Kurskod: SKDK01
Termin: VT-2013
Handledare: Henrik Merkelsen
Examinator: Cecilia Cassinger

Condommication

A case study of Behaviour Change Communication in Ghana

Sanne Kleiner & Lovisa Melnyk

Lunds University
Department of Strategic Communication
Bachelor Thesis

Abstract

Title **CONDOMMICATION**: A case study of Behaviour Change Communication in Ghana

Course Bachelor Thesis in Strategic Communication

Authors Sanne Kleiner and Lovisa Melnyk

Advisor Henrik Merkelssen

Key words *Health communication, behaviour change communication, HIV/AIDS, youth, Ghana, interpersonal communication, mass media*

Problem HIV/AIDS is one of the most challenging health and development issues of modern times. This study takes place in Ghana, which is one of the countries that have made progress in the HIV/AIDS work during the last years. Information of HIV infection and prevention has increased in Ghana within the past few years, but behaviour change is yet a big issue to face and condom use remains low, especially among the youth. Ghana Aids Commission has set up a strategy plan describing communication prevention interventions to reach the vision of a country with a prevalence rate of 0%, but there are no practical guidelines or strategies for how to reach the youth group.

Purpose The purpose of this study is to investigate how Ghana Aids Commission and non-governmental organizations work with Behaviour Change Communication against HIV to reach out to the youth (age 15 to 24) in Ghana.

Methodology The study is based on a case study of Ghana Aids Commission. Qualitative interviews and a text analysing of a strategy plan were the source to the empirical material. Eight interviews were done with people working with HIV/AIDS interventions at different organizations.

Conclusion The study shows that Ghana Aids Commission has to develop a communication plan for the youth target group to improve the communication work. A communication plan with segmentation, targeted objectives, messages, communicators and channels has to be formulated in order to make the communication more efficient and adapted to the youth group. A combination of mass media and interpersonal communication is the most effective way to reach the youth and make them adopt a safe sexual behaviour.

.

Characters with spaces: 99681

Acknowledgement
A number of people have played an important role for making this study possible. Their help and support are very appreciated and they have all contributed with different pieces to make this study complete.

A special thank to Mike Owusu, for providing us with important information and contacts for this research. This study would not have been possible to accomplish in this way, if it was not for you.

We are also very grateful to our advisor Henrik Merkelssen, for providing us with great suggestions and questions during the writing process. Thank you for making it possible to communicate with us through Skype.

Thanks to all the interview persons in Ghana, who came up with important information and aspects to make the study possible.
We are indebted to SIDA for the scholarship, which gave us the experience and opportunity to do this study in Ghana.

26 maj, 2013
Sanne Kleiner & Lovisa Melnyk

Table of contents

1. Background 1
1.1 The HIV situation in Ghana 1
1.2 The youth 1
1.3 Ghana Aids Commission (GAC) 2
1.4 National Strategic Plan (NSP) 2
2. Problem formulation and purpose of the study 3
2.1 Problem formulation 3
2.2 Purpose & research questions 3
3. Theoretical framework 4
3.1 Health communication and Behavioural Change Communication 4
3.2 Individual behaviour theories 5
3.2.1 Stages of Change model 5
3.2.2 Theory of Planned Behaviour 6
3.2.3 Social Learning Theory 7
3.2.4 The Health Belief Model 8
3.3 Communication planning 9
3.3.1 Objectives and segmentation 9
3.3.2 Formulating the message 9
3.3.3 The role of the communicator 11
3.4 Communication channels 11
3.4.1 Interpersonal Communication 12
3.4.2 Mass media communication 13
3.4.3 Agenda-setting theory 14
4. Methodology 15
4.1 Overview 15
4.2 Research definition 16
4.3 Collection of empirical material 17
4.3.1 Qualitative interviews 17
4.3.2 The interview guide 17
4.3.3 Selection of interviewees 17
4.3.4 Collaboration of the selected interview objects 19
4.3.5 Text analysis 20
4.4 Research design 20
4.4.1 Implementation of interviews 20
4.4.2 Analysis of empirical material 21
5. Analysis and empirical findings 21
5.1 The importance of adapting the communication to the youth 22
5.2 Characteristics of the youth 22
5.3 Objective of communication activities 23
5.4 Choosing communicator for objective and target group 25
5.5 Youth specific messages 25

5.5.1 Fear and humour for a touching message ... 26
5.5.2 The ABC strategy ... 27
5.6 Risk perception ... 28
5.7 The level of knowledge among youth ... 30
5.8 Social norms influencing the youth ... 31
5.9 Role models ... 32
5.10 Interpersonal communication and new possibilities ... 34
5.11 What the media can do ... 37
5.12 Combining Interpersonal- and Mass media communication ... 39
6. Final Discussion ... 40
References ... 42

1. Background

This introductory chapter presents the direction of the study in the form of a presentation of the specific organisation and target that the study focuses on.

1.1 The HIV situation in Ghana

In the last ten years many countries around the world have made historic gains towards ending the HIV/AIDS epidemic. 25 low- and middle-income countries have reduced their rate of new HIV infections by 50 percent since 2001. More than half of these countries are in sub-Saharan Africa and Ghana is one of them. The majority of new HIV infections occur in sub-Saharan Africa and HIV is a generalized epidemic. Ghana is one of the countries that have managed to reduce their prevalence rate a lot, and today it is stabilised to 1.5 percent (Ghana Aids Commission [GAC], 2012).

1.2 The youth

Even though the general epidemic prevalence is quite low in Ghana, it is high in specific locations and among some target groups in the country. It varies depending on geographic areas, gender, age and residence (GAC, 2012). Targeting the youth as a priority group for prevention interventions is important in Ghana (Fuseini & Tawiah, 2013). The HIV prevalence rate among youth (age 15 to 24) rose marginally from 1,5 percent in 2010 to 1.7 percent in 2011. Among youth aged 15 to 19 it rose sharply to 1.9 percent (GAC, 2012).

The awareness of HIV among the youth in Ghana is almost universal and 75 percent of females and 82 percent of males know that condom use is the most important prevention method for HIV. Despite this, the awareness has not been translated into a comprehensive knowledge and a safe sexual behaviour among the youth (Ghana Health Service [GHS], 2008). Comprehensive knowledge refers to knowledge of how the disease is transferred, how to protect from getting it and what consequences it brings. In 2011 there were only 31 percent of females and 49 percent of males (age 20 to 24) that reported condoms use. In the younger age group (age 15 to 19) only 24 percent of females and 40 percent of males reported use of condom (GAC, 2011). The first step in the adoption of a safe sexual behaviour is to ensure that the youth have comprehensive knowledge. (Baiden & Rajulton, 2013). The low uptake of condoms is also linked to challenges in availability but misconception and lack of

information and knowledge are factors that can be improved with communication (GAC, 2011).

1.3 Ghana Aids Commission (GAC)

In the year of 2000 GAC, the highest policy making organization for the prevention and control of the HIV epidemic in Ghana, was founded. The main role and function of GAC is to formulate national policies, strategies and programmes for the HIV/AIDS work in Ghana. Among many partners, GAC collaborates with many different non governmental organizations (NGOs) in different Ghanaian communities (GAC, 2012). GAC, together with these NGOs, coordinates different HIV/AIDS activities in the country with the aim of raising awareness, knowledge and promote behavioural change among the population. The vision of GAC is that "*Ghana becomes a country where HIV & AIDS are eliminated*" (GAC, n.d.).

The NGOs write proposals to GAC about what project they want to do and how they are going to do it. They suggest a target group they want to focus on, what information they will use and in what period the project will extend. GAC evaluate the proposals, gives funding, monitors the project and follow up the projects. All of the NGOs are working from the National Strategic Plan so that the proposals and the work go in line with the National Strategic Plan.

1.4 National Strategic Plan (NSP)

In 2011 GAC launched the National Strategic Plan (NSP) on HIV and AIDS for the years 2011-2015. The plan consists of objectives and directions for the national response to HIV/AIDS for the next 5 years. The main goal of the NSP is to reduce new HIV infections by 50 percent and it focuses specifically on HIV prevention interventions. Implementing HIV prevention interventions includes Behaviour Change Communication (BCC) and awareness campaigns, HIV testing and condom promotion/distribution (GAC, 2011).

The plan states different key challenges in the HIV prevention work based on weaknesses, gaps and lessons learnt from the implementation of the previous plan, National Strategic Framework 2006-2010. Among those challenges are a slow implementation of BCC strategies, prevention of HIV infections among vulnerable groups (e.g. youth) and a low uptake of condoms. The youth group is selected as a key population in the new NSP from 2011, to create a generation free of HIV and AIDS. It is stated in the plan that a reduction of HIV infections among the youth will need more HIV information and education to make them more knowledgeable to make them adopt a safer sexual behaviour (GAC, 2011).

2. Problem formulation and purpose of the study

In this chapter the problem background is described which lead to the study's purpose and research questions.

2.1 Problem formulation

Health communication can be used as a complement in combination with other public health activities to increase levels of awareness and knowledge of a health issue (Prilutski, 2009). In the case of HIV, it is necessary to provide the population with the right information and education at an early age so that people can implement the knowledge into a safe sexual behaviour (Ford, Odallo & Chorlton, 2003).

Information of HIV infection and prevention has increased in Ghana within the past few years, but behaviour change is yet a big issue to face and condom use remains low, especially among the youth (Baiden & Rajulton, 2013). The NSP states that the communication needs to be more adapted to the youth target group such as messages need to be tailored and mediums need to be appropriate to their needs.

In the NSP, the youth group (age 15 to 24) is selected as a key population to focus on, but there are no practical guidelines for how to reach them and nor are they targeted as an own group in the plan. The study focuses on how GAC together with NGOs work towards the youth group in practice when there are no practical guidelines such as goals, messages or communication channels for how to reach them. This information has resulted in our purpose and research questions.

2.2 Purpose & research questions

The purpose of this study is to investigate how Ghana Aids Commission and NGOs work with Behaviour Change Communication against HIV to reach out to the youth (age 15 to 24) in Ghana. Our research questions are;

How do Ghana Aids Commision and NGOs apply Behaviour Change Communication in practice when there are no practical guidelines for how to reach the youth?

- What are the weaknesses in the way they work?

- How could the communication be more effective and improved?
- What is the best way to reach the youth and make them change behaviour?

3. Theoretical framework

The following section presents the theoretical foundation on which we will assume when analysing the empirical material. Initially, health communication and behaviour change communication are presented as the main research field. The theoretical framework is divided up into individual level, communication planning and communication channels.

The theories of individual level include important aspects of how the target might think when taking decisions of changing a behaviour that is good for the communication planner to have in mind when planning the communication. Therefore the following part presents five different steps that need to be included in a communication plan.
The last stage is communication channels where interpersonal and mass media communications are presented.

3.1 Health communication and Behavioural Change Communication

Health communication is a broad research area and a young academic field, which has been in strong emergence since the 1980s. It is based on a variety of sciences and disciplines and has been honed into a strategic communication science process that explains public health challenges. The process includes a multiple of behavioural and social learning theories and models of audience attitudes and behaviour (CDC, 2011). Health communication concerns how interpersonal- and mediated communication affect results of health prevention interventions. Practitioners and researchers in health communication have agreed that these communication channels need to be combined in order to be maximally efficient (Palm & Sandberg, 2004). The objective of health communication is to achieve a behavioural change among the target group. Behaviour change activities often include components of Behaviour Change Communication aimed at informing, mobilizing and selling a practice or product (Aboud & Singla, 2012).

Behaviour Change Communication (BCC) is a strategy within health communication that focuses on changes in health behaviours. In the context of HIV, BCC is often included in health programs to make positive health behaviour change among target populations. Strategies of BCC have been useful in the control of HIV/AIDS to increase knowledge,

stimulate community dialogue, promote attitude change and improve skills (teaching new behaviours, such as condom use) (*USAID, 2002).*

The knowledge-attitude-behaviour (KAB) model has been applied in many African countries, in the context of HIV/AIDS. The core assumption of the KAB model is that there is a linear relationship between knowledge, attitudes and behaviour. Critics on the other hand, observe that the relationship between knowledge, attitudes and behaviour is more complex and unpredictable than that (Fuseini & Tawiah, 2013).

BCC is an effective way to develop and deliver tailored messages and approaches, using a variety of communication channels to develop positive behaviours among target populations. The disadvantage of many health behaviour change programs is the lack of concrete strategies used in practice, such as how to create messages and how to select the right medium and communicator. There should be concrete strategies that explain and make clear how the process of change is done and how it can be implemented in reality (*USAID, 2002).*

3.2 Individual behaviour theories

3.2.1 Stages of Change model

The Stages of Change model has been widely used as a framework for understanding individuals' adoption of behaviours in areas including smoking, diet, exercise, and more recently condom use. The model is divided up into five different change-stages that explain why and how individuals change behaviour and how this change can be predicted and facilitated (Schiavo, 2007). The five stages in the change process are; *precontemplation*, *contemplation*, *preparation*, *action*, and *maintenance* (Logie-MacIver & Piacentini, 2011). Depending on stage, a person has different informational needs and benefit from interventions designed for their stage (Rimer & Glanz, 2005);

Precontemplation –contemplation: People at this stage has low motivation to change behaviour. They often sees the disadvantages of changing the behaviour which means role models could be used to communicate the message in a positive way.

Contemplation – preparation: People at this stage are aware of that he or she should change behaviour but are not mature enough to do it. The message should motivate the person to try

the new behaviour and also explain how the person can prevent the possible obstacles of the right behaviour.

Preparation – action: People at this stage has experience of the new behaviour and are ready to start practicing it. Messages should be formulated to make the person feel *self-efficacy* (self confidence for engaging in the behaviour) by "how to do it- information".

Action – maintenance: People in this stage are practicing the new behaviour and messages should be formulated to make the person feel satisfaction for the new behaviour (Jarlbro, 2010).

The *Stages of Change model* could be used to define the level of knowledge of the target group to get a deeper understanding of the target audience. Being aware of the different stages in the change process can be useful to be able to adapt the communication to the target group such as tailor messages, strategies, and programs appropriate to their needs (Rimer & Glanz, 2005).

3.2.2 Theory of Planned Behaviour

The motivational influences that affect individuals' behaviour change process and personal decision-making regarding healthy or unhealthy behaviours are explained in the Theory of Planned Behaviour (Ortega, Huang & Prado, 2012). This theory is a modification of the earlier "Theory of Reasoned Action", both of them relate to a person's attitude towards a behaviour change and the subjective norms that influence the behaviour. The difference between the two theories is that the factor of volitional control (the belief that one has the ability to change a behaviour) is added in Theory of Planned Behaviour (Chakema, 2005).

The theory is based on the assumption that humans are rational and make systematic use of information and suggests that behavioural change is based on a person's intention to change a specific behaviour. The attitude, subjective norms and volition contribute to the person's intention to engage in a behaviour. The attitude refers to the belief about what consequences a behaviour may bring and subjective norms how the environment will react to the person's behaviour (Schiavo, 2007). An adolescent whose friends approve the use of condoms is more likely to form a strong intention to use condom (Ortega et al., 2012). Studies have shown that group membership and social relationships with peers is very important, especially for young people. Subjective norms, including perceived peer norms, is an important factor related to the different stages of the change model (Grossman et.al 2008).

In the study “*Adolescent Sexual Risk: Factors Predicting Condom Use Across the Stages of Change* ” it was shown that greater perception of peer support for condom use was associated with being in a later stage in the Stages of Change model. Among younger adolescents, peer norms were strongly associated with changes in condom use behaviour. Among older adolescent factors such as the perceived pleasure, discomfort and disturbance of condom use were stronger influences (Grossman et al., 2008).

Volitional control refers to a person´s belief of his or her ability to change a certain behaviour, perceived behavioural control and self-efficacy (Chakema, 2005). Bandura (1986) explains self-efficacy as “a belief that one can perform a specific behaviour” (p. 240) and is a key factor in behaviour change. The greater level of self-efficacy a person has, the more likely that he or she will make an effort to take action (Mahat, Scoloveno & Ayres, 2011).

The Theory of Planned Behaviour could be used for classifying individuals according to their process from unsafe to a safe behaviour and a useful tool to get important information about the target group (Grossman et al., 2008).

3.2.3 Social Learning Theory

The basic idea of Social learning theory is that people do not only learn from personal experiences, but also get affected by indirect sources like media and the surrounding (McQuail's, 2005). By observing actions of other individuals in the environment, a person perceives consequences of different behaviours and takes decision whether to adopt the behaviour or not (Schavio, 2007). The interpersonal communication with people in the social environment helps people to choose whether or not adopting the behaviour and that is why interpersonal communication is of major significance in the behaviour change process (FHI.se).

As well as a child could learn to speak by imitating its parents, a grown up could stop smoking by imitating a person he or she looks up to. To learn by “role models” is a natural way in human life and also a frequently used strategy in the area of Behaviour Change Communication. Theory of Social Learning explains the way people learn by observing and imitating other people. The role model could be whoever - a worldwide celebrity, peer educator, friends, family or someone in the neighbourhood. There is some criteria the role model should have to increase the possibility to achieve a behaviour change among the target group. Either it should be as similar as possible as the target group regarding factors like socio-demography and norms, or it should be someone the target group admire. This theory is

strategically used for example in TV series where specific behaviours are implemented among the characters because the audience shall watch and adopt them (Jarlbro, 2010).

3.2.4 The Health Belief Model

The Health Belief Model is one of the most well known in the health communication area. It was first developed in the U.S in the 1950s when public health service social psychologists wanted to explain why people did not attend to free programs that could help them prevent or diagnose diseases (Rimer & Glanz, 2005). The theory describes how people subjectively perceive what is a health threat or not by building up a belief whether something is dangerous and due to this belief decide if they are going to change their behaviour and if they find the health issue threatened enough they will probably act (Berry, 2007). It is built upon six key components that determine whether a person will act or not. According to Schiavo (2007) these are:

- Perceived susceptibility: The individual's perception of being in the risk zone for getting affected of a health problem.
- Perceived severity: The individual's feelings of how serious the health problem is.
- Perceived benefits: The individual's perception of the advantages of adopting a recommended action that could reduce the risk of getting affected by a health problem.
- Perceived barriers: The individual's perception of the obstacles and costs of adopting a recommended action. This could be economical costs but also lifestyles sacrifices.
- Cues to action: Social or public events that could increase the importance of taking action.
- Self-efficacy: The individual's confidence and motivation to adopt the recommended behaviour with no help from others.

The Health Belief model could work as a framework when developing and delivering messages that aim for changing behaviour. The model explains important aspects that need to be included in the message to make the target group want to change behaviour (Rimer & Glanz, 2005).

3.3 Communication planning

3.3.1 Objectives and segmentation

When communicating to reach a specific target group it is necessary to formulate objectives and define the target group. These are two concepts closely related to each other, since the objectives change depending on which target group it aims for. Jarlbro (2010) explains three types of objectives:

Educational - information about HIV prevention, how the disease is transmitted
Attitude - change young people's attitudes to condom use
Behaviour - condom use

Messages, communicator and channels are adapted depending on the objective the communication effort. Objectives should be specific, achievable and measurable and express the desired effect on the target audience. Analysing the target is necessary, to later be able to adapt the communication. This can be done by segmentation (Jarlbro, 2010).

Segmentation is about understanding that audiences are different. The same offer may not attract all different groups, which means you cannot communicate with everyone in the same way. Segmentation involves adapting the communication to the selected target group needs, which gives a better understanding of the target group (Parment & Söderlund, 2010).

Segmentation can be done by *objective- and subjective characteristics.* To achieve the objective characteristics, a geodemographic analysis should be done. The geographical characteristics could be different communities in Ghana and the demographical characteristics the youth group, age 15 to 24. The subjective characteristics relate to culture, social class, values and personality. Depending on the subjective characteristics of the youth group, they may have different views on the importance of protection and a safe sexual behaviour. By segmenting the target group like this, the sender can get aware of that messages might be interpreted in different ways (Percy & Elliott, 2009).

3.3.2 Formulating the message

When the group is targeted and the objectives are set, a message that attracts the target group has to be formulated. When creating the message it is important to be aware of that the audience might not perceive it the same way as it is intended. A message with information

that increases a person's knowledge level might not always be enough for a person to take action. Even if a person has the information and the knowledge about consequences of for example not using condom, he or she might not change behaviour anyway (Jarlbro, 2010).

There are some critical factors that need to be taken into account when delivering the message (Jarlbro, 2010). It is important to make the audience feel that the subject concerns them and awake credibility and interest among the target (Larsson, 2008). A debated question is whether a positive or a scarifying message is most effective to evoke feelings and make the target group act as you want. People tend to react negatively to messages with a scarifying touch, since too much horror could make them deny the issue instead of making them feel in the risk zone. A little bit of horror in the message could though be effective, but only if it enhances the audience's feeling of perceived behavioural control and self-efficacy (Witte, 2011).

A positive message that focuses on the gains of acting the right way is more likely to get people motivated to start (or stop) engaging in a behaviour. Instead of formulating a negative focused message like "if you do not use condom you could get HIV" the positive message could go "if you use condom you will stay healthy". Positive messages are efficient if the audience is familiar or overexposed with a subject (Jarlbro, 2010).

Another effective way to evoke positive feelings is edutainment, which stands for education-entertainment. This is a communication strategy based on the idea of designing a message that increases knowledge, changes attitudes and influences behaviour of the target group in both an educational and an entertaining way (Singhal & Rogers, 1999). This strategy has been frequently used in order to stimulate interpersonal communication. Baelden et al. (2011) describes a campaign designed with the aim to decrease the HIV prevalence rate among youth in South Africa. The message in the campaign was "if it is not only me, you are not for me". The objective was to stimulate interpersonal communication by making the youth talk about it with friends, and family.

It is important to adopt the message according to the communication objective and the level of knowledge of the target group. For example, if the problem why people are not using condoms is because of the lack of communication between partners, the message should be targeted that way. Finding potential angles of the message that could be relevant to the youth could also be a way to get their attention. A message tailored to the youth could for example be "smoking will unable you to perform on a maximum level" (Schavio, 2007). Another factor is that the message should be as close as possible in time and room to the situation in which you want the target groups to change behaviour. For example if you know that people do not use condoms after entering a nightclub, you could put up posters with a

condom related message on the walls inside nightclubs (Jarlbro 2010).

3.3.3 The role of the communicator

When the objectives are formulated, the target identified and messages are developed, the person who is going to deliver the message (the communicator) needs to be specified. Salmon and Atkin (2003) defines the communicator as the person or character that appears in the message and is communicating the information, demonstrates the behaviour or talk about experiences.

The more sensitive a subject is, the more important it is to choose the right communicator (Jarlbro, 2010). When selecting the communicator there are five different aspects that should be taken into account; expertise, trustworthy, likeable, attractiveness and understanding of target audience. Attractiveness is a particularly important aspect when the communicator demonstrate a behaviour since individuals are more likely to imitate the communicator’s behaviour if it is someone they find attractive, look up to or can identify with. This is very important when communicating with young people, since they often do not trust conventional transmitters (Salmon & Atkin, 2003).

A peer educator is a communicator who is strategically chosen within a specific target group to inform and educate people in the same target group. The peer educator should have the same background as the target group. If the communicator is of the same social and cultural background, he or she knows the norms, attitudes and values of the target group. This makes it easier for a peer educator to formulate the message in a more understandable way compared to a non-peer communicator (Jarlbro, 2010). Peer education has been a successful strategy within HIV health work (Mahat et al., 2011) and will be further discussed in the next chapter 3.4.1.

The use of celebrities as communicators is a great and common way to create attention and credibility in a variety of areas. Even though experts can be seen as uninspiring, they can be useful to provide information about risks and how to implement behaviour change. Combining human experiences (of for example a disease) with an expert advice is very effective since it increases self-efficacy and get individuals to believe in their own capacity to implement behaviour change (Salmon & Atkin, 2003).

3.4 Communication channels

The earlier steps in the communication plan help to identify which communication channels that should be used to reach the intended audience. Within the health communication field,

communication channels has been defined as modes of transmission that enable messages to be exchanged between “senders” and “receivers”. Behaviour Change Communication is based on interpersonal communication and mass media communication (Schiavo, 2007).

3.4.1 Interpersonal Communication

The process of sending and receiving information between two or more people is defined as interpersonal communication. People interpret and create their social reality a due to interaction with other people. Dialogue is an essential component that affects the perception of individuals’ reality. Conversations enable people to get new perspectives that could lead to critical thinking and change in attitudes and behaviour. Therefore interpersonal communication is a commonly used strategy in Behavioural Change Communication (Baelden et al., 2011). It is important to be aware of that people perceive communication in different ways depending on personal- and cultural factors. Communication that aims for changing behaviours, should strive for a mutual understanding, which requires information of the target’s needs. People with the same background tend to understand each other better and components such as trust and respect of the other person’s competence are important factors within the interpersonal communication (Schiavo, 2007).

Personal selling is a way of interpersonal communication where a person informs and educates people about a specific issue for a non-profit aim. People working with this are usually volunteers, social workers or health professionals who attend places where health services are offered or go door-to-door for spreading the word of recommended health behaviour. Peer education is an example of personal selling that uses interpersonal communication to affect a target group. Peer education is frequently used in the work of health issues and refers to activities like group presentations, discussions, condoms and information materials distribution or dramas (Wolf & Bond, 2002). An example of this could be a volunteer organisation with educated peers that visits schools to set up one day clinics for HIV-testing and distribute information (Schiavo, 2007).

A new study led by researchers from *Johns Hopkins Bloomberg School of Public Health* shows that HIV interventions that seek to increase knowledge, testing uptake and condom use, have a greater effect if they promote interpersonal discussion (Rajiv, Rupali, Limaye, Roberts, Brown, & Mkandawire, 2013). Ndeti (2011) founds that youth use interpersonal communication to engage in discussions that generate meanings and understandings of HIV/AIDS. The interpersonal communication forms a knowledge that often leads to decisions about behavioural change to HIV/AIDS.

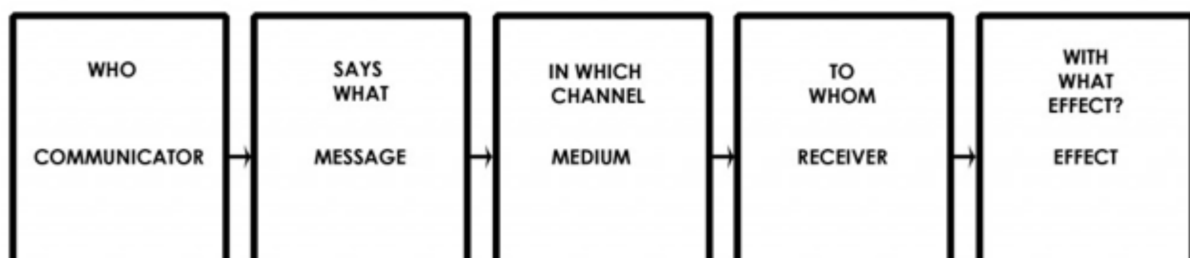
An extension of the interpersonal communication is e-health. There are some advantages with using health communication online, compared to communication in other channels. When it comes to the possibilities of having a dialogue, Internet is a great platform since it brings opportunities for interaction through for instance forums, chats and social media. These platforms allow the user to be anonymous, which could be beneficial when dealing with such a sensitive subject like HIV. On these platforms, people could easily search for information and get in contact with peer educators, without revealing their identity. It is also a comparatively inexpensive and quick way for organisations to tailor messages depending on different target groups (Baelden et al., 2011).

3.4.2 Mass media communication

The main channels of mass media are bought space like ads, TV and radio commercials, billboards, direct mail and Internet advertising. The advantage of these channels is that they have great range and good selectivity but the downside is that their credibility is relatively low. Editorial space in press, radio and TV channels are at least as important channels but difficult to control. The relationship between the purchased and editorial space is that investments in form of ads, TV spots, etc. often generates editorial publicity (Palm & Sandberg, 2004).

A problem with using mass media communication as a channel in health communication is that it is based on a one-way communication, where the sender does not get any feedback (Ewles & Simnett, 2003/2005). A famous communication model that explains this one-way communication is Lasswell's 5 step model, where communication is seen as a transfer of messages. The model is based on the sentence ”Who says what in which channel to whom with what effect”? This explains the communication process and emphasizes the importance of the role of the sender and the actual effect among the target (McQuail's, 2005).

Laswell’s Model



Jarlbro (2010) lists different generalizations that are important to use when creating effective health campaigns. Among them are; the use of different types of media – (radio, television and billboards), have a specific target group, advocate the positive aspects of a behavioural change rather than the negative effects, appeal to authorities and credibility and combine mass communication with interpersonal communication.

Mass media is important in most young people's lives. Research has shown that mass media is an effective channel to reach youth with HIV prevention messages but are most effective when they are combined with local education efforts (UNAIDS, 2008). In Ghana, mass media is an important source for HIV information among youth. The most important sources are the radio (46 percent) and television (27 percent) and newer channels, such as the Internet plays an increasingly important role for the youth (Fuseini & Tawiah, 2013).

The disadvantage of using media is that it can be hard to measure the impact of the messages since the receiver's interpretation skills differ (Avert, 2010) It can be hard for the illiterate people in a society to understand media like billboards, TV advertisements and flyers. A low level of education and poorer literacy have a negatively impact on some people's ability to understand, while a high level of education often has a positive impact (Dadson & Awunyo-Vitor, 2012).

In the study "*Ghanaian youth attitudes towards HIV/AIDS*" the authors claim that the number of sources of information is significantly related to attitudes of HIV/AIDS. The results of the study showed that more sources led to more favourable attitudes towards a behaviour change, among both males and females (Fuseini & Tawiah, 2013). Repeated exposure to a message that is delivered through multiple channels intensifies the impact on the target audience (Rimer & Glanz, 2005).

3.4.3 Agenda-setting theory

The Agenda-setting theory is a theory within mass media communication, which explains how the mass media influences people's opinions by illuminating different topics. This generates public awareness and could influence people to change behaviour (Rimer & Glanz 2005).

Media does not tell us what to think, but what to think of (Rimer & Glanz, 2005) which is the reason it can control people's risk perception of health threats. If a risk has a high degree of media coverage, people tend to perceive it as a greater threat. Agenda setting is

important in the health communication work since people's perception of whether a health issue is a risk or not, is a critical stage in the changing process (Jarlbro, 2010).
There are different stages in the process of agenda setting, the policy agenda (politician decision are debated), media agenda (the issues covered by the media) and interpersonal agenda (issues discussed on an interpersonal level). In health communication, the most important step is to get the health issue to reach the interpersonal agenda. Mass media communication could therefore be used to give impulses and stimulate the interpersonal communication by putting issues up on the interpersonal agenda. It has been shown that mass media campaigns like advertising is effective to increase the awareness of a health issue, but to change attitudes and long lasting behaviours, the interpersonal communication is necessary (Jarlbro, 2010).

In conclusion, mass media communication can be used to convey clear, understandable and short factual information to broad audiences and also stimulate the interpersonal agenda. It is therefore useful if the communication objective is to communicate new knowledge or to trigger action-inducing decisions among already motivated people. If the objective rather is to change attitudes and behaviours, the mass-mediated message should be combined with some form of interpersonal communication (Palm & Sandberg, 2004).

4. Methodology

In order to examine and get a deeper understanding of the practical work of the organizations, we will here motivate the selection of methodology that have been used in the study. Initially the research definition is described, followed by collection and analysing of the empirical material and research design.

4.1 Overview

The study was made in Ghana from the 29th of March to the 21st of May. The first four weeks were spend to get to know the country and culture and collecting the empirical material. During this period we also read a lot to get a deeper understanding for the health communication study field and selected relevant theories for the thesis. The remaining weeks were used for analysing and transcribe the interviews and then started to put everything into a complete thesis.

We lived in a town called Kumasi that is with 1,6 million citizens the second largest city in Ghana. Our expectations we had got from reading about Kumasi was a city with a

relatively developed infrastructure and community since it said everywhere that “Ghana is a role model country in Africa with good democracy, media freedom and resources”. The reality did not directly correspond to those expectations. Poverty was a fact and we realized soon that Internet was nothing that belonged to the every day life for most of the people. That constituted an obstacle for our research because we got limited in seeking information and orientate on our own. Luckily we stayed at the house of a Ghanaian man called Mario who helped us to find places we could study, get in contact to relevant interviewees and made us feel comfortable to the culture and people. The Ghanaian culture is very “relaxed” when it comes to everything. Punctuality, promises and facilities like electricity are not by far like we are used to in Sweden and there is a need of double checking everything even twice, and still you cannot be sure of that something is going to turn out according to what is said. This was something we had to take in account and of course it also made it harder to plan our working process.

4.2 Research definition

The study was conducted in the form of a case study with semi-structured qualitative interviews of people working with HIV / AIDS communication in Ghana and a textual analysis of a strategy plan. A case study was chosen as a research method since the purpose of the study was to analyse the communication work of Ghana Aids Commission and NGOs. A case study is used when examining a real situation or phenomenon. By concentrating on one situation the aim of the case study is to illustrate the interplay between different key factors that characterize the situation (Merriam, 1994). Since we wanted to investigate how the organizations worked in practice when they did not have any practical guidelines for their specific target group in the NSP, a case study suited the purpose well.

Bryman (2006) describes two different approaches from which a research could be assumed, deductive and inductive approach. Deductive means that the theory precedes the empirical material and an understanding is created from a theoretical framework. The inductive approach assumes from the empirical material and compares it to selected theory (ibid). Our study begun with a deductive approach where we started to analyse theories and earlier research about health communication and behavioural change interventions both in general and in Ghana. We additionally collected primary data by talking to Olivia who was working at Ghana Aids Commissions regional office in Kumasi. By talking to her we got an overview of their work and the current HIV situation in Ghana. From there we were able to formulate our interview guides. We have also been using an inductive approach since we have adjusted the theories after getting the empirical material.

4.3 Collection of empirical material

In order to collect the empirical material to this study to be able to answer our research questions, a field study to Ghana was done to implement qualitative interviews with people working at Ghana Aids Commission and different NGOs in Ghana. Along with the qualitative interviews, a text analysis of the National Strategic Plan was done.

4.3.1 Qualitative interviews

The study is based on eight qualitative interviews, more than one hour each, with people from different organisations working with HIV/AIDS communication towards youth in Ghana.
As we were aiming to investigate how Ghana Aids Commission envisions when they develop their communication strategies, it would not have been enough simply using a survey in which only pre-determined response were ticked in. Svensson and Starrin (1996) describes qualitative interviews as *"funds for research that aims to discover phenomena, qualities or meanings*" (p. 55), which was relevant for us to use to get answers to our research questions.

The qualitative method focuses on words and the contextual understanding rather than quantification and generalization. It is based on the interviewees' perspective rather than the researcher’s, which was considered relevant to our study where we wanted to highlight the thoughts and attitudes of the interviewees. Qualitative researches are often used when the researcher wants to gain an understanding of a specific organization or person and focuses on human perception and interpretations (Bryman, 2006).

4.3.2 The interview guide

When formulating the interview guide we used a semi-structured form, which means the questions were formulated openly and focused on themes to create a conversation-oriented interview. This form provides the interviewees to give open and personal answers (Ekström & Larsson, 2009) and for the researchers to act like co-creators to the interview and get a better understanding by asking follow-up questions.

4.3.3 Selection of interviewees

The study is based on eight interviews with selected individuals who work with HIV/AIDS issues in Ghana. There are different methods to select the people to interview in a qualitative study. The choice of interviewee depends on what you want to know and what

shade the study will have. Snowball selection could be used to specify the interviews to people who are recommended by someone who are familiar with the research topic. By starting with the contacts you have, relevant people recommend other good respondents to interview (Daymon & Holloway, 2002). This is a great "convenience technology" if you do not know where to start (Ekström & Larsson, 2009). Since our research took place in Ghana, we only had a few contacts in the field that we had been in contact with by email. Because of that, snowball selection was a natural choice for us. As mentioned above, Olivia at GAC in Kumasi, was the first person we got in contact with. After giving us an overview of the work of GAS and the NGOs they collaborate with, she helped us to arrange a meeting with GAC's communication department in Accra. Before going to Ghana, we also had contact with Mario, who worked at the NGO "Light for children". He helped us to get in contact with some of the NGOs he worked with and thought were relevant for our study. Since we did not have the possibility to travel the whole county to meet different organizations, the NGOs and peer educators interviewed were situated and worked in the city of Kumasi. This of course carries a risk that our results cannot be generalized in all cities of Ghana.

The interviewees include people who worked at Ghana Aids Commission, NGOs, Ghana Health Service and as peer educators. We chose a heterogeneous character of the selection of interviewees since we wanted to get different perspectives of the working strategies to make the youth change behaviour (Daymon & Holloway, 2002).

Nine people were interviewed, three from GAC and the others worked at NGOs, as peer educators or at Ghana Health Service. To make this clearer, all the interviewees are presented in the table below.

Name	**Employer**	**Role**	**Date and place of interview**	**Place of work**
Olivia	Ghana Aids	Regional Manager,	8th of April	Kumasi office

	Commission Kumasi	Kumasi region	2013, Kumasi	
Lisa	The NGO, Empowerment center for women and children	Founder and manager. Coordinating the work of peer educators	10th of April 2013, Bohoyen	The Bohoyen community. Schools, clinics, street, door to door
Kouffi	NGO, Meet the people	Peer educator	11th of April 2013, Kumasi	Schools, street, churches and timber lodges
Kodjo	Extra work. On NGO Bright future	HIV-positive Peer educator	13th of April 2013, Atonsu Agogo Kumasi	Schools, churches and people gatherings
Mathilda	Her self, Educated by Ghana Aids Commission	Peer educator	16th of April, Kumasi	In her boarding school for girls
Margaret and Frank	Ghana Aids Commission	Communication manager and Technology manager	18th of April, Accra	Ghana Aids Commission headquarters, Accra
Dr. Samuel	Ghana Health Service	Deputy director of Public Health	23rd of April 2013, Kumasi	Ashanti region hospitals and Kumasi office
Mario	The NGO, Light for children. Working with volunteers	Program Coordinator	24th of April 2013, Atonsu Agogo Kumasi	Schools in Ashanti region

4.3.4 Collaboration of the selected interview objects

The interviewees we selected were all working to decrease the HIV prevalence rate in Ghana and this is done with collaboration. The NGOs are sending purposes to GAC where they present a project they want to do. Then, if GAC finds it good enough, they support the NGO with funding for the project. It is also GAC that arrange the educational program for the peer educators in all the organizations they are collaborating with. This means that GAC in some way have the power to rule the work of the NGOs. GAC are collaborating with NGOs in the whole country, but since we were in Kumasi we selected NGOs and peer educators in that area.

4.3.5 Text analysis

Even though qualitative interviews have been our main research method, we have also done a text analysis of a strategy plan. In the use of text analysis the organization, in this case GAC, is seen as the text producer. This method shows how the content of a text is adapted to the recipient for a specific purpose and if it is consistent with the other work of the organization (Daymon & Holloway, 2002). We analysed GAC's "National Strategic Plan 2011-2015" which is a 100 pages plan, explaining the HIV/AIDS situation in Ghana and what different aspects GAC will focus on in order to reach their main goal. We focused on the chapter "Behavioural Change Communication" and if the communication was adapted to the youth group. Initially, we read the plan to get an overview of GAC's work and throughout the writing process we used it to analyse and compare the plan to their practical work and as a source of the HIV situation in Ghana. We did not focus on text and language formalities in the plan, but mainly the content and pure information in it. Combining the text analysis of the strategic plan with qualitative interviews was useful for the study in order to able to answer our research questions. The text analysis made it easier to shape the themes of the interview guide, since we had more information of the working strategies.

4.4 Research design

4.4.1 Implementation of interviews

Ekström and Larsson (2009) explain the importance of being well prepared before an interview. It could be beneficial to practice the interview guide before having the interview, to be sure of that all questions come in a logical order. Since all the interviews were in English we worried about if it would be difficult for us to express ourselves. Since we did not want that to happen we practiced the manuscript a lot before having the interviews. Before we arrived in Ghana we thought all Ghanaians were fluently in English because it was stated as their official language. That was not the case, which was an obstacle in some of the interviews. For example, when interviewing the HIV-positive peer educator, the interview went very slow since he could not understand what we were saying. Luckily, we got an interpreter who saved the situation. This might have been a barrier because the messages were interpreted two times instead of one. That was shown in the result when some answers were a bit illogical. We also had problem with understanding the accent of some interviewees, which prevented us from asking follow-up questions.

4.4.2 Analysis of empirical material

All the interviews were recorded, in order to be able to listen to the them again and transcribe them. To get to know exactly what the interview person has said it is always better to transcribe the interview than making a summary (Daymon & Holloway, 2002). However, we were always prepared to take notes if the person did not feel comfortable with being recorded.

To show our gratefulness, we brought Swedish gifts to all interviews, which was very appreciated. We also made it clear that we could send them our study when it was done, if they wanted.

After the implementation of the interviews the answers and elaborations were divided up into different overall themes to get a better overview. This helped us to get a better structure of the analysis and connected the empirical material to the theoretical framework (Ekström and Larsson, 2009).

5. Analysis and empirical findings

In this chapter, we present the empirical material that we have been collected through qualitative interviews. We present results as well as deeper insights we have got from the interviews. Previously presented theories are used as tools to establish an understanding of the empirical material. The communication work is analysed by the organizations' perspective but also based on communication theories. The communication work is analysed and then used in reflections of how the communication towards youth should be conducted in an optimal way.

In this chapter, we present the empirical material that we have been collected through qualitative interviews. We present results as well as deeper insights we have got from the interviews. Previously presented theories are used as tools to establish an understanding of the empirical material. The communication work is analysed by the organizations' perspective but also based on communication theories. The communication work is analysed and then used in reflections of how the communication towards youth should be conducted in an optimal way.

5.1 The importance of adapting the communication to the youth

The National Strategic Plan addresses the high-risk sexual behaviour among the youth in Ghana. According to Frank at GAC, it is very important to deal with the youth since they are the next generation. He means that a "most at risk population" (MARP) as sex workers could be reduced if the youth get more informed and educated. As mentioned in the introduction, they are therefore a key population for determining new HIV infections in the National Strategic Plan 2011-2015 and key strategies with information, education and campaigns are needed to reach them (National Strategic Plan, 2011).

Even though the NSP states that youth is a priority group, this is not clearly shown everywhere in the plan. The youth are not targeted as a separated group in the Behaviour Change Communication work, but targeted with the adult group, which means the general target. The youth need to be targeted as a separated group to be able to communicate in a way that will make them listen. A segmentation of their properties and needs are necessary to be able to adopt the communication to the youth, since their properties and needs differences from the adults. As Percy & Elliott (2009) stresses, it is important to be aware of the decision process the youth go through when deciding to adopt a new behaviour or not. The decision-making is influenced by a number of characteristics of the youth. It is important to be aware of these characteristics since the youth may have different prerequisites for making a decision. The interviewees were asked about characteristics that they thought might be important when communicating with the youth.

5.2 Characteristics of the youth

The peer educator Mathilda found the geographical characteristic important and mentioned the importance of communicating both within and outside school, since everyone is not in school. There is still a big problem with those who are not in school today, because they do not receive any education of HIV. There was only one NGO and one peer educator of the interviewed who worked with HIV education both in and out of school. The rest only worked with HIV education in the schools. Geographical characteristics are examples of objective characteristics, where it is important that the communication reaches all different communities in the Ghana, so that some communities do not get all focus.

The subjective characteristics that are important to be aware of in the communication work are for example social class, such as economical and educational situation. According to Dr. Samuel at GHS, different economic conditions could for example affect a youth's possibility to buy condoms, access education or perform transactional sex (sex for money). He claimed there is a lot of poverty in some areas in Ghana and that transactional sex is a

common phenomenon in those areas. If a youth do not have money to afford school or food, it is commonly to look elsewhere for money. They get money for sleeping with someone and then they usually do not use protection. Tagoe & Aggor (2009) means that transactional sex is very common among youth in Africa and that it has been identified as one of the critical pathways for the transfer of the HIV virus. Ghana is one of the countries where peer pressure to obtain luxury items motivates especially young women to engage in transactional sex. Frank at GAC means that the decision-making could also be based on personality. A person's decision not to change is sometimes due to behaviour and sometimes based on the knowledge level.

Depending on characteristics, the youth have different views of the importance of prevention and a safe sexual behaviour. The communicator needs to be aware of that the youth have different conditions of taking a decision of changing their behaviour that indicates that you cannot communicate with everyone in the same way.

We can clearly see that a number of factors play a major role in the decision making of changing behaviour among the youth. The interviewees seem to be aware of the cultural differences and characteristics that the youth may have, but no one had any strategy for facing or tackle this problem. A way to face the problem could be to make a clear target analysis, segmentation and being aware of the different characteristics mentioned above.

5.3 Objective of communication activities

GAC is working with HIV/AIDS in a range of different areas. Depending on what area the intervention focuses on; stigma, discrimination, HIV testing, Mother-to-child transmission of HIV prevention, the objectives differs and are either educational, attitude or behaviour objectives.

Since the HIV/AIDS education and information has increased in Ghana, the awareness and knowledge among people have gradually grown. The focus of the HIV communication is rather on changing behaviours than making people aware of the disease. The communication should therefore be based upon behaviour objectives, which need to be clearly stated to succeed with the communication. The peer educator Mathilda, means the HIV education among the youth are more extensive today since most of the youth goes to school. Ten years ago, there were not as many youth in school as it is today. Dr. Samuel at GHS describes the evolving situation:

We have created awareness, which means that education has going out to people. But moving from the knowledge to behaviour change is difficult and that is the issue now. This problem really needs good communication skills to make people change their behaviour. - Dr. Samuel

According to Frank at GAC it is a big problem that there are no specific objectives for reaching the youth. In the NSP, they have a clear objective with their BCC to the adults (age 15 to 49) but no specific objectives formulated for the youth. The objective for the adults is to increase the percentage of men and women who adopt safe sexual behaviour by;

Output 1.5.1: Increase the percentage of women and men with comprehensive knowledge on HIV & AIDS for adults 15-49 years of age from 25 percent for women and 34 percent for men to 80 percent for both men and women by 2015. (NSP, 2011)

This means the same objectives are used for reaching everyone in this age group. According to Jarlbro (2010) objectives need to be modified to the target group to be able to tailor the communication. Depending on the objectives the communication is based upon transmitters, mediums and activities are chosen.

Even if GAC does not have specific objectives targeted to the youth, they know what communication activities that attract the youth.

What we usually do is that we have events where we find the youth. We go there and we encourage them and give them leaflets informing them about the risks of sexual diseases, HIV how to get it, how to prevent it. And then we give out condoms for those who want it. And then we encourage them to sign a list to practice safer sex. We had concerts and football games, anything that attracts the youth. But then again we also have a problem with funding for that – Margaret

It does not matter to have good activities if they are not based on or aiming for any objectives. In other words, we could clearly state there is a problem of not having specific communication objectives for the youth. Targeting the youth as the general population is not an effective way to reach them. GAC needs to formulate target specific objectives for the youth and know *why* they are doing it.

5.4 Choosing communicator for objective and target group

The communicator refers to the actual person/object that is communicating the message and sender refers to the source who created the message (the organization).

Sex and protection are sensitive subjects in Ghana and so the importance of the communicator is critical. Jarlbro (2010) describes the importance of strategically choosing the right communicator appropriated for the target group and the more sensitive the subject, the greater role of the communicator. The communicator depends on the objectives of the communication and in GACs case for youth they only have an overall objective. In Ghana, the youth are not legally aloud to practice sex before 18, but according to the interviewees they all know that the sexual debut is earlier than 18 anyway. As mentioned in chapter 3.3.3 the communicator in behaviour change communication activities should have as similar attribute as the target group or be an expert e.g. a doctor. If a non-expert is chosen as a communicator, this person has to have good knowledge to be able to mediate trust. In some cases the peer educators working in specific communities work as experts.

It is like any other health work. The have trust for us, sometimes people come to us instead of hospitals. - Kouffi

From our analysis of the interviews, peer educators seem to have a lot of trust. It might be a bit angled since it was the peer educator themselves who said that. The interviewees pointed out communication skills and understanding of the target group as the most important factors of the communicator. To reach the youth, we state that it is more important that the appearance and background of the communicator is similar to the audience. Mutual understanding is easier to achieve from people in the same age and situation. This will be further developed the chapter 5.9 where role models and peer educators will be discussed.

5.5 Youth specific messages

Like the other steps in the communication planning, the message has to be constructed due to the target groups behaviour and according to knowledge level and stage in the change process (see chapter 3.2.1). When GAC started their work ten years ago, the HIV situation among the youth was not the same as it is today since the knowledge level was much lower. As the objective focuses on behavioural change today, the communication messages should be adapted after that. We asked the interviewees how the creation of messages has changed along with that the youth's knowledge and awareness level had increased. GAC is doing

assessments of the target groups to get to know their stage of knowledge and special characteristic worth to have in mind, which according to Jarlbro (2010) is important when creating the message.

When we get new information. For example assessment saying that people would not use condoms with regular partners but more with irregular partners, we try to develop a message from that. So whenever we get new information we try to make new messages. So yes, it has been changing over time. - Frank

They are doing some assessments to be able to develop suitable messages for the target group, but not according to the youth's needs. Frank at GAC further describes that they have realized that an improvement in youth-suitable messages is needed. Since it is written in the NSP this is something they were aware of already two years ago.

Concerning the reason why there is such a low uptake of condoms among the youth in Ghana, it seems to depend on that they do not feel pleasure during the sexual intercourses when using condom. A message to tackle that could be hard to find. In this case it is needed to make the advantages of a new behaviour to top the disadvantages and the message should be formulated in an angled way to get the target group evaluate the right behaviour more (Schavio, 2007). Currently GAC has a campaign called "Protect the goal" that is a sport oriented campaign taking place on different sports event. The indication of this campaign is to make the youth realize the importance of HIV protection by using famous football players as role models (Frank, GAC).

5.5.1 Fear and humour for a touching message

As time has past, the access to antiretroviral medication has made progress and if you get tested in time today, you are able to live an almost normal life. In the beginning of the HIV/AIDS epidemic when the medication did not exist, everyone knew you died if you got the infection. Because of this development of antiretroviral medication messages now are generally shaped to make people change the whole attitude of HIV from a death sentence to something manageable (Olivia, GAC). Jarlbro (2010) means that positive messages are the most effective ones to turn focus like this. Align with this argument, the message to the youth in Ghana has gone from mostly terrifying to positive. Mario describes an advertisement rolling on TV now:

…a guy how comes out from the test clinic and cheers of happiness because he was not positive. That will increase his motivation to try to stay uninfected. It is very funny. - Mario

Humour is something the catches people's attention, which might make them discuss the subject that is important, according to Palm (2009). Edutainment is shown being an effective way in health campaigns and this way of sending out the message is effective to make people go and does the HIV test. The interpersonal communication strategies should also take advantage of this by using communicators with a sense of humour (Mario, NGO). Depending on if the sender tend to make the target group start or stop with a specific behaviour, the message differs. In the case of the Ghanaian youth, the objective is to make them start using condoms so they do not get HIV. In this kind of message, the self-efficacy level and threat of not adopting the right behaviour is high, since it is not a very complicated behaviour to use condom. According to Witte (2011) the message should include a little bit of fear elements. In the peer education work this is used by showing pictures and documentaries of the disadvantages that HIV causes. In the media work, the degree of scarifying messages has decreased now in comparison with ten years ago (Mario, NGO).

5.5.2 The ABC strategy

The ABC- strategy is the overall message strategy in the whole Ghana. The ABC stands for Abstinence (delaying of sexual debut), Be faithful and Condom use and explains the activities of adopting a safe sexual behaviour to stop the spread of HIV (NSP, 2011). We think it could be a bit contradictory in how this strategy is adapted to the different age groups of the youth. All of the interviewees were aware of that the youth do have sex from 14 years old (Margaret, GAC) but still they are focusing on informing about abstinence rather than the importance of use condoms. In other words, they are rather focusing on informing about abstinence than to promote condoms. A commonly used activity among the peer educators were explained in one of the interviews:

The children are supposed to walk on the sticks to get to the future island, that is where they want to be. If you can´t walk on the sticks, which symbolizing abstinence and be faithful you fall into the water with crocodiles (symbolizing the HIV virus). This is just a way to really make the children understand. To the university student we add one stick, the C (condom use) and in the university we are also demonstrating the proper use of condom and we also give them. - Mario

The message in this activity differs in the different ages of the youths. They are aloud to promote condoms to university students, but not to the younger ones where promoting abstinence is the main focus. This makes the work kind of irrelevant, since they know the

youth are having sex from 14 years. It would be much better to promote condom use and talk about protection from the beginning since that could lead to that condom use becomes part of the norm among the youth.

5.6 Risk perception

Due to the Health Belief Model in chapter 3.2.4, there are several steps that decide if a person decides to change behaviour or not. This specifically focuses on how the individual perceive him or herself in a situation of risk. From the interviews we could point out that all the organizations try to get the youth to feel they are in a risk zone. A lot of NGOs are using HIV positive peer educators to share their real experiences and life stories to the youth with all the disadvantages of having HIV. When we were asking Kouffi, one of the peer educators about his key message to make the youth change their behaviour and feel that they were in a risk zone, he answered:

One of the aspects is that you tell them the consequences. For you, your parents and the nation. You tell them the tough circumstances of having the disease. - Kouffi

Even though an HIV positive person can live an almost normal life, you still have to take medication six times a day the rest of your life (which involves a huge costs), challenges in dating and meeting a partner and possibly be exposed to stigma and discrimination, are some factors. In the case of economy, you have to (apart from medication and doctor costs) spend much time in the hospital, which could affect your work (Kouffi, peer educator). If the youth perceive these consequences of the disease serious enough, they will probably be more likely to act (see Theory of Planned Behaviour in 3.2.2).

Another aspect that all the interviewees mentioned was the importance of informing the youth about that you cannot tell if a person is HIV positive by looking. From the information we have got from the interviews, there is still a lot of youth (and people in general) that think you are able to look at a person and determine the HIV status. The HIV positive peer educator Kodjo, is a good example of an HIV positive person who looks healthy. When he is out educating youth in schools or in hospitals, no one believes that he is infected. He has to show them a big bump on his back from the medication to make people believe him.

At first they don't believe I am HIV positive. Some people thinks that I just go and talk to them because someone has giving me money. - Kodjo

The Heart to Heart campaign is a current campaign of GAC, which is an example of a campaign were HIV positive men and women in different ages are used as the outwards faces. They travel around in Ghana and talk at different public places and also appear in different media channels. They have become HIV Ghanaian celebrities and are aiming for get people to understand that a normal man, woman, boy or girl could have HIV and therefore increase the possibility to make the target feel at risk. This campaign has worked very well and has got a good response from the population (Margaret, GAC).

We think it is eccentric that none of the organizations have mentioned anything about having HIV positive peer educators in the same age as the youth (age 15 to 24). This would have been a good way to make the youth feel that they are in the risk zone. If they see someone in their target group affected of something terrible as HIV, they may think it could happen to them as well. The Health Belief Model describes that people balances advantages and disadvantages of changing a behaviour. What obstacles and costs will be faced by adopting the new behaviour? They mentioned that one of the reasons why youth do not use condoms, even though they know all the consequences and the risks, is because they do not feel pleasure if they use a condom. Many Ghanaian people describe this problem, as "*Like a toffee with a wrap around, you can't feel the taste"*. Kodjo describes the balance of choices;

They need to face the reality before they can change behaviour. It is hard. Either you get the pleasure and are risking to get infected or you protect yourself and stay healthy. - Kodjo

Stigmatisation and discrimination of the people living with HIV is a big problem within the HIV/AIDS area that has appeared as the antiretroviral medication was developed. The medication has decreased people's fearfulness of the disease since they are aware of that you are not necessarily condemned if you receive the disease. Today, a lot of people fear to get discriminated and stigmatized instead (Dr Samuel, GHS). Frank at GAC, describes another situation which is an example of how some girls think when they choose to adopt a less risky behaviour:

…They think of what they lose or gain. Like if it is a girl having a "sugar daddy" paying for her education, she would lose a lot if she should stop having sex with him. She thinks about

all that - Frank

This has to do with the self-efficacy level of the youth since the example above could be avoided if the girl believed that she really could solve the situation. You need to believe that you have the capacity to change behaviour to get to do it. The organisations need to continue to use strategies to spread out messages that reach the youth and increases the level of self-efficacy among the youth, and still make them understand that they are in the risk zone.

5.7 The level of knowledge among youth

It is important to know that individuals can be in different stages in motivation and readiness to change a bad behaviour - Dr. Samuel

As described in the Stages of Change model in chapter 3.2.1, the content of the message should be designed considering the position of the recipients. Therefore, it is important to be aware of that the audience may be in a different stage in the behaviour change process. In communication activities it is important to know the level of knowledge of the target, so that the sender and the communicator that actually delivers the message knows exactly where to put the level.

When the interviewees were asked about the knowledge level of the youth in Ghana, most of them agreed that the awareness is universal and that the knowledge starts to get more prevalent but is still inadequate. Not all of the youth have comprehensive knowledge about HIV, which probably is a reason to why they do not practice a safe sexual behaviour. Mario claims that almost all of the youth today are aware of the existence of HIV. He said they do not need to make them aware of HIV but to tell them about what brings HIV, increase the knowledge and specifically about behavioural change. A big problem is that even if they have knowledge about protection they might not change their behaviour of using protection anyway.

To generalize, the youth are now in the stadium where they are aware of HIV and shall adopt the "new behaviour". Therefore, they could be placed at the *preparation-contemplation stage* where a person is aware of that he or she should change behaviour, but are not mature enough to do it (Jarlbro, 2010).

The peer educator Mathilda raises the problem with generalizing a whole target group to the same stage of knowledge. She means the level of knowledge and how one

perceives a message is very individual. Even if people are at the same level of knowledge, they could still perceive messages in different ways. In interpersonal communication it is easier to change the level of knowledge while talking, since you are getting feedback, but it can be very tricky to adapt the knowledge level in mediated communication.

All of the interview persons agree that peer education is a good way to reach youth, since it enables two-way communication, discussions and makes it easier for the educator to get a picture of the stage of the target group. The National Institutes of Health (2005) means it is possible to get a picture of where the target is in the change model only with a few questions. One of the interview persons tells us that the use of pre-tests can be a way to get to know the level of knowledge in advance. This means the youth get a questionnaire to answer so that the educator could get an idea of the knowledge level in advance.

Individuals have different informational needs depending on what stage they are in the process. It is to recommend that interventions be designed according to the different stages in the change model. As Schiavo (2007) claims, the stage model can be useful when segmenting a target group and also to explain why they behave in a certain way. It could also be useful after the segmentation, to adapt the communication objectives, messages and strategies to the specific group.

As earlier mentioned, the objective of GAC's Behavioural Change Communication is to raise the knowledge to 80 percent among the adult group. This goal requires a constant analysis of the level of knowledge among the youth to be able to adapt the messages and education according to their level of knowledge.

5.8 Social norms influencing the youth

Since the knowledge level has increased among the youth, it would according to the Theory of Planned Behaviour, mean they have developed a more positive attitude towards a behaviour change. Since the impression of the interviews was that most of the youth has a positive attitude towards HIV protection today the problem rather seems to deal with the other factor that Shiavo (2007) mentions, subjective norms. Grossman et.al (2008) found that subjective norms are an important factor related to the stages of change. Being in a later stage in the change model is often associated with greater perception of peer support for condom use.

All of the interviewees explain how young people can be a difficult target to influence as they are in the age of experimenting and adventuring behaviours. They agree that

peer pressure could play an important role in young people's behaviour change process but also mentioned other norms that might influence the youth.

The fear of buying condoms is also a perceived norm among the youth in Ghana. According to Lisa, the major problem among youth today is that they do not dare to buy condoms, because they are afraid of how the personnel in the pharmacy will react. This emphasizes the fact that HIV information need to be more prevalent among all different targets.

Shyness. They feel embarrassed to buy condoms. The man in the pharmacy will of course know that the person will have sex and will think the person is bad – Mathilda

The interviewees explained that sex is no longer as much a taboo subject in Ghana as it was a few years ago. Thus, we found out from the interviews that sexual education in school and parent-child communication about sex related-issues do not exist in the schools today. If no information is given from teachers or parents, peer pressure can be a critical factor to whether a youth choose to adopt a safe sexual behaviour or not. Dr. Samuel claims that peer pressure often is the reason why youth do not protect themselves and also the reason why many of them are into drugs. Even Olivia at GAC, means that peer pressure is very common among the youth. They look around and see what everybody else are doing. The way their friends behave is probably the way they will behave.

Many of the Ghanaian youth are probably in a stage where subjective norms play a major role in their behaviour change process. Except get them to develop an even more positive attitude towards a behaviour change, the subjective norms need to be dealt with. A more prevalent HIV knowledge level among all different target groups in the country would probably lead to a change in the norms about sex and condoms. Sexual education in school and parent to child communication are important aspects of the communication, to show the youth that sex is not a taboo subject to talk about. At last, peer pressure needs to be dealt with in the schools. Peer education, school program and workshops, together with a prevalent HIV knowledge could lead to an environment where condom use becomes a norm rather than an exception.

5.9 Role models

GAC uses role models to get the message more noticed by the youth target group. Margaret at GAC, means the youth is a target group that have a lot of idols who they want to become like.

Therefore they have been using celebrities like actors, sports persons and even the president in their HIV/AIDS related campaigns. In Ghana, football is almost a frenetic interest among the people and everywhere where a TV exists, they show football games. GAC has taken advantage of the national interest of football and has used football players as role models in their campaigns with hope of getting the youth´s attention.

They look up to these people, especially like football players like Asam Majda. Every young people wants to become like him, so if he is doing it, why shouldn't I, they think? – Margret

Using role models is a good way to increase self-efficacy and motivation of the youth to behave in the same way as the role model**.** Asam Majda, a famous football player in Ghana, has been in commercials and in public events talking about the importance of using condoms and to make sure that the future dreams of the youth does not get destroyed. The problem with using role models like these is that it costs a lot of money and as mentioned before, it is a challenge to find money for the campaigns. Many of the interviewed say that youth have a risky vulnerable behaviour, because they are in an age where they want to experiment and go against the "rules". Since condoms use is the "right" behaviour, it may be something that appears as nerdy and un-cool for some of the youth. Role models could be a good way to tackle this problem and should be used more. As mentioned in the Social Learning Theory (3.3.2) the role model does not have to be a celebrity but can be whoever. Even though celebrities catch much attention, we think GAC should think more of using role models when targeting the youth in media campaigns, but also on a lower level. Only one of the interviewed peer educators had been strategically chosen as a peer educator, Mathilda. When interviewing her, we got the feeling that she was a key person in her school and that she was someone who people looked up to since she told us that students and teachers in her school voted for her to be a peer. That indicates that she probably had a lot of friends and had the confidence among the students and the teachers. All remember being a teenager with bad confidence in what to do or not to do. No doubts about that a status person could make some choices safer to adopt. Mathilda was also the only peer that had a very good attitude to behaviour change among her school fellows. They had no problem with asking her for or buy condoms and as far she knew, condoms was frequently used in her community.

The NGOs interviewed are using volunteers and peers but it seems that they have not consider the importance of "role model attributes" as age, gender, profession etc. yet. When we asked the interviewees about the most important qualities the communicator should have to reach the youth, the answers were a bit unexpected:

The qualities the person should have is one – the person should be descent dressed. And second, the person has to be patient, to talk lovely with them. - Lisa

Good information is one. Communication skills two. And I think information and communication skills are the keys. Doesn't matter that much what profession. – Kouffi

The second quote summaries the overall answers of the qualities of the communicator. They all think the communicator is important, but think that communication skills are the most important one. Two of the interviewees (Mario, NGO and Kouffi, Peer educator) mentioned that it could be beneficial if the communicator is in the same age as the target group. A communicator in the same age group may allow a more open communication and give youth the courage to ask questions. None of them mentioned anything about the communicator's function as a role model or the importance of attractiveness. Targeting the "most at risk population", peer educators are frequently used. Olivia, at GAC says:

You pick some from a target group and give them the training and then they talk to their peers. If the peer educator is a female sex worker, we train them and she talks to the other female sex workers. – Olivia

Olivia knows the meaning of choosing the right sort of peers, but anyway they are not having many peers for youth.

Currently GAC are not involved in the process of choosing the people to the peer education programs they are supporting financially, they only have guidelines for what the peer educator education program should consist of (Margaret, GAC). Because of the bad funding, it is important to exploit the resources they have and make them as efficient as possible. To inform the NGOs the importance of adapting the peers or volunteers to the background of the target group and beneficial choses someone they look up to, would be a rather easy implementation and good solution.

5.10 Interpersonal communication and new possibilities

People that are in the later stages in the change process need more *how-to* education and information and interpersonal communication gets more important when it comes to the stages where the target shall adopt an innovation. At this stage, people are often balancing the

advantages with the disadvantages, according to the Health Belief Model (chapter 3.3.1). If a person chooses not to change behaviour, the advantages of staying in the same behaviour probably outweigh the disadvantages. In this case, using role models could be a way to contribute positively to the target.

GAC and the NGOs are all aware of that interpersonal communication is a good way to reach the youth to make them change behaviour. They are prioritising interpersonal communication activities in their work since they think it is effective that it stimulates discussions and question asking among the youth. Within interpersonal communication, peer education is the most commonly used strategy to reach the youth. Drama performances, video shows, quiz, dance competitions and football matches combined with HIV education are also used within the organizations interpersonal communication work (Margareth, GAC). While the NGOs interviewed only focus on interpersonal communication, GAC uses both interpersonal communication and media communication to reach the youth. All of the interviewees agreed that interpersonal communication is the key to behaviour change and that it could be combined with mass media communication to be even more effective.
In Ghana, interpersonal education is good, because the person get time for you. Some of the youth still need the knowledge and it will reveal talking to the person, because you get the feedback. Because when you do a poster, it is only a one-way channel and you don´t get any feedback. Some of them watch television but with the interpersonal communication you can ask questions. Everywhere you go you see the handbills, like flyers and so on, and they are very ineffective. Because Ghanaians don´t like reading – Mario

As mentioned in the mass media theory, there are plenty of Ghanaian youth who are not able to read. Especially those out of school which means reading could be a barrier in the sense of choosing media as a channel. Mario emphasized the importance of discussions, feedback and questions when they are out in schools. GAC put it this way:

Yes, whenever the dialogue is getting more established with a person, it will have better effect and of course be more confidential. And more trustful. But the TV radio is good to spread out, but not to get feedback.

…in the same way, we have documentaries, people who watched that thought it was actors that pretended to have HIV. But then we also have the campaign where the HIV positives goes around the country to interact with people directly, so it reinforces some of the change and perception of HIV. So we need both. But to choose one it is better to be personal. – Frank

GAC are working with all sorts of interventions, mass medial and interpersonal. To reach the youth they had not created a specific strategy in the interpersonal area, but were working with that by the time we had the interview. Like Schavio (2007) also mentions, GAC underlined the importance of getting people touched and to achieve a mutual understanding to get them to change the perspective. That is why they liked to have real peer educators going around and tell their story

We target the youth and educate them. If you have the small groups and if you can meet them in small groups and discuss all the issues, it is the best and effective. TV is good but not everybody would understand or watch it. – Samuel

Another example why the interpersonal communication crosses the barriers and obstacles of language and reading and result in mutual understanding and the possibility to reach behaviour change increases. If the peer educator is educated in the community he or she knows, it will automatically be easier to adapt the communication to the target groups' background and norms, which is of great value (Schavio, 2007). This is certainly not possible in the mass media interventions because you do not know exactly who is going to listen or watch.

The big disadvantage with having the interpersonal interventions is the small amount of people they reach (Kouffi, peer educator). Even if the interpersonal communication is more effective on affecting behaviours, it is very expensive in relation to media campaigns where you reach a huge group of people. The lack of sex education in the Ghanaian basic schools is something the government directly could deal with. If they would implement sexual education starting on a young level, it would be a perfect opportunity to reach the children and youth at an early age in school.

In Ghana we think that if we teach the children how to have safe sex, they will immediately try it, that is a belief. So we tell them to not have sex when you are young and not in school. – Mario

He said that the commonly Ghanaian "thought" is that if they would start to educate people about the situation and protection, it would get worse because then even more youth would try. Since we are from Sweden we are raised with sexual education in schools, we got very

surprised of this lack of education. But, because of the cultural difference in Ghana this is a big challenge for them. When Frank got the question he said:

How can you tell somebody about sex and all that when the person is about 15 years. We don't usually. But now we are trying to solve that problem. I have a daughter she is 12 years and I haven't talked to her about sex. It is cultural something you don't do here. So that is a big challenge too. To promote condom. We are buckling with the ministry of education that we can promote condoms in our middle school and senior high school. – Frank

Frank and Margaret at GAC explained that this is something they are dealing with right now. Because of the law that youth are not aloud to practice sex before they are 18 years old, it makes it even harder to get start this education. We think that it is a waste of time to not use all the teachers that are already out there meeting the youth everyday. Because all the organisations already realize the benefits with interpersonal communications, the sexual education has potential to get reality in the future.

Today the Internet represent a new platform for the interpersonal communication which has the advantages of relatively low cost, anonymity and convenience to search information on your own and interact with peer educators online. Internet is not one of the primary sources of information in Ghana, but it is a growing medium and especially among the youth (Fuseini & Tawiah, 2013). The organizations are not using Internet in an advanced way. Two of them had a Facebook page but not a regularly updated one and no sign of interaction. Most of them said that they did not use Internet to reach the youth, and the majority of them had neither plans to change it. GAC told us that they are developing something but did not tell us what.

5.11 What the media can do

There are a number of things that the media can do to affect the HIV/AIDS communication work, as raising awareness and promote behaviour change. The most noticeable role of the mass communication is to open for different channels of communication and discussions about HIV and interpersonal relationships (UNAIDS, 2012) The interviewees agreed that media could be a good complement to the interpersonal communication when communicating behaviour change. Thus, there are many disadvantages that need to be considered in the communication through mass media.

The peer educator Kouffi means that the media communication is not adjusted to the group listening to it. Some people may not understand the language and cannot get a deeper understanding of the message, nor does it allow asking questions. Thus, he thinks media has contributed to a higher knowledge in Ghana, or at least among those who has access to the media. Mario sees the media communication as a one-way channel according to Lasswells communication model (see chapter 3.4.2) where you do not get any feedback and ask question.

Mathilda the peer educator means the difference between media and interpersonal communication is the prerequisites for understanding what the media highlights. Communicating through media requires that factors like language and one´s ability to read is taken into account.

The peer educator Kouffi means that language often becomes a barrier. Since everyone in Ghana do not speak the same language, it is hard for everyone to understand. The use of local languages in the communicating health information has earlier produced positive outcomes in Ghana. Studies shows that there is a need for more HIV information in local languages sine most of the information today is in English and Twi, which are not understood by many people (Anafi et al, 2012).

According to Anafi et al (2012) radio is the readily available medium in Ghana, followed by TV. Radio seems to be the most accessible of all the communication channels and is an important channel for HIV/AIDS prevention and sexual behavior change communication and education in Ghana. Any effort in behavior change communication should rely on the radio to communicate health education messages.

GAC is responsible for all the mass media communication and gives posters and different handbills to the NGOs. They use all different channels in the mass media communication such as posters, billboards, TV and radio. Mario explained that there are a lot of advertisements about HIV on TV today. They make them up in a funny way so it should catch the eye of the children, which he think is a very good way to do it. He also thought the use of celebrities such as artists and football players in mass media campaigns is an effective way to attract people, especially the youth. The media messages today are more based upon entertainment instead of intimidation.

Margaret and Frank at GAC said it is efficient to communicate in all different channels. We found that answer very unspecific, that it is good to use all different channels in the communication to reach the youth. None of the interviewees could tell us about the best channels to reach the youth and they did not have any information about this in the NSP either. In the mass media communication it is very important to have insight in the target

group's properties. In this case it is important to know what media channels are used by youth to know which channels is the most effective to reach them. GAC clearly needs to do more specific analysis on what channels the youth get most of their information from, particularly health information.

Consequently, there are different opportunities in whether mass communication is effective to change behaviour or not. What we thus can state is that in this case, the role of the mass media is to stimulate the interpersonal communication. All of the interview persons mean that mass communication has been an important part of the increased awareness and knowledge about HIV in Ghana. It has played an important role for making youth more educated and knowledgeable but since the objective of the communication today focuses on behaviour change the mass-mediated messages has to be combined with interpersonal communication.

5.12 Combining Interpersonal- and Mass media communication

Olivia at GAC emphasized the importance of repeated messages. She meant that as the target keep seeing and keep hearing a message it will make them knowledgeable and hopefully get them to change behaviour. How often people need to hear a message before it influences their behavior may depend on the characteristics of the target audiences (objective and subjective characteristics), readiness for change (stages of change) and in what ways the information is processed.

When asking Frank at GAC, whether mass media- or interpersonal communication is the most effective communication channel, he meant that none of them are more important than the other. Only using mass media would not give enough information since it does not include enough information and time space, people might want to know more. Interpersonal communication like peer education is better for group discussions and for making a better understanding. Combining these are the most effective way to reach the target.

6. Final Discussion

In this final chapter, we briefly outline what we have concluded in the study. We connect the purpose of the study with the rest, to be able answer the research questions. We will also have a summary discussion where we tie together the empirical evidence with theory and analysis and propose a number of advices for the future work.

Through the interviews and text analysis made, we have mapped strengths and weaknesses with Ghana Aids Commissions current Behaviour Change Communication work towards the youth in Ghana. With the help of health communication and behaviour change theories, we have been able to fill gaps in their current communication work, which could make their communication more effective and successfully towards the youth.

The analysis shows that Ghana Aids Commission and the NGOs are working practically with Behaviour Change Communication through interpersonal communication and mass media communication channels, to reach the youth. Peer educators is the most important source in the interpersonal communication but drama performances, video show, quiz, dance competitions and football matches combined with HIV education are also used. Even though interpersonal communication is the best way to reach a behaviour change among the youth, it only reaches a small amount of people and is very expensive in relation to media campaigns. The interpersonal communication should therefore be combined with mass media communication.

Mass media communication is used in forms of TV advertisements, radio programmes and billboards. Mass communication is an effective way to reach the youth since it is a trustful source and easy to spread messages through, but the most important role of the mass media is to stimulate the interpersonal communication. Media could easily put an issue on the interpersonal agenda through discussions and interpersonal relations. A possibility in the communication work is also to start using Internet, since it is an upcoming medium in Ghana and commonly used among the youth. Developing more websites regarding HIV information and start using social media would let the youth interact with each other as well as peer educators to get more information.

The youth are a key population in the National Strategic Plan, but the problem is there is no communication plan set up for target them. A communication plan for the youth is needed as an extension of the National Strategy Plan. The youth are the new generation and very important to educate and inform. Even though there are prevention interventions and

programmes targeting the youth, the biggest weakness is that there are no separated objectives, messages, communicators and channels selected to the youth to reach them.

Today there are no specific objectives formulated for the youth since they are targeted in the general adult group. Formulating objectives for the youth are needed to make the communication more effective and to get the opportunity to see a change.

The message and the communicator should be adapted to the youth group. The message should focus on making the advantages adapting the new behaviour to top the disadvantages and increase the level of self-efficacy among the youth while still making them understand that they are in the risk zone. The biggest problem today is that the message is focusing on abstinence, delaying the sexual debut, rather than on the importance of using condoms. Promoting condom use and talk about protection should be done from an earlier age.

The communicator should have the same appearance and background as the audience to reach a better understanding. The communicator should be aware of that the youth are different and have different views of the importance of HIV prevention and a safe sexual behaviour depending on characteristics and personality. It is therefore of importance that the communicator is aware of that they have different conditions of taking decisions of changing their behaviour. The youth also have different informational needs and different knowledge depending on what stage in the behaviour change process they are. Interventions should be designed according to the different stages in the change model. An analysis of the level of knowledge among the youth needs to done continuously to be able to adapt the messages and education according to their level of knowledge.

Subjective norms play a major role among the youth and their behaviour change process. Sexual education in school and parent to child communication are important aspects to make sex a more common and normal subject in Ghana. Teachers and parents should get an important role in the sexual education but also to counteract the peer pressure among the youth. Role models seem to be an effective way to affect the youth and the communicator should therefore be someone the youth found attractive and look up to. Role models should be used more when targeting the youth, in media campaigns as well as in the interpersonal communication

Consequently, the communication need to be more adapted to the youth group to make it easier to reach them. A communication plan for how to reach the youth would make it easier for Ghana Aids Commission to form and adapt the communication to the youth. This would make their communication work more efficient and improved and would thus increase the condom use among the youth in Ghana.

References

Aboud, F. E. & Singla, D. R. (2012). *Challenges to changing health behaviours in developing countries: A critical overview*. Social Science & Medicine 75 (2012) 589-594. Canada: McGill University

Anafi, P., Asiamah E., Agyepong I., Oduro G.,Y & Owusu-Danso, T. (2012). *Using Appropriate Communication Strategies for HIV Prevention Education in Rural Communities in Ghana. Princeton. http://paa2012.princeton.edu/abstracts/120613*

Baelden D., Van Audenhove l. & T. Vergnani, (2011). *Using new technologies for stimulating interpersonal communication on HIV and AIDS.* Volume 29, Issue 2, Pages 166–176. Brussels: Vrije Universiteit Brussel.

Baiden, P. & Rajulton, F. (2011). *Factors influencing condom use among women in Ghana: an HIV/AIDS perspective*, SAHARA-J: Journal of Social Aspects of HIV/AIDS: An Open Access Journal, 8:2, 46-54. http://dx.doi.org/10.1080/17290376.2011.9724985

Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, Prentice – Hall.

Berry, D. (2007). Health Communication: Theory and Practice. Berkshire: Open University Press. Social Science & Medicine 75 (2012) 612-621

Briscoe C. & Aboud, F. (2012). *Behaviour change communication targeting four health behaviours in developing countries: A review of change techniques.* Canada: McGill University

Bryman, A. (2008). *Samhällsvetenskapliga metoder.* Malmö: Liber

Boateng, D. & Awunyo-Vitor, D. (2012). *Knowledge, Perceptions and Practices on Antiretroviral Therapy in Farming Communities in Ghana: A Study of HIV Positive Women.* Public Health Research 2012, 2(5): 136-142. Kumasi, Ghana.

CDC - Center for disease control and prevention (2011). *Gateway to Health Communication and Social Marketing*. http://www.cdc.gov/healthcommunication/healthbasics/whatishc.html

Chakema C. Carmack (2007). *Examining the theory of planned behaviour applied to condom use: a comparison of the effect-indicator vs. causal-indicator models*. M.A.Wichita State Univeristy.

Cornelissen, J. (2011). *Corporate Communication: A Guide to Theory and Practice* (3. ed.) *Ghana Demographic and Health Survey (2008), Ghana Statistical Service Ghana Health Service Accra, Ghana*

Ewles, L. & Simnett, I. (2005). *Hälsoarbete* (2 uppl.) (K. Larsson Wentz övers.). Studentlitteratur. (Originalarbete publicerat 2003).

Ford, N., Odallo, D., Chorlton, R. (2003). *Communication from a Human Rights Perspective: Responding to the HIV/AIDS Pandemic in Eastern and Southern Africa*. Journal of Health Communication, Volume 8*: 599-612.*

Fuseini, K. & Tawiah, E. O (2013). *Ghanaian youth attitudes towards HIV/AIDS: The role of HIV/AIDS Behavious Change Communication messages*. University of Ghana http://paa2013.princeton.edu/papers/131207

Ghana Aids Commision (2012). *Ghana Country Aids Progress Report.* http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_GH_Narrative_Report[1].pdf

Ghana Aids Commision (2011). *National Strategic Plan 2011-2015*

Ghana Aids Commision (n.d) www. ghanaids.gov.gh

Ghana Health Service (2008) *Ghana Demographic and Health Survey*. Accra, Ghana http://pdf.usaid.gov/pdf_docs/PNADQ630.pdf

Grossman, C., Hadley, W, Brown, L. K., Houck, C.D., Peters, A, Tolou-Shams, M. (2008). *Adolescent Sexual Risk: Factors Predicting Condom Use Across the Stages of Change.* Project SHIELD Study Group. National Institute of Mental Health, USA.

Mahat, G., Scoloveno, M.N. & Ayres, C. (2011). *HIV/AIDS Knowledge and Self-Efficacy Among Nepalese Adolescents: A Peer Education Program,* 2011. The State University of New Jersey: Springer Publishing Company, Rutgers.

Jarlbro G. (2010). *Hälsokommunikation - en introduktion.* Lund: Studentlitteratur AB

Jolly, P. E. (2012). *Sexual risk behavior among HIV-positive persons in Kumasi, Ghana*. Ghana Medical Journal, Volume 46, Number 1

Larsson, L. (2008). *Tillämpad kommunikationsvetenskap.* Lund: Studentlitteratur AB

Logie-MacIver, L. & Piacentini, M. G. (2011). *Towards a richer understanding of consumers in social marketing contexts: Revisiting the stage of change model.* Journal of Marketing Management Vol. 27, Nos. 1–2, February 2011, 60–76

Lundahl, U. & Skärvad, P.H. (1999). *Utredningsmetodik för samhällsvetare och ekonomer*. Lund: Studentlitteratur AB.

McQuail's, D. (2005). *Mass Communication Theory.* 5th edition. Amsterdam: Sage

Ndeti, N. (2011) *The Role of Interpersonal Communication in Shaping and Influencing HIV and AIDS Behaviour Change among the youth in Secondary Schools in Nairobi County* (Unpublished PhD Thesis)

Ortega, J., Huang, S. & Prado, G. *Applying Ecodevelopmental Theory and the Theory of Reasoned Action to Understand HIV Risk Behaviors Among Hispanic Adolescents*. University of Miami: Springer Publishing Company.

Palm, L. (2009). *Kommunikationsplanering - en handbok på vetenskaplig grund.* Lund: Studentlitteratur

Palm, L. (1994). *Övertalningsstrategier: att välja budskap efter utgångsläge.* Lund: Student litteratur AB.

Palm, L. & Sandberg, H. (2004). Strategier för hälsokommunikation och deras användbarhet: En genomgång av forskningsläget. Lunds Universitet

Palmberg, M. (1993). *Aids i Afrika.* Uppsala: MO Print.

Parmenter, A. & Söderlund, M. (2010). *Det här måste du också veta om marknadsföring.* Malmö: Liber AB

Percy, L. & Elliott, R. (2009). *Strategic Advertising Management*. Oxford: Oxford University Press.

Prilutski, M. A. (2010). *A Brief Look at Effective Health Communication Strategies in Ghana*. Strategic Communication, The Elon Journal of Undergraduate Research in Communications: Elon University.

Rimer, B. & Glanz, K. (2005). *Theory at a Glance – A guide for health promotion practice*. United States Of America: National Institute of Health.

Rajiv, N., Rimal, R., Roberts, P., Brown, J. & Mkandawire, G. (2013). *Research in Malawi Finds Strong Linkages between Interpersonal Communication and HIV Knowledge and Testing Behaviors.* Journal of Communication. http://www.jhuccp.org/news/research-malawi-finds-strong-linkages-between-interpersonal-communication-and-hiv-knowledge-and

Schiavo, R. (2007). *Health Communication - From Theory To Practice*. United States Of America: PB Printing.

Salmon, C. & Atkin, C. (2003). ”*Using Media Campaigns for Health Promotion*”. *Handbook of Health Communication.* New Jersey: Routledge.

Thompson, Teresa L., Dorsey, Alicia M., Miller, Katherine I., Parrot, Roxanne (red.) *Handbook of Health Communication*. Mahwah, New Jersey: Lawrence Erlbaum Associates, Publishers

Singhal A. & Mitchell Rogers E. (1999). *Entertainment Education: A Communication Strategy for Social Change*. Mahwah, New Jersey: Lawrence Erlbaum Associates, Publishers

UNAIDS World AIDS Day Report, 2012. http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/JC2434_WorldAIDSday_results_en.pdf

Witte, K., Meyer, G., Martell, D. (2001). *Health Risk Messages – A Step-by-Step guide.* United States of America: Sage

The interview guide

Organization and something about you
What is Ghana Aids Commision working with?
What places are you working at?
How long have you been working in the organization?
Why did you start working at this organization?
How long have you been here?
What is your role and tasks?
What is GAC working with among youths?

Ghana situation
How would you describe the HIV/AIDS situation in Ghana right now?
What would you say is the biggest problem of HIV/AIDS in Ghana right now?
What can be done to prevent it?

Goal and vision
Describe how the communication about HIV/AIDS has changed over time?
How has the organization's goal changed over time?
How do you think peoples' knowledge about HIV/AIDS information has changed?
Tell us about the ABC strategy…

Theories
Do you/how do you use health communication theories in your communication work?
Did you use different theories when creating the NSP? Which one?
Do you think they are important/easy to apply in practice?

Message
What is your message to young people (15-24)?
Do you use target analysis to reach youths?
What communication strategies do you use to reach youths?
What kind of material do you use when spreading your messages?
Is there anything that is taboo to talk or inform about? Why?
Are there any obstacles that make it harder to get through with your message to the youths?

Cultural, geographical, economical, religiosity
How do you do to tackle them?
Is it any difference in the communication strategies in different regions (cultural factors)?

Collaboration
How does it work with the collaboration with NGOs?
How many NGOs are you collaborating with in Kumasi?
Is the collaboration successful?
How much space do the NGOs have to create their own campaigns?

Media/campaigns
How many and how often do you have HIV/AIDS related campaigns?
Heart to Heart Campaign…

How do you know how to create effective campaigns and how are they done?
How do evaluate their impact on youths?
How do you do to put the HIV/AIDS issue on the agenda?
Is it more common in your work to use media than interpersonal communication?
Do you see that a mix of different mediums is the best to reach a BC?
What have been the advantages and disadvantages of media vs interpersonal communication?
What media channels are you using when communicating to youths?
How do you work with role models?
Do you have an example of a media campaign vs. an interpersonal campaign?
One that did not work very well?
How do you use Internet? any intervention/prevention methods planned?

Behavioural change

How do you work with behavioural change?
What do you think is the most effective strategy to use in BCC?
What do you think is the reason why a person that has the knowledge about HIV/AIDS does not change his/her behaviour anyway?
How do you make people not just knowledgeable about HIV/AIDS but really make them change behaviour and especially take preventive?
How do you measure the impact of the communication interventions you use to pursue your objective about promoting HIV/AIDS?
Are you aware of that the target group could be in different levels in their behaviour change process? How do you face it?
Do you use any communication strategy to make the youth feel that they are in risk if they don´t change their behaviour?

Communicator

Who is delivering the health information in your campaigns?
How do you strategically choose people to inform about HIV / AIDS issues?
What do you think is the role of the communicator (the person who gives the information)?
And how important is the communicator for the behaviour change?
What qualities do you think is the most important for a communicator?
How has your work changed during time from when you first started until now?
What attribute are important to make the target feel respect and trust?

Future

How do you view the future of your organization?