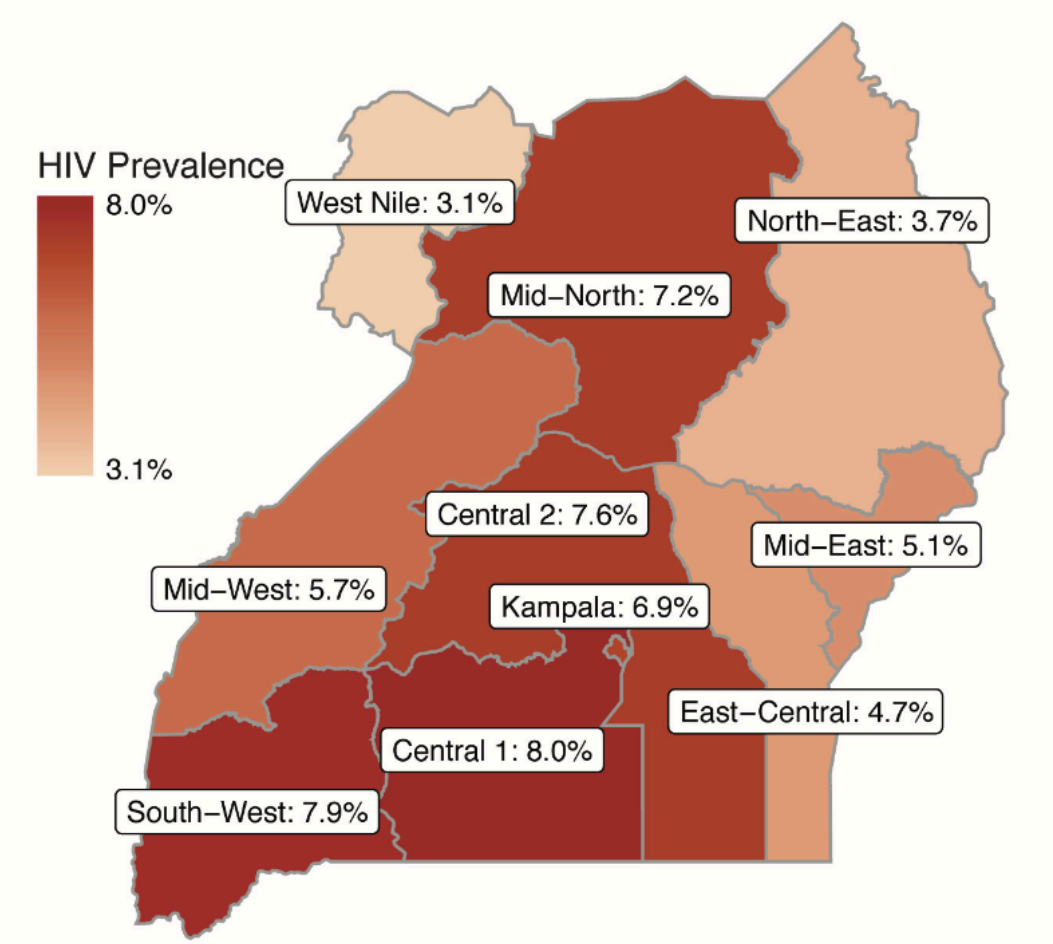
Uganda is now experiencing a reversal trend in the fight against HIV/AIDS, posting a rise in new infections as highlighted in several studies. This rise has been attributed to, among others: (1) the inadequate translation of universal HIV awareness and knowledge into behaviour action—although national awareness of HIV/AIDS is universal, there is a clear disconnect

[6] This campaign was created by and for young people, to raise awareness and dialogue around transactional sex defined as a relationship where sex is given in exchange for favours, money, or gifts (KMCC Uganda, 2013:27).
[7] Rock Point 256 is a weekly radio serial drama targeting young people between 15 and 24 years in Uganda based on the "Something for Something" campaign theme where characters model positive behaviour change over time (KMCC Uganda, 2013: 27).
[8] The goal of the campaign was to reduce the number of young men with multiple sexual partners, improve communication between sexual partners, and encourage mutual disclosure of HIV status (KMCC Uganda, 2013: 28).
[9] True Manhood campaign is designed to address alcohol use and abuse, violence against women, and transactional sex in relationships centred on a national contest to find a male role model (KMCC Uganda, 2013: 29)
[10] This 2009 campaign was launched to address the increase in the HIV infection rate among married and cohabiting couples and the low rate of couples testing for HIV in Uganda (KMCC Uganda, 2013: 29).
[11] Go RED campaign encourages sexual partners to be Reliable, Exceptional and Dependable to each other by remaining faithful as one of the best ways to prevent HIV infection among sexually active people (KMCC Uganda, 2013:30)
[12] The GoodLife Campaign utilised the entertainment–educative format to break message fatigue with each game episode aimed to increase knowledge, facilitate couple communication and promote positive health behaviours (KMCC Uganda, 2013:31).
[13] This was a multi-pronged campaign seeking to increase serial monogamy and to discourage concurrent multiple partners and encourage individuals to get off sexual networks (KMCC Uganda, 2013:31)
[14] This campaign strategy is to convince men who already intend to circumcise to get safe male circumcision services, while encouraging women to support their men to get circumcised as well as adhere to post- circumcision practices that promote healing (KMCC Uganda, 2013: 32)
[15] The Obulamu campaign (loosely translated to mean how is your life) employs various communication channels including social media for HIV/AIDS prevention and treatment (Communicative Initiative Network 2011).
[16] http://www.newvision.co.ug/news/669378-hiv-infections-still-high-among-youth.html
[17] http://www.monitor.co.ug/News/National/New-HIV-infection-highest-among-teenagers/688334-3406706-gije2b/index.html

between knowledge and behaviour change among many communities in Uganda since the level of awareness does not match with the knowledge of how to avoid the infection (Okaka, 2009:73-74); (2) most people in Uganda are not aware that they have any sexually transmitted infection (STI) with results from the national HIV/AIDS Sero-behavioural survey indicating that 6.4% of adults aged 15-19 are HIV positive; and (3) the focus of mass media messages is poorly aligned to sexual behaviours such as multiple partnerships and HIV discordance hence most new infection cases have shot up in the country (Nattimba, Sengooba, Wabwire-Mangen and Serwadda, 2009:38). A survey by Uganda Population Services International (PSI) in nine Universities found that campaigns against cross-generational sex had overshadowed the known reason for the increasing rates of HIV infections among university students via peer-to-peer sex (Kezaabu, 2009:27). The other reasoning was the neglect of interpersonal communication in favour of mass media that cater for a general audience (Wendo, 2009:1), which yielded to a lack of synchronisation between the dynamic nature of the epidemic and prevention messages to appeal to the individual's conscience.

The Uganda Population Based HIV Impact Assessment (UPHIA) data on HIV prevalence among adults aged 15 to 64 stands at 6.2% as at 2017, indicating a slight decline of 1% from the initial prevalence of 7.3% as by 2013 which translates to approximately 1.2 million people aged 15 to 64 living with HIV in Uganda (Ministry of Health, 2017b:2). This slight decline in HIV prevalence corresponds with an observation from the UNAIDS 2016 gap report that HIV prevalence rates had stagnated and were at a slow pace in most countries as has been discussed under the background to the study in this chapter. The HIV prevalence is higher among females at 7.6% compared to 4.7% among males, while women living in urban areas are at 9.8% and those in rural areas are at 7%. There is a notable disparity in HIV prevalence by sex among young adults whereby the HIV prevalence is almost four times higher among females at 4% than males at 1% aged 15 to 19 and a prevalence of 6% for females and 3% for males between 20 to 24 years. Worth noting is that HIV prevalence is nearly three times higher in men and women aged 20-24 compared to those aged 15-19 (Ministry of Health, 2017a:1), which makes the 15-24 years an important demographic target for HIV/AIDS interventions.

Figure 1.3 Map of Uganda indicating prevalence rates per region



Source: Ministry of Health (2017b:2)

With no cure yet, communication remains cardinal in the control of disease where social and behaviour factors play a big part as is the case with the HIV/AIDS epidemic (Goldstein, 2005:482). Therefore, health communication programmes that emphasise behavioural change remain central to HIV/AIDS prevention among young people in Uganda. Communication on HIV/AIDS has been predominantly achieved through traditional mass media channels to sensitise, inform and educate the public on a number of health issues. These interventions have included "public debates, radio and television talk shows, educational materials for health workers and their clients" (Uganda AIDS Commission, 2014:12), which have resulted into general awareness and knowledge on HIV/AIDS prevention and treatment. The Ministry of Health is now concerned about "how it can promote community participation in the utilisation of health services and health care delivery related to HIV/AIDS" (Uganda Bureau of Statistics, 2012:185). As a way of harnessing HIV/AIDS prevention, an all-round communication campaign was conducted in the country between 2007 and 2010, with the aim of retooling

health workers, leaders and the media on male circumcision and its link to HIV prevention through "public debates, radio and television talk shows, educational materials for health workers and their clients" (Uganda AIDS Commission, 2014:12). Further, the ministry of health is soliciting for approximately 140 million USD to be used for an integrated compulsory house-to-house testing for HIV/AIDS across the country. According to the then health minister, Dr. Elioda Tumwesigye, many Ugandans are not aware of their HIV status, which makes the exact prevalence figures doubtable. The minister hoped therefore that this move would motivate individuals to protect themselves against infection through awareness of their HIV status, (Uganda Radio Network, 2015)[18]. Further, President Museveni has assented to the HIV Control and Prevention bill. This new law establishes the HIV/AIDS Trust Fund for secure predictable and sustainable means of addressing the funding gaps, testing and treatment services and acquiring goods and services for HIV/AIDS counselling (Nantume, 2015)[19].

The above discussion points to the fact that HIV/AIDS is still a major challenge in Uganda. As such, the government is in search of ways on how to control the prevalence rates. In order to ensure that these efforts, interventions and lessons are sustained, Stoneburner and Low-Beer (2004:17) recommend a "shift in strategic thinking on health policy and HIV/AIDS with greater attention to epidemiological intelligence and communications to mobilise risk avoidance". Particularly, communication needs to tap into the changing socio-economic and technological context of society today in regards to developing appropriate HIV prevention packages that match these contemporary technological changes (Ramjee and Daniels, 2013)[20]. Therefore, there is need to reflect upon Uganda's HIV/AIDS "behavioural change communication interventions and recommend high-impact behavioural change strategies for reducing new infections" (Koenker, et al., 2014:9) among key populations. The lessons learnt from Uganda's earlier successful efforts to reduce HIV/AIDS prevalence rates in the 1990s were based on openly acknowledging HIV/AIDS by facilitating communication and implementation of behavioural change interventions (Murphy, et al., 2006:1446) based on the belief that human behaviour is the leading cause of the spread of diseases and environmental calamities, which can be alleviated through information-sharing and knowledge acquisition. However, in order to acknowledge the changing socio-economic and technological contexts of society today, more open communication platforms and networks for information and knowledge acquisition are needed to effectively enhance greater levels of behavioural change through personalising risk

[18] http://www.observer.ug/lifestyle/health/38698-uganda-to-start-door-to-door-hiv-testing
[19] http://www.monitor.co.ug/artsculture/Reviews/Good-news-HIV-response-Uganda-but/-/691232/2777176/-/q9t5k4/-/index.htm
[20] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3874682/

(Green, et al., 2006:342) if Uganda's earlier success in HIV/AIDS prevention is to be sustained and enhanced.

Statement of the problem

The sexual health of young people remains a critical concern in Uganda since statistics indicate an increasing HIV prevalence rate among young people between 15-24 years (Ministry of Health, 2017a:1). Most HIV/AIDS interventions in Uganda are mainly communicated through traditional media (radio, television and print) as has been contextualised in the previous section, yet most of these interventions generally target young people whose preference to seeking information has now shifted from mainly traditional mass media channels to new media technologies including the Internet and social media (International Telecommunications Union, 2014)[21]. Therefore, mobilising new communication channels to engage with young people can aid significantly in increasing their exposure to HIV/AIDS communication because it has the potential to persuade them towards adopting preventive behaviours against HIV/AIDS (Mpofu and Salawu, 2014:191). Social media platforms provide personal uses such as emotional support, motivation, accountability, and advice (Uittenhout, 2012:12) through the exchange of information between the sender and receiver. This presents an opportunity for developing tailored content on HIV/AIDS prevention by employing the various multimedia attributes of text, audio, video, photos and graphics that these platforms have, in a bid to harness HIV/AIDS prevention efforts in Uganda.

There is a growing consensus among those involved in social programming that unless young people are given a more significant voice to participate and dialogue in their own sexual reproductive health, current communication interventions promoting safe sexual practices among them may not succeed (Ford, Odallo and Chorlton, 2003:520). This means that understanding how social media can address issues of HIV/AIDS amongst young people becomes critical since they have been at the fore front in embracing social media innovations (Mpofu and Salawu, 2014:192). Social media provides for multi-way, interactive functionality that allows direct engagement with the audience to maintain increased trust and credibility (Heldman, Schindelar and Weaver, 2013:4) between the senders and receivers of information, which attributes make it vital to carry out more research to validate their potential in facilitating interventions aimed at health promotion given their rise in popularity and usage among people.

[21] http://www.itu.int/net/pressoffice/press_releases/2014/68.aspx - .Vc4NLFOqqkp

This is evidence that the communication environment among young people is generally evolving which means that those involved in communication advocacy and are targeting young people may need to follow them online for awareness and prevention of HIV/AIDS. It is worth noting though that as a country, Uganda has not designed or delivered a participatory public communication campaign approach which should raise awareness and ease communication barriers among all stakeholders involved in national health communication campaigns and capacity-building efforts in the country (Okaka, 2009:77). One of the ways to engage young people is through social media, where more and more young people around the world are adopting its usage to produce, share, and comment through multimedia formats to effect change in a collaborative community capacity (Mitchell and Murray, 2012:26). This suggests that young people would be in position to better utilise information shared through social media platforms because they are able to interact and engage with the message, which explains why social media platforms have continued to rise in popularity and have a strong connection among the young people in Uganda.

Therefore, social media may complement traditional media platforms in HIV/AIDS communication in Uganda as the country strives to galvanise its prevention approaches as well as sustaining its earlier global success in the fight against HIV/AIDS. It is against this backdrop that this study sought to establish the potential and contribution of Facebook, a popular social media platform among young people in Uganda towards HIV/AIDS prevention through the *Obulamu* campaign.

Rationale for the study and significance

This study examined the *Obulamu* campaign to understand how Facebook has been utilised in HIV/AIDS communication interventions that target young people in Uganda given the unique benefits that social media brings to HIV/AIDS interventions as a future communication platform. The reasoning is that public health professionals are looking for ways on how to deploy and use social media effectively to the benefit of both individuals and professionals (Uittenhout, 2012:41) in delivering health promotion and behavioural change interventions. These platforms bring value to health communication by providing opportunities for message engagement, interaction and discussion, community mobilisation, support and engagement as well as building and sustaining trustable networks (Heldman, et al., 2013:5) among other benefits. This raises an interest on how social media platforms such as Facebook can best be utilised in engaging young people on HIV/AIDS prevention. This study interrogates why this enormous

social media potential has not been leveraged to galvanise HIV/AIDS communication interventions in Uganda.

There are few studies in Uganda that have explored the potential and contribution of Facebook in HIV/AIDS prevention among young people. A major study in this area is a pilot that was conducted by the Uganda Red Cross Society (URCS) on the utilisation of social media by sexual minorities in HIV/AIDS prevention which concluded that "a big proportion of young lesbians, gay, bisexual, transgender (LGBTS) persons in Kampala could access HIV related information through social media and this accelerated HIV awareness among them" (Mugisha, 2014)[22]. Therefore, this current study brings new knowledge through documenting insights and experiences from programme implementers, policy makers and young people who have interacted with Facebook in HIV/AIDS prevention programmes. The study will contribute to the development of new information materials relevant to the African and Ugandan context since most of the studies on social media and health communication are based on experiences from western countries.

There are anecdotal media reports which indicate that Facebook is instrumental in facilitating the spread of HIV/AIDS in Uganda due to the "increasing number of Ugandan-administered Facebook pages, accounts and groups dedicated to promiscuous and irresponsible behaviour groomed on social networks, which further worsens the HIV/AIDS situation" (Wabweyo, 2012)[23]. On the contrary, other reports call for the use of Facebook in HIV/AIDS prevention noting, "social media are young people, exactly the target market of those who should receive information on the prevention of HIV/AIDS—because it is estimated that globally only one in three young people has complete knowledge of how HIV is transmitted" (DuToit, 2011)[24]. The findings from this study give guidance on how to approach this state of conflicting interests to advance the use of Facebook in HIV/AIDS prevention in Uganda by tapping into its interactive learning opportunities, specific targeting of individuals or groups and the active involvement of the users including its continuous raise in popularity and a strong connection with young people as earlier discussed in this chapter.

[22] http://pag.aids2014.org/abstracts.aspx?aid=2357
[23] https://www.newvision.co.ug/new_vision/news/1310436/social-media-fuelling-ugand-hiv-aids-prevalence
[24] http://ftp.bhfglobal.com/its-time-social-media-started-buzzing-with-hivaids-prevention-messages-10611

Framing the study: Theory and Methodology

Within the framework of health communication, the participatory communication model guided this study since its tenets bring out the sociality of human nature through the sharing and receiving of information that makes social media a participatory communication platform. The theoretical framework to this study also includes the social network theory and the social learning theory to represent social media interactions and processes to behavioural change communication respectively in understanding the use of social media in HIV/AIDS prevention among young people in Uganda. The theoretical framework to this study is expounded on further in chapter 3. This study employed the qualitative research methodology using in – depth interviews and focus group discussions to interact with the various key actors in the Uganda HIV/AIDS prevention programme. The study targeted young people between 18-35 years who are the target of the *Obulamu (loosely translated to mean how is life?)* campaign. The study specifically interacted with young people in the two districts of Kampala and Mukono to represent both an urban setting and a semi-urban environment respectively. The sample also included key informants from the Ministry of Health, Family Heath International (fhi360), Reach a Hand Uganda (RAHU), Uganda Health Marketing Group (UHMG), Sexual Minorities Uganda (SMUG) and social media experts. It also included focus group discussions with young people. Chapter 4 gives more insights into the methodology used in this study.

Key research questions

This study explores how social media has been deployed in the *Obulamu* campaign on HIV/AIDS through theorising how Facebook can best be used in social behavioural change interventions that target young people. The following research questions were used to actualise these findings:

1. How has Facebook been used in the *Obulamu* campaign in Uganda?
2. What is the audience perception of the use of Facebook in HIV/AIDS prevention among young people in Uganda?
3. How can Facebook best be used for HIV/AIDS prevention among young people in Uganda?
4. In what ways can the contribution of Facebook in HIV/AIDS prevention be assessed?

Structure of the study

This chapter has discussed the background and context to health communication interventions towards HIV/AIDS prevention in Uganda from the use of traditional mass media in the 1980's

and recently the incorporation of social media in these interventions as presented by the current national HIV/AIDS campaign—*Obulamu.* This discussion in chapter 1 presents an important scenario whereby the information that is disseminated by traditional mass media results into awareness and knowledge, but leaves an application gap to translate this knowledge into desired behavioural action. Studies cited in this chapter suggest that social media, including Facebook, have interactive and message engagement attributes, which may facilitate the translation of this acquired knowledge into desired behavioural action. The current *Obulamu* campaign deploys social media as one of the strategies to mobilise young people against HIV/AIDS. It is within this context that this study explored how Facebook has been used in this campaign in order to assess its potential and contribution to HIV/AIDS prevention efforts in Uganda.

In chapter 2, a discussion on the fundamental concepts of the study is provided under the literature reviewed. A historical perspective on development communication—the overarching body of knowledge that encompasses social and behavioural change communication—is discussed to position Uganda's response against HIV/AIDS through the use of media. This discussion defines the critical role that Information, communication technologies (ICTs) may play in development especially in the arena of health, thus underscoring the use of social media in health communication. This discussion sets the pace to explore the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda as a build-up to chapter 1. Chapter 3 gives a theoretical underpinning to the various concepts, which are discussed in this study. This chapter highlights the theoretical history of development from the era of modernisation through technological determinism to the social construction of technology to decipher the critical role of technology in development. The theories employed in this study are participatory communication, social network theory, and the social learning theory whose tenets have been explored to discern the focus of this study on the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda.

The methodology that was deployed for this study is discussed in chapter 4. The chapter shows how empirical data was collected, presented and analysed in this thesis. The data from this study is presented and analysed in chapters 5 and 6. While chapter 5 focuses on how Facebook has been deployed in the *Obulamu* campaign, chapter 6 focuses on the audience perception, documenting their opinions as well as approaches on how Facebook can be effectively used for HIV/AIDS prevention. Chapter 6 looks further at how the contribution of

Facebook in HIV/AIDS interventions can be monitored and assessed in order to document its impact. The last chapter gives a recap of the study purpose, a summary of the key findings with a discussion as a basis for the study conclusion from which recommendations and insights for further research have been developed.

Conclusion

This chapter has discussed the key concepts of this study, highlighting the background and context to health communication interventions geared towards HIV/AIDS prevention in Uganda. The chapter has tackled the use of traditional mass media in health communication for HIV/AIDS in Uganda from the 1980's to the recent incorporation of social media in these interventions as presented by the *Obulamu* national HIV/AIDS campaign. The discussion in chapter one presents an important scenario of rising HIV infection rates among young people in Uganda yet the same behavioural change approaches that resulted in a considerable decline in the recent past are still applied. Studies cited in this chapter suggest that social media, including Facebook, have interactive and message engagement attributes, which can facilitate the translation of this acquired knowledge into desired behavioural action. The current *Obulamu* campaign deploys social media as one of the strategies to mobilise young people against HIV/AIDS hence its use as a case study in exploring how Facebook has been used in this campaign as a way of assessing its potential and contribution to efforts against HIV/AIDS in Uganda—the goal of this study.

CHAPTER TWO: Literature review

Introduction

The communication environment globally has been influenced by innovations in information communication technologies (ICTs), which have generally affected social interaction and other facets of society including public health. This chapter highlights the technological landscape globally and in Africa but with focus on Uganda where the study was carried out. In the discussion, the role of ICTs in health communication for behavioural change is footnoted with an emphasis on social media experiences in HIV/AIDS communication globally and in Africa as highlighted by various studies. The chapter concludes by highlighting research opportunities in the area of social media and behavioural change communication (SBCC) to which findings and recommendations from this study on exploring the potential and contribution of Facebook in HIV/AIDS prevention among young people may be situated to further scholarship.

Conceptualising health communication

Health communication gained ground in the 1960's, especially through promoting family planning programs and is now part of the international agenda on health after the Alma Alta declaration of 1978 and the Ottawa Charter of 1986 (Servaes and Malikhao, 2009:2) that called for increased participatory-based approaches for empowerment in public health. Health communication encompasses the two concepts of 'health' and 'communication' (Rensenburg and Krige, 2011:77). As such, it becomes important to describe these two concepts and how they relate to this study. The present understanding of health stems from how it was defined by the World Health Organisation at the time of its establishment in 1948 to encompass the complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organisation, 1946)[25]. Although the dominant view on health has been from the biomedical perspective to describe a condition of being well and free from disease, the definition by WHO introduces an appreciation that social welfare has an "integral component of the overall health, because health is closely linked to the social environment and living and working conditions"(Svalastog, Donev, Jahren Kristoffersen and Gajović, 2017:432). On the other hand, communication defines our human nature through the receiving and sharing of information, which carries cultural and symbolic meanings.

[25] www.who.int/about/mission/en/

These components of health communication reflect the transmission and ritual views of communication which play a major role in knowledge acquisition as well as fulfilling ritualistic functions of human sociality within our communities (Carey, 2008:19). This communicative process includes "the symbolic exchange of shared meaning, and all communicative acts that have both a transmission and a ritualistic component" (Rimala and Lapinski, 2009:247). In this respect, the transmission component of communication caters for interventions aimed at behavioural change as disseminated through appropriate message channels, the resultant audience response and the nature of messages to have an influence for the greatest long term impact on society (Rimala and Lapinski, 2009:247). The ritualism component of communication provides for target audiences who are conceptualised as "members of social networks who interact with one another, engage in social ceremony and derive meaning from the enactment of habitual behaviours" (Rimala and Lapinski, 2009:247). This means that health captures the full range of one's unique potentialities including the physical, mental, social, and spiritual expressions within the environment in which one lives (Svalastog, et al., 2017:433). Therefore, both the transmission and ritualistic components of communication represent the main tenets within the communication process that include source, channel, receiver and message.

The mass media have been used to reach out to the public to support health interventions aimed at improving the quality of life through disease prevention and health promotion strategies (World Health Organisation, 2009:176), which gives prominence to the vital role of communication in ensuring population participation, increased access to media, and contributing to behavioural change (Waisbord, 2005:87). Health communication involves key processes underlying changes in knowledge, attitudes, norms and openness of culture to new ideas and aspirations for new behaviour (Piotrow, Kincaid, Rimon and Rhinehart, 1997)[26] that may be facilitated by text, verbal and audio-visual materials, which are directed toward individuals, communities or entire nations. These varied message formats (written, verbal and audio-visual) shape our understanding of the experiences of illness, health and health care thus influencing our "health beliefs, health behaviours, health care practices and policy making" (Ahmed and Bates, 2013:3). Health communication sets a conversational agenda within the society for messages to be readily understood, accepted and applied by the intended audience (Rensenburg and Krige, 2011:81) hence social and behavioural change communication (SBCC) which leads to the creation of knowledge and practice among society in ways that may promote behavioural change.

[26] https://www.popline.org/node/269405

Social and behavioural change communication (SBCC) as a sub-discipline of health communication applies to the use of participatory communication strategies for promoting positive health behavioural change and outcomes "in individuals and communities through the strategic application of targeted messages, and the provision of a supportive environment" (Briscoe and Aboud, 2012:612). This targeted communication is a two-way process that goes beyond the mere dissemination of necessary health information to include "three cyclical stages – listening, dialoguing and auctioning" (Adewuyi and Adefemi, 2016:109) for social and community mobilisation towards behavioural change. Expounding on these three cyclical stages, Portsmouth, et al. (2012:251) denoted that listening enables health professionals (communicators) to learn about their target audience while dialoguing aims at developing culturally appropriate and easy to understand strategies. Meanwhile, auctioning deals with implementing and maintaining these changes often in partnership with other stakeholders. These processes highlight a constant need for engagement, evaluation and adjustments in strategies aimed at changing behaviour, which makes SBCC a continuous participative process.

Social and behavioural change (SBCC) interventions support the use of powerful human interactions in understanding that health behaviour is an interplay of biological, social and environmental factors (Koenker, et al., 2014:2). It is on this basis that SBCC interventions have been noted to be effective in areas such as nutrition (Ruel, Menon, Habicht, Loechl, Bergeron, Pelto, Arimond, Maluccio, Michaud and Hankebo, 2008:588), hygiene and sanitation (Curtis, Kanki, Cousens, Diallo, Kpozehouen, Sangaré and Nikiema, 2001:525), family planning and HIV prevention (Wakefield, Loken and Hornik, 2010:7). Therefore, research has shown that SBCC interventions that are driven by theory and are evidence-based have been the highlights of successful health promotion programmes (Korda and Itani, 2011:1). This gives SBCC a strategic position in health promotion and behavioural change. A study by the European Centre for Disease Prevention and Control (ECDC, 2014:7) into health communication recommends that the most effective and efficient strategies for the promotion, protection and maintenance of health require a dialogical flow of information between the sender of health messages and the audience in order to guarantee enhanced opportunities and impact for evidence-informed action. This is important in building mutual understanding between actors involved in the communication process and it is upon this premise that health communication espouses:

> [a] process for partnership and participation based on two-way dialogue, where there is an interactive interchange of information, ideas, techniques, and knowledge between senders and receivers of information on an equal footing, leading to improved understanding, shared knowledge, greater consensus, and identification of possible effective action
>
> (Exchange, 2005)[27].

These tenets of health communication as given in the foregoing excerpt are the motivation to this study in understanding how social media have been employed in social and behavioural change interventions towards HIV/AIDS prevention in Uganda. Social and behavioural change interventions encompass the use of multiple communication channels in promoting positive health behaviours (Freeman, Potente, Rock and McIver, 2015:2) akin to marketing a popular behavioural brand. However, several studies have cited the inadequacies of media to bring about behavioural change (Servaes and Malikhao, 2008:94) and it is not yet clear how social media may bring about behavioural change. The social and behavioural change approach recognises people and communities as agents of their own change. It emphasises that community empowerment creates an environment that is process oriented, provides voice for the communities and opportunities for dialogue (Deane, 2002:1). In the same way, social media recognise both the individual and their communities as partners in their own development. Adewuyi and Adefemi (2016:112) have argued that as a channel for social and behavioural change communication, social media is an avenue for endorsement to behavioural options made by a network of friends or followers on social media platforms, which may significantly influence the choices of other users including behavioural choices. Social media are innovative digital technologies that enable participative internet communication (Fox, 2011:5) to harness the creation and exchange of user-generated content including but not limited to videos, photographs, graphic files (Osborne-Gowey, 2014:55), in addition to giving a voice to the voiceless (Korda and Itani, 2011:1). These are some of the distinctive advantages that social media has over traditional media.

Information communication technology for development communication

Social media cannot be discussed singularly without broadly contextualising the important contribution that new information communication technology (ICT) platforms bring to health communication through health education, disease prevention and promotion. Information and communication technologies (ICTs) provide access to information and communication through

[27] http://www.healthcomms.org/ comms/

telecommunications. These include the Internet, wireless networks, cell phones, and other communication media (Van, Akumar and Sevukan, 2012:16) that identify with information and knowledge as key drivers for the socio-economic development of any given society. This is coupled with the increasing level of innovations in the field of ICTs which has now changed the communication discourse to emphasise two-way and horizontal communication thereby encouraging the "systematic utilisation of appropriate communication and techniques to increase people's participation in development and to inform, motivate, and train rural population, mainly at the grass root level" (Servaes and Malikhao, 2002:13). These new ICTs manifest in various forms as the Internet, computers, interactive multimedia systems, and digital telecommunications (Obijiofor, Inayatullah and Stevenson, 2005)[28]. The ICT industry is now reshaping and opening up for innovation, new interactions between users, and creating new avenues for communication efficiency (Lozanova, Sunberg and Biggs, 2015:2).

New unlimited possibilities have been enabled by various digital applications and mobile services for citizens to engage in various social aspects of life, including health, by overcoming spatial barriers of distance, time and location (International Telecommunications Union, 2015)[29]. Societies with deprived resources, such as developing countries, are now relying on these technologies to boost their economic and social development hence the term Information Communication Technologies for Development (ICT4D). The use of ICT4D emphasises that more and better information and communication enhances the development of a society in the fields of socio-economic development, international development and human rights (Wasukira, 2013:3). Therefore, reliance on ICTs may strengthen the development of society through providing access to market opportunities, improving pro-poor representation, and more importantly, facilitating poverty reduction initiatives (Manyozo, Nassanga and Lopes, 2012:16). It has been envisioned that a "country with reliable ICT [infrastructure] has laid the foundation for efficient management, information-sharing, better governance and transparency because there are no longer lags in communication, and data can tracked" (Nelson, 2007)[30].

Globally, the ICT landscape has greatly changed with improvements in the use and uptake of ICTs. At the time of writing this thesis, data from the International Telecommunications Union (ITU) indicated that mobile cellular penetration had seven billion subscriptions world-wide which represented a 96% penetration level almost reaching saturation (Lozanova, et al.,

[28] http://www.metafuture.org/Articles/icts.htm
[29] http://www.iyu.int/publications
[30] http://www.columbia.edu/itc/sipa/nelson/newmediadev/Africa Overview.html

2015:3). The ITU report on *Trends in Telecommunications Reform 2015: Getting ready for the Digital Economy* further indicated that Internet usage for the past year, 2014, had continued to grow steadily at 6.6% globally, representing 3.3% in developed countries and 8.7% in the developing world. According to this report, the last five years (2009-2014) had a double surge in the number of Internet users in developing countries that accounted for two thirds of the online users in the world. This therefore meant that about three billion people around the world were using the internet by 2014, with more users joining at a fast pace (Lozanova, et al., 2015:3). Though accessing the internet still remains a privilege, 90% of internet users globally live in the developing world, hence the comment from Dr. Hamadoun I. Touré, the ITU Secretary General that "ICTs have the potential to make the world a much better place–in particular for those who are the poorest and the most disenfranchised, including women, youth, and those with disabilities" (International Telecommunications Union, 2014)[31].

The use of ICT4D will enable Africa achieve major strides in economic development as well as maintaining sustainable development goals (SDGs) that aim at eradicating poverty and hunger, providing universal education, promoting gender equality, and improving health (Nelson, 2007)[32]. ICT4D can also be used as an "overall approach to addressing gender inequities if care is taken to purposely support and encourage their use for and by women" (The AIDSTAR-Two Project, 2011:5) since there is a high correlation that results from the use ICT for human development. The world is becoming more and more knowledge intensive, which is a call to governments around the world to put an emphasis on broadband technologies which have a potential to "revolutionise business, improve economic development, increase productivity and can help create an information society and attract foreign investment" (Poon, 2005:1)**.** This is because these broadband technologies provide quicker, reliable and cheaper Internet options and other technological applications that users can benefit from.

An overview of the ICT landscape in Africa

The Information Communication Technology (ICT) landscape in Africa continues to grow in terms of access and affordability of the Internet and mobile technology. The mobile telephone is the most popular ICT in Africa, which makes the continent the second fastest growing market in the world after Asia (International Telecommunications Union, 2015)[33]. The popularity of mobile technology stems from its characteristics of affordability and accessibility which makes it

[31] http://www.itu.int/net/pressoffice/press_releases/2014/68.aspx - .Vc4NLFOqqkp
[32] http://www.columbia.edu/itc/sipa/nelson/newmediadev/Africa Overview.html
[33] http://www.iyu.int/publications

easy to deploy, operate, and manage (Otieno, 2009:20). Mobile phones are helping the poor; farmers are able to get information on better prices for their crops; fishers are able to track weather; and remittance workers are sending money home (Quarry and Ramirez, 2009:146). The access to the quality of services that mobile technology offers is almost evenly distributed in Africa in both urban and rural areas (Otieno, 2009:18). This is due to mobile broadband technology that has facilitated data speed and Internet connections to remote areas, which has resulted in the number of mobile broadband subscriptions growing fastest in the developing regions (Lozanova, et al., 2015:3). Currently, Internet statistics indicate that 31.2% of the over 1.2 billion African population are Internet users (Internet World Stats, 2017a)[34] and therefore, the population now has great access to the Internet and mobile media.

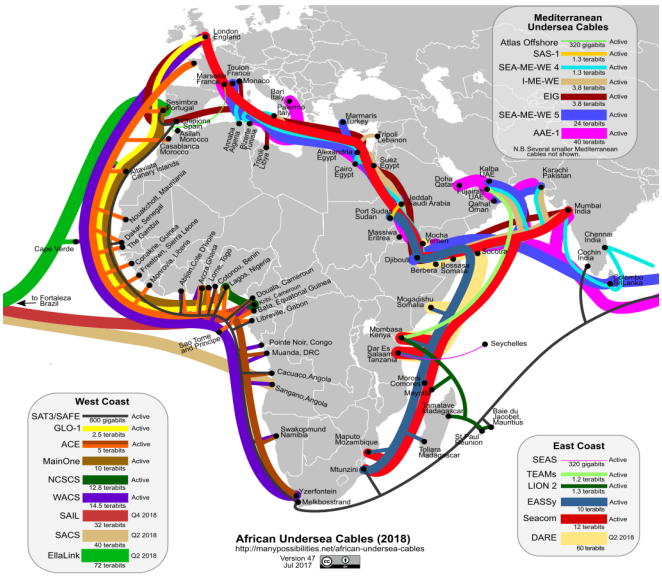
The spill over ICT effect across Africa has been witnessed in Uganda where statistics indicate that 31.3% of the population, representing about 13 million Ugandans of the estimated population of 41.6 million, have access to Internet (Internet World Stats, 2017b)[35] and the number is growing steadily with more people accessing the Internet on their mobile phones. There are varied statistics on the number of internet users in Uganda; according to Internet Live Stats (2017)[36], the number stands at 7.6 million users, representing 19% of the total population as of 2016. As at June 2017, data from Internet World Stats (2017b) indicates that Uganda has 19 million internet users as of 2017 representing a 45.6% of the total population. However, the official statistics from Uganda Communications Commission (2015b) indicate that a total of over two million new mobile subscribers were registered in Uganda between the periods of June 2012/2013 to June 2013/2014, posting a 15.5% growth in mobile subscription over the total number of mobile subscriptions which stands at 19 million. This data confirms the data cited from Internet World Statistics. Generally, there is a progressive rise in the number of internet systems and mobile users which depicts a growing appreciation of these digital appliances, computer terminals and mobile devices (Katz, Rice and Accord, 2005:183) in Uganda.

These technological developments in Uganda have been guided by the ICT policy which recognises a viable link between technological developments and the different sectors like education, health, agriculture, governance and commerce thereby envisioning “a knowledge society where Information and Communications Technology (ICT) is central in all spheres of

[34] http://www.internetworldstats.com/stats1.htm
[35] http://www.internetworldstats.com/af/ug.htm
[36] www.internetlivestats.com/internet-users/Uganda/

life" (Ministry of Information and Communications Technology, 2012:6). This policy recognises that the integration of ICT in other sectors of the economy has encouraged the development of the ICT infrastructure and Uganda is on course to turn into an information economy as envisioned by (Van Dijk, 2012:45). Despite the promising Internet and mobile phone landscape in Uganda, there are still a number of challenges including limited Internet penetration, high costs of access, poor telecommunications infrastructure, the inconsistent quality of service as well as lack of sufficient access time on the part of women due to their gender roles (Jørgensen, 2010:13). The case of Uganda in leveraging ICT for socio-economic transformation is a representation of what most Sub-Saharan countries face and which accounts for the overall low penetration rates in Africa at 10% as compared to the rest of the world at 90% (Internet World Stats, 2017a)[37]. Africa is still faced with high illiteracy rates as well as poverty and harsh economic situations, which are a hindrance to ICT growth and which further result into major technological dualism and disparities among the population (Lozanova, et al., 2015:11). The continent still faces social, economic, and political challenges including on-going civil unrest, corruption, fundamentalism, lack of mobility, and the HIV/AIDS epidemic. Despite such shortcomings, Uganda continues to enjoy impressive growth rates and has been ranked among the top 10 African countries with the highest number of mobile phone subscribers and smart phones users (Freedomhouse, 2012)[38].

Figure 2.1: Optic fibre network for Internet and broadband connections in Africa



Source: EASSy (2010)

[37] http://www.internetworldstats.com/stats1.htm

[38] https://freedomhouse.org/report/freedom- net/2012/uganda#.VXmBwBOqqkp

To effectively manage this ICT structure and infrastructure, there is need to train and mentor professionals to design, develop and implement local content that is relevant socially and culturally (Nelson, 2007)[39]. There is also need to work towards reducing costs of access and infrastructure if a truly inclusive digital society is to be achieved (Lozanova, et al., 2015:4). However, all is not lost. According to the International Telecommunications Union, prices for ICT are dropping with an average price decline of 20% year-on-year. Currently, the implementation of the East African Submarine Cable System (EASSy) Project, which is a 10,000km submarine fibre-optic cable system that has been deployed along the east and south coast of Africa, will make it economical to connect to the high speed global telecommunications network (EASSy, 2010)[40] for the region. Services that include voice, data, video and Internet are now managed through this cable system has enhanced ICT uptake and its important role in revolutionising the way we live and work whilst advancing development communication. ICTs are a platform for horizontal processes of communication that promote participation and empowerment of people within the broader processes of development (Mefalopulos, 2008:63) within their society.

Health communication, the Internet and mobile phone technologies

Communication remains central to public health delivery and advances in digital media and communication technology present significant prospects for addressing major public health and development issues confronting the continent (Adebayo, 2016:1). This optimism is based on the increasing levels of Internet penetration as well as intrinsic characteristics of social media, which include interactivity, genuine dialogue, speed, multimodality, user-generated content, mass customisation, horizontal communication, and multi-directionality of information (Neuhauser and Kreeps, 2010:7). It is therefore necessary for health communicators to seize the technological opportunities to reach out to their intended audiences. This brings out the necessity to explore and embrace the benefits that ICTs and Internet systems leverage in developing "social capital, social support, and subsequent positive health outcomes" (Beaudoin and Tao, 2007:589) for health management and behavioural change**.**

The presence of the Internet and mobile telephone in Africa has culminated into health interventions using the electronic and mobile technology, hence the terms *ehealth*[41] and

[39] http://www.columbia.edu/itc/sipa/nelson/newmediadev/Africa Overview.html
[40] www.eassy.org
[41] Refers to new way of working, an attitude, and a commitment for networked, global thinking, to improve health care locally, regionally, and worldwide by using information and communication technology (Pagliari, et al., 2005).

mhealth[42] for health strengthening systems respectively. The benefit of these interventions has been in terms of reduced costs, increased productivity, service penetration, and improved access to critical care or information (United Nations Foundation, 2014:15). ICTs have been used in the health sector for "electronic patient records, monitoring drug supplies, ordering systems, budget management, and tracking disease prevalence" (The AIDSTAR-Two Project, 2011:23). More so, the Internet is now part of all spheres of people's lives including economic, social and cultural patterns (Lozanova, et al., 2015:2), with more people choosing the Internet to meet their information needs as it becomes even more mobile because of its ubiquitous presence in linking people to mobile services, networks and other electronic systems.

In 2017 the Internet made 48 years since its discovery in 1969 by the US Department of defence and continues to be ubiquitous largely because of the two main principles of decentralisation and free access in which it was grounded by its academic founders (Flichy, 2013:190). Therefore the Internet is not owned by anyone. The Internet represents the most important component of the current digital communication revolution (Cutlip, Center, Broom and Plessis, 2002:36) through the world wide web (www) that enables multimedia communication which has given rise to new forms of mediated interaction (Baym, 2015:1) including social media. Largely, the Internet constitutes "the electronic network of networks that links people and information through computers and increasingly through other digital media technologies that allows for both interpersonal communication and information retrieval" (Flew, 2002:12). Continuing within this line of argument, Van Dijk (2012:2) noted that the social network infrastructure has become the nervous system of our society and will have more influence on the entire social and personal lives than did any other communication infrastructure of the past.

The Internet constitutes a "technological system and a social subsystem that both have a networked character**"** (Fuchs, 2014:2) which enables interactive information flow through producing and reproducing human actions and social networks. In here, the Internet is reflected as "a social space directly linked to, and interactive with, other social spaces" (Youngs, 2002:373). Basically, the Internet is fundamentally heterogeneous since it is not unified around any economic or communication format, which gives it a generic nature to absorb the

[42] Refers to applications for mobile devices used primarily to support education and training for health care workers (The AIDSTAR – Two Project, 2011)

complexities of society (Flichy, 2013:201). This gives the internet more content diversity and scope compared to traditional media which is limited by linear communication approaches (Youngs, 2002:378) hence giving rise to new opportunities to all aspects of the economy including health communication. This growing field of information communication technologies (ICTs) is improving the access and affordability of the Internet and mobile devices through reduced costs which makes them potentially useful devices in increasing "the quality of services provided, creating efficiency, and increasing the number of people served by reducing common barriers to accessibility of health information and services" (The AIDSTAR-Two Project, 2011:23) even to the rural areas when rightly used**.**

In Africa, nearly everybody can text with a mobile phone, therefore making "the short message service (SMS) very popular and a key driver of health management (Otieno, 2009:19)**.** The SMS has been used for sending people various health reminders on their cell phones in an approach that delivers customised and targeted health promotion education (Cocosila and Archer, 2010:241). If appropriately applied, ICTs have the capacity to improve the health status and quality of life for women, men, and youth through the provision of health information and services (The AIDSTAR-Two Project, 2011:1). There are several examples in African countries where ICTs and the mobile phones have been used for health interventions and yielded promising results. A case in point is the ***Uganda Health Information Network (UHIN)*** which is a wireless network that aids the access to vital information and other resources on HIV and AIDS treatment and care, malaria, maternal and child health for community health workers (CHWs) through the mobile phone network, handheld computers, and wireless servers. Rwanda has the ***National Medical Record System (NMRS)*** *for national* electronic medical records to support strategic health information storage and monitoring (The AIDSTAR-Two Project, 2011:24). And in Nigeria, the government, through ***To Save One Million Lives (SOML),*** has leveraged the use of ICTs for the improvement of health systems functioning through access to health services for patient empowerment and health system equality (United Nations Foundation, 2014:8).

Internet-based health interventions have also yielded positive results globally. A study on patients with diabetes in Uruguay revealed that the Internet can empower diabetic patients through the provision of information and supportive tools to help them improve their quality of life and wellbeing by making informed decisions (Balsa and Gandelman, 2010:2). Another online study on cancer patients in USA found out that the Internet provides for flexible online

communication, social engagement and support for positive health outcomes such as reducing stress, depression, and facilitating coping (Beaudoin and Tao, 2007:587). Common to these studies is that the Internet as a cyber avenue supports low cost e-health interventions, which promote health care utilisation and disease management by enhancing the patient's empowerment (See: Beaudoin and Tao, 2007; Balsa and Gandelman, 2010; Haluza and Jungwirth, 2015). This indicates that by accessing ICTs, users can be able to improve their lives in far better ways than who have no access.

In their seminal work, Hyden and Cohall (2011:3) noted that over time, sexual and reproductive health promotion has adopted new ICTs to move awareness and outreach to online and mobile programmes that are consistent with today's youth culture. Today's contemporary society cannot imagine a world without mobile telephony, the Internet and social networking sites (Van Dijk, 2012:2). However, the usefulness and opportunities provided by the new ICTS is still a point of scepticism in most developing countries in trying to discern which strategies are more effective and efficient for health, education and socio-economic development (Obijiofor, et al., 2005)[43] yet ICT applications are availing people various multimedia capabilities and are offering new opportunities to develop localised ICT solutions to all aspects of society including health care (Haluza and Jungwirth, 2015:1). It is for this reason that new ICT platforms have become wildly receptive, and successful among young people.

The popularity of new ICT platforms gives chance to health communicators to tap into these digital communication opportunities that provide for multimedia platforms to allow for participation, interactions, engagement, inclusion and expression (Jørgensen, 2010:7). These could enhance national health promotion and disease prevention programmes with Africa embracing social media platforms where people interact and share with each other (Manyozo, et al., 2012:31). For instance, nearly one third of American young adults are using social media to access health information with almost 80% of physicians using the same to consult with patients online (Neiger, Thackeray, Wagenen, Hanson, West, Barnes and Fagen, 2012:159). Relatedly, an Internet usage for health survey done in 2006 on 500 adolescents in Mbarara, rural Uganda, yielded that one-third (approx.: 166) of adolescents in a rural setting in Uganda reported having used the Internet to look up health related information (Ybarra, Kiwanuka, Emenyonu and Bangsberg, 2006)[44]. The studies above studies call for initiatives that will

[43] http://www.metafuture.org/Articles/icts.htm
[44] http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0030433

improve online access and content tailored for adolescents and young people in Africa if a difference is to be made in reaching out to this target group with social and behavioural change communication.

The Internet and broadband-enabled devices are increasing society's need to interact, communicate and share information online which is turning society into "digital social consumers, digital communicators and prime agents of change in the digital transformation" (Lozanova, et al., 2015:6). These platforms have been used generally for data collection and disease surveillance, health information management and point of care, treatment compliance and emergency response including health information dissemination, health care monitoring, training of health care workers, tracking of disease outbreak and diagnostic support (Suggs and Ratzan, 2012:100-102). Extending this line of argument, Adebayo (2016:2) opined that digitally enabled social media interventions such as mobile phones, instant messaging, chat room forums and social networking sites are also particularly relevant for communication of sexual and reproductive health issues.

An overview of the social media landscape

Social media works on the principle of connecting people and sharing content, which has now revolutionised how people interact, communicate and share ideas and opportunities with one another at various fronts including business, politics, and health. This has been seminally confirmed by Fuchs (2014:5) who noted that social media entails a multi-layered system based on information and cognition, communication, community and collaboration, which represent aspects through which human beings construct social meanings. These systems encourage user centred participatory activities that promote connectedness as a social value for human collaboration (Van Dijk, 2012:27) through the different characteristics and functionality that social media platforms have. Based on their characteristics and functionality, these platforms have been grouped in a number of ways to reflect their diversity. Some social media platforms are collaborative projects such as Wikipedia; others are content communities like YouTube; while others are social networking sites (SNS) such as Facebook and social worlds as World of War craft or Second Life (Moorhead, Hazlett, Harrison, Carroll, Irwin and Hoving, 2013)[45]. Each of these possesses unique usability functionality that may result in the varying number of users.

[45] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3636326/

Social networking sites which are the focus of this study are unique in combining various modes of communication including telecommunications, data communications and mass communication (Van Dijk, 2012:7) which reflects a convergence of traditional mass media attributes of print, radio and television, all made available on one platform. This is why Facebook and Twitter are "popular and broadly used examples of participative platforms in which users can read and post different types of content" (Uittenhout, 2012:6) inclined towards community building**.** This makes these social networking platforms a more interactive form of media in terms of sequence to action and reaction compared to non-interactive websites or other traditional mass media. Freedom of expression is enhanced through the "ability to share, to co-operate with one another and to take collective action all outside the framework of traditional institutions and organisations" (Shirky, 2008:20) which makes them open places.

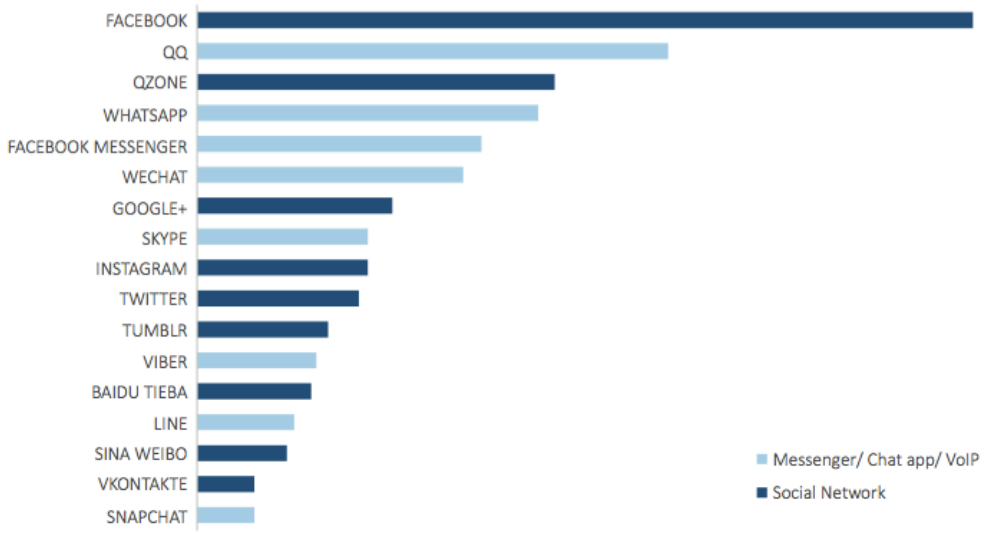
Globally, the number of social media users with active accounts stood at over two (2.07) billion (Lozanova, et al., 2015:6) at the time of writing this thesis. Facebook is the most popular platform with two billion monthly active users and an average of 1.37 billion daily active users (Facebook, 2017)[46]. Facebook is followed by Twitter which has 313 million users (Social bakers, 2017)[47]. This makes Facebook an important platform for health communication. Facebook statistics for Africa indicate over 160 (160,207,000) million users, with Uganda standing at 2.2 million Facebook users (Internet World Stats, 2017b)[48]. The growing number of social media users is attributed to the high number of young people, the youth in Uganda, which stands at 78% of the total population (Population Secretariat, 2014:37), and who have more interest in using social media tools. This is further supported by improved Internet connectivity and the seamless acquisition of Internet enabled mobile digital devices. With such numbers, the potential to reach young people through social media may be more enhanced as they get to share and recommend to each other what works, as well as comparing notes on their experiences.

The International Telecommunications Union (ITU) 2015 report indicates that "active social media users are spending about two hours and 25 minutes per day on social media, providing a wealth of valuable data" (Lozanova, et al., 2015:6). Such time, translates into a big audience that could be reached with information on health promotion and specifically HIV/AIDS prevention. It is based on this argument that HIV/AIDS activists in Uganda contend that the

[46] https://newsroom.fb.com/company-info/
[47] http://www.socialbakers.com/statistics/twitter/pages/total/
[48] http://www.internetworldstats.com/af/ug.htm

youth, who are a vulnerable group, are no longer focused on utilising traditional media which renders them (health communicators) inadequate informants for HIV/AIDS prevention (Nabwiiso, 2015)[49]. A media access survey in Uganda still positions radio as the most accessed medium at an average of 72%, although the mobile phone is catching up at 63% and is mainly used by young adults (Uganda Communications Commission, 2015a:11). However, the current study will explore the potential and contribution of social media through Facebook in HIV/AIDS prevention in Uganda

Figure: 2.2: Internet is the new social: active users by social platform, January 2015



Source: International Telecommunications Union (2015:6)

It is generally agreed that Worldwide, the youth live off the Internet and social media. "They would rather text, than write a letter, and are big on email" (Otieno, 2009:20). This makes them the biggest users of mobile broadband digital devices, which are a representation of the ubiquitous nature of social media as portrayed by Figure 2.2.

In Uganda, Individuals, organisations and currently political parties, have incorporated Facebook to mobilise and rally people to support their cause as well as getting to know about them. Several businesses in Uganda are flourishing and have discovered that social media makes it easy to connect with the people in the market. Brands like *Anne Kansime, Daily Monitor and Mobile Telephone Network (MTN*) command large audiences on Facebook with over 1,856,000, 1,107,800 and 1,008,400 followers respectively, and their audiences continue

[49] http://www.busiweek.com/index.php/index1.php?Ctp=2&pI=3289&pLv=3&srI=69&spI= 221&cI=11

to grow (Social bakers, 2017). Positioning these audience numbers in the Ugandan political perspective, Were (2015)[50] recommends Facebook as a viable tool to mobilise people, especially the urban dwellers, to participate in political processes and democratic projects. This is testimony that Facebook is a useful tool for mobilising and promoting services and this viability can be extended to mobilise the population or society towards good health practices.

The timeless access and interactions on these social media platforms has fundamentally changed the character of communication, decisively shaping culture (Castells, 1996:62) through social networking. Social media then becomes the best place to serve the youth with information, making it worthwhile to understudy these tools as a means of observing and expanding ways to engage specifically with different target groups of people in society. The important role that social media hold in society was manifested in the 2016 elections for Uganda. For example, many politicians have utilised social media platforms by opening up Facebook pages and making declarations of intention to contest in elections on YouTube, thereby acknowledging the growing audience size on these platforms which cannot be ignored (Were, 2015)[51]. The opportunity presented here is the need for health communicators in Uganda to explore ways of integrating social media into social and behavioural change interventions. This could be through developing interactive, tailored content on HIV/AIDS prevention in Uganda and making it available online in various multimedia formats (text, audio, video, photos and graphics) in order to enhance the conversation on HIV/AIDS prevention among young people on social networks.

It is worth noting that in this digital era, audiences are now segmented, differentiated and cannot be generalised anymore through Simultaneous and uniform messaging that is usually channelled through traditional media. Social media is both an aggregating and disaggregating medium which means that audiences have become more selective, and choose messages deepening on their interests, to enhance individual relationships between the sender and receiver who are the key actors in the communication process (Castells, 1996:363). Therefore, a media strategy that is designed to change behaviour should be considerate of the evolving ways in which people make sense of their realities and the need to accommodate a range of individual information needs (Albright, 2007:10) arising from varied circumstances. This forms the basis of this study in exploring Facebook as a platform for HIV/AIDS prevention in Uganda.

[50] http://www.newvision.co.ug/news/670706-why-we-should-use- social-media-more-responsibly.html
[51] http://www.newvision.co.ug/news/670706-why-we-should-use- social-media-more-responsibly.html

Attributes of the Facebook platform

It is necessary to provide background information on the Facebook platform as advised by Brügger (2015:11) who cautioned that Facebook is a structure that continuously experiences transformations in given time periods. It is therefore very important to state the time period under which Facebook is being studied. The time period for this present study is 2015 and the features or attributes of Facebook that have been explained are as at this time. Facebook integrates different media and information communication technologies that allow for the generation of interfaces that display information about the user, their connections, the status of these connections and communication between users (Fuchs, 2014:153). According to the Facebook website, this platform was founded on February 4 2004, to give people the power to share and make the world more open and connected (Facebook, 2017)[52]. It started off as a social networking site for Harvard University students, but by December 2004, one million people where active users of this platform. It became a public website in 2006 with six million users signed up.

Figure 2.3: Graphic interface of a Facebook timeline

Source: Kakooza (2015)

Since Facebook opened to the public, it has grown to over two billion monthly users while over 1.37 billion people are logging in daily and the number continues to grow (Facebook, 2017). Facebook is thus a very popular social networking site. It is readily available on computers and mobile media (Brügger, 2015:1) and generally used for keeping in touch with friends and family, discovering what is going on in the world and sharing and expressing what matters to

[52] https://newsroom.fb.com/company-info/

the users (Facebook, 2017). Facebook is an integrated platform that accommodates a variety of media and communication formats such as text, video, webpage and audio. More so, Facebook has a popular chat function, messenger, and is available as a mobile application, which makes it easily accessible (Fuchs, 2010:174). This is in addition to a user profile which includes contact information, relationship status, and other information about your social life.

It is through the Facebook profile that users are connected to the large Facebook network comprising of other network members whose privacy settings will allow you to connect with them and view their information (Brügger, 2015:1) or not. Each user profile has a 'Timeline' or 'Wall', which is "graphical presentation that allows for user generated multimedia content and activity in a chronological order" (Uittenhout, 2012:16). The interaction of all content formats on the timeline is possible from all connected users through provisions of liking, commenting, tagging and sharing. *"**Liking*** content essentially means show of interest and approval of that content through the use of the available graphical emotion icons (emoticons) to represent liking, love, wow, anger and sadness, whereas ***tagging*** means that it is linked to someone's profile and ***sharing*** completely copies a post to your own time line" (Uittenhout, 2012:17). These attributes clearly bring out emotional expression and attachment that someone may have to a given message, which caters for the communication needs of users on this platform. Facebook further notifies the users through updates about new content, those engaging with your content, content of interest to the user, in your network of friends[53], friends of friends[54] and groups or public.

Facebook provides for specific targeting of users by offering more closed communication options like inbox messaging, private voice and video calls or post in private groups. Further, the platform provides real-time user analytics that can be used to identify how many users have seen your message, how many have engaged with the message, and how many have shared the message or engaged with the message outside your network. This is an opportunity to use this platform to target the public with social and behavioural change intervention as it allows for the channelling of specific messages to the right audience target and segment. These attributes of Facebook illustrate that the audience is no longer passive but interactive, want to stream information quickly (Cutlip, et al., 2002:39) and can be engaged through segmentation, customisation and individualisation (Castells, 1996:3) to cater for timely interactive feedback.

[53] These are users that you directly allow or invite to engage with your user profile
[54] These are users that engage within in your network of friends but may not directly engage with you

Timely feedback and engagement is proof that the targeted audience has received the message the way it was intended through this social media platform.

Social media and HIV/AIDS communication

As discussed under the attributes of Facebook, social media combines both social and media networks anchored on users' sociality and their urge to share knowledge which is a great human need (Van Dijk, 2012:9). This explains their rise in popularity due to creative freedoms that social media gives to each individual user to take charge of their communication needs by interfacing with information that is tailored to suit their needs. This means that social media platforms can complement traditional mass media in health communication by enhancing their communication capabilities through speed, geographical and social reach, accuracy, selectivity, message storage potential and interactivity (Van Dijk, 2012:16-17). Social media platforms are better placed for social learning and decision-making that involves engagement, dialogue and negotiation with a number of stakeholders, which is an opportunity that framers of preventive interventions for HIV/AIDS cannot ignore.

Social media provides several uses that are relevant in social and behavioural change communication as they can be adopted and continuously re-adjusted to the communication objective(s) of behaviour change interventions (Adewuyi and Adefemi, 2016:112). For instance, through multi-media message formatting and retrieval, all kinds of communication can be managed within the same system, which results into broadened networks across the web, to facilitate conversations about social issues. This is an opportunity for health interventions to deliver more specific messages to the audience and receive instant feedback (Hughes, 2013:5) which could help Uganda and other African governments to harness frequent and targeted HIV/AIDS prevention and control messages (Okware, et al., 2001:1118) to young people. This social media approach reflects an audience-centred perspective facilitated through the use of their preferred channels, contexts and formats for message formulation (U.S. Department of Health and Human Services, 2010)[55]. Social media facilitates social relations as it brings out the transactional character of communication which entails the negotiation of health messages (Rensenburg and Krige, 2011:78) through social relations for improved outcomes.

[55] http://www.healthypeople.gov/2010/Document/HTML/Volume1/11HealthCom.htm

From a study by Taggart, Grewe, Conserve, Gliwa and Roman Isler (2015:6) which employed the meta-analysis methodology to explore studies on social media and HIV/AIDS communication, the findings yielded to five major perceived benefits among the target population that social media brings to HIV/AIDS communication. These benefits include (1) access to information, (2) enhanced ability to communicate, (3) having an anonymous identity, (4) a sense of social and emotional support, (5) establishing a virtual community, and (6) geographical reach (Taggart, et al., 2015:6). Health interventions designed for social network sites have been implemented in developed countries with results showing some positive remarks from users. Research findings on the use of social media in HIV prevention programmes among same sex African-American and Latino men in Los Angeles revealed that participants used social media to learn about HIV prevention over social networking groups and take an action by getting an HIV test (Rivero, 2013)[56]. Such a study gives an example of the enormous potential in facilitating behavioural action that social media brings to HIV prevention especially for Uganda where the biggest challenge to HIV/AIDS prevention is the rising prevalence rates among young people (Ministry of Health, 2017a:2).

Social media sites could enhance HIV/AIDS prevention by (1) connecting people around HIV prevention, testing, treatment and research information (2) forming support groups for those living with, and affected by, HIV/AIDS and, (3) finding and sharing information about HIV/AIDS related events or activities (AIDS.gov, 2008)[57]. Social media then becomes an important strategy for public health improvement based on interventions that are aimed at informing, influencing and motivating individuals, institutions and communities to make effective decisions that improve their health and the quality of life (National Center for Health Statistics, 2005:4) This may harness its use in various health promotion campaigns based on the added benefits of "building and sustaining networks, building trust, mobilising communities, and supporting engagement" (Heldman, et al., 2013:3) which characteristics are important for the merit of public health communication campaigns.

In Ghana, Family Health International (fhi360) initiated a social media campaign with Men who have sex with men (MSM) because they realised that the MSM lacked access to basic information about HIV transmission, prevention and treatment (Green, Girault, Wambugu, Nana Fosua and Bashiru, 2014:210) due to the entrenched stigma and discrimination about

[56] http://newsroom.ucla.edu/releases/social-media-could-be-a-valuable-242815
[57] https://www.hiv.gov/blog/health-focused

this sexual orientation (Adebayo, 2016:3). The campaign, which deployed existing social media platforms such as Facebook (social and closed Facebook pages), Badoo and Grindr, aimed at building a relationship with MSM through conversations on specific issues and increasing uptake of necessary services (Green, et al., 2014:211). The findings from the campaign concluded that social networking communities were more effective in targeted mobilisation of vulnerable populations and those perceived as high-risk groups. According to Green, et al. (2014:211), the programme mobilised 15,440 unique MSM with many of them becoming more predisposed to seeking customised services. Important to note here is that even though social media was used as a dominant tool, interpersonal communication was also found to be appropriate for group mobilisation (Adebayo, 2016:3). Therefore, it is vital to integrate the virtual and physical space in the implementation of social media interventions for health communication.

The participatory nature of social media and its potential for expansive reach to audiences has brought enthusiasm among health professionals to employ it for communicating social and behavioural change interventions (Adewuyi and Adefemi, 2016:109) yet there is a need to fill an "unmet information gap about the uses, benefits, and limitations of social media in health communication among the general public, patients, and health professionals" (Moorhead, et al., 2013:1). Furthermore, a thorough examination of the various users, platforms, and approaches to using social media to communicate about HIV is still lacking despite its wide spread use that makes it an important avenue for social and behavioural change communication (SBCC) (Taggart, et al., 2015:2). These observations present the necessity to examine "how social media may be strategically applied towards achieving SBCC objectives" (Adewuyi and Adefemi, 2016:109).

A South African study on the contributions of HIV/AIDS Social Networking Sites towards awareness and prevention of the Pandemic among students of Rhodes University, using the MYMsta.mobi site, established that: (1) discussions held on HIV/AIDS social sites have contributed towards an increased understanding of various aspects relating to HIV/AIDS, allowing young people to participate in the processes of their development (2) MYMsta.mobi has supported the increase in knowledge of HIV/AIDS among users based on the nature of discussion topics that address the main factors that fuel the spread of HIV/AIDS amongst the youth and, (3) privacy, artificiality and nature of relationships within social networking sites are seen as challenges to HIV/AIDS communication that can be implemented on the social sites

(Mpofu and Salawu, 2014:200). The study recommended, among others, the need to design attractive and user-friendly HIV/AIDS social media sites that will attract and keep users while at the same time achieve the goal of educating young people about HIV/AIDS, facilitate the exchange of valuable information resources as well as conducting more research on the use of social media sites like MYMsta.mobi in order to generate knowledge that they improve their efficiency.

Communication researchers and professionals are on a mission to establish channels of communication that would be effective in social and behavioural change communication. As established in the foregoing discussion, social media offers unique opportunities for "social engagement and unprecedented audience reach and is considerably cheap, cost effective and easy to use when compared to conventional media" (Adewuyi and Adefemi, 2016:100). However, social media like many other media platforms have limitations. They can be infiltrated with morally corrupt and inaccurate content, issues of data protection and confidentiality, and large volumes of information (Moorhead, et al., 2013)[58] that hinder the search for right information. It has been argued that social media could potentially reinforce uneven disparities socially, economically and culturally in society since ICT innovations may not considerably alleviate the situation of the rural poor (Adebayo, 2016:2). The most common disadvantages to using social media to communicate about HIV prevention and treatment from studies on social media and HIV/AIDS communication reviewed by Taggart, et al. (2015:7) included: (1) technology barriers, (2) cost, (3) lack of physical interaction, and (4) lack of privacy.

Despite the aforementioned shortcomings, these do not outweigh the numerous opportunities that social media platforms offer to public health communicators to reach audiences who may prefer to receive health information through these channels (Heldman, et al., 2013:3). This not only improves message reach and promotion of health campaign activities but also loyalty, trust and confidence in the supply of information (Uittenhout, 2012:14). Social networking is the life and culture of young people; it is therefore necessary to find out how these platforms have been used in HIV/AIDS prevention in Uganda.

Research gap

This chapter has highlighted that social media cannot be discussed singularly without broadly contextualising the important contribution that new information communication technology

[58] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3636326/

(ICTs) platforms bring to health communication including health education, disease prevention and promotion. The evidence in the literature points to the fact that ICTs have had an influence on disease prevention, and health systems management while leveraging advantages of interactivity and multimedia that can greatly enhance health promotion through social media. However, there are a number of challenges in Uganda that inhibit the access and use of ICTs in terms of Internet and online penetration as well as the quality of services. This study seeks to understand how the *Obulamu* campaign programmers are negotiating such barriers in their use of social media to reach out to their intended audience with HIV/AIDS communication.

Further, the study sought to acknowledge and appreciate the continuous technological changes that emphasise dialogical communication approaches and engagement between the sender and receiver of information in relation to traditional media in mobilising, sensitising, informing and educating the public on a number of health issues and concerns for health promotion. Advancements in technology have greatly changed the way communication is produced, distributed, displayed and stored, hence a new reality that provides ground for research on how new media technology affects different facets of daily life. A few studies in Uganda have investigated the contribution and acceptance of social media in health promotion and disease prevention strategies (Okaka, 2009:73) yet scholars have highlighted the need for research to address the role of social media for health communication, its relative effectiveness and identifying monitoring mechanisms for quality and reliability in health communication. Other scholars have identified the need to understand the true relationship between social media interventions and HIV prevention for the most at-risk groups [youth, women and sexual minorities] who may have been missed by other efforts (See: Moorhead, et al., 2013; Bevilacqua, 2014) through conventional means. Therefore, the findings from this study will contribute to understanding this research need.

Relatedly, the continuous growth in the use of social media among the at-risk populations, including young people and women, raises a research need to explore how these innovative and engaging social media technologies can be employed for population-focused sexually transmitted disease (STD) prevention (Rivero, 2013)[59]. It has been noted in this chapter that the use of social media and other mobile broadband devices and tools can re-energise the HIV/AIDS prevention movement (UNAIDS, 2011)[60] because of their potential to facilitate social

[59] http://newsroom.ucla.edu/releases/social-media-could-be-a-valuable-242815
[60] http://www.unaids.org/en/resources/presscentre/featurestories/2011/may/20110502sm/

relations and interactions, "which are shaping the way health information, is delivered and received" (HRSA, 2011:2). With the increasing HIV/AIDS infection rates among the young people in Uganda, this study is timely in exploring how social media, particularly Facebook, has been employed in the *Obulamu* campaign to mobilise HIV/AIDS prevention among young people in Uganda.

There is need for research on how Facebook affects social contexts in which it is being used (Castells, 1996:328). In a study undertaken at the university of Georgia to establish the potential of Facebook in academic discussions, the findings emphasised that Facebook was strong on peer-to-peer influence through interactions, and enhanced informal learning experiences with participants reporting that they felt valuable, learned more and were better acquainted with classmates (Hurt, Gregory, Christen, Lincoln, Matthew, Luanna, Nancy, Denise and Melinda, 2012:2). The presence of social media today highlights an appreciation of communication as a two-way process, engaging and participatory at all levels of society, especially among young people, which makes it contextually viable to locate Facebook in HIV/AIDS prevention efforts in Uganda by exploring how this platform may harness prevention interventions among young people and thereby contribute to social and behavioural change.

Conclusion

This chapter has discussed health communication as a development intervention that naturally positions HIV/AIDS as a health development problem for Uganda, and that requires interventions through social behavioural change communication. The chapter broadly positions the use of interactive social media[61] as an off-shot of Information Communication Technologies (ICTs) in health communication management. The literature points to the fact that social media platforms can be of great potential and have a contribution in social behavioural change interventions to facilitate the health and well-being of contemporary society. The literature has illustrated further the potential and contribution of social media in the various aspects of social life including trade and business. But most importantly, the chapter has singled out the major attributions, benefits and concerns of employing social media tools in health communication that are hinged on its engaging and interactive nature.

The literature reviewed recognises the changing societal contexts and the need to tap into contemporary technological opportunities for HIV prevention through developing relevant content packages that match with new ways of communication. Social media brings an appreciation of communication as a dialogical process, engaging and participatory at all levels in society. It is more interactive and receiver-centred and brings out the essence of the communication process where social relationships and social institutions are created which presents the "need to exploit multiple mass media and interactive digital media channels [that have these attributes] and carry out carefully planned media strategies to reach the intended audiences" (Ahmed and Bates, 2013:4). This chapter recognises the significant role that media plays in raising awareness and building a body of knowledge through social and behavioural change interventions whilst showcasing the potential, contribution and experiences of applying social media in HIV/AIDS communication in other countries. This puts into perspective the main focus of this study in exploring the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda.

Social media is now an important communication platform for the digital society in the era that presupposes that the audience have multimedia capabilities which gives them a more active role in determining how to access, generate or even share knowledge including its interpretation in the online environment. In this digital society, "knowledge is organised in dynamic tentative online infrastructures and made available to users through different search tools and engines and their operative algorithms" (Anna Lydia Svalastog 2017:433). Therefore, both senders and receivers of information need to know how to work within these online knowledge structures to make informed healthy choices which would perhaps help in accelerating HIV/AIDS prevention efforts in Uganda that are targeted towards young people. The next chapter discusses the theoretical framework for this study on the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda.

CHAPTER THREE: Theoretical Framework

Introduction

A theoretical framework provides conceptual understandings to complex and comprehensive contexts, which give researchers the ability to engage with complicated problems and social issues as well as providing a framework within which to conduct their analysis (Scott, Mathieu and Ayeley, 2008)[62]. This chapter discusses the participatory communication model, the social network theory and the social learning theory as a theoretical framework that guided this study providing a better understanding of the phenomenon under exploration. In particular, the study focused on the participatory communication model whose tenets of involvement, dialogue, engagement and interactivity are embedded in the social network theory and the social learning theory as a base for understanding popular social media platforms to build a case for this enquiry on the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda. The theoretical framework builds on the contextualization of the study as discussed through the literature review in chapter 2 to bring out theoretical approaches that have been applied in development communication over the years and it is within this frame that this chapter outlines research circumstances, conditions and variables that were investigated, assessed and monitored during this study.

Development communication from a historical perspective

The origin of development communication can be traced to post-war international assistance programmes from the developed countries, including the United States of America (USA) and the former Soviet Union, to low developing countries (LDCs) in Latin America, Asia and Africa that were struggling with poverty, education, illiteracy and poor health among others (Waisbord, 2001:1). Even though these developing countries had indigenous approaches to encountering these adversities, the developed countries believed that low developing countries were backward and needed direction on the path to development to alleviate the poor socio-economic conditions. Development was envisaged by developed countries as better social, economic and cultural conditions that facilitate the enrichment of the livelihood of individuals and the entire community (Govender, 2011:54) and therefore a pre-condition to economic growth. The need for such transitional growth resulted in a tag of war among the super powers to "entice the emerging nations into two differing versions of modernity" (Shah, 2011:1) as

[62] https:// doi.org/10.1136/bmj.a949

advanced by the United States of America (USA) and the former Soviet Union.

The low developing countries were understood to be traditional and culture-centred which inhabited their appreciation to adopt modern attitudes and behaviour. The change in attitudes and behaviour was measured in terms of improved political structures, education rates, industrialisation, and better ways of living (Waisbord, 2001:1) as reflected by the developed countries. Therefore, this necessitated taming the traditional-cultural ways in low developing countries which were perceived as the underlying causes of underdevelopment and "communication was the key to transforming the individual into a modern citizen" (Govender, 2011:57). As such, the western countries embarked on an agenda to instil modern values and information into the developing countries by introducing the use of modern media technology and adoption of innovations and a culture that reflected the western model of development (Waisbord, 2001:5). This agenda was realised through the provision of development aid and mass media, particularly through Radio Moscow and Voice of America (VOA).

The use of mass media to drive the development agenda was based on the argument that availing relevant information to society creates an environment for attitudinal change and for societies to embrace modernity (Shah, 2011:1). This reasoning was technologically deterministic as it placed emphasis on "technology as the dominant factor in social change" (Bimber, 1990:334). Technological determinism refers to the relationship between technology and other aspects of wellbeing on societies that use them, but positions technology as the primary agent of change in society (Humphreys, 2010)[63]. Therefore, modernisation of the traditional society involved "a process of diffusion whereby individuals moved from a traditional way of life to a more complex, more technically developed and more rapidly changing way of life" (Servaes and Malikhao, 2002:16). Technology was seen as a driving force to development based on the fact that it controls the social, political and economic development of society. The mass media were used to propel people from their "traditional stance towards more modern perspectives" (Wilkins, 2010:2). Once exposed to media messages, this approach envisaged empathy among the audiences to desire, identify and adopt Ideas and values from other places and societies (Shah, 2011:2) for their development.

From this perspective, development communication represented a top-down flow of information to passive audiences in order to promote modernisation. The media was considered a platform

[63] http://dx.doi.org/10.4135/97814129592.n293

for promoting a "sense of national identity that would inspire action to provoke behaviour change through learning new information and consequently adapting attitudes" (Wilkins, 2010:5). Societies that were exposed to media messages at the time became receptive of the modernisation ideology (Waisbord, 2001:4). This technologically deterministic approach has been disputed by MacKenzie and Wajcman (1999:42) who noted that it was wrong to think that technology and society where two separate spheres yet "technology and society are mutually constitutive." This implies that on its own, technology cannot drive the social, political and economic aspects of society without fitting into the social structure and environment of that society. This makes technological determinism inadequate to explaining the true relationship between technological innovations and social development (Lievrouw and Livingstone, 2013:21) Further, the critics of this technological deterministic paradigm have argued that the processes of change are complex and cannot be merely explained from a technological stance. They argue that social change is a holistic process that involves economic, political and cultural macro processes in society that are not entirely based on traditional orientations (Servaes and Malikhao, 2002:5).

This observation by Servaes and Malikhao (2002:5) perhaps explains why technological determinism as guided by the modernisation approach to development failed to completely address poverty and other structural problems after decades of interventions in the third world. The approach negated the influence of community participation and the involvement of indigenous people (Govender, 2011:57) in the process of their own development. It relied on diffusing external ideas into the targeted local communities, which created a sense of disempowerment since people felt that these innovations were foreign (Waisbord, 2001:17). Such circumstances prompted a media study during the 1940 US presidential elections in Erie County, Ohio to establish whether mass media had a great influence on the election, and if media [technology] could affect society by causing development. The researchers reported that a greater number of people were interested in participating more in political discussions with their peers, through opinion leaders, than listening to campaign speeches or reading articles from a newspaper (Katz, 1957:4). The conclusion was that interpersonal communication facilitated through these personal discussions influenced voting decisions more than mass media did.

The understanding here is that the media does not directly influence people's behaviour but people's response to media messages is shaped by social and psychological factors that may

include predisposition, interaction and environmental circumstances (Mpofu and Salawu, 2014:194) that meet their expectations at the time. This argument directly fits into Paul Lazarsfeld's *'two step flow'* of communication model that was introduced in 1944 where he explained that "influences stemming from the mass media first reach opinion leaders who, in turn, pass on what they read and heard to those of their every-day associates for whom they are influential" (Katz, 1957:1). The *'two step flow'* of communication model also brings out the important role of social networking and interpersonal interactions in effecting social change through a dialogical process before a decision can be taken. Therefore, underdeveloped countries only needed involvement and great participation in managing their own process of change that would lead to their development (Melkote, 2002), hence the need for increased participation in the development process.

So far, this discussion has dwelt on how development communication was historically used as a strategic tool to influence and persuade people to change and to enhance their development processes in low developing countries (Tufte and Mefalopulos, 2009:1) through linear messaging in a top down manner from development 'experts' to the traditional population to embrace modernisation. This means that even though the interventions targeted the local society, these interventions lacked the 'localness' feel since these societies had not been involved in the formulation of these initiatives to bring on board an understanding of the socio-cultural environment in which such initiatives were to be successfully implemented. The key lesson from this narrative is that targeted populations need to be fully involved and engaged in efforts targeted towards their social development since they are not passive audiences. These early models of development communication were based on the power of communication to enhance development through the correct crafting of content and adequately targeting audiences to influence individual behaviour change (Tufte and Mefalopulos, 2009:1) with no attention to participation.

Most recently, participatory approaches to communication now emphasise structural and social change to include "dialogue that leads to collective problem identification, decision making, and community-based implementation of solutions to development issues" (Guijt, 2014)[64]. The participatory approach calls for more involvement of local contexts including social, economic and cultural cues in development efforts if such interventions are to be receptive. Audiences are seen as active agents of their development, and in instances where media is employed,

[64] http://www.participatorymethods.org/resource/participatory-approaches

messages must originate from the people rather than the experts (Mody and Singh, 1991). The participatory communication model to development underscores participation as a crucial component to the success of any intervention programme in influencing change amongst recipients (Mpofu and Salawu, 2014:194). The next section discusses the participatory communication model for development.

The Participatory communication model and development

Participatory communication envisages the enhancement of dynamic, engaging, and sustainable change processes (Tufte and Mefalopulos, 2009:v) in society. It envisions a horizontal communication process aimed at "building trust, assessing risks, exploring opportunities and facilitating the sharing of knowledge, experiences and perceptions among stakeholders" (Mefalopulos, 2008: xviii). The participatory communication model recognises the importance of participation and empowerment, if any change or development is to be achieved (Mpofu and Salawu, 2014:194). Important to participatory communication is the need for dialogue and empowerment in the process of change whereby dialogue identifies and analyses critical issues through an exchange of knowledge and experiences that leads to solutions with the involvement of primary stakeholders (Tufte and Mefalopulos, 2009:7). Furthermore, empowerment embeds the process of inner discovery and accepting personal responsibility at individual and social level through a ripple effect to realise the power to become free to transform ourselves (Mefalopulos, 2003:50-51). These tenets of the participatory communication model underscore the vital role that participation brings to social and behavioural change communication for better health outcomes as has been discussed in chapter 2.

Participatory communication encourages a more interactive and dialogical process that facilitates discussion and feedback for collective decision making (Govender, 2011:60) through the use of communication processes and media techniques that avail society with options to resolve conflicts and plans of action to better their current situation (Fraser and Restrepo-Estrada, 1998:63). Participation allows for the inclusion of indigenous knowledge in development challenges by empowering ordinary people to handle these challenges and influence the direction of their own lives (Tufte and Mefalopulos, 2009:4). Therefore, communication becomes a needed component for self-reflection, critical thinking and critical consciousness, which are conditions that may lead to social change. The participatory communication approach emphasises dialogue as based on Paulo Freire's libertarian

pedagogy of the oppressed, which posits that all people have a right to individually, and collectively speak their word. Freire believed that "individuals have the capacity for reflection, for conceptualising, for critical thinking, for making decisions, for planning and social change" (Servaes, 1996:78) in their different institutions (Mefalopulos, 2003:44). The involvement of people in their own change process is at the core of the participatory communication model.

This theoretical background underscores the importance of using media to facilitate social and behaviour change, which probably explains why media messages that are intended to cause behavioural change among society may sometimes fail to be translated into desired action due to the linear nature of message delivery that does not facilitate participation of the targeted audience. An examination of the Ugandan communication approach to HIV/AIDS prevention shows that most interventions are largely through mainstream media, which are generally limited by linear communication modes. These communication modes result into knowledge creation but limit the exchange of ideas and values through dialogue, which is at the centre of the communication process (Quarry and Ramirez, 2009:48) for social change. Participatory communication envisions communication efforts that support individual and community collective discourses about their development (Basu and Dutta, 2009:89). In support, Quarry and Ramirez (2009:17) were of the opinion that solving the world's most pressing problems did not need volumes of information and knowledge but rather building the capacity for people to talk to each other regardless of the boundaries of culture, religion and language. Dialogue provides for a constructive attitude towards solving emerging problems and possible conflicts by placing emphasis on the relationship between communication and social transformation to promote action on consciousness which are dialectically linked (Servaes, 1996:81). It is this dialectical and emancipatory process of action and reflection which is critical in decision making on behavioural change.

The participatory perspective places emphasis on empowering people to "take an active part in decisions concerning their own lives, at the local level (i.e. community where they live) and eventually within their societies" (Mefalopulos, 2003:75). The function of communication then is to nurture our self-awareness and a sense of confidence to change our situation on our own terms (Quarry and Ramirez, 2009:29). Through participatory communication, people have the right to use their own experience and values to produce the needed knowledge to better themselves and society (Tomaselli and Aldridge, 1996:65). Participatory communication has accruing benefits to society such as (1) psycho-social outcomes of increased feelings of

ownership of a problem and a commitment to do something about it, (2) improvement of competencies and capacities required to engage with the defined development problem, and (3) actual influence on institutions that can affect an individual or community (Tufte and Mefalopulos, 2009:5). These benefits are enabled through individual skills transference, collective action, and reflection, which are important facets for empowerment. Participatory communication facilitates the exchange and sharing of meanings, knowledge and experiences (Mefalopulos, 2003:7) to bring about social change based on access, participation and self-management (Servaes and Malikhao, 2002:24), which principles informed the UNESCO debates of 1977 on development communication in Belgrade, Yugoslavia but may fully come alive through communication strategies that may use interactive social media as proposed by Bandura (2004:162) under the social learning theory as shall be discussed in the later part of this chapter.

These components of participatory communication have been elaborated further: *access* refers to availing media platforms for the good of the public to enable them make choices on relevant opportunities or programmes and getting their feedback; *participation* entails the greater involvement of the public or society in the production, planning and management of communication systems; and *self-management* is where the public is involved in the formulation of communication plans and policies as well as having the power to make decisions within communication infrastructure (Servaes and Malikhao, 2002:25). Communication interventions that employ "new communication technologies do provide new ways of participating and interacting with information" (Rice and Haythornthwaite, 2013:93) virtually with no limits to accessing information. However, access gaps may still widen depending on the socio-economic situation of a given society, which may further hinder access for those who may not afford the technology, yet the participatory communication model envisages communication as a process of creating, stimulating understanding and the articulation of social relations among people that results into the promotion of pluralism, diversity and multiplicity (Berrigan, 1979:38). *Pluralism* suggests that underdevelopment and conflicts may be avoided if the rights of individuals and groups to manifest their cultural uniqueness are recognised, accepted and protected by others (Dyll-Myklebust, 2011:15). It stresses preserving cultural identities at all levels including individual, local communities, national and international (Servaes and Malikhao, 2008:98) which points to the fact that development efforts must recognise the intelligence and experiences of the local people to make decisions on what is best for them as they seek to freely and actively participate in transforming their society

(Servaes and Malikhao, 2002:21). Meanwhile, *diversity* calls for the recognition, preservation and promotion of the fruitful variety of cultures and calls for full respect of equality and dignity of people living in different society conditions (Stenou, 2002:15). This means that "listening to what the others say, respecting the counterpart's attitude, and having mutual trust are needed" (Servaes and Malikhao, 2002:21). *Multiplicity* recognises that cultures and social contexts are unique, with each context generating its own process, thus placing emphasis on information exchange that may translate into mutual trust and commitment, rather than on persuasion. This reflects true participation that would result into appropriate development policies based on a country's socio–cultural landscape (Servaes and Malikhao, 2008:98).

The above components of the participatory communication model emphasise the use of dialogic communication to ensure a constructive environment for mutual understanding. Therefore, with interactive media, situations can be explored within their given contexts and solutions sought to enhance empowerment (Mefalopulos, 2008:23). Participatory communication encourages the use of media channels to set an agenda of societal issues that need attention from stakeholders. In light of the HIV/AIDS prevention approach, such a media agenda would be dialogical and interactive and facilitated by social media to target the individual and their social interactions online, in order to cause a discussion around the HIV/AIDS challenge (as further illustrated in chapter 5 and 6 under the presentation of findings). It is against this background that Paulo Freire focused on the notion of participation and interaction through *group media* that targeted individuals or small groups to help them realise a critical attitude and become confident towards the reality of self, the group, community and society (Waisbord, 2001:19). This small group interpersonal media encouraged marginal groups to interact with one another, advance their thoughts and feelings in activities that require group intervention (Hamelink, 1990:78). It is this interactive communication that becomes significant in assisting individuals and "the community to investigate and identify their problems, needs and priorities and skills that would assist the community in formulating and selecting appropriate strategies" (Mefalopulos, 2003:73) to overcome them.

There are debates on the extent to which participation may be applied (Govender, Durden and Reddy, 2010:287). This had been substantiated by the little evidence of the long-term effectiveness of participation in improving the conditions of the most vulnerable people as a strategy for social change (Cleaver, 1999:786). In South Africa, *Soul city* is a national health promotion programme that has produced health communication and promotional mass media

since 1994 (Goldstein, 2005:466). The programme has addressed the issue of HIV/AIDS through participatory and multimedia approaches that have included "direct engagement with the youth through buddy clubs and television series that encourage dialogue among the South African youth (Govender, 2010:223-224). *Soul city* uses the edutainment content to convey well researched messages to educate people and create an environment for social change, which has resulted in "massive awareness raising, and change in behaviour, social mobilization, public debate in the media and influence on legislation" (Goldstein, 2005:466). However, the increasing concern is that these different campaigns are at best insufficient in achieving the kind of long term, sustainable and rooted changes in society that are required for HIV/AIDS to be confronted (Tufte and Mefalopulos, 2009:335). According to Goldstein (2005:466), an evaluation study on episode four of the *Soul city* series indicated a challenge of establishing whether behavioural change is sustainable through participation.

Sometimes participation has been applied *as* ***a means to an end*** and **not** ***an end to itself*** in most development communication interventions. Programmes may use participation as a means to an end for achieving better project outcomes to include equity and empowerment (Cleaver, 1999:786). The focus here is on availing participation as a means towards achieving end goals and outcomes or results of certain development objectives (Govender, et al., 2010:284). However, participation as *an end to itself* enhances the capacity of individuals to improve their own lives and facilitates social change to the advantage of the marginalized (Cleaver, 1999:786). Arnstein (1969:216) has noted that participation without redistribution of power is an empty frustrating process for the powerless thus, the process of participation as an end to itself leads to empowerment that happens over a sustained period of time and not in the short run (Govender, et al., 2010:286), which would be the goal of participatory communication in HIV/AIDS prevention. While participatory communication aims at empowerment, the limiting of participation in some instances has been justified as quicker and more efficient than employing full participation particularly for crises such as epidemics where transmission of facts and knowledge remains paramount (Govender, 2010:285), which makes it completely difficult to avoid unequal distribution of power in participatory paradigms. However, the engaging and interactive nature of social media may create such a favourable environment for participants or individuals to socially discern on the issues of HIV/AIDS prevention, which then becomes a participatory social process aimed at building consensus among participants to translate into the desired health action.

The participatory communication model has been criticized for not envisioning a different communication process that describes empowerment beyond the traditional sender-receiver model, which is still constructed by persuasive and hierarchical connotations (Mefalopulos, 2003:76). Social media channels may not be prone to this criticism since they provide for alternating roles in the communication process for message delivery through the multiple pathway process as discussed later in chapter 5 and 6. Participatory models have also been criticized for failure to build consensus, promote community, a threat to existent structures and are not appropriate for short-term and urgent issues (Waisbord, 2001:21). Participatory approaches are believed to be suitable for long-term strategies in development communication since they place emphasis on the context and the process of communication to include the resultant social meanings, relationships and institutions created by communication (Servaes and Malikhao, 2008:100). However, those promoting the participatory models admit that indeed the process of change entails divisions and conflicts among the participants but these can be handled through teaching, negotiation and mediation skills which empower people (Waisbord, 2001:22).

Despite the cogency of criticisms against the paradigm and practice of participatory communication, these criticisms do not over shadow the main components of participatory communication theory: access, participation and self-management that facilitate dialogue, empowerment and collective action for social action. The participatory approach derives its strength from its flexibility in adapting to situations (Mefalopulos, 2003:77) and proposes that communication channels should be used to help people facilitate their own discussion on their own predicament leading to their own plan of action (Quarry and Ramirez, 2009:21). It emphasizes a bottom up approach with much more involvement of the user in the decision making process (Servaes, 1996:79). In light of this, users can determine and contribute to the kind of content and messaging formats that will satisfy their informational needs (Mody and Singh, 1991) as would be in the case of HIV/AIDS prevention among young people in Uganda.
In agreement, Quarry and Ramirez (2009:20) noted that “a well-designed campaign, which utilizes media intelligently, and which orchestrates other tangible action on the ground, can lead to awareness-raising and behavioural change”. The use of participatory communication is further supported by the increasing rise of liberal democracy globally as a way of governance, which has opened up avenues for full participation of society in decision making processes that concern their wellbeing (Mefalopulos, 2003:75). The idea of communication as a process that leads to social change is central to participatory behavioural change models that aim at

improving the quality of the population through good health, increased income, freedom of expression and eradication of social injustices (Waisbord, 2001:2). These form the ultimate aim of development communication which now involves producing effective messages "with a major objective of creating systems, modes, and strategies that can provide opportunities for the people to have access to relevant channels, and the ensuing communication environment in improving the quality of their lives" (Waisbord, 2001:29). It is these important tenets of the participatory communication theory that the present researcher based on to use this theoretical perspective to guide the study.

This explains why the media are placed at the heart of development in enhancing people's capacity to manage their development (Quarry and Ramirez, 2009:86) because media are "techno-social systems in which the production, distribution, and consumption of knowledge is enabled or constrained and represent the connection between technological structures and human agency (Fuchs, 2014:37). However, the participation of people in their own development is still limited by the nature of traditional media channels in passing on information, which does not enable the communication process that allows for horizontal and dialogical communication that would translate into empowerment for social action. This raises the need to investigate existing ways in which people already exchange information as well as looking out for methods and media that can be used to improve this status (Quarry and Ramirez, 2009:10). New media technologies especially social media may present an opportunity for society to fully participate in their development decisions including better health. Furthermore, the use of interactive and participative communication channels may contribute to sustainable change amongst users, hence the need to use and evaluate the effect of using social networking sites for HIV/AIDS communication (Mpofu and Salawu, 2014:194). The understanding of socio-cultural influences to decision making in the context of HIV/AIDS and involving people in the process of their own development are critical for the success of any initiative if communication interventions recognize that behavioural change is embedded in social and cultural contexts of society.

Conceptualising social media network sites

As discussed earlier in this chapter, promoters of development based on technological determinism have argued that that it is only technology that influences the development of society while critics of this paradigm have argued that it is important to understand the contribution of technology in relation with other macro processes within that society. Therefore,

a full understanding of social media and their potential consequences calls for a consideration of both their technological features and the human agency that these features evoke in terms of cultural and historical values (Baym, 2015:2). The social nature of technologies can be mainly explained under the social theory as advanced by its founders Emile Durkheim, Max Weber, Ferdinand Tonnies and Karl Marx, which explains that technologies are a product of social processes (Fuchs, 2014:42). Social processes are 'concepts within which to grasp life, identifying patterns in social relations and social action while producing explanations for both specific features of life in society and changes in overall forms of society" (Calhoun, Gertes, Moody, Pfaff and Virk, 2007:3) hence social theory. Social theory strengthens the inspirations of society in envisaging a better life, creating an awareness of the current problems in society as well as leading a discussion on the analysis and realization of the existing opportunities to make society better (Adorno, 2002:25). One of the research questions to this study was to investigate how best social media can be deployed for HIV/AIDS prevention among young people in Uganda as a contribution to making society healthy.

The sociality of technologies is based on social facts, social relations, community and cooperation under which knowledge is objectified, produced, applied and used in social systems (Fuchs, 2014:38). This sociality has been further explained by the social construction of technology theory whose main argument rests upon the understanding that it is human beings who are the agents of change and that they introduce technological innovations to better their ways of living (Nye, 1997:180). Additionally, MacKenzie and Wajcman (1999:38). noted that the social construction of technology theory focuses on the interpretative ability of technology; emphasising that different groups of people will have very different understanding of the technology and its technical characteristics which determines its uptake and use. It is envisaged that social media are a result of innovative endeavours of contemporary society influencing how we live in our world but are at the same time products of the world that we live in (Lister, Dovey, Giddings, Grant and Kelly, 2003:176). This means that these technologies can be altered and be used to solve existing social problems as harnessing HIV/AIDS prevention through communication. In agreement, Williams and Edge (1996:868) noted that "technology is a social product patterned by the conditions of its creation and use" which illustrates the interconnectedness between social relations and technology to the shaping of what these relationships can be about as argued under the social shaping of technology theory.

The social shaping of technology theory helps to investigate "the ways in which social, institutional, economic and cultural factors have shaped the direction as well as the rate of innovation; the form of technology; the outcomes of technological change for different groups in society" (Williams and Edge, 1996:868). The main argument here is that the development of technologies takes on a dynamic process that includes negotiating various cultural assumptions desires and interests from various groups in society (Lievrouw, 2013:246). It is understood that "society shapes technology according to the needs, values, and interests of people" (Castells, 2005:3). People, technologies and institutions are interrelated nodes in a constantly changing social technical networks, each with influential power towards the development and subsequent use of technology (Baym, 2015:44). This therefore calls "for an examination of the reasons for which technologies are developed, the complex cultural and economic factors that shape them, and the way that these technologies are mobilized for certain ends" (Lister, et al., 2003:81). For instance, in this case study, the researcher interrogated how Facebook has been used in the *Obulamu* campaign for HIV/AIDS prevention among young people in Uganda.

The social shaping of technology theory is concerned about how technologies are used to foster communication relationships that bring about new ideas on how things can be done (Lievrouw, 2013:247). This provides a basis to probe the ways in which technologies fit in the practice of everyday life. Social media present opportunities for dialogue, which is important in making sense of information shared through discussion and debate for social change (Mpofu and Salawu, 2014:192). It is only through such engagement that information becomes beneficial to facilitate informed choices. However, Fuchs (2014:49) cautioned that "great care needs to be taken to avoid techno-deterministic thinking, techno-centrism, techno-optimism and naturalisation of dominance in conceptualising qualities of social media" as pointed out in the opening paragraph to this section. The focus of this study was guided by a purely social perspective in exploring how Facebook contributes to HIV/AIDS prevention among young people in Uganda based on its interactive and participatory nature. Social media have created new opportunities for communication to address specific local needs for individuals and communities as well as increasing mass media penetration through the use of the Internet and mobile phones (Mefalopulos, 2008:60). It is upon this background that the researcher sought to understand how Facebook has been used to facilitate the prevention of HIV/AIDS among young people in Uganda through dialogue, interaction and engagement for social action, which is the purpose of participatory communication.

The social network theory and participation

As discussed in chapter 2, Facebook is a social network structure that connects people. These connections have been explained by the social network theory that highlights the process through which content shared on social media platforms is received, and how feedback is registered through interactions with the message and the message senders. Social networks provide a social environment that can influence and shape the behaviour of individuals by facilitating meaningful communication and engagement based on interrelated social interactions to complete the communication cycle. Through communication, these interactions on social media platforms are representative of social relations that shape human knowledge based on the exchange of symbolic meanings (Fuchs, 2014:78) facilitated by the social network. Wasserman and Faust (1994:4) have explained that the theory recognises:

> (1) actors and their actions as interdependent rather than independent, autonomous units; (2) relational ties (linkages) between actors as channels for transfer of resources (either material or nonmaterial); and (3) the network structural environment as providing opportunities for or constraints on individual action, as well as the (4) social, economic and political as lasting patterns of relations among actors.

These characteristics of the social network bring out the participatory nature of social media where people do interact with the message and can be directly engaged either individually or communally through the network. Participation manifests in form of nodes or actors for efficient social contact at different times and with varied groups which is gives an equal opportunity to individually or communally participate in the decision-making process (Lievrouw, 2013:250) for social change. These nodes or actors may include various individuals, groups, communities, companies, or even countries (Williams and Durrance, 2008:1) that interact in this social space to achieve various goals and objectives. Interaction in this network involves various "expressions, engagement, creation, sharing experiences, contributions and feelings" (Fuchs, 2014:57) premised on communication. It is this communication process that creates connectedness and dependence on one another through various interactions on social media platforms.

This interactive social system enhances cohesion, unity, shared history and close relationships (Cherny, 1999) with social actors participating and bringing into the network new values and interests as defined within this changing social structure. In relation to how this interaction on social media brings about social influence within networks, Buhler and Kohler (2002:7)

identified structural similarity and cohesiveness as key drivers in defining the network social structure. Structural cohesiveness in networks is based on individuals that are highly connected to one another, either directly or indirectly to influence behavioural change (Montgomery and Casterline, 1996:154) while structural similarity looks at how influence is passed on amongst people in similar positions within the network (Buhler and Kohler, 2002:3) to make informed decisions using the other as a frame of reference. Based on structural similarity and cohesiveness, this network provides for a "relational capacity that enables a social actor to influence asymmetrically [and symmetrically] the decisions of other social actor(s) in ways that favour the empowered actors' will, interests and values" (Castells, 2009:10). The shared knowledge in this changing social structure may then result into "cooperation, shared production of new qualities, new social systems or new communities with feelings of belonging together" (Fuchs, 2014:42). This social media network influence creates the need to investigate how such dynamic social network structures contribute to the fight against HIV/AIDS a major social problem globally, and particular to Uganda through assessing "the dynamics, constraints and possibilities of the new social structure" (Castells, 2005:6) as utilised by the *Obulamu* campaign.

To fully understand how these interactions work, Heer and Boyd (2005:1) visualised online social networking as an interconnected system within which members explore, discover and learn from their connections through exposure to information while preserving a fun filled online space. The members in these online communities have shared identity, resources and support with community cues of engagement which are displayed, negotiated and learnt through member shared behaviour which makes the participants feel secure (Baym, 2015:84,91,96). Through the Internet and mobile broadband devices, these new social structures have spaces to interconnect audiences which have been described by Ellison and Boyd (2013:158) to include: (1) uniquely identifiable profiles that consist of user to user supplied content, and or system level data; (2) can publically articulate connections that can be viewed and traversed by others; and (3) can consume, produce and or interact with various user generated content provided by their connections on the site.

It becomes evident then that all opportunities and facilities within these spaces are interconnected online including resources such as information, water, electricity, and gas among others (Van Dijk, 2012:45). This leads to interactions between members mediated by the network (Boyd, 2008:125) in which people appropriate [technological] media characteristics

as resources for social and relational goals, feelings and immediacy, to build and reinforce social structures (O'Sullivan, 2000:428). The result of these social interactions online is networked influence (structural similarity and cohesiveness), which is a transition from social influence whereby one person is no longer being influenced by mass communication or by another person but by the nature or composition of their online networks (Gruzd and Wellman, 2014:1255). Through electronic communication, these networks are given the capacity to coordinate dialogue for appropriate decision-making (Castells, 2000:695) based on common interests and purposes that translate into symbolic meanings and representation among this social structure. The understanding here is that social media structures are an extension of what is happening in real life situations and therefore can be used to negotiate social life including better health outcomes.

Figure 3.1: Visualizing Online Social Networks

Source: Heer and Boyd (2005:1)

The symbolic meanings may include power, materials and spaces within the social structures which allow communication of content and attempts to influence the minds of the members of the public (Fuchs, 2014:75,77). This is symbolically enhanced through content formats that include “shared video, photography, sound and other multimedia means of online interaction that have developed over time” (Baym, 2015:71) reflecting given societal values. It is within such a framework that Facebook functions to facilitate interrelations, interactions and participation for informed decision-making.

The social network theory and Participation

The basic unit of the social network as illustrated in Figure 3.1 Is the individual/user who is the basic target of change and is linked to the society and community through the network (Van Dijk, 2012:45). Participation on social media manifests in the involvement of users and audiences taking up active roles of production, usage, and circulation of content (Jenkins, 2008:3). They contribute to sharing, co-creation, remixing and adaptation of content which makes them part of the social structure (Jenkins, Ford and Green, 2013:152). This enables information, communication, cooperation that have resulted into new kinds of interrelationships through action and engagement (Fuchs, 2014:42) thereby creating and sustaining relationships between others and self (Baym, 2015:1). Participation on social media further encompasses members who believe that their contributions matter, through informal mentorship, whereby the most experienced encourage novices as well as members having a sense of social connectedness to another (Jenkins, 2008:268).

Social media provides a medium for interactivity where user roles maybe manipulated by those involved. This Interactivity relates to the degree to which connections or actors have control over and are able to exchange roles in a mutual discourse (Tubella, 2005:258), which represents a communication process between people as facilitated by the medium. The interaction component of social media is described at various levels to include: the spatial dimension which is two-way communications, that is action and reaction; time dimension of interactivity through synchronous communication; the degree of role exchange by the (inter) actors involved; and the intelligence of contexts and shared understanding realized in some form of face-to-face communication (van Dijck, 2013:11). The interactive power of social media makes the {communication] activity more engaging and increasingly offering avenues for empowerment of subordinated and minority groups such as women and youth (Van Dijk and Hacker, 2000:6) including sexual minorities. Social Networks, whether offline or online, have the capacity of transferring social influence when information about attitudes or behaviours is shared between actors in network (Kumar, Anagnostopoulos and Mahdian, 2008:1) which allows the target population to participate in their own development. With regard to HIV/AIDS for instance, social networking sites may support attitude change against HIV/AIDS amongst youths who are more vulnerable to the disease, and who are at the forefront of using social networks (Mpofu and Salawu, 2014:194).

Social media interactions are enabled through multimedia messaging formats including text,

and audio-visual around various subjects, feelings and situations which build into shared experiences and meanings (Castells, 1996:3). The youth now have a space to "work out identity and status to make sense of cultural cues, and negotiate public life" (Boyd, 2008:120). These identities and cultural cues are manifested through the adaptation of a natural environment where human activities become more uniform akin to physical environment interactions (Flichy, 2013:192). These identities and cultural cues present an opportunity to engage the youth on HIV/AIDS prevention cues or communication as they make sense of public life. The interactions of the youth and young people on social networking sites confirms peer to peer influence, status and identity formation amongst them (Boyd, 2008:129), which enhances social learning and social norms. Social learning is based on information, evaluation and experiences provided by network members, which hastens the acquisition of new behaviours in the social network based on the information received and evaluated from peers (Montgomery and Casterline, 1996:164) to influence behavioural change. On the other hand social norms, are based on behavioural experiences reflected by values of a society and the perceived values of a social network to directly or indirectly influence individual behaviour (Davey-Rothwell and Latkin, 2007:692). Often times, behaviour is changed in order to suit the values of the network largely influenced by friends and those with whom we have regular contact.

In emphasizing this connection, Jackson (2010:1) noted that, "the people, with whom we interact on a regular basis, and even some with whom we interact only sporadically, influence our beliefs, decisions and behaviours". Such relationships lead to a flow and exchange of resources both material or non-material to include social and emotional support, information, expertise, financial advice and services, and business transactions among others (Williams and Durrance, 2008:1). These relationships can be sustained through social media advantages of "persistence, searchability, replicability, and invisible audiences" (Boyd, 2008:120), which grant equal opportunities to receive the same quality of services as members within the network regardless of status. This is an opportunity for marginalised groups and sexual minorities to be heard and sought out (Baym, 2015:96) , which brings out the true meaning of participatory communication through Facebook. The possibilities that the Facebook platform provides may enhance HIV/AIDS prevention among minority groups including the youth, women and sexual minorities based on created relationships within the social network that cater for shared interests among online communities on particular issues and concerns.

Facebook users have an opportunity for socially mediated communication by maintaining interpersonal relationships through information exchange, and entertainment value (Hurt, et al., 2012:6), which is an advantage for health communication interventions or messages. For example, a Facebook user will relate to what is happening around their world through interactions and experiencing with content to develop meaning out of it (Farquhar, 2009:19). Building on this line of argument to health promotion messages, a user may be enable to interact with the sender of the message for questions, clarifications or thoughts and may share the message with friends in their network. It becomes possible for health communicators to engage with their audience to help them make sense of the messages that have been disseminated which may guide the shaping of life [behaviour] and would perhaps result into informed behaviour. Social media platforms are increasingly providing a multimedia digital language that is representative of our cultures and therefore cater for interpersonal, mass communication and mass self-communication, which resonates with today's information, and communication needs.

Social media can be used to reach a potentially global audience, they can be used for the production of self-generated content which can be self-directed to potential receivers who self-select these messages (Castells, 2009:70). When a person on Facebook interacts with someone, "they observe how others interact with that person, observe how others view the interaction, and assesses the outcomes of all of this" (Farquhar, 2009:19). Such a process of self-reflection and interaction between individuals and their communities is evidently dependent on mediated forms of communication (Tubella, 2005:259), which makes it important to recognize that these "experiences, uses and more importantly the potential of new communicative spaces are not purely abstract" (Lister, et al., 2003:186) but have participants within them. Therefore social media promises more opportunities for connection with more people, leading to stronger and more diverse relationships hence changing the nature of our social connections (Bailey-Ross, 2016:16). These platforms provide advantages of user specific messages, customization, and have the ability to track, preserve, and analyse communication.

A question has been raised on whether [new] communication technologies can provide the same bases for interpersonal understanding, learning and cooperation, as a community or village? (Casmir, 1991). In response, Jackson (2010:2) noted that "this network structure serves as a channel for informal insurance and risk sharing, influencing patterns of decisions

regarding education, career, hobbies, criminal activity, and even participation". For instance, Facebook encourages interactions and participation, which are key components in development communication strategies that employ participatory communication models. This interaction and participation may lead to knowledge creation through problem solving by uncovering causes of community problems and mobilizing the creative human potential (Servaes, 1991) in solving social problems through transforming the underlying conditions.

Several studies have illustrated how social media platforms may enhance user participation, social interactions, and behavioural change. A research project on how disabled youth in Norway engaged in online communication shows an appreciation of the opportunity that information communication technologies [social media] have provided them to ease their loneliness through interacting and displaying an identity of ordinary youths (Söderström, 2009:28). The youth easily adopt to new social innovations and ways of thinking including communication which makes them major agents of diffusion (Castells, 1996:360). More so, Uittenhout (2012:41) pointed out the suitability of using social media to target the youth and young people with health communication using findings from a study that used an older audience group. The study was about *the use and effect of social media in health communication about common head lice* in the Netherlands and the conclusion was that passively spreading head lice information to parents' through social media was unsuccessful since parents indicated that they did not see social media as a health information source. What is important to note here is that this study sample did not include young people who have been noted as majority users of social media, it would be interesting to know what the findings would have been if the target group were young people.

Another study on the rapid adoption of social network sites by teenagers in the United States and in many other countries around the world, concluded that social media are arenas for the formation and enactment of social identities and by interacting with unfamiliar others, teenagers are socialized into society (Boyd, 2008:129). A study by Harding, Nettleton and Taylor (1996) on young women at risk of eating disorders found out that young women resisted seeking physical but accessed Internet based guidance. The reasons given were that the information was readily available, accessible and provided a sense of anonymity. The findings from this study further revealed that these young women were able to overcome their attitudes and eating disorders. In South Africa, *Intersexions*, which is a locally produced edutainment television drama series, has been complemented by a social media approach in facilitating

HIV/AIDS awareness. For Instance, through examining audience responses to the *Intersexion's* episode eleven posted on the *Facebook* page, (Smit, 2011:3) established that the discussion covered issues such as homosexuality, Men who have sex with men (MSM) and communication issues in relationships.

Social media has also been used for mobilization in creative ways that were not possible before. This is in reference to social movements that have arisen on the basis of text messaging and governments have fallen as a result. The year 2011 witnessed revolutions, major protests and the various social movements (Fuchs, 2014:84) including the Arab uprisings that were "a spontaneous process of mobilisation that emerged from calls from the Internet and other wireless networks" (Castells, 2012:106). This is because the combination of mobile phones and the Internet is expanding a networked way of doing things, one that is defining a new human experience (Quarry and Ramirez, 2009:134). However, Evgeny Morozov (2010:xiii) has disputed the social mobilisation ability of social media. He noted that the talk of Twitter and Facebook to ignite revolutions is a "naïve belief in the emancipation nature of online communication which has zero political or social impact". In response, Flichy (2013:192) argued that the Internet can make it possible to work "collectively as well as re-establishing a social link that is slackening and to breathe life into public debate and democratic life". It is upon this basis that Castells (2012:229) conclusively noted that digital social networks based on the Internet and on wireless platforms are "decisive tools for mobilising, for organising, for deliberating, for coordinating and for deciding". This example of social mobilisation over the Internet solidifies the argument that social media may be used to disseminate health information as well as galvanise support for the intended social and behavioural change.

The mentioned examples confirm Marshall McLuhan's notion that the medium is the message. He noted that the characteristics and nature of the message for any new technology or medium are about the change of scale, pace and pattern of human interactions (McLuhan, 1964:1), that this medium brings. More so, the power of social media lies in the fact that messages keep their distinctiveness as messages (Castells, 1996:61), which resonates well with people's immediate needs and helps them to develop their own solutions. Therefore as Federman (2004:1) recommended, it is important to understand the medium beyond the obvious changes it brings to society but as well as paying attention to the rather unique effects that may be enabled, facilitated or extended by the new medium. Noticing these changes to our social or cultural contexts as a result of the new medium may facilitate how to appropriately use it to

better the wellbeing of society. Through active online interactions within the social network, social media platforms may provide for audience participation in HIV/AIDS prevention by sharing their lived experiences as well as finding solutions that satisfy their urgent information needs. Further, social media brings the advantage of anonymity to participants since their "gender, race, rank, physical appearances and other features of public identity are not immediately evident" (Baym, 1995:140), which grants them confidence and equal status as members within the network to freely interact and participate. This may lead to greater participation and greater input across members of the group and could be a vital approach in HIV/AIDS prevention strategies among young people.

Though critics of social media have argued that online ties are ephemeral, less sustainable, and easily exit-able, including the argument that this new symbolic environment on social media cannot be substituted for reality (Rice and Haythornthwaite, 2013:98), Castells (1996:328) counter argued that all realities of human communication are through assigned meanings to symbols regardless of the medium, hence all reality is virtually perceived. This means that even the information that is delivered through mainstream media, which have been considered to be effective in health communication, is not exceptional. There could be a sense of change with social media harnessing the dissemination of health messages to online platforms as Heppell (1998:17) noted, "we must not become so obsessed by the technology that we fail to ask pertinent questions about what we want the technology to do?" This provides a research base to explore the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda.

Communication has been used as a "powerful tool that can help improve health outcomes, contribute to eliminating health disparities, promote behavioural and social change" (Schiavo, 2013:xiii) to create an enabling health environment for a better world. Achieving this goal requires "an in-depth understanding of the needs, beliefs, taboos, attitudes, lifestyle, and social norms of all key communication audiences" (Schiavo, 2013:6). In as much as communication acts affect individuals and their social contexts, the communication process is affected by these contexts as well (Waisbord, 2005:80) pointing to the fact that behaviour change does not occur in isolation but rather affected by the macro social structure. Varied factors including the individual, the community and society; do affect behavioural and social change hence a more social approach to health communication (Govender, 2011:54) needs to be applied. This social perspective encourages the participation of individuals and communities in the communication

process in which senders and receivers of information have interchangeable roles in the creation and recreation of meaning (Waisbord, 2001:29). As discussed in chapter 2, Facebook is an interactive platform where the audiences can be engaged in health communication. This is explained by Albert Bandura's social learning theory (SLT) that highlights how this medium may champion better health at both the individual and community level to influence behavioural and social change.

The social learning theory

The social learning theory, sometimes referred to as the social cognitive theory recognises that people can be persuaded into desired behavioural change if they are convinced that it will lead to a positive outcome and avoidance of a negative consequence (Govender, 2011:63). The theory is based on an individual's psychological functioning and symbolic self-regulatory processes (Bandura, 1971:2) and proposes a "multifaceted causal structure in which self-efficacy beliefs operate together with goals, outcome expectations, and perceived environmental impediments" (Bandura, 2004:143). The theory recognises that behavioural change is influenced by the environment in which people live, relate and react (Schiavo, 2013:6) and therefore demands for an understanding of how individuals experience their world (Chasi, 2014:94) in the designing health communication strategies. The theory places emphasis on external factors in affecting and influencing observational learning in which "individuals can observe an action, understand its consequences, and, as a result of personal and interpersonal influences, become motivated to repeat and adopt it" (Schiavo, 2013:13)[65], which may result into behavioural and social change.

This theory demonstrates a link between individuals, their immediate community, and the greater socio-political environment (Goldstein, 2005:466) in explaining how personal factors and the social environment interact and influence each other which leads to individual behaviour and social change (Odutolu, 2005:242). This reciprocated influence on behaviour and observational learning enhances social change and modelling based on Bandura's "Bobo Doll" experiment Observational learning entails one taking on a behavioural action through understudying others. Trusted role models are an important factor for reciprocal behavioural change based on the relationship between the environment and the individual (Bandura, 1971:2). However, it is important to note that observational learning follows a social learning process based on the modelling process that may contribute to behavioural changes. Social

[65] https://explorable.com/social-learning-theory?gid=1596

learning involves the acquisition of information related to various subjects such as a new technology or the social, health and economic consequences from other individuals that influences decision making (Odutolu, 2005:247). As discussed in chapter 2, it is through social learning that social media networks influence and affect individuals through collaborative interaction (Wollan, Smith and Zhou, 2011:xiv). Six steps determine the success and extent of the social learning process. The first step is ***attention,*** which refers to people's alertness and interest in the action being modelled. The more interest individuals have in what is being modelled, the more they will learn. Here Bandura (2004) noted that self-motivation is required for one to adopt and maintain new lifestyle habits.

The other steps include ***retention*** that describes people's ability to recall actions that are modelled (Sincero, 2011)[66]. Retention is necessary to store information about a new observed behaviour for it to be learned (Bandura, 2004:149). It helps in building knowledge about given health risks and associated benefits that accrue from adopting the modelled behaviour (Schiavo, 2013:xix), which is a pre-condition for behavioural and social change. This stage is followed by ***reproduction or trial*** that relates *to* people's ability to put into action what has been modelled and observed (Schiavo, 2013:xix). For this step, one is required to demonstrate the learned modelled behaviour through practice for improvement of their well-being (Sincero, 2011)[67]. The next step is ***Motivation*** that describes the people's will and intention to perform the desired action. This may be based on various physiological and social influences including the support of peers and family members through efficacy to perform the desired behaviour (Bandura, 2004:46). People or individuals need to believe that they have the power and ability to adopt desired actions that may result into desired changes, which are in their best interest (Schiavo, 2013:134).

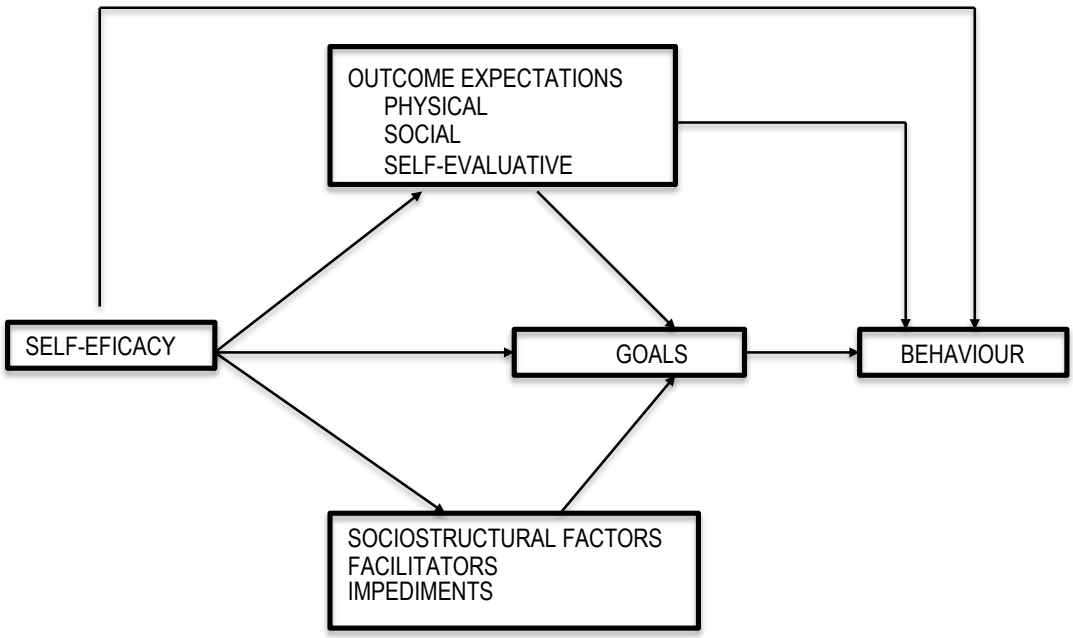
The last steps are ***performance,*** which relates to the individual's ability to take on a desired action consistently through adopting personal standards to monitor and self-regulate their behaviour by self-evaluation (Bandura, 2004:144) and being able to resist ways that breed lapses in the desired action (Schiavo, 2013:84). This step leads to ***self-efficacy****, which* is about the individual's self-belief and confidence to refrain from undesirable behaviour (Sincero, 2011)[68]. Under this step, the individual is able to exert control over their own emotions, thought processes, motivations and patterns of behaviour, which is an important role in the causal

[66] https://explorable.com/social-learning-theory?gid=1596
[67] https://explorable.com/social-learning-theory?gid=1596
[68] https://explorable.com/social-learning-theory?gid=1596

structure of the social learning theory (Odutolu, 2005:242).

At this level, individuals have the confidence to control their health habits, weighed against expected costs and benefits for the realization of given health goals (Bandura, 1971:8). For example, if an individual has high efficacy beliefs regarding taking an HIV test in order to live a responsible life style, they will go ahead and take the test despite the surrounding obstacles including fear of taking the test. Thus, the chances that an individual will act on a challenge depend on the extent of their belief they can implement the required actions to solve the challenge or problem (Strong, 2008:56). Further, self-efficacy shapes a positive attitude towards the desired behaviour because "the stronger the perceived self-efficacy, the higher the goals people set for themselves and the firmer their commitment to them" (Bandura, 2004:145) as summarized in the figure below.

Figure 3.2: Structural Paths of Influence



Source: Bandura (2004:146).

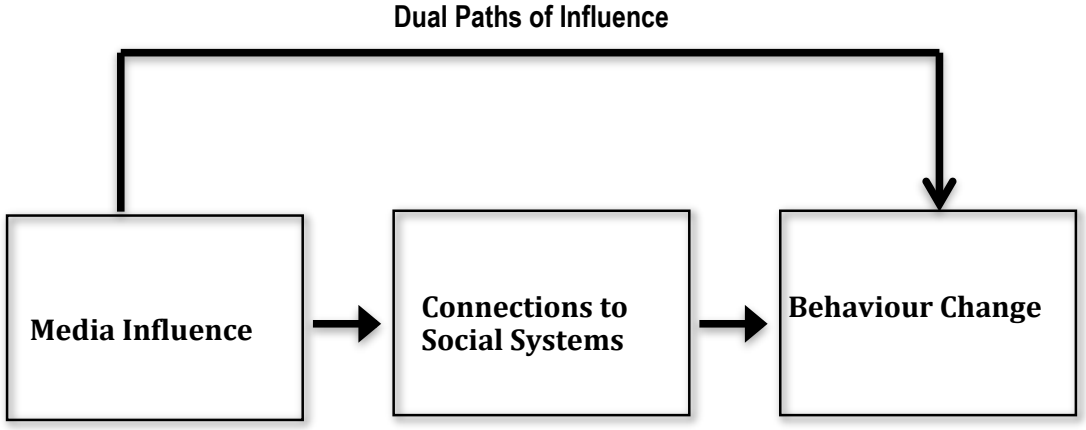
The above Figure 3.2 demonstrates "structural paths of influence wherein perceived self-efficacy affects health habits both directly and through its impact on goals, outcomes expectations, and perception of socio-structural facilitators and impediments to health-promoting behaviour" (Bandura, 2004:146). It is through these processes that the social learning theory looks at human behaviour as a sustained continuous interactive relationship

between individual's cognitive, behavioural and environmental factors in recognising that people will learn from personal experiences and observable actions of others (Bandura, 1971:9) to influence their behaviour which may aggregate into social change. "It describes a dynamic, on-going process in which personal factors, environmental factors, and human behaviour exert influence upon each other" (National Cancer Institute, 2005:25), which is a representation of cobweb or collective interactions that are evident in a social networked structure. In this networked structure, "social norms emerge out of situational definitions, as people learn to read cues from the environment and the people present to understand what is appropriate behaviour" (Boyd, 2008:128). This theoretical insight brings out the participation and interactions between individuals and their networks [environment] in influencing behaviour change. The social learning theory has been used in a number of social and behavioural change communication programmes including the South African *Soul city* edutainment episodes in designing HIV/AIDS communication in a broader context (Goldstein, 2005:466) for behavioural and social change.

Contextualising the theoretical framework

The gist of participatory communication is the need for people to share and pass on meanings and ideas (Schiavo, 2013:5), enabled through notions of access, participation and self-management. These notions have been facilitated by the mainstream media through dual paths of influence to champion the change of health behaviour. According to Bandura (2004:150) these include: the *direct pathway*, which is informed by delivering information, using modelling and advise on personal changes and the *socially mediated pathway*, where the media is instrumental in linking participants to networks within their social context and community systems. This is illustrated in the figure below:

Figure 3.3: Dual Paths of Influence



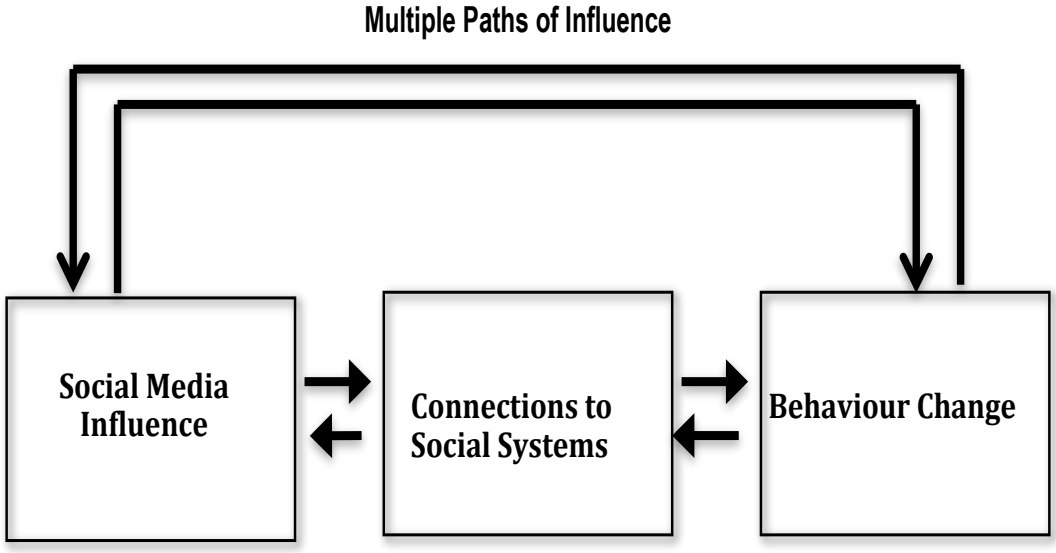
Source: Bandura (2004:150)

The above Figure 3.3 illustrates **"**paths of influences through which mass communications affect psychosocial changes both directly and via a socially mediated pathway by linking viewers to social networks and community settings" (Bandura, 2004:150). However, these paths of influence have been partly limited by one-way mass communication attributes leading to the conclusion that traditional mass communication are limited to availing information on the possibilities and practices of a given behaviour (Servaes and Malikhao, 2008:94). The desired action on a given social behaviour requires dialogue and engagement, which is core to participation and may be limited in mainstream media. This is where social media takes centre stage and complements traditional media with its interactive two-way attributes to facilitate participatory communication. Social media have a double advantage over traditional mass media because of the multiple pathways that are informed by continuous personalized engagement, advise and social support for desired behavioural and social changes (Bandura, 2004:150). Social media presents new interactive social environments in which individuals and society can now engage through modelling and messaging for behavioural change within this social space, which presents an opportunity for health communication to tap into these opportunities.

The Figure 3.4 below is a modification of Bandura's dual paths of influence as visualized by the researcher to depict social media attributes as a cobweb of interactions to influence behavioural and social change processes. This figure indicates multiple interactive paths of influence and engagement as depicted by the cyclic flow of the arrows to emphasize, re-

emphasize and reinforce behavioural messages that are directed at individual or community level to affect behaviour. This sequence denotes constant engagement and reinforcements through mean making and sharing of knowledge and experiences with feedback within the social media structure. Each of the players, individuals, their network or community are free to participate and take advantage of the social media platform at any stage, which represents an open continuous process of engagement and participation to influence self-efficacy or empowerment for the desired behaviour which is the goal of health communication.

Figure 3.4: Multiple Paths of Influence



In relation to Figure 3.4, social media enables multiple paths of influence at various points of interactions, which may affect and reinforce behavioural health changes that are usually achieved in a long-term process that requires a continuous participatory process. This process involves interested audiences and the use of appropriate and culturally relevant channels of communication (Schiavo, 2013:12). Research encourages communicators to select the most appropriate message medium for their interventions and thus, social media provides an ideal platform for the participation from the intended audience (Gumucio-Dagron, 2006:708). Important to note though, is that social media platforms are tools that have to be explored to achieve behavioural health goals and not a panacea. These Interactive technological innovations are not an isolated instance, but reflect a given state of knowledge in society at a given time (Castells, 1996:61). Therefore, as tools "they cannot do much if individuals cannot motivate themselves to take advantage of what they have to offer" (Bandura, 2004:150), which

is a caution to health communicators to have a network of producers and users who can employ these tools to communicate their experiences cumulatively (Castells, 1996:374). This is useful in building motivation, guidance as well as self-efficacy skills for the desired behavioural and social change (Bandura, 2004:162).

As Bandura (2004:144) pointed out, one of the components of behaviour change is social observational learning, which is embedded in participatory communication through dialogical observations that facilitate learning from one another. Social media may facilitate this process based on interactive conversations through the exchange of information and technical guidance between senders and receivers of information. This should be on a levelled ground based on a seamless exchange of roles to enable improved understanding of the shared knowledge for greater consensus and exploration of the possible desired action (Exchange, 2005)[69]. Presently, health communication is focusing on social change with an emphasis on the role of social structures and cultural influences in addressing development results. However, applying the full participation from communities for effective responses is a big challenge (Govender, 2011:73), which could be solved by social structures created within social media platforms where all users have an equal chance to participate and engage on a given issue at hand.

It is worthy to note that health communication is audience centred and involves a long-term process of understanding audience desires and needs. This calls for partnership and active participation "in the process of analysing the health issue and finding culturally appropriate and cost-effective solutions" (Schiavo, 2013:12). Social media fits in well with the tenets of participatory communication that include pluralism and diversity to accommodate the involvement and exchange of roles between senders and receivers resulting into more voices, more opinions and interactive feedback. Feedback can be personalized and segmented to cater for individual participant's or society's unique needs towards efforts of desired behaviour (Bandura, 2004:150). With social media, the health communicator is sure of whom they are communicating to, through user engagement and timely feedback. Coupled with user analytics, the health communicator is able to know the level of message reach, engagement and interaction through comments, likes and shared messages in the network. Such attributes are

[69] http://www.healthcomms.org/comms/

characteristic of the Facebook platform as discussed previously in chapter 2.

Participatory communication recognizes that cultures and social contexts are unique with each generating its own processes of change and so are individuals. This is also a major emphasis in the social learning theory whereby environmental factors and interactions have an influence on individual behaviour hence a universal message cannot be effective for all differing contexts. The focus then should be to have relevant customized content for users that has to be adapted to the specifics of the intended audience based on contexts that address their interests, concerns and needs (Servaes and Malikhao, 2009:47). This calls for the creation of content that is considerate of individual, local, cultural and other contextual issues of the target group to engage with and contribute to the development of health programmes (Govender, 2011:74) which helps in raising interest and potential engagement. Moreover, Social media platforms provide for small group and specific targeting which encourages interaction that brings life or reality to the messages whereby the intended user will have a chance to dialogue with the health communicator for reassurances, consensus and feedback. This may create a flexible and mutual relationship between professionals and their targeted communities facilitated through active dialogue for collective action. The community will feel that it is part of the process which is the goal for social change (Govender, 2011:62) to affect behavioural change in a timely manner through the flexibility that these platforms offer.

Since contexts and conditions within which individuals and societies function are very dynamic, interactions with behavioural change messages in a timely and accessible environment may help to encounter emerging issues and developments that may demotivate the adoption of desired health decisions. Social media provides a platform for immediate feedback and engagement through synchronous and asynchronous communication for reference. The message is always available for the audience to refer to for timely support and decision-making. The social learning theory recognizes that behavioural change is a long-term process that requires commitment to health goals as particularly highlighted under the motivational step in behavioural change. However, sometimes health campaigns are of a short-term period and may want to achieve intermediate goals such as increasing knowledge or awareness of a health problem, with an assumption that the audience will automatically apply these to their given contexts (Snyder, 2007:34). Resonating with the social learning theory, participatory communication recognizes that behavioural change is a long term oriented process to stimulate critical thinking, based on a deeper understanding of the context of the intended audience as a

way of building consensus about the potential plan of action (Schiavo, 2013:16). Social media allows for such engagement between the sender, the targeted audience and their network based on their capacity to overcome time and space, thereby presenting an opportunity for stronger appeal and close interactions in the participatory processes (Mefalopulos, 2008:63). Social media makes the availability and access to relevant, reliable, and culturally appropriate information easy and timeless, which may enable the solving of personal and public health concerns in more efficient ways (U.S. Department of Health and Human Services, 2010). Through the use of social media, a multiplied communication relationship develops through interaction, which is vital to the success of health communication interventions for both short-term and long-term deliverables.

This communication relationship can help build long-term successful partnerships and coalitions aimed at securing credible stakeholder endorsement of health issues, and expand the pool of ambassadors (Schiavo, 2013:21), to advance the health cause through trust and rapport that results into empowerment. Empowerment is a necessary component in the success of participatory communication as it "nurtures our self-awareness and sense of confidence and helps us to understand and change our situation in our own terms" (Quarry and Ramirez, 2009:20). Such applied knowledge is reflected in the self-efficacy step of the social learning theory where individuals have the confidence in their ability to perform and sustain the action and therefore actual performance (Schiavo, 2013:41). Thus, communication relationships via social media create an environment for social learning through networked influence that may result into shared meanings and understanding to set the pace for the process of self-discovery and in others the capacity to bring about the desired change. Social media builds empowerment for health communication by providing information and receiving feedback from the audience as a way of bettering their health choices and actions (Waisbord, 2001:12). This inner consciousness to take action helps individuals and society to have an active role in the decisions that define their lives.

Social media are multimedia platforms and therefore health messages in form of text, audio, video, and posters among others can be put on one platform and are readily available to the audience that may want to access such material. This makes social media use more cost effective in participatory health communication in the sense that it allows health communicators to use minimal human and economic resources in advancing health goals (Schiavo, 2013:18). A reduction in costs incurred in facilitating health campaigns in multiple mass media, which are

time bound maybe realised since the messages that have been produced are stored online and are readily available on the social media platform. The users through navigation of the platform can easily access this content to satisfy their information needs for timely decisions and choices about their health behaviour.

Conclusion

As discussed earlier the main benefits of social media and Internet based platforms to health communication include the ability to track, preserve, and analyse communication, user control and customization of the communication system; increased interactivity and capacity for feedback (National Cancer Institute, 2005:32). However, these can further be expanded as noted Bandura (2004:162) that "we can further amplify our impact on human health by making creative use of evolving interactive technologies that expand the scope and impact of health promotion efforts**".** From this call, it is worthy to note that the environment for communicating health is changing globally and in Uganda with advancements in technological innovations yet there are more health issues that require public attention and the growing demand for better quality information from the consumers (Rensenburg and Krige, 2011:94). The social learning theory emphasizes the need to have a broader perspective and a socially oriented agenda of research and practice if significant contribution is to be made for the betterment of human health.

Therefore, in this era of technological advancements, society becomes aggregated and at the same time disaggregated and so are the means of communication with heavy reliance on mobile and Internet devices among the youth. From this discussion on the theoretical framework, social media represents an available networked community that can be targeted with HIV/AIDS communication through individual targeting as well as community mobilisation. The youth and young people are the main target for HIV/AIDS prevention efforts in Uganda and are popular with social media platforms. This forms the foundation for this enquiry into the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda. This theoretical framework as discussed in this chapter, acts as a guide in addressing specific research questions for this study whereby the *Obulamu* case study falls within the social learning theory as the current social and behavioural change intervention towards HIV/AIDS prevention in Uganda. The social learning theory has been widely used in designing health communication interventions and therefore covers researcher question one that seeks to investigate how Facebook has been used in the *Obulamu* campaign.

Research question two explores audience perceptions on the use of Facebook in HIV/AIDS prevention among young people. In seeking views of young people on the use of Facebook in HIV/AIDS interventions, tenets of participatory communication come into play as users are engaged to share their experiences in this study. The application of participatory communication extends to research question three that seeks to address how Facebook can best be used in HIV/AIDS communication. In seeking recommendations from young people through discussions to address this question reflects collective dialogue and interactivity, which are elements of participatory communication. The social network theory explains how interactions and relationships are built on social media that facilitate social learning, a critical element in the social learning theory. These theories are important in addressing the contribution of Facebook in HIV/AIDS prevention including the ways in which this contribution can be assessed and documented in health communication.

The next chapter discusses the methodology highlighting the research approach, methods of data collection and sampling techniques. It provides for a reflective account of the methodological process including the challenges in the collection of this set of data.

CHAPTER FOUR: Methodology

Introduction

This study explored the potential and contribution of Facebook in HIV/AIDS communication interventions among young people in Uganda. In this chapter, the researcher reflects and expands on the research paradigm, research design, and approach, including other methodological aspects: sampling, recruitment, data collection, data analysis and ethical considerations that are important to this study. The methodology guides the steps to how the research questions were asked and answered (Struwig and Stead, 2015:54). It was therefore prudent for the researcher to have a clear methodological approach that guided the collection of data (Flick, 2009:182). Thus, this chapter details the plan and various methodological considerations that were followed to complete this study.

The research paradigm

The research approach to this study was based on the interpretive or constructivist paradigm. This was the lens through which reality was derived based on a set of principles, assumptions and beliefs that give raise to particular orientation and understanding about the world (Nieuwenhuis, 2007a:50-51).The paradigm shows the relationship between the research question and the selected research methods, and guides the criteria for choosing appropriate research tools (Fossey, Harvey, McDermott and Davidson, 2002:731). This research paradigm reflects views on how the world is perceived based on ontology: which relates to the realities about nature; epistemology: the understanding between what is known and the unknown; (Lincoln and Guba, 1985); and the assumptions about methodologies (Nieuwenhuis, 2007a:53). Through this interpretivist approach, participants' subjective meanings and experiences about the phenomenon are allowed to develop (Creswell, 2013:47) and accommodated as part of the research findings. It is these constructs that people use to interact and relate with each other within their social environments that reality and meaning is constructed by the researcher from their subjective experiences of social life to enable the process of research findings (Nieuwenhuis, 2007a:55-56).

In this paradigm, it is the participants' mind that is mainly explored and probed for meanings about a given phenomenon within their social context (Nieuwenhuis, 2007b:99). This is the reason why the under-represented or marginalised groups in form of gender, race, class, religion, sexuality or geography (Ladson-Billings and Donnor, 2005:282) are represented in

such studies as highlighted in chapter 2—because of their lived experiences or views that they hold in regard to the context. The literature reviewed in this study points to the women, youth and sexual minorities as under-represented when it comes to mainstream media access yet they are more active when it comes to alternative media including social media (International Telecommunications Union, 2015). This prompts the research question that seeks to understand how the Facebook platform becomes important to this group of people in HIV/AIDS communication efforts. The aim is to gather different perspectives in analysing the research question under study through seeking insights about the situation or phenomenon from these participants (Nieuwenhuis, 2007b:100). This calls for methods and tools of inquiry that can be used to know and understand the nature of this research reality or question based on the participants' subjective experiences that are shared with the researcher.

The methods for knowing, or tools of inquiry about the nature of reality (epistemology), are based on the inclination that "the world is made up of people with their own assumptions, intentions, attitudes, beliefs and values, and that the way of knowing reality is by exploring the experiences of others regarding a specific phenomenon" (Nieuwenhuis, 2007a:55). The research methods for eliciting experiences from the participants were based on the qualitative nature of this research, which accepts and acknowledges the interactive relationship between the researcher and participants, as well as their lived experiences that determine their constructed meaning of reality (Creswell, 2013:47). This study employed a case study design with in-depth interviews and focus group discussions as techniques for data collection.

The qualitative research approach

This study predominantly employed qualitative research techniques as guided by the nature of the interpretive or constructivist research paradigm and the theoretical framework as previously explained. The constructivist paradigm generally depicts members of society as interactive and engaging participants in the processes of knowledge creation for their individual and community development. Qualitative research involves a naturalistic/humanistic inquiry in which both the researcher and participant are active in the research process to enable the researcher's understanding and interpretation of the participant's point of view (Struwig and Stead, 2015:102). This brings out the richness and in-depth of data to be analysed and presented. Qualitative studies are best at answering the humanistic 'why?' and 'how?' questions (Marshall, 1996:522) in order to achieve a comprehensive understanding of various

psychosocial issues as well as “exploring diversities in cultural and personal beliefs, values, ideals, and experiences” (Luborsky and Rubinstein, 1995:90).

The choice of the qualitative approach was further guided by the nature of the research questions as spelt out in chapter 1, which required an in-depth inquiry that could only be achieved through qualitative data collection techniques. Qualitative research is broad, inclusive and is associated with many data collections methods such as “interviews, focus group interviews, and unobtrusive measures” (Struwig and Stead, 2015:102). The researcher employed in-depth interviews and focus group discussions for this study as explained later in this chapter. These data collection methods allowed the researcher to interact with the participants, which was an opportunity to engage their reality by observing and engaging them on various aspects of the study. The participants also had an opportunity to elaborate on their submissions, thereby providing more detailed explanations.

Qualitative research focuses on developing an understanding of the meanings described by research participants about the research question within their natural context (Nieuwenhuis, 2007a:55) hence an emphasis on the form and content of human interactions as analysed for their qualities (Keyton, 2006:59). This is often expressed in word or text documented accurately to represent human behaviour and experiences in descriptions. This makes qualitative research flexible and open to the possibility of various data interpretations obtained through a relatively open and unstructured manner (Struwig and Stead, 2015:11-12). This, however, results into the major shortcomings or weaknesses of qualitative research, that is, collecting and analysing of data is often time consuming, the results are often subjective, and the knowledge produced may not be generalised (Johnson and Onwuegbuzie, 2004:20). These weaknesses notwithstanding, qualitative research primarily focuses on the in-depth and richness of data (Struwig and Stead, 2015:17). This brings about greater clarity on how people make meaning of a given phenomenon in a specific context for a greater understanding of the human condition (Nieuwenhuis, 2007b:81).

This study required an interaction with participants to enable the sharing of meaning in their lived experiences about the research problem. Therefore, the case study design provided a deeper understanding into the research question by providing the researcher with an opportunity to explore points of contrasts and convergence in the construction of meaning about the research question from the information that was provided by the participants.

Case study research design

The case study design assisted the investigator to explore real life situations as developed through an in-depth understanding of the cases of interest for a specific illustration over time (Creswell, 2013:97). Although a detailed discussion on the case study, the *Obulamu* campaign, is provided in chapter 5, it is important to mention it in this section as a representative of a thorough, holistic and in-depth investigation of researchable aspects that were of interest to this study (Kumar, 2011:57). The approach to this campaign guided the development of research questions, the choice of key informants and other study participants, some of whom were directly involved in the running of this campaign while others were the target audience as elaborately explained under the section on population and sampling on page 85. These participants were representative of a unit of analysis, which is a situation, an event, an entity, or an individual selected to investigate phenomena within its real life context based on a variety of data sources (Baxter and Jack, 2008:545-546).

The case study was further used as a research method (Yin, 2004:2) to determine compatible data collection techniques for this study. Cases studies involve detailed, in-depth data collection methods involving multiple and various sources of information obtained through field observations, in-depth interviews, audio visual material, and reports (Creswell, 2013:98) which are presented by highlighting case themes and descriptions during the analysis of data. The data collection techniques for this study were in-depth interviews and focus group discussions. These techniques are elaborated under data collection techniques on page 91. The case study design is very resourceful in exploring an area where little is known, for a holistic understanding of the situation (Kumar, 2011:123) through focusing on a particular example (Wimmer and Dominick, 2014:4). In this case the study explored the use of social media in HIV/AIDS communication, which is a new approach in disseminating prevention and treatment information in Uganda as was discussed in chapter 1. This enabled the researcher to have insight, discovery, and interpretation (Merriam, 1988:28-29) for the appreciation of the different constructs and meanings that people have lived through their experiences. The data from these personal experiences, beliefs and values are subjective and biased narratives (Nieuwenhuis, 2007b:80) but instrumental in answering the “how” and “why” questions. These questions cover contextual conditions which are appropriate to the phenomenon under study; since there is no clear separation between the phenomenon, the context and the behaviour of participants cannot be easily manipulated (Yin, 2013:13). Qualitative research recognises that

these subjective narratives are acceptable and true experiences for those who have lived them (Nieuwenhuis, 2007a:55).

Case studies aim at a comprehensive understanding of how participants make sense of the research problem through interactions in a specific situation (Nieuwenhuis, 2007b:75). This brings out the idiographic nature of qualitative research (Struwig and Stead, 2015:16) portrayed by the use of specific situations or cases to find out "how" and "why" things happen, investigate contexts, realities and extents of planned results and outcomes (Creswell, 2013:45). This can be achieved through the use of multiple sourcing techniques in data gathering with the researcher determining what to gather and how to analyse the data beforehand to appropriately answer the research question (Nieuwenhuis, 2007b:76). However, these advantage points come with difficulty in reporting findings in a simpler manner to be easily understood by the reader due to the complex nature of the case study design (Baxter and Jack, 2008:555). The design has also been criticised for lack of scientific rigour and reliability and failure to address the issues of generalisability (Johnson and Onwuegbuzie, 2004:21).The other criticism about the case study design is the dependence on a single case as a point of reference making it incapable of providing a generalising conclusion (Nieuwenhuis, 2007b:76).

Moreover, on the use of multiple case studies to address the above limitation, Creswell (2013:101) argued that studying multiple cases may dilute the overall outcome of the study, cautioning that "the more the cases in individual studies, the less the depth in any single case […] the issue becomes "How many cases" usually for generalisability". Such criticism notwithstanding, the case study design provides opportunities for tremendous perspectives and insights for a deeper understanding into a case while facilitating the researcher to collect data from a variety of relevant sources under exploration (Baxter and Jack, 2008:556). The *Obulamu* campaign was selected because of its utilisation of Facebook in its HIV/AIDS communication effort. This qualified it as an appropriate case study to understudy the potential and contribution of Facebook in HIV/AIDS communication among young people in Uganda. In order to achieve the objectives of the study, the target population and sample were identified following the sampling and recruitment criteria that were laid out for this study.

A number of studies have investigated health communication through social media using various methodological designs. For instance, a study on *engaging social media for health communication in Africa: approaches, results and lessons,* by Adebayo (2016) engaged the

case studies design to investigate a range of social media interventions for social change in selected African countries. The study concluded that effective deployment of social media in health communication required applying a theory of change model, creative integration of multimedia platforms and meaningful participation of all actors to generate a new development narrative. Implications for health communications theory, practice, policy, research and training are also addressed. Particular to HIV/AIDS communication, Mitchell and Murray (2012) employed a qualitative approach through the use of various interviews and artefactual texts to investigate methodologies that are *appropriate* for exploring social networking practices and youth advocacy in HIV awareness and prevention which focused on social networking practices of young people between the ages of 15 and 29 in relation to their sexual health in South Africa. The study concludes with a consideration of how the tools and methods applied to the global YAHAnet platform could be applied to the online practices of young people in South Africa. In an investigation into how *the Intersexions Facebook page is used for HIV prevention, care and support and treatment in South Africa*, Smit (2011) employed the *qualitative* approach through reception analysis to determine whether the *Intersexions* messages facilitated any social or behavioural changes amongst the viewers/participants. The study established that social media could be used in conjunction with these edutainment initiatives to encourage discussion and participation amongst the viewers/participants in order to facilitate awareness and knowledge regarding HIV and related issues.

The above studies support the use of the qualitative approach in studying social media approaches in HIV/AIDS communication among young people. Therefore, the use of in-depth interviews and focus group discussions for this research is sufficient in exploring (1) how Facebook has been used in the *Obulamu* campaign, (2) the audience perception on the use of Facebook in HIV/AIDS prevention among young people, (3) how best Facebook can be used for HIV/AIDS communication and (4) how the contribution of Facebook in HIV/AIDS prevention can be registered. The findings from this study are an important contribution to the growing body of knowledge on social media and HIV communication among young people in Uganda as the country galvanises its communication approach in the fight against HIV/AIDS.

Study population and sampling

The participants for this study included personnel from the Ministry of Health, Uganda Health Marketing Group (UHMG), Family Health International (fhi360), and Communication for Healthy Communities (CHC), Philly Lutaaya Cares, Reach A Hand Uganda (RAHU) as well as social

media experts who formed the key informant sample. The study included participants in various focus group discussions who were Facebook users between the ages of 18–30 years. These study participants were representative of the study population which has been defined by Berg and Howard (2014:50) to include the entire set of persons, or objects with characteristics that are of interest to the researcher and meet the inclusion criteria for the study. The researcher's interest in this study population was based on the nature of work that the key informants were engaged in which was related to the research problem. These included personnel from the Ministry of Health and others from organisations that work in the area of health promotion that were relevant to this study.

The Ministry of Health guides health policy and programme implementation on HIV/AIDS in Uganda, UHMG deals in marketing of health products and services in line with sexual reproductive health, Communication for Healthy Communities (CHC) is mandated with monitoring and approving all public messages related to health promotion including HIV/AIDS, and Family Health International (fhi360) is currently managing the national *Obulamu* campaign that includes HIV/AIDS related communication interventions. Philly Lutaaya Cares is a non-governmental organisation involved in health education on HIV/AIDS, and Reach A Hand Uganda is a non-governmental organisation that uses social media packaging of sexual reproductive health information for the youth while social media experts are knowledgeable with insights and experiences on social media platforms in Uganda. The Facebook users included both urban and semi–urban young people who are the majority users of social media platforms as discussed in chapter 2, and are the intended audience for most HIV/AIDS communication efforts in Uganda.

The study population highlighted above presents a big pool of participants to be effectively engaged in this study. According to Joanne Keyton (2006:254), it is unrealistic for one researcher or even a team of researchers to effectively capture the totality of experiences from this study population. It is in such instances that Marshall (1996:522) advised that it is neither practical nor efficient to study whole populations without ethical challenges. Overcoming such a challenge requires selecting a group out of this population that will provide the appropriate information needed for the study (Ritchie, Lewis, Nicholls and Ormston, 2013:77). It is on this basis that a sample was derived as a representation of a group of people, events, or other elements of the study population and is relevant to the phenomenon under investigation (Marshall, 1996:522). Through applying purposive and quota sampling approaches, the

researcher was able to select a manageable, yet sufficient number of participants to engage in data collection and successfully complete this study in the given time period.

Sampling strategy

In order to disaggregate the population for this study, the researcher employed purposive sampling and quota sampling techniques. Information-rich participants were identified purposively (Struwig and Stead, 2015:127) through the process of selecting subjects intentionally to "represent some explicit predefined traits or conditions" (Luborsky and Rubinstein, 1995:89) that resonated with the study in assisting the researcher to better understand the research question (Keyton, 2006:121). On the other hand, quota sampling "is a method for selecting numbers of subjects to represent the conditions to be studied rather than to represent the proportion of people in the universe" (Luborsky and Rubinstein, 1995:104). The sample selection depended on the characteristics of the participants to adequately answer the research questions (Marshall, 1996:523). These two sampling strategies merit in their complementarity of the sampling procedure whereby purposive sampling provided the relevant people to enable exploration, description and interpretation of meanings occurring within each of the study conditions while quota sampling assured the inclusion of people who may be under-represented by the purposeful sampling technique (Luborsky and Rubinstein, 1995:96).

The key informant sample for this study involved 12 respondents who shared insights on the potential and contribution of Facebook in HIV/AIDS communication interventions among young people in Uganda. For diversity of information, these respondents were selected from portfolios of management, field implementation, advocacy, as well as subject experts. These included Dr. Anthony Mbonye, the director general in charge of health services and Mr. Michael Muyonga, the in-charge of information and education communication (IEC) at the Ministry of Health; Ms Josephine Waturo the social marketing officer and Mr. Joseph Waninda, the Social Media Officer at Uganda Health Marketing Group; Mr. Venancio Ahabwe, the national technical advisor for communications at Communication for Healthy Communities and Mr. Emmanuel Kayongo the National Media campaign Manager for *Obulamu* campaign at Family Health International. Other participants included Mr. Asuman Bakshi, the programmes manager at Reach a Hand Uganda, Mr. Daudi Ochieng, a Health communication expert and Ms Tezra Lutaaya, the co–founder of Philly Lutaaya Cares. Other informants were social media experts who included Mr. Gerald Businge, a Director at Ultimate Media Consults, Mr. Michael

Niyitegyeka, an information technology expert, and Mr. Dennis Jjuuko – a new media lecturer at Ndejje university.

It is important to note that in qualitative research, the sampling process continues until emerging themes from the data are explored fully and developed to provide sufficient information to describe the phenomena being studied (Fossey, et al., 2002:730). During data collection, other interviewees recommended Mr. Asuman Bakshi and Mr. Joseph Waninda as relevant key information resources for this study. This reflects the snowball sampling method, Snowball sampling is "accomplished by getting referrals from individuals who are already participating in the research" (Keyton, 2006:254). These sampling strategies were important to effectively employ in-depth interviews and focus group discussions as data collection techniques for this study.

Recruitment strategy

The inclusion criteria for key informant interviews was based on their "practical knowledge of the research area, the available literature and evidence from the study itself" (Marshall, 1996: 523) which characteristics were relevant and of interest to the researcher. Key informants from organisations were engaged based on their roles and work descriptions, position and knowledge of the subject under study. Social media experts were purposively selected based on their experience with social media to provide the necessary insights needed for the study. Further, six focus group discussions were employed for this study. These were sufficient for this qualitative study as Greg Guest, Namey and McKenna (2016:4) noted from their review of 62 text books that there was no guidance on the number of focus groups needed for a study but saturation[70] was a key determinant. This was the principle that was followed in collecting data for this study. These focus group discussions were given number codes. It is these codes that have been used in the presentation and discussion of data in chapters 5 and 6.

The inclusion criteria for focus group participants was based on particular issues of discussion that were related to the research problem and common among a given subgroup (Struwig and Stead, 2015:103) as outlined in the discussion guides (see Appendix II). These different focus groups were derived from the literature reviewed to include young people, women, and sexual minorities (See: Moorhead, et al., 2013; Bevilacqua, 2014). These were representative of the

[70] Theoretical saturation refers to a point at which no additional data are being found whereby the researcher can develop properties of the category (Glaser and Straus 1967:61)

"conditions to be studied rather […] than the proportion of people in the universe" as guided by quota sampling (Luborsky and Rubinstein, 1995: 104).

Figure 4.1: Summary of the FGD sampling criteria

Focus group	Description	Recruitment criteria	Supporting group literature
FGD 001	Makerere University youth group	The university youth participants were recruited through their student leadership on condition that each participant had an active Facebook account.	The youth between 18–29 years, have been reported with high infections rates, and are a target of most HIV/AIDS communication in Uganda (Emodeck, 2015)[71].
FGD 002	Female only student focus group	The university youth participants were recruited through their student leadership on condition that each participant had an active Facebook account.	The interactive power of social media makes the [communication] activity more engaging and increasingly offering avenues for empowerment of subordinated and minority groups such as women and youth (Van Dijk and Hacker, 2000:6) including sexual minorities
FGD 003	Male only student focus group	The university youth participants were recruited through their student leadership on condition that each participant had an active Facebook account.	The youth between 18–29 years, have been reported with high infections rates, and are a target of most HIV/AIDS communication in Uganda (Emodeck, 2015)[72].
FGD 004	Represented sexual orientations of lesbians, gay, bi-sexual, trans-gender, inter-sexual (LGBTI)	The participants were recruited through Sexual Minorities Uganda (SMUG) their umbrella organisation.	Social media is an opportunity for marginalised groups and sexual minorities to be heard and sought out (Baym, 2015:96)

[71] http://www.newvision.co.ug/news/669378-hiv-infections-still-high-among-youth.html
[72] http://www.newvision.co.ug/news/669378-hiv-infections-still-high-among-youth.html

FGD 005	Participants on the *Obulamu* community Facebook page	The administrator of this Facebook community page assisted the researcher in recruiting the participants for this focus group discussion.	A media access survey in Uganda still positions radio as the most accessed although the mobile phone is catching up at 63% and mainly used by young adults (Uganda Communications Commission, 2015a:11)
FGD 006	Comprised of young working women between 25–35 years	The researcher put out a call on his Facebook wall, seeking participants for the study. Those that responded to the call with details that matched this focus group were considered.	This female focus group was distinct because according to literature, women stand out as a vulnerable group that is greatly affected by HIV/AIDS (Green, et al., 2006:340).

As indicated in table 4.1 above, different recruitment criteria were used for the various focus groups that included the youth group, which was composed mainly of university youth, who were further disaggregated into the urban and semi-urban youth. These included youths from Makerere University in Kampala, coded as FGD 001 and their counterparts from Uganda Christian University (UCU) respectively. The participants from UCU were divided into two focus groups to represent a female only focus group coded FGD 002 and a male only focus group coded FGD 003. This was because the total number of participants from UCU was sufficient to form two distinct groups. According to Struwig and Stead (2015:103), Focus groups usually consist of "four to 12 research participants who participate voluntarily and who share similarities". The university youth participants were recruited through their student leadership on condition that each participant had an active Facebook account. According to the literature, the youth between 18–29 years, have been reported with high infections rates, and are a target of most HIV/AIDS communication in Uganda (Emodeck, 2015)[73]. The focus of this group discussion was based on their perceptions of Facebook in HIV/AIDS communication interventions (see Appendix IIa).

[73] http://www.newvision.co.ug/news/669378-hiv-infections-still-high-among-youth.html

The sexual minorities formed FGD 004 and the participants for this group were recruited through their umbrella organisation, Sexual Minorities Uganda (SMUG). SMUG represents various groupings of lesbians, gay, bi-sexual, trans-gender, inter-sexual (LGBTI) people in Uganda through advocacy in championing for their rights and welfare. This was followed by FGD 005, which was composed of participants who followed the *Obulamu* community Facebook page[74] and usually engage with information that is shared on this page. The administrator of this Facebook community page assisted the researcher in recruiting the participants for this focus group discussion. The focus of this discussion was based on sharing experiences in using this page for health communication interventions (see Appendix IIb). The other focus group was coded FGD 006 and mainly comprised of the young working women between 25–35 years. This female focus group was distinct because according to literature, women stand out as a vulnerable group that is greatly affected by HIV/AIDS (Green, et al., 2006:340). The focus of this discussion sought for perceptions of Facebook as a channel for women empowerment in HIV/AIDS prevention (see Appendix IIc).

The participants in these focus group discussions possessed certain characteristics of shared social and cultural qualities and experiences which were of interest to the researcher (Fossey, et al., 2002:720). The membership of each focus group comprised of five participants at the minimum and 10 participants at the maximum as recommended by Keyton (2006:276) in the planning of focus group research. The general criterion for participation was to have active Facebook accounts, which were checked by the researcher against the participant's user accounts for each group discussion. The communication about participation in the study was also shared on Facebook. Generally, the group discussions focused on young people and their utilisation of the Facebook platform including their perceptions of its use in HIV/AIDS communication interventions.

Data collection techniques

Proper data collection is an integral element that guides the findings of any investigation (Berg and Howard, 2014). In this study, the researcher as the principal investigator employed in-depth interviews and focus group discussions (FGDs) techniques of data collection realised through interview guides (see Appendix I) and discussion guides (see Appendix II) respectively, as guided by the qualitative nature of this research.

[74] https://web.facebook.com/obulamuUg/

In-depth interviews

The goal of in-depth interviews was to uncover the participant's point of view by going "beyond asking questions to obtaining actual facts" (Keyton, 2006:269), facilitated by the semi conversational nature of in-depth interviews that allowed for an intensive exploration of insights from participants on a researcher-respondent basis (Boyce and Neale, 2006:3). This relationship setting was important for key informants to appreciate that their viewpoints or thoughts were useful and valuable to this study (Struwig and Stead, 2015:102). This study involved key informants from various backgrounds including managers, programme implementers, advocates and social media experts and therefore in-depth interviews offered a flexible approach to engage all these different respondents and still yield information to the same research questions (Noor, 2008:1603) following the interview guide.

In order to facilitate a more focused exploration of the research question, the researcher developed an interview guide (Fossey, et al., 2002:727) which indicated a sequence of questions that were answered in a flexible and focused interviewing process (Keyton, 2006:273). The interview questions were developed from the research questions as guided by the literature review and the theoretical framework to include open-ended questions for broader participants' views in their life setting and in-depth meanings on the issue under study (Creswell, 2013:164). During the interviewing process, the researcher engaged more with the respondents through follow up questions as well as explaining questions to the respondents depending on the progress of the interview (Kumar, 2011:137). This engagement yielded big sets of data that hindered the establishing of patterns or common themes from the different participant responses (Struwig and Stead, 2015:102). However, as guided by Creswell (2013:179), the data was reviewed and carefully divided into codes and categories that emerged across all the data sources as later discussed under the section on data analysis.

Focus group discussions (FGDs)

Focus group discussions were another data collection technique employed in this study. Focus group discussions are planned discussions that allow participants to discuss issues considered to be important in a non–judgemental, safe and accepting environment (Krueger and Casey, 2014:5). During data collection, focus group discussions were important in exploring attitudes, opinions and perceptions through a flexible and open discussion between group members and the researcher (Kumar, 2011:152). The researcher engaged with six focus group discussions where participants were simultaneously interviewed through group interactions in

understanding their attitudes and behaviour on a given research question (Wimmer and Dominick, 2014:5) following the discussion guide. Focus group discussions merit in providing a safe environment for participants to freely discuss and thoroughly explore a research question at length (Struwig and Stead, 2015:102-103) as well as providing a platform for exploring sensitive issues, or with marginalised populations through the diversity in opinions on different issues (Fossey, et al., 2002:727).

Focus group discussions provide for the generation of rich content which can be used to explore a vast variety of issues (Kumar, 2011:152) hence their relevance to this study. Focus group discussions yielded information on audience perceptions as well as experiences on the use of Facebook in HIV/AIDS communication interventions in Uganda as constructed by young people. These group discussions were modulated by the researcher through asking questions to stimulate discussion among members of the group. The researcher observed that if not well directed a few members would dominate the discussion which defeats the purpose of generating rich and diverse information from the group (Struwig and Stead, 2015:103-104). However, the researcher kept on prompting inactive participants to make their contributions during the course of the discussion as advised by Keyton (2006:278) who noted that the researcher has to make decisions about "how much structure the discussion will require and how much conversation among participants will be encouraged" as a way of managing this challenge.

Participant observation

Qualitative research allows for flexibility during data collection (Creswell, 2013:52) and it is upon this basis that the researcher found it necessary to employ the participant observation method during data collection. Participant observation is the "systematic description of events, behaviours and artefacts in the social setting chosen for study" (Marshall and Rossman, 1989:79). In here, the researcher "collects data by recognising and noting people's behaviour, objects and occurrences" (Struwig and Stead, 2015:100). These observations assist the researcher in describing the situation under study where they learn about the activities of people under study in a natural setting (Kawulich, 2005:3). Although the participant observation method was not part of the main data collection techniques, the researcher employed this method to examine participants during engagement in discussions but also to monitor the activities that where occurring on the *Obulamu* Facebook page. These observations or occurrences formed part of the reflexive journal that the researcher maintained and which have

been incorporated into the analysis and discussion that has been related to the literature, the research questions and the broader concerns of this inquiry as discussed in the chapters on presentation and discussion of findings.

The research process and the role of the researcher

Reflexivity is an important section for this study because qualitative research calls for "reflective reporting that includes informing the readers about interests, experiences and actions in research reports" (Fossey, et al., 2002:728). Foremost, the researcher is a Ugandan student at the University of KwaZulu-Natal. Being a Ugandan influenced the choice of the case study and location. Uganda has had a global history in leading the fight against HIV/AIDS and the *Obulamu* campaign is the current national communication intervention towards HIV/AIDS prevention and treatment. This campaign has employed social media platforms especially Facebook in its communication engagement to the intended audience. These circumstances presented an opportunity to examine social media and HIV/AIDS communication in Uganda where the prevalence and infection rates among young people are on the rise. The approval of the research protocol through the issuance of an ethical clearance letter from the Humanities and Social Sciences Research Ethics Committee (HSSREC) of the University of KwaZulu-Natal (see Appendix III) empowered the researcher to embark on the data collection process for this study in Uganda. This approval from the University was granted after the researcher had obtained all the relevant permission letters from organisations that were engaged in this study (see Appendix IV). According to Creswell (2013:57), it is important to gather all the necessary approvals prior to conducting any study as well as examining the standards of ethical conduct available from professional organisations.

Ethical considerations

Every step of the research procedure requires consideration of ethics since many ethical issues and challenges may arise during data collection, data analysis and dissemination of qualitative reports (Creswell, 2013:56). To further comply with this statement, the researcher obtained research clearance from National HIV/AIDS ethics committee through the Uganda National Council for Science and Technology (UNCST) (see Appendix V). All participants that were engaged in this study signed informed consent forms that described the purpose of the study. The researcher also informed the participants that participation was voluntary and therefore they were free to withdraw from the study at any time without any negative or undesirable consequences to them (see Appendix VI). The interview respondents were briefed

that the information provided during the interview would be attributed to their name because they were speaking as authorities on this area of inquiry. Such attribution would give credibility to this study as later explained in this chapter. Pseudonyms were adapted in the presentation of findings from the interviews, but a list of actual names of participants has been provided in the references

However, participants in the various focus group discussions were informed that their confidentiality would be protected through the use of pseudonyms, but that the discussions would be audio recorded (see Appendix VII). It is against this background that all participants in the focus groups chose pseudonyms, and all focus groups have been given number codes (FGD 001- FGD 006). These pseudonyms and number codes have been applied throughout the presentation and discussion of findings to maintain anonymity and confidentiality. Important to note is that during the focus group sessions, a counsellor was present in case the discussion on HIV/AIDS raised any emotional and psychological discomfort among the young people—who were participants in these discussions—and therefore requiring counselling. However, no such cases happened during the data collection period.

Gender considerations

This study engaged a human sample and therefore it was without doubt that gender as a variable in the research environment had to be considered. The focus on gender in this study was in recognition of the fact that existing power relations between men and women do influence their perspectives on environmental and development challenges which accounts for their diverse experiences and viewpoints that need to be given equal consideration in research (Leduc, 2009:1). Of particular interest to this study, the literature reviewed indicates that young women have low knowledge comprehension on HIV/AIDS prevention compared to their male counterparts. Data indicates that the percentage of young men with this knowledge is slightly higher at 42.3% compared to that of young women at 35.7%, indicating that the lack of comprehensive knowledge on HIV/AIDS prevention is glaring (Uganda AIDS Commission, 2015:13,46).

More so, according to the recently released findings on HIV/AIDs prevalence in Uganda, women posted high prevalence rates across age groups compared to the men. The results indicated prevalence rates of 3.3% for women and 0.8% for men among young people of 15-24 years. The HIV prevalence among those aged 15-19 years was at 1.8% among girls and 0.5%

in boys, which increases to 5.1% in young women and 1.3% in young men among those aged 20-24 years and then finally to 8.5% in women and 3.5% in men among those aged 25-29 (Ministry of Health, 2017a:1). Therefore, women were an important research group for this study since they stand out as vulnerable to HIV/AIDS and taking into account their views on the research question was relevant to this study. In order to capture their experiences, the study included two focus groups that were entirely composed of women. FGD 006 was for working women aged between 25-35 years as well as FGD 002 for the young female university students between 18-25 years. The focus for this discussion sought for perceptions of Facebook as a channel for women empowerment in HIV/AIDS prevention.

The study engaged FGD 004, which comprised of sexual minorities. The involvement of FGD 004 was based on their sexual orientation as it pertains to the research question and not about their gender representation. The sexual minorities are not openly targeted with health information over traditional media in Uganda. Reports from the Ministry of Health on the state of HIV/AIDS in the country have classified the sexual minorities as a key population and vulnerable group (Uganda AIDS Commission, 2015). Thus, the researcher was interested in investigating how Facebook can best be used to reach out to this target group and what their opinions were during the campaign time period.

It is also worth noting that during the selection of study participants, the researcher was conscious to maintain fair gender representation in the study. For instance, the number of participants in the six focus group discussions totalled to 46 participants. Out of this total, 25 participants were female which represents 56% of the total focus group participants. Further, the number of key informants for the study totalled to 12 participants of whom two were females, which was representative of 16% of the number of key informants. This disparity was not intended but rather a result of the glaring reality that very few women hold key managerial positions in the organisations that were engaged in this study. This disparity did not affect the findings of this study in anyway but was an important observation by the researcher.

Records of materials used for this study including participant consent forms, focus group registration records, audio footage and data transcripts can be accessed from the Centre of Communication, Media and Society (CMMS) at the University of KwaZulu–Natal upon request where they have been stored for a period of five years following the submission date of this thesis.

Another important role of reflexivity lies in enabling the reader to weigh the researcher's role in conducting the study and the understanding gained from engaging with the study setting, participants, and the data collected (Fossey, et al., 2002:728). The researcher took on the role as the main interviewer and moderator for all in-depth interviews and focus group discussions respectively while carrying out data collection in Uganda. The research team would contact the respondents and agree on the modalities of the research including the research setting where participants were free to choose the place and time at their convenience. Consideration of the research setting was important because it is a naturalistic environment where the study was carried out involving the different methods of data collection (Whitley and Kite, 2012). Further, the study setting provided ground for extensive engagement with the participants and other data sources within their context (Fossey, et al., 2002:728). In order to maintain the agreed schedule, a reminder would be sent out a day before to further confirm the research appointments. The research team would arrive at the agreed venue in time to set up for the interview including checking the appropriateness of the venue in terms of interferences, interruptions or disruptions that may affect interview proceedings as well as sound recording.

The researcher involved two research assistants, Ms. Marion Alina and Ms. Moureen Nakiryowa, whose roles included following up on research respondents, managing recording equipment, taking notes during the interviews and focus group discussions as well as filing a field report for each research day. These field reports were important for making reflections about the events of the day as well as cross checking areas that needed more probing and improvement in our next field engagements. The data collection process was spread out between the periods of March to December 2016 sporadically due to the fact that the researcher had to fit within the schedule of availability for several respondents. The interviews lasted between 15 minutes to one hour while focus group discussions were about one hour to one and a half hours. This engagement time for both interviews and focus group discussions are sufficient to enlist the required information from the study participants (Keyton, 2006:272,278). All interviews and focus group engagements were audio recorded and the audio footage was backed up on computer and other portable storage devices for data security in case of any eventualities.

Limitations of the methodology

Some of the limitations of the methodology have been discussed under data collection techniques. However, in the course of collecting data, the researcher realised that there were

some research elements that could not be covered by in-depth interviews or focus group discussions. For instance, these techniques could not be applied to communication activities that took place on the *Obulamu* Facebook page yet these activities were important in addressing the research question. However, the researcher employed the participant observation technique (discussed under data collection techniques) to examine these engagement activities on the *Obulamu* Facebook page.

During the course of modulating focus group discussions (FGDs), participant interaction would sometimes be limited to responding to prompted questions from the facilitator to guide the discussion than actually engaging in a topical discussion. Relatedly, there were participants who would fail totally to express themselves in the discussion even when prompted. The researcher also observed that in focus group discussions composed of both male and female participants, the engagement of women in this discussion would be minimal compared to focus group discussions that were composed of females only. However, the researcher would prompt the non-engaging participants for a chance to make their contributions during the discussion. Some participants would flow with the discussion while others still waited for prompts. The researcher made sure that each of the participants had an opportunity to contribute to the discussion.

In selecting the key informant sample for this study, the researcher was more interested in respondents that would be of relevance to the study. However, the organisations that were involved in this study recommended to the researcher respondents who would provide the needed information. Further, through snowballing, other relevant respondents were recommended to the researcher. The recruitment criteria of focus group participants have been discussed earlier in this section showcasing that the researcher's direct involvement in the recruitment criteria was limited. These measures were important in managing sample bias and the researcher's subjectivity in the sampling procedure.

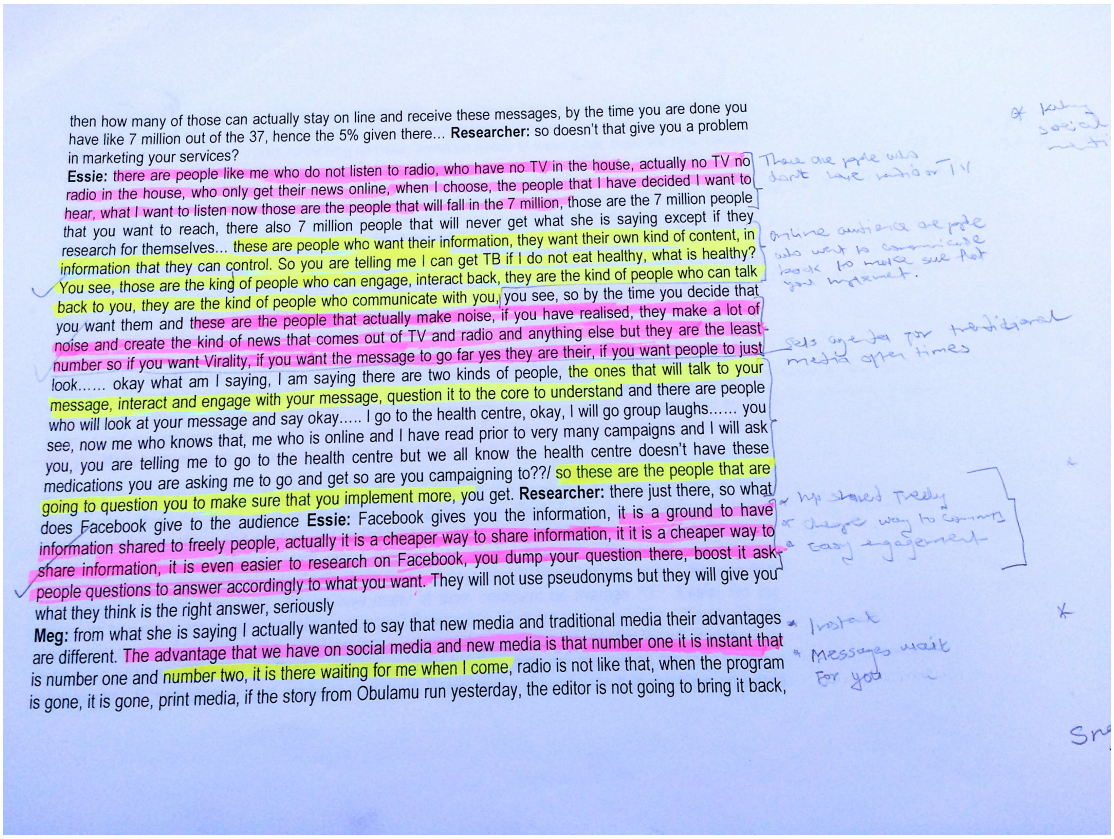
Analysis of findings

Qualitative research data analysis follows a process of revising, synthesising and interpreting data to illuminate an understanding of the research question being studied (Fossey, et al., 2002:720). This study was guided by the interpretivist paradigm as explained in the opening section of this chapter and therefore, the analysis process was guided by interpretive analysis. This approach involves the organising of data according to content elements within the text

being analysed and the manner in which these words have been offered (Berg and Howard, 2014:54). The first step to the analysis procedure was to transcribe all the recorded audio material into usable scripts. It was important to have this audio material transcribed into text or words to form the basic unit of analysis for this data. For the data to qualify for analysis, the texts were refined and made clear for the analyst (Miles, Huberman and Saldana, 2014:71). During the transcribing process, the researcher used the express scribe software, although it proved to be a very long and labourious process of listening to hours of footage from the interviews and focus group discussions. This seemed like a waste of time having to transcribe all this material when only sections of this data were to be used in the study. However, during this process, the researcher learnt that transcribing helps to build a relationship between the researcher and their data set.

As one transcribes, you are able to visualise how the various sets of data relate to the themes and issues captured in the literature and theory chapters. Further, through transcribing the researcher developed the knowledge on how to easily identify sections of the data that were relevant and would rightly represent the research phenomenon (see Appendix VIII for verbatim interview transcript). The researcher carefully read through each of the data transcripts in their entirety several times, as highlighted in Figure 4.1. This was in order to get immersed in the details and make sense of the in-depth interviews and focus groups discussions as a whole (Creswell, 2013:186), which in turn would enable the coding and categorisation of data that informed the chapters on the presentation and discussion of findings in this study (see Appendix IX for coded transcript).

Figure 4.2: Sample of the researcher's coded transcript used in data analysis



then how many of those can actually stay on line and receive these messages, by the time you are done you have like 7 million out of the 37, hence the 5% given there... **Researcher:** so doesn't that give you a problem in marketing your services?
Essie: there are people like me who do not listen to radio, who have no TV in the house, actually no TV no radio in the house, who only get their news online, when I choose, the people that I have decided I want to hear, what I want to listen now those are the people that will fall in the 7 million, those are the 7 million people that you want to reach, there also 7 million people that will never get what she is saying except if they research for themselves... these are people who want their information, they want their own kind of content, in information that they can control. So you are telling me I can get TB if I do not eat healthy, what is healthy? You see, those are the king of people who can engage, interact back, they are the kind of people who can talk back to you, they are the kind of people who communicate with you, you see, so by the time you decide that you want them and these are the people that actually make noise, if you have realised, they make a lot of noise and create the kind of news that comes out of TV and radio and anything else but they are the least number so if you want Virality, if you want the message to go far yes they are their, if you want people to just look..... okay what am I saying, I am saying there are two kinds of people, the ones that will talk to your message, interact and engage with your message, question it to the core to understand and there are people who will look at your message and say okay..... I go to the health centre, okay, I will go group laughs..... you see, now me who knows that, me who is online and I have read prior to very many campaigns and I will ask you, you are telling me to go to the health centre but we all know the health centre doesn't have these medications you are asking me to go and get so are you campaigning to??/ so these are the people that are going to question you to make sure that you implement more, you get. **Researcher:** there just there, so what does Facebook give to the audience **Essie:** Facebook gives you the information, it is a ground to have information shared to freely people, actually it is a cheaper way to share information, it it is a cheaper way to share information, it is even easier to research on Facebook, you dump your question there, boost it ask people questions to answer accordingly to what you want. They will not use pseudonyms but they will give you what they think is the right answer, seriously
Meg: from what she is saying I actually wanted to say that new media and traditional media their advantages are different. The advantage that we have on social media and new media is that number one it is instant that is number one and number two, it is there waiting for me when I come, radio is not like that, when the program is gone, it is gone, print media, if the story from Obulamu run yesterday, the editor is not going to bring it back,

The researcher followed coded transcripts with reflective notes, which were a summary of the researcher's impression of each data set and guided the "initial process of exploring the database" (Creswell, 2013: 183). The researcher once again went through each transcript to condense and simplify the data set by developing codes. It is through this process that the researcher developed ideas about the information found in various categories, patterns that are emerging and the meanings that seem to be conveyed (Berg and Howard, 2014:155). Codes are a researcher generated construct, which are assigned to the descriptive or inferential information compiled during the study that reflects a deep analysis and interpretation of the data's meaning (Miles, et al., 2014:71). During the analysis, codes were important for signposting information that will be useful to the researcher during the presentation of the data and the discussion phase since they symbolised the "interpreted meaning to each individual datum for later purposes of pattern detection, categorisation, theory building and other analytical processes" (Charmaz, 2001:4). Under this approach, the data that was relevant to the topic was collected and grouped into appropriate categories from which meaningful explanations emerged (Wimmer and Dominick, 2014:12). These emerging interpretations represented both the confirming and disconfirming samples of the study from participants with

supporting explanations as well as those who disagreed to represent the phenomenon under exploration.

The researcher used parts of words from the interviews and focus group discussions to come up with in-vivo codes as well as summing up the meaning of given phrases or chunks of text to come up with descriptive codes (Miles, et al., 2014:74). This procedure required reviewing, identifying and coding sequential themes within data sets for each respondent as well as using the same procedure to identify common divergent themes across participants (Fossey, et al., 2002:728). The re-occurrence of certain patterns and repetitions from both the in-vivo and descriptive codes facilitated the clustering of similar codes into smaller categories by the researcher as they emerged from the given sets of data. These data interrelationships directed the presentation of findings based on categories under the research questions that guided this study from which emerging themes were developed. The researcher, through comparing and contrasting different sets of data progressively, presented the meanings resulting from the analysis processes which provided an opportunity to learn about how subjects or the authors of these textual materials viewed their social worlds in relation to the subject under investigation (Berg and Howard, 2014:155).

Achieving rigour in the research process

Rigour in qualitative research is used to take care of reliability and validity as in quantitative research because of its subjective nature in circumstances where the researcher may fail to fully separate their views from the context under study (Creswell, 2013:248). Qualitative research is flexible and does not follow stringent systematic procedures used in quantitative studies because it is equally not plausible to generalise findings in a variety of contexts including cultures, participants' thoughts and behaviours (Struwig and Stead, 2015:137). However, the criteria for evaluating the standard of qualitative research is concerned with good practice in the methods used to conduct the research as well as the criteria related to trustworthiness of the interpretations made (Fossey, et al., 2002:723) out of the data collected. This means that the research process must be assessed to ensure the quality of procedure, hence the term rigour in qualitative research.

Establishing rigour in qualitative research borders on trustworthiness of the data as examined through the truth value of the data (Struwig and Stead, 2015:136-137) which makes the data credible and trustable. Trustworthiness ensures that results are not biased, motivated, or based

on the researcher's interests (Lincoln and Guba, 1985:300) and that the authentic representation of participants' perspectives in the process of research, the findings and interpretations from the analysis, are coherent with the data and social context from which they have been derived (Fossey, et al., 2002:723). Trustworthiness includes the "understanding of the research topic, the understanding of data derived from other sources and the documentation of this process in the written structure (Creswell, 2013:255) which can be achieved through credibility, dependability, conformability and transferability (Lincoln and Guba, 1985). It is these four dimensions to determining trustworthiness of the research process that guided the researcher in carrying out this study on exploring the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda.

Credibility

It is important to note that data collected from qualitative research may yield to a number of interpretations, therefore the data must be correct, dependable and reliable. Therefore, credibility stands for the truthfulness of interpretations from the findings of the study by the researcher (Lincoln and Guba, 1985). In order to achieve this for this study, the researcher employed the case study design that could accommodate numerous data collection methods (Baxter and Jack, 2008:556). This study employed in-depth interviews and focus group discussions for data collection and therefore the need for triangulation in the presentation of the findings. Triangulation involves the use of different data collection methods and sources of data such as, interviews and survey questionnaires to provide a better understanding of the phenomenon (Shenton, 2004:65-66). Triangulation of data sources and methods allows for convergence and divergence of perspective through examining and identifying corroborating and dissenting accounts of the research issue (Fossey, et al., 2002:723).

The researcher employed data triangulation, which involved the mixing of various data types to enlist diverse viewpoints explored from various perspectives to cast more light on the research question under study (Olsen, 2004:3). Data from in-depth interviews and focus group discussions were triangulated for comparison of the findings as a way of enhancing the truth-value of the study. In chapters 5 and 6, data has been integrated in an approach that combines both sets of data from in-depth interviews and focus group discussions to support the discussion under emerging data themes from the study. Further, the researcher integrated the process of member checking (Creswell, 2013:252) whereby at the end of every interview and focus group discussion, a summary of what had been discussed would be shared with the

participants to confirm whether that was a true record of what had transpired. This gave participants an opportunity to clarify as well as contribute new or additional perspectives to the research problem under study (Baxter and Jack, 2008:556).

Dependability

Dependability can be achieved through an audit of the research process (Creswell, 2013:246) to ensure re-occurrence, stability and consistency of data, and identical findings if the study was to be repeated in a similar situation with identical procedures and sample group (Shenton, 2004:71). For this reason, the researcher has provided a full chronological account of the data collection procedure that was used to actualise this study and which can inform future research in related circumstances (Check the methods section). The tools used for data collection in form of interview guides, focus group discussion guides, as well as the transcripts from audio recordings and written accounts from the field are available upon request at the Centre of Communication and Media (CCMS) at the University of KwaZulu-Natal as proof of fieldwork. These research tools are available and can be used for peer examination on how the research procedures for this study were respected (Bryman, 2012:392).

Conformability

In line with trustworthiness, conformability seeks to address how representative the findings are to the context that has been studied, and it only holds when the information that has been gathered from the study participants reflects their experiences and concepts (Gasson, 2004:89). This was applied to this study through asking follow up questions for clarity to avoid misunderstandings and misinterpretations during interactions with participants. Conformability can also be achieved through maintaining field notes, audio recordings and audio transcripts (Creswell, 2013:253). During fieldwork, the researcher took field notes and was assisted by two research assistants who filed reports for each field engagement. The researcher also carried out audio recording of the interviews and focus group discussions to have a recorded reference. Relatedly, participants' names for key informant interviews have been used in the presentation of findings in chapter 5 and 6. The researcher sought permission from key informants through signed consent forms, to have their real names attributed to various direct quotes where applicable, as well as including relevant excerpts from focus group discussions in the writing of this study, as discussed under the section on ethical considerations. Furthermore, the researcher engaged one of the research assistants to review and edit this thesis to confirm

whether the data that has been reported is a true reflection of what transpired during data collection (see Appendix – XI for review and editing confirmation letter).

Transferability

Transferability is the degree to which the research findings can be helpful in similar study situations (Struwig and Stead, 2015:137). This calls for a rich coverage of the research findings to facilitate a better understanding of these findings in a similar situation (Shenton, 2004:69-70). The researcher ensured transferability as outlined by Baxter and Jack (2008:556) through having a clear research question that was based on exploring the potential and contribution of Facebook in HIV/AIDS prevention among people in Uganda; an appropriate research design which was the *Obulamu* campaign case study design (as discussed below); a proper sampling strategy that mainly included purposive and quota sampling although snow balling was later applied during the course of data collection; accurate data collection that employed in-depth interviews and focus group discussions as the main data collection methods, but which later included participant observation; and correct analysis of the data collected which followed an interpretive paradigm based on the qualitative nature of this study (see Appendix X for research matrix table). These elements have been the focus of this chapter on methods but it is important to note that the procedures and decisions taken in this study have all been documented in this research report.

Understanding the *Obulamu* campaign case study

The *Obulamu* campaign is a five-year national health communication intervention in Uganda targeting six thematic areas that include HIV/AIDS, family planning, tuberculosis, malaria, nutrition and maternal and child Health (The Communicative Initiative Network, 2015). The *Obulamu* campaign, which is funded by the United States Agency for International Development (USAID), started in September 2012 and will end in December 2017. This campaign is implemented by Family Health International (fhi360) and in an interview with Respondent 4, the national campaign manager for *Obulamu* at fhi360, the mandate of this project is to "design, coordinate and implement health communication interventions as well as coordinating a body of research and knowledge management" (20 April 2016, pers.com). Expounding on how this mandate is executed, Respondent 10, the national technical assistant for communications at Communication for Healthy Communities (CHC) noted that the *Obulamu* campaign is conceptualised around a common local greeting, 'how is life', informed by the fact that in daily life, "a greeting kick starts off (sic) people to start interacting, understanding and

appreciating each other" (26 April 2016, pers.com). Through the greeting, people open up about their issues and needs through interacting and sharing, which presents an opportunity for health communication interventions to specifically target information based on people's own needs.

Such interactions may guide health communicators to a "clear understanding of the situation and environment in which some individuals live in order to understand how to address their health needs" (Respondent 10, 26 April 2016, pers.com). This submission is in line with attributes of the participatory communication model that emphasise that dialoguing and interacting with individuals in health interventions geared towards them may yield better understanding of the given message (see chapter 3 for a detailed discussion). The *Obulamu* communication approach is designed based on the fact that there is generally a poor health-seeking culture in Uganda in that people do not consider good health as a top priority in their lives unless when sick. This is according to a baseline study that was carried out in Masaka, one of the districts of Uganda, by the *Obulamu* team. The baseline study established that in terms of people's priorities in life, "health ranked in the lower pyramid […] to most people it would be at number 3, number 4, number 5, money was always number 1" (Respondent 4, 20 April 2016, pers.com). According to the scale of measure, number 1 ranked for the top most priority while number 5 indicated the lowest life priority for those that participated in the study. Based on these findings, the *Obulamu* campaign adopted a participatory approach to message development by involving communities "through action media whereby the targeted participants are given chance to prioritise health issues that are affecting them and how interventions can be communicated to them" (Respondent 4, 20 April 2016, pers.com). It is this approach that is employed in developing messages for the various health interventions around the six thematic areas that the campaign covers. These messages are delivered through a number of channels to include interpersonal communication, outdoor, radio, television and print as primary channels of communication, and social media as a secondary channel.

The *Obulamu* campaign messages are covered on "over 52 radio stations, six television stations, print media and alternative venues as health centres and video shacks" (Respondent 4, 20 April 2016, pers.com). The purpose of these messages is to encourage access to services based on life stages to include family with children, adolescents, young people in relationships, and couples in long-term relationships. The study established that although this campaign targets young people, who are the majority users of social media, the social

media platform has not been a fully prioritised channel for the *Obulamu* campaign as will be discussed later in this chapter. One of the targeted areas under the *Obulamu* campaign is HIV/AIDS communication, and it is also the focus of this study.

Figure 4.3: *Obulamu* campaign graphic material

Source: Obulamu (2017)

The HIV/AIDS strand seeks to "promote condom use, testing for HIV and receiving results, seeking anti-retroviral treatment and adherence, safe male circumcision, reduction of multiple complement partners and elimination of mother to child transmission of HIV/AIDS" (Respondent 4, 20 April 2016, pers.com). Through communication interventions**,** the *Obulamu* campaign seeks to address the rise in prevalence and infection rates that have greatly affected the productive age group of 15 - 64 years among whom infections are highest within those in the bracket of 15–30 years living in both urban and rural settings who are still exploring their sexual prowess.

Conclusion

This chapter has outlined the procedure that was followed by the researcher to collect empirical data based on the qualitative nature of this study. This chapter has explained further how raw

data was processed through interpretive data analysis to come up with codes and categories that have been used to present the findings of the study. These findings are based on the research questions and the main objective of the study, which was to explore the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda. A discussion on the *Obulamu* campaign case study has been outlined in this chapter to set pace for the next chapter on data presentation.

CHAPTER FIVE: Presentation of findings

Introduction

The main objective of this study was to explore the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda as discussed in chapter 1. This study was based on the challenge of the increasing infection and prevalence rates among young people in Uganda and how social media has been used to harness HIV/AIDS interventions that target young people. The data for this study was collected through in-depth interviews with key informants whose contributions to the study have been attributed to them under pseudonyms. Focus group discussions were also employed for this study based on the literature that young people were popular with social media (Uganda Communications Commission, 2015a:11) and that social media provides for an interactive platform for the minorities in society, that include young people, women and sexual minorities (Van Dijk and Hacker, 2000:6), to have their voice and input on issues that affect their well-being. The various focus groups that were engaged in this study represented the broad category of young people between 18-35 years as well as specific group categories that included the university youth, the *Obulamu* youth, the women, and sexual minorities as distinct groups of interest to this study. These groups were given number codes, and it is these codes that have been used in the presentation and discussion of data. FGD 001-FGD 004, had participants whose age range was between 18-25 years while FGD 005 and FGD 006 had participants who age range was between 25–30 years. The composition of these focus group discussions represented diversity and different perspectives in their contributions to the research question.

This diversity has been reflected in the presentation of data by attributing information to a group member, or the group code as well as providing relevant excerpts from the group discussions. The participants for this study were young people whose submissions have been crafted to represent this broad category but specific issues as raised by the various focus groups have been highlighted in the presentation and discussion of findings. Field data was analysed based on the re-occurrence of certain data patterns and repetition of codes, which yielded to categories. This facilitated the clustering of similar codes in smaller categories, which have been discussed under the research questions that guided this study from which emerging themes were developed. The data for this study has been presented in chapters 5 and 6 in

which four emerging themes with 26 categories developed from data of in-depth interviews and focus group discussions data as summarised by the table below:

Figure 5.1: Emerging themes and categories

SN	Themes	Categories
1.	Perspectives on the HIV/AIDS burden in Uganda	• *Myths and Misconceptions* • *Mature epidemic* • *Availability of treatment* • *Alcoholism and drug abuse* • *Knowledge gap* • *Messaging Fatigue* • *The Obulamu communication approach towards HIV/AIDS management*
2.	Facebook and HIV/AIDS prevention among young people in Uganda	• *Communication platform for young people* • *Free expression and anonymity* • Interactive-learning platform • Access to content • *Complementary information source* • *Channel for Interpersonal communication*
3.	Barriers to Facebook in HIV/AIDS prevention	• *Lack of Messaging and feedback management* • *Limited audiences reach of Facebook* • *Low appreciation of Facebook in health communication interventions* • *Undefined role of Facebook in the Obulamu campaign* • *Lack of content management skills* • *Lack of message control on Facebook* • *Low digital Literacy rates among young people* • *Facebook as a cluttered information resource* • Limited monitoring and evaluation of Facebook communication
4.	Harnessing the potential of Facebook in HIV/AIDS prevention among young people in Uganda	• Social media literacy for communication programmers • *Social media content management* • *Social media messaging and engagement* • *The social media audience*

The discussion in this chapter caters for two emerging themes: Perspectives on HIV/AIDS burden in Uganda, and Facebook and HIV/AIDS prevention among young people in Uganda based on the 13 categories as shown in table 5.1 above.

Perspectives on the HIV/AIDS burden in Uganda

In an interview with Respondent 6, the director of health services at the Ministry of Health in Uganda, the study established that HIV/AIDS prevalence in Uganda stands at 7.3% for those between 15-49 years, based on population studies done in 2011. This is a slight increase from the previous 6.5% that had been achieved between the periods of 2005–2008 (see chapter 1 and 2 for the detailed discussion on the Uganda HIV/AIDS case). This increase "might not be statistically significant but any slight raise is a blow to prevention efforts which aim at reducing prevalence" (08 April 2016, pers.com). The prevalence rate is reflective of new infection rates standing at 88,000 people per year as revealed by Respondent 7, the informational communication (IEC) Officer at the Ministry of Health. About 30,000 of this total are boys and girls between 15 and 24 while 66% of the infected adolescents are girls. More so, statistics from UNAIDS reveal that 65,000 female adolescents (aged 10-19) live with HIV in Uganda compared to about 49,000 male adolescents a trend that needs to be controlled if Uganda is to have a healthy youthful population (Mayemba, 2017)[75].

The current HIV prevalence in Uganda now stands at 6% among the 15-49 years, which is a drop from the previous 7.3%, and the total number of those living with HIV/AIDS stands at 1.3 million from 1.6 million according to the recent preliminary results of the 2016 Uganda population HIV impact assessment. However, these population findings have identified a high infection risk among young people noting a progressive increase in HIV prevalence among the 15–29 years. The average prevalence rate among the 15-29 years stands at 3.6%, which suggests that new infections are still persistent in this age group contributing to over 50% of the overall prevalence rate in the country. According to this report, this progressive increase in HIV prevalence rates makes the burden of HIV infections unacceptably high and calls for more awareness creation on prevention and treatment among the 15-29 years through innovation interventions (Ministry of Health, 2017a:2). These statistics from the Ministry of Health raise a question as to why the acquired health knowledge does not translate into desirable behavioural action (Uganda Bureau of Statistics, 2012:185) especially among young people. Respondent 5 also holds this view:

[75] http://observer.ug/news/headlines/50929-high-hiv-aids-among-youths-worries-unaids

> Haven't we had enough time? Haven't we heard the information long enough to be able to supress these numbers? The numbers should be going down for crying out loud because Uganda was one of those places, which really took this on after many advocates including my father [the late Philly Lutaaya] I am a bit disturbed.
>
> (Respondent 5, 9 September 2016, pers.com)

Despite the intervention efforts, there is still low knowledge comprehension about HIV/AIDS among young people. Only 38.5% of young women and men aged 15-24 could correctly identify ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission (Uganda AIDS Commission, 2015:18). The study established that this upsurge in prevalence rates could be attributed to a number of factors including reduced funding to the health sector and particularly to HIV/AIDS following cuts by the global fund, the US partners and the Ugandan government. Such limited funding for comprehensive social and behavioural change communication interventions around HIV/AIDS leaves an unmet comprehensive knowledge gap (Respondent 6, 08 April 2016, pers.com). Further, the rapid population growth competing for the inadequate health resources has also worsened the HIV/AIDS situation in Uganda. The Ugandan population is mainly youthful which means that "many more adolescents are coming into this life stage but lack adequate information due to lack of enough funding for health service provision" (Respondent 6, 08 April 2016, pers.com). This is coupled with the increasing poverty levels, which make access to quality and consistent prevention and treatment services impossible for most Ugandans especially teenagers, and young people who may not have a disposable income. More so, these increasing poverty levels are "forcing people who may know the risks related to HIV/AIDS to engage into risky sexual activities for economic benefits" (Respondent 7, 15 November 2016, pers.com). The discussion that follows focuses on the causes of the rising infection and prevalence rates among young people in Uganda as advanced by participants through interviews and focus group discussions.

Myths and Misconceptions

The study established that the rising statistics of HIV/AIDS among adolescents and young people were attributed to the lack of adequate knowledge and comprehension among young people about HIV/AIDS as has been highlighted in the UNAIDS and UNICEF reports. This presents a situation whereby the overall information awareness is high but young people choose not to take the required action because of influences of various myths and

misconceptions in society as expressed in this focus group discussion about condoms with FGD 006.

> **Mega:** I could have used a condom and I didn't like it, tell me why I should use a condom again
> **Janet:** There are people who use condoms and they get allergies so maybe come up with a way to explain that we can use them
> **Mega:** Actually, if you talked about condom allergies people would want to read
> **Adele:** How do I solve this problem? What kind of allergies?
> **Mega:** they would want to know which condoms cause allergies but do not start with condoms are important.
>
> (FGD 006, 28 May 2016).

From this discussion, what comes out strongly is that young people have the knowledge and have taken the action but still challenged with experiences of taking this action which is condom use as cited in Mega's example. This points to the exploratory and adventurous nature of young people in regard to sexual engagement, which calls for constant engaging communication on behavioural change. Mega's example presents an opportunity for engagement to share in her experiences through dialogue and get personalised feedback to continue using condoms. Among the unpleasant experiences that came out of this discussion were condom allergies, further highlighting the need for dialogue and interaction on how to overcome this challenge. Such situations need to be addressed by tailored information that meets the needs of this present situation.

Myths and misconceptions may encourage risky sexual behaviour among young people. Girls for example are only worried about getting pregnant rather than being infected with HIV. According to Respondent 12, the Monitoring and Evaluation Manager at Uganda Health Marketing Group (UHMG), girls "hold that pregnancy shows up in a short while yet HIV can be contained with ARVs and life continues" (18 August 2016, pers.com). This misconception is elaborated further in a discussion with FGD 003 and FGD 002 as follows:

> **UPN:** […] there is a belief now among girls that pregnancy is worse than HIV so long as I sleep around, you don't get pregnant no one knows, it is okay you can get away with it so that is the perception in girls.
>
> (FGD 003, 07 June 2016).

> **Devine:** […] that is why you find that most of the girls telling you that I will have to prevent pregnancy but AIDS is in me coz they feel carrying a baby for

> nine months is a burden to them but AIDS will be in them and it will not be showing so they will go to the hospital or clinic to get the drugs.
> **Lyn:** … HIV is real and it sucks to have it so do not be scared of pregnancy because now having a baby is worth than HIV which is a completely sick leave so people have to be reminded of that.
>
> (FGD 002, 07 June 2016).

These misconceptions are contributing factors to the high infection rates among young women, which stands at almost 70% compared to their male counterparts as discussed in chapter 2.

Mature epidemic

This study also revealed that young people tend not know or care much about HIV/AIDS for lack of lived experiences "especially for those under 35 years save for the knowledge that has been passed onto them in schools (Respondent 5, 19 September 2016, pers.com). In a focus group discussion with FGD 002, Marhliz, one of the participants, relates to this case: "I have not seen an AIDS patient unless in text books way back in my primary 3 and 4 but now if I find someone I will not [be able to] tell […] with treatment, AIDS patients look big, sweet and healthy". This points to the fact that patients with HIV/AIDS are no longer a point of reference for young people to refrain from risky sexual behaviour due to the fact that "in the past if you saw an individual who was HIV positive you would lose the appetite for sex" (Respondent 10, 26 April 2016, pers.com). As such this a communication challenge on HIV/AIDS prevention among young people as Lutaaya summarily puts it: "I know people hear it all the time, but there are still those [adolescents and young people] who do not hear it enough, […] they have probably heard but they do not relate to it" (Respondent 5, 19 September 2016, pers.com) which makes it hard to communicate HIV/AIDS, a mature epidemic among young people who have not had any lived experiences compared to those who witnessed the HIV/AIDS scourge in the 80's and 90's asserts Respondent 3, a social media expert in an interview on 30 April, 2016.

Availability of treatment

The rise in prevalence rates among young people can also be attributed to the availability of treatment, which has greatly reduced the number of deaths caused by HIV/AIDS. Currently "patients live longer [and] any new infection becomes an addition to the already existing burden" (Respondent 10, 26 April 2016, pers.com). However, the study further revealed that the availability of drugs in line with HIV prevention and treatment has led to complacency

whereby people are now reluctant, which has promoted reckless sexual behaviour since there is no alarm for immediate death. This point of view came out strongly in a discussion with FGD 006.

> **Janet:** I think the reason why people are not scared of contracting HIV is because it is very easy to access ARVs and for free. If it were kind of hard, you would be like I might not get ARVs so I am not risking my life.
> **Joan:** Lately there are drugs people can take before, like you know a person is HIV then you take those drugs before having sex with them and people do not get it.
> **Adele:** It is confusing why someone would know that this person has AIDS but then they will go ahead and, I mean why?
> **Mega:** Attraction
> **Adele:** I think it the sex thinking!
>
> (FGD 006, 28 May 2016).

Alcoholism and drug abuse

The study further established that the rise in infection rates among young people is as a result of drug usage and alcoholism. "Young people engage in careless drinking and cannot rationally control their behaviour, at times they end up mixing with wrong company like the out of school people that end up influencing their behaviour" (Respondent 12, 18 August, 2016, pers.com). Creator one of the participants in FGD 003 also shared this view noting that:

> After taking some litres of alcohol in a bar with a girl you will be only thinking of sleeping with her and since both of you are drunk you will not care whether you have condoms, you just want to have sex, get satisfied and it is done. It is only in the morning that you wake up and you are like what was I thinking?

During the same discussion, Hassan, shared a real-life testimony about the influence of alcoholism as a precursor to reckless sexual behaviour thus:

> It happened to me once I was traumatized, I would close the door to my room, boom music there and keep on drinking, I went on like this for three months after a month when I tested, there was nothing and that was the end time.
>
> (FGD 003, 07 June 2016, pers.com).

Based on this scenario, communication may help in building supportive mechanisms for young people. Respondent 11, the social media officer at UHMG noted that communication is about being present in people's networks by directing your messages to your target audience. He noted that, "the more I push this information to your attention, you will at least say but what are these guys saying to me? […] If I get the message right I am sure you will come back and say, okay what are they saying today?" Further, Respondent 12 noted that the infection rates are

high among the youth and young people because they form part of the most-at-risk populations including the fisher fork, commercial sex workers, the men who have sex with fellow men (MSM), plantation workers, truck drivers and armed forces (Respondent 4, 06 April, 2016, pers.com). It is against this background that HIV/AIDS communication interventions are aimed at prevention and treatment, which would result into lower infection and prevalence rates.

Message comprehension

The study established that targeted audiences may fail to comprehend key HIV/AIDS messages that have been delivered to them. The "assumption [is] that when messages are put across, they are received the way they have been intended [to be delivered]" (Respondent 12, 18 August, 2016, pers.com) to the target audience. This lack of message comprehension may create a knowledge deficiency or gap among young people that has been attributed to "[the] messaging that did not put into account how the target audience receive their media" (Respondent 4, 20 April, 2016, pers.com). Relatedly, Respondent 5 noted that the focus should be to empower young people to be firm and able to say no as well as protecting themselves and others. She adds that it is important to give them "the empowerment to be able to say no, to know their rights and what they should do to protect themselves and others" (Respondent 5, 19 September, 2016, pers.com). The study established that adolescents and young people mostly used social media and in particular Facebook to fulfil their individual agency.

Most of the participants in the focus group discussions indicated that they joined Facebook when they were still in form 2 and 3–the average age of a student at this level would be 15 years in the Ugandan secondary education setting. The reasons for joining Facebook then included curiosity, keeping in touch with peers and it was trendy to be on Facebook. However, the participants indicated that over time Facebook has changed into a prominent space for young people to freely express themselves as well as have access to a diversity of information. Matoni, a participant in FGD 003, is happy about the possibility of expressing his views over Facebook since such a chance may not easily come on radio or television. Allanto, a participant in FGD 001, shares the same view on the flexibility to share content by simply posting content on Facebook and to know what is happening all over the world. This discussion points to the fact that Facebook is a popular social media platform amongst young people in Uganda and could probably be an appropriate platform to reach out to them with health communication interventions in bridging the comprehensive knowledge gap within the environment in which they interact.

Messaging Fatigue

The purpose of the *Obulamu* campaign relates to this call of breaking the messaging fatigue in trying to adopt newer strategies of communicating HIV/AIDS interventions in "creative and dynamic ways that would resonate with the present times and the needs of this generation" (Respondent 10, 26 April 2016, pers.com). The reasoning here is that for over 30 years, there has been a lot of messaging around HIV/AIDS, so the majority of the Ugandan audience had turned off. The targeted audience believe that they have heard all the information on HIV/AIDS and that is nothing new to learn. This may result in a knowledge gap and lack of message comprehension around HIV/AIDS prevention, which may account for the rise in infections and prevalence rates. In the recent past, communication on HIV/AIDS was "akin to billboards, road stands, television commercials and a lot of radio soaps […] we would just disseminate messages and expected to get magic without caring about how one consumed their media" (Respondent 4, 20 April 2016, pers.com). This approach employed linear messaging to health communication interventions, which have their own limitations including exclusion of the target groups in communication efforts that are aimed at bettering their well-being as previously discussed in chapter 3.

The study established that although the broader target audience of the *Obulamu* campaign are people between 15 to 49 years, this audience is stratified according to life stages. These life stages are based on transitions in people's lives, which influence the way people go about their lives. It is these characteristics of the life stages that are used to specifically target health information to people. The life stages include the lovers who are in life stage one, between 20-30 years; the pregnant couple in life stage two between 15-25 years; the caregivers at life stage three and the adolescents between 15-19 years. How these life stages contribute to specific targeting of HIV/AIDS messaging is highlighted in this statement: "If I am having a lot of sex and you ask me how is your love life? HIV will now come [as] number one, for life stage one. [For life stage two], if I am pregnant, you [will] focus [on] how is your pregnancy, I will listen because I want my baby to be safe" (Respondent 4, 20 April 2016, pers.com). The *Obulamu* messaging approach is aimed at drawing people's attention to messages in order to cause engagement without necessarily prescribing solutions as Respondent 10, noted that "our way of messaging is to give people options to reflect about their situations and take decisions based on their considered stand points".

The *Obulamu* campaign managers believe that this type of messaging is different from the previous instructional messaging on HIV/AIDS that was delinked from addressing the actual health communication needs of the audience. It is on this basis that Respondent 9, a health communications expert revealed that the inconsistence in HIV/AIDS messaging during the period of 2000 to 2008 partly caused the increase in infections and prevalence rates. He noted that the approach "only emphasized abstinence and being faithful without providing alternatives for those who cannot […] there is for example a generation that does not know condoms" (Respondent 9, 06 May 2016, pers.com). The contributing factors to increasing infection and prevalence rates among young people in Uganda as discussed in this section are among the circumstances that the *Obulamu* campaign messages are targeting as an intervention towards the prevention of HIV/AIDS among young people.

The Obulamu communication approach

The *Obulamu* campaign recognises that indeed societies or audiences have evolved from being passive message recipients and are now more democratic about the information that they receive. For example, "you cannot tell me to use a condom when I am married, I will have to ask why?" (Respondent 4, 20 April 2016, pers.com). Therefore, the *Obulamu* campaign purposes to provide people with messaging that reflect their situations to make informed decisions. For instance some of the *Obulamu* campaign messages like "I use condoms what about you?" is to help the intended audience to reflect as individuals and discuss as communities about their solutions to health challenges [that] they are facing" (Respondent 10, 26 April 2016, pers.com). This approach of the *Obulamu* campaign encourages participation of the targeted audience to find their own solutions to HIV/AIDS management. This is in line with the *Soul city's* participatory model to HIV/AIDS communication among the South African youth, which has been discussed in chapter 2. However given that the primary communication channels under the *Obulamu* campaign are largely the mainstream traditional media, one wonders how interaction and engagement is dealt with as Respondent 8, puts it, "so when I hear a commercial on radio, what do I do about it? Is there anything that I can respond to? Can I dispute it? I may not, but on social media I can" (30 March 2016, pers.com). In FGD 001, Yeka is concerned about how to engage with radio or television messages, which do not necessarily address or focus on his present needs noting that communication is not complete without timely feedback. This necessitates mechanisms for feedback if one has a question or comment, which social media can instantly do.

These limitations on interaction and engagement notwithstanding, the *Obulamu* campaign also primarily uses interpersonal communication (IPC) to engage with their primary targets. This approach involves identifying members that have an influence in the community who may include local leaders, church leaders, politicians and village health team members (VHTs) who are then equipped with support materials to talk about health issues in a calm and non-medical way. This established network of individuals [opinion leaders] in society then passes on these messages to start conversations about health. It is on this basis that the interpersonal communication approach to behavioural change is emphasized by the *Obulamu* campaign to encounter the contemporary needs of society that are now beyond information and awareness to "examining norms, myths and misconceptions which require a more personalized approach" (Respondent 4, 20 April 2016, pers.com). The interpersonal communication approach is majorly used for health communication interventions because of its emphasis on peer-to-peer interactions for the adoption of the intended behavioural action. However, the interpersonal communication approach is limited in the sense that it requires extensive financial and human resources for its implementation, yet the funding to the health sector is reducing as has been revealed in this chapter, which may make it unsustainable.

Figure 5.2: Graphic showing *Obulamu* the campaign messages

Source: Obulamu (2017)

Sharing her experience on the implementation of the interpersonal communication approach in the Uganda Health Marketing Group (UHMG) health marketing interventions, Respondent 12 noted that "you will need to pay about 5000 [Ugandan shillings] per day to someone [yet] you are not sure how many youths this person is going to talk to […] or will be able to reach so it becomes [cumulatively] expensive in the long run" (18 August 2016, pers.com). This therefore means that a campaign on health communication will require a strong supportive environment around other channels of communication because of the realization that no single channel is completely effective in such behavioural change interventions.

Therefore if the idea is to be able to focus on the audience's individual needs and be able to cause conversations among them through the interpersonal communication approach as advanced by the *Obulamu* campaign team, "this agenda can as well be realised on social media where individuals and communities are already interconnected" (Respondent 8, 30

March 2016, pers.com). As highlighted previously in this chapter, social media is one of the channels that the *Obulamu* campaign deploys. It becomes important to understand how social media and in particular Facebook has been used in the *Obulamu* campaign to highlight its potential and contribution to HIV/AIDS prevention among young people in Uganda.

Facebook and HIV/AIDS prevention among young people in Uganda

In order to understand the potential of Facebook in HIV/AIDS prevention among young people in Uganda, it is important to first establish how this platform has been used in the *Obulamu* campaign. The findings under this theme were mainly guided by two research questions. Research question one interrogated the ways in which Facebook has been used in the *Obulamu* campaign while research question two focused on the audience perceptions on the use of Facebook in HIV/AIDS communication interventions that target young people in Uganda. It is important to note that as profiled in the life stages of the *Obulamu* campaign, the target audience are young people. These young people often turn to online platforms for their information and communication needs as has been highlighted in chapter 2 and 3.

Figure 5.3: The *Obulamu* campaign Facebook interface

Source: Obulamu (2017)

The *Obulamu* campaign uses the Facebook platform as one of its channels to advance messages on HIV/AIDS prevention and treatment to young people. The Facebook platform for

this campaign is available at https://web.facebook.com/obulamuUg/ and was launched on September 23, 2015 two years after the *Obulamu* campaign had kicked off in September 2012 as observed by the researcher. This would mean that despite targeting young people, social media were never part of the initial communication platforms to be used in this campaign. However the fact that Facebook is later used in this campaign becomes of interest to this study. The *Obulamu* Facebook platform has 3234 followers (as at November 2017) who are the immediate audience and are able to receive and interact with any current updates from *Obulamu* through notifications in their Facebook accounts. The content formats shared on this page include visual graphics, photos, videos and text, which means that the *Obulamu* campaign may take advantage of these multimedia communication capabilities that Facebook offers in packaging a variety of information for its young audience target.

The study established that young people visited the *Obulamu* Facebook page in order to find information on how to keep safe, control HIV/AIDS and pregnancies. In the discussion with FGD 005, Elysie pointed out that through the *Obulamu* Facebook updates she has been able to learn more about contraceptives especially the dangers that they may cause. This informs her decision to opt for other prevention methods like using condoms to avoid unwanted pregnancies and keep safe. The *Obulamu* Facebook platform is generally used by the campaign managers to share content related to the campaign thematic areas as well as related content from outreach activities to inform and engage with their target audience. Some of the audience responses to the *Obulamu* Facebook content have been used to create new content as well as respond to emergent issues by the team. The study found out that the use of Facebook in the *Obulamu* campaign has been limited and therefore its potential in HIV/AIDS prevention among young people in Uganda has not been fully explored. Respondent 4 admits that the use of Facebook in this campaign is rather a learning process to explore its potential and how to best use it for future communication programming. However the study established that Facebook has great potential in HIV/AIDS prevention among young people, which has not been fully utilized by the *Obulamu* campaign. This is in recognition of the fact that the social media landscape in Uganda has experienced major growth in terms of usage and numbers which positions Facebook, Twitter, Instagram and Whatsapp as commonly used social platforms among young people. The focus of this study is on the Facebook platform as discussed in chapter 1.

Respondent 2, a digital media expert at Ultimate Media Consults explains that there is consistent growth in terms of the number of social media account sign ups as well as online activity through the different modes of engagement that are offered by these social media tools. This growth in usage can be tracked by "the number of accounts created, on-going conversations on pages, [and] the number of likes and shares" (Respondent 2, 06 April, 2016, pers.com). This upsurge in usage confirms the growing recognition of social media as a mainstream alternative media for young people whereby "social media [use] is [now] a way of life and part of the daily activities among young people in Uganda" (Respondent 3, 30 March 2016, pers.com). The usage of social media cuts across all sections of young people in Uganda. For instance, according to Respondent 2, Facebook registers from the 13 year-olds and onwards with most users between 20-24 years, which makes young people the majority on social media. Mobile subscriptions are almost hitting 19 million subscribers which increase makes social media platforms more accessible "since each mobile phone is a potential Internet access point that can be used to connect a number of people" (Respondent 2, 06 April 2016, pers.com). This submission has been confirmed by the current statics from Internet World Stats (2017b)[76] that indicate that Uganda has over 19 million Internet users with the number of Facebook users standing at 2.2 million people.

Communication platform for young people

Young people spend most of their time on social media, it therefore becomes important for anyone who wants to communicate to this target group to take strong recognition of this fact and employ social media tools to reach out to them. This steady growth of the social media landscape in Uganda (Uganda Communications Commission, 2015a:9) has been attributed to the reducing cost of access to the Internet and other innovative approaches to social media access. These innovative approaches have made available low-cost data packages for Internet and online applications, which are affordable to young people. Bwaha, one of the participants in FGD 002 shared that young people use Facebook because it is cheap and takes only a few megabytes to download the application with data packages for as low as 200 shillings. Internet and data service providers in Uganda are continuously improving online access options whereby with a minimum of "500 [Ugandan] shillings as a package for Whatsapp, Facebook and Twitter […] someone will keep online and communicate" (Respondent 11, 18 August, 2016, pers.com). Other social media access packages available in Uganda include unlimited access packages as well as the zero-rated options like *Facebook 0* that allows people to

[76] http://www.internetworldstats.com/af/ug.htm

access Facebook free of charge which in essence gives access to those that may not afford data.

Relatedly, access to Facebook and other social media platforms has been enabled farther by the reducing costs of digital technology especially with smart mobile phones that can accommodate social media applications. This reflects characteristics of affordability and accessibility whereby current prices stand at about 100,000 shillings [USD[77] 28] compared to the about 300,000 shillings [USD 83] previously for a basic smart phone" (Respondent 2, 06 April, 2016, pers.com). This affordability makes young people who constitute more than 78% of the Ugandan population (Population Secretariat, 2014:38) the majority users of Facebook and other social media in Uganda and hence an important platform for them. The study further established that Facebook is considered to be a cheap and affordable platform among young people. Yek during the discussion with FGD 001 shared that social media is accessible to low income earners. He gives an example of students that do not necessarily have an income but can afford to be online rather than buy a newspaper every day, which they cannot afford.

Respondent 3 noted that various social media platforms do not have strict rate cards as mainstream media but can work within a given budget line to have the campaign running. One of the important elements of social media and particularly Facebook is that it allows uploading of content including short videos for free, which is a rare scenario with mainstream media. The onus therefore is on "health communicators to make interesting content that the audience deems valuable to access without looking at the cost of access" (Respondent 8, 30 March 2016, pers.com). Within the same line of argument Respondent 3 noted that social media could achieve so much more if it is appropriately budgeted for like any other communication channels. He illustrated this further with an example that if the "ten million shillings [USD 2778] used to pay for a print ad in a Ugandan daily newspaper is put to social media to set up and boost a page, have people liking and engaging, so much can be achieved to bring back HIV [prevention] to the theme field and public realm in Uganda" (Respondent 3, 30 March 2016, pers.com).

Perhaps this explains why social media became evidently prominent during the just concluded presidential and parliamentary elections in 2016 in Uganda were politicians and political parties

[77] The exchange rate is 1USD=3600 Ugandan shillings

worked hard to boost their online visibility. Amama Mbabazi[78] for example, used social media to make his pronouncement for the presidential bid as well as providing timely updates on his campaign schedule. This political factor enabled a growing realisation and appreciation of social media as an alternative source for valuable information where people would know what was happening very fast and in real time. Respondent 8 an ICT expert observed, "politicians were hiring [management teams] for their social media accounts as well as using these platforms to keep abreast with the current information as a way of keeping the ear to the ground" (30 March, 2016, pers.com). The anxiety on the potential effects of social media use during the election period resulted into a lock down on social media in February 2016 during the voting time as well as in May 2016 during the inauguration day of President Yoweri Kaguta Museveni in Uganda. According to Briana Duggan (2016), the February election "day began with many politically-minded voters unable to tweet or update their Facebook pages after a government ban on social media". The regulator, Uganda Communications Commission had instructed all mobile telephone networks to effect this social media black out in both instances.

Through text messages, the citizens were informed "about the directive to disable all social media based on security reasons (News24, 2016)[79]. The reasoning behind this social media ban as defended by President Museveni was that it was a "security measure to avert lies […] intended to incite violence and illegal declaration of election results" (Duggan, 2016)[80]. Such a ban on social media is a manifestation of its growth and penetration, which has out stripped the capacity of the government to provide a regulatory framework for it, remarked Nicholas Opiyo, a human rights lawyer (Anena, 2016)[81]. This prompts the government to occasionally shut it down, as was the case in the 2011 general elections. However, many citizens were able to "access social media sites via encrypted private networks" (Duggan, 2016) such as the virtual private network (VPN) options on their mobile phones. In support, Respondents 3 noted that social media is significant and important to Ugandans to the extent that "even when it was shut down Ugandans had to learn how to use VPN [Virtue Private Network] to be able to connect to the Internet" (30 March 2016, pers.com). During the group discussion with FGD 005, Essie noted, "there are people like me who do not listen to radio, who have no television in the house and only get their news [information] online […] I decide what I want to hear, what I want to listen to and what I want to watch." This is why it becomes important for health communication

[78] Amama Mbabazi was one of the presidential candidates during the February 2016 presidential and parliamentary elections in Uganda
[79] https://news24.com/Africa/News/Uganda-shuts-down-social-media-ahead-of-musevenis-inauguration-20160512-2
[80] [80] cnn-edition.cnn.com/2016/12/18/world/uganda-election-social-mediashut-down/index.html
[81] https://acme-ug.org/2016/05/19/social-media-shut-down-in-uganda-will-become-a-norm-analysts/

interventions to use social media in reaching out to the so many young people online that maybe missed by radio or television.

Furthermore, the study established that of recent, social media platforms are now pre-installed applications on any basic smart phone, which has improved the access for users that have been downloading these applications in order to use them (Respondent 2, 18 April, 2016, pers.com). Therefore "willingly or unwillingly within a short time one realizes that they can actually use these social media apps" (Respondent 8, 30 March, 2016, pers.com). It then becomes easier to reach out to these mobile phone users through the value addition of this technology that can be utilised for HIV/AIDS communication interventions because these pre-installed social media applications are now part of the main functionalities of the smart mobile phone. This discussion points to the fact that if a given communication platform is easily accessible; it promotes people's participation in making informed decisions that improve their conditions. Such social media accessibility that is enabled through the mobile phone applications brings to life the accessibility component of participatory communication in health interventions by engaging in more interactive and dialogical processes that facilitate discussion and feedback for collective decision-making (see Govender, 2011).

Free expression and anonymity

The study established that Facebook is regarded as an open platform for young people to freely share their views on any issue without being held back. Sidney, a participant within FGD 004 noted that sharing has become so easy to the extent that if "I want you to know that I have a pimple on my chin, I will just take a picture and use social media". This shows that there is always an opportunity to share with people that even those with HIV/AIDS would pick a message and share it within their network. This lack of gatekeeping makes Facebook stand out as a free communication platform because "you are able to read and relate to raw emotions with people [freely] speaking their mind" (Respondent 9, 06 May 2016, pers.com). This makes this platform important for HIV/AIDS communication interventions since it provides equal space and time to share as illustrated by Meg in a discussion with FGD 005.

> If *Obulamu* asks me, you had sex last week did you use a condom? A thousand of us can respond without any network interference, without any internet interference, we will get to talk back faster and at leisure but you know on other media, hurry up there are other people on the line, sorry we cut you short. With social media, you cannot cut me short.
>
> (FGD 005, 4 May 2016).

This translates into a diversity of opinions as a result of the interconnectedness within the online social structure from which learning opportunities are availed and even extended to minority groups as the youth, women and sex minorities. Nina, a participant in FGD 006 feels that Facebook is a platform that women have and can conveniently use for their well–being.

> [….] we have that [which] is not taken away from us because we can access it no matter what. Even if maybe you think your husband is stalking your password you can still access it. It can be on your phone but when you go to work you know you can still access it, when you go to a friend's use their computer, you can still access it. So that platform has not been taken away from us so I think it is an equal opportunity platform for all.
>
> (FGD 006, 28 May 2016).

Further, Facebook provides for anonymity, which gives confidence to those who cannot freely express themselves to come out and seek guidance. Meg, a participant in FGD 005, was of the view that this bubble of anonymity is security to the extent that it makes people very comfortable to open up and share their challenges with strangers than probably telling a friend. In FGD 004, Vincent noted that this anonymity has helped to create a sense of belonging with the rest of the Ugandan society especially in the fight against HIV/AIDS since they are also able to express their views and contribute to this subject.

> This year again we had the world AIDS day celebrations 1st December and the message was to *End HIV* so all the LGBTI[82] communities posted and people liked the messages, shared them and even tweeted them out. I think people were not much concerned about whether they were coming out of the LGBTI community.
>
> (FGD 004, 07 December 2016).

Further the anonymity advantage that social media provides encourages prevention, treatment and accountability in HIV/AIDS interventions. For example, Facebook provides for direct messaging or public messages in the normal feeds but also allows private and confidential inbox messages. As Yek noted in FGD 001, if somebody has been exposed, they will feel confident to seek help by using Facebook to post a question on a page or a private inbox to organisations that will advise them on what to do. Similarly, if there are drug stock outs for anti-retroviral treatment at health centres, one can easily report such cases through social media and the responsible line ministry would make a follow up. Although Facebook grants the confidence and equal status to minority groups to freely participate and interact in processes that affect their well-being, Respondent 5 noted that people are still afraid to come out on social media

[82] Stands for sexual orientations for lesbian, gay, bi sexual, transgender and intersexual

since everyone is watching them including their bosses, parents, friends and their spouses despite the anonymity option that Facebook would provide in HIV/AIDS communication. Social media engagement is therefore suffocated because someone thinks that "I am better off not saying anything because then I will keep my social status, keep my friends, keep my job perhaps […] so people have pulled back from engaging" (Respondent 5, 19 September, 2016, pers.com) even if they have been empowered to keep in the second person perspective for fear of stigmatization.

Interactive-learning platform

The social media landscape in Uganda continues to grow because social media platforms are ably fulfilling the people's need to communicate, which is inherent of the human desire to share. Sharing of information enables the building of social relations that are enhanced through communication processes that create connectedness and dependence on one another. People always want "to communicate, listen to each other, say what they want to say, express themselves and social media tools are providing a high opportunity for them" (Respondent 2, 06 April 2016, pers.com). Social media platforms are making it much easier for people to communicate amongst themselves, as communities and with authorities. The study established that the presence of Facebook "presents an opportunity for HIV/AIDS prevention efforts to target communication towards young people" (Respondent 3, 30 March 2016, pers.com) in a more interactive way that encourages dialogue, engagement and participation for collective action.

This is because Facebook brings on the capacity to simultaneously communicate through various multimedia formats as text, audio–visual and graphics that goes beyond simply sending messages to complete the communication cycle through interaction and engagement. This makes communication more effective because "when people read, they understand, when they listen, they understand much more, when they view, they understand much, much, more because you are able to demonstrate to them" (Respondent 2, 06 April 2016, pers.com). Understanding of the message the way it was intended is the purpose of communication, which makes it worthwhile to explore how to use Facebook for HIV/AIDS communication interventions by learning how to package for this medium since it is a huge platform that young people are relying on for information. This positions it as a major communication platform for their generation in the near future.

Respondent 1, the programme manager at Reach a Hand Uganda (RAHU) stressed the importance of packaging appropriately for social media platforms. He is of the view that "if a young person can spend 500 [Ugandan] shillings in an Internet café to check up on [football] betting odds […] if we packaged HIV/AIDS information in a way that is easily appreciated, chances are that they might access these messages" (8 April 2016, pers.com). The discussion on how to manage Facebook messaging and packaging is dealt with under research question three in chapter 6 however, it is important to note that social media has been greatly used in Uganda to promote and build both corporate and personal brands for business. Some of the local artists in Uganda that have explored the power of social media to improve their brands include "Eddy Kenzo[83] and Anne Kansiime[84] whose popularity has been achieved by their presence on social media [therefore] compiling messaging on HIV/AIDS can also be achieved on social media channels" (Respondent 3, 30 March, 2016, pers.com) which will make the availability and access to HIV/AIDS messages much easier.

The study established that the interactive nature of the Facebook platform provides for new ways of delivering information on HIV/AIDS prevention and treatment to young people. Jeb in FGD 001 pointed out that the youth have heard a lot of information on HIV/AIDS including protection although a lot more information and experiences need to be explored given the ever-changing nature of society. In relation to this Ryan shared that people are no longer dying and are not afraid of HIV/AIDS anymore. However, regardless of the ARVs [treatment] "I [still] feel that I should do anything to keep off and protect myself from HIV". To individuals like Ryan, Facebook would provide an environment to approach HIV/AIDS messaging in a more conversational way, which is the ultimate design of the *Obulamu* campaign as discussed earlier. The value proportion to this conversational approach is that you are able to "moderate the discussion with facts through answering questions as raised by your target audience which is a learning opportunity" (Respondent 8, 30 March 2016, pers.com). When a message is sent to the targeted audience, there is usually an intended learning outcome by the sender. However, when the audience starts to "engage with the message through commenting [on social media, it generates] a diversity of views, [and] you [will] find that people are learning something more than [what] you intended or even imagined" (Respondent 10, 26 April, 2016, pers.com). This back and forth engagement through comments and reactions to the messaging

[83] Eddy Kenzo is a popular contemporary musician in Uganda with over 799,647 Facebook followers
[84] Anne Kansiime is a popular comedian with over 1,856,797 Facebook followers

provides far more learning opportunities from the body of insights that has developed from the sharing of experiences.

Although this could be the case, Respondent 5 noted that many people would not engage or be associated with HIV/AIDS messaging because of the fear for stigmatization. However, Yek gives a different opinion in FGD 001 were he noted that the learning opportunities that Facebook provides could be used to advocate against stigmatization around HIV/AIDS through supportive groups of people with shared interests. For instance, those living with HIV/AIDS could stand against stigma and spread out that information by "sharing their own thinking, giving their own situation and experiences [which] can actually help others [to] learn more from situations of people who are like them" (Respondent 2, 06 April 2016, pers.com). Such experiences can be used to encourage young people to go for HIV testing, protect themselves as well as encouraging disclosure to live a healthy life. Within the discussion in FGD 004, Shamilah noted that there is a lot of stigmatization around sexual minorities to the extent that in some campaigns around HIV/AIDS, people will tag these messages and "say but homos are the ones who spread HIV/AIDS, as a result of the open nature of social media." However, through engagement, Shamilah noted that they have been able to express themselves to deter such stigmatization and misconceptions by reaching out to various perpetuators privately with facts. Sidney in FGD 004 concluded that it is such personalised engagement through Facebook that has encouraged lesbians, gay, bi-sexual transgender and intersexual (LGBTI) persons to seek services and treatment at the most-at-risk prevention initiative at Mulago hospital.

Access to content

The availability of messages on HIV/AIDS prevention and treatment via Facebook may make the access to correct information by young people a lot easier as they negotiate the norms, myths and misconceptions around HIV/AIDS within their lived environment. For instance, "when a young person is still in school, they will be getting the correct information, however, when they break for holidays or leave school there is a change of environment [with] no one to [instructionally] give them this information" (Respondent 1, 18 April, 2016, pers.com). Consequently, the lack of it makes it a challenge for young people to negotiate their environment and make informed health choices as shared by Creator in FGD 003 in the following excerpt:

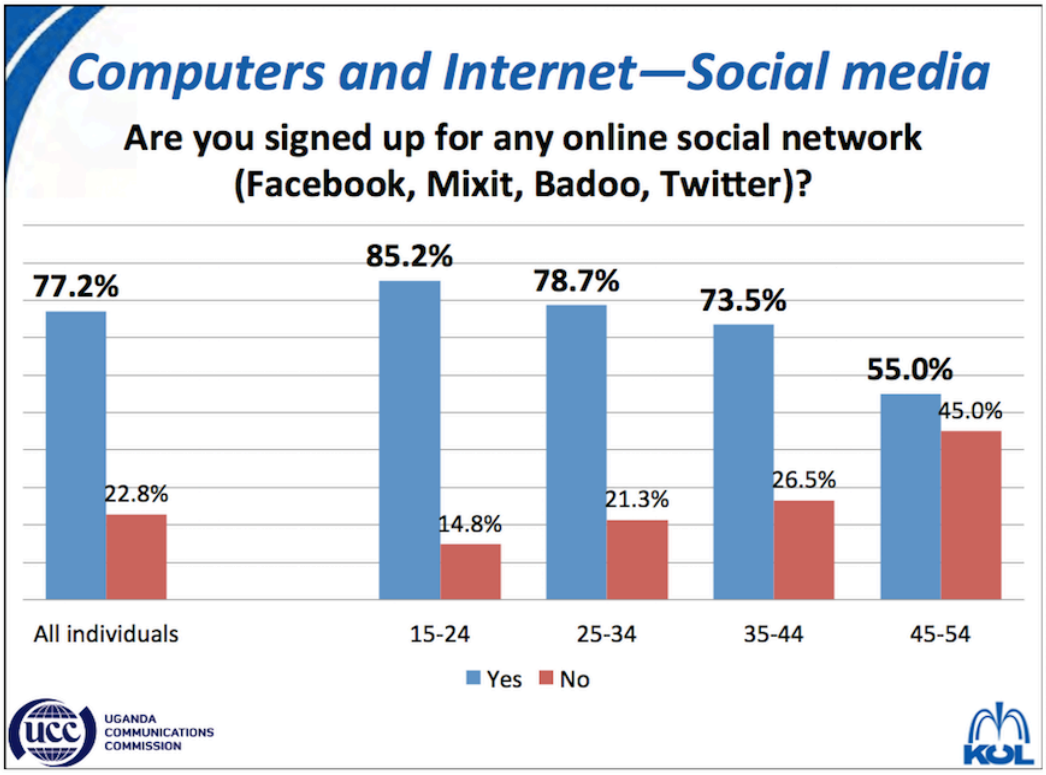
> I have done kushi[85] [Marijuana] before, I didn't learn it from home, I started it here on campus, I have smoked cigarettes and still do, I didn't learn this from home but from campus … in high school it is a rare case for guys to have sex or sleep with girls, everything starts at campus.
>
> (FGD 003, 07 June 2016).

This scenario presents a difficulty in coping with the change of environment whereby knowledge gaps begin to manifest as a result of the social interactions within that environment. The growing recognition of social media as a popular socialisation platform among your people would qualify the use of these platforms to target young people with continuous communication engagement that may empower them in situations as one highlighted by Creator. Social media and especially Facebook are participatory channels through which many organisations dealing in health communication may use to reach out to the wider public to continuously engage. As noted by Respondent 2, this realisation for continuous engagement and interaction has seen many companies and organisations including their social media profiles on "the billboards or adverts [placed] in the newspapers and [on] radio [that] are increasingly pointing the audience to their [organisations] presence online" (06 April 2016, pers.com).

Young people noted that Facebook is a very accessible and convenient platform for them to access content due to the fact that it makes it easier for them to access the available information at their fingertips and in their own comfort through mainly the mobile phone followed by personal computers.

[85] Kush is a slang used among drug users to mean Marijuana

Figure 5.4: Social media usage in Uganda



Source: Uganda Communications Commission (2015a:20)

Statistics from a study carried out by the Uganda Communications Commission (2015a) on the access and usage of communication services in Uganda confirm that young people have greatly used Facebook (see Figure 5.4) to satisfy their information and communication needs because of the convenience and ease in accessing the platform. The benefits of easy access to Facebook were underscored in FGD 005 where participants noted that many of them were on social media because they were able to access the platform at any time and at their convenience whenever they needed any information. This is important for HIV/AIDS communication interventions on prevention and treatment because with Facebook, the "messages are usually right in front of you and chances are high that you will read them" (Respondent 12, 18 August 2016, pers.com). Additionally social media is empowered by the Internet, which brings a state of newness to the information that is retrieved which facilitates limitless access to content, which can also be downloaded for future use. This fits in well with the current trend of on–demand individual consumption where people get to use content as to when they need it because it is easily accessible on these platforms. This therefore means that health communicators now have an opportunity "to provide on-demand content for their

audiences" (Respondent 2, 06 April 2016, pers.com) so that it can be easily accessed at their convenience.

This potential of equal access to content can be further utilised to include minority groups as sexual minorities in Uganda for targeted HIV/AIDS messaging. Respondent 3 is confident that Facebook can be used to reach out and target the men that have sex with fellow men (MSM) and commercial sex workers who have been classified as most-at-risk populations but are not easily targeted by mainstream media engagements (see chapter 2). This group of sexual minorities include young people that cannot publically go for treatment or testing for fear of being perceived differently, and therefore the use of "closed platforms would be good for them to have discussions and [to] easily connect" (Respondent 3, 30 March 2016, pers.com). Facebook provides a safer channel to specifically target sexual minorities and the most-at-risk groups because of the realisation that "for groups like commercial sex workers […] for example you cannot come up with a poster or road stand and put it on the street […] we try to find ways of using social media to reach out to them [through] closed groups" (Respondent 4, 20 April 2016, pers.com). This point of view also came out strongly within FGD 004 where Vincent noted that one of the behavioural change strategies they have used is by grouping.

> If I know I am gay and I know another colleague and we are like a cluster of 10, so we set up a group where we can communicate. And like on AIDS day when we were talking about effective use of condoms, these people who are like group leaders on social media or page administrators post the information to the group page and they make sure that in that group to become a member it is this administrator who has to endorse you.
>
> (FGD 004, 07 December 2016).

The members within these groups can freely share all their information, interact and have open discussions because whatever is happening in these groups is only known or closed to people that have been filtered as members to take care of their privacy as well as delivering specific and targeted communication on HIV/AIDS among the sexual minorities.

To the young people, the Facebook platform is perceived as one that can be used for sharing messages on HIV/AIDS in an instantaneous and timely manner. This instantaneous nature of message delivery would keep the HIV/AIDS prevention agenda in the domain of young people to make informed health decisions. In a discussion with FGD 006, Adele noted that using social media [Facebook] to talk about HIV would serve as a reminder in cases where "one is about to

do something and then it [the message] pops up and you are oh my goodness, there is AIDS" hence reminding you to take precaution. According to Respondent 11, this example from Adele highlights how people can be empowered with information when you use a channel that is best for them. Therefore, health communicators can tap into this sharing function or potential to reach out to the young people in their different groups and communities, which would result into a "message multiplier effect since messages are quickly and easily shared within an individual's circle" (Respondent 12, 18 August 2016, pers.com). This cycle or network comes with a diverse audience as well as facilitating the rapid movement of these messages because people are already connected and hooked on Facebook.

According to Rion in FGD 002, when an individual likes given content, their network of friends will be notified which will further facilitate communication within a large circle of friends and before you know it, the message has gone viral. This viral messaging of HIV/AIDS information translates into more mileage that becomes impactful in the sense that "people can easily share small adverts, audio, [and] pictures with others spontaneously and quickly" (Respondent 3, 30 March 2016, pers.com) as enabled by networked nature of social media. Bringing this point home, Meg in a discussion with FGD 005 noted that when *Obulamu* has set up in a given location, it becomes easy to invite people for health services on offer by sharing a photo with a message: want to test? Pass by. She noted that the rate at which this message will spread is very high which highlights the impactful power of social in fighting HIV/AIDS. It is also important to note that once these messages have gone viral on social media and become trending topics, they are usually become subjects of interest and topics of discussion or mentions in mainstream media. The intervention efforts that are already managed through that traditional mainstream media are further reinforced by this new content off social media platforms.

Complementary information source

Since the audience is not available all the time to get the messages as passed on through traditional mainstream media, Facebook becomes important in bridging such communication gaps in HIV/AIDS prevention interventions. The study established that Facebook is a platform where people are in control of their information because they have limitless access to content. This explains why traditional media channels as newspapers, radio and televisions also have Facebook pages to maximise their reach to the intended audience who could have missed the day's newspaper or broadcast. Further, some of the topics or issues covered in the mainstream media are usually trending on Facebook, which makes it important for HIV/AIDS prevention to

tap into this complementary potential. The complementary nature of social media with mainstream media in health communication interventions is more of an integrated approach reinforced by both offline and online activities.

Sharing his experience, Respondent 1 noted that in order to have meaningful participation in HIV/AIDS communication interventions, it is important to engage in both offline activities and online activities that may involve peer educators with learning sessions in schools and various youth groups, as well as gathering information through recording short audio and video clips which are then transcended online to social media platforms. This brings about variety in the kind of content that is shared on social media about HIV/AIDS and will yield to varied engagement. Based on the network structure of Facebook as a content distributor, information on HIV/AIDS will be shared through "a story, a blog, a link to a blog, a link to an article, a link to a campaign and a great number of people will be in position to access these pages for the information" (Respondent 3, 30 March 2016, pers.com) which would facilitate engagements with young people on a particular campaign.

This complementarity is further enhanced by the open nature of social media channels including Facebook, which allow for a change of communication roles to cater for the creation and sharing of content from all participants in the network. In this instance, Respondent 3 was of the view that Facebook can be used to bring back HIV/AIDS to a level where people can get their own means of messaging that enables them to participate in the creation of varied content about issues that do affect them. This freedom to create content and share it with others is "inexcusable and limitless which encourages more learning opportunities" (Respondent 9, 06 May, 2016, pers.com) that benefit messaging on HIV/AIDS to the extent that "people can use it [Facebook] to just say I am or we are going to test" (Respondent 3, 30 March 2016, pers.com). This would assist in clearing up misconceptions around for instance HIV testing and receiving results, which is one of the focus areas of the *Obulamu* campaign on HIV/AIDS prevention and treatment. The misconceptions around testing are shared in the following discussion by FGD 006.

> **Adele:** people do not know their status, people do not even want to go to test because they are scared, because remember before you go for the test you feel like I am free I do not have HIV, when you go and test and find out [that] you have it, you feel that you have become sick from the testing
> **Joan:** Even people who do not have get scared of the testing because they feel like if they go and test, they are going to get HIV from there.

(FGD 006, 28 May 2016).

This discussion resonates with an HIV test experience shared by Must, a participant in FGD 001 who revealed that he felt so tense as he waited to receive results despite having done a test previously and was sure of his status. Facebook allows the sharing of such experiences, which would facilitate disclosure as one of the processes in fighting HIV/AIDS among young people as well as receiving social support from Facebook groups that believe in this. This experience fits well within the tenets of pluralism and diversity of the participatory communication theory to accommodate the exchange of roles between senders and receivers thereby resulting into more voices, more opinions and interactive feedback.

Channel for Interpersonal communication

In examining further the complementarity of social media platforms with other channels of communication, the study established that the *Obulamu* campaign mainly uses interpersonal communication (IPC) to have personal engagement with its target audience of young people with HIV/AIDS messaging. However, Respondent 3 noted that social media could still be used to enhance the function of interpersonal communication through for instance, the empowering of village health teams (VHTs) or peer educators with smartphones for timely message updates and responses to inquiries when carrying out training sessions within their catchment areas.

In a way, the messaging approach will be renewed as Respondent 1 who was once a peer educator shared: "we kept on pushing out messages to young people but at one point you [would] reach somewhere [and you are] talking about HIV/AIDS and they tell you: we have already had about that […] so we had to find a way of communicating HIV to young people differently" (18 April 2016, pers.com) and this would be through online applications as social media. On Facebook, the interpersonal communication function is achieved through the high level of interaction and engagement that the target audience has with the messages. Such interaction is based on the fact that through personalised engagements, "the participants or audience will attach the messages to a person or a face they may know […] who is not a stranger or a radio presenter but your friend on Facebook" (Respondent 9, 06 May 2016, pers.com). This personalised messaging will draw attention from the targeted audience, which makes social media an easy tool to work with in regard to interpersonal communication.

Personalisation of messaging facilitated through social media may cause behavioural change because it gives the messages a personal touch which is the major strength of social media as

Respondent 2 noted, when a post or message is from the organisation, it is not so personal as when posted on a friend's page. This argument is consolidated further by Meg in FGD 005, who noted that since it is an individual's choice to change behaviour, when they read messages or conversations from their friends such as experiences of going to hospital and missing on HIV/AIDS treatment drugs which leads to deteriorating health would trigger reflection on what is happening with the person they know to deter reckless behaviour. This brings reality to how such messaging fits within an individual's perspective hence giving chance to dialogue with health communicators for consensus and feedback (Govender, 2011:60). This feedback can be personalised and segmented to cater for the individual's unique needs towards efforts of desired behaviour. The social learning theory recognises that the individual's goals, expectations and perceived environmental impediments can act as motivations to human behaviour and well-being (Bandura, 2004:2) through a medium that can champion for better health. This makes Facebook one of the tools that can have impact in HIV/AIDS prevention in terms of engagement that would result into mutual relationships that can galvanise both individual and collective action for social change.

Conclusion

The findings in this chapter have presented an overview of the HIV/AIDS case in Uganda noting that the rise in infection and prevalence rates are mainly due to knowledge comprehension challenges and other structural factors that affect self efficacy to behavioural change. The discussion has further pointed out the necessity for timely and correct information to debunk norms, myths and misconceptions in society that are continuously negotiated by young people to live a healthy life. This discussion centred on the perceptions and experiences towards the use of Facebook in health communication as well as highlighting the limited use of Facebook in the *Obulamu* campaign. This limited deployment of Facebook in the *Obulamu* campaign makes it important to examine why the potential that social media brings to the fight against HIV/AIDS has not been explored. This forms the discussion in chapter 6.

CHAPTER SIX: Barriers to Facebook in HIV/AIDS prevention

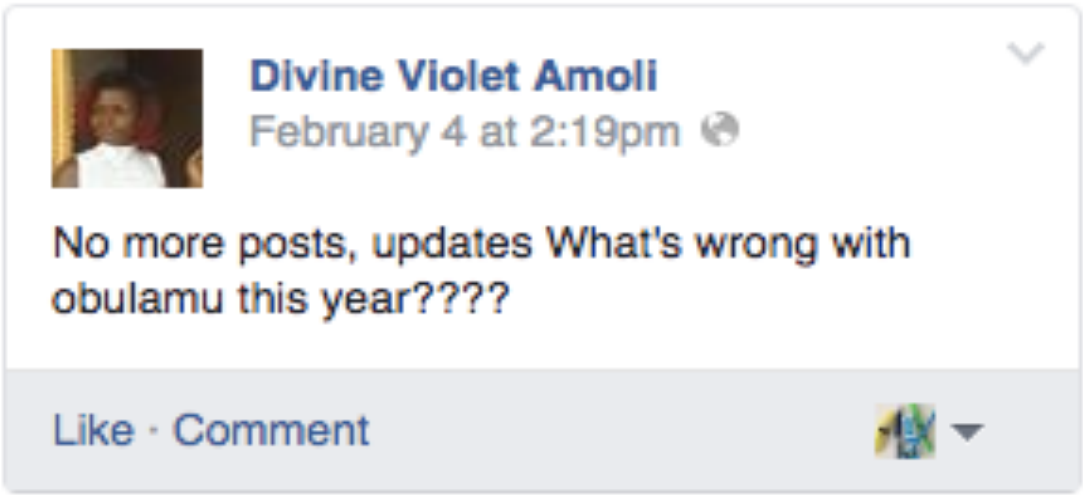
Introduction

This chapter builds on the discussion on findings in chapter 5, which has illustrated that the use of Facebook in the *Obulamu* campaign for HIV/AIDS prevention has not been fully explored yet there is evidence of the enormous potential of Facebook in HIV/AIDS prevention among young people in Uganda. This chapter focuses on two emerging themes: Barriers to Facebook in HIV/AIDS prevention and harnessing the potential of Facebook in HIV/AIDS prevention among young people based on 13 categories that guided the discussion. The data presented in this chapter focuses on the delimiting factors to exploring the enormous potential of Facebook in HIV/AIDS communication interventions that target young people. This chapter further discusses ways of overcoming these barriers to realise the potential of Facebook in HIV/AIDS communication.

Limited messaging and feedback management

The study established that the limited use of Facebook in the *Obulamu* campaign resulted into sporadic content updates and engagement with the audience. Through participant observation, the researcher noted that content updates and engagement on the *Obulamu* Facebook platform were done periodically, punctuated by long time lapses. For instance, as at February 2017, the last content update on the platform was a video about malaria that was posted on October 5, 2016. Before that, the last update had been posted on May 15, 2016 while an engagement to a response was previously done on April 8, 2016. Social media is built on immediate communication which means that the biggest disservice to social media engagement is to simply post information without engaging with the people who are "sometimes in challenges and would want [immediate] answers to their situations" (Respondent 2, 06 April 2016, pers.com). This leaves the audience with unanswered questions as a result of their unmet information and communication needs as observed early this year (February 2017) in a comment on the *Obulamu* Facebook page that raised the issues of lack of timely content and engagement.

Figure 6.1: Snap shot of participant feedback on the *Obulamu* Facebook page



The periodic posting of content and engagement with the audience on the *Obulamu* page highlights the need to develop a culture of good practices for engagement to be able to timely respond to enquiries because "if you do not answer or reply after a week or so, why would someone still send you another one?" (Respondent 2, 06 April 2016, pers.com). The discussion in FGD 005 focused on the need for timely feedback from the *Obulamu* Facebook platform. The participants pointed out the slow response rate to inquiries while emphasising the need for timely engagement if HIV/AIDS communication on social media is to make meaning.

> You will find that a post is meant to create awareness or to reach out to a certain group but the team rarely checks on what people are commenting, the responses to keep the audience engaged because someone may not have understood the same way others did
>
> (FGD 005, 4 May 2016).

These two examples point to the fact that Facebook is an important platform for young people in their search for timely health information and communication as they negotiate their well-being. The need for timely access to communication would perhaps explain the over 3,200 followers on the *Obulamu* Facebook page. If this is the case for young people, a question then arises as to why the *Obulamu* campaign does not fully utilise Facebook in this health communication intervention to meet the information and communication needs of the young people. This results in low online visibility of the much-needed HIV/AIDS messaging on social media to the point that "we still see bill boards, hear radio adverts of *Obulamu* […] but you see

very little in terms of HIV [messaging] on social media" (Respondent 3, 30 March 2016, pers.com).

Limited audience reach of Facebook

The study established that Facebook has a limited audience reach based on the view that it is not a major communication platform for the project as a whole. According to Respondent 4, the core audience of the *Obulamu* campaign has been defined as the semi-urban, rural and young people who cannot afford social media technology that includes digital phones and the Internet. This is supported by the argument that "the penetration of the phone to rural areas is still a high investment compared to other forms of communication. Therefore the campaign achieves its greatest dividends in using radio and interpersonal communication" (Respondent 4, 20 April 2016, pers.com) to reach out to this target audience. In contrast, Respondent 1 noted that it is not about owning the technology but the necessity to have the relevant health information available. This will ensure access to this information since the cost of the technology is continuously reducing. HealNatal, a participant in FGD 005, supported this view in light of accessibility to content on Facebook.

> Accessing content on Facebook is not all about having a phone or gadget that connects to the Internet. My phone can be down but I can still go to a café and access Facebook … [t]his makes it very accessible that you get to a point where you have the information … and also share it with other people
>
> (FGD 005, 4 May 2016).

The issue of limited audience reach has also been based upon the numbers that can access Facebook because "social media has a very small audience scattered in urban and semi-urban areas of about two million people and not visible in rural areas where the [*Obulamu*] campaign interventions are highly needed" (Respondent 4, 20 April 2016, pers.com). As observed during the study, the *Obulamu* interventions do not entirely concentrate on the rural population but on the urban and semi urban populations as well. If the former was the case, there would be no reason for example to run campaign messages on purely urban English speaking radio stations like Sanyu FM whose reach is mainly in Kampala, the capital city of Uganda. This submission by Respondent 4 points to the presence of a mass audience ready to receive the information sent out yet with technological innovations this is not the reality today. Society is getting more fragmented and segmented to the extent that "there is no longer a concept of [the] mass audience" (Respondent 2, 06 April 2016, pers.com). This perhaps explains why the *Obulamu*

campaign is on over 52 radio stations yet in contrast, social media structures give access to an audience in a single structural set up. For example, with the present number of 3,234 followers on the *Obulamu* Facebook page, one is sure that when an update is made, all these followers will receive this notification.

Social media platforms present a huge online audience of "the educated people but also the uneducated who are catered for by the audio–visual functionalities of social media that may need to be tapped into with HIV/AIDS messaging" (Respondent 3, 30 March 2016, pers.com). During the discussion with FGD 005, it was noted that it is these small numbers of people on the Facebook platform who are actually the active audience that will act on the health messages sent out through engagement and interaction to cause change. In the discussion, Elysie noted that people on Facebook are the kind of people who want control of their information and will actually talk back to you.

> These are the kind of people that are going to talk to your message, interact and engage with your message, question it to the core to understand […] if you have realised these are the kind of people who make a lot of noise and create the kind of news that come out on TV and radio on anything but they are the least number […] these are the people that are going to question you to make sure that you implement more
>
> (FGD 005, 4 May 2016).

This submission is reflected in Figure 6.1 where a participant was inquiring as to why there is no activity on the *Obulamu* Facebook page, which points to the need of appreciating and understanding social media as a new channel of communication whose communication orientation needs to be explored by communication programmers, if it is to be fully embraced for health communication.

Low appreciation of Facebook in health communication interventions

The findings from the *Obulamu* campaign further point to the issue of low appreciation of Facebook as an important communication resource for young people by key decision makers. The study established that this poor attitude is as a result of the age differences for most key decision makers and programme managers, as most decision makers and programme managers are above the social media youthful age. This means that they will take time to understand and appreciate social media as a positive platform for communication. Most decision makers do not quite understand what social media is all about beyond Facebook and

Twitter, because they "still believe that these are tools for simple interaction" (Respondent 2, 06 April 2016, pers.com) which points to a knowledge gap. The key personnel in decision-making positions keep asking about "cost implications in terms of impact while others feel that online platforms have been misused, [to the extent that] some organisations believe [that] social media is not in line with their morals" (Respondent 1, 18 April 2016, pers.com). Furthermore, the use of social media for health communication interventions will require "very serious persuasion of the audience that already has a poor health seeking culture" (Respondent 10, 26 April 2016, pers.com).

According to Respondent 2, this has resulted into appropriation of meagre or no resources to this platform and yet resources are key in social media engagement. This limits the further utilisation of these social media tools because of the "the thinking that you reach the pinnacle of social media engagement once you create a page" (Respondent 2, 06 April 2016, pers.com). Although most organisations do not budget for social media as they would for other channels such as television, radio, newspapers and billboards, Respondent 6 gives a supporting view that if social media is the platform for young people, it should be taken advantage of as long as the intended audience gets the messages. Further, if these messages are readily available on Facebook, those that are able to access them may share them among their peers through the information multiplier effect as suggested by FGD 001. In this discussion Allanto points out that the best thing is to have the majority of Facebook users getting this information on HIV/AIDS. These would then share it with their peers in the village or those who may not have access to this technology through their interactions. This brings out the fact that by the time other young people are able to afford the technology, Facebook would have been already positioned as an important information resource among them. Sooner or later they will be able to use Facebook to interact with information on health as earlier discussed in the previous section on the potential of Facebook in HIV/AIDS prevention among young people.

Undefined role of Facebook in the Obulamu campaign

Experiences from the *Obulamu* campaign depict a lack of a clearly defined role for Facebook in this health communications intervention. Respondent 4 denoted that they were still trying to figure out what to use Facebook for in the *Obulamu* campaign. If it is for "moderation then there is need to employ a full-time person yet resources are not available sometimes […] the best option is to subcontract someone cheaply to do this work for you" (Respondent 4, 20 April 2016, pers.com). The study established that this undefined role of Facebook in the *Obulamu*

campaign could be attributed to the national health communication policy, which has not indicated or prioritised the use of social media in HIV/AIDS communication efforts. The study established that there was "no deliberate programme targeting social media to pass on messages about maternal health, adolescent health, sexually transmitted infections and HIV" (Respondent 6, 08 April 2016, pers.com) despite the growing social media landscape in Uganda. Relatedly, Respondent 7 explained that social media platforms are not part of the country's communication strategy on HIV/AIDS pointing to "interpersonal communication (IPC), radio, television and print as well as theatre, film and school talking compounds" (15 November 2016, pers.com) as approved communication channels by the Ministry of Health. This could partly explain why the *Obulamu* campaign has not prioritised Facebook in communicating HIV/AIDS interventions.

Lack of content management skills

The study found out that social media platforms are new phenomena among health communication programmers in Uganda. This presents a challenge of lack of skilled personnel with relevant social media management skills to handle health interventions through messaging and packaging of messages. Respondent 3 notes that there is a mentality that social media management is easy and can be handled by everyone hence leaving most of the engagement work to receptionists or front desk officers in most organisations. This knowledge deficiency on how social media works for HIV/AIDS communication is attributed to the newness and soft nature of these platforms and therefore health communicators attach less importance to how they can be managed. As such, old models that include traditional-monologue media approaches to messaging are extended to social media, despite the dialogical nature of the latter. Sharing his experience from the *Obulamu* campaign, Respondent 10 confirms this scenario and noted that messages developed for radio discussions were the very ones posted on social media. The justification for such messaging is found in an explanation given by Respondent 12, where she noted that the consideration for feedback and engagement of individuals was not considered a necessity in using Facebook in health communication interventions.

This raises the issue of a skills gap in the designing of appropriate content and messaging for Facebook to trigger off dialogical attributes of this medium in keeping the target audience interacting and sharing. It becomes important to understand that "each medium of communication has its own strengths in terms of applicability and therefore calls for the need to

treat each media platform uniquely in heath communication interventions for HIV/AIDS" (Respondent 1, 18 April 2016, pers.com). In support, Respondent 4 noted that it has been realised that "materials developed for mainstream media cannot be used on the social media platform" (20 April 2016, pers.com) where audiences are more involved in choosing messages based on their interests. This process of messaging enhances the relationship between the sender and receivers of information as highlighted by the social network structure, which means that that use of social media is a learning process as well for personnel engaged in health communication, hence the uncertainty and slow approach in its use.

Therefore, framing of appropriate messages for social media platforms demands for a set of new skills from communicators, which include among others, "being a good writer, a good animator, audio-visual producer thus setting the bar very high to find a skilled person to do all these" (Respondent 2, 06 April 2016, pers.com). The lack of this may result into disappointing results in attempts to use social media in HIV/AIDS prevention efforts as Respondent 4 shared about an uploaded *Obulamu* campaign video that was deemed interesting and informational but only garnered a few views (20 April 2016, pers.com). It becomes important for communication programmers to embrace both content production and engagement skills to better the messaging and interaction on social media if such platforms as Facebook are to play a meaningful role in communication interventions on HIV/AIDS prevention and treatment among young people in Uganda.

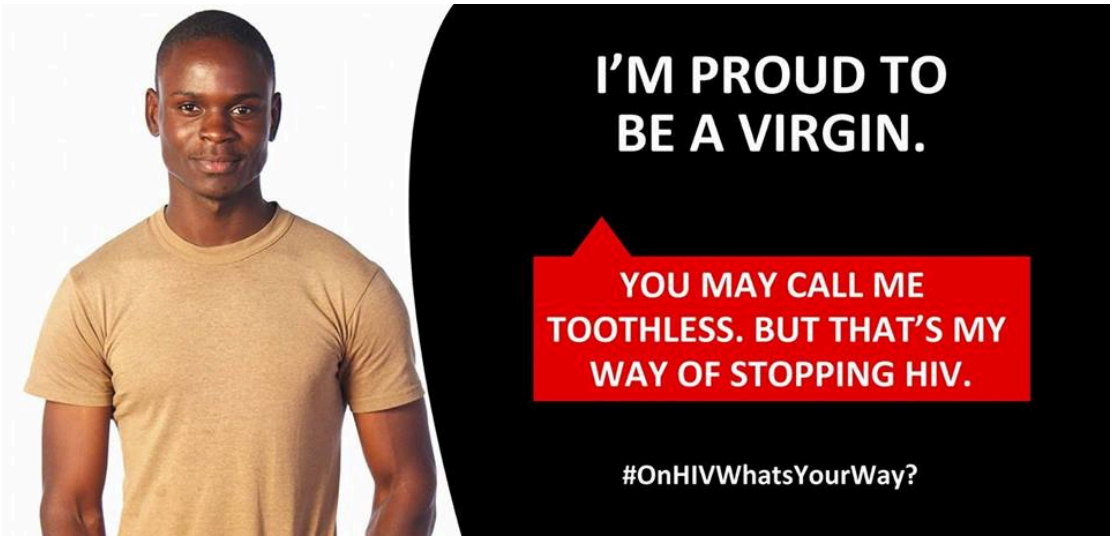
Lack of message control on Facebook

The study established that health communicators feel disempowered when they use Facebook to send out messages. There is a feeling of being no longer in charge once messages get to social media structures. Once the message has been shared in the social media structure, there is no way one would "monitor counterproductive distortions or comments that are not shared on your page" (Respondent 10, 26 April 2016, pers.com). The sharing scales to the extent that one may fail to follow up on the discussions that have been triggered off by messages due to the open flow of information on social media platforms. In the due process, the original messages maybe susceptible to conflicting messaging that may arise due to the interchange of roles on Facebook. In this interaction, each participant can be a content creator and recipient in this social network structure. For instance, the message could be advocating "for condom use, yet there are those who are saying that live [sex] is better on that same thread" (Respondent 2, 06 April 2016, pers.com). This calls for the need to understand that

Facebook, like any other social media, works on the principle of individuals sharing ideas and opportunities as they connect with other people.

Giving a lived experience from the *Obulamu* campaign, Respondent 4 shared that "one of our messages was that you can call me toothless but I am proud to be a virgin and the model was a mature guy […] then one of the comments [on Facebook] was [that] there is no way this nigga can be a virgin" (20 April 2016, pers.com).

Figure 6.2: Graphic showing the *Obulamu* campaign message on abstinence



Source: Obulamu (2017)

It is against this background that Respondent 7 noted that this could be solved through a health communication policy that standardises social media messaging to have some level of control to avoid embarrassing and disastrous scenarios. However, such a policy would mean curtailing the potential of meaningful participation by the targeted audience in messaging that is aimed at improving their well-being. There is a wealth of knowledge that develops through the multi-pathways of communication as demonstrated in chapter 3, which encourages interrogating and interacting to better understand the given communication.

By its participatory nature, social media encourages the modulation approach to health communication and therefore it maybe practically impossible to keep controlling and approving every single communication as a way of managing message distortions and other unforeseen scenarios that may unfold. Addressing message inconsistences and distortions calls for

building of a trusted team that is empowered to continuously engage and direct the advocacy as intended. According to Respondent 8, social media platforms cannot be used as noticeboards therefore the messaging should be in the "direction of getting people to contribute because the more the comments you have, the more the engagement […] and the more you build a body of knowledge" (30 March 2016, pers.com). This gives an opportunity to health communicators to engage with their audiences by guiding the user through questions, clarifications, or thoughts as they interact with the message as well as sharing within their network.

Low digital Literacy rates among young people

The study established that low digital literacy rates among the targeted population by the *Obulamu* campaign is one of the factors that social media has not been prioritised for this campaign. Digital literacy refers to the ability to effectively and critically navigate, evaluate and create information using a range of digital technologies (Jenkins, 2009). In an interview, Respondent 10 expressed that in "some parts of the country this is still very low […] how many people can for example do a password, write a text message, or read a text message that is sent to them" (26 April 2016, pers.com). This points to the fact that for one to use social media applications and other mobile or digital devices they must have basic computer skills, which are still inadequate. Though social media leverages participation to the targeted audience, which is one of the potentials of information communication technologies (ICTs) in making the world a much better place, the lack of these required skills to use these platforms defeats their utilisation and functional benefit to society (International Telecommunications Union, 2014)[86]. Society may miss out on these benefits of ICTs that include social capital, social support and the subsequent health outcomes as discussed in the earlier chapters of this thesis due to the limitations to ICT growth and usage in Africa that include high illiteracy rates including digital illiteracy; poverty and harsh economic situations which have resulted into major technological disparities among the populations including Uganda (see Beaudoin and Tao, 2007; Lozanova, et al., 2015) which hinder citizen participation.

UNESCO's 2016 report on literacy rates around the world and especially in Sub-Saharan Africa shows that more young people are getting more literate than it had been 50 years ago, which means that most of the young people will continue to be technologically knowledgeable. Findings also indicate that Uganda's literacy average stands at 73% with 88% for urban areas

[86] http://www.itu.int/net/pressoffice/press_releases/2014/68.aspx#.Vc4NLFOqqkp

compared to the 69% in rural areas (Uganda Bureau of Statistics, 2016:26). If we are to go by the UNESCO conclusion that the level of literacy rates is equal to the level of technological knowledge, then these figures from Uganda actually indicate that the literacy rates are quite favourable for the use of social media platforms to channel out messages to the population. Specifically looking at the *Obulamu* campaign target group, the literacy levels among young people averages at almost 91% among the 15-24 years (UNESCO Institute for Statistics, 2016:1) and it is these young people that make 78% of the Ugandan population. Of these, 23% fall within the18-30 years category who have the requisite skills to use social media and are contributing to the growth of the social media landscape in Uganda (Uganda Bureau of Statistics, 2016:26). These platforms would then become effective in communicating to young people through "packaging and delivering behavioural change information through Facebook, Whatsapp and Twitter to easily connect with them" (Respondent 12, 18 August 2016, pers.com). This sets ground for the use of Facebook in reaching out to young people, especially those in the urban areas. This population is quite big and exposed to lifestyles that encourage the spread of HIV/AIDS.

Facebook as a cluttered information resource

The Facebook platform has a high information overload with a great deal of message clutter that often comes with inaccurate information, which sometimes makes it a poor information and communication resource for HIV/AIDS interventions. The study established that there is just too much information on Facebook that the targeted audience is competing with and may not necessarily receive the communication intended for them. In a discussion with FGD 001, Must noted that most of the information on Facebook is built on rumours and hearsay so he would not take it seriously. He cited an example of a post on Facebook that indicated that if you share utensils with an HIV positive person, with time you would get HIV. In contrast Yek argued that in this information era, individuals have a responsibility to verify and question the sources of information on social media in order to clearly identify with them. This helps in authenticating and building trust in the information that they can use to make health informed choices.

This enormous volume of information on Facebook has resulted in high competition for attention which tasks health communicators to continuously ensure that they send out authentic and positively packaged information by being "creative in packaging and repackaging the information as well as engaging if they are to attract and maintain interest and attention from their target" (Respondent 2, 06 April 2016, pers.com). In order to achieve this,

Respondent 3 advised that through the Facebook functionality of pinning and boosting, messages on HIV/AIDS could be promoted in a way that more people will be able to receive these messages directly and more frequently so as to solve the message clutter challenge. Additionally, because of the high volumes of information shared on the Facebook platform, it is difficult to search for posts or conversations about HIV communication on the platform. Respondent 2 noted that the Facebook structure was designed for current instant messaging and therefore has poor message search and tracking capacities, which makes it difficult to easily track old information. Sharing in his experience about how amplifying Facebook posts works, Holmes, a participant with FGD 001, pointed out that they were able to boost posts for Mild May—an organisation that deals in HIV/AIDS related health services—to reach out to more people including those that were not part of the organisation's Facebook page through minimal paid up sponsorship on Facebook. Such an arrangement with Facebook provided for specific audience targeting options that were based on demographic characteristic like the age and location of the intended audience.

This relates to the submission by Respondent 3 on the possibility of working on low budgets with Facebook to give mileage to messages that have been posted on Facebook through continuous engagement that will keep the messages available in the recent updates. This would be captured by following the comments, likes or shares about the messages that make them readily available. The information and communication resource aspects of Facebook in HIV/AIDS interventions can further be improved by specific targeting to allow for the sending out of messages to a particular audience of interest. Within FGD 005, Essie illustrated that if a message is meant for a certain target group, there is no reason why it should be sent to the general audience.

> If I want to say talk about postinol [a morning after pill], I will actually put it there for girls to see, the boys will not even see it […] I can target the 18-25 because Facebook gives those options, who do you want these messages to go to, what age, what region, for how long, you can see it for a day and it is not there the rest of the month.
>
> (*FGD 005*, 04 May 2016).

This brings out the recognition that Facebook is not merely an abstract platform but one that is built on social relations which could be tapped into for customised and user specific messaging

including the ability to track, preserve and analyse communication through the various uses and experiences of the targeted audience.

Furthermore, as a poor information and communication resource, Facebook has been labelled as a promiscuous channel that promotes the spread of HIV/AIDS through facilitating immoral behaviour among young people online (see chapter 2). The parents as well as the older generation in Uganda have developed a negative attitude towards the use of Facebook by young people. In the discussion by FGD 001, Ryan was of the view that government should block all the immoral Facebook pages that encourage such loose behaviour. This builds on Respondent 7's earlier submission that there should be a policy that guides government on how to regulate messages distributed on social media. Ryan shared that:

> As I was browsing through some Facebook groups […] I was seeing some pages advertising sugar mummies and sugar daddies […] they put on nice pictures, telling you how much you can get. So, someone could get to contact them and get HIV
>
> (FGD 001, 01 June 2016).

Additionally, during this discussion, Jeb shared that if you tell a parent that you are on Facebook, they [the parents] will not be settled [because] all they know is that you are on Facebook to simply gossip. By its very nature, Facebook is an open accessible platform that gives masked confidence to its users through anonymous interaction abilities that facilitate free expression to users, which gives rise to the misconception that Facebook promotes promiscuity. The anonymity on Facebook "gives you a certain mask around you that I can afford to chat with her online and get to a flirting stage and who knows what happens thereafter" (Respondent 8, March 2016, pers.com). This corroborates findings from a baseline survey from a previous campaign on HIV/AIDS dubbed *Get off the sexual network*, as shared by Respondent 9, where it was discovered that Facebook was used as a hook up channel for promiscuity because individuals would easily look at profile photos of men or women, send them an invite and easily engage.

With this personalised communication enabled by Facebook, "people are more in touch, able to organise, take more risks because it is not public, not general responsibility [and] people are free and can be their own" (Respondent 2, 06 April 2016, pers.com). This points to a broader promiscuity challenge whereby even "commercial sex workers [a most-at-risk population] now

use Facebook to get clients in a more subtle and corporate way" (Respondent 12, 18 August 2016, pers.com). Certainly, it becomes important for health communication interventions on HIV/AIDS to use the same channel—Facebook—to deter such promiscuous behaviour through targeting people on this platform either individually, in groups or pages for people to get HIV/AIDS prevention messages. Allanto, in FGD 001, observed that the fact that Facebook has been used for such promiscuous activities that promote the spread of HIV/AIDS does not stop us from using this platform for communication against the same amongst young people. In agreement, Respondent 8 pointed to a vacuum of health information and engagement on Facebook to counter promiscuous activities noting that "there is no alternative [HIV/AIDS information], which would guide me, how do I safeguard myself?" (30 March 2016, pers.com). This general lack of HIV/AIDS messaging and engagement on Facebook and other social media was an issue of discussion between FGD 006. This group was concerned that although there were many organisations on Facebook working in the area of HIV/AIDS their communication was bent towards highlighting their corporate activities such as conferences and the World AIDS day but nothing on HIV/AIDS prevention and treatment to counter promiscuous information.

Limited monitoring and evaluation of Facebook communication

The findings presented earlier in this chapter pointed to the lack of a defined role that Facebook plays in HIV/AIDS prevention among young people in Uganda, which shadows the overall contribution of this platform to HIV/AIDS communication interventions. The study established that interventions like the *Obulamu* campaign have not fully utilised this platform due to the uncertainty in assessing and reporting the contribution of Facebook in relation to the resources and efforts that would be availed for this platform towards a given communication intervention. This has been attributed to the general lack of a body of knowledge on how social media outputs can be assessed, evaluated and appreciated in much the same way as mainstream media evaluations that have taken years of development and have grown a body of knowledge on how their contribution to health communication efforts can be assessed and appreciated. This challenge formed the gist of inquiry for the fourth research question that explored how the contribution of Facebook in HIV/AIDS prevention efforts could be assessed.

Respondent 2 asserted that most of the HIV/AIDS programmes in Uganda are donor funded and require a measure for a return on investment which is easily done with mainstream media through listening into programmes and spots, organisation staff participating in on–air

programmes or running an advert in the newspaper and filing a copy. This raises an appreciation challenge for Facebook as to whether the funders of the communication intervention would accept as "potential success a well-discussed post thread on social media in comparison to a newspaper article" (06 April 2016, pers.com). In response, Respondent 11 confirmed that it is actually much easier to evaluate the contribution of social media platforms especially with short-term campaigns through statistics on impressions for reach and engagement. These impressions can be used to track message performance on Facebook whereby one would be able to know "how many hits the message has garnered followed by likes, shares and comments which is a contribution that Facebook brings to HIV/AIDS messaging" (Respondent 12, 18 August 2016, pers.com) in terms of reach to the audience. Facebook is able to provide the number of likes and shares as well as comments, through which people open up and pen down their thoughts, which is a benefit in terms of the behavioural change hierarchy. For someone to take off time and make a comment on a given message, is a reflection of "beyond the awareness and understanding [stages of advocacy] but they are talking about it, which is an action" (Respondent 9, 06 May 2016, pers.com) in advocacy for behavioural change.

Furthermore, Facebook provides for a number of matrices that can be used to assess the level of engagement, the reach and the potential of reach which insights are "more accurate and reliable than that of any other media" (Respondent 8, 30 March 2016, pers.com). These analytics portray actual figures of people that have been actually reached, which result in timely feedback on message performance. These matrices are important for timely decision-making on the direction of the communication efforts by communication programmers. Essie, a participant in FGD 005, acknowledged that these page insights highlight the number of people that have actually engaged with your page, giving an example of where 1000 people could have been reached with the communication but you only get two to react with likes and another two with comments. She noted that this would mean that very many people saw the message but were perhaps not interested or the message was not relevant to them. Such insights may give a measure of message performance by highlighting "which post is doing better, which one had more comments, which one had more reach, which one had more impressions" (Essie, FGD 005, 4 May 2016). This is certainly important feedback in determining how to better target the messages for effective communication.

The study findings indicate that the Facebook platform has inbuilt online reporting tools and templates that give basic message impressions free of charge. However, Respondent 1 advised that it is best to purchase online evaluation tools that can assist in monitoring impact, if the contribution of Facebook in HIV/AIDS prevention efforts is to be determined and documented. With the right monitoring and evaluation tools, one would be able to monitor the reach and engagement with certainty of who has had access to your messages including demographic attributes such as region, gender, and age composition as well as "how much time people spend on the message, how much time they spend on your page on average but also when [do] they mostly visit your page" (Respondent 2, 06 April 2016, pers.com) which are important variables for audience segmentation in the delivery of the intended message. Investing in analytics packages would provide for adequate and accurate data on message performance whereby Respondent 8 proposed that an analytics business package provides for broader evaluation perspectives since the health communicator is able to know among others how many people shared the message on their pages, within their networks, and on any other pages. These analytics packages are very affordable in the sense that "an annual license for detailed statistical impressions on a monthly [basis] may range between 100,000/= [USD[87] 28] –200,000/= [USD 56]" (Respondent 8, 30 March 2016, pers.com).

However, the use of analytics may not adequately represent the contribution of Facebook in HIV/AIDS prevention efforts since it is still hard to determine whether the message has had an influence and impacted the intended audience. In order to ascertain this contribution, "we must be able to dig deeper into the likely changes in behaviour as a result of such reactions [liking, sharing and commenting] […] because normally the change that we advocate for takes place beyond the social media network" (Respondent 2, 06 April 2016, pers.com) to individual responsibility for efficacy. More so there is no specific research tool designed to determine for instance the "reaction of those people that may have seen the message and didn't interact to it at all" (Respondent 1, 18 April 2016, pers.com), which presents a challenge on reporting impact. In support of this view, Respondent 5 noted that a lot of people are still afraid to speak out or associate with HIV/AIDS messaging for fear and stigma. She notes that "so you can measure but you will not measure the silent ones because they are afraid to engage, talk and get out there to give their experiences" (Respondent 5, 19 September 2016, pers.com). Therefore, there is need to understand the meaning of reactions and comments to the

[87] The exchange rate stands at 1USD = 3600/=

messaging on Facebook if the contribution and resultant impact of social media in HIV/AIDS interventions in Uganda is to be fully understood and appreciated.

Studying and documenting the contribution of Facebook in HIV/AIDS communication interventions, will require the tracking of posts as well as following up on the resultant actions from the Facebook comments. Establishing this reflective pattern towards behavioural change will require paying attention to the kind of messages that people will begin to post in reference to your messaging. Respondent 2 suggested that there is need to go deeper beyond matrices into understanding the influences, the successes and the impact that social media can have in HIV/AIDS prevention and treatment among young people in Uganda. This would call for qualitative impact research as a value addition beyond impressions from statistical analytics. The target audience needs to be sought after with "specific key informant interviews and semi-structured questionnaires to find out their responsiveness to [social media] messages, which is key in behavioural change" (Respondent 11, 18 August 2016, pers.com). The lack of a comprehensive body of knowledge on how Facebook and other social media platforms contribute to health communications interventions in Uganda has limited research in the area of social media engagement in health interventions. Respondent 11 noted that there have been campaigns before that have used Facebook and have had an impact on HIV/AIDS prevention and treatment citing the *GenX* campaign, the *Get off the sexual network* campaign, and the *It's not on… it's not safe* campaign but have not been researched on and documented. This makes it hard to qualify their contribution in HIV/AIDS prevention efforts among young people for Uganda.

The out-going discussion points to what needs to be considered if Facebook and other social media platforms are to be effectively utilised for HIV/AIDS communication that targets young people. Facebook and other social media channels need to be considered as important channels of communication in HIV/AIDS prevention if they are to be fully utilised to reach out to young people in Uganda. As the Ministry of Health considers the inclusion of social media platforms among the approved channels for communicating health interventions, the development of social media plans to guide such communication engagement becomes important. The next section focuses on harnessing the potential of Facebook in HIV/AIDS prevention among young people in Uganda.

Harnessing the potential of Facebook in HIV/AIDS prevention among young people

Despite the limiting factors to the use of Facebook for HIV/AIDS prevention among young people in Uganda as presented in the previous section, there is optimism that Facebook will play a leading role in HIV/AIDS prevention and other health communication interventions in the coming years in Uganda. The findings from the *Obulamu* campaign, key informants and participants in the various focus groups, indicate a general acceptance of Facebook as a platform that can be used for HIV/AIDS communication interventions among young people in Uganda. This projection is based on the fact that in this technological information era, social media may "overtake traditional media [in facilitating communication processes] the way mobile money services are affecting the banking sector in Uganda" (Respondent 10, 26 April 2016, pers.com). According to Respondent 12, the use of social media channels in health communication interventions should be embraced because of the ever-changing communication environment in Uganda where the audience is adopting new technological trends and "it is becoming increasingly hard to engage society in physical interpersonal communication approaches including community dialogues" (26 April, 2016, pers.com).

Facebook and other social media platforms then become very useful tools in harnessing HIV/AIDS communication interventions among young people in Uganda, if time is taken to understand and appreciate these social media platforms. Meg, in FGD 005, emphasised the need to study Facebook deeper in order to maximise its potential because in the coming years no communication technology will be stronger than social media. Facebook brings on board new ways of communicating HIV/AIDS to young people through a platform that they can easily access while complementing other intervention efforts under mainstream media. According to Respondent 7, efforts are underway to understand how Facebook and social media in general may work for health communication interventions in Uganda. He noted that the Ministry of Health is now revising its communication strategy as well as facilitating dialogue with people engaged in the field of social media to understand how the social media approach could be incorporated into the national health communication strategy. In line with this, Respondent 1 noted that there is need for health communicators in Uganda to embrace social media in positioning themselves to engage better with the youth and young people in ways that appeal as they health communication messages directed towards them. This was the goal of the third research question on how Facebook can best be used for HIV/AIDS communication interventions and the findings are presented in this section.

Social media literacy for communication programmers

The study established that there is need to raise awareness as well as build capacity for social media management among health communication programmers. According to Respondent 7, it could be taken for granted that using a smartphone [and other Internet enabled devices] for social media is obvious yet there is need to train and orient personnel in using these technologies. To effectively use social media tools, it becomes important to get abreast with how these platforms work for health communication; for instance, "how does Facebook work? How does Twitter work? How often can we post? How can we engage? (Respondent 3, 30 March 2016, pers.com). Such understanding will provide end roads for the success of Facebook and other social media platforms in health communication interventions. Capacity building calls for creating awareness and training on engagement and moderation skills for social media managers, which call for open-mindedness in understanding that these platforms include a participative audience that will have an opinion about your messaging.

Sharing the *Obulamu* messaging experience, Essie in FGD 005, noted that the *Obulamu* campaign only posts messages once a week, which hinders active participation through interaction and engagement on their Facebook platform. According to Respondent 3, the lack of interaction and engagement in online HIV/AIDS messaging is limited by the requirement that every communication on HIV/AIDS has to be authorised by Uganda AIDS Commission (UAC). The functionality of social media is largely based on immediacy, so it becomes impossible to wait for approval of every single engagement. Further, because of in-house policies, communication managers are so cautious on when to comment, how to share and who is supposed to communicate on behalf of the organisation. These safeguards are to the extent that "an organisation may put up a message and none of their staff likes, shares or comments on it, yet you expect other people [your intended audience] to react to it" (Respondent 2, 06 April 2016, pers.com). This limits message mileage based on the understanding that if the staff of an organisation were the first to react on any given message, it would get into their networks hence personalisation and mileage.

The availability of good content, timely responses and engagement on social media is what makes it popular. Be that as it may, according to Respondent 2, most organisations find it hard to keep the pace with this kind of activity. He advises that everyone in the organisation should be encouraged to engage in the sharing of these messages. Giving an example from Uganda Health Marketing Group (UHMG), Respondent 11 points out that in creating awareness and

building capacity for social media within organisations, it is important to engage top-level management. He adds:

> [W]hen I had just joined, they were like social media is just a thing, it is not serious, but with time I influenced, the moment the MD[88] came on [board] everyone began taking it seriously. So almost all the time when we are running a campaign, our MD would throw in something, she tells people to throw in something […] that is a part of the strategy we are using
>
> (Respondent 11, 18 August 2016, pers.com).

Creating awareness and building capacity would certainly inform the appreciation of social media in HIV/AIDS communication interventions and equally deploy these platforms within the campaign channel mix. Respondent 6 noted that the concentration of health communication was mainly on radio, television and the print media but promises that the next campaign phase would engage social media.

Therefore, this creates the urge for enhancing social media knowledge in order to appreciate how each of the different social media platforms may work for health communication interventions and in particular for HIV/AIDS prevention. For instance, "on twitter you can post a million times a day because that is how twitter works, with Facebook you need to give people time to get that message" (Respondent 3, 30 March 2016, pers.com). Such an understanding will determine how guidelines and policies regarding the use of these platforms in health communication interventions are formulated and developed. As discussed previously, of concern to government is how to have control on social media messaging yet instructional and authoritative approaches do not work with social media engagement. According to Respondent 3, it then becomes important for policy makers to appreciate that social media works differently and cannot fully function in a tightly controlled environment. Consequently, cognisance of this fact will greatly promote the full utilisation of social media potentials such as searchability, replicability, and persistence in health communication to enable equal access opportunities to all members in the social network regardless of their status including marginalised groups as women, young people and sexual minorities.

[88] MD stands for Managing Director – the operational head of UHMG

Social media content management

The study established that there is need to learn and improve on the packaging of social media content for HIV/AIDS, if these platforms are to be effective in health communication interventions. The findings from the *Obulamu* campaign indicate a realisation that message products for social media must be different. "For example message products for television campaigns will not be appropriate [if] you [are] to share [them] on Facebook or Whatsapp or [other] social media because they are larger, heavier and of high resolution" (Respondent 4, 20 April 2016, pers.com). This points to the fact that packaging for social media requires a different approach for light, friendly and appealing content to grab the attention of Facebook and other social media audiences. This means therefore that "traditional media models to packaging [content] will not work for social media, which embodies an interactive process" (Respondent 8, 30 March 2016, pers.com) that is dialogical in nature. Consequently, communication programmers have to learn special skills that include engaging patiently in online discussions that would push towards the desired behavioural action, which is the goal of advocacy communication in HIV/AIDS interventions.

This view was shared in FGD 005, where Essie pointed out that traditional media interaction is very different from new media interaction and therefore it becomes obvious that the packaging of content should be different.

> I am bored with Facebook posts looking like billboards. [It is] like everyone is doing the same thing, you look at a bank [and] on its Facebook [page] is the same thing they have in the newspaper, it is the same thing they have everywhere and yet there are many types of content relations that you can have on it. There are skits, videos, cartoons, there are blogs, there are just questions, articles, and there are very many different ways of how to pass on your message
>
> (FGD 005, 4 May 2016).

On this note, Respondent 3 advised that HIV/AIDS information shared on social media must be designed in a way that young people find it interesting and relevant to interact with. For this to happen, there is need to involve young people in the packaging of these messages in order to understand what works for them. Such a process should be all-inclusive to involve even those [young people] living positively on guiding "how we [can] send these messages out; how their peers think; and what would attract them to listen" (Respondent 5, 19 September 2016,

pers.com). According to Shantal, a participant in FGD 002, engaging the youth will make social media campaigns more successful.

> Recently there have been so many cancer drives like on social media, probably someone needs funds to go do an operation, you find that there is a car wash, there is a recital and proceeds are going to them […] then there is a cancer run something like that so you can follow the same route for HIV probably engage the youth in a run to fundraise for HIV patients and have people testify […] or engage them in some sort of activity where they feel that they are involved, they will give your information more attention and create more awareness and capture many people which can be done on Facebook
>
> (FGD 002, 07 June 2016).

This makes the packaging of content for this medium a very important issue. It is here that Respondent 2 noted that messages with videos would perform better than messages with photos, while photo posts will perform much better than those with links and those with links will perform better than those with plain text. Mega a participant in FGD 006 noted that long Facebook posts are a turn-off for most people and she emphasised the need for short posts with a picture or a video, which will definitely attract someone's attention. Ryan, a participant in FGD 001, also shared this point of view that he would not want to read very long posts on Facebook but rather, he scrolls through and just leaves it there. These views tie in well with what Respondent 9 suggested about messages on social media to be short and crispy so as to grab the attention of the online audience whose attention span is very limited.

As a way of attracting attention and maintaining interest in the messaging, Respondent 11 suggested that messages on HIV/AIDS prevention could be compiled through infographics highlighting issues like infection rates and death statistics among the youth and young people. Allanto, a participant in FGD 001, was of the view that illustrative presentations and animations in form of videos can be put on Facebook to inform young people about HIV/AIDS. This discussion took place in FGD 004 as well, where Vincent pointed out that through their interventions with sexual minorities, they have been able to use pictures and illustrations to encourage safe sex among men that have sex with fellow men (MSM). He pointed to the example of an illustration on their Facebook page of a man putting on a condom while facing a fellow man, which is a call for protection. In packaging messages for young people, emphasis must also be put on what these messages on social media are offering to the target audience. The reasoning is that information on HIV/AIDS has been around for quite a long period, which

has created a general impression that the intended audience knows all there is about the HIV/AIDS epidemic.

Adele, a participant in FGD 006 was of the view that a lot has been said already about HIV/AIDS and therefore new information and packaging should be used for social media to get someone interested.

> People know a lot about these things [HIV/AIDS], there has been a lot of literature from before and people know that and they are okay with it so now they have found a way around it […] people are now okay with ARVs, people are living positively, so people have found a way around all the information that has been disseminated. So we need information for the current situation.
>
> (FGD 006, 28 May 2016).

In the same discussion, Janet noted that social media should cause a shift in messaging to focus on sharing real life experiences from for example people who are on ARVs and how they are coping.

Social media messaging and engagement

For Facebook to work effectively in HIV/AIDS communication interventions among young people, there is need for "daily engagement and placement of relevant information for the campaign" (Respondent 9, 06 May 2016, pers.com). The lack of timely messaging and engagement perhaps explains the low visibility of *Obulamu* interventions on Facebook that have resulted in disappointing results. Respondent 4 shared this frustration based on the undefined role of Facebook in the *Obulamu* campaign as discussed in chapter 5. One of the major strengths of social media is timely messaging and engagement to facilitate continuous interaction with people who are liking, sharing and commenting on the information that has been provided. Such feedback creates "an environment for debate, dialogue and engagement which results into participation" (Respondent 3, 30 March 2016). These engagement models are the basis for social media communication in health interventions to influence behaviour change in HIV/AIDS prevention.

However, Respondent 2 observed that people come online mainly for self-actualisation, which includes entertainment. This presents a challenge to providing informative and educative content to, and engaging, people who have come online for entertainment without intruding or

being a turn-off. Accordingly, Respondent 9 advised that Facebook messages need to be refreshed on a daily basis to overcome out-of-date information, which may cause the target audience to lose interest. Maintenance of message relevance can be achieved through harnessing message delivery based on audience segmentation to take care of the audience's different needs. This may call for "structuring of social media campaigns based on [a] thematic campaign cycle to engage your audiences" (Respondent 9, 06 May 2016, pers.com). Understanding the diversity of your audience is important for the categorisation of messages on Facebook. According to Essie, a participant in FGD 005, Facebook can be used generally to share information on HIV/AIDS that addresses audience specific information needs. For instance "it cannot be the same message for people between 18–25 years who are abstaining from sex or those in the same bracket that are engaging in sex and need to use condoms" (Essie, FGD 005, 4 May 2017).

The findings established that audience segmentation is important in drawing up an engagement map of activities for a given campaign based on weekly and monthly themes. These can be broken down further into individual themes that would sustain daily interactive engagements on Facebook because as people interact with the message, "new dimensions on the [shared] topics will be generated [and] this makes social media [engagement] a full-time job" (Respondent 9, 06 May 2016, pers.com). The demand for full-time engagement calls for the establishment of social media positions in campaign management if timely messaging and engagement are to be achieved by HIV/AIDS communication interventions among young people. According to Respondent 2, managing a major health campaign on social media is a huge task that would require at least two personnel: one in charge of updates and engagement and the other in charge of analysis and measurement of engagement. If well planned, a themed social media campaign can last between six months to a whole year. According to Respondent 1 who shared the social implementation cycle at Reach a Hand Uganda, the theme for February is *something for something love* in relation to Valentine's day; the theme for March is *let the girls lead* tagged along international women's day, the months of April and May kick start the *youth health camp* that spans to the month of December for the world AIDS day till the end of year.

Further, social media messaging and engagement in HIV/AIDS prevention among young people in Uganda could be improved by identifying a pool of social media health ambassadors who would be involved in sending out credible information on HIV/AIDS communication. These

health ambassadors must have an "influence on social media with a following that usually shares their posts" (Respondent 3, 30 March 2016, pers.com) if they are to improve on the visibility of messages on health promotion. This is based on the fact that these influencers have been able "to attract a certain following that when they say something, there are a number of people that will look at the message" (Respondent 8, 30 March 2016, pers.com) which may enhance the engagement and mileage of these behavioural change messages. Involving people with a credible brand to share these messages brings about the assurance that people will like the message right away even before reading it. This attracts a caution from Respondent 2 who cautioned that individuals and organisations involved in HIV/AIDS communication need to work on building a credible online presence as a reference for authentic information on HIV/AIDS so that the target audience would trust to engage with these messages disseminated by them.

Engaging social media influencers in HIV/AIDS communication is a welcome idea among young people. In FGD 001, Jeb shared on how the concept of social media ambassadors could be employed.

> Now on our Facebook page we [can] say [that] on Saturday at 6-8 we shall have MunG answering to all his fans, trust me everyone in the category of a MunG[89] fan will have to log in and be there on the platform […] even if they had less interest just because of MunG, they will start pick, and another time you get someone influential
>
> (FGD 001, 01 June 2016).

Relatedly, Amara, a participant in FGD 002 was of the view that young people love celebrities, so if these celebrities came out to say what they do to avoid HIV/AIDS, you would have many young people tagging along. This would stimulate message engagement that would help young people to discover their own solutions to their health challenges.

As has been discussed earlier in this chapter under barriers to Facebook in HIV/AIDS prevention interventions, some of the challenges to social media messaging include message overload, clutter and misinformation. Findings from this study indicate that for campaign messages not to get lost in the clutter or get distorted online, it is important to have a central point of reference where messages can be traced back. Respondent 2 argued that this

[89] MunG is a local Hip-hop artiste in Uganda

common message repository could be a website where all posts are linked or any other information in regard to HIV interventions can be found. This would enable one to easily find this link to primary sources of information which builds on the credibility in the messaging as well as driving traffic to the organisations website in search for detailed information. Respondent 1 gave an example of the *SAUTIplus*[90] website administered by Reach a Hand Uganda as a one-stop reference point for information on sexual reproductive health rights (SRHR) that young people may access at their will and in their free time on top of their social media channels. During the discussion with FGD 002, Shantal proposed that the use of hashtags on Facebook provides a message trending advantage whereby these messages will be shared and accessed across all other social media platforms, thus contributing to the improvement in the messaging and engagement of HIV/AIDS communication efforts among young people.

The social media audience

The study established that the understanding of the audience on social media was crucial for messaging and engagement. Such an appreciation is important in determining the type of messaging that could work for these online audiences. According to Respondent 8, there is still a general lack of knowledge on social media audiences in Uganda, which has hindered the exploration of the full potential that social media can provide in HIV/AIDS communication interventions. Social media is used by most organisations in a more traditional sense as noticeboards or sign posting in disregard of the dynamic nature of the social media audience. The dynamism of this audience calls for "a lot of effort in running messages, updating them, [and] answering people to maintain [interest and] engagement" (Respondent 9, 06 May 2016, pers.com) on the part of those managing social media accounts for health communication interventions. This brings out the fact that online audiences are active message recipients that will contribute to the generation of knowledge in the communication process. It is therefore important for communicators to understand and appreciate this very nature of active recipients.

More so, Respondent 10 called for the need to profile the social media audience in order to ascertain "how many users […] which people are on social media and how many [are] intend[ed] for the given messages?" (26 April 2016, pers.com). Such profiling will provide the

[90] SAUTIplus is a campaign targeting young people between 10-24 years with a specific focus on increase to access of information on Sexual Reproductive Health available at http://sautiplus.org/

required information on the social, economic and cultural characteristics of these audience targets. The relevance here is to understand people's behaviour online that might affect reception of the intended messages and the desired health outcomes. According to Respondent 8, such data mining is important in determining what would be the best time to target audiences with messages. He cited a Kenyan study on social media that depicted that 70% of Kenyans will be online between 7am-8am, which implied that before they get out of the house or do anything in the morning the first thing they will do is to check on social media. In a discussion with FGD 005, Essie observed that managing social media is a job that requires one to keep learning online people trends in reference to the *Obulamu* Facebook page that is usually active between midday and 4pm with people engaging on the page.

The social media network structure unites different communities of people that come online for different needs or resources including "people looking for information, people that are at risk, [and] those that are looking for alternative information" (Respondent 8, 30 March 2016, pers.com) which is an opportunity to stratify and engage them in ways that will deliver targeted messages to them. One of the ways to achieve this is by forming communities of shared interests where people can freely interact for a given cause. Health communicators need to understand the links and notions of online communities that are built around shared interests because "it is not simply enough to communicate intervention efforts on organisation platforms only, but farther tap into the various online communities available where people feel freer to engage" (Respondent 2, 06 April 2016, pers.com) which would bring more innovative approaches in communicating HIV/AIDS among young people. Further, Respondent 2 gave an example of a message that would target a community of college students ready to join university to read: "as you prepare to join the University, you are going into a free world, remember to protect yourself against HIV/AIDS" (06 April 2016, pers.com).

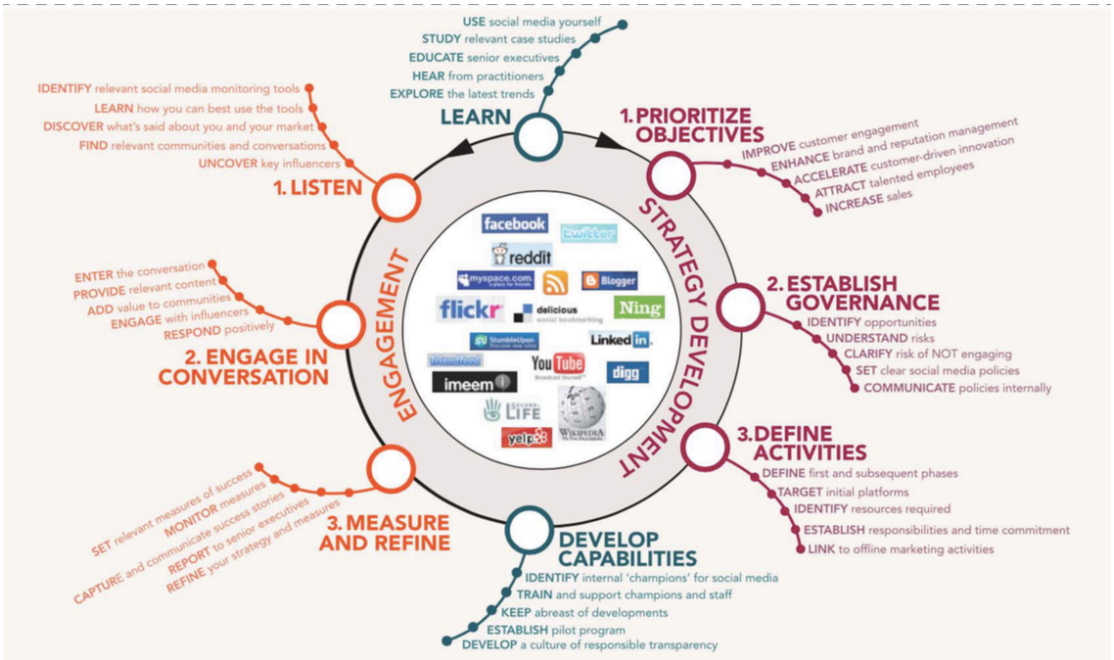
Furthermore, in dealing with social media audiences, Respondent 7 recommended that messaging strategies for HIV/AIDS should include rewards to enhance reach, engagement and activation in form of additional data or airtime for trivia games to participants. Such facilitation would encourage engagement and awareness but most importantly raise empowerment in terms of access to social media information. Respondent 2 asserted, "instead of going every day that you know HIV kills, put on condoms, why don't you ask people questions and they win airtime?" (06 April 2016, pers.com). This was in reference to what corporate companies and

organisations are currently doing in the marketing of their brands. These rewards are a value addition to user engagement that is critical in the learning process aimed at bringing about the desired behavioural change.

Social media communication plan

The study established that for Facebook to be used effectively in HIV/AIDS prevention efforts, there is need to develop a social media strategy with a clear plan on what is to be achieved by utilising Facebook in these interventions. Findings from the *Obulamu* campaign as presented in chapter 5 indicate that the campaign managers were not sure of how to exactly deploy Facebook in this campaign (Respondent 4, 20 April 2016, pers.com). According to Respondent 2, many organisations are still struggling with how to manage social media because they do not have a social media policy. This lack of a clear social media guide has resulted in the limited use of social media platforms for the much-needed communication on HIV/AIDS for young people in Uganda. According to Respondent 4, the strategy should be able to "guide on whether one wants to use social media to engage with people, use it for public relations or to pass out information" (20 April 2016, pers.com) which would determine how health communicators would be able to meet their interests and those of the audience in relation to the targets and values of a given campaign.

Figure 6.3: Social media strategy framework



Source: Lacucci (2013:4)

Therefore, the social media strategy as visualised in Figure 6.3 would be important in streamlining and focusing campaign implementation steps to leverage on social media audience networks to increase timely dissemination of personalised health messages that will reinforce the potential impact of health communication and empower people to make safer and healthier decisions (Lacucci, 2013). This is relevant given the fact that with so many social media platforms available and others continuing to develop yield to many avenues for sharing information online. Consequently, the social media strategy then helps in determining which relevant platform to use than the challenging task of learning how to use all the available platforms for posting and engaging with content.

Findings from the study indicate that the *Obulamu* campaign is available on most social media platforms in Uganda including Facebook[91], YouTube[92], Twitter[93] and Whatsapp. Respondent 2 advised that the most appropriate platform to be sought for in health communication interventions would be one that easily integrates other message formats, functionalities and message reach. These criteria justify the use of Facebook as an appropriate platform for health communication interventions in comparison to other social media platforms. For instance, you can "post YouTube videos on Facebook, while you cannot post Facebook updates on YouTube, you can [also] integrate Twitter with posts coming to Facebook" (Respondent 2, 06 April 2016, pers.com). Moreover, Facebook gives more avenues for engagement including creating a page, having an account, and creating groups or communities as has been discussed in chapter 3.

It is against this background that Respondent 2 advised that it is meaningful to study what corporate brands are doing with social media platforms and the impact they are having as well as working with comparators in the area of health communication. Such experiences will assist in bettering the use of social media tools in HIV/AIDS prevention based on such comparisons, which facilitates more learning. Accordingly, Respondent 10 noted that health communication programmers should bank on these learning opportunities if health interventions are to benefit from the most appropriate, the most relevant and the most current channel of communication. For instance in Uganda today, many artistes no longer hold press conferences to update their fans but simply use their social media pages to post information while corporate organisations

[91] https://web.facebook.com/obulamuUg/?_rdr
[92] https://www.youtube.com/channel/UCrLUuJlu0wMV7PAGWAQLklw
[93] https://twitter.com/obulamuug?lang=en

do post their needs and updates as well as triggering product competitions on their social media pages.

Conclusion

The discussion under this chapter focused on the barriers that limit the potential use of Facebook in HIV/AIDS communication interventions that target young people in Uganda. As a way of taking advantage of the popularity of Facebook among this audience target, this chapter has further discussed options to harness the potential of Facebook in HIV/AIDS prevention efforts in order to establish its contribution. These learning experiences revealed in this chapter can be used as a base to focus health communication efforts that aim at utilising Facebook to target a young audience. This is significant because young people in Uganda will rely more on social media platforms for their communication needs as they are grow up. What follows in the next chapter is a discussion on what the submissions made in this chapter mean to the research question that was explored.

Chapter SEVEN: Discussion of findings, conclusion and recommendations

Introduction

The outgoing chapter has given a disposition of the findings in relation to the research question and the theoretical framework, which focused on exploring the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda. The study set out to interrogate how Facebook has been used in HIV/AIDS interventions through documenting experiences of its utilisation in HIV/AIDS communication in Uganda. This chapter puts these findings into perspective in relation to the theoretical framework for a broader understanding of their implication on health communication interventions in Uganda. This study was motivated by the high infection and prevalence rates of HIV/AIDS among young people in Uganda to evaluate the role of information and communication through social media to facilitate behavioural action. Therefore, the sharing of information through health communication remains important in the fight against HIV/AIDS since there is no cure yet. The study established that young people require newer ways of packaging and disseminating HIV/AIDS information to them. The new approaches need to facilitate interaction and engagement with the message and the utilisation of appropriate channels that could be used to reach out to them.

The literature reviewed suggests that information communication technologies (ICTs) have a critical role in the promotion of good health by facilitating the flow and dissemination of evidence-based knowledge for the empowerment of citizens (The AIDSTAR-Two Project, 2011:1) which is the ultimate goal of health communication in managing diseases. However, it has also been established that currently, Facebook is a popular channel among young people because of its participatory and audience-centred approach to communication. Social media allows for multiple interactions that improve audience engagement with the message thereby improving trust and credibility. This makes Facebook an important channel for HIV/AIDS communication among young people as has been discussed in chapter 2 that highlights the positive outcomes in using social media for health communication among young people (see: Rivero, 2013; Mugisha, 2014). Therefore, this study investigated media technologies that people use to exchange information which is crucial in understanding how they receive their media (see Servaes, 1996; Quarry and Ramirez, 2009) in order to establish its relevance in health communication interventions.

Recap of the study purpose

The study interrogated how Facebook has been used in HIV/AIDS communication in Uganda through highlighting its potential, barriers to this potential and how the use of Facebook can be harnessed in HIV/AIDS prevention efforts that target young people. The arguments in this study anchored on the tenets of the participatory communication model with perspectives from the social network theory and the social learning theory that are manifested through Facebook, in order to establish its potential and contribution to HIV/AIDS prevention as deployed by the *Obulamu* campaign. The study employed the qualitative case study design that included in-depth interviews and focus group discussions as main methods for data collection, in addition to participant observation. The data set was analysed and has been presented thematically in chapter 5 and chapter 6. The discussion in this chapter is based on these four thematic areas that include: perspectives on the HIV/AIDS burden in Uganda, Facebook and HIV/AIDS prevention among young people, barriers to Facebook in HIV/AIDS prevention among young people, and harnessing the potential of Facebook in HIV/AIDS prevention among young people in Uganda. It is within this same thematic structure that the following discussion of findings has been framed.

Perspectives on the HIV/AIDS burden in Uganda

Under this theme, the findings from the study indicated a high prevalence rate among young people between the ages of 15–29 years standing at 3.6%, which is half of Uganda's total prevalence rate that stands at 6% (Ministry of Health, 2017a:1). The factors that have resulted into high infection and prevalence rates among young people in Uganda as the study established include: myths and misconceptions about HIV/AIDS, the mature epidemic nature of HIV/AIDS in Uganda, complacency due to the availability of treatment, messaging fatigue, and alcoholism and drug abuse as well as the knowledge gap on HIV/AIDS among young people. The findings under this theme indicated the lack of message engagement as a major factor leading to the build up of myths and misconceptions that affect behavioural choices. This may lead to lack of confidence and a sense of disempowerment among young people to negotiate other deterring factors, hence the high infection and prevalence rates. These findings highlight the challenges that young people are dealing with on a daily basis in the fight against HIV/AIDS which could be tackled by engaging communication as suggested in the literature reviewed as well as the theoretical framework (see chapter 2 and 3).

There is need therefore, to develop supporting mechanisms through communication to help build efficacy among young people to firmly make informed decisions against factors that expose them to risky behaviours. This is the main argument under the social learning theory on the use of social media, which reasons that through multiple pathways of information exchange; interaction and engagement with young people can be enhanced through communication (see Figure 3.3 on multiple paths of influence). The interaction and engagement between young people may build into a social network as a trusted point of reference for credible communication engagement, which is at the heart of the social network theory. These inter-relationships on the social network may lead to open participation that enables a deeper understanding of a given health message through social support to build confidence for informed decision-making. This sense of self-confidence is important for sustaining informed health behaviour, which is important in harnessing HIV/AIDS prevention. These interactions and engagement are reflective of the tenets of the participatory communication model, social network theory and the social learning theory which envisage communication as a process of creating, stimulating understanding and the articulation of social relations that influence the shaping of decisions. This is in line with the goal of social and behavioural change communication in organising and sharing health related information, which would result into wide, spread positive effects on human health.

From the study findings, Facebook caters for social relations based on its network structure where individuals are able to rely on their online networks for social support. As Castells (2005:3) noted, society shapes the usability of technologies based on their needs and values. The interactions on Facebook are a representation of actual social relations, which shape and motivate human knowledge (Fuchs, 2014:78). These interactions may result into networked influence, which is important for harnessing behavioural action that is intended with HIV/AIDS messaging. However, as Bandura (2004:143) cautioned under the social learning theory, Facebook, like any other media platform, is simply a tool and therefore cannot do much if individuals do not motivate themselves to benefit from such a media tools. Such an observation serves as a call to communication programmers to engage with these tools in communication interventions that target young people if their benefits and contribution are to be realised.

The study further established that the rise in HIV/AIDS infection and prevalence rates among young people in Uganda could be attributed to low knowledge comprehension on HIV/AIDS. This has already been documented in the UNAIDS and UNICEF reports as discussed in

chapter 2. The participatory communication model suggests that knowledge comprehension may be enhanced through participation as a means to an end—a long term process that is aimed at building self-confidence and the empowerment of individuals and communities. This long-term process of knowledge comprehension is also reflected in the six steps to social learning that have been modelled by Bandura under the social learning theory to indicate that learning is a continuous process and it takes time. Of importance to these theories is that Facebook provides for timeless access to content for the benefit of the targeted audience. This timeless access and engagement with the message would facilitate young people in timely decision-making because they are able to continuously review the messages and how they apply to their present situation. Participatory communication theory reasons that the creation of comprehensive knowledge may be achieved through dialogue and interaction that allow people to individually and collectively speak their mind as they seek for solutions towards their predicaments.

Facebook allows interactions between health communicators and their target audience, which provides an assessment as to whether the message has been received as intended or not. Interestingly, the targeted audience also has a chance to interrogate health communicators to better understand the message as well as seeking for additional information, which is important in enhancing efforts towards HIV/AIDS prevention among young people. This engagement may improve knowledge comprehension among young people as explained by the social network theory through in built network structures on social media that offer an environment where interpersonal, mass communication and mass–self-communication processes can take place simultaneously. These multiple communication processes can be used to reinforce the HIV/AIDS messaging agenda as well as engaging with audiences for behavioural change as explained in the multiple pathway to achieving better health communication results (see chapter 3).

Facebook and HIV/AIDS prevention among young people in Uganda

The findings on the potential of Facebook in HIV/AIDS prevention among young people have been summarised to include: communication platform for young people, platform for free expression and anonymity, facilitation of interactive learning, timeless access to content and as a complimentary information source. This is in recognition of the growing social media landscape in Uganda where Facebook is now a popularly used platform among young people as discussed in chapter 5. The nature of the Facebook structure makes the availability and

access to content more flexible and more reliable which attributes attract young people to this platform. The timeless access to relevant content on HIV/AIDS prevention enables the solving of personal and public health concerns in more efficient ways (U.S. Department of Health and Human Services, 2010). Further, the affordability of Facebook in terms of access makes it a popular communication platform among young people. This affordability extends to health interventions on HIV/AIDS prevention in the sense that Facebook is a cost effective platform, which can be operated on low cost budgets when compared to mainstream media. This aspect is a benefit in advancing the fight against HIV/AIDs among young people. Different content formats on HIV/AIDS prevention can be uploaded onto this platform at no cost and are freely shared or even have their reach boosted at very low costs as has been discussed in chapter 5. This is quite significant in responding to the reduced funding for health communication activities as has been expressed by the Ministry of Health (Uganda AIDS Commission, 2015:57). In this case, Facebook becomes an alternative and manageable platform for continuous messaging on HIV/AIDS prevention and other health communication interventions.

Furthermore, the study established that Facebook provides for interactive content which avails more learning opportunities to users. The opportunity to interact with content on social media platforms has been raised by Hurt, et al. (2012:6) who noted that Facebook users have an opportunity to maintain interpersonal relationships through information exchange and entertainment value which are socially mediated by communication. This interactivity is reflective of social relations that shape human knowledge that is developed through the social networked structure available on Facebook. According to the social network theory, this networked social structure enhances cohesion, unity, and shared history. This can be attributed to an engagement query on the *Obulamu* Facebook page where participant felt let down by the campaign for not having timely updates to satisfy her information needs (see chapter 6). These findings answer a concern raised by Jackson (2010:2) as to whether new communication technologies can provide bases for interpersonal understanding, learning and cooperation as a community or village? In this regard, Castells (2005:6) noted that the same learning and understanding may be achieved on Facebook and other social media platforms since all learning from communication results from virtual mediation. More so, the study established that social media relationships may translate into long-term successful partnerships and coalitions aimed at securing endorsement of health issues by other stakeholders which expands the pool of ambassadors (Schiavo, 2013:134) to advance a given health cause.

Such endorsements from stakeholders could be in form of their real life experiences through role modelling that has been advanced by the social learning theory. For young people, Facebook acts or models as an extension of their physical interactions where trust and rapport are built that may result into self-confidence and efficacy through the sharing of health information. In a group discussion with FGD 001, participants expressed the need of using role models in society that appeal to them like artists and musicians to pass on key messages about HIV/AIDS prevention to them through planned Facebook moments. These messages could be about sharing their life experiences with them or they could be interactive sessions on how they keep healthy. These are necessary components in the success of participatory communication and the social learning theory in advocating for the desired behavioural action through health communication interventions. This step in behavioural communication is important in challenging people's attitude to accept personal responsibility at the individual and social levels. This interaction with role models or ambassadors in the communication process creates a sense of ownership in realising the power within self to do better (see Mefalopulos, 2003; Kavinya, Alam and Decock, 1994) which is a sustainable skill in negotiating behavioural challenges that are related to health.

Relatedly, this reflects the bottom up approach where users can determine and contribute to the kind of message designs and content formats that may satisfy their communication needs. The study established from the *Obulamu* campaign that communication on HIV/AIDS prevention needed a new messaging approach as a result of over 30 years of health communication on HIV/AIDS among the population that has resulted into messaging fatigue. The study established that the audience on Facebook is an engaging one that will interact with content and ask questions that require timely responses. This timely interaction, engagement and moderation are what define the potential of Facebook as an interactive learning platform for HIV/AIDS communication among young people. These interactive attributes may result in refreshed messages, which bring about newness to the messaging on Facebook. Such opportunity for newness in the messaging highlights the complementarity of Facebook with mainstream media channels which are limited on audience interactions. Audience interactions are important in creating conducive learning environments that are mediated by the virtual social network structure on Facebook that caters for individual and community participants who may engage in behavioural change interactions. The *Obulamu* campaign and other health communication interventions that target young people need to tap into such opportunities that Facebook offers to harness health communication interventions. These Facebook attributes

may enhance participatory health communication through access, engagement, interaction and social support, which are necessary for social learning and the development of comprehensive health knowledge that is needed by young people in the fight against HIV/AIDS to make informed choices about their behavioural actions through interactive learning.

In terms of enhancing interactive learning, the study established that Facebook provides for anonymity or second person personality online. Such an opportunity enables the growth of new social interactions that are important in fighting stigma. The opportunity to anonymously interact or engage in second person personality makes communication more engaging and increasingly empowering subordinated groups and minority groups to collectively find solutions to their challenges including health (Van Dijk, 2012:45). The opportunity to fully participate in health decisions as guaranteed by the second person online personality relates well with the findings from FGD 004 on how Facebook has been used to reach out to sexual minorities with information related to HIV/AIDS in public domains and closed groups. The study established that sexual minorities and other key populations are able to receive their specifically targeted communication in their closed groups, which has supported their efforts towards HIV/AIDS prevention.

Through action and engagement of information, communication and cooperation are sustained with others and self (see: Fuchs, 2014; Baym, 2015) to build into strong peer-to-peer influence that enhances greater learning opportunities by letting people participate and advocate for what is right through support groups (Hurt, et al., 2012:2). This submission is reflected in one of the characteristics of the Internet users as having a "great tolerance for a diversity of views because they interact with the content and not the physical attributes of the messenger" (Rice and Haythornthwaite, 2013:106). This same view was shared by participants in FGD 004 who noted that the audience on social media is more tolerant and receptive to new ways, which helps in building collective action against their predicaments without due consideration of social status. This is the purpose of participatory communication in enabling free expression of views and equal participation of individuals driven by networked influence that develops through techno-social network structures whose interactions may influence health decisions.

Barriers to Facebook in HIV/AIDS among young people in Uganda

Despite the merits of employing Facebook in HIV/AIDS communication among young people, this potential is yet to be realised due to the following factors: poor messaging and feedback

management, limited reach to audiences, and the low appreciation of Facebook in HIV/AIDS prevention. Others include the undefined role of Facebook in the *Obulamu* campaign, lack of Facebook content management skills, lack of message control, low literacy rates and Facebook as a poor information resource. These barriers challenge the notion that social media would enhance HIV/AIDS communication among young people through participatory communication, social learning and social network influence as discussed in the previous section. The study established that the managers of the *Obulamu* campaign were not sure of the role that Facebook could play in this health communication intervention. Important to this discussion is that Facebook combines characteristics of the main channels of communication (print, radio and television) that have been used for this campaign in the form of text, graphics, audio and video including both offline and online engagement and interaction. This raises questions as to why such a platform with all these attributes does not have a clear role in the *Obulamu* campaign. Further, Facebook provides opportunities for timely interaction, engagement and moderation, which are important in developing knowledge and comprehension for HIV/AIDS prevention among young people.

The findings from the study revealed that communication policies in some organisations that deal in health communication interventions have prohibitive social media guidelines. For instance, the *Obulamu* campaign policy is to engage on Facebook once a week, which does not reflect the interactive nature of social media and stifles dialogical communication. The reasoning is that health communication programmers are fearful of losing control over health messaging which hinders the application of social media channels in championing the fight against HIV/AIDS. It is important to understand that social media gives each individual an opportunity to be in charge of their communication needs through the freedom of interacting with information. This implies that health communication programmers need to appreciate social media as a different form of interpersonal communication platform that is social and encompassing at both the individual and community levels. In line with this, Castells (1996:3) advises that health communication programmers need to appreciate that today's audience is no longer passive but interactive, more segmented, customised and individualised. Tapping into the opportunities of social media for health communication will assist in appropriately reaching out to this fragmented audience as a whole through interconnected technological network structures as illustrated by the social network theory within which all interpersonal and information retrieval processes to communicate about HIV/AIDS are enabled. A network of producers and users who can employ these social media tools to communicate their

experiences cumulatively in order empower young people to build motivation, guidance and self-efficiency skills (see Bandura, 2004; Castells, 1996) is required to facilitate the desired behavioural changes. This will go a long way in solving the challenges of messaging and content management skills on Facebook if it is to fully serve its purpose in HIV/AIDS prevention among young people.

The limited reach of Facebook to audiences is another barrier that disadvantages its use in the *Obulamu* campaign. The study established that Facebook has scattered audiences in urban and semi-urban areas while the young people in the rural areas could not access the technology. This confirms the view that technology may not lead to progressive development but rather increase the digital and technological divides which would not be the case in a neutral world (Semujju, 2017). Findings from the study revealed that the social media landscape in Uganda was steadily growing and was projecting towards a more useful communication platform for sharing information among young people in the near future. The findings established that more and more people were getting online which means that the focus should not be on the limited reach to audiences but rather on planning how to utilise Facebook to reach out to this growing audience. However, the poor attitude and lack of appreciation of social media by critical decision makers in organisations, who are past the social media age, hinders the realisation of this goal, as pointed out in the findings because of. This lack of social media appreciation by older people stems from their initial experiences with the new technology in which they were intimidated by lack of requisite skills to operate the technology (Rice and Haythornthwaite, 2013:94).

Relatedly, the limited reach to audiences by the Facebook platform has been tagged to the cost of access. Despite the improved online penetration, Uganda is still faced with high cost of data and Internet, which makes it relatively expensive to access Facebook. However, as more people get connected, the data and Internet costs will reduce, coupled with the continuous improvement in technology to facilitate more online access. The technologies are becoming better to accommodate people with low-end access to various online content including video. These developments are important milestones in harnessing HIV/AIDS communication on social media since young people are the Internet generation, which is well skilled in social media tools because of their "early familiarity with the Internet, [and keep] trying out various aspects of developing identity online" (Rice and Haythornthwaite, 2013:94). This presents a challenge for health communicators to harness their knowledge in developing attractive

message packages and formats for HIV/AIDS communication that are compatible with social media platforms as a way of enabling accessibility and attracting young people to the content available on these platforms.

Moreover, Uganda is piloting the my *free wifi Ug project* under the Ministry of Information and Communication Technologies whose full roll-out will provide free online access. Currently, this trial provision of free access to the Internet is still restricted to Kampala central business district and parts of Entebbe in Central Uganda since October 01, 2016 (National Information Communication Technology, 2016)[94]. The provision of free Internet access was based on the justification that the Internet is a necessity for all Ugandans. Such a roll-out if successful would result in increased online penetration that will also cater for the rural populations to benefit from social media messaging which is deemed to be easier and a better way to reach audiences in remote areas. The *free wifi Ug project* will ease access and affordability of Facebook and other social media platforms, which is an opportunity for spreading health interventions via these platforms. As Castells (2000:3) noted that it is usually through small numbers of people that new ways of producing, communicating, and living are usually materialised which later spread to the rest of the society. This resonates with the description of online users given in a discussion by participants in FGD 005 as being interactive, engaging and will probe your message until they fully understand what the communication is about.

The lack of appropriate social media content management skills among health communication programmers as discussed in chapter 6 confirms a skills gap raised in the literature reviewed on the need to have communication programmers who are trained and mentored in developing, designing and implementing content that is socially and culturally relevant to the social media audience (see: Nelson, 2007). Communication programmers are therefore called upon to enhance both content production and engagement skills for better messaging and interaction of HIV/AIDS communication among young people on Facebook and other social media. The content that social media users interact with contains experiences of what is happening around their environments for questions, clarifications and thoughts which would perhaps result into informed behaviour (Farquhar, 2009:19). These reflect resources including information that that may be accessed in the social network structure for social support and social learning and the lack of such resources inhibits the full utilisation of platforms that have been described to be social as Facebook. This curtails their meaningful role in health communication on HIV/AIDS

[94] www.nita.go.ug/media/free-public-internet-access-wifi

among young people if linear messaging models continue to be applied on these social platforms as has been established by the study.

Harnessing the potential of Facebook in HIV/AIDS prevention among young people

The barriers to Facebook in HIV/AIDS prevention as highlighted in this study notwithstanding, practical solutions to leveraging Facebook for HIV/AIDS prevention in Uganda that could be applied to social media messaging for were also identified. The study established that for Facebook to be fully utilised in HIV/AIDS prevention among young people, attention needed to be paid to the following: social media literacy for communication programmers, developing Facebook content management skills, improved messaging and engagement, as well as a social media communication plan.

The appreciation of Facebook as a platform for young people is recognition that they are an active audience that pride in interacting with streams of information more quickly. This interactivity with online content can be enhanced through segmentation and customisation whereby if a given message has been posted online, and within different groups and communities that are part of the individual's network, these messages will be shared out faster (see Cutlip, et al., 2002; Castells, 1996) which improves the reach of such messages. The appreciation of social media platforms brings an understanding that users on Facebook will engage in different types of communication activities that are include individual and community building whereby individuals have an opportunity to interface with information that they need in a more interactive and dialogical process, which improve their conditions to acquire knowledge and skills for social change (see Cherny, 1999; Fuchs, 2014; Uittenhout, 2012; Mefalopulos, 2003). Social media environments influence behavioural change as proposed by Bandura (2004:143) in the social learning theory and therefore an understanding of how individuals experience their social media environments becomes important in piloting and designing HIV/AIDS communication for young people that will employ social media platforms.

Social media is a timeless platform that would require dedicated communication personnel to handle engagement on social media accounts for health interventions. The benefit is to fulfil the need for timely and consistent feedback in circumstances where people may get interested in your messaging through asking questions about the campaign and need timely feedback. The lack of timely engagement on Facebook is one of the challenges that were raised about the *Obulamu* Facebook platform. The other challenge that was identified was the lack of continuity

in the messaging once the campaign cycle has ended yet the target audience still wants to engage and have answers to their health challenges. This is a disservice to communicating HIV/AIDS prevention to young people through Facebook hence the need for established social media officers to continue with this audience engagement. Of importance to this study is that organisations that are involved in health communication in Uganda are realising the gap and this would perhaps explain the recent recruitment [2016] of a social media officer at the Uganda Health Marketing Group (UHMG) in recognition of sustaining message continuity, interaction and engagement in health communication efforts via social media.

Indeed, social media is changing how people interact and communicate at various fronts including health (Flichy, 2013:192). To ensure integration of social media platforms in health communication interventions, there is need to have a social media plan that would be helpful in guiding the use of these platforms as well as determining which platform would be appropriate for a particular campaign or messaging as a way of maximising their full potential. For example, Facebook platforms can be used for sharing health information as well as soliciting information on the same whereby areas of inquiry can be posted, shared or even boosted for responses from the audience to profit from its participatory nature and audience multiplier effect because of the connections online as illustrated by the social network theory (see chapter 3). As discussed in chapter 6, the social media plan would guide on how to engage with online communities to maximise messaging and engagement on HIV/AIDS prevention through creatively packaging and integrating content formats that fit within the interests of those online communities.

In the same line of argument, Fuchs (2014:82) noted that although everyone has an opportunity to easily produce content with the Internet, "not all information is accessed to the same degree or gets the same attention" recommending that the "strategy lies in how users are drawn to specific information". Therefore, a social media plan may guide on how to deal with specifically targeting message interventions as well as the loss of message control in the huge online information highway. Respondent 7 in chapter 6 proposed standardised health messages for social media in order to avoid loss of message control and message distortion. This poses a regulatory dilemma because the Internet is supposed to be a free platform of expression whereby the audience is free to engage on social media. Therefore standardisation of messaging would not give answers to varied and dynamic questions or contributions as they

may arise from the audience. This exchange of information is reflective of human interactions and it is important to appreciate that this is what social media is about.

Conclusion

The opening chapter of this study focused on the challenge of the HIV/AIDS burden from a global perspective to the Ugandan context. This chapter gave background on the HIV/AIDS burden in Uganda, highlighting the interventions that have been in place to manage this disease burden and underscoring the importance of health communication in the fight against HIV/AIDS since there is no cure yet. This chapter 1 highlighted the high concentration of HIV/AIDS among young people in Uganda raising questions as to why the acquired awareness and knowledge does not translate into desirable behavioural change. The chapter concludes by seeking for ways that can be innovatively applied to reach out to young people with HIV/AIDS information using channels that are relevant to them to promote better health outcomes.

The focus of chapter 2 is on the use of information communication technologies (ICTs) to harness the welfare and development of societies. The reasoning here is that HIV/AIDS is a development challenge that can be alleviated by technological innovations. The recent technological innovation in the media field is social media that is characterised by timeless interactivity and engagement in communication and a popular platform among young people. The arguments in this chapter hold that interactive and engaging messaging makes the communication process 'alive' through the interchange of communication roles between receivers and senders which generates better understanding of a given message through interactive learning processes. This creates applied knowledge to societal challenges including health. The chapter highlighted several studies in which social media has been used for health interventions and recommends its use in harnessing HIV/AIDS prevention among young people.

The theoretical framework on which this study is anchored has been discussed in chapter 3. Broadly the scope of this study includes fields of information and communication, health and technology. These influenced the choice of the three theories: participatory communication model, social learning theory and the social network theory to form the framing of this study. The participatory communication theory was the overarching theory of this study and dwells on the involvement of individuals or societies in issues that affect them. This is realised through

dialogue, engagement and interaction in all processes of social change which results in empowerment of individuals or societies to overcome given challenges through individual and collective decision making.

The social learning theory holds that environments in which individuals interact have a bearing on their behaviour. It is through such environments that individuals are exposed to the desired behaviour in order to develop self-efficacy towards desired health goals. This environment is virtually present on social media as explained by the social network structure emphasising that individuals are part of an interconnected techno-system in which all processes within the system affect them including communication processes. These theories are important to this study because they emphasise the sociality of Facebook in facilitating interactions and engagement aimed at improved participation in communication processes for better health outcomes. Facebook facilitates these interactions and engagement across individuals and their social networks through tagging, message comments and interactive audio-visual calls. This horizontal communication approach results into building trust, assessing risks as well as exploring opportunities that facilitate the sharing of knowledge, experiences and perceptions among communities which builds into improved learning.

Chapter 4 discussed the research methodology, which informed how empirical data was collected. The research design to the study is the case study methodology determined by the qualitative nature of this study. The study focused on the *Obulamu* campaign in Uganda and data was collected through In-depth interviews and focus group discussions guided by interview guides and discussion guides respectively among young people, health communication programmers, policy makers and social media experts. The data collected was analysed from an interpretive perspective whereby reality was constructed from the submissions of participants in relation to the research question based on their experiences and context. The presentation of the field findings was handled in chapters 5 and 6 under four themes that included: 1) perspectives of the HIV/AIDS burden in Uganda, 2) Facebook and HIV/AIDS prevention among young people, 3) barriers to Facebook in HIV/AIDS prevention and 5) harnessing the potential of Facebook in HIV/AIDS prevention among young people. A discussion of the findings has been the focus of this chapter, with recognition that the utilisation of relevant communication tools to young people such as Facebook may harness the HIV/AIDS prevention agenda in Uganda.

Summary of key findings

The study was guided by four research questions that included the following:

1. How has Facebook been used in the *Obulamu* campaign in Uganda?
2. What is the audience perception on the use of Facebook in HIV/AIDS prevention among young people in Uganda?
3. How can Facebook best be used for HIV/AIDS prevention among young people in Uganda?
4. In what ways can the contribution of Facebook in HIV/AIDS is assessed?

The study findings to the research question one, indicated that there was a high prevalence of HIV/AIDS among young people standing at 3.6% of the national average, which stands at 6% (Ministry of Health, 2017a:1). The reasons behind this rise in prevalence was attributed to myths and misconceptions among young people, the mature epidemic nature of HIV/AIDS in Uganda, complacency due to the availability of treatment, alcoholism and drug abuse as well as the knowledge gap on HIV among young people. These findings pointed to a communication challenge in HIV/AIDS prevention messaging to translate into applied prevention among young people, which the *Obulamu* campaign sought to address. The study established that this campaign has a presence on Facebook and all the other major social media platforms that are available in Uganda. However, Facebook was not among the prioritised channels for this campaign.

As has been discussed in the presentation of findings, this has resulted into the slow and sporadic engagement with the Facebook audience as manifested through intermittent message updates, low interaction and feedback on the *Obulamu* Facebook page. The study established further that despite the lack of requisite social media skills on the part of the *Obulamu* team to effectively manage their Facebook page, the number of followers on this page continues to grow which confirms that Facebook is a popular communication platform among young people in Uganda. Therefore, the *Obulamu* campaign team may need to adjust their approach to Facebook and generally social media platforms in health communication that targets young people.

Research question two focused on audience perceptions on the use of Facebook in HIV/AIDS prevention among young people in Uganda. The study established there was an appreciation of Facebook as a major communication channel among young people. This is because Facebook provides for free expression and anonymity, an interactive–learning platform,

provides ease of access to content and a complimentary information source to mainstream media. These considerations for Facebook are an opportunity for health interventions on HIV/AIDS to embrace, interact and effectively engage with the young people in their social media environment. These findings confirm that Facebook has enormous opportunities for HIV/AIDS interventions that target young people based on its relevance in the current times.

The aim of research question three was on how Facebook can best be used for HIV/AIDS prevention among young people in Uganda. The findings from the study indicate that there is need for social media content management skills, timely engagement on Facebook, an understanding of the social media audience as well as social media literacy and appreciation among health communication programmers. Further, this research question explored ways in which the enormous potential that Facebook brings to HIV/AIDS prevention could be realised and harnessed. Addressing these factors will spur the creative use of Facebook in the packaging of HIV/AIDS information to overcome barriers such as poor messaging and feedback management, low audience reach by Facebook, and the lack of appreciation of the Facebook platform to leverage the harnessing of its potential to make a contribution to HIV/AIDS interventions that target young people. These recommendations implore communication programmers to learn from these experiences if interventions that target young people are to leverage from social media platforms.

The final research question focused on how the contribution of Facebook to HIV/AIDS communication could be assessed. The study found out that the lack of defined monitoring and assessment tools to highlight the contribution of Facebook in health interventions has led to its prohibitive use in such interventions. It was established that Facebook provides instant quantitative assessments through impressions on message reach and engagement through the number of likes, comments and shares that a given message would have generated. The study further established that Facebook has inbuilt online reporting tools which provide matrices that can be used to accurately assess actual audience engagement than any other media platform on the performance of a given message. These findings highlighted why the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda is yet to be realised raising questions on what needs to be done to tap into the potential of Facebook and thereby reap from its contribution in HIV/AIDS prevention efforts. It is recommended that more qualitative approaches to the understanding of these impressions and insights on reach and

engagement need to be encouraged and frequently carried out to assess how social media communication may into translate into the desired behavioural change.

Contribution of the study

The focus of research question three of this study sought to establish how Facebook can best be used in HIV/AIDS prevention as well as targeting its use in other health communication interventions that target young people in Uganda. The main argument here is that Facebook is a popular platform among young people in Uganda and therefore should be used effectively to reach out to them in solving their health communication challenges that they constantly negotiate with specific reference to HIV/AIDS prevention since this age group has projected increasing infection rates (Ministry of Health, 2017a:2). This study sets the ground for a more robust use of Facebook in health interventions including HIV/AIDS prevention based on the literature reviewed, the connection to the theoretical framework and the related findings that point out the benefits of engaging information communication technologies (ICTs) in solving society challenges through communication like the case for HIV/AIDS in Uganda.

The study established that indeed social media could be employed for HIV/AIDS communication to accelerate HIV/AIDS preventions efforts in Uganda. This is a contribution to the body of knowledge on the use of Facebook for HIV/AIDS prevention among young people in Uganda through documenting insights and experiences from programme implementers, young people, policy makers and social media experts which are reflective of the Ugandan context. The literature reviewed suggested that few studies have investigated the contribution and acceptance of social media in health communication and disease prevention strategies, which presents an unmet information gap about the uses, benefits, and limitations of social media among communication programmers (see Ahmed and Bates, 2013). The social media environment in Uganda gives promising ground for the gradual utilisation of Facebook and other social media platforms in HIV/AIDS prevention efforts and other health communication needs. As this development takes place, so will be the realisation of the contribution of Facebook in HIV/AIDS prevention or other health communication activities in Uganda.

Another major contribution of this study has been the finding that there is good will at the national level to incorporate Facebook and other social media platforms in the revised national communication framework by the ministry of health. In this framework, social media will be included among the approved communication channels for HIV/AIDS prevention. The study

further established that the funding for HIV/AIDS communication activities in Uganda is reducing, remains inadequate and not optimally allocated to interventions that have the greatest potential to reduce infections (Uganda AIDS Commission, 2015:57). This is where Facebook becomes an important platform in harnessing prevention efforts through the free content management options that it offers to messaging. These messaging options can been utilised in line with other policy guidelines that may require all licenced media houses to dedicate unpaid time and space for HIV/AIDS messaging as part of their corporate social responsibility. The reasoning here is that not one media channel is sufficient in health communication to reach out to the targeted audience.

It is important to recognise that communication technologies do not work in isolation but are affected by society including the various environmental factors within which they are situated as has been discussed under the social shaping theory in chapter 3 of this study. Therefore, if the potential and contribution of Facebook in Health communication focusing on HIV/AIDS is to be harnessed and realised, different sectors and stakeholders have a role to play.

Recommendations

The study findings revealed that there was low appreciation of Facebook and other social media among health communicators based on the lack of social media packaging and engagement skills, social media age differences, the undefined role of Facebook in health intervention efforts and lack of impact reporting tools for Facebook and other social media. However, young people have endorsed Facebook as their preferred channel for communication. This study has established further that Facebook is changing the way people or society are communicating and interacting in Uganda, which brings out the recognition that Facebook is not merely an abstract platform but built on social relations that could be tapped into for customized and user specific messaging including the ability to track, preserve and analyse communication through the various uses and experiences of the targeted audience.

It is important for health communicators to enhance their use of social media in health interventions that target young people through creative content packages that are appealing and compatible with social media, timely social media engagement and the hiring of full-time staff to handle social media accounts. The packaging of content for this medium is a very important issue because messages with videos will perform much well than messages with photos, while photo posts will perform much better than those with links and those with links

will perform better than those with plain text. These interventions are important in meeting the dynamic information needs of young people through content uploads and feedback to harness their participation as well as empowerment to overcome their challenges through an open communication process.

The study established that Facebook and other social media platforms were not part of the recognised communication channels for HIV/AIDS by the ministry of health in Uganda. However, the information communication technology (ICT) framework for Uganda encourages the use of communication technologies in a multi-sectoral dimension to drive Uganda's economic development. This lack of appreciation and recognition of social media platforms as important communication channels for health communication especially among young people in Uganda defeats this noble vision (see Ministry of Information and Communications Technology, 2012). The study further established that this was as a result of no clear regulatory framework on social media messaging especially on guarding against message distortions and loss of message control once the messages have been shared in social media network. On a positive note, findings from the study revealed that the ministry of health was working on the process of revising the national health communication strategy in consultation with social media experts on how to leverage social media in the communication of health interventions.

As policies are drafted for government to have some level of control on social media messaging, it is important for policy makers to understand and appreciate that social media is a highly interactive platform that cannot work in tightly controlled environments. Therefore, any regulatory framework needs to take care of this important attribute to yield to meaningful participation from the targeted audience in messaging that is aimed at improving their well-being. By its nature, social media thrives on the modulation approach to health communication and thus it may be practically impossible to keep controlling and approving every single communication or feedback as a way of managing message distortions and other unforeseen scenarios that may unfold in the course of interacting with these messages.

There is need for continuous research in the area of social media for health communication as a way of developing and contributing to a body of knowledge that can be used as a point of reference in assessing the contribution of social media in HIV/AIDS prevention in Uganda. The limited body of knowledge makes the deployment of social media tools in health communication interventions sceptical, which is not the case with traditional mainstream media

that has developed a research base over the years. This is where the academia as stakeholders are important in spearheading this research agenda. Further, training institutions especially the media and communication schools in Uganda need to pay close attention to this development by training and retooling communication programmers on how best social media tools may be used in an interactive - participative approach. This would require periodic revision of curricular, designing customized courses and acquiring the necessary information and communication technologies to provide the needed training if the benefits of Facebook and other social media are to be realised in health communication efforts that target young people.

Health communication interventions towards HIV/AIDS will require the collaboration of the entire social structure to maintain the HIV/AIDS prevention agenda. These combined efforts must emphasise multi sector collaborations between the ministry of health, education institutions, religious leaders, community leaders, parents and the entire civil society including other stakeholders to come on board and energize the HIV/AIDS prevention, treatment and behaviour change agenda. Facebook and other media channels can only do as much in the fight against HIV/AIDS since efforts towards HIV/AIDS prevention depend heavily on individual responsibility to intercept the message and act on it. Communication channels are simply platforms that provide information for the individual to activate based on the level of engagement and interactive options that these channels especially social media provide to the audience to enable a much more understanding towards responsible behaviour which is the goal of health communication.

Limitations of the study

This was an exploratory study to establish the opportunities that social media bring to health communication, and particularly on HIV/AIDS prevention among young people in Uganda. The study established that indeed Facebook has enormous potential for HIV/AIDS prevention among young people if the barriers to this potential are managed as has been proposed in the study. However, the study failed to establish the actual contribution of Facebook in HIV/AIDS prevention among young people in Uganda despite its enormous potential. The *Obulamu* campaign team did not fully utilise Facebook in their communication interventions based on the uncertainty that surrounded its use in their health campaign as discussed in chapter 5.

The literature reviewed in this study suggests that the lack of knowledge comprehension was one of the factors that contributed to the high infection rates among young people in Uganda.

This could be alleviated by the interactive and engagement nature of social media to result into better learning outcomes. The study revealed that Facebook could influence knowledge comprehension through interactive communication approaches although the study failed to establish concrete and actual experiences to support this submission.

The researcher took a longer period in collecting data from the field than was intended mainly due to the reluctance and lack of interest in the study by some of the respondents who would not commit to interview appointments and often times cancelled these appointments on the scheduled day. The first research interview was undertaken on March 30, 2016 while the final FGD was held on December 07, 2016 as a result of failed appointments and correspondences. Important to note is that research is a learning process, and one of the lessons learnt by the research team from these experiences during this period was the need to understand and be patient with respondents as well as cultivating the resilience to follow up on them.

In the development of the initial research proposal, Uganda Red Cross Society (URCS) had accepted to be part of this study through issuing a gatekeeper's clearance to the researcher. URCS was to play a vital role in mobilising sexual minorities for this study. However, when the time came to engage URCS, they become non-responsive to all correspondences and requests for engagement in the study. After several failed attempts, the researcher reached out to another organization Sexual Minorities Uganda (SMUG) that assisted in providing the participants for FGD 004. Engaging with this organisation did not require gatekeeper's clearance since the participants were not speaking on behalf of the organization and therefore signed consent forms.

Areas for further research

The study established that Facebook has not been adequately utilised by the *Obulamu* campaign. This made it impossible to establish the contribution of Facebook in HIV/AIDS prevention among young people in Uganda. Therefore a study on the contribution of Facebook in HIV/AIDS prevention among young people in Uganda remains viable. Relatedly, there is need to study a full campaign cycle of any given social media campaign or a series of campaigns in a longitudinal perspective to establish the impact of Facebook in health communication and especially HIV/AIDS prevention among young people in Uganda through online engagements. This will assist in the studying, understanding, and learning from these

practices if the potential and contribution of Facebook in HIV/AIDS prevention efforts is to be fully registered.

Qualitative studies need to be carried out to understand the social media audience in Uganda. An investigation into the meaning of interactions and engagements with messages on health interventions that happen online is vital in understanding how these relationships influence behavioural change. The study may focus on social media practices of young people at universities to examine how they utilize social media to fulfill their communication needs, which is important for designing social media strategies for HIV/AIDS that target young people. Relatedly, these is need to examine how other social media platforms that are popular with young people have been applied for HIV/AIDS prevention including their impact on behavioural change. The findings may help in appreciating how social media platforms can be used for individual, community connection and peer to peer support in the prevention of HIV/AIDS among young people in Uganda.

There is need for research on the social uses of new media technologies to influence behavioural choices. The study has demonstrated that participants may form groups in which they have similar identities, goals, and relations to fulfil their communication needs, which may contribute to harnessing the potential of Facebook in HIV/AIDS prevention in Uganda. It then becomes important to study and analyse how these relations in closed social media groups affect the individual's sense of self and empowerment through their daily interactions with messages on health and their effect on behavioural change. Such enquiry may include studying the actual content of social media messaging and networking to understand how young people relate with these messages and the nature of online engagement to influence behavioural change in line with HIV/AIDS prevention. This is important in guiding the production of relevant and suitable online message formats.

Conclusion

This study has showcased that indeed Facebook is a popular platform among young people that can be used to engage them on HIV/AIDS communication. Facebook as a social networking site (SNS), naturally fits into society's construct of communication as a two way process of information sharing and receiving which makes it appropriate for communicating social issues including health to young people. The study has established that the social media landscape in Uganda is growing which gives health communicators an opportunity to embrace

it and learn how to integrate it in their health communication interventions. The timing is now to set preparatory ground for the future use of Facebook in health communication when it becomes a leading channel of communication with more Internet, data and technological affordability options as well as a growing social media audience.

Facebook is a popular social media platform among young people that can be used as an avenue through which communication can be used as a supportive mechanism to influence young people against risky behaviours. At the on set, the study sought to explore the potential and contribution of Facebook in HIV/AIDS prevention among young people as employed by the *Obulamu* campaign, the national health communication intervention for social and behavioural change in Uganda. The findings from the study indicate that young people in Uganda have embraced the use of social media in their various activities including searching for information and sharing with their peers. The study also established that despite its popularity among young people in Uganda, Facebook has not been prioritised by the *Obulamu* campaign. This is evident in the lack of timely updates, slow response rates and the undefined role of the Facebook channel in the *Obulamu* campaign among others as has been highlighted under the presentation of data. This not withstanding, the *Obulamu* Facebook page continues to attract a reasonable audience that is seeking to use this platform to satisfy their health communication needs.

This is motivation to work around the barriers that may hinder the use of Facebook in the *Obulamu* campaign and generally health communication interventions in Uganda. If the use of social media and in particular Facebook is given the same attention that is accorded to traditional media, when implementing health communication interventions, social media with no doubt will contribute to HIV/AIDS prevention in Uganda. From the study findings, the enormous potential of Facebook in HIV/AIDS communication among young people has been confirmed but its contribution could not be established through the *Obulamu* campaign due to the fact that the programmers were still unsure of how to effectively deploy this platform. However, the experience and insights documented in this study through in-depth interviews and focus group discussions may contribute to the body of knowledge on Facebook and HIV/AIDS communication in advancing the use of social media in health communication interventions in Uganda. Therefore, the prioritisation of such a channel in HIV/AIDS prevention will improve on the multi-channel approach to health communication in using appropriate channels with

relevant content to specifically meet the information and communication needs of given target groups.

Appendices

Appendix- I: Interview questions for Key Informants

Appendix- Ia: Interview guide for social media experts and advocates

Preamble:

This interview guide is to be used by the researcher to operationalize the research problem through seeking responses from the Government, and Non governmental organizations as well as subject experts. The areas of inquiry have been drawn up to investigate Social media and in particular Facebook in HIV and AIDS prevention interventions.

This interview guide forms part of the research tools for a study conducted by Fred Kakooza as part of completing a doctoral thesis at the University of KwaZulu – Natal. Please note that participation is voluntary and you may withdraw from the study at any time without any negative or undesirable consequences to yourself.

There are no personal benefits to participation in this research, though the study seeks to add onto the body of knowledge about social media use in HIV and AIDS prevention in Uganda. The data collected will be made available to all participants upon request.

This discussion will be recorded and the analysis of the data will be reported under the heading of your institution. As an expert, your contributions will be attributed to your name.

Broad areas of inquiry with: Social media - subject experts

1. An overview of the social media landscape in Uganda
2. Social media for HIV /AIDS prevention in Uganda
3. Managing social media in national HIV/AIDS campaigns for sexual minorities
4. Policies on social media interventions in the national HIV/AIDS campaigns
5. Monitoring and evaluation of social media in HIV/AIDS prevention

Thank you for your participation

Appendix-Ib: Interview guide for personnel at FHI360

Preamble:

This interview guide is to be used by the researcher to operationalize the research problem through seeking responses from the Government, and Non governmental organizations as well as subject experts. The areas of inquiry have been drawn up to investigate Social media and in particular Facebook in HIV/AIDS prevention interventions.

This interview guide forms part of the research tools for a study conducted by Fred Kakooza as part of completing a doctoral thesis at the University of KwaZulu – Natal. Please note that participation is voluntary and you may withdraw from the study at any time without any negative or undesirable consequences to yourself.

There are no personal benefits to participation in this research, though the study seeks to add onto the body of knowledge about social media use in HIV and AIDS prevention in Uganda. The data collected will be made available to all participants upon request.

This discussion will be recorded and the analysis of the data will be reported under the heading of your institution. As an expert, your contributions will be attributed to your name.

Broad areas of inquiry with FHI360

1. An overview of the HIV/ AIDS scope in Uganda
2. A brief on the *Obulamu* campaign
3. Social media intervention in the *Obulamu* campaign
4. Managing social media in the *Obulamu* campaign
5. Monitoring and evaluation of social media messaging

Thank you for your participation

Appendix-IIIc: Interview guide for personnel at the Ministry of Health

Preamble:

This interview guide is to be used by the researcher to operationalize the research problem through seeking responses from the Government, and Non governmental organizations as well as subject experts. The areas of inquiry have been drawn up to investigate Social media and in particular Facebook in HIV and AIDS prevention interventions.

This interview guide forms part of the research tools for a study conducted by Fred Kakooza as part of completing a doctoral thesis at the University of KwaZulu – Natal. Please note that participation is voluntary and you may withdraw from the study at any time without any negative or undesirable consequences to yourself.

There are no personal benefits to participation in this research, though the study seeks to add onto the body of knowledge about social media use in HIV and AIDS prevention in Uganda. The data collected will be made available to all participants upon request.

This discussion will be recorded and the analysis of the data will be reported under the heading of your institution. As an expert, your contributions will be attributed to your name.

Broad areas of inquiry with Ministry of Health

1. An overview of the HIV/AIDS scope in Uganda
2. A brief about the current national HIV/AIDS campaigns
3. Policies on social media interventions in the national HIV/AIDS campaigns
4. Managing social media in national HIV/AIDS campaigns
5. Monitoring and evaluation of social media messaging

Thank you for your participation

Appendix-III: Research clearance letter from the University of KwaZulu-Natal

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

02 November 2015

Mr Fred Kakooza 215078982
School of Applied Human Sciences –CCMS
Howard College Campus

Dear Mr Kakooza

Protocol reference number: HSS/0881/015D
Project title: Exploring the contribution and potential of Facebook in HIV and AIDS prevention[1] among young people in Uganda.

Full Approval – Committee Reviewed Protocol

This letter serves to notify you that your application in connection with the above has now been granted full approval.

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project; Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. Please quote the above reference number for all queries relating to this study. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

Best wishes for the successful completion of your research protocol.

Yours faithfully

.....
Dr Shenuka Singh(Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor:Prof Ruth Teer-Tomaselli
cc. Academic Leader: Dr Jean Steyn
cc. School Administrstor: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 3587/8350/4557 **Facsimile:** +27 (0) 31 260 4609 **Email:** ximbap@ukzn.ac.za / snymanm@ukzn.ac.za / mohunp@ukzn.ac.za
Website: www.ukzn.ac.za

Appendix-II: Discussion guide for the study focus groups

FGD 1: Sexual minorities focus group

Engagement Questions *(Preamble or rapport)*

1. How do you receive HIV/AIDS information and Support?
2. Any encumbrances in seeking for this information?
3. Does this information target your informational needs on HIV/AIDS prevention?

Exploration Questions *(Gist of the study)*

4. How can social media aid the delivery of this information to you?
5. How would you relate to HIV/AIDS information via social media?
6. In what ways can social media influence your behavioral patterns?
7. Does social media provide the same interpersonal learning opportunities?
8. Have you ever felt as a contributor to the HIV/AIDS prevention rather than just a receiver of information?

Exit Questions *(Anything missed in the discussion for final word)*

9. How would you handle confidentiality on social media?
10. There is limited funding for HIV BCC activities, how does social media fit into this equation?

FGD 2: The *Obulamu Facebook* focus group

Engagement Questions *(Preamble or rapport)*

1. What prompted you to join this Facebook group?
2. What have you personally benefited from this network?

Exploration Questions *(Gist of the study)*

3. How would you relate to information via social media?
4. In what ways would such platforms contribute to HIV/AIDS prevention?
5. Does social media provide the same interpersonal learning opportunities?
6. Have you ever felt as a contributor to the HIV/AIDS prevention rather than just a receiver of information?

Exit Questions *(Anything missed in the discussion for final word)*

7. Anything you noted that can be changed/done better of maintained?
8. What would you recommend for social media platforms in HIV/AIDS prevention strategies?
9. There is limited funding for HIV BCC activities, how does social media fit into this equation?

FGD 3: University Youth focus group

Engagement Questions *(Preamble or rapport)*

1. How often do you use Facebook?
2. What do you use it for?
3. Do you still need information about sex or reproductive health?
4. How do you receive HIV/AIDS information and Support?

Exploration Questions *(Gist of the study)*

5. How would you relate to HIV/AIDS information via social media?
6. In what ways can social media contribute to HIV/AIDS prevention?
7. How does engagement with information reduce the risks of HIV/AIDS Have you ever felt as a contributor to the HIV/AIDS prevention rather than just a receiver of information?
8. What are the chances of joining a social media platform that provides HIV/AIDS related information?

Exit Questions *(Anything missed in the discussion for final word)*

9. What would you recommend for social media platforms in HIV/AIDS prevention strategies?
10. How can confidentiality issues on social media be handled?

FGD 4: Women focus group

Engagement Questions *(Preamble or rapport)*

1. How do you receive information on HIV/AIDS prevention?
2. Does this information target your informational needs on HIV/AIDS prevention?
3. In what other ways would you like to receive information on HIV/AIDS prevention?

Exploration Questions *(Gist of the study)*

4. How would you relate to HIV/AIDS information on Facebook/social media?
5. In what ways would such platforms help you as a woman in HIV/AIDS prevention?

Exit Questions *(Anything missed in the discussion for final word)*

6. How can confidentiality issues on social media be handled?
7. What would you recommend for social media platforms in HIV/AIDS prevention strategies?

Appendix-IV: Gate Keepers' permission

Appendix-Iva: Permission letter from the Ministry of Health (MoH)

TELEPHONE: General office
340874/231563/9
PS=s office: 340872
TELEFAX: 231584
TELEX: 61372 HEALTH UGA.

In ANY CORRESPONDENCE ON
THIS SUBJECT PLEASE QUOTE NO.
ADM130/313/05

THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH
P.O. Box 7272
KAMPALA,
UGANDA

May 28, 2015

Mr. Fred Kakooza
Centre for Communication, Media & Society
School of Applied Human Science
College of Humanities
Howard College Campus
University of KwaZulu – Natal

Dear Mr. Kakooza,

RE: PERMISSION TO CONDUCT RESEARCH

You are hereby granted permission to conduct research at the Ministry of Health **(MoH)** towards your doctoral studies. We note that the title of your research study is:

'Exploring the contribution of social media platforms in HIV/AIDS prevention among young people in Uganda'.

It is also noted that you will constitute your research sample through in depth interviews with two of our members of staff.

We hope you will have a fruitful research engagement with us.

Dr. Asuman Lukwago
Permanent Secretary

Appendix-IVb: Permission letter from Family Health International (fhi360)

fhi360
THE SCIENCE OF IMPROVING LIVES

May 21, 2015

Mr. Fred Kakooza
Centre for Communication, Media & Society
School of Applied Human Science
College of Humanities
Howard College Campus
University of KwaZulu – Natal

Dear Mr. Kakooza,

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at Family Health International **(FHI 360)** towards your doctoral studies. We note that the title of your research study is:

'Exploring the contribution of social media platforms in HIV/AIDS prevention among young people in Uganda'.

It is also noted that you will constitute your research sample through in depth interview with two of our members of staff.

We hope your will have a fruitful research engagement with us.

Yours truly,

.....
Dr. Angela Akol
Country Director

FHI 360 UGANDA OFFICE PLOT 15 KITANTE CLOSE KAMPALA | P.O.BOX 5768 KAMPALA |
T +256 312 266406 | F +256 312 266407 | www.fhi360.org

Appendix-IVc: Permission letter from the Uganda Christian University (UCU)

UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

16th June, 2015

TO WHOM IT MAY CONCERN

Mr. Fred Kakooza's research at Uganda Christian University

Mr. Fred Kakooza, a Makerere University NORHED Fellow at Uganda Christian University has permission to conduct research relating to the topic ***"The contribution of social media in HIV/AIDS prevention among young people in Uganda."*** He will be conducting his research at various institutions including Uganda Christian University between 2015 to 2016. In the course of this research, he will need to interview various students and possibly staff. Any assistance rendered him in this regard will be highly appreciated

Yours Sincerely,

Dr. Medard Rugyendo

Dean, Education and Arts

Appendix-IVd: Permission letter from Makerere University (MAK)

MAKERERE UNIVERSITY
P.O.BOX 7062 Kampala Uganda
URL: www.cit.mak.ac.ug
URL: http://www.cis.ac.ug
Tel: +256-41-540628/534560/1-97
Fax: +256-41-540620

COLLEGE OF COMPUTING & INFORMATION SCIENCES
SCHOOL OF COMPUTING & INFORMATICS TECHNOLOGY

17th June, 2015

Fred Kakooza
The Centre for Communication, Media and Society
School of Applied Human Sciences
Howard College Campus
University of KwaZulu-Natal

Dear Kakooza,

RE: PERMISSION TO CONDUCT RESEARCH AT THE SCHOOL OF COMPUTING AND INFORMATICS TECHNOLOGY

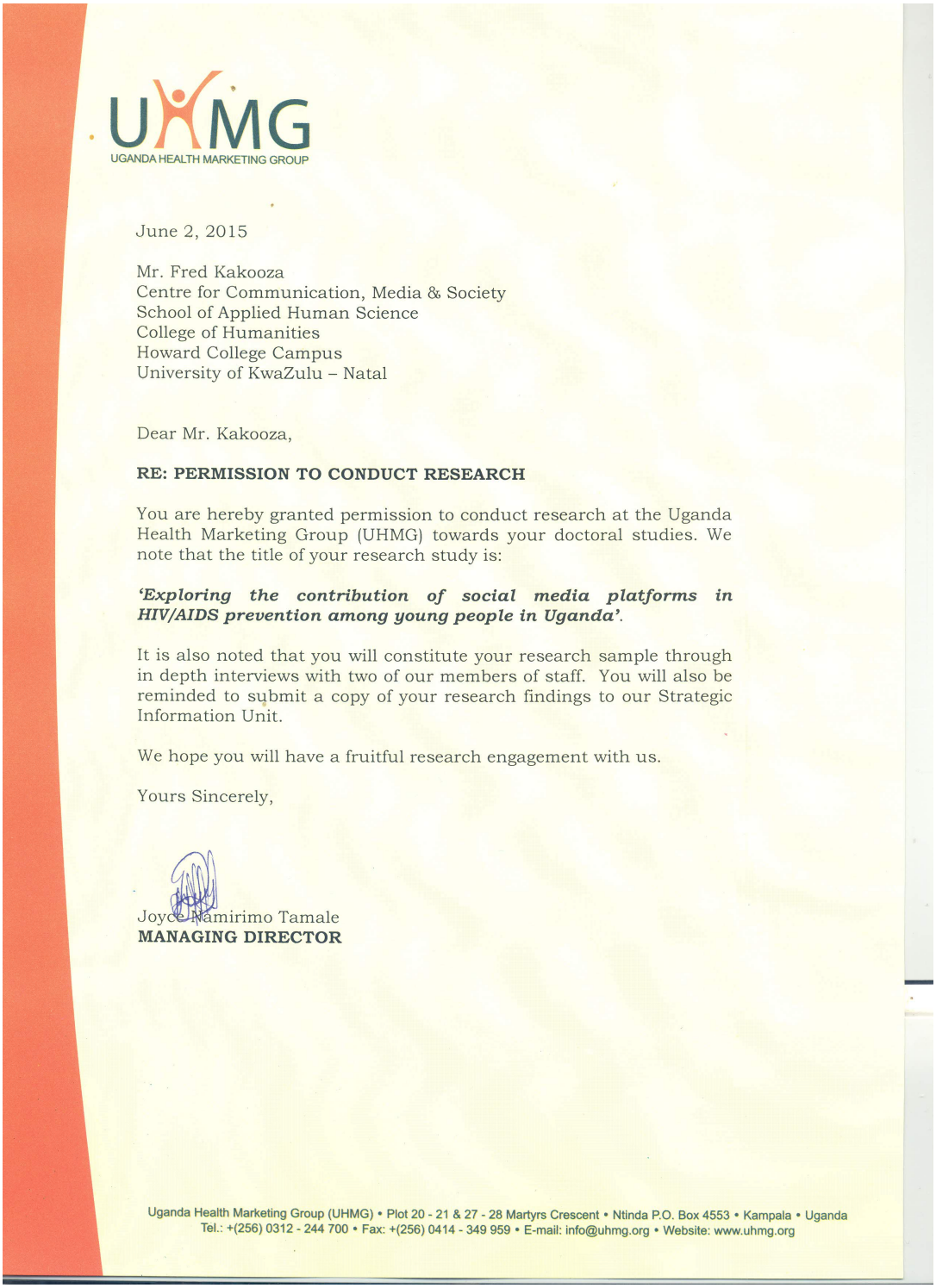
I write in response to your letter dated 26th May 2015, in which you requested for permission to carry out research through focus group discussions with students at the School of Computing and Informatics technology. You indicated that you needed to collect data to complete a doctoral study on "*Exploring the contribution of social media platforms in HIV/AIDS prevention among young people in Uganda*".

It is alright for you to conduct the aforementioned research with students of the Department of Information Technology in the School of Computing and Information Technology, College of Computing and Information Sciences- Makerere University. As key stakeholders in academia, we take every opportunity to support further research to benefit current and future generations. Your chosen area of research is certainly of great relevance and we are proud to associate with it.

I wish you the very best in your research endeavors and look forward to your successful implementation of the above study.

Dr. Gilbert Maiga
DEAN

Appendix-IVe: Permission letter from Uganda Health Marketing Group (UHMG)



UHMG
UGANDA HEALTH MARKETING GROUP

June 2, 2015

Mr. Fred Kakooza
Centre for Communication, Media & Society
School of Applied Human Science
College of Humanities
Howard College Campus
University of KwaZulu – Natal

Dear Mr. Kakooza,

RE: PERMISSION TO CONDUCT RESEARCH

You are hereby granted permission to conduct research at the Uganda Health Marketing Group (UHMG) towards your doctoral studies. We note that the title of your research study is:

'Exploring the contribution of social media platforms in HIV/AIDS prevention among young people in Uganda'.

It is also noted that you will constitute your research sample through in depth interviews with two of our members of staff. You will also be reminded to submit a copy of your research findings to our Strategic Information Unit.

We hope you will have a fruitful research engagement with us.

Yours Sincerely,

Joyce Namirimo Tamale
MANAGING DIRECTOR

Uganda Health Marketing Group (UHMG) • Plot 20 - 21 & 27 - 28 Martyrs Crescent • Ntinda P.O. Box 4553 • Kampala • Uganda
Tel.: +(256) 0312 - 244 700 • Fax: +(256) 0414 - 349 959 • E-mail: info@uhmg.org • Website: www.uhmg.org

Appendix-IVf: Permission letter from Uganda National Council for Science and Technology (UNCST)

Uganda National Council for Science and Technology
(Established by Act of Parliament of the Republic of Uganda)

Our Ref: **SS26ES** **26/10/2016**

Dear Fred Kakooza,

I am pleased to inform you that on **26/10/2016**, the Uganda National Council for Science and Technology (UNCST) approved your study titled, **Exploring the potential and contribution of Facebook in HIV and AIDS prevention among young people in Uganda** The Approval is valid for the period of **26/10/2016** to **26/10/2017**.

Your study reference number is **SS26ES**. Please, cite this number in all your future correspondences with UNCST in respect of the above study.

Please, note that as Principal Investigator, you are responsible for:

1. Keeping all co-investigators informed about the status of the study.
2. Submitting any changes, amendments, and addenda to the study protocol or the consent form, where applicable, to the designated local Research Ethics Committee (REC) or Lead Agency, where applicable, for re-review and approval prior to the activation of the changes.
3. Notifying UNCST about the REC or lead agency approved changes, where applicable, within five working days.
4. For clinical trials, reporting all serious adverse events promptly to the designated local REC for review with copies to the National Drug Authority.
5. Promptly reporting any unanticipated problems involving risks to study subjects/participants to the UNCST.
6. Providing any new information, which could change the risk/benefit ratio of the study to the UNCST for review.
7. Submitting annual progress reports electronically to UNCST. Failure to do so may result in termination of the research project.

Please, note that this approval includes all study related tools submitted as part of the application.

Yours sincerely,

Dr. Julius Ecuru
For: Executive Secretary
UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Appendix-VI: Informed consent for key informants

INFORMED CONSENT FORM

TOPIC: Correspondence with interviewees: Letter of invitation to participate in the study

Dear Sir/Madam

My name is Fred Kakooza; I am collecting data to complete a Doctoral study on ***Exploring the contribution of social media platforms in HIV/AIDS prevention among young people in Uganda***. The study is conducted under the supervision of University of KwaZulu-Natal Centre for Culture and Media in society (CCMS). My supervisor is Prof. Ruth Teer - Tomaseli. I am writing to request you for participation.

This study aims to contribute significantly to the corpus of knowledge on HIV and AIDS prevention in Uganda through research on new media platforms especially social media in examining their contribution through social support in HIV and AIDS prevention in Uganda. In so doing, the study will contribute to the generation of new knowledge that may be applied in the HIV and AIDS prevention strategies in Uganda.

Participation in this study is voluntary. The interview or focus group will not be paid for in any form. The participants may withdraw from the research at any time without negative consequences. The respondents will remain anonymous and no confidential information will be used without their permission. The privacy of individuals will be protected and treated with respect and dignity.

In general, responses will be treated in a confidential manner. The names of respondents will not be used in the writing of the thesis or in any further publications. However clarity will be sought on case-by-case basis especially for interviews with experts who would like to tag their contributions on this subject against their names. Participants will be free to choose a pseudonym or otherwise will be referred by a coded number system.

The data will be kept securely for five years for purposes of verification by the supervisor Prof. Ruth Teer – Tomaseli at the Centre of Culture and Media in Society, University of KwaZulu- Natal. Should you request it, an electronic copy of the final thesis will be sent to you on completion.
I thank you for your willingness to participate in this study; your invaluable contribution is greatly appreciated.

Details of the researcher and institution of research:

	Address	Phone Number	Email address
Researcher	Fred Kakooza	+27-769-991-050 +256 -712-195-510	215078982@stu.ukzn.ac.ug fred.kakooza@gmail.com
Department	Centre for Culture and Media in Society (CCMS)	+27-31-260-2505	http://ccms.ukzn.ac.za/Homepage.aspx
Institution	University of KwaZulu-Natal (UKZN) Howard College Campus, Masizi Kunene Ave, Glenwood, Durban, South Africa.	+27-31-260-1813	www.ukzn.ac.za
Supervisor	Prof. Ruth Teer – Tomaseli		TEERTOMA@ukzn.ac.za
Chair, UKZN Human Sciences Research Committee	Dr. Shenuka Singh	+27-31-260-8591	singshen@ukzn.ac.za
Committee Clerk, UKZN Human Sciences Research Committee	Mr. Prem Mohun	+27-31-260-4557	hssrechumanities@ukzn.ac.za

Please do not hesitate to contact any of the above persons, should you want further information on this research, or should you want to discuss any aspect of the interview process.

Signed consent

• I understand that the purpose of this interview is for solely academic purpose. The findings will be published as a thesis, and may be published in academic journals.	**Yes** ☐ **No** ☐

• I understand I may choose to remain anonymous. (Please choose whether or not you would like to remain anonymous.)	**Yes** ☐ **No** ☐
• I understand that I many choose whether or not my name will be quoted in remarks and or information attributed to yourself in the final research documents. • I choose to use a pseudonym, not my real name.	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
• I understand that I will not be paid for participating but a small, non-monetary souvenir will be given.	**Yes** ☐ **No** ☐
• I understand that I reserve the right to discontinue and withdraw my participation any time.	**Yes** ☐ **No** ☐
• I consent to be frank to give the information.	**Yes** ☐ **No** ☐
• I understand I will not be coerced into commenting on issues against my will, and that I may decline to answer specific questions.	**Yes** ☐ **No** ☐
• I understand I reserve the right to schedule the *time* and *location* of the interview.	**Yes** ☐ **No** ☐
*** By signing this form, I consent that I have duly read and understood its content.**	

_____	_____	_____
Name of Participant	**Signature**	**Date**
_____	_____	_____
Name of Researcher	**Signature**	**Date**

APPENDIX-VII: Informed consent form for focus group participants

Appendix-VIIa

INFORMED CONSENT FORM

TOPIC: Letter of invitation to participate in a research Focus Group Discussion for sexual minorities

Dear Participant,

My name is Fred Kakooza; I am collecting data to complete a Doctoral study on ***Exploring the contribution and potential of Facebook in HIV/AIDS prevention among young people in Uganda***. The study is conducted under the supervision of University of KwaZulu-Natal Centre for Culture and Media in society (CCMS). My supervisor is Prof. Ruth Teer - Tomaseli. I am writing to request for your participation in a Focus group discussion for sexual minorities.

This study aims to contribute significantly to the corpus of knowledge on HIV and AIDS prevention in Uganda through research on new media platforms especially social media in examining their contribution through social support in HIV and AIDS prevention in Uganda. In so doing, the study will contribute to the generation of new knowledge that may be applied in the HIV and AIDS prevention strategies in Uganda.

Please note that participation is voluntary and you may withdraw from the study at any time without any negative or undesirable consequences to yourself. There are no personal benefits to the participation of this research, though the study seeks to improve on the knowledge of social media use in HIV and AIDS prevention

In general, responses will be treated in a confidential manner. The names of respondents will not be used in the writing of the thesis or in any further publications. This discussion is anonymous though it will be recorded; however confidentiality regarding your responses is guaranteed. The analysis of the data will be reported under the heading of the Focus group discussion code that will be adapted by the researcher.

The data will be kept securely for five years for purposes of verification by the supervisor Prof. Ruth Teer–Tomaseli at the Centre of Culture and Media in Society, University of KwaZulu- Natal. . The data collected will be made available to all participants upon request.

I thank you for your willingness to participate in this study; your invaluable contribution is greatly appreciated.

Details of the researcher and institution of research:

	Address	Phone Number	Email address
Researcher	Fred Kakooza	+27-769-991-050 +256 -712-195-510	215078982@stu.ukzn.ac.ug fred.kakooza@gmail.com
Department	Centre for Culture and Media in Society (CCMS)	+27-31-260-2505	http://ccms.ukzn.ac.za/Homepage.aspx
Institution	University of KwaZulu-Natal (UKZN) Howard College Campus, Masizi Kunene Ave, Glenwood, Durban, South Africa.	+27-31-260-1813	www.ukzn.ac.za
Supervisor	Prof. Ruth Teer – Tomaseli	+27-31-260-2505	TEERTOMA@ukzn.ac.za

Chair, UKZN Human Sciences Research Committee	Dr. Shenuka Singh	+27 -31-260-8591	singshen@ukzn.ac.ug
Committee Clerk, UKZN Human Sciences Research Committee	Mr. Premlall Mohun	+27-31-260-4557	hssrechumanities@ukzn.ac.za mohunp@ukzn.ac.za
Please do not hesitate to contact any of the above persons, should you want further information on this research, or should you want to discuss any aspect of the interview process.			

Signed consent

• I understand that the purpose of this interview is for solely academic purpose. The findings will be published as a thesis, and may be published in academic journals.	**Yes** ☐ **No** ☐
• I understand I may choose to remain anonymous. (Please choose whether or not you would like to remain anonymous.)	**Yes** ☐ **No** ☐
• I understand that I many choose whether or not my name will be quoted in remarks and or information attributed to yourself in the final research documents. • I choose to use a pseudonym, not my real name.	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
• I understand that I will not be paid for participating but a small, non-monetary souvenir will be given.	**Yes** ☐ **No** ☐
• I understand that I reserve the right to discontinue and withdraw my participation any time.	**Yes** ☐ **No** ☐
• I consent to be frank to give the information.	**Yes** ☐ **No** ☐
• I understand I will not be coerced into commenting on issues against my will, and that I may decline to answer specific questions.	**Yes** ☐ **No** ☐
• I understand I reserve the right to schedule the *time* and *location* of the interview.	**Yes** ☐ **No** ☐
• I understand that the proceedings of this interview will be recorded for transcriptions	**Yes** ☐ **No** ☐
• I understand I that photographs might be taken during the interview and I consent to this	**Yes** ☐ **No** ☐

*** By signing this form, I consent that I have duly read and understood its content.**

_____	_____	_____
Name of Participant	**Signature**	**Date**

Name of Researcher	Signature	Date

Appendix-VIIb

INFORMED CONSENT FORM

TOPIC: Letter of invitation to participate in a research Focus Group Discussion for a Facebook group

Dear Participant,

My name is Fred Kakooza; I am collecting data to complete a Doctoral study on ***Exploring the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda***. The study is conducted under the supervision of University of KwaZulu-Natal Centre for Culture and Media in society (CCMS). My supervisor is Prof. Ruth Teer-Tomaseli. I am writing to request for your participation in a Focus group discussion for the *Obulamu* Facebook group.

This study aims to contribute significantly to the corpus of knowledge on HIV and AIDS prevention in Uganda through research on new media platforms especially social media in examining their contribution through social support in HIV and AIDS prevention in Uganda. In so doing, the study will contribute to the generation of new knowledge that may be applied in the HIV and AIDS prevention strategies in Uganda.

Please note that participation is voluntary and you may withdraw from the study at any time without any negative or undesirable consequences to yourself. There are no personal benefits to the participation of this research, though the study seeks to improve on the knowledge of social media use in HIV and AIDS prevention

In general, responses will be treated in a confidential manner. The names of respondents will not be used in the writing of the thesis or in any further publications. This discussion is anonymous though it will be recorded; however confidentiality regarding your responses is guaranteed. The analysis of the data will be reported under the heading of the Focus group discussion code that will be adapted by the researcher.

The data will be kept securely for five years for purposes of verification by the supervisor Prof. Ruth Teer–Tomaseli at the Centre of Culture and Media in Society, University of KwaZulu- Natal. . The data collected will be made available to all participants upon request.

I thank you for your willingness to participate in this study; your invaluable contribution is greatly appreciated.

Details of the researcher and institution of research:

	Address	Phone Number	Email address
Researcher	Fred Kakooza	+27-769-991-050 +256 -712-195-510	215078982@stu.ukzn.ac.ug fred.kakooza@gmail.com
Department	Centre for Culture	+27-31-260-2505	http://ccms.ukzn.ac.za/Homepage.a

	and Media in Society (CCMS)		spx
Institution	University of KwaZulu-Natal (UKZN) Howard College Campus, Masizi Kunene Ave, Glenwood, Durban, South Africa.	+27-31-260-1813	www.ukzn.ac.za
Supervisor	Prof. Ruth Teer – Tomaseli	+27-31-260-2505	TEERTOMA@ukzn.ac.za
Chair, UKZN Human Sciences Research Committee	Dr. Shenuka Singh	+27 -31-260-8591	singshen@ukzn.ac.ug
Committee Clerk, UKZN Human Sciences Research Committee	Mr. Premlall Mohun	+27-31-260-4557	hssrechumanities@ukzn.ac.za mohunp@ukzn.ac.za
Please do not hesitate to contact any of the above persons, should you want further information on this research, or should you want to discuss any aspect of the interview process.			

Signed consent

• I understand that the purpose of this interview is for solely academic purpose. The findings will be published as a thesis, and may be published in academic journals.	**Yes** ☐ **No** ☐
• I understand I may choose to remain anonymous. (Please choose whether or not you would like to remain anonymous.)	**Yes** ☐ **No** ☐
• I understand that I many choose whether or not my name will be quoted in remarks and or information attributed to yourself in the final research documents. • I choose to use a pseudonym, not my real name.	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
• I understand that I will not be paid for participating but a small, non-monetary souvenir will be given.	**Yes** ☐ **No** ☐
• I understand that I reserve the right to discontinue and withdraw my participation any time.	**Yes** ☐ **No** ☐
• I consent to be frank to give the information.	**Yes** ☐ **No** ☐

• I understand I will not be coerced into commenting on issues against my will, and that I may decline to answer specific questions.	**Yes** ☐ **No** ☐
• I understand I reserve the right to schedule the *time* and *location* of the interview.	**Yes** ☐ **No** ☐
• I understand that the proceedings of this interview will be recorded for transcriptions	**Yes** ☐ **No** ☐
• I understand I that photographs might be taken during the interview and I consent to this	**Yes** ☐ **No** ☐
*** By signing this form, I consent that I have duly read and understood its content.**	

_____	_____	_____
Name of Participant	**Signature**	**Date**
_____	_____	_____
Name of Researcher	**Signature**	**Date**

Appendix-VIIc

INFORMED CONSENT FORM

TOPIC: Letter of invitation to participate in a research Focus Group Discussion for University Youth

Dear Participant,

My name is Fred Kakooza; I am collecting data to complete a Doctoral study on ***Exploring the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda***. The study is conducted under the supervision of University of KwaZulu-Natal Centre for Culture and Media in society (CCMS). My supervisor is Prof. Ruth Teer-Tomaseli. I am writing to request for your participation in a Focus group discussion for University youth.

This study aims to contribute significantly to the corpus of knowledge on HIV and AIDS prevention in Uganda through research on new media platforms especially social media in examining their contribution through social support in HIV and AIDS prevention in Uganda. In so doing, the study will contribute to the generation of new knowledge that may be applied in the HIV and AIDS prevention strategies in Uganda.

Please note that participation is voluntary and you may withdraw from the study at any time without any negative or undesirable consequences to yourself. There are no personal benefits to the participation of this research, though the study seeks to improve on the knowledge of social media use in HIV and AIDS prevention

In general, responses will be treated in a confidential manner. The names of respondents will not be used in the writing of the thesis or in any further publications. This discussion is anonymous though it will be recorded; however confidentiality regarding your responses is guaranteed. The analysis of the data will be reported under the heading of the Focus group discussion code that will be adapted by the researcher.

The data will be kept securely for five years for purposes of verification by the supervisor Prof. Ruth Teer–Tomaseli at the Centre of Culture and Media in Society, University of KwaZulu- Natal. . The data collected will be made available to all participants upon request.

I thank you for your willingness to participate in this study; your invaluable contribution is greatly appreciated.

Details of the researcher and institution of research:

	Address	Phone Number	Email address
Researcher	Fred Kakooza	+27-769-991-050 +256 -712-195-510	215078982@stu.ukzn.ac.ug fred.kakooza@gmail.com
Department	Centre for Culture and Media in	+27-31-260-2505	http://ccms.ukzn.ac.za/Homepage.aspx

	Society (CCMS)		
Institution	University of KwaZulu-Natal (UKZN) Howard College Campus, Masizi Kunene Ave, Glenwood, Durban, South Africa.	+27-31-260-1813	www.ukzn.ac.za
Supervisor	Prof. Ruth Teer – Tomaseli	+27-31-260-2505	TEERTOMA@ukzn.ac.za
Chair, UKZN Human Sciences Research Committee	Dr. Shenuka Singh	+27 -31-260-8591	singshen@ukzn.ac.ug
Committee Clerk, UKZN Human Sciences Research Committee	Mr. Premlall Mohun	+27-31-260-4557	hssrechumanities@ukzn.ac.za mohunp@ukzn.ac.za
Please do not hesitate to contact any of the above persons, should you want further information on this research, or should you want to discuss any aspect of the interview process.			

Signed consent

• I understand that the purpose of this interview is for solely academic purpose. The findings will be published as a thesis, and may be published in academic journals.	**Yes** ☐ **No** ☐
• I understand I may choose to remain anonymous. (Please choose whether or not you would like to remain anonymous.)	**Yes** ☐ **No** ☐
• I understand that I many choose whether or not my name will be quoted in remarks and or information attributed to yourself in the final research documents. • I choose to use a pseudonym, not my real name.	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
• I understand that I will not be paid for participating but a small, non-monetary souvenir will be given.	**Yes** ☐ **No** ☐
• I understand that I reserve the right to discontinue and withdraw my participation any time.	**Yes** ☐ **No** ☐
• I consent to be frank to give the information.	**Yes** ☐ **No** ☐

• I understand I will not be coerced into commenting on issues against my will, and that I may decline to answer specific questions.	**Yes** ☐ **No** ☐
• I understand I reserve the right to schedule the *time* and *location* of the interview.	**Yes** ☐ **No** ☐
• I understand that the proceedings of this interview will be recorded for transcriptions	**Yes** ☐ **No** ☐
• I understand I that photographs might be taken during the interview and I consent to this	**Yes** ☐ **No** ☐
*** By signing this form, I consent that I have duly read and understood its content.**	

_____	_____	_____
Name of Participant	**Signature**	**Date**
_____	_____	_____
Name of Researcher	**Signature**	**Date**

Appendix-VIId

INFORMED CONSENT FORM

TOPIC: Letter of invitation to participate in a research Focus Group Discussion for Women

Dear Participant,

My name is Fred Kakooza; I am collecting data to complete a Doctoral study on ***Exploring the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda***. The study is conducted under the supervision of University of KwaZulu-Natal Centre for Culture and Media in society (CCMS). My supervisor is Prof. Ruth Teer-Tomaseli. I am writing to request for your participation in a Focus group discussion for women.

This study aims to contribute significantly to the corpus of knowledge on HIV and AIDS prevention in Uganda through research on new media platforms especially social media in examining their contribution through social support in HIV and AIDS prevention in Uganda. In so doing, the study will contribute to the generation of new knowledge that may be applied in the HIV and AIDS prevention strategies in Uganda.

Please note that participation is voluntary and you may withdraw from the study at any time without any negative or undesirable consequences to yourself. There are no personal benefits to the participation of this research, though the study seeks to improve on the knowledge of social media use in HIV and AIDS prevention

In general, responses will be treated in a confidential manner. The names of respondents will not be used in the writing of the thesis or in any further publications. This discussion is anonymous though it will be recorded; however confidentiality regarding your responses is guaranteed. The analysis of the data will be reported under the heading of the Focus group discussion code that will be adapted by the researcher.

The data will be kept securely for five years for purposes of verification by the supervisor Prof. Ruth Teer – Tomaseli at the Centre of Culture and Media in Society, University of KwaZulu- Natal. . The data collected will be made available to all participants upon request.

I thank you for your willingness to participate in this study; your invaluable contribution is greatly appreciated.

Details of the researcher and institution of research:

	Address	Phone Number	Email address
Researcher	Fred Kakooza	+27-769-991-050 +256 -712-195-510	215078982@stu.ukzn.ac.ug fred.kakooza@gmail.com
Department	Centre for Culture and Media in	+27-31-260-2505	http://ccms.ukzn.ac.za/Homepage.aspx

	Society (CCMS)		
Institution	University of KwaZulu-Natal (UKZN) Howard College Campus, Masizi Kunene Ave, Glenwood, Durban, South Africa.	+27-31-260-1813	www.ukzn.ac.za
Supervisor	Prof. Ruth Teer – Tomaseli	+27-31-260-2505	TEERTOMA@ukzn.ac.za
Chair, UKZN Human Sciences Research Committee	Dr. Shenuka Singh	+27 -31-260-8591	singshen@ukzn.ac.ug
Committee Clerk, UKZN Human Sciences Research Committee	Mr. Premlall Mohun	+27-31-260-4557	hssrechumanities@ukzn.ac.za mohunp@ukzn.ac.za
Please do not hesitate to contact any of the above persons, should you want further information on this research, or should you want to discuss any aspect of the interview process.			

Signed consent

• I understand that the purpose of this interview is for solely academic purpose. The findings will be published as a thesis, and may be published in academic journals.	**Yes** ☐ **No** ☐
• I understand I may choose to remain anonymous. (Please choose whether or not you would like to remain anonymous.)	**Yes** ☐ **No** ☐
• I understand that I many choose whether or not my name will be quoted in remarks and or information attributed to yourself in the final research documents. • I choose to use a pseudonym, not my real name.	**Yes** ☐ **No** ☐ **Yes** ☐ **No** ☐
• I understand that I will not be paid for participating but a small, non-monetary souvenir will be given.	**Yes** ☐ **No** ☐
• I understand that I reserve the right to discontinue and withdraw my participation any time.	**Yes** ☐ **No** ☐
• I consent to be frank to give the information.	**Yes** ☐ **No** ☐

• I understand I will not be coerced into commenting on issues against my will, and that I may decline to answer specific questions.	**Yes** ☐ **No** ☐
• I understand I reserve the right to schedule the *time* and *location* of the interview.	**Yes** ☐ **No** ☐
• I understand that the proceedings of this interview will be recorded for transcriptions	**Yes** ☐ **No** ☐
• I understand I that photographs might be taken during the interview and I consent to this	**Yes** ☐ **No** ☐
*** By signing this form, I consent that I have duly read and understood its content.**	

_____	_____	_____
Name of Participant	**Signature**	**Date**
_____	_____	_____
Name of Researcher	**Signature**	**Date**

Appendix-VIII: Sample of a coded interview transcript

Categories	**Codes**	**Attribution**	**Location**
The *Obulamu* case	Campaign formed around a greeting Understand individuals Campaign as last blow to HIV/AIDS Need to communicate to audiences in a creative and dynamic way The need to communicate in present times Obulamu pushing to have messages that are engaging	Ahabwe Venancio	Page 1 Page 2 Page 3 Page 6
Why HIV on a rise? *Causes of increasing infection rates and prevalence*	People live much longer with HIV		Page 2
Inadequate translation of HIV/AIDS knowledge	People no longer die enmass to cause behavioural change Patients are no longer a point of reference Poor health service seeking behaviour		Page 2 Page 3 Page 3
What needs to be done for HIV communication?			
Why IPC is used?	Behavioural issues are beyond lack of knowledge and require engagement		Page 7

Understanding audiences	Need to ascertain who to target with which medium Profile the social media audience		Page 7 Page 8
Why not social media for Obulamu? *Social media limitations*	Social media not a leading form of communication Poor social media attitude/low social media appreciation Lack of message control – Messages are shared and the originator loses control Low access of the platform within the community Issues of literacy levels/basic phone/computer skills		Page 4 Page 8
Benefits of social media	Greater learning opportunities through engagement Individual reflection on messages and discuss as groups		Page 6
Social media packaging *Best practices*	Packaging controversial messaging to yield engagement Need to learn how to pack information for social media		Page 5
Recommendations	Social media is becoming mainstream, the need to focus on it		Page 7

Why must we focus on social media	Need for a deliberate effort to equip the population with social media skills Most appropriate, current and relevant platform which must not be missed		Page 9 Page 10

Appendix-X: Verbatim interview transcription

08 April 2016

Interview with Anthony Mbonye

Director of Health service – MoH

Researcher: Our interest is basically on HIV and AIDS prevention and we wanted to know how Uganda is fairing in terms of HIV and AIDS?

Respondent: Uganda is of course we have come from high prevalence levels from the 80's and 90's of up to 30 per cent among women who were attending antenatal care we testing, now we have 7.3 per cent among women attending antenatal care so that is really a dramatic decline. But in the last five years we have had a stagnation (2000 - 2015) and probably an apprehension that there could be a slight increase, we have gone slightly to 6.5, then it rose to 7.3 that may not be statistically significant but that there is a slight raise, you wouldn't want it because our aim is to reduce the prevalence. So therefore and around that time, we also saw a new raise in new infections and that showed that the other increase from 6.5 to 7.3 probably was real because there was also a rise in infections and then we started an integrated response, multi sectoral response that looks at both behavioural and biological interventions, providing ARS, medical circumcision, providing condoms, then of course our traditional methods of intervention making sure people are sticking to their partners, they are using condoms very well, they are consistently HIV testing and counselling, all these have led to reduction of new infections.

We have actually seen a decline of new infections, we have seen, although we are yet to have a survey that shows the prevalence, but in the small data we analyzed there has been a decline in prevalence, we expect to be around 4, 5 probably below 5 per cent and this has been through the radio messages, community mobilisation, prevention of mother to child transmission and now we are talking of elimination of mother to child transmission. We have seen it through, access to anti retrovirals, involvement of adolescents, paediatric HIV testing and putting children on anti retrovirals, involvement of men, adolescents, all this has led to that and we are hopeful that if we can get sustained funding we are definitely going to see a decline yeah.

Researcher: Just to takes you a little, what could have been the factors that led to this you know rise in infection (that reversal)?

Respondent: The factors that led to the rise in infection we think it was aahhh one – the, we had reduced funding; we had reduced funding through global fund, through US partners and also through government. Secondly, the rapid population growth, thirdly, the increasing poverty levels we feel all these could have been the pressures towards the raise in poverty, the population increase, you can see that since 2001/2 we have added on 10 million. 10 million are very many people and with poverty levels, you don't have – you are not matching the resources at the rate at which the population is increasing. So there are many adolescents, who are coming on board and they are not having information, they are not look at.because the health workers are actually reducing, the money to the health sector is reducing yet the population who need services is increasing, the women who are delivering, the girls who are having sex, are increasing every year. And government does not match…..

What amuses me is the president saying, oooohhhh a large population is good, but that population is children who want immunisation, who want to be fed, who want to go to school, it is girls who are joining adolescent life including social life and want drugs they are falling sick and then you don't match the resources. In fact in a country like Uganda the Government, any serious Government would decide to say that now the population is increasing are we increasing the budget because if the population is and the budget is stagnant or even declining you definitely cant do well, isn't it? (it is) if say for example every year you are adding on 1 million children who are born, you should plan to build more schools, should plan to build more secondary schools, you should plan to increase intake at the university so that at least when you know that this year we have 1 million increase the budget say for immunisation because you still have the other children who are still 2 years who still require services, you have one 1 year they require services, you have another… til up to 5 years, you must be increasing every year, so every year you must increase budget because as you add 1 million children, there is one million which is already two years as you… these are 3 years they still need services, they still need nutrition, they still need deworming, they need more vaccinations, so a serious government would increase its budget especially to social services.

You would create more teaches because now one million within 3 years would need nursery school teachers, the more buildings in the next I mean…. And these others are continuing and you are adding in 1 million they need more schools, you are adding in new 1 million so this is what it is.so those where the factors I think rapid population growth rate, declining funding from government intended for the health sector and the poverty levels.

Researcher: So which has been the population age group that has been affected by

Respondent: It is really the productive age group 15 to around 64 that is the age that is most affected. Of course the 15 to around 30 who are having sex, exploring they are more affected than…. 15 to around 35. Then also we see infections in the wealthy, the wealthy, especially among the wealthy in both rural and urban, even both men and women. We are seeing infections both in the rural and urban about the same.

Researcher: Yes you have talked about using radio and other traditional media to pass on information about HIV prevention and things like that, but recently there has been an increase in the use of social media has the ministry tried to engage in social media in HIV and AIDS prevention?

Respondent: Yes I know that is the purpose of this … I am not sure that we have engaged social media to pass on messages. I imagine that that should be the next phase. We have mainly concentrated on radio, TV and the print media but I think the next phase should be to engage social media – Whatsapp, Facebook, although some messages pass around but these are from individuals. I am not seeing a deliberate programme targeting social media, passing on messages about maternal health, adolescent health, sexually transmitted infections, HIV, I am not aware of it but I doubt it is there.

Researcher: So is this next phase going to be in terms of policy guidelines and things like that?

Respondent: I imagine that it is one avenue now that we much reach, not even young, many people are on social media, you can pass messages, the messages on social media move quiet rapidly, people are hooked up on Whatsapp, Facebook, on Internet, and yes, it is a good avenue.

Researcher: May last one, I think the 10 minutes are done; the general mood in government in the person of the president about social media use is not so good. Do you think it it will be taken up?

Respondent: The general mood is that, it is because actually he is old, most old people you do not find *(actually it is not only the president the other day I read in the papers, and the ICT minister wasn't in support)* Very many people when they see me on Whatsapp, they say eeh, you are on whatsapp very many people of your age are not on Whatsapp. Aaaaah And so it is true that many people, you see old people will not adapt new technologies easily even if you see like new mobile phones, the old people will be the last ones to come on board, the young people will pick. I will tell you something, me I was on this button, all my children were on …. What is it called,… *(the smartphones)* and they were telling me that but dad go on the smart phone, I said aaaahhh me know it will disturb me so I have a daughter who is close to me and she said, no you must now, buy one now.. we are friends, so I got one, I fidgeted with it, I was regretting, finally I got used to it, it has taken me, it took me two years to convince my wife to go onto Whatsapp on the smartphone, she was saying aaaahhhhh that is…so we soo… me and my daughter we ganged up and bought her a smartphone paaaaa gave it to her. Then she started…….we removed the other one…. So she started, now she has gotten used to it.

It takes long for lad people to get onto new technologies, so that is so for him, but he has known the importance of it. You saw how he used it during the elections, announcing results. He shut it….whatsapp…… so he knows you get the point, so but the, social media is something that we should take advantage of absolutely and the president whether

he has views on it, the good thing with the president, even if he has negative views about something, even if it is really very detrimental he doesn't, for example he doesn't have positive views on family planning but he never stops us from spreading out gospel of spreading family planning. So of course it would be better if the president had positive views on something, when he talks and advocates for something it is better that is how we reduced on the HIV AIDS in the past, because he came out and talked about it. But if he doesn't talk about it, he does not stop you, then you go ahead. So he may not have positive views on social media, but I would not think he is against it because he has not said anything about it, so it is okay and he cannot be an advocate of everything. I mean, he cant he is one person, we cannot expect him to advocate for social media, for safe motherhood, for water and sanitation, NO. We are also a government we are all Ugandans, if we advocate for social media and we pass our messages after all young people will will read it and that doesn't mean the president, even if he hadnt … people will read it, so with the support or without the support of the president so long as he doesn't stop us and I don't think he has negative views over it, so we should use social media to be able to spread our messages.

Researcher: The very last one, does the ministry of health have a social media page or things like that?

Respondent: All I know is that we have a website as the ministry of health, I am not sure we have a Facebook, maybe there is but I know very many people are on Facebook. I doubt we have as the ministry of health. I doubt we have. But what you can do go and ask Lukia Nakandi, she is the one who will answer those of we have a Facebook page, whether there are any messages on social media.

Researcher: Thanks you so much

Respondent: Good luck

Appendix–X: Research Matrix Table

Objective: ***To establish the potential and contribution of Facebook in HIV/AIDS prevention among young people in Uganda***.

Research question	Sub questions	Method	Theory	Data analysis	Data source
In what ways has Facebook been used in HIV/AIDS prevention in Uganda? *Specifics to the OneLove and Obulamu campaigns*	Why did you choose to use Facebook (social media) in the *Obulamu* campaign? How did you attract and engage your target group to your Facebook (social media) platforms? What has been your impression of Facebook (social media) in this campaign? (Results/effectiveness) Any challenges that you have witnessed? And how have you over come them? / in what ways can such challenges be overcome? In what ways can the use of Facebook (social media) help translate Knowledge and Awareness about	In-depth interviews	Participatory communication theory Social learning theory Social network theory	Interpretative	Program Managers

	HIV/AIDS into informed action?				
How can Facebook best be used in HIV and AIDS prevention strategies? *Specifics to the Obulamu campaigns*	Why do you think there is slow adaption of Facebook (social media) in HIV/AIDS dissemination strategies? Social media is full of volumes of information, what mechanisms can be employed to ensure that individuals receive the most honest and accurate information possible? What recommendations would you give for Facebook (social media) use in HIV/AIDS prevention? *What have been your experiences?* With the technological challenges in the country what is your assessment on the deployment of Facebook (social media) in HIV/AIDS prevention? Considering that LGBT issues are contentious in Uganda how did you handle the issue of confidentiality?	In-depth interviews Focus group discussions			Subject Experts Program Managers Focus groups

	What would be your recommendations for effective Facebook (social media) use in HIV/ADS prevention in Uganda?				
What are the audience perceptions of Facebook in HIV/AIDS prevention? *Specifics to Obulamu campaign*	How would you relate to HIV/AIDS information via Facebook (social media)? In what ways can/has Facebook (social media) influenced your sexual behavioural patterns? How would/do you handle confidentiality on Facebook (social media)? In what ways has the Facebook platform contributed to HIV/AIDS prevention? Would you join a Facebook (social media) platform that provides HIV/AIDS related information?	Focus group discussions			Focus groups

	How best can Facebook be used to direct HIV/AIDS information to you? (What works for you?)				
In what ways can the use of Facebook in HIV/AIDS prevention strategies be assessed?	How did you evaluate the contribution of Facebook (social media) to this campaign**?** In what ways can Facebook (social media) reach and engagement in HIV/AIDS prevention be monitored and evaluated?	In-depth interviews Focus group discussions			Subject Experts Program Managers Focus groups

Appendix–XI: Review and editing conformation letter

19 July 2018

Dear Mr Kakooza,

RE: Editing PhD thesis, "The Potential And Contribution Of Facebook In HIV/AIDS Prevention Among Young People in Uganda"

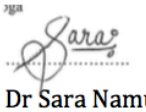
I have edited your thesis as per the following terms of reference detailed in your email on the subject:

1. To reword unclear sentences of paragraphs
2. Typos and grammar
3. Alignment, whether the margins are proper
4. Consistence in style and any other anything

I have used the track changes option so that you can confirm or reject changes as you wish. I must say that your thesis is one big contribution to the subject matter and will make interesting scholarly reading.

Attached here is the invoice.

Yours sincerely,



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