ACCESS TO HIV/AIDS MESSAGES AMONG THE YOUTH IN THE NORTH RIFT REGION: A CASE OF AMPATH PROJECT

MOTURI WISLEY ABUYA

REG NO. K50/76327/2009

RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF DEGREE OF MASTERS OF ARTS IN COMMUNICATION STUDIES, SCHOOL OF JOURNALISM

UNIVERSITY OF NAIROBI

2022

DECLARATION

This study project is my original work and has no submissions to any examining body.

Signature…… Date 5/12/2022

Moturi Wisley Abuya

REG NO. K50/76327/2009

Declaration by the supervisor

In my capacity as the university supervisor, I have authorized submission of this proposal for review.

Signature…… Date 05/12/2022

Dr. Samuel Siringi

Department of Journalism & Mass Communication

University of Nairobi

DEDICATION

I thank my family, friends, and colleagues for their unwavering support.

ACKNOWLEDGEMENT

I give God the highest praise. Second, I want to thank my family for their support while I committed to pursuing my education. I also thank my supervisor, Dr. Samuel Siringi for his excellent guidance and contributions to developing the research thesis.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

ABSTRACT

This study sought to examine how youth in the North Rift region access informational messages on Human Immuno-deficiency Virus and Acquired Immuno-Deficiency Syndrome prevention. The objectives of were to investigate the communication channels used for the information messaging among the youth in the Academic Model Providing Access to Healthcare project; to analyze the types of the virus messages targeting youth at Academic Model Providing Access to Healthcare; and to investigate message consumption patterns among the youth registered. The research study was guided by two theories; Consumer Health Informatics Model and Web-to-Public Knowledge Transfer Model. Descriptive research design will be used to assess Human Immuno-deficiency Virus and Acquired Immuno-Deficiency Syndrome prevention messages to youths which can generate information useful in informing the planning and allocation of health resources This study adopted a qualitative approach research that involved the analysis and collection of qualitative data to draw inferences from the qualitative results. Based on a sample of 80 young people who visit Academic Model Providing Access to Healthcare the study used a cross-sectional survey approach. Seventeen Academic Model Providing Access to Healthcare staff were also interviewed. The methods for data collection in this study were the use of focus group discussion, interviews and document reviews. From the Focused Group Discussions and interviews conducted according to the research's goals, themes and categories were identified in relation to the goals of the research. The data collected was thoroughly processed and analyzed through a series of operations aimed at removing inconsistencies, grouping by those themes or similarity to explore the significance of variables. Regarding the youths messaging in North rift, it is concluded that youths communicate direct to their doctors and Academic Model Providing Access to Healthcare staff on different issues regarding the infection. Additionally, youths also get messages from the following channels; banners, posters, newsletters, websites, video conferencing, texting, chatting, online messaging and finally the Acquired Immuno-Deficiency Syndrome ribbon. Further, on types of the infection messages targeting youths in Academic Model Providing Access to Healthcare project it was concluded that, youths get the following messages from Academic Model Providing Access to Healthcare project; the infection prevention, modes of spread, testing, use of antiretroviral treatment Antiretroviral drugs, being faithful to one partner and finally foods to consume when someone is suffering from the infection. Finally, the on-message consumption patterns among the youths in the Academic Model Providing Access to Healthcare project, it was concluded that majority of the youths adopted self-testing on top of that they started using good food nutrition. The youth also practice abstinence, being faithful and use of condoms. Also, youths infected started using ARVs to suppress the Human Immuno-deficiency Virus and Acquired Immuno-Deficiency Syndrome virus. The research found out that the messages targeting youths that were thought to youths were; Human Immuno-deficiency Virus and Acquired Immuno-Deficiency Syndrome prevention, modes of spread, Human Immuno-deficiency Virus and Acquired Immuno-Deficiency Syndrome testing and using condoms. It was established from the study findings that; it is useful to give messages to the youths since it helps them build confidence and youths will be more informed about the infection. Additionally, when planning to implement programing activities, it is essential to develop strategic approaches that view understanding health not as a collection of radically different networks and mechanisms but as a system of interconnected practices that function as part of an ongoing, collaborative process.

LIST OF ABBREVIATION

HIV- Human Immuno-deficiency Virus

AIDS- Acquired Immuno-Deficiency Syndrome

SSA- Sub-Saharan Africa

UNAIDS- Joint United Nations on Acquired Immuno-Deficiency Syndrome

HAART- Highly Active Anti-Retroviral Therapy

STI- Sexually Transmitted Infections

BCIC- Behavior Change Interventions & Communications

IEC- Information, Education & Communication

AMPATH- Academic Model Providing Access to Healthcare

HON- Health on the Net

WPKTM- Web-to-Public Knowledge Transfer Model

CHI- Consumer Health Informatics

APRVs- Antiretroviral drugs

CHAPTER ONE

INTRODUCTION

1.1 Overview

Background information, the problem statement, the study's objectives, its significance, constraints, and its scope are all provided in this chapter.

1.1.2 Background of the Study

Human-Immuno Deficiency Virus (HIV) is among the deadliest pandemics in the world (Matthews, Geretti, Goulder & Klenerman, 2014). Over 35 million people are live with HIV/AIDS (Fauci, Folkers, & Dieffenbach, 2013). In the Sub-Saharan region approximately 25 million persons living with HIV in 2012. In the same region, 1.6 million new infections of the virus are reported while most of the deaths reported re from here. (Kharsany, & Karim, (2016).

In Kenya, we have more that 1.5 million people that live with HIV where almost 60% are women. Additionally, many HIV positive women who belong to the 15 to 49 age group are pregnant according to a survey by UNAIDS. This epidemic accounts for almost 30% of deaths annually in Kenya among the adult population. It is a major factor in 20% maternal deaths and 15% child deaths under the age of five. (UNAIDS, 2017).

Despite a decline in HIV infections in Kenya, the disease still poses a substantial problem. Recently, a number of approaches such as campaigns in the media and distribution of contraceptives like condoms have been put in place with the aim to reduce cases of HIV. In addition, we have success cases reported and documented regarding the Highly Active

Antiretroviral Therapy (HAART) when it comes to reducing deaths from HIV/AIDS (De Cock, Rutherford & Akhwale, 2014). As a result, many persons that live with HIV are now productive and healthier.

Campaigns to raise awareness of HIV and AIDS rely on messages about the disease to influence public opinion and young people's behavior. (Muchiri, Muturi, & Ngumi, 2016). Importantly, AIDs messages should be informative, educative and have an entertainment aspect. According to Bekalu, & Eggermont, 2013, public announcements are cannot achieve their desired outcome if they don't incorporate the aspect of entertainment. Messages on HIV and AIDS must be done in an all-inclusive method without distorting the intended message. Usually, it is expected that once people have the information and knowledge on HIV and AIDs, their behavior will in the long run change. The knowledge should be on HIV/AIDs of prevention, its transmission together with other related facts to encourage rational safe sexual behaviors. Regarding HIV/AIDs; there is an assumption that when there is sufficient and accurate knowledge on the subject, it will ensure success in preventive measures because it helps behavior modification in terms of overcoming denial and fear.

Changes in attitude and behavior are the only additional means of HIV/AIDS prevention for young people where pharmacological, immunological, and medical interventions are not in existence. (Sheeran, Klein, & Rothman, 2017). HIV is recognized as an aetiological agent that brings about AIDS, yet it's the manner humans interact with one another that determines how likely they are to acquire the condition. There is an important function that communication plays when it comes to prevention campaigns. This is because information that may end up preventing risky behavior is spread, hence creating awareness

and reducing stigma in the society. Commonly, it is programs aimed at AIDS prevention that are disseminated through media. This together with awareness campaigns in the community are geared to change sex practices that are considered risky.

In HIV prevention, behavior change is considered as a key foundation. This is a process where persons adopt and maintain healthy behaviors and disregard the harmful ones once equipped with knowledge. The major aim of all HIV/AIDs prevention campaigns is to encourage positive and healthy behaviors that lead to the prevention of HIV infections among the different societal classes. This can be achieved through incorporation of different communication approached together with carefully structured strategies or interventions on HIV prevention (MacArthur, et al, 2014). These interventions aimed at behavior change refer to a collaborative process using this behavior change interventions and approaches that lead to the development and promotion of sustainable constructive behaviors among persons in the communities.

Globally, some of the approaches that have been used with an aim at inducing behaviors of individuals and communities have been through purposed psychological positioning of information together with activities such as life skills, marketing and advocacy. These are used to inspire social and cultural variations and to encourage the implementation and strengthening of anticipated behaviors. Prevention campaigns emphasizes on the use of a several types of messages and campaigns. The methods employed in the media include use of drama, storytelling, songs, newspaper, billboards, radio and television. The strength of increased knowledge to promote desired sexual behaviors to lower HIV infections comprises the core basis of HIV/AIDS campaigns (Beaulaurier, Fortuna, Lind& Emlet, 2014).

HIV/AIDs prevention campaigns in Africa have been using a behavior change approaches when targeting the different groups of people (Watkins, & Swidler, 2013). When people get to know the issues that affect them and are given the necessary skill to come up with programs and campaigns as groups, that is when desired change can be achieved. It is crucial that everyone take part in the fight against HIV/AIDS and abstain from actions that could help the disease spread. (Subero, 2016). For example, in Burundi, we have The Burundi Youth Alliance that has been undertaking projects aimed at behavior change targeting the youth. They have put the youth at the center of their programs where they are involved in identifying problems faced in HIV infection, planning on new strategies, and finally implementation together with monitoring and evaluation of projects. Additionally, the Population Services International (PSI) has come up with several awareness campaigns in Mozambique, Cameroon, Uganda and Kenya targeting parents and the youth. These campaigns use messages on cross-generational sex as an agent of increased HIV infections. This was reached at considering the misconception that sex with a young female can heal a person who is infected. As a result, many infected older persons have gone ahead to marry young girls. In the Uganda scenario, PSI is working closely with political leaders and organizations within the communities with an aim to shaming those in such relationships. The campaign has used posters to pass this message. For example, one poster shows an ogling old and is captioned with the words, "Would you let this man be with your teenage daughter? So why are you with his?" PSI in Cameroon used television, radio, and print to run a campaign titled, "No to Sugar Daddies, No to AIDS." This was aimed and creating awareness and to change the way the society looks at the issue of cross-generational sex. (Sternheimer, 2014).

In Kenya, the Ministry of Health established the The Behavior Change Interventions and Communications (BCIC) Unit in 2009. This unit was previously called the AIDS/STD Unit (Burke, & Ambasa-Shisanya, 2014). The unit majorly concentrated on Information, Education and Communication (IEC). The IEC method was employed with an aim to create awareness, impact positive attitudes and to encourage people to start practicing healthy sexual behaviors. Nonetheless, as the epidemic became more complex, there was need for a more multidimensional and all-inclusive approaches. In addition to using IEC, there was need to look into other factors that have an effect on how an individual behaves when it comes to HIV infection. These factors can be cultural, social, environmental hence the need for a multifaceted approach in addressing the epidemic. To this end, there was need for a change to behavior changes programs together with the communications approach. This new approach received approval and created hope in changing people's sexual behaviors towards HIV prevention (Khasakhala, 2013).

According to Linehan (2018), interpersonal communication is a practical approach to alter someone or a select minority of people's behavior. This is a result of the following factors. (a) The message is communicated by a member of the same group who is regarded as an opinion leader. (b) The local culture, norms traditions and values have been considered in developing the message. (c) Due to the sensitivity of issues concerning sex practices, interpersonal communication is usually the most appropriate method to address it. (d) Interpersonal communication plays a vital role in behavior modifications connected to AIDS prevention. This communication style is more efficient than the use of media campaigns or interventions with a shorter time out. Consequently, interpersonal

communication ensures that there is sustainability of the interventions that have been designed and communicated.

Even in the face of its successes, interpersonal communication has its shortcomings. These include. (1) Unlike the use of mass media, interpersonal communication can only reach a few persons. (2) It is hard to assess the kind of behavior change attained through interpersonal communication. Mass media campaigns can be assessed much easily. Then, to address these shortcomings, mass media becomes crucial for behavior change (Heider, 2013).

To reinforce interpersonal communication, mass media awareness campaigns are crucial. This can be used when looking at the roles of the different genders in the family usnit as well as the community. This has seen men involved in the HIV/ AIDS prevention discussions other than leaving the women to make decisions on the matter. For the populations in Africa and Asia, especially those in the rural areas with the majority of the uneducated masses, the mass media can be used to emphasize the importance the male family system, as well as men's roles within their families and in society at large. Secondly, when it comes to passing information to many people covering vast areas, mass media is the preferred method unlike interpersonal communication (Waisbord, 2018).

The common message on ABC (Abstinence, be faithful and use of a Condom) is a strategy that puts emphasis on abstaining and education on sex. This is an education based on sex and is a policy that puts emphasis on avoiding risks and reducing the impact of any harm caused hence modifying the sext education of abstinence. In this approach, there is emphasis on the value of protecting once partner. This strategy of Abstinence is geared

towards promoting refraining from sex until marriage. However, it does not offer much information on safe sex and contraceptives. The abstinence sex awareness strategy should include messages on safe sex. Generally, this strategy is not holistic sex education and compromises some aspects that need to be included. (Heider, 2013).

Campaigns carried out through the media together with interpersonal communication complement each other when it comes to development of communication strategies and HIV/AIDS prevention and care initiatives. Mass media is very effective in passing information and in the long run supports efficient interpersonal communication. In using both communication methods it gives room for individuals and groups air their concerns while taking cognizance of the private nature of human sexuality. Additionally, Simons-Morton, Cale, & Harris, 2013 note that using one approach in promoting health like using mass media alone or any other strategy is not sufficient to attained the desired outcomes.

Different approaches and strategies are now increasingly used together to promote efforts in health. This approach is used to reach many individuals and groups addressing their health concerns. Communication on these issues is used together with programs in the community, changes in policies and service delivery improvements in the health system. (Chu, & Leino, 2017).

Importantly, for the success of a campaign communication should be able to look into the audience needs to achieve desired change in behavior that is aimed at HIV/AIDS prevention and spread in the area targeted. The communicators must have a proper plan that can be implemented and evaluated at every step. National, regional and community

and government interventions, together with the input from opinion leaders is crucial for the success of such campaigns (Mantell, DiVittis, & Auerbach, 2013).

1.2 Statement of the Problem

There has been a worrying trend in behavior change among youths when it comes to the spread of HIV/AIDS (Stevenson & Wolfers, 2013). Many campaigns and strategies have believed and assumed that once information and education on HIV/AIDS is provided, the youths will engage in safe sexual behaviors. However, it is clear that most young people's sexual conduct and understanding of HIV/AIDS do not correlate in a clear way. Moyer, (2013).

In real sense, campaigns aimed at HIV/AIDs prevention necessitates awareness creation and create awareness that led to changed attitudes and behaviors among the different groups of people. When there is change in practices among these groups there is generally the demand for services regarding the subject. Prevention campaigns on HIV/AIDS should initiate discussions in the community. When this happens, change in practices, attitudes and behavior happens and this strengthens the existing community structures that will now guide dialogue in the community on what are regarded as positive and the negative values and norms. This leads to the community identifying what would be regarded as risky and to be avoided to address HIV/AIDS infections and spread (Cahill, & Valadéz, 2013).

Worth noting is that there is a gap knowledge and practice which creates challenges when it comes to achieving anticipated behavior in HIV prevention. Strategic communication for approval and sustainability in terms of packaging HIV/AIDS messages aimed at behavior change is still inadequate due to irregular implementation of routine and periodic

campaigns and activities. Currently, the routine activities that are being implemented are not continuous and campaigns do not put systems in place to maintain the momentum of success achieved through campaign efforts. Civil Society Organizations together with the structures used at the community level to mobilize, communicate and also monitor the effect of behavior change messages do not have the required capacity. Additionally, the systems at the community level do not get the required support to address the health concerns and needs at the community (Kalembo, Zgambo, & Yukai, 2013).

Studying perceptions of HIV messages can give important understanding into how HIV/AIDs messages are regarded and understood at the community level. These insights can prove very important when comes to re-strategizing or change of focus in terms of prevention campaigns, policies and programs in areas experiencing high HIV/ADIs prevalence. When we can understand the importance of HIV messages from a community perspective that can help guide the enhancement of strategies and interventions aimed at enhancing activities geared at reducing the risk presented by HIV/AIDS and in turn help generate more efficient HIV prevention efforts. Given this, this study aims to examine the HIV/AIDS preventive messages that AMPATH sends to young people.

1.3 Research Objective

This research aims to look into the HIV/AIDS prevention messaging that AMPATH sends to young people.

1.3.1 Specific Objectives

i. To find out into the communication channels used for HIV/AIDs messaging among the youth by the AMPATH project.

ii. To analyze the types of HIV/AIDs messages targeting youth by AMPATH.

iii. To investigate message consumption patterns among the youth accessing AMPATH services.

1.4. Rational of the Study

It is in middle-income countries where a significant percentage of young people live with HIV and over 80% of that population comes from the Sub-Saharan region of Africa. Kenya, South Africa, India, Mozambique, Tanzania and Nigeria accounts for half the number of 15- to 19-year-olds are HIV positive globally. (UNICEF, 2015). In 2015, Kenya accounts for more than half of all new HIV cases recorded among teenagers and young people aged 15 to 24. This was a significant rise from cases recorded in 2013 where the number stood at 29% (Kenyan Ministry of Health/National AIDS Control Council, 2016). Young women are 73 percent more likely than adult males to acquire HIV. 33% of all new infections were brought on as a result, which was over 23,000 in 2015. In contrast, 16% (over 12,000) of the new infections were among the young men.

HIV awareness and education are essential components of Prevention strategies in Kenya for success, especially among the young population. Since 2003, school curriculum in Kenya have been establish to teach children about HIV. In 2013, a policy on HIV education was created that addressed HIV prevention, treatment, and care for students and educators (Government of Kenya, 2013).

Teaching children about HIV and sexual health has remained controversial practice. According to KDHS survey that was done in 2014 found 40% of adults opposed the practice of teaching young people about condoms. They feared that educating the young

people on condom use will encourage them to have sex (Kenya National Bureau of Statistics, 2015). Therefore, there is need to investigate the HIV/AIDS prevention messages to youths by AMPATH.

1.5 Significance of the Study

Knowing the patterns and trends in HIV/AIDs, and the message consumption patterns, especially among the youth gives valuable information that can in turn be used to formulate finest preventive actions to restrain its spread. These preventive actions will in the long run reduce HIV/AIDS related sicknesses and deaths because the youth will be active, healthy and productive. This will be beneficial for the socioeconomic progress of the Country.

The study will give insight to the youth; as they will be able to plan ways to ensure they shun risky behaviors pertaining to HIV/AIDs.

The study will enable the increase levels of awareness and what they need to know about HIV/AIDS among all people in the country.

The study will aim to strengthen the formulation and coordination of HIV prevention interventions in the health sector using strategies that will promote awareness creation.

1.6 Scope and Limitations of the Study

The study's primary goal is to convey HIV/AIDS prevention messages to young people at AMPATH. The study will be carried out at AMPATH Plus. It will target youth patients attending comprehensive care center and AMPATH plus staffs. The study will use a case

study design. It will adopt the use of interviews and questionnaires. It will take start from October 2021 upto December 2021.

The project will be limited to youth accessing AMPATH services in Eldoret.

While carrying out this research, the researcher might be faced with the following constraints such as; lack of consent from youth accessing AMPATH services, lack of co-operation from some employees in participating in group discussions and interviews due to inadequate time, some of might be in a hurry to get to their appointments.

CHAPTER TWO

LITERATURE REVIEW

2.0 Overview

In this category, we shall discuss a hypothesis and literature related to HIV messaging. Literature pertaining each objective will be covered which they include; finding ways for young people to communicate about HIV/AIDS; to look into the types of HIV/AIDs messages for youth at AMPATH and to establish how message consumption patterns and inform AMPATH decisions.

2.1 The Concept of HIV/AIDS

The precise origin of the HIV virus caused by AIDS was in the United States in 1981(Fauci, Folkers & Dieffenbach, 2013). That was unquestionably the first case of someone with HIV/AIDS to be documented and identified. Due to recent study, a blood sample that had been preserved since 1959 and examined in 1998 was found to have the virus. The first known and verified case of the virus is this one involving a Congolese guy. The first HIV case in Kenya was reported in 1984, but by the middle of the 1990s, it was one of the leading causes of death in the nation, making it a burden for the public health system and the economy. HIV prevalence raised to over 10% in 1996, and reduced to 6% by 2013, this was attributed to an increase in Antiretroviral Treatment (ART). Luc Montagnier was the person who initially discovered the AIDs virus in 1983 in France who was a researcher at the Pasteur institute of research and the following year, Dr. Robert

Gallo independently isolated the same virus in the United States, and a group of scientists gave it its current name (Jeyaseelan, Kumar, Mohanraj, Rebekah, Rao, & Manhart, 2013).

2.2 AMPATH

A collaboration between Moi University, the Moi Teaching and Referral Hospital in Eldoret, Kenya, and the Indiana University School of Medicine produced the AMPATH Academic Model for Prevention and Treatment of HIV AIDS. In addition to providing comprehensive HIV AIDS treatment in Kenya, the organization Its first patient was enrolled in November 2020.

2.3 Theoretical Framework

2.3.1 Consumer Health Informatics Model

Consumer Health Informatics (CHI) has emerged to shed light on the relationship between health professionals and family and community members by giving a retrospective role to health professionals and health consumers on issues of health (Eysenbach 2000). CHI progressed from health informatics to incorporate health education, public health, and promotion, together with communication sciences. The key areas in the model include (a) Analyzing the information needs of those that access health services, (b) Research and implementation of strategies in accessing information on, (c) formation of approaches to assimilate preferences among the consumers regarding information systems, and (d) studying the effect of CHI outcomes on health of the public. This leads to empowering those accessing heath in order to improve their health through custom-made health messages linked to health education. The Internet and SMS-Service although not

exclusive, are a significant medium through which health consumers can get information on health information but does not guarantee quality and reliability that is left for the consumers to judge.

The consumers are categorized in groups that include scientists, practitioners in the education sector, professionals in the health sector and those who make policies. As recommended in the significant areas of CHI, consistent surveys done through the electronic media are carried out to investigate if AfroAIDSinfo sustainably continued to satisfy information needs of the five consumer groups. This crucial noting the ever-changing nature and developments made regarding HIV/AIDS. This means that all the information touching on HIV/AIDs should updated to be current and continuously given to those infected or affected packaged in a way that they can understand considering their culture and preferences. For example, the information that is passed should help the patients make informed choices concerning their health, guiding professional in the health sector on best practices and assist in policy formulation (Dartnall 2010).

2.3.2 Web-to-Public Knowledge Transfer Model (WPKTM)

WPKTM is a Health technique that is used electronically to direct the formation of health Web sites (Van Zyl, Kotze and Laubscher (2014). This model has two phases; Its first phase is planning, where we have broad ideologies that guide identifying the information needs of those who have been targeted. It studies the audience, create the information that would be applicable and needed, classification of the information looking at literacy levels, and stressing the importance of the new information without overloading the consumers with information while urging its use. In the second phase which is referred to

as the implementation stage. The needs of the consumers regarding health is packaged as technology that are best practices that guide the formation of a website on health (Mbananga, Mniki, Oelofse, Makapan, & Lubisi, 2004).

Additionally, there stress on implementation of quality assurance approaches to eliminate the duty from health consumers to judge content for reliability. This includes an editorial board that is tasked with reviewing articles that have been written by professionals in the health sector, do the referencing for the articles and certify the website for instance by the Health on the Net Foundation (Health on the Net Foundation. 2013). Their HON-code is founded based on ethical principles and certification that suggests if the evaluation specifies that the health website adheres to the HON-code, its seal is shown on the website showing those who visit it that it is a trustworthy health information source.

2.4 HIV Messages

2.4.1 Concept of HIV/AIDs prevention campaigns

Campaigns aimed at creating awareness are used to bring issues to light and change the attitudes of the public. These campaigns ought to get desired publicity reach majority of people directly (Battle, 2006). It is recommended that these campaigns should also be conducted in a sensitive manner because people easily shun negative and aggressive campaigns.

Posters and ads play an active role in spreading awareness or passing information to communities. Their use is widespread, even for commercial purposes. Reach out to publishers, design companies, or other companies to get the materials you want. Obtain

the local council's approval before painting an instructional mural in a public area (Battle, 2006).

Protests and cultural activities such as parties and festivals are used to support community activism with events such as "Breaking the Silence" parties wherein people with AIDS gather to speak and share their experiences or perform musicals about HIV and AIDS (Fisher, 2002).

To aid the fight against pharmaceutical companies who don't provide affordable medicine to impoverished nations, people living with AIDS should attend protests against any organization or job that treats them unfairly (Stanton 2009).

Spiritual meetings like prayers and even other functions in the community like funerals and other community events where even traditional leaders get to summon their juniors to talk about HIV/AIDS. Send-offs of persons who rests as a result of AIDS are also used as a forum to create awareness while being cognizant of the family that is mourning (Richey 2007).

Newspapers and radio are also employed, and interviews with afflicted persons and calling on local broadcasting stations are used to raise awareness.. The newspapers can also be used to give publicity to events. Finally, press statements where reporters are invited can be issued (Philliber 2001).

2.5 Empirical Review

2.5.1 The Communication Channels for HIV/AIDs for the Youth

The U.S Department of Veterans Affairs has run the nation's HIV registry since 1989. The registry contains longitudinal data as well as a detailed resource of clinical information (Mbuagbaw, Thabane, & Ongolo-Zogo, 2013). The Veterans Affairs office compiles stats that are automatically retrieved from detailed, computerized databases of Veteran Affairs' extensive administrative and clinical tasks, called “Veterans Integrated Health Systems Technology and Architecture.”

In France, NADIS 2000 is an electronic medical record program for HIV-infected and patients infected by hepatitis practiced in medical centers of Infectious Diseases in France as from the year 2000. It is used at the patient's discretion by physicians, and it is usually carried out in real time. It is decently accepted by all health professionals. The tool was developed to analyze the workings of a system before it's put to use. It had an intuitive visual interface simulating a checkup and other functions related to health care technicians (printing of prescriptions and letters, graphic display of biological data).

Storey, et al. (2014) published research on a prototype electronic medical-record system that supports HIV/TB treatment in Haiti, called HIV-EMR. The record provides an opportunity to order laboratory examinations, medicines, and submits alerts based on their well-being and test results. Web-based EHRs have also been used by other partners in the health sector to support anti-retroviral rollouts in Rwanda. Jung et al. (2013) developed an electronic technology feedback system for sexually transmitted infections for PREVEN in Peru. The 44 data-entry personnel in this project entered the information as they went

through the reports, directly into a single database, saving time and money for data entry. The system collects new data regularly providing healthcare interviewers with the information and reports on the number of missed treatments. The system uses prior results to check for present results and prescriptions. A real time database can be seen from the web which can only be done by team leaders.

A randomized trial conducted by (Odine, 2015) focused on using home based computerized networks connected to the internet (the Computer Link) to help determine if the program would decrease the levels of social isolation for people with AIDS. It sought to improve mood and ability to make decisions without negatively affecting a person's health. Some of the services that were available included an online electronic encyclopedia, private and public communication as well as a decision support system. All these services were co-ordinated by a registered nurse. The computer specialists discovered that computer networks are a good alternative for providing medical services to individuals who are away from home. Peer contact was proven to being the main mechanism of intervention because communication services were more commonly used than most other services. The system has increased confidence, but not skill, in decision making.

A homepage for telemedicine web-based online therapy of HIV/AIDS for patients named Virtual Hospital was implemented in Spain. (Ballester-Arnal, Gil-Llario, Giménez-García, & Kalichman, 2015). Patients can see their healthcare providers and electronically access their patient records by using the system's teleconference, online, or messaging tools. This system also offers a tele-pharmacy service that steers adherence to treatment noting the side effects, conveying the medication straight to the patient at the comfort of

his or her home by a courier. This system enables patients to also communicate and ensures professionals work together to create plans for extensive care for all patients. To complement all this, there exists a library that is virtual where information on HIV/AIDs prevention can be sought. Worth noting is that the cost involved it the system development was minimal.

Xiao, Noar, & Zeng, (2014) designed what is called the Center of Reference for AIDS (CREAIDS), which is module with four components and in directed by a patient. This is a software program that is highly interactive developed with an aim to improve the uptake of antiretroviral therapy. Brock and colleagues utilized Personal Digital Assistants (PDAs) to dessiminate information on adhering to medication because they noted that there was some short-term effect on medication adherence that was reported by patients themselves.

Numerous research studies have looked into certain studies (Curioso et al., 2014 & Reback et al., 2015) in which human aids delivered as well as auto-dialed text messages were sent to websites and mobile phones in America, and range of outcomes were found. Unfortunately, many of them did not find a significant effect of support over the phone for relevant research, such as antidepressant effectiveness in HIV subjects. (Lewis et al, 2013 & Steiner et al, 2016) While some research has suggested that calls delivered via interactive voice response for alcoholics who are HIV-positive can decrease their alcohol consumption, a new study has confirmed this. A different study in support of the AIDS Clinical Trials Group discovered 109 HIV patients who were recently treated, a statistical significantly higher effectiveness of treatment at 448 days after a phone call support set ($p < 0.017$); telephone calls were linked to a potentially positive but not significantly lower risk. (HR 0.69; 95% CI, 0.38 to 1.23) for treatment failure. Surveying HIV-positive

individuals that smoke, there was a 95% chance that participants who got a phone intervention would quit smoking more than participants who were taken care of orally. The possible advantages of cell phone interventions (deliverability and the environment for further treatment) must still be compared to the value of privacy (e.g., validating that the participant patient is the opposite party), target (e.g., Patients who use drugs might respond better to face-to-face counseling as opposed to over the phone), and feasibility (e.g., whether the caller can carry on a conversation simultaneously) (Lubinga, Jansen, & Maes, 2014).

Cell phones are being utilized to provide highly desirable support to of service-affected patients traveling from areas of over-used resources. In South Africa, there is a project called Cell Life that utilizes mobile phones to monitor the adherence to antiretroviral therapy in the management of HIV/AIDS. Among the technologies that employ Cell Life are a global mobile communications system, wireless Internet access, and a geographical information system database. Over the course of two years, a cell phone system was rolled it linked 75 percent of the 340 HIV facilities in the nation and 32,000 people. With this cell phone system, it is possible to transmit patient data to Kigali including produced weekly reports to track various elements including the anti-retro-viral drug stock at clinics and any other notice that maybe relevant to health providers (Park, Howie-Esquivel, & Dracup, 2015). In 2007, Voxiva performed a contract with the respective government of the United States to enable phone systems with HIV patients for HIV information support in ten African countries.

In the future, 80% of Africans will live in a coverage area. Given that many African residents have opposed individual cell phone ownership and have proposed it onward, in

within a few years, 80% of these individuals will reside in locations with consistent cellphone coverage. (Forrest, Wiens, Kanters, Nsanzimana, Lester, & Mills, 2015).

2.5.2 The Types of HIV/AIDs Messages for Youth at AMPATH

According a Kenya Demographic and Health Survey (KDHS) done in 2003, The risk of HIV infection is three times higher in females than in males between the ages of 15 and 24. Without a question, the younger AIDS generation needs to be the focus of HIV/AIDS information and prevention initiatives. The risk factors for behavior are the most significant indicators of a person's HIV status. These include having several sexual partners, switching partners frequently, engaging in unprotected intercourse, having STDs, and not being circumcised, among other things. With a high percentage (62%) of HIV-positive individuals in long-term relationships in Kenya, unprotected sex with multiple partners continues to be the leading risk factor for HIV infection (UNAIDS 2010). A combination of behavioral, biological, and structural interventions administered in a targeted manner based on one's epidemic is essential for the prevention and control of HIV and AIDS. Male circumcision, antiretroviral therapy (ART), HIV testing and counseling, as well as the treatment of sexually transmitted infections (STIs), are among the biomedical interventions that are significant for young people (Duwell et al, 2013).

HIV education programs in the Namibian school system covers such issues as alcohol and drug abuse and HIV in 79% of secondary schools in 2018, an HIV risk awareness campaign was promoted on nationwide television, and about 25 million of protective were issued out to the Namibian populace annually without charge. HIV prevalence in young women attending antenatal clinics decreased from 18 percent in 2003 to 14 percent in

2007, while knowledge about HIV and condom use has increased, rates of sex before the age of 15 and sex with more than one companion in the last 12 months have decreased, and rates of sex before the age of 15 have decreased. (Kanters et al, 2017). In contrast, Brazil's comprehensive strategy to the epidemic, which supports racial and public education efforts and condom promotion, has boosted safer sex behaviors among young people and stabilized the nation's epidemic (UNAIDS & the Joint United Nations Programme on HIV/AIDS, 2010).

Notably, we have barriers when it comes to HIV testing. These challenges may be brought about by mistrust of medical systems by institutions, discrimination concerns, and lack of HIV/AIDs information, stigma and concern of testing positively. (Hoyt et al., 2012; Schwarcz et al., 2011; Wallace, Mc Lellan-Lemal, Harris, Townsend, & Miller, 2011), When HIV/AIDS is found in those who are willing to get tested, testing and counseling provide an opportunity to assess and research these worries. The prevention, care, and treatment of HIV depend heavily on voluntary counseling and testing (VCT). Numerous VCT initiatives, including testing and counseling in clinics, on the go, and at homes, have recently been carried out. In low- and middle-income countries, the impact of all VCT forms on risky HIV-related behaviors is evaluated in this study.

Depending on the stage of the disease, different dietary restrictions apply to those with HIV-seropositives. Due to HIV/AIDS advances, there is an increase in requirements regarding nutrition. Koethe & Heimburger (2010) assert that HIV-associated wasting results from HIV-seropositive people's inability to appropriately meet their nutritional needs at different stages of HIV/AIDS. It has been established that this wasting is a factor in malnutrition, which is a known indicator of the progression of HIV to full-blown AIDS.

The development of opportunistic infections is made possible by the spread of HIV. Ivers et al. (2010) remark that opportunistic infections may flare up as a result of insufficient dietary intake. Ivers et al. findings are supported by (Kalichmanetal, 2010) who reported that opportunistic infections have been reported mainly amongst HIV-seropositive individuals with compromised nutritional uptake. The study was crucial because it provides crucial insight that expands on the body of knowledge needed to enhance nutritional intake and HIV/AIDS patients' care.

2.5.3 Message Consumption Patterns among Youths

To reach everyone who needs treatment and stop the spread of new diseases, comprehensive strategies are required. Most new HIV infections worldwide are caused by sexual transmission (UNAIDS, 2010). Programs that encourage behavior modifications aim to persuade individuals to engage in safer sexual practices that can lower the risk of contracting and transmitting HIV. Numerous studies have shown that behavior change programs are successful in a wide range of populations that are at risk of HIV infection (Martin et al., 2010). Effective behavior change initiatives are crafted to meet the needs and values of the target populations (UNAIDS 2010).

According to the UNICEF, the World Health Organization, and UNICEF (2012), HIV-seropositive adults need between 50% - 100% more proteins than those not affected by HIV. In the current study, uneven uptake of fish, legumes, meat and eggs and by the HIV-seropositive respondents meant that they did not meet the required amounts of proteins. As a result, the respondents were more exposed to lack of energy provided by proteins. Milk which was mainly consumed was main the source of protein. Milk is a high value

animal protein but needs to be supplemented with plant proteins to boost the nutritional state of a person. The major reason for most persons not taking proteins was lack of its production in the area where the study was undertaken. The study was in Bomet County in Kenya where maize is the staple food that is milled to flour and porridge made out of it for consumption. Beans are also grown in the area. Notably, according to the Kalenjin and the Maasai Cultures, fish is not considered as food thus an explanation why there was less people taking it as a source of protein. Maasais neighbor the locality where the project was undertaken.

A study in Vancouver, Canada reveals that many service providers locally believed that they had understood what young people using drugs needed but had never inquired from them the kind of services they needed. A program dubbed 'Crystal Clear' was initiated targeting methamphetamine users from the streets. The program aimed at providing the young adults with services in the community. In the program, peers and friends were asked the When, What, Where and How for methamphetamine users. Focus groups were used by the program to survey the peers and the results were shared with the service providers. Using the findings, the providers finally sought other ways to reach the young people. Research on the cooperation between communities, with regard to rural water supply projects in India, indicates that water and community services can be negatively affected without effective collaboration. By evaluating the effects of community participation in service delivery, they were able to show that there are many positive associations that confirm which participation in common activities is correlated with the overall achievement of the venture. (Goldenberg et al, 2014). Due to factors deemed

relevant for reviewing the effects of community participation in rural water-supply projects, considerations were taken into account regarding customer experience.

Almost everyone now uses the Prevention programs, care, and treatment strategy as a helpful framework to direct important population programming (Wolf, Bingham, Millett, & Wilcher, 2018). This can point why programs fail to reach targeted populations and suggest areas that need to be strengthen. This model details the need to engage and build the capacity of communities to spearhead activities to reach many people to test and treat them. The model seeks to ensure sustainability of such services together with handling the challenges of gender-based bias, stigma, discrimination, crime and violence. Human rights are at the core of the model where safety, confidentiality and security are guaranteed.

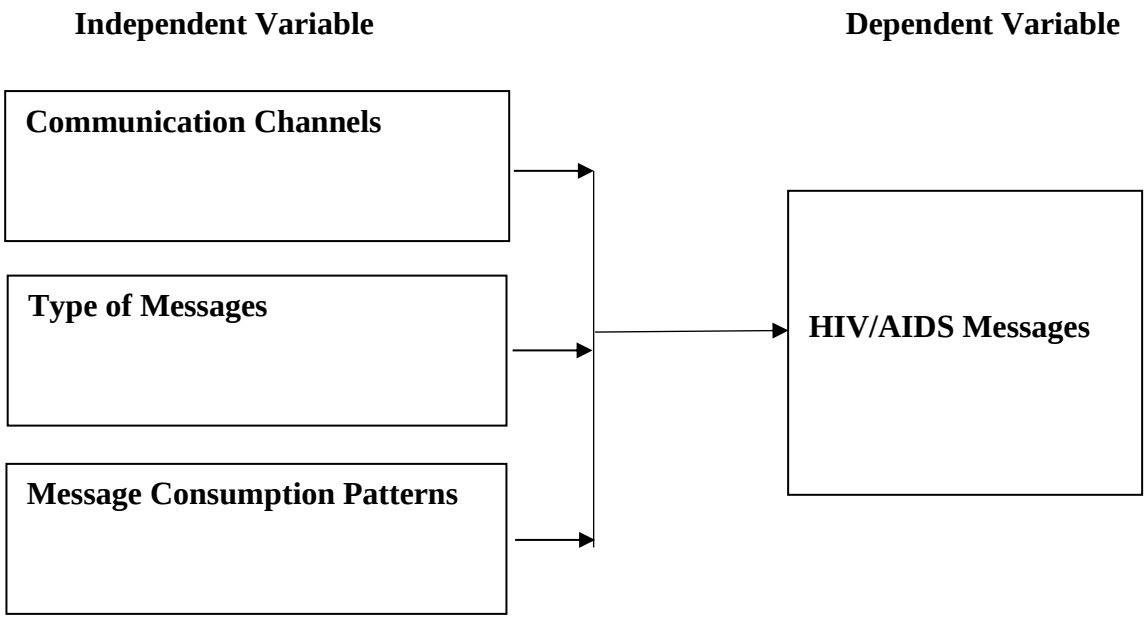
Mukandavire et al. (2018) in an article came up with a new method that sought to study spread of HIV to its overall implication in Dakar, Senegal. The study stated that reported infection through commercial sex work is reducing but unprotected sex among men attributed to over 40% of infections between 1995 and 2005, which increased to over 60% in 2015. According to the study's authors, additional low- and middle-income nations might see a similar dynamic.

In Tajikistan, a study by Kanal in 2018 compared the efficiency of a three network based approaches looking at People Who Inject Drugs (PWID). Two Respondent-Driven Sampling (RDS) procedures are included, one of which was restricted and the other of which was not. Additionally, it used an Active Case-Finding (ACF) strategy that includes targeted engagement by PWIDs and peers who are HIV-positive. Together, these

strategies reported 190 new cases of HIV in 8 months. The strategy linked 80% of them confirmed through tests, and 87.5% of the established by treatment. The RDS methods were more effective than the ACF in detecting new reported HIV infections. Many of those who tested the first time were detected by the ACF approach. The study results informed the authors to note that the two approached are crucial to get findings in the case of PWID.

2.6 Conceptual Framework

The study is guided by independent variables which are communication channel, type of messages and message consumption patterns while dependent variable is HIV/AIDS Messages.



Source: Researcher (2021)

Figure 1: Conceptual framework

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

The study's demographic, sample size and sample technique, research tools, data collection methods, and data processing and analysis are all covered in detail in this chapter. It also offers information about the overall technique and processes that will be used.

3.2 Research Design

Descriptive research design will be chosen for an investigation because it would like to obtain some insight and background information within a certain subject. This design is simple and easy to carry out, yet it can yield suitable information desirable by the study (Mugenda & Mugenda, 2003). This design will be used to assess HIV/AIDS prevention messages to youths which can generate information useful in informing the planning and allocation of health resources.

3.3 Research Approach

Research approach consists a plan and procedure that contains of the steps of a wide range of assumptions to thorough method of data interpretation, collection and analysis (Kumar, 2019). This project study will adopt qualitative approach research which involves the analysis and collection of qualitative data to draw inferences from the qualitative results. By focusing on this project, it is hoped to give a better understanding of the topic of the research to provide more detailed responses to research questions, identify the latest developments within the field, and suggest changes to subsequent models.

3.3 Study Population

According to AMPATH health records, many youths are reached with their HIV/AIDs related messages daily. Therefore, the target population for this study will comprise of 80 youths who access AMPATH plus programmes and messages during the two months of study period. The AMPATH staffs will also be interviewed. By focusing on this project, it is hoped to give a better understanding of the topic of the research to provide more detailed responses to research questions, identify the latest developments within the field, and suggest changes to subsequent models

3.4 Eligibility Criteria

3.4.1 Inclusion Criterion:

- All youth accessing AMPATH services
- AMPATH Plus staffs.

3.4.2 Exclusion Criterion

- Those who will not consent
- Those who will be unable to communicate

3.5 Data collection techniques

- Focus Group Discussion
- Interview
- Document Review

The researcher will use focused group discussions to collect data from selected youth. The focused group discussions will cover the following areas; section A: including the socio-demographic details of the participants in the study (education age, sex, marital status,

background, occupation, religion and residence); section B: communication channels for HIV/AIDs for the youth; section C: types of HIV/AIDs messages for youth at AMPATH; and section D: how message consumption patterns, inform AMPATH decisions. Each group discussion will comprise 6 – 8 participants. A total of 10 focused group discussions will be done. Interviews will be used to collect data from AMPATH staffs.

3.6 Data Collection Procedure

The investigator will obtain a duly signed and stamped introductory letter from the University of Nairobi. Once the date has been set, appointment arrangements are made with AMPATH Plus authorities in order to know appropriate time for data collections. Data will be collected by principal researcher from 8:00am to 5:00pm during clinic days. The analyst will guarantee participant equity and execute the study honestly.

3.7 Data Analysis and Presentation

From the Focused Group Discussions and interviews conducted according to the research's goals, themes and categories will be identified in relation to the goals of the research. The data collected will be thoroughly processed and analyzed through a series of operations aimed at removing inconsistencies, grouping by those themes or similarity to explore the significance of variables.

3.8. Research ethics

(i) Researchers that use human beings or animals as their subjects have to think critically how their study will be carried out considering ethical concerns. Respondents in this survey are humans. The researcher shall therefore comply with the following ethical guidelines:

(ii) Approval to conduct the research: For this study, the researcher will request university approval before submitting an application for a research permit to the Institutional Research and Ethics Committee (IREC)

(iii) Before the research instrument is administered, participants will get sufficient information about the study. The volunteers will also be informed of the study's potential advantages and worth.

(iv) Confidentiality and Anonymity: A researcher will always act responsibly, be watchful, observant, and considerate of others' feelings. Participants' privacy will not be jeopardized in this study because their names will not be used or included in the data collection. Since the participants' right to confidentiality will be honored, no secret or private information will be revealed.

(v) Optional participation: The respondents will be made aware that the study will only be utilized for academic reasons and that their involvement in it is wholly voluntary.

(vi) The researcher will make an effort to build a connection with the participants in order to establish strong working relationships with them.

CHAPTER FOUR

DATA PRESENTATION, ANLAYSIS AND PRESENTATION

4.1 Overview

The results and discussion are organized in this chapter based on the study's goals. This chapter examined the young in the north rift region's access to HIV/AIDS messages in more detail. The following three goals served as the basis for the analysis:

1. To investigate the communication channels used for HIV/AIDs messaging among the youth by the AMPATH project.
2. To analyze the types of HIV/AIDs messages targeting youth by AMPATH.
3. To investigate message consumption patterns among the youth accessing AMPATH services.

4.2 Background Information of AMPATH official (nurses/doctors)

Analysis of background was done based on gender, age, both the degree of education and the expertise in HIV/AIDS messaging.

4.2.1 Gender of the Participants Interviewed

The purpose of the study was to identify the gender of the responding AMPATH nurses and doctors. Figure 4.1 presents the findings.

Gender	Male	Female	Total
Doctor	4	2	6
Nurse	3	8	11
		Total	17

Figure 4.1Gender Response

According to Figure 4.1the majority of responders from FGDS and interviews were male while a smaller percentage were female. 9 were male and 8 were female. The study was not biased since both male and female were represented, and the findings on HIV/AIDS messaging was given by both male and female.

4.2.2 Age brackets of AMPATH nurses and Doctors

The study also analyzed the age of the doctors and nurses and Table 4.2 presents the findings.

Table 4.2

Age brackets of the respondents

	18-28 Years	29-39 Years	40-50 Years	50 Years and above
Frequency	5	6	3	3

Table 4.2 reveals that the majority of responders 6 are of the age brackets 40-50 years. 5 were the respondents between ages 18-28 years. Also, 3 were the respondents of the age above 50 years and those between the age bracket of 40-50 years. In the study, all age groups were fairly represented, hence there was no age bias.

4.2.3 Education level of AMPATH Doctors and nurses

The purpose of the study was to determine the degree of education of the respondents working in the medical field at AMPATH. The outcomes are displayed in Table 4.3.

Table 4.3

Education level of the respondents

	Certificate	Diploma	Degree	Master's Degree	PhD
Frequency	3	5	6	2	1

According to Table 4.3, 6 of the AMPATH official had Degrees from different institutions 5 of the respondents had Diplomas. 3 of the respondents had certificates from different institutions. Also, 2 of the respondents were Master's graduates and only 1 of the respondents had PhD. All education levels were represented hence the study was not biased.

4.2.4 Experience of AMPATH Doctors and nurses

The purpose of the study was to ascertain the three types of experience that AMPATH medical practitioners had. 1-3 years, 3-6 years, and eventually over 6 years of employment at AMPATH. The outcomes are shown in Table 4.4.

Table 4.4

Experience of the respondents

	1-3 Years	3-6 Years	6 Years and above
Frequency	6	5	6

According to Table 4.4, the majority of participants 6 have worked for a period of up to three years, whereas 6 have served for a period of 6 years or more, and 5 have worked for a period of three to six years.

4.3 Background Information of youth respondents

Analysis of background information was done based on gender, age brackets, level of education as well as the response on HIV/AIDS education.

4.3.1 Gender of the interviewed Youths

The study sought to find out the gender of youths. The findings are represented in Table 4.4

Table 4.4

Gender responses of youths

	Male	Female
Frequency	42	37

According to Table 4.4, 37 of the teenage respondents were female whereas 42 were men. Since both men and women were represented in the study, it can be deduced from the findings above that there was no gender bias.

4.3.1 Age brackets of the interviewed Youths

The age of the interviewees was a question the researchers asked. The results are shown in Table 4.5.

Table 4.5

Age brackets of the respondents

	18-24 years	24-30 years	30-35 years
Frequency	26	26	27

Table 4.5 shows that majority of the respondents were between the ages of 24 and 30. Additionally, 26 of the respondents lived between the ages of 18 and 24, and 27of the responders were between the ages of 30 and 35. The results show that young people in all age groups were represented, proving that the study was impartial.

4.3.2 Education level of the interviewed Youths

The study also aimed to determine the educational background of the young people it interviewed. The results are shown in Table 4.6.

Table 4.6

Education level of the respondents

	Primary level	secondary level	college level	University level
Frequency	12	12	35	20

Table 4.6 shows that 35 respondents possessed college degrees. The responses came from universities in 20 of the cases. 12 responders were from secondary schools. Lastly, 12 responses were from basic schools.

4.3.3 Response on HIV/AIDS education at AMPATH

The purpose of the study was to learn how young people felt about HIV/AIDS education. Either a good, negative, or neutral response was given. The results are displayed in Table 4.7.

Table 4.7

Response on HIV/AIDS education

	Negative	Positive	Neutral
Frequency	57	19	3

Table 4.7 shows that 57 of the youth respondents noted that they were in favor of HIV/AIDS education. But 19 of the respondents expressed opposition to HIV/AIDS education. According to UNAIDS (2014), HIV training can help students in developing and putting into practice safer practices as well as in avoiding stigmatization and discrimination towards persons who are living with HIV/AIDS. The enthusiastic response is a strong sign that young people will adopt safer behaviors.

4.4 Participants' Understanding on HIV/AIDS Education

HIV can be stopped by educating people about it. No matter how effective education is, it would need to remain an ongoing endeavor as every new generation of people grows up and must be able to protect themselves from illness.

One of the respondents said that:

"We have to encourage openness when addressing HIV/AIDs. This will create a conducive and encouraging environment for persons living with HIV/AIDs. If we can shed light on the epidemic and talk about it, we will confront it effectively"

……

(**Source: Male Nurse respondent, 35 years**)

Another respondent said that:

"HIV/AIDs education and awareness campaigns are being used to ensure the audiences get information so that they can change their behaviors when it comes to sex. These campaigns must ensure they get enough publicity so that they can reach many people. The campaigns should also be considerate because of the issue of stigma because people shy away from campaigns that are direct with their messages."

……

(**Source: Female Doctor respondent, 40 years**)

4.5 Communication channels used for HIV/AIDs messaging among the youth by the AMPATH project

According to interviewees, the most convenient method used to send message about HIV/AIDS prevention campaigns was through media such as radio, TV and magazines. They also say that other methods are through VCT centers, rallies and symposiums, Media, internet, adverts, Health centers, Websites, newspapers, Seminars, Schools and Pamphlets. They further noted that Campaigns (road shows) disseminate information and resources on the prevention, and maternity clinics also provide them with the information.

Based on the survey, the most frequent type of interaction on social media sites was between a social media user and another user, followed by (with) a social media moderator and an employee. Staff and administrators were more likely to communicate over the phone (i.e., by one-on-one contact), whereas users on their own preferred to communicate amongst groups (i.e., by publishing a bulletin for one person to read and respond to). The

developing world has noted significant experience with HIV prevention programs through mass media. These strategies asserts that media messages can promote safe sexual behaviors and attitudes. Many campaigns that have been successful have used radio shows together with television to reach majority of the youth. This medium together with interpersonal communication has been credited to decreasing the risk of HIV infections, reduced risky sexual behaviors and an increase in the use of contraceptives.

In addition, HIV prevention campaigns in Television and radios can help promote reduced initiation to sex among those aged 15 to 30 years for those not in marriage. Generally, media campaigns are responsible for an increase in awareness of HIV/AIDs and use of contraceptives for those engaging in sex. HIV testing among the youth is also promoted by use of mass media. It also creates awareness on the risks involved with risky sexual behaviors.

Communication channels used for HIV/AIDs messaging among the youths by the AMPATH project according to the Cloud-Based Medical Records Systems are; verbal communication, Intrapersonal Communication between the youth and medical personnel and use of different social media platform. Excellent verbal communication is one of the most important factors for maintaining relationship between medical personnel and youths. Verbal communication is more effective.

A respondent reported that;

"I talked to my nurse directly since it gives me confident and I can get responses immediately for every question that I have. When you get to talk to the professionals one

on one, you do not fear anything and ca get immediate feedback. Face to face messaging is good"

…….

(**Source: Male youth respondent, 28 years**)

Further, according to the Academic Model for the Prevention and Treatment of HIV/AIDS, the Communication channels used for HIV/AIDs messaging among the youth by the AMPATH project are;

AIDS ribbons – people are encouraged to wear the red AIDS ribbon to support of the cause, especially the youths that suffer from HIV/AIDS.

Banners – making outstanding banners and placing them at prominent sites that attract huge crowds like during soccer tournaments. The banners should have a vibrant message with a catchy slogan and images if possible.

Posters or pamphlets – the use of posters or pamphlets to promote the issues or provide people with information. Acquire them from other organizations or develop your own or seek permission from the authorities to paint information murals in public places.

Another respondent reported that:

"We print posters to raise awareness among youth on prevention and using protection as a way of reducing the spread of HIV/AIDS". We have also developed pamphlets, flyers and brochures with informative messages on HIV/AIDs prevention, care and support."

……

(**Source: Male Doctor respondent, 43 years**)

AMPATH Habari Newsletter is also used for HIV/AIDs messaging among the youth by the AMPATH project. The findings show that the Newsletter is used Small Group Communication to small groups of youths and hospital websites. Marches, cultural events together with parties are utilized to marshal community support. “Breaking the silence” activities where people infected and living with HIV/AIDs come to speak on their experiences. Songs or plays that show HIV/AIDs reality are also utilized.

Another respondent reported that:

“I once read a motivation and educational piece from AMPATH website. I felt motivated and I would like to encourage every youth accessing internet on daily basis to check the good messages on the AMPATH websites”

……

(**Source: Female Youth respondent, 24 years**)

Another respondent reported that:

“I was among the marching people who were moving around Eldoret town recently raising awareness on HIV/AIDS among youths and raising awareness on using protection as a method of HIV/AIDS control”

……

(**Source: male Youth respondent, 28 years**)

Bronchure: AMPT/004; Communication channels used for HIV/AIDs messaging among the youth by the AMPATH project are posters, written professional messages are texted to the youths and video conferencing. Video conferencing is very effective and does not

require a lot of costs; it save time and movement while promoting collaboration. Video conferencing ensures that all the benefits of many communication methods are enjoyed with less efforts and movement and physical interpersonal communication.

Another respondent reported that:

"We hold zoom meetings every first Friday of the new month to teach youths on various issues on HIV/AIDS. It is very convenient since you do not need to come to AMPATH for awareness meetings on HIV/AIDS"

……

(**Source: Male Doctor respondent, 50 years**)

Communication channels used for HIV/AIDs messaging among the youth by the AMPATH project are verbal communication, this includes talking to youths one on one and Chats. Use of SMS, chats and messaging online can be utilized for HIV/AIDs messaging. Communication online can assist the youth build and adopt social skills and provide a platform to share their experiences and assist each other out.

Another respondent reported that;

"I once got a text informing me to pick my ARVs and I was happy for that since I could have forgotten about my medication. This way of getting such communication is very effective for us who take the medication."

……

(**Source: Female Youth respondent, 26 years**)

The report confirmed that mass media campaigns were successful for reaching a large number of youths on message concerning HIV aids to young people largely because of

the effect of media on a large audience. Media messages are often culturally targeted to the young viewers.

4.6 Types of HIV/AIDs messages targeting youth by AMPATH

The study results from interviews revealed that AMPATH is dedicated to send message on knowledge about HIV/AIDS and its prevention measures by avoiding to venture into risky sexual behaviors such as not using condoms, this in turn increase the rate in which HIV/AIDS spread. Also, the findings indicate the message sent is on abstinence when their partners are not around or when the situation of one partner doesn't allow them to have sexual intercourse. This implies that campaign on HIV/AIDS have reached youths and they have the option to be faithful to one partner to reduce the spread of HIV/AIDS. Sex education that concentrates on Abstinence is firmly to encourage abstinence from sexual until marriage, and does cover information on safe sex or contraceptives. This Abstinence-based sex awareness program should aim at putting stress on abstinence and also include information on safe sex behaviors.

Abstinence approach encourages youths to delay initiation to sexual or to use abstinence until one is married is the most effective way to prevent HIV infection, as encouraged by Christianity and Islam. The strategy promotes skills to practice abstinence and inspires participants to practice activities and behaviors that sustain abstinence.

Together with abstinence, the youths are encouraged to abolish casual or having sex with multiple partners and being faithful to one partner for those married. This lowers exposure to HIV.

The study findings further revealed that the AMPATH messages include the use of condoms which helps in protection against sexual infections such as HIV/AIDS and STIs and as one of the methods of family planning. But many youths believe they are faithful and there is no need for the use of condoms except at required situations. In pursuit to educate and learn the benefits of abstinence, participants get educated on how to use a condom, this being a perfect example for risk education in areas where risk elimination is not practiced. The participants are also made to understand that the use of condoms does not protect them against all other forms of Sexually Transmitted Diseases.

The use of contraceptives like condoms and other safe sex behaviors is promoted in scenarios where it is possible to have only one sexual partner. Despite being ideal, it is very hard to achieve. Even though the message should reach all people, participation in such campaigns has attracted few people, hence the need for further sensitizations.

This implied that HIV/AIDs messages on Abstinence, being faithful and use of contraceptives can result to avoiding risks amplifies the need for having a holistic approach on sex education.

The study findings further revealed that almost half of youth cannot be faithful and accept the use of condoms outside marriage. The youths explained they were not aware that their partners could link them up with a larger network of persons engaging in significant sexual activities with associated risks of HIV infection and there was no difference in sexual health between men of the different socioeconomic backgrounds. Condoms' use was more common among youth who wished to avoid pregnancy.

Types of HIV/AIDs messages targeting youth by AMPATH according to Cloud-Based Medical Records Systems were, HIV/AIDS prevention, HIV/AIDS modes of spread and HIV/AIDS testing. One of the best ways to prevent HIV & AIDS during intercourse with both female and male condoms. On HIV/AIDS spread; HIV can be transmitted when bodily fluids like semen, blood, and vaginal secretion are exchanged from infected people. It can also be transferred during the prenatal period or delivery.

Another respondent reported that;

"Everyone should use condoms during sex intercourse. It helps in preventing you from getting HIV/AIDS also it helps you not to spread HIV/AIDS to your partner or the person you are having sex with.

HIV/AIDS spreads through body fluids from people who have HIV/AIDS. You should not breastfeed your child without instruction from doctors or nurses because you risk spreading HIV/AIDS to your baby."

……

(**Source: Female Doctor respondent, 41 years**)

According to the Academic Model for the Prevention and Treatment of HIV/AIDS, types of HIV/AIDs messages targeting youth by AMPATH were use of Anti-retroviral Treatment (ARVs). Treatment as prevention (TasP) has also been known as the prevention of sexually transmitted diseases via HIV medication. It is one of the extremely effective ways in preventing HIV infections. People living with HIV who take HIV medicine as programmed to keep their viral load no higher than undetectable, and are not at risk of

sexually transmitting HIV to their negative partners. Treatment as prevention also works when people living with HIV take their medication strictly as prescribed and has regular care, including regular viral load tests to guarantee their viral load remains undetectable this is according to article (https://www.hiv.gov/tasp)

Another respondent reported that;

"It is good for you to use ARVs as prescribed by doctors. One should not miss using ARVs because it suppresses HIV virus. I believe with proper intake of the medication one can live a productive long life."

……

(**Source: Male nurse respondent, 32 years**)

Types of HIV/AIDs messages targeting youth by AMPATH: Sex education and being faithful to one partner. Having only one sexual partner can lower your chances of contracting HIV/AIDS. After being tested for HIV/AIDS, persons should be faithful to each other. That means that you have sex only with each other and no one else.

Another respondent reported that;

"I am very faithful to my partner. We don't want to spread HIV/AIDS to any other person he also has HIV/AIDS. We have been counselled and we have the necessary information on the kind of life we have to live."

……

(**Source: Female Youth respondent, 25 years**)

Types of HIV/AIDs messages targeting youth by AMPATH: Food to consume when someone is suffering from HIV/AIDS. The messages in including encouraging those infected to consume high fiber foods like whole grains, legumes, fruits and other vegetables. They are asked to choose meat that is lean and low on fats as sources of protein. Soft drinks like sodas, candy, sweets, and foods with processed sugar should be avoided. Good meals and snacks should include proteins, carbohydrates, together with some good fat.

Another respondent reported that;

"Balance diet is good for your health since it supplies the body with all nutrients that help your body fight the virus. We have been trained and have the information on the kinds of foods that we have to consume to remain productive."

……

(**Source: Female Nurse respondent, 28 years**)

4.7 Message consumption patterns among the youth accessing AMPATH services

Message consumption patterns among the youth accessing AMPATH services was good and majority of the youths adopted self-testing and practice good food nutrition. Potential benefits of self-testing include boosting the number of those that test, promote earlier diagnosis for those that do not seek health services regularly in places that offer HIV testing and convenience together with privacy for those who do not use HIV testing and counselling services. Good nutrition will ensure the body receives the nutrients, vitamins, and minerals it needs to operate at peak efficiency. Plan your meals to have foods with a high nutrient-to-calorie ratio. Healthy nutrition supports the immune system and creates

general flourishing. Good nutrition also assists persons with HIV maintain healthy weight and the absorption of HIV medication.

Another respondent reported that;

"I tested myself and I find out that I had HIV/AIDS. I started earlier medication of ARVs. Also, I started practicing safer behaviors. It is very important for people to get tested so that if they turn positive, they can start on medication."

……

(**Source: Female Youth respondent, 22 years**)

The study findings with the AMPATH staff revealed that frequency of HIV/AIDS campaigns assists in changing indecent sexual behaviors. These HIV/AIDS campaigns incorporate real examples of HIV/AIDS stories which will assists in sexual behavior change. It was also revealed that HIV/AIDS prevention campaigns carried out by AMPATH only target youths with particular message and it is a sensitive to youths' way of life.

The study findings from interviews further revealed that AMPATH have tried to have Behavior Change Communication program which carry message to youths to change their sexual beliefs, attitudes and practices. These mental patterns will be formed in youths' mind, which will give them the ability to sustain changes in the area of sexual orientation and sexuality. Therefore, having a healthy mind is the ideal method to handle matters such as sexual orientation and sexual actions.

The study findings gave implication that with AMPATH emphasizing on the change of sexual behaviors will help reduce the HIV/AIDS spread and improve the economy in the community. This is because if youths do not change their risky sexual behaviors, it will lead to an increase in HIV/AIDS infections and death among youths which has grave repercussions to the development of the country. When youths die, there will be less workforce in the country, and the welfare system will be able to cater for the orphans who need assistance. Further, the health system is already limited in providing basic health care for all the other diseases and almost 50% of beds in many hospital are occupied by people who suffer from HIV/AIDS and other chronic diseases like Cancer.

The study findings concurred with Cole (2009) who noted that the power of increased knowledge to motivate logical sexual behavior to reduce HIV infection and modify sexual behavior change constitutes the crux of most HIV/AIDs education campaigns. Also, a study by (Aranda, 2005) in Africa finds out that HIV/AIDs prevention campaigns have been used as a behavior change approach among various categories of people in the society.

The study findings from focused group discussions show that HIV/AIDS can affect anyone. But it is clear that it is spreading faster among youths who had risky sexual behavior, lived in poverty do not get education, basic health services, good nutrition and clean water. Young people are indeed the most vulnerable. Some of our youths who are from humble background are often powerless to insist on safe sex and easily become infected by HIV positive partners. Although AIDS has become very common among us, it is still surrounded by silence. Youths are ashamed to speak about being infected and

many see it as a scandal when it happens in their families hence, they may continue with risky sexual behaviors. Individuals with AIDS are burdened with prejudice thanks to the ignorance of others and fear, which drives continual antihumanitarian behavior. This epidemic can only be eradicated through breaking the public silence and eradicating ignorance and fear around AIDS. The youths in our communities, it is urgent to promote strategies for dealing with AIDS and altering sexual behaviors that boost the spread of human immunodeficiency virus AIDS.

The study results from the interviews with AMPATH staff specifically highlight the importance of efforts on both fronts of the fight against AIDS: prevention and medical care.

The Nurse 1 Noted that;

"*To stop HIV/AIDS spreading among the youths, we need to educate them on how to avert infection through change in sexual behavior. We also need to strive to alter the social practices and attitudes that make youths vulnerable"*

The study findings from the interviews further revealed that

"*To confront the effects of the epidemic and the social impact it has, we need to ensure that the youths that have contracted HIV/AIDs get the necessary help and care to ensure they live long and productive lives.*"

The study findings from Focus Group Discussion 5 revealed that AIDS can have negative impact on the gains made by AMPATH in their strive to build a better life for the youth. AMPATH cannot fight this battle alone. AMPATH can deliver health and welfare

services, together with development programs and information, and we need to change our sexual behaviors. It's the obligation of every youth to take control over their behavior and set an example for change. It's also an individual duty to spread awareness about AIDS.

Message consumption patterns among the youth accessing AMPATH services is that the youths started using ARVs to suppress the HIV/AIDS virus.

ARV drugs do not execute HIV, but prevent it from multiplying and destroying immune cells, known as CD4 (soldier of the body) cells. These cells are an important part of the immune system.

Another respondent reported that;

"Since I started attending zoom meetings by AMPATH project on HIV/AIDS education, I actively started using ARVs without missing on daily basis. This is a very effective way of keeping in touch with professionals where you can ask them any questions that you have."

……

(**Source: Male Youth respondent, 27 years**)

Message consumption patterns among the youth accessing AMPATH services; good use of contraception like condoms.

A re-examination of HIV seroconversion researches advises that condoms are close to 95% effective when used regularly. This means that steady condom users are 20 times less likely to become infected when exposed to the virus than are irregular or non-users.

Another respondent reported that;

"When you use condoms regularly and in the correct manner, the male condoms are very effective in avoiding the transmission of the HIV virus. The Condoms also lowers the risks of infection from other Sexually Transmitted Infections, such as gonorrhea."

……

(**Source: Male Doctor respondent, 37 years**)

The study results revealed that HIV/AIDS prevention campaigns among youth have made some to be faithful. This implies that HIV/AIDS prevention campaigns have been embraced by many people hence making HIV/AIDS a less fatal disease in the society. However, to enhance this its prevention campaign, AMPATH should do campaign in form of entertainments. Through this form, many people will be captured during campaigns because despite entertaining themselves, they will have learnt something about HIV/AIDS preventions. Human being need to be entertained in order to be active in any participation. The results also show that HIV/AIDS campaigns have no much relevance to university students but only to those married. This implies that there is extra work to educate university students that the campaign is for all people. These campaigns will help them to educate their children, other members of the community and the future generation. This implies that the campaign should be relevant to them not as they suggested.

Focus group discussions indicated that messages about HIV AIDS awareness should be informative, educative and entertaining. HIV AIDS education and awareness should be imparted in a holistic way without isolating or compromising the educative or entertaining aspect.".

Compared to mere stereotype, the mass media was effective in raising the awareness of home dwellers of key happenings, and for this reason ended up being important security tools. Audience members actively choose and view media products to satisfy a variety of needs, including such information, entertainment, news, relaxation, and the like. This research shows radio and television programs are used by many youths and can therefore be used to campaign on the HIV/AIDS prevention.

Although some the young generation in America are sexually active, their activity often puts them at an increased risk of contracting HIV. By introducing them to knowledge, youth groups discourage those behaviors. AIDS education is important for everyone even those that do not or have not yet started engaging in these risky behaviros. This prepares them for situations that will put them at risk later on in life. Also married people are at high risk of infection because they assume that it's only the young people who are at high risk. Education on HIV can lower stigma and discrimination, dispelling untrue info that may cause fear and self-reproach. It is essential for prevention, as stigma often makes people unwilling to be screened for HIV and individuals unfamiliar with the virus have a greater possibility of passing the virus on to others.

4.8 Other findings from the interviews

Behavior change programs they use for youths are meant to push them to practice safe sexual behaviors that can help decrease their risk of contracting and transmitting HIV. *"Other interventions like abstinence are very important. It is also advised not to share needle and use of contraceptive in the correct manner when having sexual intercourse. One can also use Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis*

(PEP) as HIV prevention medicines. However, abstinence is the best way to make sure you won't contract HIV through sex"

……

(**Source: Female Doctor respondent, 34years**)

Forms of media used to reach the youth with HIV/AIDS prevention messages at AMPATH.

"We use the print media, television, movies, video games, music, cell phones, the Internet and posters. These media forms give immense knowledge and transmits information because media keeps people informed about spread and infection of HIV/AIDS. It lets the respondents know what is happening concerning HIV/AIDS. Th media ensures we access a lot of information on HIV/AIDS. It therefore plays a crucial part in reaching people with information"

……

(**Source: MTRH respondent, 51years**)

Challenges that are faced in the use of these forms of media

"We have several regulations that all media form must follow. The regulations touch on content and privacy. There is therefore a challenge when one has to consider being sensitive especially when using social media and protecting data privacy.. Plus, because of the stigma that comes with the issue of HIV/AIDS, some persons don't want to come out to talks about it"

……

(**Source: Male youth respondent, 20years**)

Types of HIV/AIDs messages targeting youth as AMPATH:

"The messages disseminated are on HIV/AIDS prevention, HIV/AIDS modes of spread, HIV/AIDS testing, Sex education messages, being faithful to one partner, and Food to consume when someone is suffering from HIV/AIDS."

……

(**Source: Male nurse respondent, 29years**)

Message consumption patterns by the youth educated by AMPATH project

"The youths have adopted self-testing strategy. They are practicing safe sexual behaviours with good use of contraception like condoms, while others have taken the abstinence way. On top of that, infected youths are using food nutrients which are good to their heath. These are high intake of proteins and vitamins because they are good source of body building foods."

……

(**Source: Female nurse respondent, 31years**)

From focus group interviews the following findings were made.

The Communication channels used for HIV/AIDs messaging among the youth by the AMPATH project include; interpersonal communication, social media, Video conferencing, chats and messaging blogs, print and other publications.

The channels listed above are very effective in conveying messages about HIV/AIDS and to reduce the spread of HIV/AIDS, and it also enlightens youths on how to minimize the spread of HIV/AIDS.

The types of HIV/AIDs messages used by AMPATH projects to target youths according to focus group interviews are;

High intake of proteins and vitamins, use of contraception like condoms, use of ARVs and finally response to stigmatization.

According to focus group interviews, the consumption patterns among the youth targeted by AMPATH projects were;

Behavior changes, safe sexual behaviours, good nutrition among youths, self-testing to know their HIV/AIDS status.

The findings from the interviews conducted by AMPATH staff's social media department showed the challenges of interacting with social media in their communication about HIV prevention and treatment; technology limitations, cost, physical interaction, and lack of privacy. As part of further research, the study noted wireless communication barriers including user Internet problems owing to weak connectivity, user technical difficulties because of a dearth of computers, lack of specialized assistance in computer use, the low-quality of audio and video transmissions, technological glitches, and lack of concern for information technology literacy.

AMPTAH staff also expressed issue among the health care providers was the deficiency of physical interaction, stemming from fewer peripherals and opportunities to connect via teleconferencing and other services. Additionally, the low level of communication and information exchange, along with the absence of visual and physical signals, limited a number of users from focusing on the particular needs of various users. Lack of privacy

and confidentiality was another frequent disadvantage of social networks, which usually kept users from sharing information. Less frequently mentioned disadvantages of social networks included lack of interest.

The most common benefits to using social media to educate about HIV that is easy reach and access to this information, easier communication as people feel more comfortable to open up on social media anonymously, virtual communities, wider geographical reach and a sense off social and emotional support.

There's ease of convenience and ease of access to information related to HIV care, treatment, and prevention on social networks. Youths gain access to medical information as well as information about aids and sexually transmitted infections after discovering them on their phones and discussing them on social networks. People using social media reported receiving health information about their conditions and infections that they might not otherwise have known.

A virtual platform, such as text messaging or social media, gives youths a different, nonphysical way to converse about sexual health, HIV testing, and condom use around peers, health care providers, and sexual partners. Platforms such as text messaging and Facebook allow users to communicate about topics, they are uncomfortable discussing in person. Such platforms are also useful for encouraging the transmission of sensitive information.

The anonymity on social media platforms decreases stigma, fear, and pardons discrimination against HIV patients, allowing them tell revealing stories regarding their

sexuality and HIV status that they would not in ordinary conversation, to family members, buddies, or sexual partners offline.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The study aimed at access to HIV/AIDS messages among the youth in the North Rift region: a case of AMPATH project**.** This chapter discusses the study findings in relation to study objectives.

5.2 Communication channels used for HIV/AIDs messaging among the youth by the AMPATH project

The study first objective was to examine the communication channels used for HIV/AIDs messaging among the youth by the AMPATH project. The main communication channel used by AMPATH project is verbal communication that is Intrapersonal Communication between the youth and medical personnel, and also the use of different social media platforms. On top of that, the AMPATH project uses banners and AIDS ribbons as a communication channel. Banners are very important to inform youths about HIV/AIDS. The red ribbon now symbolizes AIDS awareness, associated with the condition throughout the year, and it is worn by people to commemorate those afflicted and those who have died as a result. Further, posters/pamphlets were used as a communication channel in the AMPATH project. Posters are made for campaigns and social awareness drives. It tells the youths about sexually transmitted diseases such as HIV/ AIDS.

On top of that, texting, chatting and online messaging were used as a communication channel in AMPATH project. Texting is effective since it has privacy.

Also, the researcher found out that the AMPATH project used newsletters to address youths on different issues. The AMPATH website was also used as a main communication channel in the AMPATH project. The website was useful to youths who could access internet and used smart phones.

Further, written professional messages was texted to the youths. Video conferencing was also used as a communication channel where medical practitioners arranged on teaching youths using zoom meetings.

5.2 Types of HIV/AIDs messages targeting youth by AMPATH

The second objective of the study was to identify types of HIV/AIDs messages targeting youth by AMPATHHIV/AIDS. The researcher found out that the messages targeting youths that were thought to youths were; HIV/AIDS prevention, modes of spread, HIV/AIDS testing and using condoms.

Also, sex education messages and being faithful to one partner were other types of HIV/AIDs messages targeting youth by AMPATH. Finally, food to consume when someone is suffering from HIV/AIDS was another message to the youth targeting youths in AMPATH project.

5.3 Message consumption patterns among the youth accessing AMPATH services

The final objective of the study was to investigate message consumption patterns among the youth accessing AMPATH services. After the youths were given different messages, they adopted different ways of self-testing on top of that they started using good food nutrition that helped them build a stronger immune system against the virus. Also, youths

started using ARVs to suppress the HIV virus together with good use of contraception like condoms.

5.4 Conclusion

The purpose of this study was to access to HIV/AIDS messages among the youth in the north rift region. Regarding the youths messaging in North rift, it is concluded that youths communicate direct to their doctors and AMPATH staff on different issues regarding HIV/AIDS. Additionally, youths also get HIV/AIDS messages from the following channels; banners, posters, newsletters, AMPATH websites, video conferencing, texting, chatting, online messaging and finally the AIDS ribbon.

Further, on types of HIV/AIDS messages targeting youths in AMPATH project it was concluded that, youths get the following messages from AMPATH project; HIV/AIDS prevention, HIV/AIDS modes of spread, HIV/AIDS testing, use of antiretroviral treatment (ARVs), being faithful to one partner and finally foods to consume when someone is suffering from HIV/AIDS

Finally, the on-message consumption patterns among the youths in the AMATH project, it was concluded that majority of the youths adopted self-testing on top of that they started using good food nutrition. The youth also practice abstinence, being faithful and use of condoms. Also, youths infected started using ARVs to suppress the HIV/AIDS virus.

5.5 Recommendations

It was established from the study findings that; it is useful to give HIV/AIDS messages to the youths since it helps them build confidence and youths will be more informed about HIV/AIDS.

Firstly, HIV/AIDS teaching and guidance must be undertaken in a holistic approach, without isolating or compromising the educative or entertaining side. Messages about HIV/AIDS awareness must contain information, be educative and possess the entertainment appeal.

Secondly, to overcome the issue of stigma and expose youth to HIV/AIDS awareness messages, the most appropriate communication channels to be used should be social media like Facebook, and WhatsApp forums. Roadshows, rallies and symposiums, Media, internet, adverts, Health centers, Websites, newspapers, Seminars, Schools and Pamphlets are also good avenues to reach majority of youth with behavior change messages on HIV/AIDS.

Thirdly, for more youths to benefit from the AMPATH programs, there is need for the Academic Model to open up drop-in centers across the North Rift Region where majority of the youths both in urban and rural settings can access HIV and AIDs related services easily. These services should include HIV AIDS education, testing, counselling, treatment and care.

Fourthly, noting the lack of a comprehensive legislative framework in addressing HIV and AIDs awareness, prevention and care, the parliament of Kenya should enact a legislation on how the Government and the private sector institutions can work together using various initiatives to address the challenges in addressing the challenges posed by HIV and AIDs. The government of Kenya through the ministries of Health and Education should be mandated to have their own initiatives and programmes in HIV/AIDS Awareness.

Additionally, media outlets can be encouraged to spearhead HIV and AIDs behaviour change programmes as part of the corporate social responsibility. It should not just be done from a commercial aspect.

Finally, when planning to implement HIV AIDS programing activities, it is essential to develop strategic approaches that view understanding health not as a collection of radically different networks and mechanisms but as a system of interconnected practices that function as part of an ongoing, collaborative process.

REFERENCES

Ballester-Arnal, R., Gil-Llario, M. D., Giménez-García, C., & Kalichman, S. C. (2015). What works well in HIV prevention among Spanish young people? An analysis of differential effectiveness among six intervention techniques. *AIDS and Behavior*, *19*(7), 1157-1169.

Beaulaurier, R., Fortuna, K., Lind, D., & Emlet, C. A. (2014). Attitudes and stereotypes regarding older women and HIV risk. *Journal of women & aging*, *26*(4), 351-368.

Bekalu, M. A., & Eggermont, S. (2013). Media use and HIV/AIDS knowledge: a knowledge gap perspective. *Health Promotion International*, *29*(4), 739-750.

Kumar, R. (2019). *Research methodology: A step-by-step guide for beginners*. Sage Publications Limited.

Ryen, A. (2016). Research ethics and qualitative research. *Qualitative research*, 31-48.

Burke, H. M., & Ambasa-Shisanya, C. (2014). Evaluation of a communication campaign to improve continuation among first-time injectable contraceptive users in Nyando District, Kenya. *International perspectives on sexual and reproductive health*, *40*(2), 56-67.

Cahill, S., & Valadéz, R. (2013). Growing older with HIV/AIDS: new public health challenges. *American Journal of Public Health*, *103*(3), e7-e15.

Cale, L., & Harris, J. (2013). Learning about health through physical education and youth sport. In *Sport Pedagogy* (pp. 71-82). Routledge.

Chu, J., & Leino, A. (2017). Advancement in the maturing science of cultural adaptations of evidence-based interventions. *Journal of Consulting and Clinical Psychology*, *85*(1), 45.

Curioso, W. H., Blas, M., Bernabe-Ortiz, A., Canchihuaman, F., & Garcia, P. J. (2014). Information and Communication Technologies to Support HIV and STI care in Developing Countries. *Sexually Transmitted Infections-E-book*, 150.

Dartnall, L. (2010). A 3-step eHealth approach to transfer knowledge on HIV and sexual violence in developing countries. *Studies in health technology and informatics*, *160*(Pt 1), 471-475.

De Cock, K. M., Rutherford, G. W., & Akhwale, W. (2014). Kenya AIDS indicator survey 2012. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *66*, S1-S2.

Duwell, M. M., Knowlton, A. R., Nachega, J. B., Efron, A., Goliath, R., Morroni, C., ... & Chaisson, R. E. (2013). Patient-nominated, community-based HIV treatment supporters: patient perspectives, feasibility, challenges, and factors for success in HIV-infected South African adults. *AIDS patient care and STDs*, *27*(2), 96-102.

Eysenbach, G. (2000). Consumer health informatics. *Bmj*, *320*(7251), 1713-1716.

Fauci, A. S., Folkers, G. K., & Dieffenbach, C. W. (2013). HIV-AIDS: much accomplished, much to do. *Nature immunology*, *14*(11), 1104.

Forrest, J. I., Wiens, M., Kanters, S., Nsanzimana, S., Lester, R. T., & Mills, E. J. (2015). Mobile health applications for HIV prevention and care in Africa. *Current Opinion in HIV and AIDS*, *10*(6), 464-471.

Goldenberg, S. M., Silverman, J. G., Engstrom, D., Bojorquez-Chapela, I., & Strathdee, S. A. (2014). “Right Here is the Gateway”: mobility, sex work entry and HIV risk along the Mexico–US Border. *International Migration*, *52*(4), 26-40.

Government of Kenya (2013) 'Education Sector Policy on HIV and AIDS'

Health on the Net Foundation. (2013). The HON Code of Conduct for medical and health Web sites (HONcode).

Heider, F. (2013). *The psychology of interpersonal relations*. Psychology Press.

Hoyt, M. A., Rubin, L. R., Nemeroff, C. J., Lee, J., Huebner, D. M., & Proeschold-Bell, R. J. (2012). HIV/AIDS-related institutional mistrust among multiethnic men who have sex with men: Effects on HIV testing and risk behaviors. *Health Psychology*, *31*(3), 269.

Ivers, L. C., Chang, Y., Jerome, J. G., & Freedberg, K. A. (2010). Food assistance is associated with improved body mass index, food security and attendance at clinic in an HIV program in central Haiti: a prospective observational cohort study. *AIDS research and therapy*, *7*(1), 33.

Jeyaseelan, L., Kumar, S., Mohanraj, R., Rebekah, G., Rao, D., & Manhart, L. E. (2013). Assessing HIV/AIDS stigma in South India: validation and abridgement of the Berger HIV stigma scale. *AIDS and Behavior*, *17*(1), 434-443.

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2017). Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: UNAIDS, 2013. *According to the UNAIDS’estimate the number of new infections in the region increased from*, *21*, 22-000.

Jung, M., Arya, M., & Viswanath, K. (2013). Effect of media use on HIV/AIDS-related knowledge and condom use in Sub-Saharan Africa: a cross-sectional study. *PloS one*, *8*(7), e68359.

Kalembo, F. W., Zgambo, M., & Yukai, D. (2013). Effective adolescent sexual and reproductive health education programs in sub-Saharan Africa. *Californian Journal of Health Promotion*, *11*(2), 32-42.

Kalichman, S. C., Cherry, C., Amaral, C., White, D., Kalichman, M. O., Pope, H., ... & Macy, R. (2010). Health and treatment implications of food insufficiency among people living with HIV/AIDS, Atlanta, Georgia. *Journal of Urban Health*, *87*(4), 631-641.

Kan, M., Garfinkel, D. B., Samoylova, O., Gray, R. P., & Little, K. M. (2018). Social network methods for HIV case-finding among people who inject drugs in Tajikistan. *Journal of the International AIDS Society*, *21*, e25139.

Kanters, S., Park, J. J., Chan, K., Socias, M. E., Ford, N., Forrest, J. I., ... & Mills, E. J. (2017). Interventions to improve adherence to antiretroviral therapy: a systematic review and network meta-analysis. *The lancet HIV*, *4*(1), e31-e40.

Kenyan Ministry of Health/National AIDS Control Council (2016) ‘Kenya AIDS Response Progress Report 2016’

Kenya National Bureau of Statistics (2015) 'Kenya Demographic and Health Survey 2014'

Kharsany, A. B., & Karim, Q. A. (2016). HIV infection and AIDS in sub-Saharan Africa: current status, challenges and opportunities. *The open AIDS journal*, *10*, 34.

Khasakhala, A. A. (2013). Mainstreaming HIV Interventions into Education Systems. In *Vulnerabilities, Impacts, and Responses to HIV/AIDS in Sub-Saharan Africa* (pp. 196-211). Palgrave Macmillan, London.

Koethe, J. R., & Heimburger, D. C. (2010). Nutritional aspects of HIV-associated wasting in sub-Saharan Africa. *The American journal of clinical nutrition*, *91*(4), 1138S-1142S.

Lewis, M. A., Uhrig, J. D., Bann, C. M., Harris, J. L., Furberg, R. D., Coomes, C., & Kuhns, L. M. (2013). Tailored text messaging intervention for HIV adherence: A proof-of-concept study. *Health Psychology*, *32*(3), 248.

Linehan, M. M. (2018). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Publications.

Lubinga, E., Jansen, C., & Maes, A. (2014). 'If you care, do not share'. Exploring the effects of using rhetorical figures to stimulate young South Africans to discuss HIV and AIDS messages. *Communication*, *40*(1), 49-68.

MacArthur, G. J., van Velzen, E., Palmateer, N., Kimber, J., Pharris, A., Hope, V., ... & Rhodes, T. (2014). Interventions to prevent HIV and hepatitis C in people who inject drugs: a review of reviews to assess evidence of effectiveness. *International Journal of Drug Policy*, *25*(1), 34-52.

Mantell, J. E., DiVittis, A. T., & Auerbach, M. I. (2013). *Evaluating HIV prevention interventions*. Springer Science & Business Media.

Martin, N. K., Hickman, M., Hutchinson, S. J., Goldberg, D. J., & Vickerman, P. (2013). Combination interventions to prevent HCV transmission among people who inject

drugs: modeling the impact of antiviral treatment, needle and syringe programs, and opiate substitution therapy. *Clinical Infectious Diseases*, *57*(suppl_2), S39-S45.

Matthews, P. C., Geretti, A. M., Goulder, P. J., & Klenerman, P. (2014). Epidemiology and impact of HIV coinfection with hepatitis B and hepatitis C viruses in Sub-Saharan Africa. *Journal of clinical virology*, *61*(1), 20-33.

Mbananga, N., Mniki, S., Oelofse, A., Makapan, S., & Lubisi, M. (2004). A model of developing medical terms in indigenous languages: a step towards consumer health informatics in South Africa. *Studies in health technology and informatics*, *107*(Pt 2), 1216-1218.

Mbuagbaw, L., Thabane, L., & Ongolo-Zogo, P. (2013). Opening communication channels with people living with HIV using mobile phone text messaging: insights from the CAMPS trial. *BMC research notes*, *6*(1), 131.

Menacho, L. A., Blas, M. M., Alva, I. E., & Orellana, E. R. (2013). Short text messages to motivate HIV testing among men who have sex with men: a qualitative study in Lima, Peru. *The open AIDS journal*, *7*, 1.

Moyer, V. A. (2013). Screening for HIV: US preventive services task force recommendation statement. *Annals of internal medicine*, *159*(1), 51-60.

Muchiri, M. J., Muturi, W. M., & Ngumi, P. M. (2016). Relationship between financial structure and financial performance of firms listed at East Africa Securities Exchanges. *Journal of Emerging Issue in Economics, Finance and Banking (JEIEFB): An Online International Research Journal (ISSN: 2306-367X)*, *5*(1).

Mukandavire, C., Walker, J., Schwartz, S., Boily, M. C., Danon, L., Lyons, C., ... & Coly, K. (2018). Estimating the contribution of key populations towards the spread of HIV in Dakar, Senegal. *Journal of the International AIDS Society*, *21*, e25126.

Odine, M. (2015). Effective communication for HIV/AIDS in Africa. *The International Journal of*.

Park, L. G., Howie-Esquivel, J., & Dracup, K. (2015). Electronic measurement of medication adherence. *Western journal of nursing research*, *37*(1), 28-49.

Phanuphak, N., Teeratakulpisarn, N., Keelawat, S., Pankam, T., Barisri, J., Triratanachat, S., ... & Numto, S. (2013). Use of human papillomavirus DNA, E6/E7 mRNA, and p16 immunocytochemistry to detect and predict anal high-grade squamous intraepithelial lesions in HIV-positive and HIV-negative men who have sex with men. *PLoS One*, *8*(11), e78291.

Reback, C. J., Fletcher, J. B., Shoptaw, S., & Mansergh, G. (2015). Exposure to theory-driven text messages is associated with HIV risk reduction among methamphetamine-using men who have sex with men. *AIDS and Behavior*, *19*(2), 130-141.

Schwarcz, S., Richards, T. A., Frank, H., Wenzel, C., Chin Hsu, L., Chin, C. S. J., ... & Dilley, J. (2011). Identifying barriers to HIV testing: personal and contextual factors associated with late HIV testing. *AIDS care*, *23*(7), 892-900.

Sheeran, P., Klein, W. M., & Rothman, A. J. (2017). Health behavior change: Moving from observation to intervention. *Annual review of psychology*, *68*, 573-600.

Solorio, R., Norton-Shelpuk, P., Forehand, M., Martinez, M., & Aguirre, J. (2014). HIV prevention messages targeting young Latino immigrant MSM. *AIDS research and treatment*, *2014*.

Steiner, R. J., Black, V., Rees, H., & Schwartz, S. R. (2016). Low receipt and uptake of safer conception messages in routine HIV care: findings from a prospective cohort of women living with HIV in South Africa. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *72*(1), 105-113.

Sternheimer, K. (2014). *Pop Culture Panics: How Moral Crusaders Construct Meanings of Deviance and Delinquency*. Routledge.

Stevenson, B., & Wolfers, J. (2013). Subjective well-being and income: Is there any evidence of satiation?. *American Economic Review*, *103*(3), 598-604.

Storey, D., Seifert-Ahanda, K., Andaluz, A., Tsoi, B., Matsuki, J. M., & Cutler, B. (2014). What is health communication and how does it affect the HIV/AIDS continuum of care? A brief primer and case study from New York City. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *66*, S241-S249.

Subero, G. (2016). *Representations of HIV/AIDS in Contemporary Hispano-American and Caribbean Culture: Cuerpos SuiSIDAs*. Routledge.

Toleran, D. E., Friese, B., Battle, R. S., Gardiner, P., Tran, P. D., Lam, J., & Cabangun, B. (2013). Correlates of HIV and HCV risk and testing among Chinese, Filipino, and Vietnamese men who have sex with men and other at-risk men. *AIDS Education and Prevention*, *25*(3), 244-254.

Unaids, & Joint United Nations Programme on HIV/AIDS. (2010). *Getting to Zero: 2011-2015 Strategy*. World Health Organization.

UNAIDS, W. (2010). Global report. *UNAIDS report on the global AIDS epidemic*, *364*, 2010.

UNICEF, N., World Health Organization, & UNICEF. (2012). WHO (2012). *Progress on drinking water and sanitation*.

UNICEF (2015) 'Press release: Adolescent deaths from AIDS tripled since 2000 – UNICEF'

Van Zyl, H., Kotze, M., & Laubscher, R. (2014). Using a Theoretical Framework to Investigate Whether the HIV/AIDS Information Needs of the AfroAIDSinfo Web Portal Members Are Met: A South African eHealth Study. *International journal of environmental research and public health*, *11*(4), 3570-3585.

Waisbord, S. (2018). Family tree of theories, methodologies, and strategies in development communication. *Handbook of Communication for Development and Social Change*, 1-40.

Wallace, S. A., McLellan-Lemal, E., Harris, M. J., Townsend, T. G., & Miller, K. S. (2011). Why take an HIV test? Concerns, benefits, and strategies to promote HIV testing among low-income heterosexual African American young adults. *Health Education & Behavior*, *38*(5), 462-470.

Watkins, S. C., & Swidler, A. (2013). Working misunderstandings: Donors, brokers, and villagers in Africa's AIDS industry. *PoPulation and develoPment review*, *38*, 197-218.

Wolf, R. C., Bingham, T., Millett, G., & Wilcher, R. (2018). Building the evidence base to optimize the impact of key population programming across the HIV cascade. *Journal of the International AIDS Society*, *21*(Suppl development 5).

Xiao, Z., Noar, S. M., & Zeng, L. (2014). Systematic review of HIV prevention interventions in China: a health communication perspective. *International journal of public health*, *59*(1), 123-142.

FOCUS GROUP INTERVIEW SCHEDULE

Topic: access to HIV/AIDS messages among the youth in the north rift region: a case of AMPATH project.

Introduction

- Greetings
- Introduction of the interviewer and the interviewee
- Explanation of the topic
- Assurance
- Obtaining permission from the participants to tape record the interview deliberations

Questions and Prompts

1. In your opinion which are the communication channels used for HIV/AIDs messaging among the youth by the AMPATH project?
2. Are these channels effective delivering HIV/AIDs messaging to youths?
3. In your own assessment, what are the types of HIV/AIDs messages used by AMPATH projects to target youths?
4. How are the message consumption patterns among the youth targeted by AMPATH projects?
5. How are these message consumption patterns impact the youths on HIV/AIDs prevention?
6. Give suggestions on how to improve access to HIV/AIDS messages by youths.

INTERVIEW GUIDE FOR AMPATH STAFF

1. What behavior change programs do you have for the youth seek to encourage people to adopt safer sexual behaviors that can reduce the risk of acquiring and transmitting HIV?

a) ……

b) ……

c) ……

d) …….

e) …….

2. What are the forms of media do you use to reach the youth with HIV/AIDS prevention messages?

a) ……

b) ……

c) ……

d) ……

e) ……

……

3. What challenges to you face in the use of these forms of media?

a) ……

b) ……

c) ……

d) ……

e) ……

4. What the some of the types of HIV/AIDs messages do you have targeting youth as AMPATH?

a) ……

b) ……

c) ……

d) ……

e) ……

5. In your opinion, how has the message consumption patterns by the youth informed AMPATH decisions?

a) ……

b) ……

c) ……

d) ……

e) ……

6. What have been some of the successes of your HIV/AIDs prevention campaigns among the youth?

a) ……

b) ……

c) ……

d) ……

e) ……

7. What have been some of the challenges of your HIV/AIDs prevention campaigns among the youth?

a) ……

b) ……

c) ……

d) ……

e) ……

8. In your opinion, what can strengthen the formulation and coordination of HIV prevention interventions in the health sector using strategies that will promote awareness creation?

a) ……

b) ……

c) ……

d) ……

e) ……

DOCUMENT REVIEW GUIDE

	Type of document	**Reference**	**Research Objectives**	**Data**
1.	Cloud-Based Medical Records Systems	AMPT/001	1. Communication channels used for HIV/AIDs messaging among the youth by the AMPATH project	
			2. Types of HIV/AIDs messages targeting youth by AMPATH.	
			3. Message consumption patterns among the youth accessing AMPATH services	
2.	The Academic Model for the Prevention and Treatment of HIV/AIDS	AMPT/002	1. Communication channels used for HIV/AIDs messaging among the youth by the AMPATH project	
			2. Types of HIV/AIDs messages targeting youth by AMPATH.	
			3. Message consumption patterns among the youth accessing AMPATH services	
3.	AMPATH Habari Newsletter	AMPT/003	1. Communication channels used for HIV/AIDs messaging among the youth by the AMPATH project	
			2. Types of HIV/AIDs messages targeting youth by AMPATH.	
			3. Message consumption patterns among the youth accessing AMPATH services	
4.	Bronchure	AMPT/004	1. Communication channels used for HIV/AIDs messaging	

			among the youth by the AMPATH project	
			2. Types of HIV/AIDs messages targeting youth by AMPATH.	
			3. Message consumption patterns among the youth accessing AMPATH services	
5	Flyer	AMPT/005	1. Communication channels used for HIV/AIDs messaging among the youth by the AMPATH project	
			2. Types of HIV/AIDs messages targeting youth by AMPATH.	
			3. Message consumption patterns among the youth accessing AMPATH services	