

**ORGANISATIONS AS CHANGE-AGENTS IN HIV/AIDS PROGRAMMES  
THROUGH PARTICIPATORY COMMUNICATION**

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**ABSTRACT**

*Statistics indicate that HIV/Aids is primarily a problem of developing societies. More than a decade of attempts to address the HIV/Aids pandemic have demonstrated that traditional communication strategies are not as successful in such societies as anticipated. Rather, a participatory approach has been found to be more suitable for communicating developing issues such as HIV/Aids. The organisational environment appears ideally suitable for the implementation of a participatory approach because of the opportunity it offers for interpersonal contact and feedback. Against this background, this article investigates the quality of participation in the HIV/Aids programmes of five South African organisations, by evaluating how these a) fulfil their instructional or educational role; b) act as platforms for dialogue and provide a means for participants to voice their needs; and c) represent or are sensitive to cultural values. Semi-structured interviews were conducted with the HIV/Aids coordinators of the organisations in order to determine what their programmes entailed. The perceptions of employees and community members regarding the HIV/Aids programmes were investigated through focus groups. Results indicate that the employees and community members are most satisfied with the programme they take part in and identify the organisation as the most important source of information on HIV/Aids. However, the programmes under investigation were not all found to be fully participatory.*

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## **ORIENTATION AND PROBLEM STATEMENT**

In considering HIV/Aids statistics, it is evident that although HIV/Aids is a worldwide phenomenon developing societies are the most affected by a considerable margin. In 2005, 95% of all new HIV/Aids infections occurred in developing countries (UNAIDS/WHO 2005). Sub-Saharan Africa remains the most seriously affected region, as 76% of all HIV/Aids-related deaths occurred in this region in 2007 (UNAIDS/WHO 2007: 4&6). The significance of this statistic is made apparent in noting that just over ten percent of the world's population lives in this region, while more than two thirds (68%) of adults and almost 90% of all children who are HIV-positive live in Sub-Saharan Africa (UNAIDS/WHO 2007: 7). South Africa currently is the country with the highest number of HIV/Aids infections in the world (UNAIDS/WHO 2007: 16). From this, it is evident that although there are many implemented HIV/Aids programmes these have not been as successful as anticipated.

A possible reason for the relative ineffectiveness of South Africa's HIV/Aids programmes is that these programmes initially addressed HIV/Aids as a medical problem only and not as a development issue. In recent literature, there is consensus that HIV/Aids extends beyond being a medical problem and thus the social context in which HIV/Aids is embedded also needs to be addressed. This implies that communication plays an integral part in combating HIV/Aids (SAGA 2002: 14).

In the developing world, HIV/Aids is a complex issue and should be viewed within a broader development context (cf. Gilbert & Walker 2002: 651; Loewensen & Whiteside 1997: 4-6; Tsafack-Temah 2004: 4; SAGA 2002: 14). It has become evident that various socio-economic (for example income inequalities, gender discrimination, a mobile population), socio-cultural (religious and cultural practices, ethnic diversity, access to information) and epidemiological variables (presence of other sexually transmitted infections (STIs), condom use) influence the prevalence of HIV/Aids in the developing world. In addition, HIV/Aids affects all levels of society, for example cultural, economic, and religious levels (cf. Gilbert & Walker 2002: 654 & 658-659; Loewensen & Whiteside 1997: 19; Tsafack-Tema 2004; AICC/SABCOHA 2006).

Owing to the complexity of the issues surrounding HIV/Aids, it is evident that communication can play a vital role in combating HIV/Aids. It is widely accepted that the participatory approach is the norm for communication in a development context. However, communication on HIV/Aids is one of the more complicated issues to which to apply participatory communication. In the case of HIV/Aids, the developer assumes the role of expert to some extent and thus it is not possible to consider only the needs of the community. Certain information needs to be communicated and this implies a top-down approach.

Using organisations and peer group educators as disseminators of information are some of the strategies applied to explore approaches that are more participatory regarding communication on HIV/Aids. The organisational environment is ideally suitable for participatory approaches, owing to the opportunity it offers for interpersonal contact

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and feedback. Against this background, this article investigates the quality of participation in the HIV/Aids programmes of five South African organisations.

## **THEORETICAL FRAMEWORK**

### **The change-agent**

The concept *change-agent* can be traced back to the theory of diffusion of innovations. Diffusion of innovations is informed by the modernisation paradigm, which conceptualises communication as top-down from extension worker to rural farmer.

*Diffusion* is briefly described as a process through which an innovation (new idea) is conveyed by means of communication channels to members of a social system (Rogers 2004: 13). Diffusion thus implies some kind of social change within a social system, such as public health. This diffusion process entails five stages: knowledge, persuasion, decision, implementation and confirmation (Haider & Kreps 2004: 4); this thus emphasises the linear and behaviour change premises dominant in the modernisation paradigm.

The initial application of the diffusion of innovations was the study of the introduction of new and more modern farming techniques by rural farmers. The principles of diffusion of innovations also spread to other disciplines including health communication, particularly communication regarding HIV/Aids prevention (Rogers 2004: 17-19).

The change-agent is central in this process of diffusion. Rogers (1983: 315-317) defines seven consecutive roles of the change-agent:

- to develop a need for social change;
- to establish an information-exchange relationship;
- to diagnose problems;
- to create an intent in the client to change;
- to translate an intent to change;
- to stabilise an adoption and prevent discontinuance; and
- to achieve a terminal relationship.

These consecutive roles imply a linear model, which is collaborated by Rogers' (1983: 312) definition of a change-agent: "... an individual who influences a client's innovation-decisions deemed desirable by a change agency". Within this conceptualisation, it is clear that the change-agent has a highly persuasive role and represents the values of the change-agency and not necessarily the needs of the community. Interestingly, Rogers' (1971) earlier definition of a change-agent allowed more scope for participatory communication:

... a professional person who attempts to influence adoption decisions in a direction that change can be tailored to fit the cultural values and past experiences of the

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clients and that the clients should be enabled to perceive the need for an innovation, a necessity for it to be successfully introduced.

As Ascroft and Agunga (1994: 419) aptly argue, this definition implies dialogue, mutual understanding and that the innovation is not necessarily adopted.

In investigating the factors influencing the success of the change-agent as identified by Rogers (1983: 321), principles of participation are evident. The more effort the change-agent put into communication activities with the “clients”, the more successfully the innovation was adopted. Change-agents who are inclined to favour the clients rather than the change-agency appear to be more successful. The change-agent should thus be able to adopt the process of diffusion to meet the clients’ needs. Furthermore, change-agents who empathise more with clients are more successful. Empathy could be enhanced by using change-agents who are familiar or could identify with the clients’ circumstances.

Although Rogers viewed the role of the change-agent predominantly as the expert persuading the community to adopt a new innovation, his own criticism also prompts a more participatory look at the role of the change-agent. In following Ascroft and Agunga (1994), this article explores the possible functioning of the change-agent, specifically the organisation as change-agent, within the framework of participatory communication.

### **Participatory approaches to development communication**

There are a multitude of views in the literature on the meaning of *participation* and its application. From a summary of these viewpoints, it emerges that the main objective of the participatory approach is to be more democratic and thus empower the community (Jacobson 2003: 87; Snyder 2002: 463). It would thus appear that empowerment through dialogic communication and the focus on various cultural situations are central to the participatory approach. This article presents a possibility for the employment of the change-agent to empower communities and further the focus on various cultures.

### **Empowerment through dialogue**

The philosophical grounding of the concept *empowerment* draws on the work of Paulo Freire. Freire (1968) criticised one-way communication in education and advocated an approach that was more interactive and would therefore raise the consciousness of learners. Empowerment thus entails not only an emotional or motivational dimension, but also a cognitive or intellectual dimension. Hence, in order to effect behaviour change, a community firstly needs to develop a critical consciousness. Developing such a consciousness entails two key concepts. Firstly, there must be some degree of intellectual understanding of the social circumstances that have led to the disadvantaged position. In the case of HIV/Aids, an understanding of the impact of such factors as poverty, culture and gender on HIV/Aids is necessary.

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Secondly, in order to proceed from a naïve consciousness, learners must be afforded the opportunity to be actively involved in formulating critical analysis and generating alternative scenarios. HIV/Aids peer group education, for instance, could facilitate such a process, in which a critical consciousness concerning sexual health could be raised (cf. Campbell & McPhail 2002: 333–334; Kempe 2003: 267; Rogers & Singhal 2003; Melkote 2004).

Empowerment supposes a transfer of power. Within a developmental context, this implies that a community assumes control of their own situation. The community must thus be empowered to help themselves. In contrast to modernisation, the assumption is that development could be facilitated by using local ideas and resources, rather than imposing a pre-planned project (Melkote 2004). Traditionally, change-agencies (including health-care agencies) have viewed communication as a linear process, which implies that the message is prescriptive and often technical in nature. However, empowerment requires more than information delivery, it requires the community to reflect actively on the message (Melkote 2004).

The objective of the change-agent within the context of participatory communication should thus be to empower individuals and communities to participate meaningfully in the political, social, cultural and economic processes of their societies. Successful campaigns will eventually become self-driven by the dynamics of the community and the change-agent will no longer be necessary. Professionals may still play an important role in the design of the messages, but they are not the key role-players (Melkote 2004; Snyder 2002: 463). This supports Rogers' (1983) view that the relationship between change-agent and beneficiary should be determinant.

A community requires an organisation that co-operates with other organisations for their own self-interest. These relationships could be established through participatory approaches that focus on shared values in the community. For a community to be empowered, individuals in the community must be empowered through the activation of their critical consciousness and need to self-reflect as part of an organised group (Melkote 2004). The organisation could provide a forum for discussion through which critical consciousness is raised (Campbell & McPhail 2002).

### **Focus on culture**

Servaes' (1999) notion of *multiplicity in one world* emphasises that each development situation is unique; therefore, a standardised plan for development is not a possibility. Even in fairly homogenous societies, there are competing political, social and cultural interests and thus different development needs. Diffusion of innovation research indicates that an important reason for the failure of adoption of diffusion is the gap between change-agent and recipient (Rogers 1983: 274–275). Organisations as change-agents could breach this gap. Community organisations understand the local culture and context of the community and could, in many instances, be viewed as representing the community. Stephens, Rimal and Flora (2004: 97) term this the *affinity function* of an organisation. This term draws on the concept of social capital, which includes trust and

credibility, the grouping of people with common objectives together, social support and organisational norms.

Peer education is one of the more successful methods in preventing and managing HIV/Aids, as people from the same social group or standing educate one another (Campbell & McPhail 2002; Wolf, Tawfik & Bond 2000; Kempe 2003). Likewise, local organisations should be able to bridge cultural differences in HIV/Aids programmes, as they represent a specific community.

### **Organisations as change-agents: Is participatory communication possible?**

From the information sketched above, this article argues that organisations as change-agents could serve a participatory function if the following is kept in mind:

- Owing to the nature of HIV/Aids communication, it is inevitable that the organisation will fulfil an instructional or educational role. However, the information provided should be suitable for and applicable to the communities for which it is intended.
- The organisation should present a platform for dialogue amongst community members regarding HIV/Aids and facilitate communication between change-agency and community, thereby providing a means for the community to voice their needs. The organisation should thus also consider the needs of the community members regarding HIV/Aids.
- The organisation should represent and/or be sensitive to the community's cultural values.

### **RESEARCH METHODOLOGY**

The HIV/Aids programmes of five organisations from various sectors were analysed for this study. Organisations from various sectors were included in the study in order to enable the investigation of the difference in approach between sectors as well. An important criterion upon which selection of the organisations was based was the researchers' access to both the person in charge of the organisation's HIV/Aids programme and the recipients thereof.

Two of the organisations are corporate organisations; one is a factory and the other a supermarket. The remaining three organisations are non-profit organisations, of which the first is a church; the second a non-governmental organisation that focuses on HIV/Aids programmes, with a primary focus on home-based care for the infected; and the third a community-based organisation that focuses mainly on prevention programmes for the youth.

To obtain information on the content of the organisations' HIV/Aids programmes, semi-structured interviews were conducted with the person in charge of the HIV/Aids programmes of the different organisations. In the two corporate organisations the Aids coordinator was the head of the whole programme and in charge of all the

communication with regard to HIV/Aids in their organisations. In the church this role was fulfilled by the pastor and both the non-profit organisations had a single person responsible for managing the programmes and the communication in that regard.

An interview schedule was used to ensure that the same questions were posed to all the respondents. In addition, the interviewers used follow-up questions to gain clarity on the issues investigated, and the respondents had the opportunity to add any information they regarded as important. The questions focused mainly on *what* the organisation was doing with regard to HIV/Aids, *how* they communicated on the issue and *why* they chose to communicate thus. Special attention was paid to the kinds of *media* the organisations chose, the *content* thereof and the reasoning behind these choices.

As the researchers wished to analyse the individuals' experiences of the various programmes, focus group discussions were held with the employees of the corporate organisations, the members of the church and the community members involved with the non-profit organisations. Two focus group discussions per organisation were held, with the male and female recipients of the programmes placed in separate groups. During the focus group discussions, the researchers attempted to determine the respondents' *experiences* of the organisations' programmes, the extent to which the programmes fulfilled the respondents' *needs* and respondents' ideas for *improving* the programmes.

All the interviews were conducted as part of a larger research project (cf. SANPAD 2006).

### **HIV/AIDS PROGRAMMES OF FIVE ORGANISATIONS**

In order to investigate the quality of participation in the selected organisations' HIV/Aids programmes, the programmes were evaluated on how they:

- fulfil their instructional or educational role;
- act as platforms for dialogue and provide a means for participants to voice their needs; and
- represent or are sensitive to cultural values.

In examining the individual programmes of the various organisations, it is important to compare the organisation's statement of their programme's functions to the perceptions of the programme of the employees or community members who formed part of the programme.

#### **Instruction or education**

All the organisations focused on education in their programmes, and in four instances this was the main focus of the programme. Each organisation's programme is discussed individually below.

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*The community-based organisation*

This community-based organisation targeted the youth and their programme was implemented at various school centres. The head said that the organisation was running a prevention programme and using peer group educators to convey the message. In practice, this meant that they were training several teenagers, who would then communicate the information to others in their schools and their friends.

The community's youth who were involved in this prevention programme were most satisfied with the programme and said that they had received a significant amount of information on HIV/Aids prevention from the organisation. The youth confirmed that the information was disseminated by means of workshops and by talking to one another. In addition, they were aware of the peer group educator system and were positive about the manner through which the organisation encouraged them to follow a positive lifestyle, as is evident from the following comment:

"I feel, because the organisation encourages us, encourages the youth to make positive choices and to live a positive lifestyle. Ja [it is successful]"

With regard to the success of the programme, the youth stressed that each individual must take responsibility for his/her own decisions and that the role of the organisation is to provide individuals with information so that they are able to make informed decisions. As noted by one of the respondents:

"... the success of the programme depends on the people that gets the message. Because giving information is not guaranteeing that you will make the right choices. Thus, from a personal perspective I truly feel that if I choose to use a condom, the organisation is successful, and if you choose not to use a condom, it is still successful because they gave you the information."

The respondents thus felt that the organisation fulfilled its instructional function, irrespective of whether it actually led to behaviour change.

*The non-governmental organisation*

This was the only organisation that did not focus primarily on prevention. The head emphasised:

"... our main aim and objective is to care for the terminally ill. Palliative care, holistic care, until death, and that they will be able to die with dignity and self-respect. ... We want them to accept that if you have HIV/Aids, you can make a difference to the quality of your life. But to hide it, you can die with no dignity, and no self-respect. So as long as they live, we want them to live until they die."

The head of this programme made it clear that prevention (and thus information) was not the focus, rather the programme focused on caring for the terminally ill and those living with and affected by HIV/Aids.



Even though information dissemination was not the organisation's main objective, the respondents viewed the organisation as their most important source of information on HIV/Aids. They explained the manner in which information was provided as follows:

"Through pamphlets it explains everything on how you can get it. ... The pamphlets is in Setswana, English. But other people they can't read Setswana, they can't read English. ... The volunteer can help them and read for her, explain to her."

The respondents were thus satisfied with the information they received from the organisation's programme.

#### *The church*

The pastor of the church stated the church's information programme entailed monthly workshops to which the church invited speakers to present talks on HIV/Aids.

When church members were asked to describe the church's HIV/Aids programme, the informational value of the programme was apparent, as is evident from the respondents' explanations of the church's activities in this regard:

"The church gives people advice and try to guide people."

"The church is giving us more information about it and is trying to guide us, not to be involved in sex and they try to guide us not to go there ... to protect our bodies, ourselves and most of the time to make sure that we are in a save place at all times. ... I think that our church is doing a lot about it."

The church members were satisfied with the information they received and found the programme successful.

As in the case of the community-based organisation, the respondents from the church placed emphasis on an individual taking responsibility for his/her own decisions, particularly in light of the organisation empowering them to make informed decisions:

"... because the choice is upon everybody's mind ... the church is trying a lot to give us information and guide us."

"It depends on us now: we must stop it or what. If we do unprotected sex, your choice. For us, we take it or not ... the choice is for us."

#### *The supermarket*

When asked about the focus of their programme, the HIV/Aids coordinator said the following:

"I think education is the most important, that if someone knows what this is and how it does come to me, then the awareness will be there."

This programme used peer group educators to convey information on HIV/Aids and presented classes and workshops. The programme also gave once-off training to all new employees and disseminated information by means of their notice board.

Respondents from the supermarket indicated that their organisation's HIV/Aids programme was very successful. They stated that they received information from the peer group educators, as well as from the organisation's magazines, booklets and videos shown to them on HIV/Aids. They were very positive about the programme and commented that:

"The training was really very helpful, things we didn't know, we saw what could happen and it was of great help to us."

"It [the training] was wonderful! They showed us what it is."

Many of the respondents mentioned the organisation's policy regarding non-discrimination against HIV-positive employees and respect for one another. They received monthly information on the topic through booklets.

#### *The factory*

The factory's HIV/Aids coordinator regarded the education and training of the factory's employees as the programme's focus. According to the coordinator:

"Our first goal is to educate our employees about HIV and Aids. That's the primary target. So, within the project have been mainly information campaigns. We have peer educators and they are scattered throughout the factory and they are in the process of educating their colleagues about HIV and Aids. ... They address the topic at safety talks, they address it when they are just on their own talking with their colleagues: they're available for questions."

With regard to communication strategies, the coordinator commented:

"The nature of everything I do is communication. It is trying to figure out creative and effective ways to convey the message. And I think one of the most important ways to convey the message is face-to-face contact."

The coordinator thus emphasised the importance of face-to-face contact as a means of information exchange.

The respondents from the factory regarded their organisation's HIV/Aids programme as very successful. They mentioned that they received a significant amount of information from the organisation, discussed the topic monthly at safety talks, were shown videos and were afforded the opportunity to ask questions about HIV/Aids.

In order to determine the success of the campaign, respondents were asked whether they thought people were listening and changing their behaviour. A respondent indicated:

"I saw a change. Now you know what it is, how dangerous it is."

#### *Conclusion*

It is evident that dissemination of information on HIV/Aids is at the heart of the programmes because four of the five organisations indicated that this was their main

focus. Respondents from all the organisations not only regarded their organisation's HIV/Aids programme as a source of information, but were also most satisfied with the information and training they had received. In fact, the majority of the respondents singled their organisations out as their most important source of information on HIV/Aids. In terms of the theory of diffusion of innovations, the first criteria for the adoption of an innovation, namely information, appears thus to have been met.

It is encouraging to note that several respondents indicated that they viewed behaviour change as their own responsibility. They were thus of the opinion that their organisation empowered them to take ownership and make their own informed choices. This is much more in-line with participatory thinking than that of the initial modernistic assumption that there is a causal relationship between information and behaviour change.

The respondents' positive comments regarding interpersonal contact and the use of peer group educators, in particular, is an indication that although the organisations focused on information dissemination the information was distributed in a participatory fashion. Furthermore, the respondents appeared to be most satisfied with the information they received. It can thus be concluded that not only did the organisations provide information, but the information was applicable and appropriate to their respective audiences.

It is therefore clear that all the organisations investigated fulfilled their instructional or educational duty and employed at least some form of participatory strategy to distribute the information. However, it is of concern that both the coordinators and respondents were reluctant to refer to HIV/Aids by name and mostly referred to HIV/Aids as "it". It is against this background that the extent to which these organisations have succeeded in providing a platform for true dialogue with regard to HIV/Aids is subsequently discussed.

### **Platform for dialogue and means to voice needs**

#### *The community-based organisation*

The community-based organisation facilitates debates at schools in order to encourage teenagers to talk about HIV/Aids and provides education at school centres. Apart from this, they run a support group for HIV-positive people. It could thus be said that the community-based organisation essentially presents a platform to facilitate dialogue with regard to HIV/Aids. This was confirmed by several of the respondents' comments:

"I feel [the organisation] is doing a good thing, they are not talking to themselves, but they are doing workshops, talking to people."

#### *The non-governmental organisation*

The main focus of this organisation is not information dissemination and thus a focus on participation and dialogue would be expected. The organisation did indeed

emphasise interpersonal contact. Besides caring for the terminally ill, the organisation also works with people living with and affected by HIV/Aids, by attempting to motivate them through participation in handicraft and bringing HIV-positive people together to support one another emotionally.

The respondents from this organisation emphasised the extent to which they appreciated the opportunity to interact with other HIV-positive people through sharing their experiences and supporting one another, as is evident from their comments:

“... I am so proud about this day, Fridays. Because at home, at another day I sit alone. But on Friday I come here, coming to share with the people. ... At other days, I can't talk to anyone, I am alone. When I come here, I relieve myself, I tell people everything. ... A supportive group, yes. Maybe I tell them yesterday my children they slept with nothing, empty stomachs. Another one maybe got two rands and that one got twenty cents and then I can go and buy my children some bread. This I why I tell the people, we are supportive, because we support each other, you see?”

“Everything we say here stays here, it don't get out of this gate. We call it our small heaven. You see? Our small heaven, right here!”

It would thus appear that HIV-positive people have a great need for interpersonal communication and the opportunity to relate to one another. They also received much needed emotional support from the staff of the organisation.

#### *The church*

Apart from their prevention programme, the church also ran a support group for HIV-positive people. The respondents said that they were satisfied with the programme, as they have had many talks and discussions on HIV/Aids.

#### *The supermarket*

Although the supermarket used peer group educators to distribute information, no mention was made of any form of dialogue or discussions with regard to HIV/Aids.

#### *The factory*

The factory also used peer group educators and both the coordinator and the respondents said that they discussed the topic at their monthly safety meetings. Although it is not clear whether genuine dialogue was taking place, this appears to be a wonderful opportunity for facilitating debate nonetheless.

When asked what they wanted from their organisations with regard to HIV/Aids in addition to what was already provided, only respondents from the supermarket and factory voiced their needs. Their suggestions included speakers who could talk to them in person and dramas or theatre about HIV/Aids. Although the respondents were satisfied with the information they received, they had suggestions for the manner in which the information could be shared with them. A further need identified by the respondents referred to the organisations' social responsibilities. There was a feeling that the organisations should take more responsibility for the broader community and

not only for their employees. Respondents from one of the corporate organisations, for example, were dissatisfied with the manner in which the organisation treated former employees and stated that the organisation should demonstrate more commitment to such employees, even when they can no longer work. Other respondents said that they were satisfied that the organisation sufficiently addressed the needs of employees with regard to HIV/Aids but would like the organisation to present prevention programmes in their communities as well.

#### *Conclusion*

It can be concluded that the non-profit organisations, including the church, were more concerned with dialogue, debate and discussions regarding HIV/Aids than the corporate organisations. It was also evident that the respondents from these programmes enjoyed and valued the opportunities for interaction. Although dialogue does not appear to have been a high priority for the corporate organisations, they do have systems in place that could easily be utilised to facilitate a higher level of dialogue.

As respondents commenting on the non-profit organisations did not voice any additional needs to the researchers, it can be concluded that they had the opportunity to voice their needs directly to their respective organisations. In contrast, it would appear that the respondents from the corporate organisations did not have the same opportunity, as they mentioned their needs to the researchers. It would thus appear that the corporate organisations did not successfully provide a means for the employees to voice their needs pertaining to HIV/Aids.

#### **Represent and/or be sensitive to cultural values**

None of the coordinators mentioned that their programmes sought to address cultural differences at any level. In many instances, the organisations appeared to have adopted programmes from Western, developed countries without considering the suitability of these for African cultures in the developing world. This is an indication that insufficient attention is accorded to this important aspect.

Although cultural differences were not explicitly mentioned, the peer group educator system can be regarded as culturally sensitive because, in most instances, the peer group educators were from the same culture as their fellow employees whom they were intended to help educate. It is also significant that when respondents were asked to voice their needs, cultural sensitivity was not mentioned. Thus, it could be viewed that, in spite of the lack of attention to cultural needs, the respondents appeared relatively satisfied with the HIV/Aids programmes.

#### **CONCLUSION**

With regard to the educational role of organisations, it appears that the organisations adopted a relatively participatory approach to communication, as only one organisation indicated that it used the notice board (implying one-way communication) as a means of communication. All the other organisations employed methods of information dissemination that implied participation of some kind. Three of the organisations used

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peer group educators for which a small number of volunteers were trained and then in turn trained their fellow-employees or organisation members. Two organisations employed workshops for education and training, and arranged speakers to present talks. Another organisation, which primarily focused on the youth, provided education at school centres.

It appears that all the organisations were very effective with regard to their instructional or educational role. They all had well-planned programmes in place and all the respondents from the programmes were most satisfied with their organisation's informational programme.

In evaluating the means through which the organisations facilitated dialogue, it appeared that the non-profit organisations were, at the time of the study, more successful in this regard than the corporate organisations. Respondents from the non-profit organisations mentioned the organisations' attempts to involve people in dialogue on HIV/Aids, for example through debates on HIV/Aids.

The corporate organisations had opportunity for facilitating dialogue, for example through safety talks and peer group educators. However, the coordinators did not refer to dialogue or the need to facilitate dialogue. Dialogue was thus not an objective of the corporate organisations investigated in this study.

The same conclusion can be drawn with regard to the manner in which employees/members were offered an opportunity to voice their needs. Only employees from the corporate organisations voiced needs that they had not shared with their organisation. That no respondents from the non-profit organisations raised any needs that had not been attended to by their organisations may indicate that they were comfortable discussing their opinions and needs with their organisations.

In considering the cultural sensitivity of the organisations, it is important to keep in mind that the respondents from the non-profit organisations were more homogeneous with regard to culture than those from the corporate organisations. This implies that cultural differences would not be as problematic in the non-profit organisations as in the corporate organisations. It is problematic that the more heterogeneous corporate organisations did not consider cultural differences in developing their HIV/Aids programmes. This gap should be addressed by the corporate organisations.

It can be concluded that all the programmes appeared participatory at first glance, particularly with regard to the manner in which they disseminated information. However, in considering the facilitation of dialogue in more depth, the opportunity to voice needs and sensitivity to cultural values, it would appear that the quality of participation of the corporate organisations in particular is doubtful. In spite of this, it can be concluded that organisations have the means to act as change-agents for HIV/Aids programmes through employing participatory strategies.

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