

**ANALYSING INTEGRATED COMMUNICATION APPLIED IN THE  
UNIVERSITY OF KWAZULU-NATAL AIDS PROGRAMME,  
WESTVILLE CAMPUS**

by

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**April 2015**

## **DECLARATION**

**Student number 4823-4478**

I declare that **Analysing Integrated Communication applied in the University of KwaZulu-Natal AIDS Programme, Westville campus** is my own work and that all the sources that I have either used or quoted have been indicated and acknowledged through complete references.

**Given Chigaya Mutinta**

**Date: April 2015**

## **DEDICATION**

I dedicate my work to my son Dilima Mutinta. To my wife Chuma Chinzila Mutinta for support when I was engrossed in this work. To my parents; Vincent Mutinta and Georinah Silenga Mutinta (may her soul rest in eternal peace) for their unconditional love and support. And finally, and most importantly, I give thanks to God Almighty for the gift of life and strength to undertake this study.

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## ABSTRACT

The main research of the study was: How is integrated communication applied in the UKZN AIDS Programme at Westville Campus? The following six subsidiary research questions were formulated to address this topic:

- How is communication aligned with the strategic focus in the UKZN AIDS Programme?
- How consistent are messages and media used in and outside the UKZN AIDS Programme?
- What is the status of infrastructure for integration within the UKZN AIDS Programme?
- What is the status of internal stakeholder orientation and differentiation in the UKZN AIDS Programme?
- What are the mechanisms put in place to coordinate communication efforts and action within the UKZN AIDS Programme?
- What is the status of free flow of information within the UKZN AIDS Programme?

A qualitative research design was conducted using field and survey research. These two research methods may be used for descriptive, exploratory, and explanatory research (Mouton 1996:232). Descriptive and exploratory field and survey research were used to ascertain the integrated communication applied in the UKZN AIDS Programme. Data was collected from sixteen UKZN AIDS Programme employees and eight students using semi-structured focus group and in-depth interviews respectively. Data collected was analysed using thematic analysis a technique that involves identifying, analysing and reporting in detail patterns or themes within data.

The study found that the UKZN AIDS Programme focuses mostly on the University as its main stakeholder. Therefore, there is little emphasis on employees and students. Besides, the study revealed that there is poor alignment of the programme's communication strategy with the programme's strategy. To achieve the UKZN AIDS Programmes' strategic objectives and mission, there is need to reassess the efforts of the programme and re-strategise. Findings on the consistency of messages and media in the UKZN AIDS Programme reveal that

all communications are managed by senior employees and consistent in terms of programme identity by using the university identity, and website messages. The status of the consistency of messages and media in the programme can be improved if a comprehensive approach can be used in communicating internal messages. Findings on the consistency of messages and media in external communication show that the programme tries to communicate different prevention messages using channels favoured by students. However, channels such as drama and peer educators have weaknesses that need to be addressed in addition to employing diverse communication channels. Findings show that some of the messages communicated are relevant in the sense that they address students' sexual risk behaviour while others are not as they are off tangent such that they address issues students are not concerned about. In addition, findings show that peer educators were not exemplary in their work while drama programmes did not allow students to actively participate in the prevention activities. On infrastructure for integration, the study found that there is infrastructure and several prospects for information sharing in the programme created by information technology though not fully explored. With regards the free flow and sharing of information, the study established that the required systems for communication exist but not adequately utilised. Findings on the co-ordination of communication efforts and actions to promote integrated communication show flaws. Departments in the programme function in silos due to lack of cross-functional planning.

The integrated communication conceptual framework used in the study was useful in making the study successfully ascertain integrated communication applied by the UKZN AIDS Programme. The conceptual framework can therefore be used to underpin any research topic on health integrated communication.

**Key terms:** health communication, integrated communication, message consistency, communication coordination, organisational stakeholders, communication alignment, information sharing, free flow of information, and communication infrastructure.

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## **CHAPTER ONE**

### **INTRODUCTION AND BACKGROUND**

#### **1.1 INTRODUCTION**

This study analysed integrated communication applied in the University of KwaZulu-Natal (UKZN) AIDS Programme, Westville Campus. A conceptual framework for measuring integrated communication proposed by Du Plessis and Thomson (2013:437-443) was used to analyse integrated communication applied in the programme. This chapter is a general and brief review of the research problem the study sought to address. The chapter introduces the study by providing the background and the statement of the problem with which the study was conceived. The main research problem, the significance of the study, the research questions and objectives that guided the study are also outlined.

The chapter starts by presenting a national overview on the risk of the Human Immunodeficiency Virus infection (HIV - a virus) and Acquired Immunodeficiency Syndrome (AIDS - a clinical syndrome) in South Africa, risk among young people in general and narrows down to students in South African Universities. The chapter narrows further down to UKZN drawing attention to the sexual practices assumed to be fuelling the HIV epidemic on campuses. The chapter also presents a brief discussion of the response of South African universities; in particular UKZN focusing on the health communication strategies specifically the UKZN AIDS Programme.

The chapter also provides a brief outline of how the study was approached from theoretical and methodological perspectives. Then an outline is provided to show the specific direction of this dissertation. The chapter concludes with a short summary of the major issues highlighted within the chapter.

#### **1.2 BACKGROUND TO THE STUDY**

The threat of HIV and AIDS epidemic in South Africa is overwhelming. Out of 50 million South Africans, more than 5.7 million are living with HIV. Evidence shows that South Africa has the highest HIV prevalence in the world (Joint United

Nations Programme on HIV and AIDS (UNAIDS) 2013:9; Halperin and Epstein 2008:11). Studies show that in 2009 about 310 000 South Africans died due to HIV and AIDS related complications (National Department of Health (NDOH 2013); Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-Van Wyk, Mbelle, Van Zyl, Parker, Zungu and Pezi 2009; Statistics South Africa ([SSA] 2010:9).

The UNAIDS report (2013:12) indicates that the HIV prevalence is 17.8 percent in the 15-49 age group. The United Nations Children's Fund (UNICEF 2013:11) report shows that one out of three women in the 25-29 age group and over a quarter of men in the 30-34 age group are living with HIV.

The HIV and AIDS epidemic has created a huge burden that needs exigent and comprehensive attention. For instance, the overall number of deaths increased drastically from 316 559 in 1997 to 607 184 in 2006. Young people are the most affected by the HIV and AIDS epidemic. Evidence shows that more than 41 percent of deaths in 2006 occurred in the 25-49 age group (Shisana *et al* 2009:13). It suffices then to say that HIV and AIDS contribute to a high death rate in South Africa.

KwaZulu-Natal (KZN) where this study was conducted has the highest HIV prevalence in South Africa estimated at 18.8 percent. Western CAPE (WC) has the lowest HIV prevalence at 3.8 percent (SSA 2013:5). The HIV infection rate among those in the 20-24 age groups is estimated at 26.6 percent (Johnson, Mossong, Dorrington *et al* 2013; Shisana *et al* 2009). In the South African context, many young people in the 20-24 age group are likely to be studying in universities (Lengwe 2009:231; Mulwo 2009:269).

South African universities are not spared from the HIV and AIDS epidemic. A study conducted in South African institutions of higher learning found that the prevalence of sexual risk behaviour among students is 68 percent in heterosexual relationships (Higher Education HIV and AIDS Programme (HEAIDS 2010:11). The study also reported that more than 80 percent of students in the 17-24 age group had vaginal intercourse, 47 percent had multiple and concurrent sexual partners, 36 percent had tried anal intercourse and 80 percent had tried oral sex (HEAIDS 2010:12).

Studies show that the number of newly infected students has stabilised, unfortunately at a high rate (HEAIDS 2010:9; Lengwe 2009:268). This denotes that even though a small number of new infections are happening daily, the prevalence rates remain high. In addition, behaviours that expose students to HIV infection are common in all universities (HEAIDS 2010:12; Pretorius and Raijmakers 2006:6).

At UKZN, studies show that the overall prevalence of HIV among students was 2.8%. It was estimated that a total of 675 students at UKZN were living with HIV. All cases of HIV among students were only among African students, only 0.5% of other students were HIV positive. More female students (2.8%) than male students (1.8%) were HIV positive (HEAIDS 2010:14). Slightly less than 60% of all students reported that they had ever had sex. Less than a third of students aged 18 had ever had sex but this rose to 59% among those aged 20, and to 75% among those older than 20 years (HEAIDS 2010:25). This seems to imply that younger students are likely to have their first sexual encounter during the period that they are at university.

The HEAIDS (2010:20) found that more male students reported having had more than one sexual partner in the past year (51%) in comparison to females (26%). Around 26% of male students reported more than one partner in the past month, many times higher than female students and male students, where this was two percent, and seven percent respectively (HEAIDS 2010:23). HIV prevalence was higher among male and female students who reported more than one partner in the past month in comparison with those who did not (HEAIDS 2010:26).

Findings indicate that it was common to have multiple partners, either in short-term relationships or concurrently. Around 78% of students had been tested in the past year (HEAIDS 2010:26). About 44% of students both sexes reported never drinking. While half of all students reported drinking once a week, around 32% of all students reported being drunk in the past month (HEAIDS 2010:26). Studies suggest that there is a campus culture of excessive drinking on weekends (Mutinta 2012; HEADS 2010).

To curb the risk of HIV and AIDS, UKZN is using various health communication prevention programmes. Some of these programmes are provided by outside and university-based health communication organisations. The university-based health communication programme employed is the UKZN AIDS Programme that was formed in 2009 to help lessen the impact of the HIV and AIDS scourge among other health issues at UKZN. The mission of the Programme is to promote HIV research, treatment, prevention, and care and support of staff and students living with, and affected by HIV (University of KwaZulu-Natal AIDS Policy 2008). In spite of the UKZN AIDS Programme being in existence for quite some time now, the state of integrated communication applied within the programme is not known. From this backdrop, this study will explore and provide in-depth insight on integrated communication applied in the UKZN AIDS Programme at Westville Campus, University of KwaZulu-Natal. The following section presents a concise description of the problem addressed in this study.

### **1.3 STATEMENT OF THE PROBLEM**

The threat of the HIV and AIDS epidemic among UKZN students made the University form the UKZN AIDS Programme. One of the main functions of the UKZN AIDS Programme is to promote health communication prevention activities. The programme is knowledge and skill based. It is aimed at increasing students' knowledge and sharpening their skills of adopting and maintaining sexual behaviour that would curtail the HIV and AIDS epidemics (UKZN HIV and AIDS Policy 2008:6). However, the UKZN AIDS Programme is facing integrated communication challenges (Eleazar 2009; Moodley 2009:76). There is no study the researcher is aware of from the literature conducted that explored integrated communication applied in the UKZN AIDS Programme to understand the integrated communication challenges the programme is facing. Therefore, there is a gap in the knowledge on how integrated communication is applied in the UKZN AIDS Programme. The existing gap in knowledge is the entire reason for conducting this study. The study is therefore important as it provides the solutions; practical and theoretical to the problems experienced by providing insight into integrated communication applied in the UKZN AIDS Programme.

#### **1.4 PURPOSE OF THE STUDY**

The purpose of this research was to explore elements of integrated communication by using a new assessment instrument within the UKZN AIDS Programme using a qualitative research design. Literature reviewed in this study shows that lack of, and out-dated integrated communication models used in health communication programmes results in lack of integrated communication. The dearth of integrated communication is prompting debate and research into more effective methods to dealing with organisational integrated communication problems.

Several integrated communication models have been recommended to help health organisations to deal with their integrated communication challenges. One of the most advocated ways is of empowering organisations to ensure that individuals receive information about the immediate work environment (Kincaid 2005; Fishbein 2000; Fishbein and Guinan 1996; Aaker and Biel 1993). Given the South African Universities situation of inadequately trained health communicators and limited resources, evidence-based assessment of the effects of model-centred integrated communication would strengthen any justification of its adoption in health organisations or programmes. Hence this study set out to investigate integrated communication mechanism applied in the UKZN AIDS Programme.

#### **1.5 AIMS OF THE STUDY**

The study seeks to investigate the current situation of integrated communication applied in the UKZN AIDS Programme through the application of the new assessment instrument. Thus, the point of doing the research was to ascertain how integrated communication was implemented in the programme under study.

#### **1.6 RESEARCH QUESTIONS**

Research questions are specific statements posed to understand the research problem (Creswell 2013). The study set out to answer the following research questions:

- How is communication aligned with the strategic focus in the UKZN AIDS Programme?
- How consistent are messages and media used in and outside the UKZN AIDS Programme?
- What is the status of infrastructure for integration within the UKZN AIDS Programme?
- What is the status of internal stakeholder orientation and differentiation in the UKZN AIDS Programme?
- What are the mechanisms put in place to coordinate communication efforts and action within the UKZN AIDS Programme?
- What is the status of free flow of information within the UKZN AIDS Programme?

## **1.7 RESEARCH OBJECTIVES**

Research objectives are specific statements on what the study intends to achieve. Research objectives should be consistently and logically aligned to the research questions (Creswell 2013). The study set out to achieve the following research objectives:

- To understand the information sharing across divisions in the UKZN AIDS Programme.
- To ascertain the mechanisms used to make information available to all parts of the UKZN AIDS Programme.
- To determine if the AIDS Programme has the mechanisms to facilitate interaction with stakeholders.
- To understand if the UKZN AIDS Programme employees are treated as important stakeholders.
- To ascertain if the UKZN AIDS Programme employees understand what the programme stands for.
- To determine if the UKZN AIDS Programme has a formal policy regarding integrated communication.

The section below presents an introduction to the brief account of what has been published on the topic under study by accredited scholars and researchers.

## **1.8 LITERATURE REVIEW**

The researcher conducted an in-depth literature review on the research problem in this study. Literature review has significant functions in a study. Mainly, literature review enables a researcher to understand how other people have investigated the phenomenon under study and research methods employed that a researcher may have not considered.

Literature review in this current study allowed the researcher to focus on the main research problem, identify gaps and inconsistencies in the existing literature, and how to address them. This placed the study in context and laid a reliable foundation for valid and reliable results.

Creswell (2013:14) says that a well-documented literature review helps to position well a researcher's interest and possible findings within a specific theoretical framework. Literature review also generates data a researcher can compare with his or her own findings. Critical areas explored in the literature review include integrated communication contextualised in health communication.

## **1.9 THEORETICAL APPROACH**

The following theoretical statements provide the theoretical grounding to the research questions underpinning this study:

### **1.9.1 Internal communication**

Nemec (1999:28) explains that internal communication is the way organisations communicate with their employees. In the broadest sense, internal communication is the process of sharing information with other individuals in a given programme or organisation. The process involves gathering, processing, disseminating and storing information. Power and Rienstra (1999:504) argue that internal communication can be described as a process of communication within

an organisation, with other divisions within the organisation and with the top most leaders.

### **1.9.2 External communication**

Kincaid (2010) argues that external communication is a way organisations communicate with the general public. It is a process that makes the public aware of the products and services offered by organisations. External communication requires an organisational image and a professional face.

A researcher Vikos (2010:2) states that internal communication is what attracts and retains skilled employees to an organisation. In addition, internal communication is how the management of the organisation guides employees in reaching the goals of the organisation. External communication makes use of different tools to communicate with shareholders including face-to-face meetings, broadcast media, printed materials; fliers, brochures, newsletters, newspaper advertising, press releases and catalogues, and others. Kincaid (2010) argues that there are also plenty of non-conventional modes of communicating including participating in shows, promotional events and other public events.

### **1.9.3 Organisational communication**

Simply put, organisational communication is a process through which activities of an organisation are coordinated so as to achieve goals of both individuals and organisation. Sanchez (1999:11) and, Newstrom and Davis (1997:49) state that a model of organisational communication conceptualised by Power and Reinstra (1999:511) highlights the strategic planning processes pertinent to organisational communication within organisations. Power and Reinstra (1999:511) deduce that the model represents the planning and evaluation process inherent in organisational communication planning. Cascading from the organisational objectives, the organisational system has an umbrella communication model with articulated aims and objectives in relation to communication planning and system effectiveness.

#### **1.9.4 Integrated communication**

Integrated communication revolves around the degree to which individuals receive information about the immediate work environment. The items included here are the degree of satisfaction with information about departmental plans, the requirements of the job and personnel news (Downs 1996:113). Proctor and Doukakis (2003:275) postulate that an organisation should integrate the overall approach it uses in both internal and external communication.

The process of integration occurs within corporate communication, as indicated in the definition of corporate communication provided by Van Riel (1992:26) where it is a mechanism of management by means of which all consciously used forms of internal and external communication are harmonised. Van Riel (1992:26) also said that the harmonisation process in integration should be effective and efficient so as to create a favourable basis for relationships with the groups upon which the organisation is dependent. Christensen (2002:162) expands on Van Riel's (1995:295) definition by indicating that to qualify as corporate, all communication, with regard to symbols, messages and strategies ought to be conceived, coordinated and integrated as a whole organisational body. Thus, acknowledging that this "corpus" could comprise a set of interrelated organisations (Christensen 2002:162). Furthermore, the notion of corporate communications builds on the assumption that organisations are able to have a general view of themselves as communicating entities (Christensen 2002:162). Contemporary organisations feel under pressure, not only to stand out in a cluttered communication environment saturated with competing messages but also to present and express themselves in their surroundings in coherent and legitimate ways (Christensen 2002:163).

### **1.10 DEFINITIONS OF KEY CONCEPTS**

In this section various key concepts underpinning the study are discussed or explained.

#### **1.10.1 Strategic**

Strategic as an adjective has two senses: (1) *relating to*; and (2) *highly important to the plan or tactic*. Strategic stems from the word strategy which originates from

the Greek word '*strategia*' which means '*generalship*' or Greek '*strategos*', which means '*general*' (Vickols 2010:2; Horwath 2006).

From the military perspective, strategy is a way of manoeuvring into places before confronting an enemy. From the constructive view, strategy is a noun which means the art of military command applied when conducting big battle operations (Horwath 2006).

Strategy as a concept has been adopted by different disciplines including organisational communication. From organisational communication viewpoint, strategic means having a plan of action; having specific communication objectives so as to set the way for their realisation, or to secure specific communication advantageous position (Vikos 2010:10).

### **1.10.2 Communication**

Communication is a process of transferring information from a sender to a receiver with the use of several instruments. Communicated information should be understood by both the sender and receiver. Therefore, communication involves the sender, subject matter of communication, expressions used for communicating, medium of communication, receiver of the communication and interpretation, and feedback expected to be mutual if communication is to be effective and take place (Singhal, Njogu, Bouman and Elias 2006:23).

### **1.10.3 Integration**

Integration is a process of putting together various bits of processes or information to create a whole operational unit (Steinberg 2007:146).

### **1.10.4 Integrated communication**

Integrated communication is a process of incorporating communication or promoting the exchange and flow of information and ideas from one person to another or one department to another. Integrated communication involves a sender transmitting an idea, information, or feeling to a receiver and enhances individual and organisational operations (Kitchen 2005:11).

### **1.10.5 Integrated marketing communication versus integrated communication**

Researchers argue that there is a difference between integrated marketing communication (IMC) and integrated communication (IC). Kitchen (2005:11) argues that IC and IMC are two related but different concepts. IC is perceived as the evolution of IMC (Niemann-Struweg and Grobler 2011:34). These authors argue that IC is concerned about what the organisation is and stands for, for example, the brand of the organisation. IMC is concerned about individual products or service brands.

Maenetja (2009:34) says that contemporary communication organisations operate in environments that are prone to fast change. As a result, they experience competition in providing goods and services. Communication organisations are also disposed to changing trends and technologies making it critical for organisational communication to employ IC techniques to effectively address rapid changes.

Kitchen (2005:9) explains that IC is of strategic importance in organisational communication because it encourages stakeholder's readiness to accept and address change. The following are the main differences between IMC and IC:

- IMC principally focuses more on the target audience, whereas IC focuses more on the rounded perspective that includes stakeholders. Steyn and Puth (2000:198) state that a stakeholder is a person, group, or organisation that has direct or indirect stake in an organisation. The stakeholder can affect or be affected by the organisation's actions, objectives and policies. A good IC approach is expected to lead to a large stakeholder appreciation in an organisation;
- IMC focuses on the messages communicated by the organisation. IC focuses on a two-way process of communication; communicator to the target audience and the other way round. Thus, IC emphasises that all

communication, not merely messages contribute to what the organisation stands for;

- IMC strongly focuses on external messages of an organisation whereas IC focuses on both internal and external messages; and
- IMC holds that the marketing strategy drives the messages of the organisation. As for IC, the strategic intent of an organisation as a whole drives all the communications of an organisation. Van Riel (1997:294) argues that communication organisations are becoming aware that integral communication is not being fully utilised. Therefore, the promotion of organisational communication can be through the integration of various communication aspects including corporate design integrated marketing communication. This should involve common starting points, common operational systems, co-operational systems as well as corporate structures for decisions in communication. Thus, IC is perceived as a wide picture of IMC. IC is based on the assertion that there must be an interaction between internal and external communication in a constant, autonomous and synergetic way. In addition, there should also be no hindrances in the operation of the IMC and IC (Gronstedt (2000:7).

Though IMC and IC have different functions in organisational communication, they are both imperative in influencing organisations to pursue their aims and realise their objectives.

The Change Communication (2001:4) holds that IC is important than IMC because IC enables messages communicated by organisations to have the best chance of cutting through the noise of competitors' messages which bombard people on a daily basis. Failure to apply IC makes organisations send incoherent messages that undermine the influence of their communication.

In agreement, Kincaid (2005:11) found that non-integrated communications make internal and external messages collide thus undermining the integrity of both. In other words, it is through IC that order and direction of messages is guaranteed.

In the long run, this assists in defining and nurturing long-term relationships with potential and existing stakeholders (Change Communication 2001:2).

#### **1.10.6 Peer education**

Peer education is an idea: that implies; an approach, a communication channel, a methodology, a way of life, and a strategy (UNAIDS 1999:8). It stems from the olden times of kings and queens in England. Peers were lords, aristocrats and patricians. The English word 'peer' refers to a person that is of one and the same standing with another or one belonging to the same societal group especially based on age, or status (UNAIDS 2009).

In the present day, the word means fellow, equal, like, co-equal or match (UNICEF 2005) and used in relation to education and training. In the context of health communication, peer education is perceived as a strategy of sharing information with fellow members to achieve positive health outcomes. The aim of peer education is to encourage behavioural change in cultural norms (UNAIDS 2009).

#### **1.10.7 Steady flow and sharing of information**

The steady flow and sharing of information is a process of good communication that is consistent and makes people listen as they trust the flow of information (Theunissen 1998:104). The steady flow and sharing of information is influenced by a certain binding quality of sharing information and enhances the feeling of belonging, and trust in an organisation. Duncan and Moriaty (1998) argue that the steady flow and sharing of information enhances the communication climate in an organisation. Theunissen (1998), states that the steady flow and sharing of information is the realisation of the importance of two-way communication from the communicator to the target audience and the other way round.

#### **1.10.8 Health promotion**

The WHO (2008:5) defines health promotion as the giving of information and/or education to individuals, families, and communities to encourage family unity and community commitment. The aim of health promotion is to make constructive

contributions to people's health status. In another sense, the WHO (2008:5) defines health promotion as the enhancement of healthy ideas to encourage individuals to adopt healthy behaviours. Parker (2006:120) states that individual or community participation is essential to sustain health promotion action.

#### **1.10.9 Health communication**

Parker (2006:154) explains that health communication is a process of informing the public about health concerns and maintenance of important health issues on the public agenda. The mass and multimedia and other high-tech innovations can be used to disseminate useful health information to individuals and public. Health communication is aimed at improving people's health statuses (UNICEF 2005). Researchers argue that health communication includes strategies such as peer education, edutainment, health journalism, organizational communication, and social marketing (Kincaid 2010:11; Parker 2006:153).

#### **1.10.10 Risk behaviour**

Risk behaviour is a specific form of behaviour proven to be associated with increased susceptibility to an infection or disease or ill-health (Jessor 1991:22). Risk behaviour is usually described as risky on the basis of epidemiological or other social information. Changes in behaviour that expose an individual or community to ill-health are major goals of health communication or promotion.

#### **1.10.11 Risk factors**

Risk factors are influences associated with susceptibility to an infection, disease, ill-health, or injury. Risky factors can be; social, economic, biological, behavioural and environmental influences (Jessor 1991:11). Risky factors can be targeted as entry points or focus for health communication strategies and actions.

#### **1.10.12 Strategic communication**

Strategic communication is a process that kindles positive and measurable behavioural and social change in a target audience (Duncan and Moriarty 1997:13). This process is dependent on research, stakeholder

participation, creativity, and high quality programme design. To be effective, strategic communication has to be cognisant of the local setting and use preferred communication approaches.

#### **1.10.13 Management of communication efforts**

The management of communication effort entails the handling of internal and external communication to find solutions to the problems of efficiency and effectiveness in organisations (Parker 2006:45; Van Riel 1997:98). Thus, communication management focuses on the role and running of IC in an organisational environment (Classen and Verwey 1998:81). Duncan (2001:90) argues that to have an effective communication management system, it is critical to have the cross-functionality of processes. This is necessary to ensure that all the departments in the organisation are able to work as a team. Duncan and Moriarty (1997:14) state that communication in teams and across teams is a hallmark of innovative organisations.

#### **1.10.14 Consistency of messages**

Duncan (2002:219) says that consistency of messages is an organisation's ability to have one big creative idea and then ensuring that the big idea is integrated into all communication messages. The big creative idea offers a single focus for all communication efforts, gives direction to both message design and message deliveries. For this reason, consistency of messages must be reflected in the execution of all the messages.

#### **1.10.15 Communication strategy with corporate strategy**

Positioning the communication strategy with corporate strategy is a plan of linking the organisation's plan with stakeholders and defining stakeholders' roles in making communication happen. For this to happen, the communication function in an organisation should be aligned with the organisational objectives (Duncan and Moriarty 1997:13). This means that communication should be anchored in the strategic intent of an organisation which in turn drives communication management.

### **1.10.16 Infrastructure for integration**

The infrastructures for integration are systems and structure aspects of an organisation. Infrastructure for integration focuses on the actual communication-related infrastructure, such as the communication channels used, media richness, and the levels at which communication takes place. Besides, infrastructure for integration focuses on the directions in which communication flows and the communication webs existing in the organisation (Binneman 1998:57). Infrastructure for integration also consists of organisations' structures and routines that sustain their cultures. Infrastructure for integration is effective when its primary activities involve planning, quality control and information management. The section below presents a concise introduction of the research methodology used in this study.

### **1.11 RESEARCH DESIGN**

This study was conducted using qualitative research design that was exploratory and descriptive in nature. Field and survey research methods were used to underpin the study. The study was conducted at UKZN. A non-probability sampling method was used to select participants, qualitative data collection instruments in particular in-depth and focus-group interviews were used, and data was analysed using thematic analysis. In addition, the study addressed the issue of reliability and validity by demonstrating measures put in place to ensure that research instruments were consistent. The study also addressed ethical issues upheld by highlighting the matters of consent, anonymity, privacy and confidentiality.

### **1.12 GEOGRAPHICAL SITE**

The study site is UKZN. This university was formed after the union between the University of Durban Westville and the University of Natal in 2004. This university has five campuses: Howard College, Westville, Pietermaritzburg, Edgewood, and the Nelson Mandela Medical School. This study was only conducted at Westville.

### **1.13 SAMPLING METHOD**

Since this study used a qualitative research design therefore non-probability method was employed to help select programme employees and students for inclusion in the sample. Non-probability sampling represents a group of sampling techniques that help researchers to select units from a population that they are interested in studying (Sprague 2005:45). In particular, purposive or judgment sampling was used to select the sample. In purposive sampling units or people are selected for inclusion in the sample by a researcher with a purpose in mind (Creswell 2009). This method was used to ensure that more specific predefined groups the researcher was interested in were represented in the study.

### **1.14 SAMPLE SIZE**

A sample size of thirty-two (32) participants was used in this study. Sixteen (16) were drawn from the five strata: University AIDS Committee, Director of the UKZN AIDS Programme, Campus HIV and AIDS Support Units Coordinator, Counsellors. Eight (8) peer educators were selected for the study and eight (8) students were selected purposively from the body of students.

### **1.15 DATA COLLECTION**

To collect data two research techniques were used; eight in-depth and two focus group interviews with students and employees, respectively. In-depth interviews were used as they are appropriate in gaining insights into individual perceptions of specific issues. Focus group interviews were used for two main reasons; as socially oriented research methods, they capture factual data in social settings and group dynamics bring out various aspects of topics that may not have been anticipated by researchers or emerged from in-depth interviews (Creswell 2013:23).

Therefore, in-depth and focus group interviews were used to collect data needed to understand integrated communication applied within the UKZN AIDS Programme. In-depth and focus group interviews were used to assess the following issues:

- The UKZN AIDS Programme's focus on stakeholders.
- How communication is aligned with the strategic focus of the UKZN AIDS Programme.
- The consistency of messages and media in and from the UKZN AIDS Programme.
- How the UKZN AIDS Programme co-ordinates its communication efforts and actions.
- Information flows and sharing within the UKZN AIDS Programme.
- The UKZN AIDS Programme infrastructure for integration.

Du Plessis and Thomson's (2013:437-448) integrated communication evaluation tool was used to assess integrated communication applied in the UKZN AIDS Programme. Through the evaluation instrument, the researcher was able to determine how the UKZN AIDS Programme's function is organised, structured, perceived, and whether the programme is focused on a more integrated approach. Integrated communication can ensure effectiveness in health communication through the reduction of risky sexual behaviour and HIV infection. The evaluation instrument was used to ascertain whether integrated communication employed within the UKZN AIDS Programme involves the timely sharing of information. The assessment tool was also employed to evaluate the effectiveness of the working relationships across stakeholders as a way of ensuring that response and mitigation steps are integrated across the programme.

### **1.16 DATA ANALYSIS**

Data collected in this study was analysed using the thematic analysis method. Thematic analysis was suitable to this study because the technique concisely organises data collected and then describes the data sets in detailed (Jiggs 2007).

## **1.17 FINDINGS AND CONTRIBUTIONS TO ORGANISATIONAL COMMUNICATION**

The following section presents findings and contributions to health organisational communication.

### **1.17.1 Findings**

Findings in this study show that integrated communication in the UKZN AIDS Programme is an organisational approach accepted in principle. The UKZN AIDS Programme tends to implement integrated communication at a superficial level. With regard to the application of the evaluation instrument, the UKZN AIDS Programme has not fully applied the foundational concepts in integrated communication as delineated in the evaluation tool underpinning the study. The nature of the study made the evaluation tool good to determine integrated communication applied within the UKZN AIDS Programme.

### **1.17.2 Contribution of the study to organisational communication**

Besides the proposition of a workable theoretical framework for the study field of health organisational communication, this study indirectly raises integrated communication as a strategically managed practice. However, integrated communication is not yet fully accepted by many health communication organisations or programmes. The study is proposing that integrated communication should be employed as a facilitator for strategic health communication through sustainable stakeholder relationship building. Therefore, a unique link between integrated communication, health communication theories, and health literature is drawn.

Although health communication is often regarded as an element of the health management process, the study proposes that health communication is an integrated and continuous process. Thus, health communication encapsulates the proactive, reactive and post-evaluative steps of the health organisational communication model. Effective and strategic communication is raised as a key driver in the health organisational communication process.

## **1.18 STUDY OUTLINE**

The layout of the research study is divided into seven chapters as presented below.

### **Chapter 1: Introduction and background**

The chapter provides the background to the research problem, research questions, theoretical framework, research design and methods, and definition of concepts.

### **Chapter 2: Health communication**

This chapter deals with communication and why communication is important. It also explores the origin and definition of health communication, key principles of effective health communication, health communication models and the overall understanding of health communication. The aim of the chapter is to contextualise the research problem under study.

### **Chapter 3: Integrated communication models**

The chapter presents literature covered in this study. It focuses on literature related to integrated communication from the health communication perspective, and the various types of integrated communication models. This chapter also presents and explains the assessment instrument proposed by Du Plessis and Thomson (2013:437-442) used to determine integrated communication applied in the UKZN AIDS Programme. The main focus is on integrated communication techniques that can be implemented to assess integrated communication in a health organisation or programme. The chapter is contextualised within health communication theory.

### **Chapter 4: Research design and methodology**

This chapter provides the research design, methods, sampling techniques employed and the criteria used in the choice of sample size. The chapter gives full details of the data collection process; gaining access to the subjects, data

collection and analysis techniques used. The chapter also highlights issues of reliability, validity, and limitations in the data.

### **Chapter 5: Data presentations**

This chapter presents data elicited using in-depth and focus group interviews. The chapter presents the sample and its characteristics. The chapter presents data on the main trends and patterns in the data with reference to the research questions. This chapter draws the presentation together highlighting the main themes on integrated communication applied in the UKZN AIDS Programme.

### **Chapter 6: Data analysis and discussions**

This chapter analyses and discusses the results of the study. The chapter discusses the sample and its characteristics using tables as this is critical to understand the nature of the findings. The chapter discusses on the main trends and patterns in the data with reference to the research questions. This chapter draws the discussions together by interpreting the main findings. In short, the chapter highlights the main results on integrated communication applied in the UKZN AIDS Programme.

### **Chapter 7: Conclusions and recommendations**

This chapter presents the conclusions and recommendations. It discusses the main findings obtained drawing together results from previous chapters. It shows how results and conclusions relate to the literature and theory in the area of the study, and discusses anomalies and findings that deviate from expectations. This helped to show the relevance and value of the study and showing where there are still gaps and uncertainties in the application of integrated communication in the UKZN AIDS Programme. The chapter concludes with some recommendations regarding further research, the implementation of the findings and probably policy implications, and finally provide a list of sources.

## **1.19 SUMMARY**

This chapter shows that the risk of HIV and AIDS in South Africa especially among young people in general is high. South African Universities and in particular the University of KwaZulu-Natal are not spared as students engage in sexual practices assumed to be fuelling the HIV epidemic on campuses. The University of KwaZulu-Natal has for example responded to the epidemic by forming the UKZN AIDS Programme to promote health communication. The chapter introduces the study background, the statement of the problem, the main research problem, the significance of the study, overall objectives and the main research questions that guided the study. The chapter also provides a brief outline of the strategy for the study and specific direction of this dissertation.

Chapter 2 deals with literature review on health communication to contextualise the research problem under study.

## **CHAPTER TWO**

### **HEALTH COMMUNICATION**

#### **2.1 INTRODUCTION**

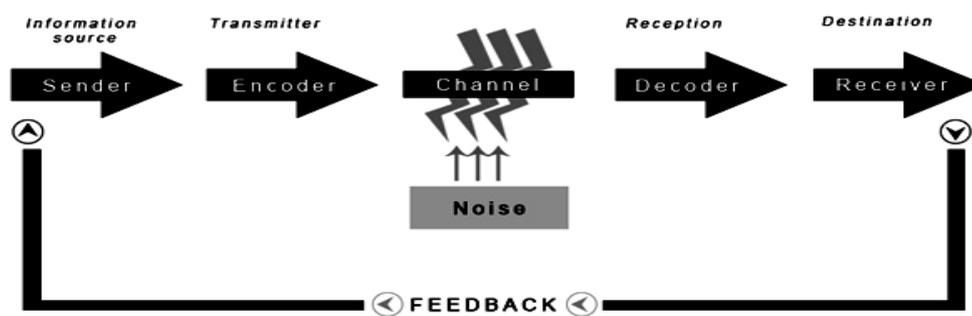
The goal of this study was to investigate integrated communication applied in the UKZN AIDS Programme at Westville Campus, University of KwaZulu-Natal. This chapter is divided into five sections. The first section explores the history, meaning of communication, and why communication is important. The latter entails that communication is a mutual process of transmitting information between individuals or groups using different communication channels; also that effective communication is important because communication influences good human relations and successful political, economic, social, and health organisations or programmes. The second section delves into the history and development of health communication by focusing on how this field emerged as an applied behavioural science research area. The third section explores the definition of health communication as understood by scholars from health communication and related fields such as global health, healthcare, public health, and community development. The fourth section propounds on the principles of health communication including being; research based, cost-effective, strategically and creatively planned, integrated, media specific, and others. These principles can influence health communication programmes or organisations for example those focusing on HIV prevention and AIDS awareness to have an impact by disseminating appropriate health content to influence the desired behaviour. The fifth section focuses on health communication theories/models. In doing so, the chapter sets the context for the investigation of integrated communication in the UKZN AIDS Programme established among other things to promote health communication that can enable students and employees to realise their prime level of health through healthy decisions.

#### **2.2 COMMUNICATION AND ITS IMPORTANCE**

To understand health communication it is important to first explore the literal meaning of the word communication. Singhal, Njogu, Bouman and Elias

(2006:23) define communication as: “A process of transferring information from a sender to a receiver with the use of several instruments in which the communicated information is understood by both the sender and receiver through feedback.” Going by the definition above, communication involves the **sender** (communication source), **subject matter of communication** (message), **expressions used for communicating** (encoding), **medium of communication** (channel), **receiver of the communication** (target community) and **interpretation** (decoding), and **feedback** which is expected to be mutual if communication is to be effective and take place as demonstrated in figure 2.1 below. Communication has its roots in people’s need to share and transmit meanings and ideas (Singhal *et al* 2006).

**Figure 2.1: Shannon and Weaver Model of Communication**



Singhal *et al* (2006:23)

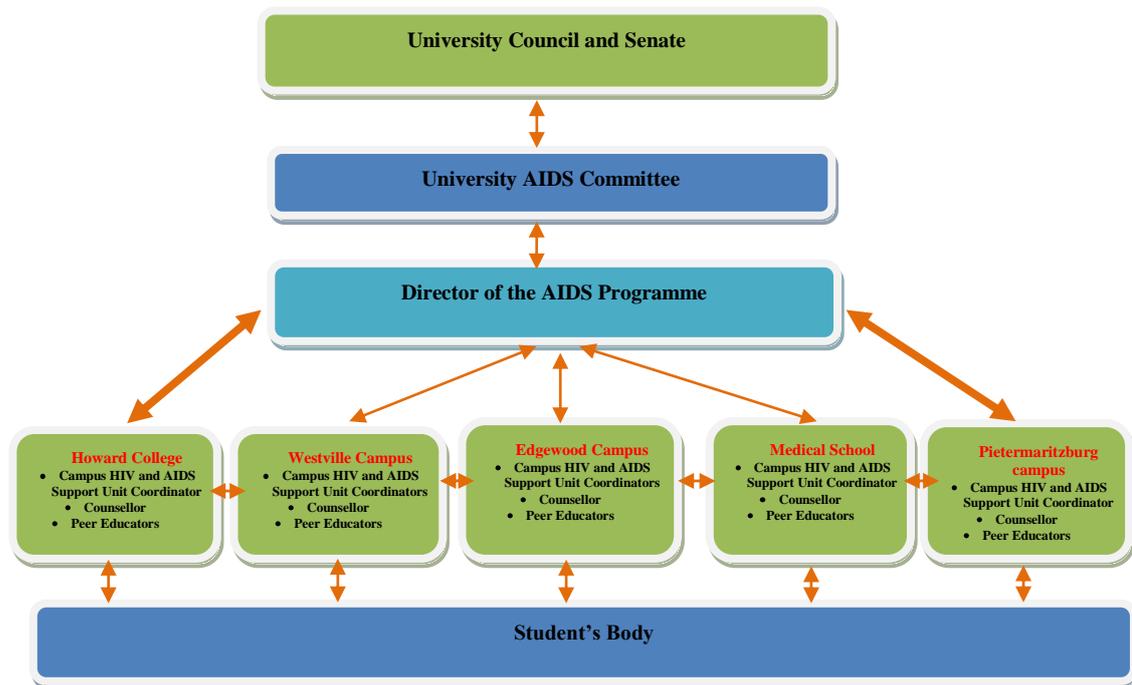
A review of the origin and interpretation of early forms of communication, such as writing, shows that many of the reasons for which people may have started developing graphic representations and other early forms of writing are similar to those people today can list down for different forms of communication (Wood 2003:12). Studies in ancient Mesoamerica suggest that the desire and need to influence and connect with others are among the most important reasons for the emergence of early forms of writing (Singhal *et al* 2006:23; Wood 2003:12). The need to influence and connect with others is also evident in many other forms of communication that seek to create feelings of support, acknowledgment, friendliness, among others (Plowman 2005:138; Servae 1999:12). Communication is important because it helps individuals, groups, institutions and societies to understand each other better and come closer to each other (Piotrow

2004:12). Defective or incomplete communication can undermine the purpose of communicating and may result in negative consequences (Steinberg 2007; Glanz 2002).

Different fields employ communication to achieve organisational objectives. One of such fields and of interest in this study is the health discipline in which communication is employed as an integral part of public health programmes. In particular, in the health discipline communication is used to enable individuals, community groups and institutions to have the necessary health information to enhance health outcomes by encouraging behaviour and social change (WHO 2009). Specifically, the health discipline communication develops and disseminates scientific, statistical, visual, and technical communications on HIV and AIDS for partners, health care providers, people at risk for HIV, and the general public. Key projects include public awareness, testing, and prevention campaigns as a way of fighting AIDS using several strategies.

The UKZN AIDS Programme under study can thus be categorised as a health communication programme (UKZN HIV and AIDS Policy 2008:11). UKZN in particular Westville campus where the UKZN AIDS Programme is located is one of the first campuses in South Africa that were awarded funds by HEAIDS in 2004 to establish a UKZN AIDS Programme. The programme falls under UKZN. The UKZN AIDS Programme has an HIV and AIDS Support Unit in each of the five campuses. The programme reports to the University AIDS Committee, which also reports to the University Council and Senate. The Director of the UKZN AIDS Programme together with five HIV and AIDS Support Unit Coordinators run the UKZN AIDS Programme. Each Support Unit has a counsellor, and peer educators trainers (UKZN History 2009:2). Figure 2.2 below presents the structure of the UKZN AIDS Programme.

**Figure 2.2: Structure of the UKZN AIDS Programme**



University of KwaZulu-Natal History (2009:2)

HIV and AIDS Support Units provide awareness, education and support to students by working closely with both employees and students to implement the HIV and AIDS prevention interventions (UKZN History 2009:3).

Though the phenomenon of using health communication in the fight against HIV and AIDS is common, the historical development of health communication remains unclear. Thus, the following section expounds on the historical evolution of health communication.

### **2.3 DEVELOPMENT OF HEALTH COMMUNICATION**

Literature reviewed in this current study suggests that there are several genesis ideas of health communication (Kincaid 2005:9; Kreps 1996:29). Researchers argue that health communication's starting point is in social sciences in particular psychology and sociology. Kreps (1996:6) argues that communication emulated the field of psychology and sociology as they actively studied health care delivery. Kreps (1995) holds that health communication started by adopting theories/methods from the discipline of social sciences and health care contexts

as subjects of study. Besides, some scholars in the discipline of social science started examining communication variables in the health care system (Maibach, Kreps and Bonaguro 1993:7). During this same period, the discipline of psychology generated a huge expanse of literature that had immense influence in the development of health communication investigation. Besides, the movement of humanistic psychology in the 1950s to 1960s pioneered by Gregory Bateson, Carl Rogers and Jurgen Ruesch emphasised the importance of therapeutic communication in drawing attention to psychological health. Bateson and his colleague's perspectives were influential in the development of the care delivery perspective to health communication inquiry. The body of psychology literature became the centre of attention among several communication scholars (Kreps and Hair 1995). As a result, in 1963 the journal of communication dedicated the whole issue to the subject of communication and mental health. This was followed by the publication of an influential book titled, 'the Pragmatics of Human Communication' that built on humanistic psychology literature by putting together human communication and humanistic psychology (Maibach, Kreps and Bonaguro 1993). Kreps (1998) argues that this book had enormous influence in the development of health communication and personal communication fields of inquiry. Specifically, the book assessed how communication influences interpersonal relations by demonstrating how well thought relational communication can bring about pathological or therapeutic results. Kreps and Hair (1995) explained that, together with humanistic literature, this book provided a strong springboard to the development of interest in health communication especially in the area of social support, therapeutic communication and consumer relations. Literature from the field of psychology in particular social sciences helped to create a wide theoretical base for the discipline of health communication. In addition, literature from the field of psychology and social sciences instigated the development of the health promotion paradigm to health communication inquiry (Kreps and Hair 1995).

A study by Kreps and Kunimoto (1994) argues that the sociologically-based diffusion of innovations and persuasion literature, were the main sources of social theories about mass media and literature on social marketing. The innovations and persuasion literature encouraged communication enthusiasts to explore the

role of communication development and persuasive communication programmes. This enhanced public health and the role of communication in health communication. A good example of a health communication programme that was set up by combining social theories was the Heart Disease Prevention Programme at Stanford University in the United States of America. This was a collaborative programme between a communication scholar Nathan Maccoby and cardiologist Jack Farquahar and demonstrated the influence of communication programmes on public health promotion (Kreps and Kunimoto 1994).

Medical sociology literature also contributed to the development of the field of health communication. For example, medical sociologists studied the phenomenon of Doctor-Patient relationship and organisation of health care delivery system. Findings from the Doctor-Patient studies showed the need of practitioners to understand the orientations and backgrounds of their clients and devise specific strategies for communicating with their patients (Kreps and Hair 1995). Other scholars studied the phenomenon of healers and patients focusing on the influence of culture on health communication between healers and patients' interactions (Krep and Kunimoto 1994). The discipline of culture also increased interest in the discipline of health communication. For instance, there were several publications such as the Doctor-Patient communication, talking with patients, reading between the lines: Doctor-Patient communication and interpersonal relations in the hospitals made communication in the health care system a crucial academic and public matter. Literature suggested that putting into effect a healthcare programme without a sufficient understanding of the local culture could be counter-productive as this would cause more problems than solutions (Kreps and Kunimoto 1994). This literature will be used to inform this current study to explore if the AIDS Programme under study shows the need of employees to understand the orientations and backgrounds of students and devise specific strategies for communicating with both employees and students.

#### **2.4 INSTITUTIONALISATION OF THE FIELD OF HEALTH COMMUNICATION**

In 1975, the Therapeutic Communication Interest Group (TCIG) was established by the International Commission Association (ICA). The TCIG was later renamed

Health Communication Division (HCD) (Kreps 1998). The creation of the professional body was influential in the genesis of the modern field of health communication as it provided a home for scholars and communicated that the field of health was a recognised subject for communication research. The American Academy on Physician and Patient (AAPP) was also formed in 1979 and renamed American Academy on Communication in Healthcare (AACH). The AACH group was formed to specifically encourage education, research and professional values in clinician-patient communication (Kreps and Kunimoto 1994). Barely six years after AACH was established, the National Communication Association (NCA) formed the Commission for Health Communication (CHC), which later became the Health Communication Division (HCD). The HCD group gave academic legitimisation for a growing body of university faculties and graduate students in America (Kreps 1998). In addition, the HCD provided the programmes that encouraged other communication scholars to conduct health communication research and present at International Communication Association (ICA) conferences. Kreps (1990:10) says that in 1984 scholars such as Thornton, Kreps, Sharf, Northouse and Northouse started publishing health communication textbooks that influenced the acknowledgment of the field of health communication. By 1985 the number of communication scholars keen on the field of health communication got bigger and established the Commission for Health Communication (CHC) within the Speech Communication Association (SCA). This became the biggest communication professional group making many scholars learn more about the field of health communication (Kreps 1998).

Between 1989 and 1995 several peer reviewed journals devoted to health communication were established. In 1996, health communication academic degrees started to be offered. Tufts University in Boston and the School of Medicine and Emerson College were first to offer the Master of Science in health communication. Two years later, the Health Communication Working Group of the American Public Health Association (HCWGAPH) was established to specifically assess the role of health communication in public health promotion (Kreps 1998). A year later the National Cancer Institute (NCI) formed the Health Communication and Informatics Research Branch (HCIRB) in their Behavioural Research Programme. The NCI recognised health communication as a special

research prospect for encouraging cancer control and prevention. The same year, 1999, the NCI formed the Health Communication Intervention Research Programme (CIRP) funding multi-year research projects to investigate innovative strategies for communicating cancer information to different populations. This period was followed by a wave of health communication conferences that became more and more popular within the field to meet the rapidly increasing scholarly interest in health communication worldwide. The Medical Communication Conference that was held at James Madison University in Virginia was the first of these conferences followed by the Health Communication conference at Northwestern University. Health communication conferences encouraged the development of health communication inquiry both by serving as conduits for propagating health communication research information to large and diverse audience of scholars (Kreps and Kunimoto 1994). In 1989 a significant occasion happened in the life of the discipline of health communication. The first refereed scientific quarterly journal, the Health Communication, committed totally to health communication investigation was introduced. The publication marked the watershed event of this young field of health communication and buoyed up scholars at the global level to take this field of study seriously.

In 1996 a second dedicated refereed quarterly Journal of Health Communication was introduced. This journal was different from the well-known journal of Health Communication in the sense that it took more international orientation and health care practice perspective to health communication. Since then, a number of rigorous health communication peer reviewed research journals have been instituted. These journals add to each other and offer significant scholarly egresses for health communication research, suggestive of the progress and maturation of the field of health communication (Kreps and Kunimoto 1994). This is attributed to policy and pragmatic interest in the area of disease deterrence and health promotion in many parts of the world (Rogers 1995:209). Rogers (1995:211) argues the main driving forces of the development of health communication are public health problems and needs. Health communication was mainly created to deal with exigent and pressing health challenges including HIV and AIDS, substance abuse, smoking and poor nutrition.

The primary focus of health communication is on how people deal with health related matters. It is specifically concerned with health related interactions and the issues that bring about these interactions and transactions. In the nutshell, health communication's main concern is to apply communication theories, models and concepts to interactions and transactions that happen in communities on issues related to health (Ristino 2001).

In her contribution to the debate on the origin and purpose of health communication, Faure (2000:269) argues that health communication stemmed from America and deals with the transmission and decoding of health rated data using the mass media. Bernhardt (2004) agrees that health communication was created in America to determine effective communication approaches for enhancing society's health in general, to disseminate knowledge that can positively influence perceptions, ideas, behaviours and health related attitudes.

The significant functions of health communication are to strategise the choosing of the content of the message, media to be used, audience analysis and health messages to be communicated to the target audience (Ristino 2001:11). Health communication is also intended to carry an educational role by ensuring that health information is disseminated in an effective and ethical manner to the intended audience (Kincaid 2005:7). Fishbein and Yzer (2003:165) claim that health communication is designed to enhance people's health related behaviour. In spite of the many ways health communication is used, there is no clear understanding of health communication. Therefore, the following section explores the definition of health communication.

## **2.5 DEFINITION OF HEALTH COMMUNICATION**

Literature reviewed shows that there are many definitions of health communication. Smith and Hornik (1999:33) define health communication as a process used to create and disseminate health messages. Their emphasis is on the creation and dissemination of health information to the target audience. Bernhardt (2004:2051-2053) defines health communication as a strategy of informing and influencing individuals and the public about health concerns. This definition is in agreement with Piotrow, Rimon, Payne Merritt and Saffitz's

(2003:12) definition of health communication as a communication strategy for informing and influencing individual and community decisions that enhance health. This definition is in harmony with Freimuth, Cole and Kirby's (2000:475) definition that sees health communication as "a process of informing and influencing individual and community decisions that enhance health."

Freimuth, Linnan and Potter's (2000:337) definition is more disease oriented as they define health communication as a means of preventing diseases through behaviour reformation. Maibach and Holtgrave (1995:220) define health communication as the use of communication techniques and technologies to positively influence individuals, populations, and organisations for the purpose of promoting conditions conducive to human and environmental health (see also Parker 2006:34). The focus of this definition is on the communication channels used and the target audience.

On the whole, all the definitions point to a similar function in the process of promoting and enhancing individual or public health outcomes. Thus, for this study, health communication is a process of sharing information within the programme (among communicators) and with audiences using different channels so as to influence their work and attitudes to adopt behaviour routes that support healthy lives respectively. The following section explores the key principles of health communication so as to have a comprehensive understanding of what effective health communication entails.

## **2.6 KEY PRINCIPLES OF EFFECTIVE HEALTH COMMUNICATION**

Health communication enhances health effects by promoting behaviour and social change (Ristino 2001). For this reason, health communication is increasingly taken into consideration when designing and implementing health programmes. Piotrow *et al* (1997:9) say that health communication is an inclusive approach that engages its target communities and draws on several disciplines and models. As a result, health communication is deemed the *avant-garde* in incorporating novel practices and approaches from diverse models and disciplines (Drum Beat 2005:11). As mentioned above, this section explores the main principles of health communication including being strategically and

creatively planned, and others. The intention is to highlight what effective health communication involves.

### **2.6.1 Focusing on the target audience**

A study by Parker (2004:35) asserts that health communication is one enduring process whose rationale starts and ends by addressing target audiences' needs. However, the evolution of health communication has made audiences to be perceived as not only targets but as active members in the long processes of examining health issues and establishing solutions (Parker 2004:98). Schiavo (2007:35) says viewing target audiences as active members will make health communication cheap to run and culturally relevant. Nevertheless, the word audience is still being used especially in the field of health communication in many parts of the world.

The current understanding of health communication has made it possible to have audiences engaged as research target at the same time actively involved in the process of defining, planning, implementing and evaluating health communication activities (Piotrow *et al* 2003:9). This process is easy to achieve when a health organisation is open to work with representatives of target audiences (Plowman 2005:132). For example, the UKZN AIDS Programme under study aimed to reach students at the University of KwaZulu-Natal. Therefore, all strategies and the main programme activities should be planned, designed, tested, implemented and evaluated together with the programme employees and students representing the target audience. Critical in this process is that health communication programmes should make employees and target audiences feel empowered and equally represented (Servaes 1995:11). Thus, target audiences should be part of the team of people planning the health communication programmes. Employees and target audiences should also be part of the action-driven processes expected to influence behavioural change and social change.

### **2.6.2 Research based approach**

Cline (2003) states that health communication should be based on sound research while Kreps (1994) argues that effective health communication is one

that is grounded in a correct grasp of target audiences and the nature of the environment. This means that research should explore issues that are likely to render the effectiveness of health communication. Research should investigate health communication programmes that are already running in the target communities. Cline (2003) also recommends research to explore the social norms, beliefs and policies that may pose challenges to health communication as it is tackling health problems.

The main argument of this principle is that through research health communication organisations should be aware of human behaviour change that is shaped up by several factors. In addition, the settings in which target audiences live and the people in charge of these settings should be researched on because they have influence on people's behaviour (Bernhardt 2004:23). Thus, one of the intentions of health communication is to create a responsive environment in which target audiences are able to talk about health issues. Target audiences should be supported by health communicators to adopt the desired behaviour change. This is not easy to achieve. Therefore, research should be employed to help develop correct situation analysis. Research should analyse and understand the individual, political, economic, social and behavioural factors that may influence perceptions, attitudes, knowledge, behaviours, social and cultural norms, and policies about health issues (Wood 2004:9). In addition, target audiences' profiles; characteristics, needs, demographics, beliefs, attitudes, values and behaviours should be research-based. In the nutshell, situation analysis and audience synopses are essential interconnected stages of health communication planning, designing, implementation and evaluation.

### **2.6.3 Principle of strategic planning**

Studies by Schiavo (2007:45), Kincaid (2005) and Parker (2004:56) argue that to have effective health communication a rigorous strategic or action plan is needed. All health communication activities should be well-designed and should address particular needs of target audiences. Activities supporting health communication strategy should focus on furthering communication between target audiences and health communication programmes. For this to happen,

research should indicate whether target audiences are likely to be influenced significantly by health communication programmes.

Schiavo (2007:34) states that health communication should have a strategic plan that should bring to light gaps in the understanding of target audiences' needs preventing health communication from being effective. To be strategic, health communicators such as the UKZN AIDS Programme employees at the University of KwaZulu-Natal should have sufficient and appropriate instruments to communicate efficiently both internally and externally at the right time (Parker 2004:67). As for Wood (2004:12), the general approach that is employed to realise health communication strategies should be supported by sound research. In addition, all health communication activities should support health communication strategies. Thus, health communication developers should not depend on one kind of communication strategies to offer effective communication. Instead, they should ensure that the content and structure of health communication are in agreement with, and echo the strategies chosen for the programme. Health communication strategies should also focus on reaching target audiences. To achieve this purpose, health communication strategies should address target communities' practical needs identified by sound research and approved by target communities (Verwey and Du Plooy-Cilliers 2003:56).

#### **2.6.4 Health communication as a long process of action**

Verwey and Du Plooy-Cilliers (2003) say that health communication is a long process of action that requires people involved to be dedicated. Therefore, to influence people's attitudes and behaviour there should be constant devotion to addressing health challenges and possible solutions. Health communication is a demanding process based on a number of issues including profound knowledge of target audiences' settings. The goal is to ensure that there is an agreement among key stakeholders about the possible action plan.

Even so, health communication is no longer what professionals had initially developed (Schiavo 2007:23). In other words, health communication is a field that is continuously involving. The evolution is attributed to the contribution and active participation of key stakeholders; target audiences, professional associations,

opinion leaders and policymakers (Kincaid 2005; Parker 2004:69). In health communication, the process of informing target audiences on health issues and use of strategies to effectively deal with health issues is an initial phase of a long audience-centred procedure. The viability of health communication needs theoretical backing so as to cater for the needs of stakeholders especially communicators and target audiences (Bernhardt 2004:9).

A number of health practitioners seem to have realised that health communication is easy to misunderstand due to its multifaceted nature (Parker 2004:70; Hous 2003:11; Piotrow *et al* 2003:5). Health communication employs numerous methods and channels which include mass media. Van der Westhuizen (2001:23) views health communication as a process-oriented project intended to improve health effects and promote health goals to the public. Interestingly, Kincaid (2005:12) says that health communication should not only be centred on messages and communication channels. Instead, the process should help to motivate and engage audiences. Besides, the long process of health communication should create harmony and feelings that the target audiences own the health communication programmes (Nous 2003:23). This is possible to achieve if there is collaboration and participation of stakeholders anchored on dialogue. The interactive exchange of techniques, ideas, information and knowledge between health communicators and recipients of information is important. Therefore, to have effective health communication senders and receivers of health information should be treated as equals in order to encourage knowledge sharing, promote unity, and identify good actions that are achievable (Schiavo 2007:39).

Therefore, involving stakeholders such as leaders from communities of target audiences may influence the desired behavioural change. However, this process requires enduring commitment. In addition, the health oriented process should ensure that leaders involved in health communication process are those who are respected and trusted by their communities. In addition, community leaders supposed to be open minded to listen to other people's suggestions and look for health solutions with the support of key stakeholders.

### **2.6.5 Principle of being cost-effective**

The idea of cost-effectiveness is used in health communication and comes from the field of social and commercial marketing (Wolf, Tawfik and Bond 2000:12). Cost-effectiveness is mainly valuable in competitive working environment of non-profit making organisations that insufficiency of money or economic planning may easily destabilise essential initiatives. In health communication, cost-effectiveness is concerned with looking for health solutions with the smallest use of economic and human resources. Steyn (2003:10) however presages that issues related to costs and health outcomes of health communication strategies should not influence substantial decrease of health communication goals. Her suggestion is that the only time when health communication goals should decrease is in a situation where available resources are insufficient to run all the health communication programmes. Kincaid (2005:65) advises health communicators to use their resources on condition that they are spent constructively and help to develop their research-based plans. To achieve cost-effectiveness, health communicators need to explore innovative solutions able to reduce expenditure on both funds and human resources. This can be realised if health communicators use available resources and worked together with key stakeholders.

Thus, cost-effectiveness in health communication is an important process able to inform decision-making processes. More importantly, cost-effectiveness ascertains the low-cost and most effective manner of realising health communication objectives (Schiavo 2007:46; Adams 2005:2). Parker (2004:65) says cost-effectiveness enables health communication to take into account the fiscal efficiency of health communication programmes. Cost-effectiveness focuses on the key results pursued by health communication programmes, for instance, the number of students reached by the UKZN AIDS Programme under study.

In contributing to the notion of cost-effectiveness Grimshaw, Eccles, Walker and Thomas (2003:9) argue that cost-effectiveness enables the cost of health communication programmes designed to be estimated. The comparison of numerous health communication programmes with their related influences allows

the comparison of the costs made by each health communication programme. In turn, this offers useful quantitative pointers to what kind of comparative health communication approaches could be used to achieve the set goals. As for Parker (2004:56), cost-effectiveness compares plans, designs, campaigns, policies, and allows other possibilities to be presented in order to ascertain the most applicable to realise results at a minimum cost.

Adams (2005:2) says cost-effectiveness addresses a number of issues ranging from how much health communication programmes cost is compared with the cost of specific elements, what health communication programmes are worth investing resources in, and the harm of other components of the objectives to achieve other targets. The author adds that cost-effectiveness allows health communication to determine what interventions yield the best outcomes regarding the final objectives and available resources. Ristino (2001:23) extends the list of issues addressed by cost-effectiveness by saying this concept allows the use of resources to be enhanced taking into consideration competing needs between health communication programmes. In addition, cost-effectiveness addresses the issue of at what level additional resources in health communication programmes could evidently improve results.

#### **2.6.6 Principle of creativity**

Creativity is one of the important features of health communication. Creativeness allows health communication to employ several and specific designs, choices and channels to get to its target audiences. Grimshaw *et al* (2003:10) say that ingenuity is helpful in developing health communication solutions able to maintain the cost-effectiveness and sustainability of particular health communication programmes.

Gillis (2005:8) explains that it is not always the case that big and creative ideas or well planned and implemented health communication instruments achieve the desired goals. He adds that failure to achieve desired goals is common in situations where health communication tools do not address the strategic needs identified by audience-specific research and validated by key stakeholders. The contention is that for health communication to influence the needed change,

communicators should use high-level plans. Meaning, health communicators should develop appropriate and culturally friendly instruments to engage target audiences. The aim of employing creativity is to influence behaviours, knowledge, norms, beliefs and attitudes toward health problems and how to prevent these problems. Parker (2004:231) spins out the discussion by emphasising that creativity in support of strategy should not be used to invent and execute health communication ideas that do not deal with target audiences' real needs and strategic concerns.

### **2.6.7 Principle of integration**

Plowman (2005:3) says that integration means that communication should be part of health and strategic management of health communication programmes. Gayeski and Woodward (1996:3) recommend that health communication should take into account the strategic role of integrated communication and participation of stakeholders. This should be followed by the decentralisation of both organisations and knowledge in them. The advantage of integration is that when systems of health communication work together, the probability of achieving objectives of health communication becomes higher than when different systems function independently (Oosthuizen 2007:23; Noss 2003:10). Thus, a full view to health communication needs to be taken and closer ties should be created between different parts of health communication programmes.

Though the integration of communication with other aspects of health communication processes is developing, the application is often not as clear-cut as it appears. This is one of the challenges that gave rise to the current study on the UKZN AIDS Programme. The application Integration approach advocates for planned and coordinated health communication efforts. This allows ideas to be shared and common understanding of purposes of health communication to be reached resulting in joint efforts to achieve specific objectives (Gayeski and Woodward 1992:2). Pollard and Hotho (2006:20) stress that to integrate communication in health communication functions in essence is the recognition of the fact that stakeholders are actual integrators of health communication processes. Therefore, to accept that integration is a broader approach is to recognise that communication is a fundamental reality in health communication

programmes. Along these lines, Rogers (1999:5) argues that integration in health communication can be understood as an amalgamation of different dimensions of health communication as inter-dependent and inter-related components of all health communication processes. The aim of integrated health communication is to improve interaction and collaboration so as to achieve health communication goals.

In today's fast changing environment, integrated health communication is gaining recognition as a means of developing viable advantage. For example, integrated health communication allows health programmes to adapt fast to changing needs and demands. Thus, professionally developed health communication is increasingly becoming part of overall strategic planning and action.

#### **2.6.8 Being media specific**

One of the principles of effective health communication practices is to have programmes that are media specific. Kincaid (2001:16) makes it clear that health communication messages should be communicated using channels that are effective to realise their goals. Thus, in developing messages, the contribution of representatives of the target communities is important. It is one way of increasing the probability that messages will be heard, comprehended, and believed by target audiences.

#### **2.6.9 Principle of relationship building**

Relationship building is one of the strong characteristics of health communication. Both Schiavo (2007:45) and Kincaid (2001:23) underscore the feature of health communication as a process of relationships. Thus, creating and maintaining sound relations is important as it influences the effectiveness of health communication programmes. Kelly (1999) found that relationship building enables health communication to create efficacious and lasting partnerships. If well handled, relationship building could generate alliances and trustworthy stakeholder support on matters of health being addressed by health communication programmes. Kelly (1999) further argues that relationship building

has the capacity to make bigger the band of envoys in support of the health communication cause.

Pearson and Nelson (1991:6) amplified this debate by stating that decent relationships in health communication can assist in creating situations where it is easy to share meanings and understanding. This is critical in processes that are seeking to influence the desired change at different levels of people's lives (Oosthuizen 2007:15; Ehlers 2002:43). It is thus paramount that good relationships are created with all key interested parties and agents of health communication programmes, target audiences, and other collaborators of the health communication group.

#### **2.6.10 Principle of influencing desirable change**

The basic goal of health communication is to influence behaviour and social norms. However, there is a revamped stress on the significance of determining social and behavioural objectives early in the plan of health communication programmes. For Airhihenbuwa and Obregon (2000:23), behaviour change is difficult to achieve without research-based consultative processes. Therefore, consultative processes in health communication are important as they could help programmes to address issues of attitudes, practices and knowledge that are fundamentally connected to health communication goals.

The logic of behaviour change in health communication is to provide members with pertinent knowledge and inspiration to reflect on the desired or new behaviours. This process should be carried out using clear plans, audience-fitting fusion of thinking, mass media and participatory approaches. Health communication behaviour change strategies mainly concentrate on one person as the centre of the desired change (Oosthuizen 2007:19). In contrast, social change in health communication is viewed as a process of change in the manner society is organised taking into account the political and social establishments, and the sharing of power inside these establishments. Kelly *et al* (2001:5) makes more noticeable the idea that to have behavioural change on community level risky cultural behaviours, structural disparities and societal norms have to be

addressed by the health communication process. In other words, social change in health communication largely focuses on communities as elements of change.

### **2.6.11 Principle of multidisciplinary approach**

A study by Bernhardt (2004:51) and the Institute of Medicine (2003:23) emphasise the “transdisciplinary” nature of health communication. The WHO (2003:6) articulates that health communication is informed by various disciplines. Piotrow, Kincaid, Rimon and Rinehart (1997:9) argue that health communication acknowledges problems associated with achieving behaviour and social change. Thus, it employs multidimensional methods based on the application of several theoretical lenses and disciplines. Health communication uses social marketing, health education, behavioural and social change theories (Piotrow *et al* 1997:9). In other words, health communication is not guided by one specific model or theory.

Thus, health communication’s aptitude to draw on several disciplines and theoretical ideas is the main advantage of the health communication approach. The ‘transdisciplinary’ nature of health communication is also one of the answers to the effectiveness of well-designed and well-implemented health communication programmes (Parker 2004:69; Kincaid 2001:11). Therefore, the following section presents theories/models that can be employed in health communication. Theories/ models presented have been selected to cover a wide range of contexts for the purposes of this study. This is by no means conclusive coverage of the theories/models obtainable to the health communication practitioners.

## **2.7 HEALTH COMMUNICATION THEORIES**

Literature presented above shows that health communication draws on the work of scholars and practitioners in different sciences and disciplines. Health communication is informed by multiple behavioural and social learning theories/models to advance programme planning, and identifying steps to influence audience attitudes and behaviour. In the process, health

communication theories/models help individuals or society to confront daunting public health challenges (Kreps 1998).

### **2.7.1 Health Communication Model**

The Health Communication Model (HCM) explains that health communication is a transactional multifaceted process. In this process, individuals mingle with each other on health-related matters in reciprocal effects to maintain the health of the client (Glanz, Rimer and Lewis 2002; Janz, Champion and Strecher 2002:45). The model postulates that there are different types of relationships in a health communication process. These relationships are between professionals and professionals, professionals and clients, professionals and significant others, and clients and significant others (Northouse and Northouse 1992:17). The HCM expounds that when a person is participating in a health communication process, he or she is involved in one of the relationships stated above. A health professional is a person who has been trained to offer health services to individuals or society such as physicians, nurses, and others. A client is understood to be a person being targeted by the public or private health care services (Northouse and Northouse 1992:17).

The HCM further explains that a health communication process cannot be without health transactions. Health transactions referred to here are health related interactions that take place between participants in the health communication process. Health interactions also involve activities of health-related information and may include both oral and non-oral communication. Health communication may involve both content and relationship aspects of messages (Fishbein and Yzer 2003:165). However, more importantly, the HCM explains that communication is an ongoing process with mutual feedback. In a communication process, feedback can be modified to ensure that there is effective communication (Northouse and Northouse 1992:18).

In addition, the HCM explains that contexts are important in health communication process because they influence how health messages are designed, received and made sense of by the target audience. Context is explained in terms of health care settings in which communication is executed

and has influence on health transactions. Context is also understood as the number of people involved in the communication process. Kreps (1998) argues that the number involved can influence the delivery and reception of messages communicated. Context is also important in a health communication process because it involves the social, historical and individual factors that influence communication interactions (Green and Kreuter 2000:162). The HCM is informed by several theories/models such as the Health Belief Model (HBM), Theory of Reasoned Action, Social Learning Theory, and many others presented in the following section.

### **2.7.2 Health Belief Model**

The Health Belief Model (HBM) comes from the discipline of psychology. The HBM's main function is to explain and predict human health behaviour. The HBM postulates that beliefs and attitudes of individuals influence behaviour. The model was developed in 1950s by three social psychologists Kegels, Hochbaum and Rosenstock (Glanz, Rimer and Lewis 2002:12). According to Green and Kreuter (2000), the failure of a tuberculosis (TB) health screening programme resulted in the development of the HBM. From that time onwards, several researchers have been reworking and using the HBM to investigate several health behaviour including drug abuse, reckless driving, sexual risk behaviour and the spread of HIV and AIDS.

- **Main constructs of the HBM**

The HBM is based on a belief that a person is influenced to take health recommended behaviour for example the use of safety belts if he or she feels that a negative health condition (i.e., injury) can be avoided. In addition, a person is influenced to take the desired behaviour if he or she has a positive expectation that by taking a recommended action, he or she will avoid a negative health condition (i.e., using safety belts will be effective in averting being thrown out of the vehicle during an accident). The HBM also holds that a person is influenced to take a recommended behaviour if he or she believes that he or she can effectively take a suggested health action (i.e., can use safety belts comfortably and with confidence) (Green and Kreuter 2000: 162).

The HBM is explained in terms of four ideas indicating the perceived risk and net benefits. Therefore, the model is explained in terms of **perceived; susceptibility, severity, benefits** and **barriers** (Fishbein and Yzer 2003:165). Glanz (2002:42) argues that the four constructs mentioned above account for people's readiness to take an action. An additional construct is **cues to action** believed to stimulate people's readiness and arouses behaviour (Glanz, Rimer and Lewis 2002). There is a recent appendage to the HBM called the notion of **self-efficacy**. This is an individual's confidence in his or her ability to successfully execute an action. The concept of self-efficacy was added in 1988 (Glanz, Rimer and Lewis 2002). The reason of adding this construct was to enable the HBM provide a comprehensive lens to understand the challenges of changing habitual harmful behaviour, such as abusing drugs or overeating or smoking.

According to the HBM, **perceived susceptibility** is a person's perception of chances of getting a certain condition (Janz, Champion and Strecher 2002:45). For example, people tend to individualise the risk of reckless driving based on the features of a person who was injured in the road accident. The perceived susceptibility can be low or high depending on the view of the person expected to adopt a new behaviour.

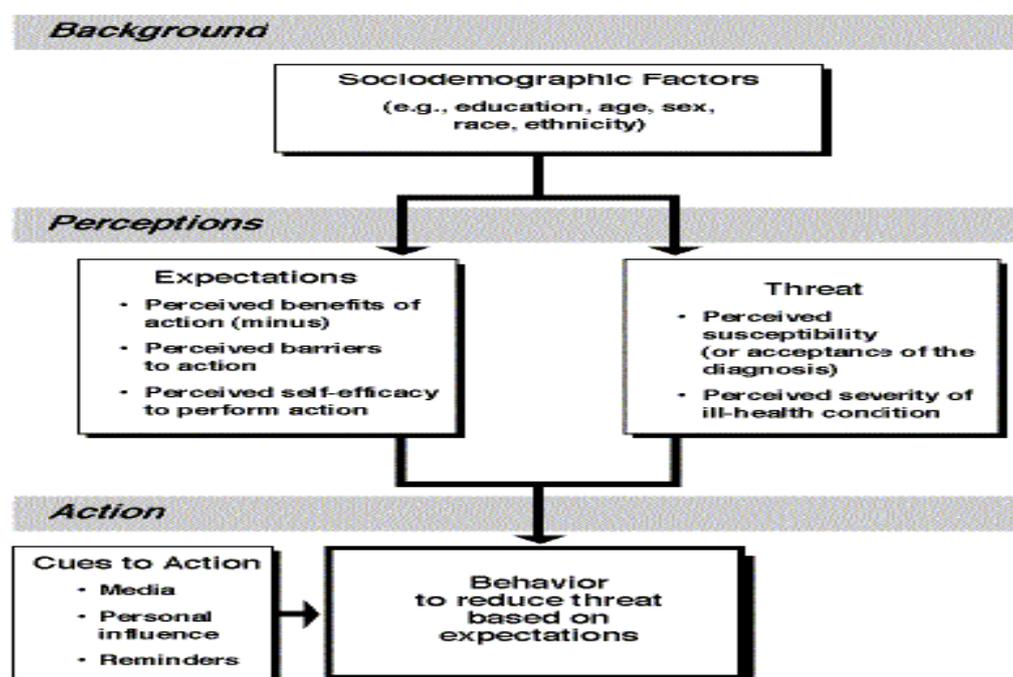
With regards **perceived severity** the model argues that a person's perception of how serious a condition and its consequences influence desired behaviour to be adopted (Glanz, Rimer and Lewis 2002). In other words, specific consequences of the risk and the condition have a bearing on a person's behaviour. For instance, death in a road accident due to reckless driving may influence an individual to stop over speeding.

The HBM explains that **perceived benefits** or a person's belief in the efficacy of the advised action to reduce risk or gravity of impact influences behaviour. Fishbein and Yzer (2003:165) argue that, if a person understands the positive effects to be expected from adopting desired behaviour, it becomes easy to adopt the recommended behaviour.

The fourth construct is **perceived barriers**. This idea postulates that a person's opinion of the psychological and tangible costs of the advised action influences behaviour (Glanz, Rimer and Lewis 2002). Therefore, reassuring, giving incentives, and assisting a person can help him or her to identify and reduce barriers from adopting the desired behaviour.

The idea of **cues to action** holds that encouraging a person's readiness to execute a recommended behaviour, for example, by providing him or her how-to knowledge or information, promoting awareness and reminders enable them to adopt the desired behaviour. On the other hand, the construct of **self-efficacy** states that a person's confidence in his or her ability to take action makes them adopt a recommended behaviour. For this to happen, a person should be provided training and guidance in performing action. Figure 2.3 below presents the HBM.

**Figure 2.3: Health Behaviour Model**



Glanz, Rimer and Lewis (2002:12)

The HBM has been used widely to study health behaviours in different populations. Some of the areas include preventive health behaviours, such as

exercise, smoking, diet, vaccination and contraceptive practices. The model has been used to explore sick role behaviour, such as compliance with recommended medical treatments. It has also been employed in clinic use, which includes physician visits for a variety of reasons.

### **2.7.3 Individual Behaviour Change Theory**

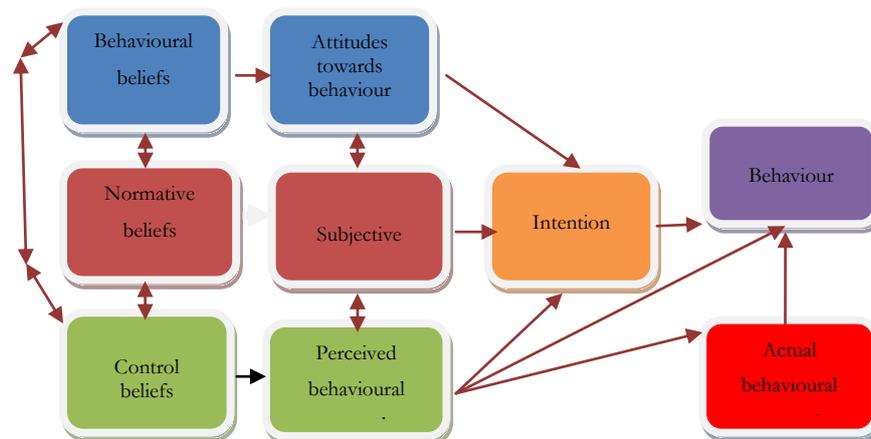
Individual Behaviour Change Theory (IBCT) explains that behaviour change of a person may occur if a person makes adaptation of his or her lifestyle to take up the desired or new behaviour. At the centre of IBCT is the idea of an individual's power to change behaviour. For an individual to change behaviour, personal beliefs, opinions, perceptions and attitudes should be taken into consideration. Other issues that need to be understood are individuals' perceptions of risk and the extent of their knowledge and chances to put into practice risk reduction strategies (UNAIDS 1999:12). The IBCT underpinning health communication is founded on psychology and highlight the influence of cognitive thinking processes of individuals in changing their behaviour.

### **2.7.4 Theory of Reasoned Action**

The Theory of Reasoned Action (TRA) was developed by Martin Fishbein and Icek Ajzen in 1980 (Fishbein, Middlestadt and Hitchcock 1994:23). TRA says that by nature human beings are rational beings able to manage their behaviour. The TRA insists that people's attitudes and intentions to change behaviour are mainly shaped by their peers' norms and attitudes.

In particular, TRA envisages that behavioural intentions are produced or initiated by two elements; people's attitudes and subjective norms. Fishbein, Middlestadt and Hitchcock (1994:23) argue that attitudes are made of two constructs; the evaluation and strength of a belief; see figure 8 below. The second constructs that influence behavioural intentions are subjective norms that also have two components: normative beliefs (what a person thinks others would expect them to do) and motivation to comply (how important it is to a person to do what they think others expect). Figure 2.4 below presents the TRA.

**Figure 2.4: Attitudes and subjective norms**



Fishbein and Icek Ajzen (1980:19)

Fishbein and Ajzen's (1980) model has some limitations. It is confusing in the sense that the attitudes and norms discussed, especially the attitudes, can also be termed as norms and the other way round. The second weakness is the supposition that when a person develops an intention to undertake a certain behaviour, they will be free to act without shortcomings. In reality, constraints such as inadequate capacity, social, environmental, biological, organisational, time limits, and non-volitional or unconscious habits may limit the freedom to perform a desired or new behaviour.

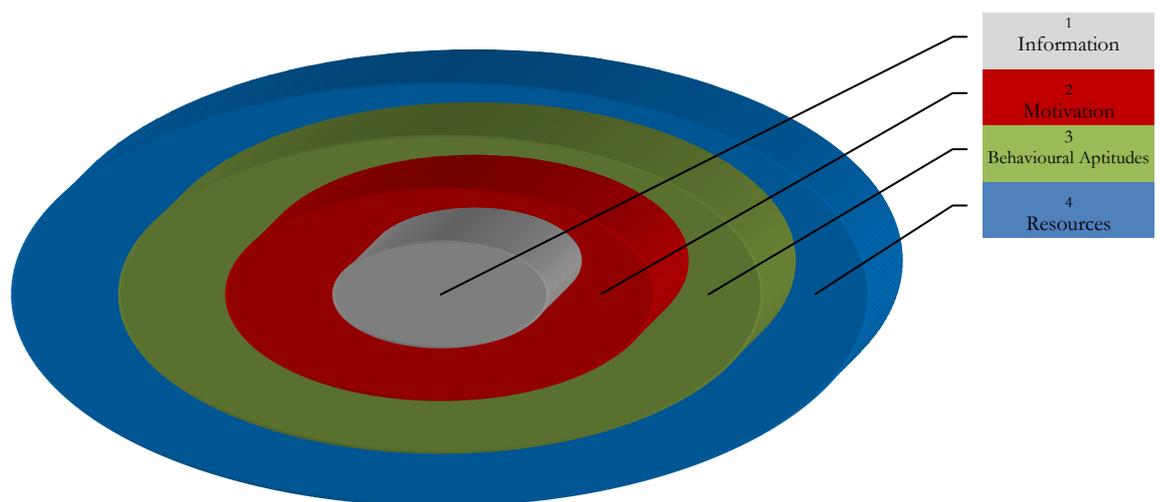
The **Theory of Planned Behaviour (TPB)** tries to work out this weakness. To account for non-volitional behaviours, a measure of perceived behavioural control was added to the TRA predictors as another individual determinant of intention. Within the TPB, perceived behavioural control is conceptualised as the perceived amount of control that a person has over performing a particular action.

Therefore, peer education may be one of the best interventions that may influence target audiences to change their behaviours. This is so because individual's norms, attitudes, and non-volitional behaviours are paid attention to as they have a bearing on individuals' intentions.

### 2.7.5 Information, Motivation and Behavioural Skills

The Information, Motivation and Behavioural Skills (IMBS) model builds on the Theory of Reasoned Action (TRA) that explains that human behaviour is influenced by attitudes, knowledge and behaviour intentions. Fish (2008:12) postulate that to have integrated communication in health communication programmes, the information (the what) and the motivation (the why) should be addressed. In addition, the IMBS model explains that the behavioural aptitudes (the how) and the issue of resources (the when, where and whom) need to be dealt with when designing and implementing health communication programmes. Figure 2.5 below presents the IMBS model.

**Figure 2.5: Multi-dimensional approach to behaviour change**



Fisher, Fisher and Harman (2008:12)

The IMBS model provides a multi-dimensional approach to behaviour change. The **information** element of the model focuses on the rational aspect that offers knowledge to aid health behaviour change.

The **motivation** construct deals with the emotional realm and permits opportunities for mounting a favourable attitude with regard to constructive health behaviours. The motivation element also takes advantage of prevailing social support systems to boost motivation (Fisher, Fisher and Harman 2008:12). The

ascertaining of obstacles and effective strategies to overcome inadequacies also heightens motivation.

The third element or the **behaviour** part of the IMBS model is associated with the psychomotor; the link between mental roles and physical movement (Fisher, Fisher and Harman 2008:12). While through **resources**; teaching, constant demonstrations and performance, people gain the physical abilities needed to maintain behaviour change.

Thus, health-related information, motivation, behavioural aptitudes and resources are important because they ascertain whether or not health behaviour is adopted (Nous 2003:10).

### **2.7.6 Emotional Response Theory**

The Emotional Response Theory (ERT) explains that individuals' emotions have power to influence their thinking and attitudes (Howard 1996:13). Thus, to have integrated communication, health communication programmes should take into account individuals' highly emotional responses to television, comedy, music and drama because they have the ability to influence behaviour change. It is therefore important that health communication programmes are emotionally engaging than presenting desiccated and boring messages that have low emotional content (Howard 1996:13). To have an effective health communication programmes, communicators should be trained to use entertainment education strategies such as theatre and drama to stimulate both feelings and thoughts that would make people to engage in discussions on health issues. However, the ERT have been criticised for not accounting for the social factors that influence individuals to make decisions and take actions they would not take if left alone. Thus, scholars complement the ERT with social behaviour theories (Howard 1996).

### **2.7.7 Social Behaviour Change Theory**

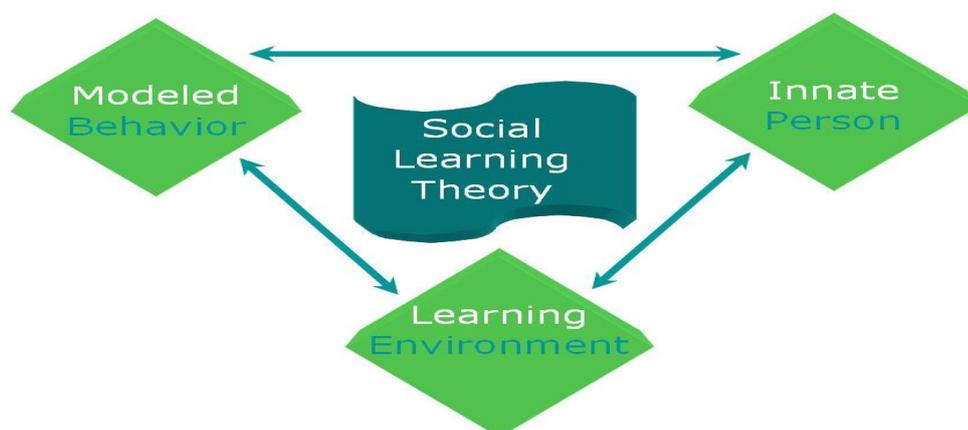
The Social Behaviour Change Theory (SBCT) spells out some of the behavioural issues that come about due to the weakness of behavioural and other health models. SBCT stresses the importance of cultural, social and economic factors in influencing behaviour change (UNAIDS 1999:7). In a nutshell, the SBCT

acknowledges the role played by social settings in determining people's behaviour. Thus, individuals are perceived from the context of their specific communities. The SBCT subscribes to a notion that for individual behaviour change to occur, the behaviour of the whole community must be changed. This may help individuals to have support from other community members who would want to embrace the desired behaviour.

### 2.7.8 Social Learning Theory

The Social Learning Theory (SLT) (Bandura 1997:23) shows how people find it easy to learn by observing other people's actions. The SLT recognises the importance of the social character to a person's behaviour change. Bandura (1995:19) explains that when people are watching others they generate ideas of the consequences of their behaviour. This allows observers to choose either to adopt or turn their back on the behaviour shown. Figure 2.6 below presents the SLT.

**Figure 2.6: Social Learning Theory**



Bandura (1997:23)

In this way, the SLT allows people to identify themselves with the model through observation and decide to try to be like the model (Bouman 1999:8). Related to this notion is the idea of efficacy that individuals can change their behaviour if they believed in themselves that they can perform the desired behaviour. Therefore, to have integrated communication in health communication programmes the notion of observing, modelling and self-efficacy should be made

to work together so that they may influence behavioural change. So, integrated communication in health communication programmes can be achieved if communicators (peers) are the models to be observed and modelled on by the target audiences.

Wolf *et al* (2000:6) extended the SLT to account for the influence of peers. In their Social Network Theory (SNT) they argue that peers try to identify most influential peers in different activities and model themselves on them. Thus, to have integrated communication, health communication programmes should pay attention to the closeness, size and demographic context of particular social networks because they have influence on the effectiveness of health communication programmes.

### **2.7.9 Diffusion of Innovation Theory**

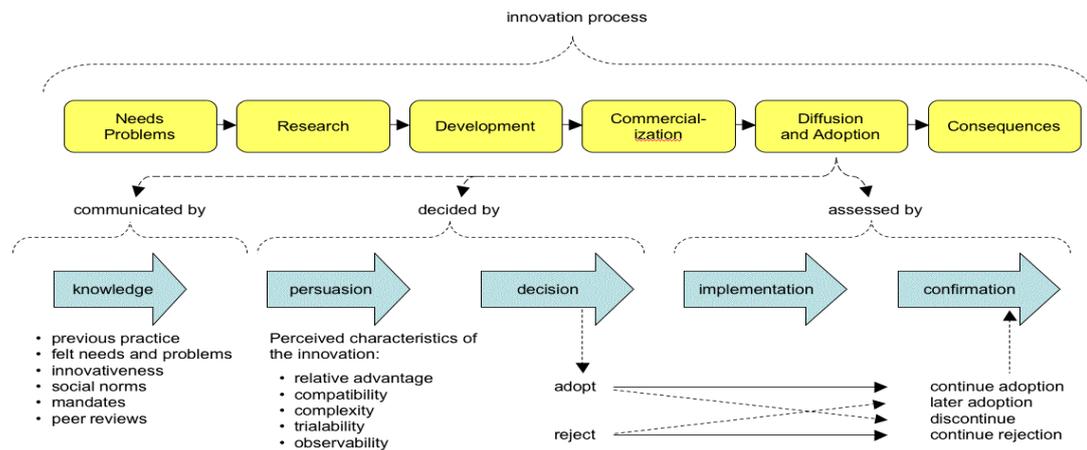
Ryan and Gross' (1983) Diffusion of Innovation Theory (DIT) presented in Roger's (1995:23) suggests that opinion leaders and gatekeepers in target communities are able to influence behaviour change. Roger's argument is that new behaviour or innovations can be adopted by target audiences via social connections over time.

Since decisions are neither collective nor authoritative, individual members of the social system have to address their own behavioural decisions that go along a - step course:

- **Knowledge** – an individual becomes informed of a behaviour or an innovation and has a hint of how it works;
- **Persuasion** – an individual develops a favourable or unfavourable attitude toward the innovation;
- **Decision** – an individual engages in activities that result in a choice to adopt or reject the innovation;
- **Implementation** – an individual practices the new behaviour or puts an innovation into use; and

- **Confirmation** – an individual weighs the results of behaviour or an innovation-decision previously made (Roger 1995:23). Figure 2.7 below shows the DIT.

**Figure 2.7: Diffusion of Innovation Theory**



Rogers (1996:9)

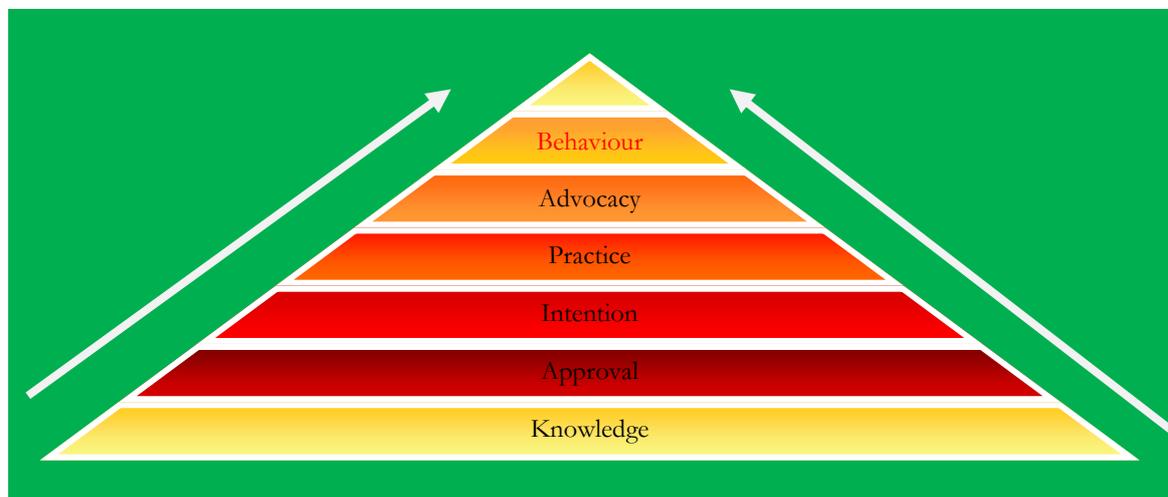
The largely outstanding quality of DIT is that, for the majority members of a social system, the behaviour or innovation-decision relies greatly on the innovation-decisions of other members of the system such as opinion leaders and gatekeepers.

This means that health communication programmes should not ignore opinion leaders and gatekeepers as they have potential to influence behaviour of their peers. Other scholars extended the DIT to a Convergence Concept of Communication (CCC) (Parker 2005; Kincaid 2001). This concept draws attention to five main stages that influence behaviour change namely, people's perceptions, interpretations, mutual understandings and agreements, and collective actions on the desired or new behaviour. The CCC idea merges social and cognitive processes to create an atmosphere where target audiences are able to negotiate whether to adopt the new behaviour or not. Therefore, to have integrated communication, health communication programmes' target audiences should be allowed to play active roles in discussing desired or new behaviour.

### 2.7.10 Steps to Behaviour Change Model

The John Hopkins Population proposes a behaviour change model called Steps to Behaviour Change (SBC). The model identifies intermediate results of health communication programmes (Kincaid 2001:144). Furthermore, the model itemises indicators that should be measured as the process progresses in the direction of sustained behaviour change. The SBC model, see figure 2.8, is informed by the social-commercial marketing principles and identifies five steps critical to behaviour change. Figure 2.8 below presents the SBC.

**Figure 2.8: Steps to behaviour change**



Kincaid (2001:144)

- **Knowledge**

The John Hopkins Population argues that the target audience should be helped to understand the desired behaviour. This means that health communication programmes should be able influence audiences to remember particular messages and what the messages mean (Kincaid 2001:145). The target audience should also be able to cite the products or services and the providers.

- **Approval**

The model articulates that health communication programmes should make target communities to approve the messages (Kincaid 2001:67). Audiences

should respond positively to messages, discuss messages with members within their own networks such as peers, family and community members.

- **Intention**

The John Hopkins Population underscores the issue of the approval of the practice being promoted. The model explains that it is important that health communication programmes make people to recognise that health practices encouraged can meet some of their individual needs. Health communication programmes should stimulate target audiences to consult them and feel that they want to adopt the behaviour at some time (Kincaid 2001:146).

- **Practice**

With regards practice, the model states that health communication programmes should influence target audiences to want to meet providers of health information and services so as to understand more on how the desired practice works. Besides, target audiences should also be motivated to choose the desired behaviour and start practicing it continuously (Kincaid 2001:146).

- **Advocacy**

The concept of promotion in the SBC model postulates that health communication programmes should make target audiences experience and acknowledge the benefits of adopting the desired or new behaviour (Parker 2004:98). Audiences should be persuaded to start promoting the desired behaviour and support the both messages and providers in their communities.

Thus, ideas outlined in the SBC model should be addressed adequately if health communication programmes are to be effective in influencing behaviour change.

## **2.8 SUMMARY**

This chapter illustrated that communication is a way of exchanging information and signifies people's symbolic capability. It is therefore logical to ponder carefully about the communicators, channels through which messages are communicated, the target audience and audience's response to the messages

disseminated. These concerns reveal the important components of the communication process: message, channel, source, receiver and the response of the receiver respectively. The process of communication is used in diverse fields including in the health discipline to inform people about health concerns. However, there is disagreement on the origin of health communication though studies suggest that communication evolved in the 1980s (Bernhardt 2004:23; Piotrow *et al* 2003:11). Health communication focuses on people's roles and mediated communication in health promotion. What is clear in this chapter is that health communication is understood as a key strategy employed to inform people about health concerns and to maintain important health issues on the public agenda. Mainly, health communication is directed towards promoting the health status of individuals, communities and populations.

This chapter also shows that health communication is a complex and extremely broad phenomenon with diverse features that need to be present to have effective health communication.

Literature presented in this chapter including key principles of health communication is not exhaustive in articulating what effective health communication should be. In other words, literature reviewed does not provide coordinated instruments that can be used in this study to evaluate integrated communication efforts applied in the health communication programme under study. Therefore, when assessing integrated communication applied in health programmes or organisations it is important to take into account integrated communication models such as HBM, TRA, SBC model, Diffusion of Innovation Theory, and others that explain the importance of integrated communication in health communication programmes. The following chapter explores literature on integrated communication models some whose concepts have been used in this study to assess integrated communication applied in the UKZN AIDS Programmes.

## **CHAPTER THREE**

### **INTEGRATED COMMUNICATION**

#### **3.1 INTRODUCTION**

This study explores integrated communication applied within the UKZN AIDS Programme. Integrated communication is important because it coordinates verbal or written messages to bring into equal messages of the different parts of an organisation. Besides, integrated communication establishes mutual beneficial relationship among the different parts of an organisation and enables an organisation to achieve its targeted interests. This chapter discusses integrated communication and models. The first section explores the historical development, the definition and models of integrated communication that illustrate the assessment instrument for integrated communication. The models include Ehlers' (2002) framework for structuring integrated communication, Gayeski and Woodward's (1996) renaissance communicator, Duncan and Moriarty's (1998) 10 strategic drivers of integrated communication, and Van Riel's (1995) model of organising and co-ordinating communication processes. The second section is divided into two parts. The first part presents a critique for integrated communication models reviewed in this study. The second part explores the proposed measuring instrument for determining the integration of organisational communication as applied by Du Plessis and Thomson (2013:437-442) developed using concepts from different models of integrated communication.

Organisations or programmes need frameworks within which they can occasionally reassess and redefine their activities. Yet, there is no single, appropriate assessment tool for assessing integrated communication. Thus, the basic principles and ideas contained in integrated communication models could provide criteria for evaluating integrated communication in the UKZN AIDS Programme under study. This chapter will end with an overview of the main conclusions reached on the basis of the literature reviewed so far in this study.

### **3.2 THE HISTORICAL DEVELOPMENT OF INTEGRATED COMMUNICATION**

As the study delves into IC, it is important to explore how this concept developed. Niemann (2005:69) argues that there are different views on the actual period when IC evolved and was put into practice. IC is traced back to IMC. Duncan (2001:11) and Schultz (1998:1) believe that the elementary ideas of IC have been utilised as far back as 1970.

Around 1990 emphasis was placed on IMC and this influenced IMC to have its own method for holistic communication to be developed (Moriarty 1994:38). Van Riel (1995:14) said that IC comes from joint use of multiple marketing communication techniques in the 1990s. He connected IC to the process of planning and implementing tracing it to the early 1970s. However, Smith (1996:56) argued that the notion of IC emerged in the early 1980s. Though the starting points of IC are debatable, the term IC came from corporate communication writings around 1980 (Sportts and Lambert 1998:213). However, Kitchen and Schultz (1999:22) contended that IC developed at North Western University in the United States of America, particularly at the Medill School of Journalism.

Literature reviewed makes it logical to argue that IC originated in the 1990s (Kitchen and Schultz 1999:22; Sportts and Lambert 1998:213; Smith 1996:56). IC was in the media through a special issue of the Journal of Marketing Communication. Today, the concept is still evolving. Duncan (2001) says that the developmental nature of IC is traced in the beginning of the Journal of Integrated Communications. A number of empirical studies in Africa have been conducted on the topic (Barker and Angelopulo 2006; Ehlers 2002; Niemann 2002; Store 2002).

Stewart (1996:148) described IC as a management philosophy and Burnett and Moriarty (1998:23) said that IC was a unifying business practice. Many definitions of IC have emanated based on the manner in which the concept was put into practise. Therefore, in the following section a range of definitions are explored and grouped into the periods of the development of integrated communication.

### **3.3 THE HISTORY OF THE DEFINITION OF INTEGRATED COMMUNICATION**

There are many definitions of IC. In ordinary practice, integration refers to the process of marrying different parts into a larger unit and thus, managing departmental divisions in the organisation (Niemann 2005:35). The focus of this definition is on unity by underscoring the coexistence of differences within the larger unit. Thus, integration refers to a course of bringing together an array of differences into unhampered and equal relationships in a programme or organisation.

Though there is contention on when IC developed, focus during the first evolutionary period of IC addressed specific functions. What this means is that IC does not deal with the full-sized picture of the functions of IC in an organisation (Niemann 2005:104; Kitchen and Schultz 1999:21; Drobis 1997:2). Deducing from the existing literature, the definition for IC in 1980s can therefore be proposed as the amalgamation of channels and stratagems within a specific communication programme.

In the early 1990s there were several definitions for IC. Schultz (1991:101) defined IC as an inclusive process managed actively. Meaning, IC is not a disorganised process. As for Tannenbaum (1991:27), IC is an inside communication and actions that contribute to the communication efforts of the organisation. What is prominent in this definition is the element of dialogue. In the same period, IC was defined as the planned management of all the messages and avenues used by organisations to jointly influence their perceived brand value (Keegan, Moriarty and Duncan 1992:631). An analysis of this definition shows that it emphasises on three important ideas: it highlights the importance of strategic co-ordination which calls for joint efforts in managing different and complementary messages; underscores the need for messages and channels of communication to be jointly used to influence positive perception of the brand; and calls for attitudinal change (Tannenbaum 1991:27).

Existing literature defines IC as a planned co-ordination of messages to initiate dialogue between stakeholders and organisations (Keegan, Moriarty and Duncan

1992:631; Tannenbaum 1991:27). The aim is to influence stakeholders' attitudes and behaviour towards brand loyalty.

Between 1996 and 1998 the definition of IC came from the contribution of Harris (1998), Duncan (1997) Gayeski and Woodward (1996). These mentioned scholars defined IC as the coordination of all organisational systems so as to improve human performance and influence the achievement of organisations' objectives.

Duncan (1997:63) defined IC as an organisational process influencing all messages in a planned manner and motivating planned dialogue. The dialogue mentioned here is meant to generate and sustain valuable stakeholders and customers. This definition is mainly concerned with enhancing relationships than the results of the operation. The definition views IC as focused on attracting new customers and engaging with them as a way of finding ways of meeting their needs and wants. Harris (1998:54) subscribes to this definition however he emphasises that all main departments of a programme or organisation should collectively work together in planning, designing and implementing brand relations. Thus, the combined definition of IC in this era can be rationalised as a process of strategically influencing messages and encouraging purposeful dialogue to generate and sustain favourable relationships with stakeholders.

Literature reviewed in this study suggests that the last revolutionary epoch of IC is the period between 1999-2006 (Duncan 2001:23; Gronstedt 2000:19). Barker and Angelopulo (2006), Barker and Du Plessis (2001), Duncan (2001) and Gronstedt (2000) are among the scholars in this last era. Gronstedt (2000:8) defines IC as a strategic process of promoting a desired meaning of the organisation by encouraging collaboration at every stage where stakeholders and customers meet to build profitable relationships. Therefore, the emphasis of this definition is on collaboration at different levels of the organisation. This definition takes IC to another level by showing that this concept is not only about messages of the organisation but pays attention to all activities of the organisation. Du Plessis (2001:34) extended this definition by saying that IC entails that all activities of the organisation are addressed as a way of facing increased challenges and sustaining a positive image of the organisation. He believes that

this is one way an organisation can remain relevant in the world that is changing very fast. What Du Plessis (2001:38) is saying is that IC allows organisations to create meaningful relationships with stakeholders.

Duncan (2001:8) defined IC as: “cross-functional process creating and nourishing profitable relationships with customers and other stakeholders by strategically controlling all messages sent to the groups”. It was on this definition that Barker and Angelopulo (2006:45) built their definition by saying that IC is a process that involves all departments of the organisation to create and sustain tactically established relationships with stakeholders. This is done by managing all messages that are communicated to all and enhance purposeful dialogue. In other words, Barker and Angelopulo (2006:46) underscore the idea that the two-way communication system should be data-driven. This is viewed to be important because target audiences are continuously bombarded with loads of messages thus communication channels and messages should be focused if organisations are to continue to be relevant.

As for Oliver (2004:23), IC is the merging of all relevant corporate communication activities. The concern of this definition is that all communication activities in the organisation should be integrated. This is seen to be important as it can serve the target audience from the onus of coordinating fragments of communication messages themselves. Thus, the definition of IC of this final revolutionary era combines several definitions. The final revolutionary era definition of IC will be used in this study. The definition reads as: “Integrated communication is the strategic management process of organisationally influencing all messages and encouraging purposeful data-driven dialogue to create and nourish long-term, valuable relationships with stakeholders” (Barker and Angelopulo 2006:46).

It is therefore logical to argue that the idea of IC in our time refers to communication management which combines communication functions. In today’s fast changing world, IC is critical. It is a means of developing a competitive advantage and of allowing an organisation to adapt fast to evolving needs and demands of the communities.

Taking into consideration the literature reviewed so far, there is no doubt that skilfully developed organisational communication is more and more part of overall tactical planning and action. In the next section, the study discusses some of the models and theories generated with the purpose of developing an evaluation instrument for assessing IC applied in the UKZN AIDS Programme at the University of KwaZulu-Natal.

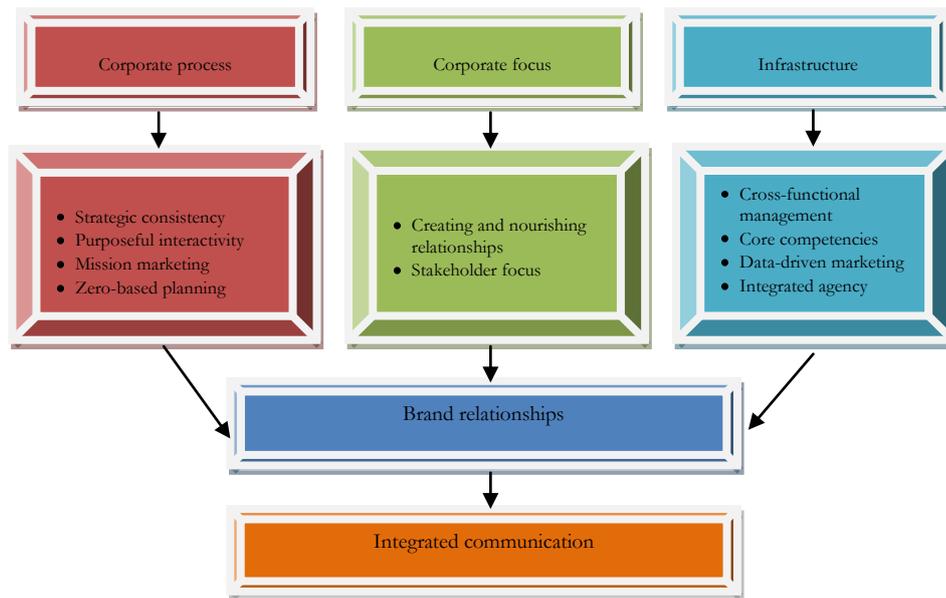
### **3.4 Integrated communication models**

The following section is an analysis of some theoretical bases with the aim of generating an assessment tool for the assessment of IC. The assessment tool can be used in organisational communication, or specifically in health communication programmes.

#### **3.4.1 Ten strategic drivers of integrated communication**

Duncan and Moriaty (1997:17) support a model that upholds ten strategic drivers of IC divided into three groups; *corporate focus*, *infrastructure* and *corporate processes* as demonstrated in figure 3.1 below. However, these authors indicate that it is not always that these ten drivers have to be present for organisational communication or health communication programmes to start enjoying the benefits of IC.

**Figure 3.1: Ten strategic drivers**



Duncan and Moriarty (1998:17)

- **Corporate focus**

The first strategic driver relates to corporate focus of the organisation. The corporate focus is connected to communication management. The main aim of corporate focus is to develop relationships with key stakeholders.

- **Creating and nourishing relationships**

Duncan and Moriarty (1998:17) believe that an organisation can benefit more by creating and nourishing organisational relationships in addition to making transactions. These authors support the idea that for the organisation to be effective in carrying out its objectives, it should focus on developing relationships with its target audiences instead of solely concentrating on transactions. By focusing on target audiences the organisation can have a comprehensive understanding of the target audiences and use the knowledge to communicate effectively to the target audiences. This has potential of increasing the credibility of the organisation.

- Addressing stakeholders

Duncan and Moriarty (1998:18) assert that the success of an organisation is dependent on addressing stakeholders; those with direct or indirect interest in the success of the organisation. The support of both target audiences and stakeholders can influence the realisation of organisational objectives and shareholder equity.

- **Corporate processes**

The strategic drivers of IC include corporate processes (Duncan and Moriarty 1998:19). These two authors justify why the brand of the organisation should be integrated into the brand messages.

- Strategic consistency

Duncan and Moriarty (1998:20) say that the steadiness of the organisation's strategy is important as it leads to the consistence and distinction of both the organisation's reputation and identity.

- Purposeful interactivity

A study by Duncan and Moriarty (1998:22) draws attention to the idea that IC is driven by the creation of purposeful interactivity rather than monologue. Meaning, it is important to create well-intentioned mutual relationship between the customer and the organisation. The mutual relationships should be sustained and maintained. This enhances the customer's feedback and mutual communication. This is a good way of making target audiences part of the planning and operations of the organisation.

- Mission of the organisation

In the corporate process, IC is driven by promoting the mission of the organisation rather than product claims (Duncan and Moriarty 1998:20). This suggests that the organisation should ensure that its mission contributes to the organisation. This happens when the mission is integrated into all operations of the organisation (Ehlers 2002:178).

- Zero-based planning

To have IC there is need for zero-based planning where both internal and external brand-relevant issues; strengths and weaknesses, and opportunities and threats are taken into account (Du Plessis and Schoonraad 2006:9). These issues have potential to affect the performance of the organisation. Thus, strategies and objectives should be justified in terms of what needs to be done and why it needs to be done.

- **Corporate infrastructure**

In the corporate infrastructure concept, Duncan and Moriaty (1998:18) affirm the importance of internal groups to interact so often to share customer information. It is one way of promoting consistency in the organisation and messages being communicated.

- Cross-functional management

By engaging in cross-functional management the organisation creates links to professionals' departments and functions. This ensures that their isolation is avoided at the same time allowing them to maintain their professionalism or specialisation (Barker and Du Plessis 2002:12).

- Creating core competences

The idea of corporate infrastructure also states that communication professionals should have basic and clear understanding of both weaknesses and strengths of marketing communication (Barker and Angelopulo 2006:6; Duncan and Moriaty 1998:18). The weaknesses and strengths should be critically analysed and made use of to enhance the cost-effectiveness of all functions in an organisation. Communication specialists should create materials while communication generalists should design and manage IC in an organisation or health communication programme.

- Integrated agencies

Duncan and Moriaty (1997:18) state that IC requires that integrated agencies are employed rather than traditional, full service agencies. The integrated agencies

should monitor the work of these specialised agencies and ensure that they remain focused on the communication strategy and implement the strategy to address the need of target audiences.

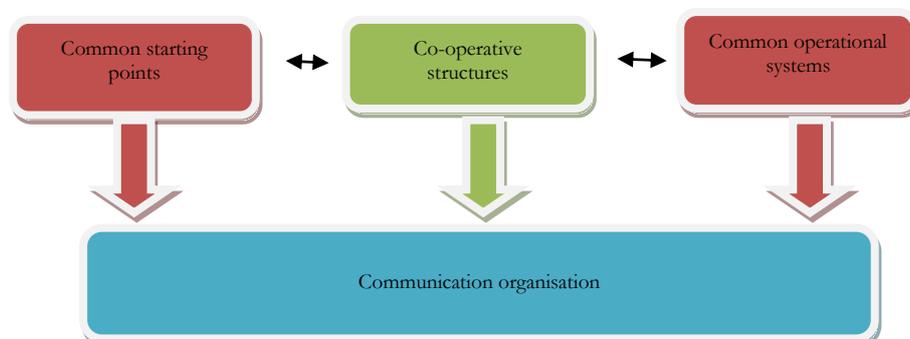
- Databases

The corporate infrastructure approach shows the important of information on stakeholders, in particular target audiences as significant part of integration. Data on stakeholders should be gathered, organised, managed and disseminated to make organisations have a clear or hazard record of stakeholders' transactions and interactions. Data collected can make it easy to establish the specific forms of communication channels to be used to achieve intended goals (Duncan 2001:60).

### 3.4.2 Model of organising and coordinating the communication process

As for Van Riel (1995:161), organisational communication efforts should be well planned and coordinated to achieve the objectives set by the organisation. The author proposes that the starting point of corporate communication should be outlined if the organisation is to succeed in encouraging collaboration between important communication operations. Van Riel's (1995:160) view is presented in figure 3.2 below to show the tools he identified that can help to co-ordinate communication, namely: common starting points, co-operative structures for decision-making in communication, and common operational systems.

**Figure 3.2: Organisational communication organisation**



Van Riel (1995:161)

- **Common starting points**

To have IC in an organisation, Van Riel (1995:161) explains that there is need to have central values. These values should work as the foundation for embarking on any form of communication envisaged by an organisation. Common starting points are important because they can be employed specifically to develop well-defined priorities. For example, Van Riel (1995:160) says that common starting points can be used to expedite the control and evaluation process of organisations' communication strategies or policies. Furthermore, he adds that an effective balance of information flow between units or departments is not developed by sternly sticking to the common starting points. Instead, this balanced flow of information is realised by customising the common starting points. It is on the starting points many organisations' departments often anchor the starting points of their own communication policy. Van Riel (2001:301) reveals that the way organisations plan to co-ordinate their main messages influence the kind of corporate communication policies organisations will develop.

Another element of interest is Van Riel's (2001:301) view that organisations can choose to make corporate communications varied or uniform, endorsed. An organisation is free to disclose the parent of the brand. This can be done using the company's name. Even in a situation when the organisation uses diverse communication strategies for different units, the common starting points could enable all units to begin at the same footing. The challenge therefore lies with representatives of different communication functions to conjointly develop the 'common starting points'.

- **Common operational systems**

It is a common practice to put in place operational systems in management fields (Van Riel 1995:163). Common operational systems include techniques for financial reporting and using planning skills in practical management areas such as human resources and marketing.

Barker and Angelopulo (2006:53) stress that operational systems are important because they are conditions on how communication programmes can be implemented. The operational systems draw attention to areas of communication

programmes that deal with integration. For these two authors, the best way to introduce standardisation into communication operational systems is by putting into operation clear instructions, for instance, those found in the house-style booklet. Barker and Angelopulo (2006:9) maintain that the house-style booklet makes it possible for members in an organisation to regulate parent prominence in a uniform manner. They add that scheduled procedures bring in the element of steadiness caused by education and training offered to members of the organisation. With the new technology that is in place, Barker and Angelopulo (2006:52) believe that one way of making protocols clear is to initiate computerised decision-making process to deal with important communication decisions.

- Coordination of decisions in communication

Van Riel's (1995:163) model advocates for communication programmes that are coordinated on different levels: through ad hoc committees or a steering committee or one person.

- One person

The one person approach idea holds that communication programmes can be coordinated through decisions made by one person (Van Riel 1995:163). This person can be in charge of every department in the organisation. Through this approach the communication function is merged into one person who then introduces the process of centralisation. The process of decentralisation then spearheads the process of IC activities in an organisation.

- Steering committee

Another kind of co-ordination is one undertaken by a steering committee. In this arrangement, Van Riel (1995:165) says that all people representing different communication units are allowed to take part. This means that through the steering committee which superintends communication activities, the process of IC can be executed. If the steering committee wishes so, it can also manage IC. The rationale of this approach is that communication professionals can be helped

to work efficiently when they are made to work in interconnected teams of people throughout departments.

- Ad hoc meetings

The ad hoc committee is a team of members of an organisation formed to make recommendations on specific matters (Van Riel 1995:163). In this approach, managers from various departments are brought together and asked to discuss privately and professionally on specific issues. The emphasis is on the small representative group of people with authority to make decisions that affect the entire organisation, or stakeholders.

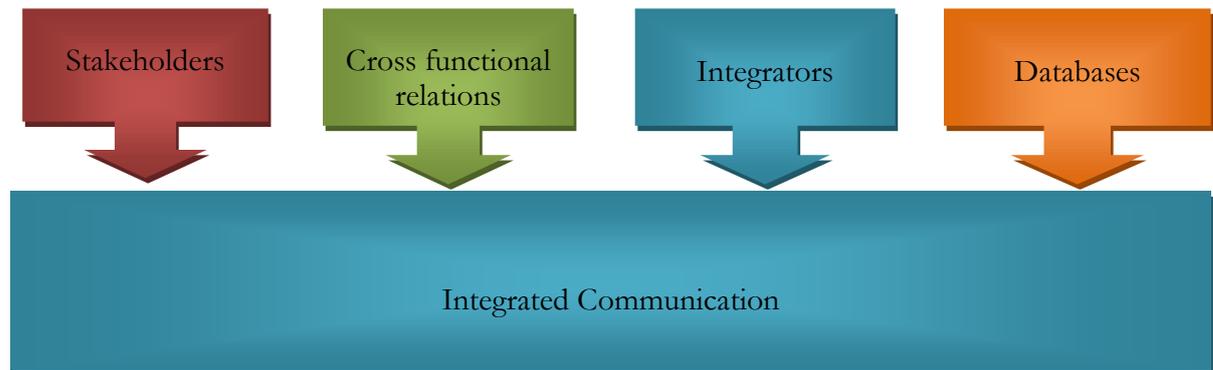
Barker and Angelopulo (2006:11) say an ad hoc committee can address several issues including communication planning, designing, co-ordination, implementation, monitoring and evaluation. To have an effective ad hoc committee, Barker and Angelopulo (2006:54) relate that there is need to include the coordination process managers of the integration process and representatives of the communication departments or units.

Van Riel's (1995) model is encouraging a process where IC is treated as a cross-functional process including all main activities of the organisations not forgetting stakeholders. The reason of embracing this kind of approach is to create a communication design in which diverse communication disciplines team up as an integrated entity. This approach can cause maximum communications influence and bring out an unswerving identify of the brand (Van Riel 1995:154). Thus, through this approach organisations can realise greater collaboration and consistency in all their programmes.

### **3.4.3 Ehler's model for organising integrated communication**

Ehlers (2002:400) recommends a theoretical framework that can be used to structure IC in organisations. Her framework presented in figure 3.3 below highlights the need to pay attention to four elements that can enhance IC; stakeholders, cross functional relations, team of integrators and databases.

**Figure 3.3: Organising integrated communication**



Ehlers (2002:400).

- **Stakeholders**

Ehlers' (2002:400) model advises that people with stakes in an organisation should be the starting point of IC processes. She says that stakeholders should participate in various function processes of an organisation. If employees are able to influence relations between stakeholders, Ehlers (2002:401) says they must be considered as part of the stakeholder orientation.

Furthermore, Ehlers (2002:400) argues that stakeholders are not independent as their action or lack of action has influence on other stakeholders. Thus, any stakeholder can influence change in others. It is on this interdependence system that the IC approach builds its rationale by harmonising communication processes or activities with the whole network of stakeholders.

- **Cross-functional relations**

Duncan (2001:32) observes that cross-functional relations of different parts of an organisation enable departments in the organisation to work as a team. For example, cross-functional relations enable departments to work together in planning, monitoring, evaluating relationships and the brand of the organisation. For Duncan (2001), IC should be incorporated into the planning processes of organisations' strategies. The cross-functional relations place more weight on the involvement of stakeholders and not only target audiences. This means that target audiences and stakeholders should be integrated into the total operations

of the organisation. Thus, an environment should be created in which stakeholders are able to contribute on how the organisation should operate. This is one effective way of ensuring that all different parts of an organisation are aware of what is happening.

- **Team of integrators**

Ehlers' (2002:339) "team of integrators" approach holds that an "integrator" or team of 'integrators', which has a total stakeholder focus, should be responsible for co-ordinating communication in an organisation. She recommends people chosen to spearhead the integration processes to be highly skilled, and IC should be part of the organisation's strategic planning process. Integrators' skills should be in various disciplines if they are to contribute positively and effectively to communication.

- **Well-established database**

To have IC, Ehlers' (2002) model holds that organisations should have well-established databases to inform and guide planning and integration processes. Thus, there is need for data driven strategies to ensure continuous learning about target audiences and stakeholders. Databases should be used a push in the integration processes. These databases can also help to manage communication with all key stakeholders. Thus, an organisation with a sturdy database-driven strategy is more likely to ensure that learning of the organisation's target audiences and stakeholders becomes an on-going process.

As a result, Ehlers' (2002:340) framework calls for an approach where IC is perceived as the focal point of the management process of the whole organisation. What this entails is that the rules of wholeness, interconnectedness and interdependence are critical in IC as they facilitate the process of integration to work.

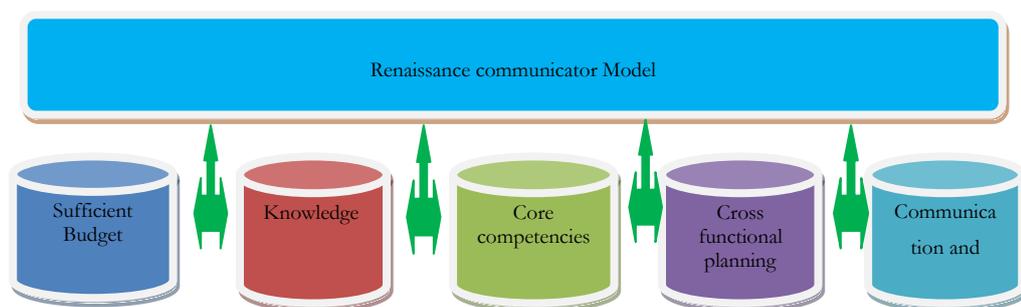
#### **3.4.4 Renaissance Communicator Model**

In the renaissance communicator model, Gayeski and Woodland (1996:12) suggest that to have effective IC an organisation or programme needs a

renaissance communicator manager. This is a more integrated and strategic model of communication. The idea of renaissance communicator is based on the belief that organisations and environments are always changing. Therefore, there is need for a current and professional practice of creating and executing communication rubrics and apparatuses to augment the transmission, understanding, reception and application of data in ways that can help an organisation to realise its objectives. In other words, different organisations are quickly transforming their organisational activities or processes and management styles, the traditional roles of communication professionals may well become out-dated.

The renaissance communicator model, see figure 3.4 below, highlights the importance of strategic management to ensure that the organisation remains relevant. Strategic management is needed for those who want to work as renaissance communicators, and they should be part of the organisation's top management team. This is important as it allows renaissance communicators to be aware of the activities of their organisations and understand what is happening.

**Figure 3.4:** Renaissance communicator model



Gayeski and Woodland (1996:12)

- **Sufficient budget**

Gayeski and Woodland (1996:11) recommend that renaissance communicators should interact with stakeholders including top management officers down to the grassroots. For the renaissance communicators to work effectively there should

have resources such as a team of communication professionals with skills in message design, training, persuasion, incentive systems, media, information technology, and others to accomplish organisational communication activities. Therefore, there is need for a sufficient budget to ensure that renaissance communicators are effective in carrying out their roles.

- **Knowledge and understanding of the core competencies**

The renaissance communicator model cautions that a sufficient budget on its own cannot make an organisation achieve its objectives. Therefore, renaissance communicators should have knowledge and comprehension of core competencies or knowledge and understanding of the brand or an organisation. Renaissance communicators should also ensure that their work enhances the brand. This is because an organisation may only have good competitive edge if the brand is understood (Gayeski and Woodland 1996). Therefore, it is important that renaissance communicators are able to carry out their mandate effectively to make stakeholders understand the brand being promoted. The organisation's mission should be considered as important in enhancing corporate core competency. Hence, renaissance communicators should integrate the core competencies and retain them as the footing for the relationship between organisations and stakeholders. The second level of core competency is the understanding of how organisations function. This enables the renaissance communicators to network and effectively position themselves and their programmes.

- **Core competency in strategic integrated communication**

Duncan and Moriarty (1997:192) say that renaissance communicators should understand the core organisational competencies. This is one effective way of aligning the communication goals with those of their organisations.

- **Cross-functional planning**

Duncan and Moriarty's (1997:192) model regard cross-functional planning as another requirement for effective renaissance communicators. These authors

state that renaissance communicators should participate in cross-functional planning. Managers as well from different departments should work together to plan and manage both messages sent and received by the organisation. Cross-functionality of processes is vital as it enables different departments to work together on matters of relationships with stakeholders and the brand.

- **Communication and marketing planning**

Gayeski and Woodland (1996:12) advise that renaissance communicators should be zero based. This means that an assessment should be carried out to ensure that only resources or tools that are needed by renaissance communicators are used. This assessment should not be based on the past budget but new assessments as environments and organisations are changing so are the needs of organisations and target audiences.

Thus, Gayeski and Woodward (1996:28) strongly support the idea that renaissance communicators should be considered important in the execution of integrated communication. For these two authors, it is the role of renaissance communicators to align communication objectives with the strategic purposes of organisations. Renaissance communicators are also required to ensure unity of effort through strategic consistency. Employees in organisations form part of different expert areas in their organisations. The key idea in this notion is that genuine IC is achievable if cross-functional relations among various experts in the organisation are well coordinated. This implies that renaissance communicators should have appropriate skills to be able to contribute efficiently to the strategic planning of an organisation. The following section presents a critique for the IC models explored in the above section to ascertain their suitability as IC evaluation tools in this study.

### **3.5 CRITIQUE OF THE INTEGRATED COMMUNICATION MEASURING TOOLS**

The section above explored useful IC theoretical approaches that can be employed to assess integrated communication in an organisation. However, Ehlers' (2002) framework for structuring IC, Gayeski and Woodward's (1996)

renaissance communicator, Duncan and Moriarty's (1998) ten strategic drivers of IC, and Van Riel's (1995) model of organising and co-ordinating communication processes are oriented towards marketing and developing organisations' brands from the outside. Therefore, the limitation to these frameworks is that there is no single framework able to provide a complete measuring instrument for determining the integration of organisational communication. To address this limitation, Du Plessis and Thomson (2013:437-443) developed a measuring instrument for determining the integration of organisational communication using concepts from models mentioned above.

The following section presents the measuring instrument for determining the integration of organisational communication as applied by Du Plessis and Thomson (2013:437-443). Besides, the section shows how the evaluation tools were used in this study to determine integrated communication in the UKZN AIDS Programme.

### **3.6 THE INTEGRATION OF ORGANISATIONAL COMMUNICATION MEASURING INSTRUMENT AND OPERATIONALISATION**

The first concept and measuring tool presented is strategic alignment followed by consistency, stakeholder orientation, infrastructure integration, coordination, and information sharing as suggested by Du Plessis and Thomson (2013:439-443).

#### **3.6.1 Strategic alignment**

Du Plessis and Thomson (2013:439) argue that to have integrated communication, a programme or organisation's strategy should be aligned to the organisation's corporate mission. This implies that the organisation's corporate mission should be incorporated into all operations of the organisation, all employees should understand the corporate mission of the organisation, and the corporate mission should be operationalised into clear and strategic objectives.

The two authors explained that organisations should communicate their objectives regularly to all employees and these objectives should be formulated in such a way that all employees can relate to them (Du Plessis and Thomson

2013:439). Besides, objectives of the organisation should be operationalised to enable employees to apply them in their work in addition to reminding employees the values of the organisation.

Therefore, to have strategic alignment with the health organisation or programme's strategic focus is vital for the effective functioning of the communication organisation or programme. Utilising in-depth and focus group interviews the study assessed the communication alignment with the strategic focus of the UKZN AIDS Programme. Employees and peer educators, and students were asked through focus group and in-depth interviews respectively the communication strategies the UKZN AIDS Programme is using to ensure that the programme's strategy is aligned to its vision.

To be specific, the study investigated whether; the UKZN AIDS Programme incorporated its mission in all its operations, the programme strategically incorporated its 'brand' position in all messages and the programme clearly communicated its strategic objectives regularly to the stakeholders. In addition, the study explored whether the programme's strategic objectives are related to the programme's communication objectives and whether the programme's strategic objectives are engendered in a manner that allows stakeholders to relate with the programme itself. These questions helped the researcher to ascertain the extent communication strategies are helping in mobilising employees and students around the programme's strategic priorities, values, and vision. The evaluation tool for the consistency of messages and media used by the UKZN AIDS Programme is presented below.

### **3.6.2 Consistency of the messages and media used**

Du Plessis and Thomson (2013:438) hold that messages communicated by organisations should not only be clear but consistent as well. Therefore, to have effective health communication programmes, messages and channels used should have visual identity. Meaning, messages and channels used should conform to the standardised norms, and should be assessed regularly for consistency. This allows recipients to be presented with consistent messages. Lack of consistent communication messages creates messages that are vague

and incoherent. For this reason, there is need for the integration of the main communication activities as this leads to the creation of consistent health communication programme identity. The consistency of the messages and media used by the UKZN AIDS Programme was assessed through interviews with UKZN AIDS Programme employees, and students. In particular, the main issue studied included the consistency of messages and communication channels used to employees and students. The following section is an operationalisation of the principle of stakeholder orientation and differentiation used to assess the application of IC in the UKZN AIDS Programme.

### **3.6.3 Stakeholder orientation and differentiation**

The measuring tool for integrated communication proposed by Du Plessis and Thomson (2013:440) indicates that the integration of stakeholders into the processes of organisations is an important strategy in ensuring effective integrated communication. This means that organisations should focus on stakeholders to ensure that stakeholder changes are monitored regularly, stakeholder groups are differentiated, and employees are treated as important stakeholders. Furthermore, organisations should promote message consistency and quality relationships with all stakeholders. Du Plessis and Thomson (2013:440) state that organisations should have purposive dialogue to enhance regular interaction with stakeholders, encourage feedback from stakeholders, and prioritise and optimise contact points with stakeholders. Besides, organisations should use several communication strategies including mass media, personalised and interactive tools to communicate with stakeholders. Organisations should learn to manage relationships with stakeholders by nurturing stakeholders and make information of stakeholders available to all divisions in the organisations. Information on stakeholders should be shared with different divisions and ensure that links developed with stakeholders are built. Figure 3.5 shows Du Plessis and Thomson's (2013:437-443) integration organisational communication measuring tool applied in this study.

**Figure 3.5: Measuring instrument for determining the integration of organisational communication**



Du Plessis and Thomson (2013:437-443)

Using the concept of stakeholder orientation and differentiation, this study explored stakeholder integration in the UKZN AIDS Programme. One of the aims was to find out if IC in the UKZN AIDS Programme was built around a balanced two-way approach to interactivity. The study also investigated stakeholders' access to information as a strategy of smoothening organisational operations. Thus, the study ascertained whether the UKZN AIDS Programme has built real relationships with stakeholders. This was critical to investigate because a health communication programme can only exist if it has effective relationships with numerous stakeholders. Therefore, the researcher examined strategies the UKZN AIDS Programme has put in place to nurture good programme-stakeholder relationships as a way of fostering a positive programme reputation. The evaluation tool for the sharing and free flow of information in the UKZN AIDS Programme is presented below.

### **3.6.4 Sharing and free flow of information**

Du Plessis and Thomson (2013:437-443) argue that sharing of information has a certain binding quality to organisational operations. These authors' argument is that sharing and free flow of information improves the feeling of belonging and trusts among employees and builds up communication climate within organisations. To have effective communication therefore, health communication organisations or programmes should develop mechanisms to centralise information about stakeholders, to maintain research information and to ensure that cross-functional processes are oriented towards data-base management systems that provide comprehensive target audience information and organisational memory (Du Plessis and Thomson 2013:437-443).

The concept of sharing and free flow of information was used to explore whether the UKZN AIDS Programme had mechanisms in place to share information to all directions. The concept was also used to establish whether the programme has mechanisms to share group work and strategic information as well as whether senior programme employees encouraged junior employees' participation. Information flow issues explored include the state of information flow; from the top of the programme downward, to the top, between departments, and throughout the UKZN AIDS Programme. The infrastructure evaluation tool used in this study is presented below.

### **3.6.5 Infrastructures for integration**

The manner organisations are structured encourage divisions (Du Plessis and Thomson 2013:437-443). The argument advanced by Du Plessis and Thomson (2013:438) is that organisations should have people responsible for communication integration and formal policies about communication integration shared to every division in the organisations. Du Plessis and Thomson (2013:438) propose that the content of the visual corporate identity and all messages communicated should be assessed regularly. Messages communicated should be measured for reliability and data collected from assessments should be used to drive infrastructures for integration. Data

collected on the consistency of messages should also be utilised to update objectives of the organisation and encourage interaction between stakeholders.

Employing the concept of infrastructures for integration, this study investigated cross-functional management efforts employed by the UKZN AIDS Programme. The aim was to determine the state of cross-functionality that exists in the UKZN AIDS Programme. In addition, the study aimed at ascertaining how different departments work together in planning, communicating and assessing both internal and external messages from the UKZN AIDS Programme.

The concept was also used to ascertain whether the UKZN AIDS Programme has a variety of robust formal communication channels able to keep employees and peer educators well informed about the programme. The study aimed to understand how effective the programme's internal communication systems are in communicating information to various employee departments. The study also aimed to determine the delivery methods used for employee communications, whether the communication infrastructure provides the various constituencies of a programme such as feedback processes and strategies, whether, internally and externally, communication supports collaboration between employees and other stakeholders so that it is easy for them to work together.

Using focus-group interviews, employees and peer educators were asked the type of instruments that have been put in place to help the programme to plan its messaging and to communicate effectively and more consistently. Focus-group interviews were also used to determine whether the programme has an overall coordinator of the programme's integrated communication. Using in-depth interviews and focus group interviews students, and peer educators and employees were asked the type of communication tools used to help the programme communicate effectively and more consistently. The aim was to establish whether the UKZN AIDS Programme delivered strategic messages in a planned way through multiple organisation media channels. The assessment instrument for coordination in the UKZN AIDS Programme is presented below.

### **3.6.6 Coordination of communication efforts and actions**

Du Plessis and Thomson (2013:439) state that the environments in which communication programmes are operating in are not static. Therefore, there is need for communication programmes to adapt to the changing environments. This makes programmes more complex if they are to remain relevant. Though coordination is critical, it is not the end itself but a process that is necessary to help find answers to problems of effectiveness and efficiency in health communication programmes. Du Plessis and Thomson (2013:439) further argue that organisations should employ cross-sectional planning and monitoring to ensure that; plans of organisations are coordinated across divisions, organisational information is shared across divisions, and informal and formal interactions with stakeholders are encouraged. Besides, there should be zero-based planning and creation of core competencies such as communication skills and stakeholder management. Employees in all divisions of the organisation should be informed about how the organisation functions. The main purpose of this strategy is to coordinate all activities that are formal or informal, planned or unplanned, internal or external.

In this study, the concept of coordination of communication efforts and actions was used to assess coordination applied in the UKZN AIDS Programme through focus group and in-depth interviews with employees and students, respectively. Participants were asked whether the UKZN AIDS Programme has a central system into which stakeholders' communications are directed to so as to avoid uncoordinated activities with separate departments that have their own communication proceedings. The concept was also used to explore the status of cross-functional planning and monitoring existing across departments, strategic coordination of complementary messages, sharing of information across departments, formal interaction between departments, and the state of informal contact between members of departments. Evidence indicating the usefulness of the principles suggested by du Plessis and Thomson (2013) in measuring integrated communication is abounding. Du Plessis and Thomson's (2013:437-443) integrated communication measuring instrument was used to explore both internal and external integrated communication in the UKZN AIDS Programme.

### **3.7 SUMMARY**

One of the challenges of the modern era is to develop an integrated management model which manages the relationship with stakeholders driving the brand equity. This integrated management model is integrated communication. Ehlers (2002) and Duncan and Moriarty (1998) for instance, argue that integrated communication is and must be a cross-functional process involving all key organisational activities and taking all the stakeholders into account. This demonstrates how integrated communication has progressed from the strategic activity practiced by the historical communication professional, to a more strategic and managerial-driven activity in the current marketplace. Various assessment instruments for integrated communication have been developed. The models of integrated communication include Duncan and Moriarty's (1997) ten strategic drivers, Van Riel's (1995) model of organising and co-ordinating the communication process, Ehlers' (2002) theoretical framework and Gayeski and Wood's (1996) framework of the renaissance communicator are discussed, with the intent to ascertain an assessment tool that could be used to evaluate integrated communication within the UKZN AIDS Programme. However, these theoretical underpinnings have limitations; no single model is able to provide a downright theoretical framework to assess the various aspects of communication integration in an organisation or programme.

Thus, the constituents of the existing assessment instrument proposed by Du Plessis and Thomson (2013:437-443) are used to determine integrated communication in the UKZN AIDS Programme. The evaluation tool has six concepts of integration as suggested by Du Plessis and Thomson (2013:437-443) namely, stakeholder orientation and differentiation, communication alignment with strategic focus of an organisation and consistency of messages and media, coordination of communication efforts and action, infrastructure for integration, and sharing and free flow of information. The tools used to assess the integration of communication in the UKZN AIDS Programme are operationalised in this chapter by showing how the concepts informed data collection instruments. Simply put, a new assessment instrument for integrated communication developed by Du Plessis and Thomson (2013:437-443) was

applied to evaluate the integrated communication applied within the UKZN AIDS Programme. The next chapter spells out in detail the research design and methods used in this study.

## **CHAPTER FOUR**

### **RESEARCH METHODOLOGY**

#### **4.1 INTRODUCTION**

This study investigated integrated communication applied in the UKZN AIDS Programme at Westville Campus. In particular, the study determined both internal and external communication in the programme under study. This chapter presents the qualitative research design, field and survey research methods underpinned by exploratory and descriptive research, the study setting at UKZN, and the population of the study. The chapter also presents the research plan and reflexivity employed, sampling process used, the data collection instruments in particular in-depth and focus-group interviews, data analysis techniques, particularly thematic analysis. In addition, the chapter addresses the issue of reliability and validity. The chapter ends by addressing ethical considerations upheld by highlighting the issues of consent, anonymity, privacy and confidentiality.

#### **4.2 RESEARCH DESIGN**

Denzin and Lincoln (2011:10) argue that a research design is a general research strategy that outlines the way in which a research project is to be conducted and, among other things, identifies the methods to be used in the study. Creswell (2013:4) and Fink (2005:2) argue that there are two categories of research designs: qualitative and quantitative. Quantitative research collects numerical data that are analysed using mathematically oriented strategies in particular statistics (Bernard 2002:4). The main strength of quantitative research is its ability to produce reliable and quantifiable data that can be generalised to a larger population (Denzin and Lincoln 2011:34). Qualitative research design collects data on participants' experiences and/or perceptions and the manner these make sense of their lives (Feldman 2003). This study used qualitative research design to explore the phenomenon under study as explained in the following section.

#### **4.2.1 Qualitative research design**

As mentioned above, qualitative research design was used to achieve the objectives of this study. Qualitative research focuses on participants' experiences or perceptions and the manner these make sense of their lives (Feldman 2003). Qualitative research is effective for studying subtle nuances in attitudes and behaviours, and valuable in assessing processes over time. The main strength of qualitative research lies in the depth of comprehending the phenomenon under study (Kendon, Pain and Kesby 2007:9). Qualitative research also allows flexibility where the field research plan can be modified at any time. In addition, researchers are always ready to engage in research as there is little preparation needed compared to quantitative research in which researchers need adequate preparations to initiate a survey or conduct an experiment (Marxwell 2012:9).

This study employed qualitative research because this design allows researchers to collect exploratory data that is rich in textual description of how a target population is experiencing a phenomenon under study (Creswell 2013:11). Qualitative research enables researchers to collect data about the human side perspective of the research problem (Merriam 2009:6). Qualitative research was also used because of its rigorous nature in exploring, describing and producing temporary explanations about integrated communication applied in the UKZN AIDS Programme at UKZN, Westville Campus. Specifically, the study used qualitative research because of its ability to discover the "why" behind integrated communication applied in the UKZN AIDS Programme. Instead of analysing numbers, qualitative research allows researchers to use language and behaviour of the study population. The researcher used qualitative research design because it can be conducted within a short period of time. In addition, qualitative research can generate new perspectives of comprehending a phenomenon from the view of an insider and grasping the significance of the local situation (Mitchell and Jolley 2010:13). Therefore the strengths of qualitative research design: ability to explore the depth of a phenomenon and bring new perspectives, flexibility, and other qualities mentioned above made the design suitable to this study. Qualitative data were collected using field and survey research methods explained below.

- **Field research**

Field research is a form of qualitative research and involves data collection in the field where the data collector is able to observe and record events, and behaviour in the natural settings (Fetterman 2010:22). In field research, researchers may physically go to the research site to observe people under study in their natural environment. Keller (2006:23) argues that people conduct field research in their whole lives when they participate or observe social behaviour and try to comprehend it, in given places (Foster, Barkus and Yavorsky 2006:7). Therefore, when people report their observations to others they are in fact reporting their field research efforts. Field research is deemed appropriate to the study of attitudes and behaviours that are best understood within their natural setting. It is in this natural setting that the researcher is able to recognise several nuances of attitudes and behaviours that might have escaped researchers using other methods (Fetterman 2010:22). Going to the field and interacting with the UKZN AIDS programme employees, peer educators, and students under study gave the researcher an opportunity to personally understand the reality of the participants' opinions, values, attitudes, and worldview (Foster, Barkus and Yavorsky 2006). Field research in this study was conducted using in-depth interviews as discussed later in this chapter.

- **Survey research**

The qualitative research design in this study also took the survey form. A survey is used to collect original data for describing a population too large to study directly (Mouton 1996:232). A survey obtains information from a sample of people by means of self-report, that is, people respond to a series of questions posed by the investigator (McNiff and Whitehead 2002). In this research, the researcher collected data using focus-group interviews discussed later below in this chapter.

- **Exploratory-descriptive field and survey research**

Field and survey research were both conducted from an exploratory and descriptive type of research. The aims of an exploratory research are embedded in generating new insights, knowledge, understandings, and investigating factors associated with the research problem (McNiff and Whitehead 2002:23). The field

and survey research were exploratory in the sense that they were intended to study the whole phenomenon of integrated communication in the UKZN AIDS Programme. The exploratory research was chosen to help to understand the study sample and the research problem under study. Exploratory research was appropriate to this study because it enabled the researcher through field and survey methods to gain a better grasp of how integrated communication is applied or not applied in the UKZN AIDS Programme. Leedy and Ormmond (2005:23) and Fink (2005:11) argued that exploratory studies investigate important factors related to a phenomenon in an in-depth manner to draw a reliable or correct explanation of the existing phenomenon. The exploratory research enabled the study to explore integrated communication applied in the UKZN AIDS Programme, a subject that has not been studied before.

Field and survey research were also descriptive in nature. Descriptive research is generally concerned with describing a phenomenon or population with respect to important variables. This type of research can be employed through: a cross-sectional study that usually involves a sample; people or units selected from the target population that are measured concurrently; a longitudinal study that involves a predetermined sample of units that is measured over and over again through time (Patton 2005:11). Descriptive research is effective in generating accurate narratives of the features of a person or population in practical situations (Merriam 2009:34). This type of research is also used to make judgements, rationalise existing behaviour, ascertain problems with existing practices, and so on (Booth 2008:5). This research is suitable to this study because the study was aimed at identifying and describing factors influencing integrated communication within the UKZN AIDS Programme.

In a nutshell, field and survey research were underpinned by exploratory and descriptive research because they are flexible and allow the investigation of characteristics of the phenomenon under study. Therefore, using a qualitative research design, and field and survey research methods, this study was executed through exploratory and descriptive research to ascertain the integrated communication within the UKZN AIDS Programme at the University of KwaZulu-Natal the site explained below.

### **4.3 GEOGRAPHICAL SITE**

The study site is the physical place where a study is conducted to collect the desired data (Booth 2008:11). In this research project, the study site is UKZN. This university was formed after the union between the University of Durban Westville and the University of Natal in 2004. This university has five campuses: Howard College, Westville, Pietermaritzburg, Edgewood, and the Nelson Mandela Medical School. This study was only conducted at Westville campus found in the interior of an environmental conservancy about eight kilometres from the central business district of Durban. The Westville campus combines state of the art arrangement together with scenic natural surroundings; trees, hills and buildings. It is also the official address of UKZN. The campus accommodates several disciplines including Health Sciences, Management and Commerce. The surrounding areas at Westville campus are closely knitted and sometimes with different racial grouping in socialisation. However, this study was not interested in the entire UKZN population as elaborated below.

### **4.4 TARGET POPULATION**

A target population is the aggregation or collection of units or people with specific characteristics the researcher is interested in (Fetterman 2010:9). The target population for this study were all employees at the UKZN AIDS Programme, peer educators and students at Westville campus. Westville Campus is chosen for three reasons. First, Westville campus was the first campus to get financial support to develop a peer education prevention programme at UKZN and in South Africa at large (Department of Basic Education (DoBE) 2011:23). Second, fieldwork for this study is self-funded therefore it was not possible in terms of money, time and resources to study the entire population, and third, Westville is the campus where the researcher resides.

#### **4.4.1 Accessible population**

The accessible population is a subgroup of the target population that mirrors particular characteristics (Howell and Savin-Baden 2010:3). Eligibility conditions suggest that for a person to be included, a sample should have specific characteristics (Seidman 2006:3). For this study, the accessible population are all

employees in the UKZN AIDS Programme departments, peer educators and students at Westville campus. The differences in age, gender, diagnosis, and others of the participants are viewed to be important because different employees deal with different programme activities while peer educators and students have different experiences of the HIV prevention activities of the programme. These differences enabled the study to collect data from several programme departments to answer the research questions underpinning this study.

#### **4.4.2 Population Parameters**

Population parameters or population characteristics are numerical expressions summarising various aspects of the entire population (Rea 1997:6). The composition of the demographics of UKZN varies. UKZN is an international and multi-cultural institution of higher learning hosting staff and students of Indian origins, Coloured, White and Black African. South Africa, Africa, Asia, Europe and USA are among regions with students at UKZN. Most of the UKZN AIDS Programme employees are between 23 and 60 while students are between 17 and 49 years. In addition, students are in different levels of study, some have while others have not attended the UKZN AIDS Programme events, some live on campus, others in rented houses outside campus therefore with different levels of exposure to the UKZN AIDS Programme. According to the UKZN Division of Management Information (DMI) (2012:20), UKZN has a total student population of approximately 44 000. Twenty percent (20%) of these are postgraduates, and about 4 500 staff; 3 000 support and 1 500 academics. About fourteen percent (14%) of the total postgraduate and four percent (4%) of the total undergraduate enrolments are international students. These are the main population parameters that formed the rationale to guide the sampling of participants for the study. These differences enabled the study to collect data from a sample explained below to answer the research questions.

#### **4.4.3 Sampling process**

Littwin (2002) argues that it is more or less always unachievable to study the whole target population. For instance, this study explores the integrated communication in the UKZN AIDS Programme among university employees, peer

educators and students at Westville campus, it would be nearly impossible to study 40 000 students and more than 3 000 employees at the university. Studying the entire population would be exceedingly costly and timely. Therefore, researchers employ samples as a way to collect data (Oish 2002:9).

A sample is a subset of the entire population from which data is collected by a researcher (Oish 2002:8). In other words, a sample is a subset of the population being studied. A sample represents the larger population and is used to make inferences about that population. Littwin (2002:3) states that a sample is a widely used research technique to gather information about a population without having to study the entire population (see also Creswell 2009). The sample for this study was selected at Westville campus.

There are different methods used to select samples as demonstrated in the following section.

#### **4.4.4 Sampling method**

There are two methods of selecting a sample (probability and non-probability) from a given population, from simple to complex. Since this study used a qualitative research design therefore non-probability was employed to help select participants for inclusion in the sample. In non-probability sampling, units or people are selected based on the judgement of the researcher (Sprague 2005:45). Therefore, selection of participants is by choice. This study used purposive (or judgment) sampling method. In purposive sampling units or people are selected for inclusion in the sample by a researcher with a purpose in mind (Simon 2009:3). Purposive sampling is easy to plan, fast and cuts down costs especially that fieldwork in this study was self-sponsored. In addition, purposive sampling ensured that the population parameters included participants' various characteristics. Purposive sampling was used because it enables research to achieve the objective of the study (Sander 2010:3) through a sample as explained below.

#### **4.4.5 Sample size**

Reason and Bradbury (2006:3) define a sample size as the total number of units or people selected to participate in the study. Generating a sample size is a critical aspect of any study because samples that are very big may waste resources, time and money, at the same time samples that are too small may lead to inaccurate results.

The AIDS Programme has five departments:

- University AIDS Committee (4)
- Director of the UKZN AIDS Programme (2)
- Campus HIV and AIDS Support Units Coordinator (5)
- Counsellors (5)
- Peer educators trainers(10)

From the four strata, all programme employees were selected. From the peer educators eight (8) were selected and eight (8) were selected from the students' body purposively.

In qualitative research the size of the sample can be determined through saturation. Babbie (2007:23) explains saturation as a stage in a process of data collection when no relevant or new information emerges from a study being conducted. Researchers therefore consider saturation as a stage at which no more data need to be collected. While saturation determines the majority of qualitative sample size, Creswell (2013) suggests that the aims of the study are the ultimate driver of the project design, and therefore the sample size. Creswell (2013) also advises that a small study might realize saturation faster than others.

In this study, the sample size was not determined through saturation but through purposive sampling as mentioned earlier. A total of thirty-two (32) participants; sixteen (16) employees, (8) peer educators and eight (8) students were selected for inclusion in the sample. Therefore, the unit of analysis in this study are individuals; the UKZN AIDS Programme employees, peer educators and students as explained below.

#### **4.4.6 Unit of analysis**

One critical issue in a study is the unit of analysis. The unit of analysis is the “who” or “what” is being investigated or studied. Creswell (2009:7) states that units of analysis are the things researchers examine so as to generate short descriptions of and illustrate differences among them. There is no limit to the number of unit of analysis a study can pursue. When dealing with units of analysis, Denzin and Lincoln (2008:9) argue that researchers should think in advance what conclusions they wish to draw in regard to each unit of analysis. Units of research widely used include individuals; social groups; social artefact; and social interactions. The unit of analysis in this study were individuals; the UKZN AIDS Programme employees, peer educators and students at Westville campus.

#### **4.5 RESEARCH PREPARATION PROCESS**

The research process in this study started by designing, developing and testing data gathering research tools. Then interview questions were developed. In the second stage of the study participants were selected for a pilot study. The pilot study was conducted at Westville campus. Five (5) employees, five (5) students and two (2) peer educators participated in the pilot study. Data collected were analysed. The analysis helped to identify questions that were unclear, repetitive and identify gaps in the information and questions that were misunderstood or repetitive. This benefited the study and enabled the revision of the research instruments by reframing or discarding some research questions and including other questions so as to address the information gap. After revising the research instruments participants were recruited. The recruitment process took about two weeks and required reflexivity on the side of the researcher as explained in the following section.

#### **4.6 REFLECTIVITY**

Realising the importance of validity and reliability in a study, the researcher reflected on who he was as an individual. Prior to his registration at the University of South Africa (UNISA), the researcher studied development communication for

two years, theology for more than five years and philosophy for three years. Thus, the researcher has academic research knowledge influencing his view of research and the world. Being aware of who he is, the researcher was able to desist from moralistic judgment in all his research activities with the UKZN AIDS Programme employees, peer educators and students. Reflexivity helped the researcher to be open to the content, form and structure used to write dissertations having had his own approach adopted from previous degree studies. The researcher works at the campus where this study was conducted and this gave him several opportunities to conduct a successful study. Working at Westville campus enabled him to forge relationships with the UKZN AIDS Programme employees, peer educators and students and facilitate trust in the participant–researcher relationship. This allowed him to develop a cordial relationship with research participants before the data gathering process started therefore providing access to students, peer educators and the UKZN AIDS Programme employees' experiences or perceptions of the programme's integrated communication.

As mentioned earlier, the researcher's previous education influenced his reflectivity. Therefore without reflecting on who he is would have influenced how the study unfolded. Working at the campus where the study was conducted he was aware that it was going to be difficult to remain neutral in the research.

In order to be conscious of possible impact of who he is on the constructions of the meaning to the study, the researcher purposefully employed a judicious and reflexive awareness strategy. The reflexivity awareness plan enabled the researcher to be conscious of his inner self and other influences that would impact on the research process especially data collection, analysis, conclusion and reporting.

The process of reflectivity was carried out by engaging in deliberate retrospection by evaluating and revisiting experiences. A notebook with three sections was used:

- Analytical memo was used to gather influences; theoretical notes and main themes in the study. This section was also used to join the analysis to literature review in the study;
- Theoretical data-in this section and the meaning constructed from the data collected were noted; and
- Methodological notes-under this section, several research methodologies used by previous studies and what was suitable methodology for the current study were written.

The researcher also engaged in constant email communication with supervisors to discuss several research issues.

Therefore, reflexivity enabled him to be calm, conscious of both internal and external influences and have the self-control needed to carry out a valid research project. Research alertness was maintained to enable the researcher step back to mull over the data to avoid accepting data at first value. In other words, reflexivity helped to think carefully about the research process and how dispositions would affect the study. This was all done to avoid bias when collecting data using research tools mentioned below.

## **4.7 DATA COLLECTION INSTRUMENTS**

Data is defined as information collected in the process of research while data collection instruments refer to devices used to collect data (Pan 2004:11). To collect data, two research instruments were used; in-depth interviews and focus group interviews with students, and employees and peer educators, respectively as explained below.

### **4.7.1 In-depth interviews**

In-depth interviews as mentioned above are categorised under field research and proceed as confidential and secure conversations between interviewers and participants. In-depth interviews were used as they are appropriate in gaining insights into individual perceptions of specific issues. In particular, semi-structured in-depth interviews were used and specifically designed to collect data

on the UKZN AIDS Programme employees, peer educators and students' understanding of integrated communication applied in the programme (see the Addendum A). In order to realise the objectives of this study, semi-structured in-depth interviews were used to make the study benefit from the advantages of using unstructured and structured interviews. Semi-structured interviews were used due to the many qualities they come with including collecting rich data and allowing research participants to be free when responding to research questions (Creswell 2009:9). Semi-structured interviews allow interviewees to share their own experiences not influenced by particular answers. The other qualities that made this study use semi-structured interviews is because questions can be prepared in advance. This allows interviewers to be prepared during the interview. Semi-structured interviews also allow participants the freedom to express their views in their own terms (Herr and Anderson 2005:11).

In more broad terms, semi-structured interviews investigated a number of issues including programme employees, peer educators and students' perceptions of integrated communication; stakeholder orientation and differentiation, communication alignment with strategic focus of the programme and consistency of messages and media, coordination of communication efforts and action, infrastructure for integration, and sharing of information and free flow of information in the UKZN AIDS Programme.

The main reason of using semi-structured in-depth interviews was to allow the collection of both focused and rich data. To allow in-depth data collection, in-depth interview questions were physically given to participants two weeks to ensure that they have enough time to reflect on the questions and give more fecund responses. Eight (8) students' participants were interviewed to share their experiences of the phenomenon under study. Semi-structured in-depth interviews were held between February 2014 and April 2014. The in-depth interview questions went together with a letter of consent describing the aims of the study and guaranteeing participants of privacy of the information provided.

#### **4.7.1 Focus-group interviews**

Focus-groups interviews are categorised under survey research. Creswell (2009) argues that focus-groups interviews are a form of qualitative research where a group of individuals typically 8-12 people are brought together in a room to engage in a guided discussion of some topic (Jiggs 2007:4). Focus-group interviews were used for two main reasons; as socially oriented research methods, they capture factual data in social settings and group dynamics bring out various aspects of topics or reveal information about issues that may not have been anticipated by researchers or emerged from in-depth interviews (Creswell 2013:23) (see Addendum C and . Focus-group interviews helped to collect data so as to ascertain integrated communication applied in the UKZN AIDS Programme as perceived by employees and peer educators (see the Addendum B and C). Three (3) focus-group interviews (each with eight (8) participants); one with senior employees, the other with junior employees and the other with peer educators were conducted and lasted thirty-five (35) minutes to forty-five (45) minutes on average. Permission (informed consent) was sought from the discussants and all discussions were recorded using an audio recorder. The main aims of employing focus group interviews were they capture factual data in social settings and group dynamics bring out various aspects of information about issues that may not have been anticipated by researchers or emerged from in-depth interviews (Creswell 2013).

The study issues informing the semi-structured interviews and focus group discussions were adapted from the theoretical framework underpinning the study. Data collected using research tools discussed above were analysed using thematic analysis as discussed in the following section.

#### **4.8 DATA ANALYSIS AND PROCESSING**

Seidman (2006:3) asserts that data analysis is a methodological process of applying statistical and logical procedures to illustrate, describe, summarise and evaluate data. Hennink, Hutter and Bailey (2011:3) argue that in qualitative research there are different data analysis techniques. This study used thematic analysis.

#### 4.8.1 Thematic Analysis

Data collected in this study was analysed using thematic analysis method. This data analysis technique involves the process of identifying themes within data. Thematic analysis then analyses the identified themes and reports patterns or themes identified from data collected. Thematic analysis is assumed suitable to analyse data to be collected because the technique briefly organises data collected and then describes the data sets in detailed. The approach was used because it enables data to be treated in a way that makes it possible to interpret the research problem or topic. Qualitative data was encoded and clear codes were created. The coding process allowed the researcher to generate basic categories of the raw data collected to be assessed in a way that made it possible to understand the research problem. The process of coding allowed the researcher to link the data collected to the ideas about the data. In doing so, the researcher was able to think about the data collected that allowed him to make categories that acted as points of analysis in the data analysis process.

In other words, the process of coding the information enabled the study to form a list of patterns or themes organised in a simple style. A summary of data analysis stages followed in this study are presented below:

- **Familiarisation with the data:** This phase involved reading and re-reading the data, to become immersed and intimately familiar with the content.
- **Coding:** In this phase the researcher generated succinct labels or codes identifying important features of the data relevant to answering the six research questions underpinning the study. It involved coding the entire dataset, and after that, the researcher collated all the codes and all relevant data extracts, together for later stages of analysis.
- **Searching for themes:** This phase involved examining the codes and collated data to identify significant broader patterns of meaning or potential

themes. It involved collating data relevant to each candidate theme, so as to work with the data and review the viability of each candidate theme.

- **Reviewing themes:** This phase involved checking the candidate themes against the dataset, to determine that they tell a convincing story of the data, and one that answers the six research questions of this study. In this phase, themes were typically refined, which sometimes involved them being split, combined, or discarded.
- **Defining and naming themes:** This phase involved developing a detailed analysis of each theme, working out the scope and focus of each theme, determining the 'story' of each. It also involved deciding on an informative name for each theme.
- **Writing up:** This was the final phase and involved weaving together the analytic narrative and data extracts, and contextualising the analysis in relation to existing literature. The report organised, described and interpreted integrated communication in the UKZN AIDS Programme.

#### **4.9 RELIABILITY AND VALIDITY**

Reliability has to do with the consistency, stability, and dependability of measuring instrument adopted for the study. To test the reliability of the instrument, a pilot study (pre-test) was conducted on ten (10) participants. This was necessary to ensure item consistency, ease understanding and question sequence appropriateness. Validity is said to be the extent to which a measuring instrument assess what it was designed to assess. To ensure reliability and validity, a pilot study was conducted with some employees, peer educators and students. Then a final version of the research instruments was developed based on the outcomes of the pilot study. The pilot study was carefully guided to ensure that research tools produced similar results every time and anywhere they were to be used and led to the high reliability. A research diary was used to write down thoughts, and research procedures. The diary also provided the material for reflection and was used to write down research knowledge, experience and skill

development acquired. This helped the study to be focused. The study also made use of the rich theoretical framework to serve as a useful guide ensuring that all important concepts of external and internal integrated communication were explored to enhance the reliability of the study.

Findings in this study were compared with literature review to find out if there was noticeable degree of agreement. The aim of doing this was to make the theoretical constructs used in this study to be grounded in wide and comparative perspective on literature reviewed. The theoretical validity of the study was sure by grounding it in the literature review. Data collected was transcribed shortly after collection when interviews were still fresh in the mind of the researcher. Research methods were triangulated by comparing data collected through in-depth interviews, focus group interviews, and literature review.

To ensure credibility which deals with the focus of the research and refers to confidence in how well data and processes of analysis address the intended focus (Creswell 2015), the researcher provided enough details and supporting evidence to meet the standard for credibility. Participants' checks were employed as they were considered to be very effective in evaluating integrity and quality in a qualitative study. Participants were asked to verify the findings based on their experiences and perceptions as they were better qualified to verify plausibility of research findings since they provided the information.

Transferability which refers to the extent to which the findings can be transferred to other settings or groups was ensured by giving a clear and distinct description of the context, selection and characteristics of participants, data collection and process of analysis. The researcher gave a rich and vigorous presentation of the findings together with appropriate quotations to enhance transferability.

Dependability and confirmability were employed by the researcher to account for the ever-changing context within which research occurred and took steps to ensure as far as possible that the work's findings are the result of the ideas of the participants, respectively. Ethical issues were taken into consideration as indicated below.

#### **4.10 ETHICAL CONDUCT UPHELD IN THE STUDY**

Ethical approval for this research was obtained from the University of South Africa Ethics Review Committee (ERC) and a gate keepers' letter from the Office of the Registrar at the University of KwaZulu-Natal to collect data at Westville Campus (see Addendum D). To ensure that human dignity was further upheld the researcher sought informed consent from participants and allowed them to make the decision to participate based on adequate knowledge of the study they were given (see Addendum E). Privacy and confidentiality were upheld by reminding participants their right to keep from the public certain information about themselves and agreement to limit access to private information. Participants will remain anonymous and no names except pseudo names will be used in this study and publications.

#### **4.12 SUMMARY**

This chapter presented the qualitative research design, field and survey research methods that are exploratory and descriptive in nature used to conduct the study. The chapter also explored the University of KwaZulu-Natal as the geographical site, and the Westville campus population the study drew a conclusion about. The chapter presents the research plan and reflexivity that guided the study, non-probability sampling in particular purposive method used to select the study sample from which data was collected. The chapter also presents the data collection instruments; in-depth and focus-group interviews, and data analysis techniques; thematic analysis used in the study. In addition, the chapter addresses the issues of reliability and validity and other measures put in place to ensure that research that research findings were valid. The chapter concludes by addressing ethical considerations; issues of consent, anonymity, privacy and confidentiality upheld in the study. The following chapter presents data collected in this study.

## **CHAPTER FIVE**

### **DATA PRESENTATION**

#### **5.1 INTRODUCTION**

This study explored integrated communication applied in the UKZN AIDS Programme at Westville campus. The previous chapter presented the qualitative research methodology used in this study. This chapter presents data on integrated communication applied in the UKZN AIDS Programme. A qualitative study employing in-depth and focus-group interviews was conducted to collect exploratory and descriptive data for the study. Data collected were analysed manually using thematic analysis. Thematic analysis helped to move data from a broad reading of the data towards discovering patterns and developing themes.

The chapter is divided into six sections; the chapter presents a review of the research process, basic demographic data on the subjects that participated in the study, a recap of integration communication, research questions that are keystones to the study, data presentation, and conclusion to the chapter. Below is a brief recap of the step-by-step process of how the study developed.

#### **5.2 RESEARCH PROCESS**

Before commencing data collection process, permission to collect data was sought from relevant authorities at the University of KwaZulu-Natal (UKZN). In adhering to research ethics, consent was sought from participants before collecting data and the response was positive (refer to the Addendum C).

Creswell (2013) defines data presentation is a logical and methodological process of putting across information in a clear and succinct manner. Data presentation includes the description of the dataset with the main variables covered, the classifications and breakdowns with an aim of telling an elementary story about the phenomenon under study.

To start data collection, the researcher introduced himself to the participants and explained the main purpose of the study. The issue of confidentiality, anonymity, and privacy were explained to the participants. After getting permission, the process of data collection started. Participants were chosen for inclusion in the study sample using a non-probability purposive sampling method. Participants included the Executive team (committee), Director, Campus AIDS Support Unit Coordinators, Counsellors, Peer educators' trainers of the UKZN AIDS Programme, and Students. Employees and peer educators were selected for inclusion in the sample on the account of their particular positions and roles in the UKZN AIDS Programme so as to obtain the needed information. Students were selected on the basis of having an experience of the health communication activities of the UKZN AIDS Programme. This was to ensure that important characteristics in the target population were taken into account. All in-depth and focus-group interviews were recorded using an audio recorder in addition to the handwritten notes.

The researcher moderated the interviews and a colleague operated the recorder and took notes during the interview sessions. The employment of the voice recorder enabled the researcher to listen what was said, how participants expressed themselves, and exchanged views on the themes underpinning the study.

Eight in-depth (8) interviews with students and three (3) focus-group interviews; one with senior employees, the other with junior employees and the other with peer educators each with eight (8) participants were conducted. Employees argued that having a separate focus-group interview for senior, junior employees and peer educators would allow them share their experiences freely. The aim of utilising these data collection tools was to collect data able to answer the question on integrated communication applied by the UKZN AIDS Programme. Responses from participants were transcribed, coded and categorised according to themes that evolved from data sets. Responses to different research questions were categorised into themes and subthemes and classified into categories to reflect similarities and differences. The study identified six integrated communication themes:

- Stakeholder orientation and differentiation;
- Communication strategy alignment with strategic focus;
- Consistency of messages and media;
- Coordination of communication efforts and action;
- Infrastructure for integration; and
- Sharing of, and free flow of information in the UKZN AIDS Programme.

Data presentation of each of the six themes is done in this chapter while the analysis is done in the next chapter. Creswell (2013) argues that an effective way of presenting and analysing data is to employ an approach where data presentation and discussion/analysis are done in two separate chapters, respectively. Generally, the research process unfolded as planned. Data presentation starts with a summary of the biographical information pertaining to study participants presented in the following section.

### **5.3 DEMOGRAPHIC DATA PRESENTATION OF THE PARTICIPANTS**

This brief section presents basic demographic data on the subjects that participated in the study. Demographic data presented include age, level of study, ethnic affiliation, and designation of the participants.

#### **5.3.1 Estimated age for employees**

From sixteen (16) employees who participated in the two focus-group interviews (of eight employees each); four (4) were female and twelve (12) were male. Majority of employees interviewed were aged between 36 and 45 years.

#### **5.3.2 Estimated age for students and peer educators**

One focus group interview was conducted with peer educators who were all students; six in fourth year and one in third year level of study. Eight in-depth interviews were conducted with students. All students were aged between 26 and 35 years. In addition, all the students were in their final year of study.

### **5.3.3 Level of education**

The majority of employees had at least a first tertiary education degree. Four of the employees had master's degrees while three had a doctorate.

### **5.3.4 Ethnic affiliation**

The majority of the employees, peer educators and students participants were black Africans and Indians, respectively.

### **5.3.5 Designation**

The majority of the participants had between 1 and 20 years work experience. The UKZN AIDS Programme's departments from which employees were drawn from include the Executive, and Director, Coordinators, and Counsellors and Peer educators.

Data presentation does not identify the different categories of employee participants by their designations. Therefore participants are identified as senior employees (Executive and Director), junior employees (Coordinators and Counsellors), Peer educators, and students. Besides, where direct quotations recorded in italics are used, participants are not identified by their names. This is meant to uphold anonymity as required by research ethics.

The following section briefly reiterates the concept of integrated communication, the heart of this study, and presents steps followed to treat data.

## **5.4 INTEGRATED COMMUNICATION**

In the broadest sense, integrated communication is the process of sharing information with other individuals in a given entity or organisation in coordinated manner (Duncan 2001:763). The process involves gathering, processing, disseminating and storing information. Data presentation in this chapter is guided by a measuring tool for determining the integration of organisational

communication and has six constructs as proposed by Du Plessis and Thomson (2013:437-443). The measuring tool informed the main research questions (refer to the detailed measuring tool in Chapter 3 and main research questions in Chapter 1). Data presentation is linked to the measuring tool to show the theoretical lens guiding the study.

As mentioned above, findings from in-depth and focus-group interviews were first put together regardless of their source making a huge but manageable data set. Then, themes were identified and data were piled according to the main themes. In other words, to achieve the main objectives of the study, Thech's thematic analysis was used. The following steps were followed to treat data (see the detailed approach in Chapter 4):

- The researcher carefully read through all the transcripts of the in-depth and focus-group interviews for employees and peer educators, and students to get an understanding of the data.
- Put the transcripts together and read through them and wrote down ideas as they came into mind; at the same time asking himself what the focus-group and in-depth interviews revealed while jotting in the margin, and identifying the main themes presented in the whole dataset. The researcher again read through all the transcript files, highlighting units of meaning related to the major themes identified in the analysis. A theme can be defined as the main issue or idea in the findings a research process is aimed at establishing from data collected. A sub theme is a set of findings with qualities inherited from a parent or main theme (Creswell 2013:45).
- Then carefully put all units of meaning identified into main and sub themes simultaneously.
- This then allowed the identification of relationships between the main and sub themes. Below is a review of six research questions underpinning the study (refer to chapter 1 for more details).

## **5.5 A RECAP OF THE RESEARCH QUESTIONS**

As discussed in chapter 1, the study set out to explore the question on the perceptions of integrated communication applied in the UKZN AIDS Programme. To operationalise the study, six main research questions were formulated:

- How is communication aligned with the strategic focus in the UKZN AIDS Programme?
- How consistent are messages and media used in and outside the UKZN AIDS Programme?
- What is the status of infrastructure for integration within the UKZN AIDS Programme?
- What is the status of internal stakeholder orientation and differentiation in the UKZN AIDS Programme?
- What are the mechanisms put in place to coordinate communication efforts and action within the UKZN AIDS Programme?
- What is the status of free flow of information within the UKZN AIDS Programme?

As mentioned above, six main themes are presented in the following sections.

## **5.6 STAKEHOLDERS IN THE UKZN AIDS PROGRAMME**

When employees were asked to share their views of stakeholders in the UKZN AIDS Programme, reports from focus-group interviews depict stakeholders as a strong theme in the application of integrated communication in the UKZN AIDS Programme. Employees said that there are different types of stakeholders and interact in different ways. Employees reported that the university is the most important stakeholder of the UKZN AIDS Programme. A junior employee put it well that:

*The UKZN AIDS Programme's main stakeholder is the university. When you look at the activities carried out by the programme, they are mainly serving the vision of the university by promoting*

*prevention and awareness activities on campus as stipulated by the University HIV and AIDS policy (focus-group interview, 2014).*

This response is in agreement with what a senior employee said:

*Our primary stakeholder is the university. The university gets affected and affect the actions of the UKZN AIDS Programme than anyone else. Without the support of the University we cannot exist as UKZN AIDS Programme (focus-group interview, 2014).*

Deducing from the perceptions presented above, it holds to reason to argue that the university has interest in the UKZN AIDS Programme than any person or group. Thus, findings suggest that the UKZN AIDS Programme's actions, objectives and policies are mainly serving the University.

People reported as stakeholders of the UKZN AIDS Programme include students, employees and peer educators. Institutional stakeholders reported were colleges, schools, and disciplines within the university. This is reflected in what a junior employee reported in a focus-group interview:

*Our stakeholders include organisations and people; the university, colleges, schools, disciplines, research units, and employees and students respectively. We try to consult our stakeholders in the design and implementation of the UKZN AIDS Programme.*

The findings above are in agreement with the perceptions of a senior employee who said:

*We are part of the University of KwaZulu-Natal, thus the university is our main primary stakeholder followed by employees and students. We have secondary stakeholders such as university institutions (focus-group interview, 2014).*

The above two responses are examples that suggest that the UKZN AIDS Programme classifies its stakeholders into primary and secondary, persons and organisations.

When participants were asked to share their perceptions of the frequency with which the UKZN AIDS Programme formally communicates with pertinent

stakeholders, some employees said that the programme communicated monthly or when there was need. A senior employee said:

*We communicate to stakeholders on a monthly basis. However, there is no specific time set for this formal communication (focus-group interview, 2014).*

This is supported by what a junior employee who said that the programme communicates on a monthly basis:

*Both primary and secondary stakeholders of the UKZN AIDS Programme are at least informed of our HIV and AIDS prevention and awareness activities every month (focus-group interview, 2014).*

However, the majority of the participants reported that the programme communicated formally to stakeholders when there was a need to do so. This is reflected well in what a junior employee said in a focus-group interview:

*There is no specific time the UKZN AIDS Programme communicates to stakeholders. The programme only communicates when there is need to do so.*

This perspective is in agreement with what another junior employee said:

*The programme communicates to stakeholders when there are real issues to talk about. And usually there are not many pressing issues to deal with. Sometimes there is one formal communication in a year. The time we had formal communication with stakeholders this year is seven months ago (focus-group interview, 2014).*

The views presented above suggest that the UKZN AIDS Programme has formal communication with stakeholders. However, communication is not on a regular basis.

When participants were asked to talk about their views of the nature of the relationship between the UKZN AIDS Programme and stakeholders, participants reported that the programme has quality relationships with stakeholders. This is echoed in what a respondent representing many senior employees said:

*The UKZN AIDS Programme has a satisfactory relationship with stakeholders. We communicate to, and interact with stakeholders from time to time (focus-group interview, 2014).*

On the other hand, the majority of the participants; both senior and junior employees said that the relationship between the UKZN AIDS Programme and most of the stakeholders was poor. This is deduced, for example, from what a junior employee said:

*The relationship with most of the stakeholders is pitiable because there is no mutual communion. Communication is rare and one-sided; only senior employees communicate to some stakeholders (focus-group interview, 2014).*

Participants stressed that the UKZN AIDS Programme was more concerned about the university than its employees. A respondent said:

*The UKZN AIDS Programme seems to care more about the university than its employees, or students. I am not sure why, but that is what things are here (peer educator, focus-group interview, 2014).*

This finding is startling in the sense that one would expect the UKZN AIDS Programme to have a good relationship with employees, peer educators and students as they are primary stakeholders. When participants were asked to share their views of the UKZN AIDS Programme's relationship with salient stakeholders, scores of participants reported that they did not have adequate information on the programme's activities and were not part of the more interactive internal integrated communication process of the programme. One junior employee said:

*Most of the times, senior employees ensure that the university media is informed of the UKZN AIDS Programmes' new direction first before anyone else. So often we are stunned to read about the programme's activities in the university media before we junior employees are informed about it (focus-group interview, 2014).*

Participants attributed the poor quality of the relationship between the UKZN AIDS Programme and salient stakeholders (especially employees) to lack of organised internal structures. This hinders employees from making

comprehensive and meaningful influence in the decision-making processes and structures of the organisation. The findings reveal that the UKZN AIDS Programme focuses more on the University than on internal stakeholders. This suggests that the UKZN AIDS Programme is trying to have quality relationships with stakeholders which are not without challenges. The main challenges are to promote balanced, mutual communication and relationships with all employees regardless of their position.

One of the sub-questions posed in this study was on the measures the UKZN AIDS Programme has put in place to encourage feedback from stakeholders. Reports both from senior and junior employees indicate that there is only one mechanism of encouraging feedback. Participants said that the programme uses feedback evaluation forms. This finding is reflected in what a senior employee said:

*The programme uses feedback surveys. This mechanism helps the programme to provide a strategic look into the voice of stakeholders. There are no plans yet to introduce another strategy to get insights into how satisfied stakeholders are because the current strategy is serving its purpose (focus-group interview, 2014).*

This view is supported by a junior employee's response that there is one mechanism of getting feedback:

*There is one system to encourage feedback. The programme has always used feedback surveys designed, deployed, and analysed by our employees (focus-group interview, 2014).*

These responses indicate that the UKZN AIDS Programme has a mechanism specifically put in place to encourage feedback from stakeholders. The mechanism seems to be working as intended. The section below presents data on communication alignment with strategic focus of the UKZN AIDS Programme as reported by employees and peer educators.

## **5.7 COMMUNICATION ALIGNMENT WITH STRATEGIC FOCUS**

The study found that the UKZN AIDS Programme's vision was launched to employees in 2008. In addition, the vision is communicated to employees and

peer educators at least once in a year. A junior employee in a focus-group interview stated that:

*Sometime last year at the annual strategic meeting, the vision was communicated to us as staff (employees). This gave us an opportunity to understand the plan of where we want to be as a programme. It was a rare moment to be communicated to on the purpose and values of the programme.*

This perception suggests that the sharing of the vision made some employees to know how the programme was going to move forward and realise its objectives through specific actions. However, representing many employees' views, a junior employee said that there was no specific time the vision of the programme is shared to them:

*I think the challenge is not that the vision is not communicated. The challenge is that there is no particular time the AIDS Programme is shared to people concerned such as employees (focus-group interview, 2014).*

Data from this study shows that the UKZN AIDS Programme's strategy specifically states the vision of the programme. The vision is to reduce the impact of HIV and AIDS epidemics within UKZN, KZN and the country through an evidence based response (UKZN HIV and AIDS Policy 2008:6). This finding is supported by a senior employee member:

*The vision of the programme is to promote HIV and AIDS prevention awareness activities at UKZN, in the province and at the national level so as to reduce the effect of HIV and AIDS (focus-group interview, 2014).*

Though the vision of the programme is to reduce the impact of HIV and AIDS at the university, provincial and national level, findings show that there is no HIV and AIDS prevention activities at the provincial and national level. This means that prevention activities are at the University level. This is reflected in what a peer educator said representing many peer educators and employees' perceptions:

*HIV and AIDS prevention activities are only at the University level. The programme has not reached a stage where it can engage in provincial and national HIV and AIDS prevention activities for a*

*number of reasons including resources (focus-group interview, 2014).*

Therefore, there is no full agreement between the vision and communities served by the programme. The UKZN HIV and AIDS Policy (2008:4) states that the programme is:

*Committed to ensuring that an intervention of prevention, treatment, care, support, and research actively address the ravages of the epidemic and help both employees and student to deal with the HIV and AIDS impact in a realistic and meaningful way.*

Findings from both senior, junior employees and peer educators indicate that the aim of the programme is to engage in HIV and AIDS prevention activities. A senior employee in a focus-group interview put it like this:

*We uphold human rights especially the right to health. Hence the programme is meant to curtail the HIV epidemic through different HIV and AIDS prevention programmes.*

This finding suggests that the UKZN AIDS Programme's prevention activities are based on principles of respect for human rights and dignity of people. It seems the overall principle is that of a comprehensive approach to HIV and AIDS.

When participants were asked to relate how they came to know the vision of the UKZN AIDS Programme, participants mentioned different ways that enabled them to know the vision of the UKZN AIDS Programme although some said that they did not know the vision. A senior employee said this:

*I came to know the vision of the programme which is to reduce the impact of HIV some years back when we had the annual strategy planning meeting (focus-group interview, 2014).*

This is in agreement with what another senior employee said about the vision statement of the programme:

*The vision is to cut down on the impact of HIV and AIDS within the university. I am saying so because I have seen the vision being presented as a preamble in programme publications targeting the University (focus-group interview, 2014).*

Some participants reported that they came to know the vision of the programme through the orientation activities the UKZN AIDS Programme used to have in the past:

*In the past when recruiting employees, we used to have orientation activities that exposed us to the vision of the programme, work philosophy, AIDS policy, what the programmes stood for, and roles and responsibilities of the new employees and peer educators. All these no longer happen (peer educators, focus-group interview, 2014).*

Data is suggesting that some participants came to know the vision through the programme's activities that enlightened them on where the programme was going, and what was to be done to realise the vision of the UKZN AIDS Programme. In addition, programme activities informed employees what role each person would play in the whole plan of reducing the impact of the HIV and AIDS epidemic.

However, a few participants expressed ignorance of the vision of the programme. The following is one view of a few participants, who did not know the vision of the programme:

*I am not quite sure of the vision and I may not be the only one because we do not have regular strategic planning meetings to be exposed to the vision of the programme. I wish I knew the vision but I do not because there are no opportunities to know the vision unless one had to visit the non-interactive website (junior employee, focus-group interview, 2014).*

This perception indicates that the UKZN AIDS Programme's activities that used to be held informed employees of the vision of the programme. However, these activities are no longer held hence the ignorance expressed by junior, new employees and peer educators.

When participants were asked to share their perceptions of the alignment of the programme's communication strategy with its strategic intent, some reported that the programme's communication strategy was aligned to the programme's strategy. A senior employee in a focus-group interview said:

*The communication strategy is in agreement with the programme's communication strategy because both internal and external information communicated, for example, reflects the programme's communication strategy by addressing the risk HIV and AIDS.*

This perception suggests that the communication strategy of the programme is aligned with the strategic focus of the UKZN AIDS Programme. However, some participants reported that there was no apt alignment between the programme's communication strategy and its strategic focus:

*I have not clearly seen anything in the UKZN AIDS Programme to suggest that there is an alignment between the programme's communication strategy and the strategic intent. There is lack of cohesion between the communication plan and the programme's strategic objectives (junior employee, focus-group interview, 2014).*

This response implies that the communication strategy of the programme was not clearly aligned with the programme's strategy. The disagreement may be attributed to the fact that the aligning of the communication strategy with the programme's strategy is done by senior not junior employees who said that there was no alignment. This report reinforces the finding that there is poor internal communication which affects the rapport between employees.

With regards to perceptions of the medium the programme used to communicate internally, the majority of the participants reported emails. This is supported by a senior employee:

*All the internal communications about the HIV and AIDS prevention and awareness activities are communicated using emails (focus-group interview, 2014).*

The study found that there was no participant who reported the use of pamphlets or newsletters; one would expect pamphlets or newsletters to be used by a programme focused on reducing HIV and AIDS.

Concerning consistent communication of the programme strategic objectives, a few participants reported that the programme's strategic objectives were communicated regularly. This is reflected in what a junior employee said:

*The programme informs employees about the communication prevention and education messages regularly so that they are aware of the programme's activities (focus-group interview, 2014).*

However, many participants reported that the strategic objectives of the programme are not communicated consistently. A junior employee put it very well (reflecting also other participants' views):

*I have been working in this programme for a few years and I have not experienced an activity promoting or communicating strategic objectives. There is little happening neither through events or other means to highlight the strategic objective of the programme (focus-group interview, 2014).*

In the same vein, a peer educator said that from the time the University started the process of restructuring in 2011, there is little communication on the strategic objectives of the programme. The goal of UKZN restructuring process is about redeploying employees. This is what a junior employee said on strategic communication of the objectives:

*It is not clear who supposed to do what and what we want to achieve. With the restructuring going on in the university, it is difficult to talk about strategic objectives (focus-group interview, 2014).*

This perception suggests that the university's on-going restructuring process has an influence on the communication activities of the programme especially the strategic objectives.

When participants were asked what the programme stands for, many were able to recount what the programme stands for:

*The university is located in the province that is worst hit by the HIV and AIDS epidemic which is negatively affecting the government service quality delivery system. The programme therefore stands for hope by ensuring that the university has effective prevention interventions, care, treatment, support and research to deal with the ravages of the epidemic (focus-group interview, 2014).*

In agreement, another participant said that the programme stands for empowerment because it helps employees and students to deal with HIV and AIDS in a realistic way:

*The programme is meant to develop a working and learning environment that is free of unfair discrimination and stigmatisation of people who are living in the HIV and AIDS. The programme guarantees rights and protection of people living with HIV (senior employees, focus-group interview, 2014).*

The perceptions above imply that some employees understand what the programme stands for while a few expressed ignorance. This may be attributed to the restructuring process taking place that has seen the development of colleges making some schools and departments in the University merged and some moved to other campuses. This has resulted in many university departments and units to lose their clear identity and redraw out their strategic objectives. In agreement and representing other participants' views, a junior employee said:

*I cannot clearly spell out what the programme stands for; maybe after the restructuring process is over then we will have clear strategic objectives. The restructuring process has mixed up a lot of things (focus-group interview, 2014).*

This perception suggests that the transformation of the university is making what the programme stands difficult to comprehend. The following section presents data on the infrastructure for integration in the UKZN AIDS Programme.

## **5.8 INFRASTRUCTURE FOR INTEGRATION**

When participants were asked to share their views of infrastructure for integration in the UKZN AIDS Programme, senior and junior employees and peer educators said that all heads of departments in the UKZN AIDS Programme were responsible for the coordination of all infrastructures for integrated communication activities in their departments:

*The issue of infrastructure for integration in the UKZN AIDS Programme is complicated. Each department has its own infrastructure for integration communication. As a result, each department is in charge of its own infrastructure for integration activities. Therefore, there is no proper coordination of infrastructure for integration in the programme (senior employee, focus-group interview, 2014).*

The view above reveals that there is no framework for infrastructure for integration for the UKZN AIDS Programme. In addition, there is no employee specifically in-charge of integrated communication at the programme level. When participants were asked to share their views on the availability of infrastructure for integration communication, the majority reported that the UKZN AIDS Programme had an infrastructure for integrated communication system. Below is one example of participants' views representing other participants with the same view:

*The programme has a backbone of the communication system upon which various communication services are operated. For example, we have the Information and communication services division that operates our intranet and computers (senior employee, focus-group interview, 2014).*

This response is in agreement with what a junior employee said in a focus-group interview that the UKZN AIDS Programme has infrastructure for integration communication:

*Infrastructures for integrated communication are capital goods offering the UKZN AIDS Programme services. We have programme utilities such as phones, laptops, water, computers, voice recorders, electricity and others which I believe are critical to infrastructure for integration communication.*

The immediate two responses above reveal that the programme has processes and infrastructure for integration communication. However, a few students said that the existing infrastructure for integrated communication was not efficient. This is depicted in what a junior employee said representing a few employees:

*The infrastructure for integrated communication is there but the problem is that there is a big disconnect caused by the current communication system that has separate systems. Employees use infrastructure for integration in their own departments. In short, there is no central department or office location to manage infrastructure for integrated communication (focus-group interview, 2014).*

This view is supported by a senior employee's perception:

*The infrastructure for integrated communication is not useful to make the programme easily achieve its vision. We need to implement various types of technologies, especially those of collaborative nature to*

*improve integrated communication in the programme (focus-group interview, 2014).*

When participants were asked to share their perceptions of infrastructure for integrated communication strategy, several employees said that the programme revises its infrastructure for integrated communication strategy every year:

*The UKZN AIDS Programme's infrastructure for integrated communication strategy is revised annually though it was not revised this year (senior staff, focus-group interview, 2014).*

Related to the response above, a small group of participants reported that the UKZN AIDS Programme revised the infrastructure for integrated communication strategy when need arose. A few participants said that there was no revision of the infrastructure for integrated communication strategy. These two views are inconsistent with the senior employees' views that the programme's communication strategy was revised regularly on an annual basis. This difference may be attributed to the finding that senior employees are responsible for the infrastructure for integrated communication therefore junior employees and peer educators know very little about the infrastructure for integrated communication strategy.

Senior and junior employees and peer educators reported that several communication channels existed in the programme. Employees reported that informal contacts with workmates and electronic mails systems and processes were used to share information across the programme:

*The programme uses emails as vehicles for getting and presenting formal and work-related information especially inside the programme. All employees have been given desktops or computers and email addresses but there is no obligation for them to check their emails on the daily basis to read either news or work-related information (senior staff, focus-group interview, 2014).*

Therefore, it is unarguable that the UKZN AIDS Programme has infrastructure for integration communication. When employees and peer educators were asked about the infrastructure for integrated communication mechanism that has been put in place to encourage feedback, several participants reported that there is no formal infrastructure for integrated communication feedback strategy:

*We do not have a formal mechanism for employee feedback regarding infrastructure for integration communication. Therefore, we do not have a forum to provide a platform where discontented employees can express their views (junior staff, focus-group interview, 2014).*

This finding is suggesting that the programme has no formal communication channels to provide and receive feedback.

This study also collected data on the consistency of the messages, and media used internally and externally by the UKZN AIDS Programme from employees, peer educators and students' perspectives as presented below.

## **5.9 CONSISTENCY OF THE MESSAGES AND MEDIA USED**

This section presents findings on the UKZN AIDS Programme's internal and external communication. To achieve this, the section presents data on internal consistency of communication as reported by employees and peer educators. The chapter also presents data on external communication channels used, messages communicated, and adaptation of messages to ensure that messages are relevant to students as reported by employees, peer educators and students.

### **5.9.1 Internal consistency of the messages of, and media**

One of the questions this study asked was on participants' perceptions of the consistency of the messages of, and media used internally and externally by the UKZN AIDS Programme. The study found that there was lack of common practices across the programme as far as internal communication planning was concerned. This is reflected in what an employee said representing perceptions of the majority of the participants:

*The UKZN AIDS Programme has different departments for example; we have the executive, counsellors, coordinators, and others. There is no consistency in the way internal messages are planned as each department does its own planning. This is one of the challenges the programme is currently facing and is making operations difficult (focus-group interview, 2014).*

Findings also show that the identity of the programme is not clear to internal stakeholders. This was attributed to lack of a standard approach to programme activities:

*What do you expect to the messages and media used when the programme lacks clear identity? The programme has no identity or should I say 'brand identity' or at least a logo but instead uses the logo of the university. The programme's visual representations are non-existent (junior employee focus-group interview, 2014).*

This report is in agreement with what a senior employee said:

*The UKZN AIDS Programme has weak consistency in terms of the information communicated and media used because there are no unique visible elements of the programme such as name, design, colours, symbol, and logotype that together distinguish and identify the UKZN AIDS Programme's brand in the minds of stakeholders especially students who are now and again bombarded with loads of HIV and AIDS prevention messages from various organisations (focus-group interview, 2014).*

These findings may be attributed to the fact that the programme has subscribed to a monolithic system and endorsed strategies of the university; meaning, the single 'corporate brand' of the university is used for all the programme's messages and services. The same university identity or 'brand' is used by different departments within the university. This is because the UKZN AIDS Programme is guided by the University HIV and AIDS policy giving the programme very little space to do its own activities like to employ a branded strategy where the programme can use its own or separate identity name:

*The programme uses the university identity all the times in its communication activities. The university brand identity used by the programme is mandatory with regards the programmes' logo and colours. As a result, we have the university's visual interface in all activities (senior employees, focus-group interview, 2014).*

This further explains why participants in the first section in this chapter reported that the programme depends on the university, the main stakeholder, in most of its operations.

The study found that the UKZN AIDS Programme has intranet and website used as media for its internal communication activities managed by the Information and Communication Services (ICS):

*We use professionals in the ICS unit to manage the website. However, the UKZN AIDS Programme co-ordinators ensure that the university style guidelines are adhered to. This helps the programme to ensure consistency of the quality of the messages posted on the website (junior employee, focus-group interview, 2014).*

Participants said that the appearance of the website is important in extending the programmes' identity. Findings show that each health communication area of the UKZN AIDS Programme has a section or page on the website on which information pertaining to that area is given, and the ICS uploads materials on behalf of the programme:

*The website has several sections that include details of the vision, programme, Aids policy, discussion forum, information on treatment, reproductive health, sexual health, and others (senior employee, focus-group interview, 2014).*

Therefore, the programme uses the website to promote consistency in the messages and media used to communicate to stakeholders. Even then, some participants said that information on the website is not regularly updated and therefore does not provide the latest information on HIV and AIDS prevention and awareness. In addition, participants said that the website does not provide detailed usable information on HIV and AIDS and health related matters.

Participants also reported that the UKZN AIDS Programme has shared internet hosted by the University and used by all departments in the programme:

*Our internet service is provided by the University and used by all departments in the programme. Intranet provides the programme with exceptional ability to communicate with employees. It is easy to publish employee information on the intranet. The system has empowered employees and the UKZN AIDS Programme departments themselves to become communication facilitators and publishers of the programme's activities (junior employee, focus-group interview, 2014).*

The perception seems to suggest that internet has become a primary source of information and form of communication in the UKZN AIDS Programme. In addition, participants reported that the programme's intranet service is easy to use:

*Intranet is so easy to use and a potential effective vehicle through which the UKZN AIDS Programme can provide steady information to help employees do their work more proficiently (peer educator, focus-group interview, 2014).*

It is reasonable to state that the availability of the UKZN AIDS Programme's policies, products or services to employees can be attributed to intranet although the findings show that some important sections of information are not updated on a regular basis.

Other participants were concerned about lack of publications. They reported that there were no publications by the programme as a means of communication. One participant said:

*If there was for example, a newsletter then the programme would have consistent messages and an additional communication channel (junior employee, focus-group interview, 2014).*

In the same vein, some participants said that the programme does not have a media to highlight important programme information. Participants reported that having a newsletter or even a presence on Facebook would make what the programme is doing known to stakeholders. There is also no specific media to facilitate the flow of information in different departments within the programme:

*We need an official and specific channel of communication to facilitate the even flow of information between the senior management team and other employees about the direction in which the programme is going and why it was important to head that way (senior employees, focus-group interview, 2014).*

In addition, findings show that emails used as a means of communication lack formal influence needed to ensure that messages communicated were consistent and in agreement with the vision and overall communication strategy of the programme. This suggests that there is no formidable forum for employees to engage each other on several communication matters and to guide the

implementation issues of the programme communication strategy. Presented below is data on the external consistency of the communication channels used by the UKZN AIDS Programme to communicate to students.

### **5.9.2 External consistency of channels used by the UKZN AIDS Programme**

When students were asked if they knew the communication channels used by the UKZN AIDS Programme to promote health messages, some students indicated that the programme was using drama. A student representing the majority of students' perceptions put it this way:

*Drama performance is used to communicate to students. I have seen drama performances on HIV and AIDS prevention hosted by the UKZN AIDS Programme on campus (in-depth interview, 2014).*

This view is supported by findings from senior and junior employees, and peer educators who reported that the UKZN AIDS Programme was using drama performances to communicate health messages to students. Below are two responses from a junior and senior employee, respectively:

*We are using a drama-based approach to communicate to students. It is a cross-disciplinary communication strategy that has allowed the programme to adapt to a whole new way of communicating health messages to students. We are able to see students grow to appreciate this channel of communication (focus-group interview, 2014).*

In agreement, a senior employee reported that the programme is using drama to communicate HIV and AIDS prevention messages to students:

*Drama performance is employed to communicate messages that can enable students adopt preferred sexual behaviour. Whilst there has been much progress to develop the reflective, professional health communication channels, drama seems to be working well to influence students' sexual behaviour. It is our duty as health communication professionals to devise communication tools such as drama performance to help facilitate the realisation that health communication is not a rigid approach but an open-minded art that can empower students with protective behaviour (focus-group interview, 2014).*

Thus, findings from employees and students suggest that the UKZN AIDS Programme uses drama to communicate health messages to students. Findings further show that the drama performance presented to students is prepared and performed by external organisations raising concerns about the appropriateness of the messages communicated to students. A peer educator said:

*We outsource drama groups to perform to students. They use performing arts to communicate messages on HIV and AIDS prevention (focus-group interview, 2014).*

Students reported that messages on HIV and AIDS communicated by outside drama groups are off the tangent. This is expressed well by what a student representing others with the same view said:

*We appreciate the initiative of using drama groups from outside the University to inform and educate us about the risk of HIV and AIDS. But the problem is that outsourced drama groups do not address issues that are affecting students with regards to risk-taking behaviour. There are too speculative than realistic (in-depth interview, 2014).*

In response to this perception, employees said that they were aware of the problem of using outside drama groups that their messages were sometimes not in touch with students' lives on campus. Some employees said that they were planning to work with Drama AIDS Education (DramAidE) a non-profit organisation based at UKZN and Zululand that implements public health communication campaigns so as to offer students messages that are relevant:

*The UKZN AIDS Programme intends to partner with DramAidE or any other relevant department to share ideas on how to design, implement and even evaluate the programme to enhance its messages and services to students (senior employee, focus-group interview, 2014).*

Students also explained that they do not fully participate in drama programmes for HIV and AIDS prevention performed by outsourced drama groups:

*As students, we do not fully participate in any way apart from being spectators. Moreover, their standard of art and creativity is far below what as students can find as entertaining and educative (student, in-depth interview, 2014).*

This view indicates that in addition to lack of students' participation in drama on HIV and AIDS prevention activities, the problem is worsened by the poor quality of media used such that students find drama performance by outsourced group unappealing. The report on lack of students' full participation is in agreement with what another student reported representing many students' interpretations:

*Students' participation is non-existent in the drama performed. I think our participation should be welcomed and respected, and the process should not be dominated by the drama performance groups they bring. We do not want token but genuine participation of students (student, in-depth interview, 2014).*

This finding demonstrates that students want a participatory approach to be used in drama performance because they have a stake in the messages communicated. Some students said that they could not remember when they were last presented with a piece of drama on HIV and AIDS prevention. For instance, one student representing many other students' views said that:

*I cannot remember the last time we were presented with a piece of drama to educate us on the risk of HIV and AIDS, really I cannot remember (in-depth interview, 2014).*

Students argued that it was either two or three years ago when outside drama groups had come to perform on campus. This may be attributed to financial problems. Literature reviewed shows that the drama performance communication strategy was halted in 2009 due to financial constraints (Eleazar 2009).

Findings from employees, peer educators and students indicate that the UKZN AIDS Programme uses music and dance to communicate to students. One student put it this way:

*I have attended several musical shows on campus mixed with talks on HIV and AIDS prevention. Most of the times, these events are well attended because students like music (in-depth interview, 2014).*

This perception is re-echoed by the report from a junior employee:

*Music is one of the main health communication channels used by the UKZN AIDS Programme. The approach is good at engaging*

*students' emotions to influence them to change their attitudes, behaviour, and norms for the better (focus-group interview, 2014).*

In addition, reports from junior employees and students indicate that the UKZN AIDS Programme uses peer educators as channels for HIV prevention communication. A peer educator said:

*The programme uses peer educators as health communication channels. The aim is to make students communicate to their fellow students making the messages acceptable as they are promoted by people who are familiar to them (focus-group interview, 2014).*

This is in agreement with findings from students' in-depth interviews. This may be one of the factors contributing to the programme somehow being owned by students. A student in an in-depth interview said:

*The programme communicates its messages to us through peer educators. To a certain extent this strategy makes us to own the programme because it communicates to us using our fellow students.*

This view is supported by another student who said:

*The strategy of using peer educators makes the programme somehow student driven and messages communicated resonate with students' lives on campus (in-depth interview, 2014).*

However, some students reported that they were not happy with the strategy of using peer educators because they fail to practice what they teach others. This is what a student representing students' with related perceptions said:

*My concern with the peer education communication channel is that most of peer educators are not good role models. I have close friends who are peer educators and have many sexual partners compromising the HIV and AIDS prevention messages they are promoting. They fail to practice what they preach. Messages carry weight when communicated by people living exemplar lives. Let peer educators walk the talk and they will be effective health communication channels and their messages will have an impact on other students (in-depth interview, 2014).*

A similar sentiment was shared by another student in an in-depth interview:

*I have no problem with using peer education as a health communication approach, but I have qualms about peer educators.*

*In 2010 four peer educators were suspended by the UKZN AIDS Programme for not living exemplary sexual lives. They do not do as they tell us to do. Before they can dole out advice (preach) to others let them practice what they preach. If they are going to tell us what to do, they should hold themselves to the same standards. They preach frugality to everyone else, but practice indulgence.*

Therefore, the inability of peer educators to translate into action what they communicate to other students is one of the main challenges facing the peer education communication strategy.

Employees, peer educators and students reported that the UKZN AIDS Programme uses t-shirts to communicate to students. This is supported by a student who had personal experience of this promotional material:

*Some time back I was involved in distributing t-shirts to students as a way of communicating HIV and AIDS prevention and education messages to students (in-depth interview, 2014).*

This is in agreement with what a peer educator said:

*We use t-shirts to ensure that communication messages reach students. T-shirts are a cheap way to communicate health messages to students when compared to other communication channels which would require a lot of funding and use of modern technology such as forms of multimedia (focus-group interview, 2014)*

The finding above is supported by a senior employee's report:

*Some time back we compared communication channels and found that communicating health messages using t-shirts was way more economical and effective. The effectiveness of t-shirts is brought about by the fact that many students are able to view them. For us, communicating using t-shirts also means that we cannot put a limit on the number of people that will be able to see the advertisement since it will depend on the places students go wearing the bet t-shirt. This means that our health communication messages go over university borders further increasing the awareness and publicity of the UKZN AIDS Programme and messages (focus-group interview, 2014).*

Mutinta (2012:213) found that t-shirts are effective in health communication because they are inexpensive. He argues that there is little hassle and time needed to use t-shirts compared to many other types of health communication approaches. In addition, t-shirts have far unlimited

longevity and walk themselves right to the target audience. Deducing from data presented above, the UKZN AIDS Programme uses accustomed t-shirts as one of the promotional items. The fact that t-shirts are worn and seen by many people, all the time may make them good promotional items for the UKZN AIDS Programme.

Data from students' in-depth interviews shows that comedians and musicians are also used to communicate health messages to students. The use of role models is another approach the UKZN AIDS Programme should get the most out of. A study by Dalrymple (2005:4) found that using people, who inspire and encourage students to strive for greatness or live to their maximum potential and see the best in themselves as ambassadors of health messages can be effective if well-planned. Role models as people students admire and they aspire to be like can make it easy for students to learn through them. Role models' commitment to healthy sexual behaviour can make students realise their own personal sexual growth.

This was put well by one of the students in an in-depth interview:

*They bring 'stars' comedians to speak to us. I have seen many students attending the UKZN AIDS Programme events not necessarily to listen to health messages communicated but to see their "stars" they normally see on television.*

A peer educator added that the UKZN AIDS Programme uses musicians or people with qualities that others would like to have and people who have affected them in a way that makes them want to be better people:

*The programme employs musicians and role models to communicate health messages on campus. These musicians and celebrities are not just people students look up to, but they were as well students and have had to go through similar challenges students go through on campus (in-depth interview, 2014).*

In other words, the programme uses role models or celebrities to communicate health communication messages.

Having dealt with the consistency of internal and external communication channels used by the UKZN AIDS Programme, the following sub-sections presents data on messages communicated to students.

### **5.9.3 Messages communicated to students**

Findings from employees, peer educators and students indicate that the UKZN AIDS Programme communicates different HIV and AIDS prevention messages. The following section explores messages on HIV and AIDS basics communicated by the UKZN AIDS Programme.

- **Basics of HIV and AIDS**

Participants reported that messages address HIV and AIDS basics. This finding is reflected in what a student said:

*The messages deal with the basics of HIV and AIDS. Messages emphasise that HIV only infects human beings and weakens the immune human system. They tell us that HIV destroys very important cells that combat disease and infection (in-depth interview, 2014).*

In agreement, a peer educator said:

*Messages address the basic information about HIV and AIDS including how the virus manages to reproduce itself after it has taken control of cells in the human body. Messages communicated inform students that HIV is very much like other viruses such as those that cause flu. But students are informed that there is a big difference between HIV and other viruses in the sense that the immune system overtime can get rid of other viruses but not HIV (focus-group interview, 2014).*

The above perceptions that messages communicated deal with HIV and AIDS basics were supported by a report from a senior employee who stated that the UKZN AIDS Programme addresses the issue of cluster of differentiation 4 (CD4) count:

*Students are informed that HIV can effectively hide for a long time in human body cells and attack the critical part of the human immune system in particular CD4 cells otherwise known as T-cells (focus-group interview, 2014).*

Related to this finding, a student reported that messages teach them that CD4 cells in the human body are designed to fight both diseases and infections:

*They teach us how the CD4 cells fight HIV and the challenges cells face in fighting HIV because it invades T-cells and utilises them to replicate and then destroy cells (in-depth interview, 2014).*

In agreement to the perception above, a junior employee reported that messages communicated teach students how HIV is able to destroy CD4 cells such that a human body can no longer fight diseases and infections anymore and this leads to AIDS:

*Messages communicated teach that AIDS is not something we inherit from our parents but acquired and we can tell that someone has acquired HIV through a collection of symptoms and signs of AIDS (focus-group interview, 2014).*

Students also reported that the programme teaches about opportunistic infections. This is a perception of one participant, but was also reported by many other students:

*We are told that people living with HIV and AIDS are more likely to face serious health problems because HIV takes advantage of their failing immune systems and facilitates devastating illness especially when the CD4 count is below the needed cell level (in-depth interview, 2014).*

These perceptions are in agreement with what a senior employee said in a focus-group interview:

*Messages communicated inform students on the type of infections they can get if they have HIV such as fungal infections, lesion, oral symptoms such as white patches on gums, tongue, pain in the mouth or throat and loss of appetite, vaginal symptoms, and others.*

Two students reported that messages address the origin of HIV and AIDS. One student said:

*The programme teaches that HIV came from specific specie of chimpanzee probably in Africa that humans probably killed, ate and got infected (in-depth interview, 2014).*

The other student said that messages teach that HIV probably jumped to human beings from monkeys a long time ago:

*Messages inform us that the virus was transferred to humans as a result of primates being killed and eaten or their blood getting into cuts or wounds on the hunter. So it seems that the infections were acquired through the butchering and consumption of monkey and ape meat (in-depth interview, 2014).*

Findings presented in this section demonstrate that messages communicated by the UKZN AIDS Programme address the basics of HIV and AIDS.

The sub-section below presents messages communicated by the UKZN AIDS Programme on sexual risk behaviour.

- **Messages on risk behaviour**

Employees, peer educators and students reported that the UKZN AIDS Programme communicates messages on how HIV can be transmitted through sexual and non-sexual activities. Participants reported that messages highlight the practice of engaging in unprotected sex with people living with HIV as one of the behaviours that make students susceptible to HIV infection. This is reflected from what a student said:

*Messages highlight the risk of unprotected sex where students engage in vagina, or anal sex without a male or female condom (in-depth interview, 2014).*

This account is also reflected in what a junior employee said in a focus-group interview that messages admonish students on the risk of unprotected sex:

*Our messages deal with the issue of unprotected sex emphasising that majority of students become infected with HIV and other sexually transmitted infections during unprotected sex.*

Messages encourage students to keep themselves safe and healthy by using proper barrier protections. In other words, messages encourage students to use condoms each and every time they have sex. Findings also show that messages caution students not to have sex. This message is depicted in what a student said:

*Well, messages teach us that vaginal, oral, and anal sex are the key ways HIV is spread. Messages tell us that if a student does not engage in sex then she or he is hundred per cent safe from getting infected through the sexual route (in-depth interview, 2014).*

In support of this finding, a senior employee during a focus-group interview put it this way:

*Students are encouraged not to have, or to postpone sexual activity while studying. They can have great, and fulfilling relationships without having sex until they are absolutely ready. They do not have to be virgins to practice abstinence. Even if they have been having sex they can decide not to continue having sex.*

As if confirming the above responses, a student in an in-depth interview stated that messages encourage them not to engage in genital or anal sex:

*The message is that we can get turned on in lots of ways without having intercourse. Hugging, exchanging romantic massages and sharing sexual fantasies are some other ways we can express ourselves sexually with our partners without engaging in sex.*

Participants also reported that the UKZN AIDS Programme encourages students to be monogamous. This is reflected in what a peer educator recounted in an in-depth interview representing many peer educators' perceptions of the messages communicated:

*Students are encouraged to be in sexual relationships with only one person at a time, and these two to have sex with each other only.*

Findings from employees, peer educators and students indicate that messages encourage students to be in a sexual relationship only with one partner to reduce the chances of getting infected with HIV. A senior employee revealed this:

*The UKZN AIDS Programme underscores the fact that sexual partners who are not infected with HIV and are sexually committed to each other can be protected completely from HIV infection (focus-group interview, 2014).*

This is in agreement with what a student in an in-depth interview reported:

*The emphasis of the message is that we should have mutual monogamy where a student agrees to be sexually active with just*

*one partner, and that partner has agreed to be sexually active only with one partner.*

What the message on monogamy seems to communicate is that to have a safe monogamous sexual relationship, first, partners should get tested and second, stay monogamous. Messages communicated also encourage students to get tested with their partners so as to reduce the risk of getting infected with HIV. A student had this to say:

*The importance of knowing our statuses is underlined in the messages communicated that it has personal benefit to partners in a relationship. We are encouraged to talk about our HIV statuses especially before starting to engage in sex (in-depth interview, 2014).*

This insight is supported by responses from employees and students that messages encourage the former to ask partners for example, if they have been tested, the last time when they went for a test and the type of result they were given.

Participants reported that the UKZN AIDS Programme educates students on the need to use condoms correctly and consistently to prevent HIV infection. The perceptions of the participants are represented well in one of student's in-depth interview reports:

*The message is that for a person to reduce the risk of getting infected with HIV and STIs, the condom should be used in every act be it vaginal, or anal sex. Condoms have to be used correctly so that they do not break and slip off to prevent exchange of fluids.*

This finding is buoyed by a report from a junior employee who said that the messages communicated are not only about correct and consistent condom use, but about using the right type of condom as well:

*We encourage students to use the latex condoms because they are effective in preventing HIV transmission but advise them against using lambskins because they are not effective in preventing HIV. The virus can easily slip through lambskins and make a person get infected (focus-group interview, 2014).*

The study further found that messages encourage students to use water-based lubricants when engaging in anal or vaginal sex:

*The message is that lubricants are good because they reduce possible friction and aid in preventing condoms from breaking during the sexual intercourse (junior employee, focus-group interview, 2014).*

In agreement, some participants, peer educators, students and employees, reported that messages on lubricants encourage students to use water based lubricant not oil-based such as cooking oil, hand lotion or petroleum jelly that can easily tear condoms therefore reduce their effectiveness in preventing HIV infection. Both employees and students reported that the UKZN AIDS Programme addresses the issue of free medical male circumcision as an important part of the university's strategy to curb the spread of HIV prevention on campus:

*Students are encouraged to undergo medical male circumcision to prevent the transmission of HIV. They teach us that circumcision can decrease the risk of a male partner not female from getting infected with HIV (senior employee, focus-group interview, 2014).*

This is in agreement with what a senior employee reported that the University is encouraging more men to get circumcised in an effort to fight AIDS:

*As you may be aware medical male circumcision has been added to the package of HIV risk-reduction interventions. Therefore, we encourage male students and employees to undergo medical male circumcision to reduce the risk of acquiring HIV from infected female partners, and also lower the risk of other STDs (focus-group interview, 2014).*

This medical male circumcision strategy is in agreement with the UNAIDS and the World Health Organization (WHO) (2007) report that male circumcision is able to reduce by 60% the spread of HIV from women to men. This was established in the randomised control trial reported in Kenya, Uganda and South Africa.

Further, messages caution students on the risk of sharing drugs or injecting equipment with people living with HIV. Related to injecting drugs, findings show

that students are informed on the risk of abusing alcohol that it can increase their risk for HIV and other STDS:

*Students are informed that being drunk can affect our ability to make safe choices and lowers our inhibitors, leading us to take risk we are less likely to take when sober, such as having sex without a condom or sex with multiple partners (peer educator, focus-group interview, 2014).*

Therefore, messages communicated seem to suggest that there is an association between drug or alcohol use and sexual risk behaviour. The sub-section below presents messages communicated on the transmission of HIV.

- **Messages on the transmission of HIV**

The study found that messages communicated deal with the transmission of HIV infection. For instance, a student reported that:

*The messages communicated explain that HIV is mainly found in blood and other fluids. HIV lives in some fluids such as semen, blood and anal mucous (in-depth interview, 2014).*

Another student reported that messages communicated deal with HIV infection:

*We are informed that waste and body fluids have enough HIV to have a person get infected (in-depth interview, 2014)*

In support of these perceptions, a senior employee reported that messages address the issue of how HIV is transmitted especially through body fluids:

*Our messages to students inform them that HIV can be transmitted during sexual intercourse. We teach them that when a person has oral, anal, or vaginal sex, a partner may come into contact with the partner's body fluid for example semen. If a partner is infected with HIV, then the semen will transmit the virus into the blood system through for example the small rips in the lining of the private parts (focus-group interview, 2014).*

This report is in agreement with what a student said in an in-depth interview:

*Sometimes there are tiny breaks in the vagina that are not easy to notice, making it easy for HIV to be transmitted to another person.*

Students' responses indicate that messages educate them that HIV can easily be transmitted if a partner has open sores especially if infected body fluids get in touch with the sources. This perception is reflected in what a student said:

*One of the messages communicated is that it is not enough to be in contact with an infected fluid for HIV to be transmitted. Healthy, intact skins do not allow HIV to get into the body. But HIV can enter through open cuts or sores (in-depth interview, 2014).*

Findings show that only one employee in a focus-group interview said that messages teach students on how a person can get HIV during breastfeeding, childbirth, or pregnancy. A senior employee put it this way:

*Messages address the fact that babies can get infected with HIV if they were in frequent contact with their mothers' body fluids including amniotic fluid, blood-through pregnancy, childbirth, and breastfeeding if the mother is infected (focus-group interview, 2014).*

Apparently, there was no student who mentioned the immediate message above. This may be attributed to the perception that HIV transmission to babies is not students' immediate concern as many are not pregnant neither to they have babies.

Students recalled that messages inform them that they can get infected by HIV because of injecting drugs. Findings show that students are taught that injecting drugs can make them come into contact with other people's blood infected with HIV by sharing needles or drugs that are contaminated with HIV that can be transmitted to other people. One student stated that messages deal with the transmission of HIV through occupational exposure:

*They teach us that if a health worker comes into contact with infected fluids or blood through cuts can get infected with HIV (in-depth interview, 2014).*

This may be ascribed to that many students are not working, making the risk of transmission of HIV through occupational exposure not their immediate concern.

Several peer educators, students and employees said that messages highlight how HIV can be transmitted as a result of blood transfusion with HIV infected

blood. This is what a student said reflecting both employees and students' perceptions:

*The UKZN AIDS Programme messages suggest that people get infected by HIV through blood transfusion with infected blood and even through organ transplant where a donor is infected. However, we are told that such infections are rare because of screening requirements (in-depth interview, 2014).*

Perceptions presented above indicate that the UKZN AIDS Programme messages address how HIV is spread through blood transfusion with HIV diseased blood. The following sub-section presents messages communicated by the UKZN AIDS Programme on the treatment of HIV.

- **Messages on treatment**

Findings in this study show that messages communicated by the UKZN AIDS Programme underscore the importance of HIV and AIDS treatment. However, very few students remembered messages on treatment compared to employees. A student in an in-depth interview said:

*The message is that we cannot just start treatment for HIV disease but we have to first undergo physical examinations and different medical tests.*

Employees, peer educators and students reported that messages address how HIV weakens the immune systems. A senior employee said:

*Communication messages address the issue of how the high viral load weakens the immune system. We are therefore told that it is important to do CD4 count tests because it helps to find good treatment options (focus-group interview, 2014).*

This finding is supported by what students said that messages underscore the importance of having results of the first test as this is critical in providing an informed baseline measurement for possible future test:

*They encourage us to have our complete blood tests and test for sexually transmitted diseases (in-depth interview, 2014).*

Only one senior employee reported that messages teach that azidothymidine (AZT) was the first drug to be approved for treatment since then there are about

five classes of HIV drugs, and each drug attacks the virus at different stages of the life cycle. A senior employee put it this way:

*Students are informed that the regimen is the standard for care. However, our messages are very clear that there is no cure for HIV (focus-group interview, 2014).*

Another senior employee said that messages encourage students to start treatment when necessary. However, the respondent said that not every person living with HIV is encouraged to take HIV medication:

*It totally depends on an individual and health care provider to decide when it is right to start medication. We tell students that one can start medication if experiencing acute symptoms of the HIV disease, let say a student has HIV related kidney disease, pregnant, have opportunistic infections, or has CD4 count less than 350 cells/mm<sup>3</sup> (focus-group interview, 2014).*

In agreement to this report most employees and peer educators said that students are informed on the need to visit the health care provider frequently and carefully follow prescriptions given. Students' inability to remember messages on treatment communicated to them suggest that treatment is not their main concern. Besides, the study found that the Programme promoted messages on side effects of HIV medicines presented below.

- **Side effects**

Students reported that messages communicated address side effects of Antiretroviral drugs (ARVs). Participants said that messages communicated address the fact that some side effects experienced are unnoticeable while others are unpleasant. A student in an in-depth interview, for instance said:

*It is dramatised that mild side effects are common and are an indication that medication has begun to work in the body. They encourage us to talk to our healthcare providers so that better treatment options can be found.*

In agreement to the perception above, a peer educator in a focus-group interview reported that:

*Messages inform students that there are no medicines that do not have side effects. We highlight side effects associated with ARVs*

*including rash, anaemia, diarrhoea, headaches, nausea, vomiting, dizziness, and others.*

Some students reported that the messages addressed the long term and short term effects of ARVs. The majority of the students recalled the message on the importance of talking to healthcare providers for guidance. Several students remembered the message on treatment adherence. A student said:

*The programme educates us on the need to be committed in taking HIV medication. We are told that medication decreases viral load in a human body. The higher the viral load; more sick a person may be, and the lower the viral load; healthier a person may be (in-depth interview, 2014).*

This response is reinforced by a senior employee's report that students are educated on the importance of adherence to treatment as it assists in preventing drug resistance:

*They address the issue of skipping doses of HIV medication as it allows the virus to seize this as a chance to replicate, and this can result into more HIV in the body. However, our emphasis is that when people skip doses they may develop strain of HIV that cannot be treated with medication they are taking at that time. We caution students on the danger of developing strains as they leave many people with a few choices for treatment (focus-group interview, 2014).*

The perceptions above are supported by students' reports. Many students remembered that the UKZN AIDS Programme informs them on the importance of adhering to medicines. The following account by a student represents many students who said that messages communicated deal with the issue of adherence to medicines:

*I remember at the campaign event peer educators telling us that it is important to adhere to one's treatment plan which calls for discipline. A person on medication should take the medicine at specific times. It is important to have a programmed device such as cell phone with an automatic reminder for taking medication and use a pill organiser box (in-depth interview, 2014).*

These perceptions seem to suggest that messages on adherence are remembered by peer educators, students and employees.

The sub-section below presents data on the customisation of messages communicated to students by the UKZN AIDS Programme.

- **Customisation of messages**

When participants were asked to share their perceptions of the appropriateness of the messages communicated by the UKZN AIDS Programme to students, employees, peer educators and students said that messages are somehow adapted to ensure that they are appropriate to students. This is depicted in what a peer educator employee said:

*We use drama to communicate to students because we know that students like drama. Drama does not only make student understand the messages, but makes them attend in big numbers (focus-group interview, 2014).*

This view is in agreement with the finding presented earlier on communication channels used by the UKZN AIDS Programme. Employees, peer educators and students' responses indicate that an effort is being made to ensure that messages communicated are adapted by using communication strategies that are friendly. Another way messages are being adapted is by using music and dance as communication channels. Participants in the earlier sections reported that the programme uses role models to communicate health messages. Findings suggest that this health communication approach makes messages appealing to students. A student put it this way:

*Some students attend the programme events literally to come and see their role models. To me this is an indication that messages are adapted by using people students know better therefore making messages to carry weight (in-depth interview, 2014).*

This viewpoint also confirms the finding that role models are used to communicate HIV prevention messages. However, findings show some flaws in the adaptation of messages communicated. The programme addresses routes of HIV transmission and prevention strategies but does not address some sexual risk behaviours and their causes. A student in an in-depth interview put it this way:

*The message addresses routes for HIV transmission but they fail to address students' sexual risk behaviour such as open sexual relationships, age-disparate sexual relationships, and others. They should also address the different main underlying factors to student sexual risk behaviour.*

In agreement, a senior employee reported that messages focus on student's sexual risk practices:

*Messages mainly address HIV transmission routes. It will be good for us to go back to the drawing board to effectively adapt the messages (focus-group interview, 2014).*

This finding endorses the finding presented in the section above that reported that students' sexual risk behaviour is addressed by the UKZN AIDS Programme messages. The challenge of the programme is to identify students' sexual risk practices and their underlying factors that are not addressed in the messages communicated to students as a way of adapting messages of the UKZN AIDS Programme.

Data from in-depth interviews with students revealed that messages communicated by the programme were somehow adapted by making messages accessible to students. The awareness and prevention events for the programme are held on campus and usually start and end on time so as not to inconvenience students' academic activities. Students reported that they have little to sacrifice to attend the programme events, for example there is no need for them to walk long distances to attend the events:

*As you may be aware, it is sometimes very hot here but since campaign events are held within campus we do not have to walk long distances and miss meals to be at the events (student, in-depth interview, 2014)*

In addition, students reported that during the campaign events except during drama performances offered by outside groups, they are somehow made to participate when they are asked questions on healthy behaviour. Participation made some to feel part of the programme:

*The invitation to participate in an event, for example when there is a comedian or musician or role model made me feel part of the*

*programme. One feels appreciated or recognised to be asked to participate in an event (in-depth interview, 2014).*

It seems participation in programme events builds a strong base for the intervention on campus as it is appreciated by students. Some students said that messages were suitable to them because messages were able to give students quality education and entertainment on a serious topic of HIV and AIDS. Kotler (1997:46) argues that for a health communication event to be understood and liked, the toil and trouble of attending the event should not be overburdening to the target audience. Thus, there is no 'price' students pay to get the messages communicated by the programme.

Students, peer educators and employees reported that there was an effort being made to customise messages communicated to students on campus:

*Campaign events are held on campus and in open places that are known to most of the students. This makes it easy for students to have access to the messages and services offered (junior employee, focus-group interview, 2014).*

In addition, participants reported that when there was a health communication event, employees decorated the appearance of the event venues by putting flags and posters making the event appealing. Kincaid (2005:13) argues that campaign programmes should distribute their products to the user at the right place at the right time. Effective distribution is important if an organisation is to meet its overall objectives (Kotler 1997:8).

The following section presents data on the coordination of communication efforts and action employed by the UKZN AIDS Programme.

## **5.10 COORDINATION OF COMMUNICATION EFFORTS AND ACTIONS**

This study found that there is no critical coordination strategy employed by the UKZN AIDS Programme. This may be attributed to lack of policy to coordinate the programme's communication efforts and actions as reported by a junior employee:

*There are communication efforts being made to coordinate the programme's communication efforts and actions. Unfortunately, there*

*is no coordination policy to harmonise these efforts (focus-group interview, 2014).*

However, participants said that the programme was in a process of generating a plan to coordinate internal communication across all the existing departments as depicted in the perception below:

*We are in a process of devising a policy to coordinate our communication efforts and actions. I hope the policy or protocol to guide decisions and achieve rational outcomes on how to coordinate communication efforts and actions can be put in place and adopted by the Board of or senior employees' body soon (senior employee, focus-group interview, 2014).*

This was supported by some participants who reported that the programme had no communication strategy planned across all departments represented by the following assertion:

*There is no communication coordination plan within the programme. Yes, communication is there between senior employees, but not across the units. We need a communication coordination plan to enlighten, educate and update all salient stakeholders regularly on the activities that the programme is engaging in. A coordination plan for all not only senior employees would encourage all employees to fully participate in reducing the impact of HIV and AIDS (junior employee, focus-group interview, 2014).*

Findings presented above suggest that the UKZN AIDS Programme does not have a good art and science of reaching its internal stakeholders especially employees. The coordination of communication efforts should target employees, and should have specific key messages articulated. The programme should have good timing by specifying the appropriate time of delivery for each message to employees. In addition, the coordination strategy should state clearly the desired outcomes and be consistent with the communication vehicles and sender.

Some participants reported that the communication coordination plan can be established by empowering department managers to initiate effective communication:

*It is high time the programme put in place a coordination method to encourage effective communication using different channels even traditional or face to face communication. This will improve internal*

*communication in the programme* (peer educator, focus-group interview, 2014).

Though findings in the previous section show that there is internal communication within the programme through emails, participants reported that there was no plan to guide information sharing across departments. This suggests that the programme lacks a coordination plan at the programme level. Therefore, there is need for the programme to come up with a clear and formally established internal communication coordination plan.

When participants were asked on how often they held internal meetings, varying responses were reported ranging from once a month to once a year. For example, a senior employee in a focus-group interview put it this way:

*We do not have meetings as an AIDS Programme, instead we have department meetings. I feel we should always organize meetings at the programme level that should include all employees. For this is essential to the structure and growth of the UKZN AIDS Programme.*

In the same line of thought, a junior employee said:

*We had a meeting in our department three months ago. Having meetings as a team should be an organized routine that we should implement. These meetings can be a powerful driving force in building the UKZN AIDS Programme and developing newer and better communication coordination plans* (employees, focus-group interview, 2014).

Other participants reported that they had department meetings at the beginning of the year. Perceptions suggest that internal meetings take place in the departments though not on a regular basis. Instead, they are held when need arises. Simply put, there is internal communication plan on micro (department) level not on the macro (programme) level. Therefore, there is need to have internal communication coordination plan at the programme level to help employees to understand the activities of the programme:

*Internal communication at the unit level is not enough. We need more internal communication at the programme level. As departments, we seem to be working as independent entities when we are supposed to work as one. Even meeting twice a year as a*

*programme would make a big difference (junior employee, focus-group interview, 2014).*

The study also found that each department formally planned its own activities which were then communicated to other departments:

*What happens is that we meet as departments and plan for six months or the whole year and then communicate our plans to other units. The silos mentality is making us more and more alienated from other department as there is no genuine information and knowledge sharing with other employees in the same programme. A silo mentality is reducing effectiveness and I think is one of the contributing factors to a failing UKZN AIDS Programme philosophy (senior employee, focus-group interview, 2014).*

This finding is in agreement with the earlier findings that departments have meetings where they plan their communication programmes. There is need to revisit the programme communication plan if there is to be coherence in the communication strategy. When asked to relate the medium used by the programme to communicate across departments, participants reported that mainly emails were used confirming the finding in the earlier section on infrastructure for integration. However, many participants were not sure of the people responsible for coordinating the communication efforts and actions across the programme. A few participants reported that the programme's communication efforts and actions were centrally coordinated by senior employees that ensure that the programme and policy were disseminated to all employees. In principle, this is true, but the study found that communication is more at the unit or department levels of the AIDS Programme. This may be attributed to the lack of an internal communication plan.

Findings reveal that communication across departments in the programme was susceptible to silos and the practice of territorialism. Participants revealed that there was no clear, formal or consistent strategy to carefully communicate or run information to other employees in different departments. Deducing from perceptions above, there is communication in the departments but poor cross-functional communication such that departments are working in silos such as planning for a year. It can be argued therefore that departments on their own are working well but departments as a programme are not working as one. The study

also collected data on the sharing of, and free flow of information in the UKZN AIDS Programme.

### **5.11 SHARING OF INFORMATION AND FREE FLOW OF INFORMATION**

When participants were asked about their perceptions of the sharing of information in the UKZN AIDS Programme, many reported that there is no free flow of information in the programme. This is what a junior employee reported in a focus-group interview representing many participants' views:

*There is no free flow of information in the UKZN AIDS Programme. If there was sharing of information across all units the programme would be operating better than it is now. As employees whether senior or junior employees we would be on the same page in understanding the activities of the programme.*

This perception validates findings in the immediate section above where participants reported poor co-ordination of communication efforts and action. Therefore, lack of free flow of information is one of the repercussions of lack of a communication strategy or plan to facilitate communication or free flow of information with the programme. This finding is also reflected in what one of the respondent said:

*There is no free flow of information to all the departments. We have intranet to communicate to all employees but intranet is not effectively taken advantage of. Otherwise intranet is can be very expedient for free flow of information and collaboration between employees and departments for efficacious operation of the UKZN AIDS Programme (senior employee, focus-group interview, 2014).*

In line with this finding, some participants reported that the programme also fails to effectively use face to face strategy to enhance free flow of information to employees. With regards to how the programme encourages feedback from internal stakeholders, the majority of the participants reported that the programme uses intranet despite not being fully explored. A respondent said:

*The programme is using intranet to encourage feedback from employees by sending emails. Using intranet helps the programme to convey and distribute necessary information or documents among employees in the programme. This influences easy flow of information*

*and healthy relationship between junior employees and senior employees (senior employee, focus-group interview, 2014).*

This is in agreement with what a junior employee said:

*The UKZN AIDS Programme uses intranet tool, forms and emails to elicit feedback from different departments of the programme. It allows all employees to have access to important data from other departments and encourages collaboration within the programme (focus-group interview, 2014).*

A few participants also reported that in the past the programme used to employ face-to-face communication to get feedback from individuals or groups of employees. The face-to-face system of feedback was conducted by the senior employee:

*We used to communicate to employees using the face-to-face approach. Face-to-face meetings helped to build robust and more profound programme relationships, while allowing better social prospects to bond with colleagues (peer educator, focus-group interview, 2014).*

The findings presented above are in agreement with what other participants reported. For example, some participants said that the programme has no formal strategy to encourage feedback. This perception is reflected in what one respondent said:

*Face-to-face was the main mode of sharing information and as you may be aware it has benefits of being able to read body language and deduce nonverbal communication signs of your colleagues. I think face-to-face communication is best for feedback, engagement, inspiration, decision-making, focus and getting to agreements. Today, if we had an even flow of feedback information the programme would have been running smoothly (junior employee, focus-group interview, 2014).*

The study also found that employees meetings in the past were used to provide feedback but the strategy is no longer used:

*Employees meetings were used to provide internal feedback in case some employees had issues to report. Meetings allowed for time to network among employees, dole out viewpoints to underscore teamwork and inform junior and senior employees alike of new developments within the UKZN AIDS Programme. Yet, in*

*spite of the necessary nature of employees meetings we no longer have them (junior employee, focus-group interview, 2014).*

Another senior employee said:

*Employees meetings were good at providing a forum for employees to express their perceptions on the strategy of the organisation. But this method is no longer in use (focus-group interview, 2014).*

The study also found that lack of feedback in the programme was worsened by the top-down approach to communication:

*The problem I have seen is that communication on the programme level is one-way; from senior to junior employees, and most of the times there are no discussions on issues communicated (junior employee, focus-group interview, 2014).*

In the same vein, some participants said that feedback is difficult to encourage because the environment does not allow junior employees to express their challenges to senior employees:

*You find that there is an issue that needs attention and you try to communicate and they tell you that they are busy or you need to make an appointment and that appointment is after two weeks. So you just give up and find a way of resolving the issue you have. It is not easy to communicate upwards (junior employee, focus-group interview, 2014).*

This perception indicates that senior employees can easily use their power to communicate to junior employees and not the other way round. What these findings suggest is that there is a strategy to maximise feedback from stakeholders but the strategies are not fully explored. It seems senior employees have not yet realised the importance of free flow of information or feedback.

## **5.12 SUMMARY**

Data presented on stakeholder orientation and differentiation shows the main stakeholders of the UKZN AIDS Programme. The study seems to indicate that the programme's communication strategy is not properly aligned with the programme strategy. Findings on the consistency of messages and media show that there is a degree of consistency despite having not exploited the use of media to heighten the effectiveness of communication and consistency of

different messages communicated by the UKZN AIDS Programme. Reports on infrastructure for integration suggest that there is infrastructure and several prospects for information sharing in the programme. This is due to the availability of information technology. The UKZN AIDS Programme systems needed for communication but seem not fully exploited. Data presented on the co-ordination of communication efforts and actions show weakness caused by strong emphasis upon or partiality for division into departments at the expense of the whole UKZN AIDS Programme. Chapter six below presents data analysis and discussion.

## CHAPTER SIX

### DATA ANALYSIS AND DISCUSSION

#### 6.1 INTRODUCTION

The study investigated integrated communication applied in the UKZN AIDS Programme at Westville campus. The previous chapter presented data collected in this study. Data presented in the previous chapter is discussed in this chapter.

For the sake of clarity, findings in this chapter are discussed according to the six research questions and phases of the study outlined in chapter one and chapter five, respectively. Therefore, chapter five and six should be regarded as inter-related rather than discrete, linear phases. The purpose of the study was to provide answers to the following six key research questions:

- How is communication aligned with the strategic focus in the UKZN AIDS Programme?
- How consistent are messages and media used in and outside the UKZN AIDS Programme?
- What is the status of infrastructure for integration within the UKZN AIDS Programme?
- What is the status of internal stakeholder orientation and differentiation in the UKZN AIDS Programme?
- What are the mechanisms put in place to coordinate communication efforts and action within the UKZN AIDS Programme?
- What is the status of free flow of information within the UKZN AIDS Programme?

This chapter presents study findings in relation to the above research questions. As outlined in Chapter four, the data was analysed, in part, according to the six integrated communication concepts formulated by Du Plessis and Thomson (2013:437-443). Accordingly, the data was organised into six themes. The findings reported in this chapter are therefore, related to the patterns that emerged from the two focus group and eight in-depth interviews with employees. Peer educators and students, respectively.

According to Creswell (2013), data analysis is a logical and methodological process of bringing order, structure, and meaning to data collected with an aim of generating answers to research questions. The process involves the examination and interpretation of data collected. A detailed research methodological process used to analyse data is elaborated in chapter four, data presentation in chapter five and consequently the analysis/discussion is presented in this chapter starting with demographic findings.

## **6.2 DEMOGRAPHIC ANALYSES OF THE PARTICIPANTS**

This brief section discusses basic demographic data on the subjects that participated in the study. Statistics South Africa (2013:6) defines demographics as statistics of a given population. Demographics may be used to identify the study of quantifiable subsets within a specific population which characterise a population at a given point in time. Demographic data discussed include age, level of study, ethnic affiliation, and designation of the participants.

### **6.2.1 Estimated age for employees**

From sixteen (16) employees who participated in the focus-group interviews; four (4) were females and twelve (12) were males. The number of females represented is disproportionately low. This may be attributed to the poor implementation of the employment equity policy. Table 6.1 below suggests that the majority of employees interviewed were aged between 36 and 45 years.

**Table 6.1: Employee age groups**

<b>Age</b>	<b>Number</b>
26-35 years	4
36-45 years	7
46-55 years	3
Over 55 years	2
<b>Total</b>	<b>16</b>

### **6.3.2 Estimated age for students and peer educators**

Out of the eight in-depth interviews conducted with students; three participants were females and five males. While out of one focus ground interview with peer

educators (made up of eight peer educators), five were males and three were females. All students and peer educators were aged between 26 and 35 years. In addition, all the students were doing their fourth year level of study while peer educators; three were undergraduates and five were postgraduates purposively selected for their experience of the UKZN AIDS Programme's prevention activities.

### 6.3.3 Level of education

The majority of employees had at least a first tertiary education degree. Four of the employees had master's degrees while three had a doctorate. This is pointed out in table 6.2 below.

**Table 6.2: Employees's level of education**

Level of education	Number
Diploma	2
First degree	7
Masters	4
Doctorate	3
<b>Total</b>	<b>16</b>

### 6.3.4 Ethnic affiliation

The demographics of the Westville campus vary. It is a multi-cultural campus comprising of black African, Indian, Coloured and White employees, and students. The majority of the employees, peer educators and students participants were black Africans and Indians, respectively. Table 6.3 below shows the participants' ethnic distribution.

**Table 6.3: Employees, Peer educators and Students' affiliation**

Employees	Number
Black African	6
Indian	4
White	3
Coloured	3
<b>Total</b>	<b>16</b>
Students and Peer educators	Number
Black African	3 and 6

Indian	2 and 0
White	2 and 0
Coloured	1 and 2
<b>Total</b>	<b>8 and 8</b>

### 6.3.5 Designation

The majority of employees had between 1 and 20 years work experience. Some of the employees had been working with the UKZN AIDS Programme for a long time and were therefore in a good position to speak clearly about integrated communication applied by the programme. Table 6.4 below shows the six various departments of the UKZN AIDS Programme from which employees were drawn from.

**Table 6.4: Designation**

<b>Designation</b>	<b>Years of experience</b>
University AIDS Committee (Executive)	10-20
Director of the UKZN AIDS Programme	10
Campus HIV and AIDS Support Units Coordinators	5-10
Counsellors	5-10
Peer educators	0-1
Students	4 <sup>th</sup> Year

In summary, basic demographic data presented above reveal that the majority of the employees and students participants were Black Africans and Indians respectively. Most of the employees had between 1 and 20 years work experience and had at least a first tertiary education degree. All students were from the forth level of study.

In the following section, the study analyses data on integrated communication applied by the UKZN AIDS Programme.

## 6.4 STAKEHOLDER ORIENTATION AND DIFFERENTIATION

Data presented in the previous chapter indicates that there is an agreement among employees that the University is principally perceived as the most

important stakeholder of the UKZN AIDS Programme. This is demonstrated through the attention given to the University compared to employees, peer educators and students.

The UKZN AIDS Programme may be aware of the importance of employees, peer educators and students; however its main focus is the University. In essence, the programme seems to recognise external communication with stakeholders as critical, especially for its role in promoting the programme to the target community and communication activities. This may be attributed to a number of reasons. Findings reveal that the University is the programme's main stakeholder and controller. This explains the special attention given to the University. In an effort to achieve organisational success, the UKZN AIDS Programme has for so many years focused on creating and maintaining relationships with external stakeholders due to the belief that external stakeholders would help fund its HIV and AIDS prevention activities. In addition, the programme has been criticised for poorly organised HIV and AIDS prevention activities (Eleazar 2009). Therefore, many people are negative about the activities of the programme. Due to public pessimism, the programme seems to be paying attention to external stakeholders especially the University than to internal stakeholders in an effort to win back people's confidence. It is also another way of trying to regain its lost control on the external stakeholders some who were its funders. Evidence also shows that a large portion of the programme budget is set aside specifically for external communication as confirmed in a similar research done by Moodley (Moodley 2009:46).

Literature reviewed in chapter three of this study distinguishes between IC and IMC. Existing studies show that IC evolved from the concept of IMC. The focus of IMC is on the messages disseminated by an organisation. In contrast, IC focuses on communication and feedback. Therefore, IC holds that interaction between internal and external communication is important for the success of an organisation or programme (Barker and Du Plessis 2002:13). In the same view, Duncan and Moriarty (1998) argue that to have effective stakeholder relationships, organisations should integrate shareholders; customers, employees, and other members or systems that affect or can be affected by the

actions of the programme or organisation. Deducing from the literature reviewed in this study, an approach focusing mainly on external stakeholders (the University) and external communication is a form of IMC, not IC. Therefore, the existing practice in the UKZN AIDS Programme of focusing mainly on external stakeholders than on employees is contrary to Duncan's (2001:29) perspective that for programmes to communicate effectively, IC should first be established inside the programme or organisation. Duncan and Moriarty (1998:24) and Duncan's (2001:30) argument is that to have effective IC in an organisation, the role of internal stakeholders especially employees should be fully recognised in the functioning of an organisation. This suggests that internal communication plays an important role in integrated communication and the success of an organisation. Currently, the existing stakeholder orientation and differentiation in the UKZN AIDS Programme is weak. This may be attributed to poor internal communication within the UKZN AIDS Programme.

In summary, the findings suggest that the UKZN AIDS Programme has not employed holistic or IC to include employees and peer educators in its strategic focus. The attempt to create and maintain good public relations seems to play a big role in the programme's process of communication. This is perceived so because the programme focuses largely on developing relationships with external stakeholders especially the University at the expense of internal stakeholders, employees and peer educators.

Failure to pay attention to internal communication makes it very hard for the UKZN AIDS Programme to ensure that one of the important measures of IC, recognition of all stakeholders in the programme is achieved.

The following section is a discussion on communication alignment with the strategic focus of the UKZN AIDS Programme as reported by employees and peer educators.

## **6.5 COMMUNICATION ALIGNMENT WITH THE STRATEGIC FOCUS**

Generally, findings presented in chapter five reveal that the programme's communication strategy is aligned with its strategy focus though a few

participants reported poor alignment. The study suggests that many employees and peer educators understand the strategic objectives of the programme. Findings reveal that in the past, orientation activities were led by the human resource department. These orientation activities were used as internal form of communication to ensure that employees and peer educators had an understanding of the objectives and vision of the programme and how they would be achieved through the support of employees and peer educators. The study indicates that the strategy of employing orientation activities was effective in imparting the objectives and vision of the programme to employees and peer educators. This finding is in agreement with literature reviewed that suggests that engaging employees and promoting a strong vision is one of the strategies of creating a strong communication strategy linked to the programme strategic focus (Kitchen and Schultz 2001:12).

The UKZN AIDS Programme is capitalising on emails as the main form of internal communication and means of promoting its vision and principles. In other words, emails seem to have replaced orientation activities despite being ineffective in informing employees about the programme's strategic objectives and vision. For employees to have a clear understanding of their roles there is need for orientation activities. By using effective internal communication strategies, the programme will be able to send out a great deal of information to all employees on the vision and principles of the programme. Effective internal communication strategies can also help to facilitate the action needed for the programme to achieve its vision. More importantly, the majority of the employees and peer educators were able to identify the principles and vision of the programme. Employees and peer educators stated that the UKZN AIDS Programme is intended to reduce HIV and AIDS through prevention activities that include facilitating HIV and AIDS information, care, and support services to students. Ensuring that the programme's communication strategy is aligned with its strategic focus is important because programmes rely on employees and peer educators to achieve their strategic objectives and visions.

In chapter five, the study found that the quality of the relationship between the programme, peer educators and employees is good, but can be improved

through clear and consistent internal communication. Therefore, it stands to reason to argue that establishing a clear vision within the UKZN AIDS Programme has somehow enabled employees and peer educators to understand the importance of their roles and responsibilities. This is in agreement with Du Plessis and Thomson (2013) who argue that the extent to which organisations or programmes communicate their strategic objectives and vision influences the manner employees buy into the programme's strategy. Until communication management is influenced by the strategic plan of the programme, integrated communication will somehow continue to evade the UKZN AIDS Programme. Infrastructure for integration is one of the main themes identified in this study. The following section discusses the infrastructure for integration in the UKZN AIDS Programme.

## **6.6. INFRASTRUCTURE FOR INTEGRATION**

The theoretical framework underpinning this study postulates that infrastructure for integrated communication provides different areas of a programme or organisation such as employees with the information and keeps organisations viable (Du Plessis and Thomson 2013). The UKZN AIDS Programme has communication channels to circulate information to employees and peer educators across the programme. Information is shared between employees mainly through e-mails and intranet. The Intranet is the primary means of transferring messages and electronic documents among employees and peer educators. Duncan (2002) argues that the ability to reach important information fast is a requirement for the employees' efforts to make fast decisions. Since the information is accessible on the intranet, employees and peer educators in the UKZN AIDS Programme can access this updated information all at once. In other words, by using electronic communication technology, the UKZN AIDS Programme has the capacity to reach all employees in the programme.

Though findings in chapter five shows that the necessary infrastructure for communication is mostly available, lack of measures to ensure especially that employees check their emails on a daily basis hampers the information exchange processes in the programme. This finding suggests that employees do not regularly apprise themselves about the UKZN AIDS Programme news from the

intranet. One would reasonably think that advances in technology would increase opportunities for real open access to information in the programme, however in contradiction; findings indicate that this is not the case with the UKZN AIDS Programme. In short, although sufficient infrastructure for integration is available in terms of phones, computers and intranet that can influence effective communication to take place, the infrastructure for integration is underused. The ability to communicate effectively in a programme requires that a programme uses different channels effectively. The UKZN AIDS Programme therefore needs to employ diverse communication channels and create linkages between the different internal channels in order to form a combination of the written, oral, and electronic channels to influence the infrastructure for integration in the UKZN AIDS Programme. The study also discusses the consistency of the messages, and media used internally and externally by the UKZN AIDS Programme from employees, peer educators and students' perspectives.

## **6.7 CONSISTENCY OF THE MESSAGES AND MEDIA USED**

Findings in chapter five suggest that there is lack of common practices across the programme as far as internal communication planning was concerned. Reports show that there is no consistency in the manner internal messages are planned since each department seem to do its own planning. This may be one of the explanations the UKZN AIDS Programme is facing internal communication problems.

### **6.7.1 Internal consistency of channels used by the UKZN AIDS Programme**

The study revealed that the identity of the programme is not clear to internal stakeholders and this was mainly attributed to lack of a standard approach to the UKZN AIDS Programme activities. For example, participants reported that the programme has no brand identity making the programme's activities hard to ascertain. Du Plessis and Thomson (2013) and Du Plessis and Schoonraad (2006) argue that to have effective integrated communication, a programme or organisation should have a unique design or symbol to make stakeholders distinguish and identify the brand. This challenge seems to be caused by the single corporate brand approach used by the University where the same

University of KwaZulu-Natal identity or brand is used by different departments, units, schools and colleges within the University. This denies the programme room to be creative in enhancing its communication activities.

Findings suggest that the programme used the intranet and website as media for its internal communication activities. To some extent, the intranet and website has influence in the consistency of the quality of the internal messages communicated and in extending the programmes' identity among employees.

Though the website has health communication messages, the website is not frequently updated and therefore does not provide the latest information on HIV and AIDS prevention. This makes the programme to have poor website presence in spite of the argument by scholars that websites can be effective internal communication strategies (Du Plooy 2001). On the other hand, findings reveal that the internet has become a prime source of information and form of communication in the UKZN AIDS Programme replacing one-to-one and one-to-many meetings. This development has contributed to making the UKZN AIDS Programme's policies, products or services available to employees and peer educators.

The majority of the participants were concerned about lack of publications as a means of communication. Participants thought that publications can be useful strategies of highlighting important information of the UKZN AIDS Programme to stakeholders. The model underpinning this study states that employing specific media to facilitate the flow of information in different departments within the programme can help to give direction in which the programme is going and why it is important to head that specific way (Du Plessis and Schoonraad 2006).

The findings insinuate that there is no forum for employees to engage each other on several communication matters and to guide the implementation issues of the programme communication strategy. Duncan (2002), states that when an organisation has no clearly established internal communication system, the whole process of internal communication lacks influence on stakeholders. In relation to this argument, Du Plessis and Thomson (2013) said that whatever strategy is used in internal communication; be it printed materials, newsletters, annual

reports, memos, and so on, there should be a conversation between employees. Meaning, integrated internal communication is hard to achieve in a programme if there is no dialogic process between employees and employers, and employees and employees. In addition to ensuring internal consistency of the communication channels used, the UKZN AIDS Programme should guarantee consistency of external communication channels used to communicate to students.

### **6.7.2 External consistency of channels used by the UKZN AIDS Programme**

To achieve effective health communication with students, it is important to select and use effective health communication channels. This is particularly important in health communication among students, where they can become disenfranchised quickly if they feel that they are not getting the messages communicated to them.

Data presented in the previous chapter reveals that the UKZN AIDS Programme uses drama to communicate to students. Data shows that students like the use of drama. This may be one of the reasons many health communication organisations perceive drama as the greatest of all art forms, the most immediate way in which a human being can share with another ideas, behaviour, thoughts, and others (Mutinta 2012). Dalrymple (2005:9) argues that drama is a good form of health communication because it is a universal form of human expression found in cultures all over the world and throughout history. Mutinta (2012) found drama to be effective in public health communication because it uses observation and imitation that are primary mechanisms for learning in human life. Further, students like other people enact a number of different roles during their campus lifetimes, or even during the course of a single day, making drama an appropriate health communication channel. Dalrymple (2006:12) further argues that drama is a natural part of the human experience in any culture, and emotion, gestures, and imitation are universal forms of communication understood by all people. Therefore, drama as a basic part of human existence can be part of university health education for students. The UKZN AIDS Programme should take advantage of this finding to further promote the use of drama performance in health communication on campus.

However, data presented in chapter five reveals that drama performances conducted by outside campus organisations were not well tailored in both form and substance to address students' health needs. Therefore, there is need for the UKZN AIDS Programme and drama performers to work together so that channels used and messages communicated are consistent and appealing to students. When developing health communication channels, the programme needs to keep in mind the right channels to use so as to reach students.

There is also a need to conduct audience research to help the UKZN AIDS Programme identify the right communication channels to be used on campus. Kincaid (2010) argues that an appropriate distribution tool for health messages is critical to the programme's success. The UKZN AIDS Programme also uses numerous communication channels including role models, t-shirts, music and peer educators that seem to be good outreach strategies.

Though peer education makes students feel part of the UKZN AIDS Programme, findings show that students are concerned about peer educators' hypocritical behaviour. Peer educators seem to communicate messages or make sexual health claims that they do not live up. These observations point to a need to re-examine the criteria used to choose peer educators so that those who say one thing then turn around and do the exact opposite should not be conscripted as peer educators. Only students able to uphold the protected value or healthy sexual line of the UKZN AIDS Programme should be selected to be peer educators. Having peer educators who do not practice the health messages they communicate can easily discourage other students. The programme should ensure that the behaviour of peer educators conscripted is consistent with the HIV and AIDS health communication messages.

Besides, the study found that there is no active participation of students. There is need for a systematic utilisation of participatory and appropriate communication channels and techniques to increase students' participation in HIV health communication activities. Students oriented health communication strategies could play a significant role in accelerating the rate of health messages transfer on campus. In other words, a participatory approach if well employed can promote students' empowerment and action know-how.

The use of different media could accelerate awareness of, and adoption rates toward recommended behaviour through targeted information and motivational messages. The UKZN AIDS Programme should start using flip-charts, posters, pamphlets, and leaflets, puppets, and interpersonal channels. The general rule of thumb emerging now is to use multiple channels, wherever possible, so that each medium reinforces and multiplies the importance of the others in an integrated network. Having looked at the consistency of internal and external communication channels used by the UKZN AIDS Programme, the following sub-sections discuss data on messages communicated to students.

### **6.7.3 Messages communicated to students**

Data presented in chapter five from employees, peer educators and students indicates that the UKZN AIDS Programme communicates different HIV and AIDS prevention messages. The following section discusses messages on HIV and AIDS basics communicated by the UKZN AIDS Programme.

- **Basics of HIV and AIDS**

Findings suggest that messages communicated address how HIV infects human beings. Messages also deal with how HIV weakens the human immune system by destroying important cells that fight diseases and infections. Students are informed that HIV reproduces itself in a human body and takes over cells in the body of its host.

Findings also show that messages underscore the fact that HIV is a lot like other viruses. However, HIV is different in the sense that over time, people's immune systems can clear most viruses out of their bodies but fail to do so to HIV.

Students, peer educators and employees reported that messages deal with how HIV can hide for long periods of time in the cells of a human body and attack key parts of the human immune system. This is in agreement with the findings of the Centres for Disease Control and Prevention (CDC) (2010:11) that found that the human body has cells to fight infections and disease, HIV invades them, instead uses them to make more copies of it and then destroys them. Over time, HIV

infection can lead to AIDS the final stage of HIV infection. Students, peer educators and employees recounted that the UKZN AIDS Programme messages communicated highlight that when people have AIDS, at this stage, the immune systems is badly damaged by the HIV disease, which put people at risk for opportunistic infections. Participants also remembered that messages deal with the theory of where HIV came from, a particular kind of chimpanzee humans probably hunted and ate. This findings resonates scientists' debate on the origin of HIV where others argue that HIV came from a specific type of chimpanzee in Western Africa. The debate is that humans possibly came in contact with HIV when they hunted and consumed infected animals. The recent debate suggests that HIV may have jumped from apes to humans as far back as the late 1800s (CDC 2013). The following sub-section discusses messages communicated by the UKZN AIDS Programme on sexual risk behaviour.

- **Messages on risk behaviour**

The study revealed that messages of the UKZN AIDS Programme address different routes of HIV transmission. Messages deal with the risk of vaginal or anal intercourse, oral sex involving the vagina, penis, or anus, mother to foetus or infant, sharing needles from intravenous drug use, and alcohol abuse.

The study found that messages address how HIV can be prevented by practices such consistent and correct condom use, sexual abstinence, engaging in monogamous relationships, and undergoing circumcision. However, in as much as messages address the routes of HIV transmission and prevention strategies, there is inadequate emphasis on sexual risk behaviour students engage in such as prostitution, age-disparity sexual relationships, open sexual relationships, one night stands, and transactional sexual relationships that propel the risk of HIV and AIDS in South African Universities (HEAIDS 2010). Further, messages should address the underlying risk factors to students' sexual risk behaviour such as peer pressure, perceptions of risk, pursuit for long term goals of marriage, cultural shift concerning students' perceptions of marriage, sexual harassment on campus, early introduction to sex, gender inequality, personality traits, fatalistic and hedonistic attitudes among others reported by Mutinta (2012) and Mulwo (2009). In addition, messages should not only highlight risk factors but should

address protective factors identified as safeguards against risky sexual behaviour on campuses (Mutinta *et al* 2012:6). Thus, messages of the UKZN AIDS Programme should deal with biological, social, environmental, individual, and behavioural factors that encourage and buffer against students' sexual risk behaviour. The sub-section below deals with messages communicated on the transmission of HIV.

- **Messages on the transmission of HIV**

This study revealed that understanding how HIV is and cannot be transmitted is at the core of the health communication messages promoted by the UKZN AIDS Programme. Students are informed that HIV is a rapidly changing and entirely preventable. Messages seem to make students to understand several key points of how they can avoid contracting HIV. Students are informed that they may only get infected if a partner involved in an exposure situation is infected with HIV. Messages demystify assumptions that certain behaviours or exposure situations can cause HIV, even if the virus is not present. Messages underscore that there should be enough viruses for infection to occur. Meaning, the concentration of HIV determines whether infection will occur. Students are told that in blood, the virus is very concentrated. Therefore, a small amount of blood is enough to infect someone. However, messages stress that HIV must get into the bloodstream for a student to get infected. This means that messages inform students that it is not enough to be in contact with an infected fluid for HIV to be transmitted. Healthy, intact skin does not allow HIV to get into the body. This is in agreement with the UNAIDS (2012) report that even if anal and vaginal intercourse are high-risk activities, HIV may only find it easy to enter in the penis, vagina and anus, through cuts and sores many of which would be tiny and difficult to notice.

In as much as messages address different HIV transmission routes; sexual and non-sexual activities, some messages on how HIV is transmitted through breastfeeding and occupational risk were not recounted by students. This shows that there is need to adapt HIV messages to address HIV risk practices experienced by students on campus. This may be attributed to the finding reported in the earlier section that some HIV prevention messages are communicated by outsourced drama performance groups who are unable to tailor

messages in such a way that they address students' behaviour on campus. Therefore, messages should be contextualised if they are to be meaningful to students. Messages should also deal with the issue of treatment discussed below.

- **Messages on treatment**

Findings in chapter five suggest that the messages communicated to students by the UKZN AIDS Programme address the need for regular blood tests to monitor the progress of the virus before starting treatment. Messages advise students to start treatment when the virus has started weakening their immune system. This can be determined mainly by measuring their levels of CD4 cells in the blood.

Students had very little to say about HIV treatment messages communicated to them. This may imply that messages on HIV treatment are not appealing to students. It may also imply that the issue of HIV treatment is not an issue of great concern on campus as most of them look healthy or have not started experiencing HIV symptoms. Mulwo (2009) found that students underplay the risk of HIV by failing to personalise their risk. Therefore, instead of spending a lot of resources addressing the issue of treatment, messages of the UKZN AIDS Programme should focus on addressing the aim of treatment, which is to reduce the level of HIV in the blood and prevent or delay any HIV-related illnesses not clearly addressed in the messages. Students should also be informed that if they are on HIV treatment the level of the virus in their blood is generally very low and it is unlikely that they would pass HIV on to another person. In addition, the low level of the virus in their blood can help students live much longer and healthier lives than before. The CDC (2013) states that HIV medicines can slow the growth of the virus or stop it from making copies of itself, therefore keeping the amount of virus in the blood low which enables people to live long and healthy lives. The programme should also use student friendly communication channels that can effectively communicate the intended messages to students.

In as much as messages address the issue of treatment, messages should also make it clear that once HIV treatment has started, students have to take the medication for the rest of their lives. In addition, messages should highlight that

many of the medicines used to treat HIV can react in unpredictable ways if students take them with other types of medicines. The following sub-section discusses messages on side effects of HIV medicines.

- **Side effects**

Data reported in the previous chapter indicate that messages communicated by the UKZN AIDS Programme inform students that antiretroviral medicines can cause short and long side effects. These side effects can be mild and sometimes serious by causing major impacts on health or quality of life. Messages encourage students to tell their healthcare providers about any side effects, so that they can decide the best course of treatment for both their HIV disease and the side effects.

This study found that messages communicated do not highlight the fact that once students have started their antiretroviral treatment they should continue for life. Students should be informed about the nature of antiretroviral treatment upfront under the treatment messages so that they know that treatment is for life. Messages should also clearly state that the antiretroviral treatment does not only cause short or long term side effects but sometimes fatal. This would help students to immediately report side effects (or symptoms) to their health care providers. The sub-section below deals with the customisation of messages communicated to students by the UKZN AIDS Programme.

- **Customisation of messages**

The study reveals that students, peer educators and employees found health communication messages appropriate in the sense that they were somehow adapted to suit students' context. The study found that the UKZN AIDS Programme was using the drama approach liked by many students. Therefore the programme ensures that health communication messages are adapted by using communication strategies that are student friendly. Music and dance are other adaptation strategies employed in an effort to make communication channels and messages successful. This finding confirms Mutinta (2012) and Aleazar's (2009) findings that the UKZN AIDS Programme uses musicians who are role models to communicate health messages making messages appealing

to students. In spite of the efforts to adapt health communication messages, there are some flaws in the content adaptation of messages communicated. The programme does not address some students' sexual risk behaviour and their causes. For example, student's sexual risk practices such as engaging in age-disparity and open sexual relationships are not effectively addressed by the health communication messages. Therefore messages targeting students will not be effective in reducing the risk of HIV infection as long as students' sexual risk practices and their causes are not addressed in the messages promoted by the UKZN AIDS Programme.

The other strategy used by the UKZN AIDS Programme to adapt health communication messages is by deliberately holding awareness and prevention events on campus. Prevention events usually start and end on time such that students are not inconvenienced. This makes students find it easy to attend the programme's campaign events as they are held within the campus. The study found that during some campaign events students were somehow made to participate and this made them feel part of the programme. This finding builds on Mutinta's (2012) finding that participation in programme events helped students to build a strong attachment to interventions employed on campus because they made students feel recognised. Students also said that health communication messages were customised because messages gave students quality education and entertainment. Kincaid (2005) argues that for health communication programmes or campaigns to attract people, trouble of attending such programmes should not be straining to the target audience as this can discourage them from attending.

The study found that places where health communication events were hosted were decorated by putting posters and flags. This made health communication venues attractive to students. This echoes what Kotler (1997:18) implied when he said that campaign events should distribute their products and services to the user in good places at the right time as this can make campaigns effective and meet their overall objectives. The following section discusses the coordination of communication efforts and action employed by the UKZN AIDS Programme.

## **6.8 COORDINATION OF COMMUNICATION EFFORTS AND ACTIONS**

In general, findings indicate that intranet is used to enhance the exchange of messages among employees within the programme. However, messages developed and communicated by the top management team are not effectively communicated to all departments in the programme. The programme is more active at the department than programme level. The study found that departments seem to function independently from each other. As a result, departments work in silos even though they interact with the stakeholders on issues of HIV and AIDS reduction. Therefore, the main problem facing the programme is lack of cross-functional communication making it difficult to have efficient communication in the programme. This may be one of the reasons the programme lacks cohesion.

Poor cross-functional communication may be caused by the fact that communication strategies are devised without departments effectively exchanging information with each other. This finding is in agreement with the theoretical framework underpinning the study that holds that to have internal integrated communication all key stakeholders should work together. In addition, Du Plessis and Thomson (2013) argue that integrated communication can only be realised when there is a cross-functional process on all communication activities in an organisation. What Plessis and Thomson (2013) recommend is that all communication messages should have a control place where they are sent to. The latter will ensure that messages circulated to stakeholders are consistent and clear. To have integrated communication in the UKZN AIDS Programme, there is need to establish links between all departments and employees (Barker 1999). This calls for a careful process of coordinating messages and strategies so that they can effectively engage stakeholders.

What the findings seem to suggest is that communication efforts and actions in the UKZN AIDS Programme are inadequate. There is a communication breakdown on the programme level caused by lack of planning and coordination and this may prevent the programme from being effective in HIV and AIDS reduction as envisaged in its vision. An effective coordination of communication efforts and actions cannot be achieved without operative strategies on how to

share and facilitate free flow of information in the UKZN AIDS Programme as discussed below.

## **6.9 SHARING AND FREE FLOW OF INFORMATION**

Findings in chapter five show that the UKZN AIDS Programme has communication strategies to maximise feedback from stakeholders but they are not adequately used. The programme makes use of information technology by utilising intranet, the main communication strategy. Intranet seems to be a replacement of traditional face-to-face communication and meetings that are no longer used in spite being the most favoured by employees.

Findings reveal that there is uneven flow of information from the top to the bottom and the other way around making communication incomplete or one way. The theoretical framework underpinning this study postulates that to have integrated communication in an organisation, messages should flow evenly to all directions and different ranks to enhance coherence. Findings indicate that communication from junior to senior employees is frustrating and inefficient. Communication flows smoothly from the top to the bottom with urgency but the programme fails to use the same channels to allow bottom up communication as well. Lack of information flow from the bottom to the top will have repercussions on the effectiveness of the programme's vertical communication. The study found that all employees had access to internet or emails. This implies that messages communicated through emails can reach all employees regardless of their departments if the programme was to use this strategy well by encouraging regular feedback. The programme can also use newsletters that have been found to be effective in promoting the even flow of information especially if produced frequently (Mulwo 2009). In addition to using internet, the programme should explore different opportunities to enhance the even flow of information in the programme.

## **6.10 SUMMARY**

The UKZN AIDS Programme focuses mainly on the University, the main stakeholder. This suggests that there is little attention paid to employees, peer

educators and students. There is also poor alignment of the programme's communication strategy with its strategy. There is need to reassess the efforts of the programme and re-strategise if the programme is to achieve its strategic objectives and mission. On the consistency of messages and media, findings show that all communications are managed by senior employees and consistent in terms of programme identity by using the University identity, and website messages. The consistency of messages and media in the UKZN AIDS Programme can be improved if an all-encompassing approach can be used in communicating internal messages. Findings on the consistency of messages and media in external communication reveal that the programme tries to communicate different prevention messages including basics, transmission and treatment of HIV, and others using channels favoured by students. However, channels such as drama and peer educators had some weaknesses that need to be addressed in addition to employing diverse communication channels. Findings reveal that some of the messages communicated are relevant in the sense that they address students' behaviour while others are not as they are off tangent such that they address issues students are not concerned about. In addition, findings indicate that peer educators were not exemplary in their work while drama programmes did not allow students to fully participate in the prevention activities. Findings on infrastructure for integration reveal that there is infrastructure and several prospects for information sharing in the programme created by information technology though not fully explored. With regards the free flow and sharing of information, the study revealed that the required systems for communication exist but they are not fully utilised. The study found flaws in the co-ordination of communication efforts and actions intended to promote integrated communication. Departments in the programme function in silos due to lack of cross-functional planning.

In summary, the study found that the theoretical measuring instrument for determining integration of organisational communication underpinning the study (Plessis and Thomson 2013:437-443) offered important insight into the manner integrated communication is applied in the UKZN AIDS Programme.

## **CHAPTER SEVEN**

### **CONCLUSION AND RECOMMENDATIONS**

#### **7.1 INTRODUCTION**

This chapter presents the main conclusions of the study that are encapsulated by focusing on the six research questions underpinning the study. Limitations of the study are briefly discussed. The contribution of the study to the body of knowledge is presented by underscoring the integrated communication model employed to assess the application of integrated communication in the UKZN AIDS Programme using a qualitative approach. The theoretical, methodological and research propositions that stemmed from this research gave rise to explicit recommendations presented in this study.

#### **7.2 RESEARCH FINDINGS**

The study set out to explore perceptions of integrated communication applied in the UKZN AIDS Programme at Westville campus, University of KwaZulu-Natal.

With the intention of operationalising the research problem, six main research questions were formulated and posed:

- How is communication aligned with the strategic focus in the UKZN AIDS Programme?
- How consistent are messages and media used in and outside the UKZN AIDS Programme?
- What is the status of infrastructure for integration within the UKZN AIDS Programme?
- What is the status of internal stakeholder orientation and differentiation in the UKZN AIDS Programme?
- What are the mechanisms put in place to coordinate communication efforts and action within the UKZN AIDS Programme?
- What is the status of free flow of information within the UKZN AIDS Programme?

### **7.2.1 The UKZN AIDS Programmes' strategy alignment with its focus**

The study found that the UKZN AIDS Programme's communication strategy is aligned with its strategy focus. However, there is a poor alignment between the communication strategy and its strategy focus. The findings revealed that many employees comprehend the strategic objectives of the programme. Findings indicate that in the past orientation activities were used as internal form of communication to ensure that employees had an understanding of the objectives and vision of the programme. In addition, the objectives and vision of the UKZN AIDS Programme used to be explained to employees how they would be achieved through the support of employees. Findings show that this strategy was successful in conveying the objectives and vision of the programme to employees. This finding builds on Kitchen and Schultz's (2001:12) argument that engaging employees and promoting a strong vision is one of the strategies of creating a strong communication strategy linked to the programme strategic focus. The study found that the UKZN AIDS Programme is capitalising on emails as the main form of internal communication and means of promoting its vision and principles. This finding reveals that emails have replaced orientation activities that seemed to be useful in informing employees about the programme's strategic objectives and vision. Therefore, for employees to have a clear understanding of their roles there is need for orientation activities. By using effective internal communication strategies, the UKZN AIDS Programme may be able to send out a great deal of information to all employees on the vision and principles of the programme. This would facilitate the action needed for the UKZN AIDS Programme to achieve its vision. More importantly, the majority of the employees remembered the principles and vision of the programme stating that it is intended to reduce HIV and AIDS through prevention activities. Ensuring that the programme's communication strategy is aligned with its strategic focus is important because programmes depend on employees to achieve their strategic objectives and visions. Therefore, it stands to reason to conclude that establishing a clear vision within the UKZN AIDS Programme somehow enabled employees and peer educators to understand the importance of their roles and responsibilities. Until communication management is fully influenced by the

strategic plan of the programme, integrated communication will continue to be the UKZN AIDS Programme's big challenge.

### **7.2.2 Stakeholder orientation and differentiation**

There was an agreement among employees and peer educators that the University is perceived as the most important primary stakeholder of the UKZN AIDS Programme. This is revealed through the practical resources and attention given to the University compared to employees or students or peer educators. This finding is attributed to the fact that the University is the programme's main funder and controller which explains the special attention given to the University. Findings also show that in an effort to achieve organisational success, the UKZN AIDS Programme is creating and maintaining relationships with external stakeholders due to the belief that external stakeholders would help fund its HIV and AIDS prevention activities. Further, the study revealed that the programme has been condemned for poorly organised HIV and AIDS prevention activities. Due to public disapproval, the programme seems to be concentrating on the University than employees as an effort to recoup people's support and its lost control on the external stakeholders some who were its funders. Therefore, the existing practice in the UKZN AIDS Programme where it focuses mainly on external stakeholders than on employees is contrary to what integrated communication entails. In integrated communication internal stakeholders especially employees should be fully recognised in the functioning of an organisation as this is critical to the success of an organisation. Failure to pay attention to internal communication will make it very hard for the UKZN AIDS Programme to ensure that one of the important measures of integrated communication, recognition of all stakeholders in the programme is achieved.

### **7.2.3 Consistency of messages and media**

Findings show that all communication activities in the UKZN AIDS Programme are managed by senior employees and consistent in terms of programme identity by using the university identity. The status of the consistency of messages and media in the UKZN AIDS Programme can be improved if a comprehensive approach can be used in communicating internal messages. Findings on the

consistency of messages and media used in external communication of the UKZN AIDS Programme reveal that the programme tries to communicate different prevention messages using channels favoured by students. However, channels such as drama and peer educators have limitations that need to be addressed in addition to employing various communication channels. Some of the HIV and AIDS prevention messages communicated by the UKZN AIDS Programme are relevant in the sense that they address students' sexual behaviour while others are not such that they address issues students are not concerned about. In addition, findings show that peer educators were not exemplary in their work while drama programmes did not allow students to actively participate in the HIV prevention activities.

#### **7.2.4 Sharing, free flow of information and infrastructure**

The UKZN AIDS Programme has put in place communication strategies to maximise feedback from stakeholders. However feedback communication strategies are not well used. The programme makes use of information technology infrastructure by employing intranet as the main communication strategy. Intranet appears to have replaced face-to-face communication and meetings that are no longer used in spite of being the most liked communication strategy by employees. The study ascertained that there is a poor flow of information especially from the bottom to the top making communication piecemeal. Findings seem to reveal that communication from senior to the junior employees is inefficient. Communication flows smoothly from the top to bottom with insistence but the programme fails to use the same channels to allow bottom up communication. Lack of information flow from the bottom to the top will have ramifications on the value of the programme's vertical communication. The study found that all employees had access to emails. This implies that messages communicated through emails can reach all employees regardless of their departments if the programme was to use this strategy successfully by finding a way of encouraging employees to read their emails every day. The study also found that newsletters may be useful in promoting the even flow of information especially if produced frequently. Therefore, using newsletters is one strategy

that can be employed to promote the even flow of information in the UKZN AIDS Programme.

### **7.2.5 Co-ordination of communication efforts and actions**

Findings indicate that intranet is used to enhance the exchange of messages among employees and peer educators within the UKZN AIDS Programme. However, messages developed and communicated by the top management team are not successfully communicated to all departments in the programme. The UKZN AIDS Programme is more active at the department than programme level. The study found that departments seem to function detachedly from each other. As a result, departments work in silos even though they network with the stakeholders on issues of HIV and AIDS prevention. Therefore, the main glitch facing the programme is lack of cross-functional communication making it hard to have efficient communication in the programme. This may be one of the reasons the programme lacks cohesion in its operations.

Poor cross-functional communication may be caused by the fact that communication strategies are devised without departments efficiently exchanging information with each other. Therefore, to have internal integrated communication all key stakeholders should work together because integrated communication can only be realised when there is a cross-functional process on all communication activities in the programme. One way of ensuring integrated communication in the UKZN AIDS Programme is to have a control place where all communication messages are sent to. This would ensure that messages disseminated to stakeholders are consistent and clear. Therefore, to have integrated communication there is need to establish links between all departments and employees in the programme. This however requires a careful process of coordinating messages and strategies so that they can efficiently engage stakeholders. What the study seem to suggest is that communication efforts and actions in the UKZN AIDS Programme are inadequate. This is attributed to communication breakdown at the programme level caused by lack of planning and coordination and this may prevent the programme from realising its vision to reduce HIV and AIDS.

### **7.2.6 Infrastructure for integration**

The study indicates that the necessary infrastructure for integration is generally available. However, there is lack of a measure to ensure that employees check their emails on a daily basis and this hampers the information exchange processes in the programme. Therefore, employees have little time to acquaint themselves with the UKZN AIDS Programme news from the intranet. With the current advances in technology that are increasing opportunities for real open access to information in organisations, one would reasonably think that the UKZN AIDS Programme has advanced infrastructure for integration. Although sufficient infrastructure for integration is available that can influence effective integrated communication to take place, the infrastructure for integration is underused. The UKZN AIDS Programme therefore needs to employ diverse communication channels and create linkages between the different internal channels so as to have effective infrastructure for integration in the UKZN AIDS Programme.

### **7.3 LIMITATIONS OF THE STUDY**

The researcher conducted a qualitative study on integrated communication applied in the UKZN AIDS Programme using focus group and in-depth interviews. However, the findings of the study are in accord with many studies conducted on programmes and organisations using various integrated communication models and serve to confirm that certain factors such as aligning the communication strategy of the programme with the programme focus, and having consistent messages and media are critical in assessing and promoting integrated communication in health programmes. Findings in this study are also in agreement with some studies that found that having a structure for the integration of communication messages, enhancing stakeholder orientation and differentiation, promoting coordination communication efforts and sharing and free flow of information influence integrated communication are critical in evaluating and promoting integrated communication in health organisations. Schultz and Schultz (2004), Niemann (2005) and Maenetja's (2009) studies confirm that integrated communication can be evaluated using the tool suggested by Plessis and Thomson (2013:438-443) and as a result the recommendations in

this study would be largely valid. Besides, this was a small study and findings cannot be generalised.

#### **7.4 RECOMMENDATIONS FOR FUTURE RESEARCH**

The researcher has confidence that the integrated communication model used to measure integrated communication applied by the UKZN AIDS Programme is a good assessment instrument and provides a strong base for further research on various integrated communication research topics.

- To support the qualitative integrated communication assessment, a researcher can also carry out other research methods, such as quantitative, mixed methods; qualitative and quantitative with the UKZN AIDS Programme employees and students.
- The integrated communication model can be used to explore integrated communication in health or development or political or academic or any other organisations or programmes.
- By using the integrated communication model, a researcher can also apply other research methods, such as self-reporting methods; interviews and questionnaires to ask people for information directly so that they can give their personal perspectives about integrated communication at the same time being aware of the disadvantages of self-reporting methods that can cause potential validity problems (specifically, people may deceive themselves or others); and
- The findings of this study can be applied to study how the communication strategy in the UKZN AIDS Programme is aligned with its strategic focus, the consistency of internal and external messages and media of the UKZN AIDS Programme, and the extent there is a structure for the integration of communication. In addition, the findings can be applied to study the existing stakeholder orientation and differentiation, the mechanisms used to coordinate communication efforts, and the extent of sharing and free

flow of information within organisations as separate research topics with reference to integration communication.

## **7.5 RECOMMENDATIONS FOR MANAGEMENT OF THE UKZN AIDS PROGRAMME**

- People responsible for the planning and implementing the UKZN AIDS Programme or health communication programmes or campaigns should embrace integration communication. Planners should form, coordinate verbal or written messages, and bring into equal the messages of the different parts of health communication programmes or campaigns. In the case of this study, it means that there is need to establish the mutual beneficial relationship among stakeholders of the UKZN AIDS Programme in particular, the university, employees, and students. This is can be one sure way of achieving the targeted interest of the programme through unified internal and external integrated communication.
- Messages communicated by the AIDS Programme address the basics of HIV including how HIV can be prevented through consistent and correct condom use, sexual abstinence, engaging in monogamous relationships, and undergoing circumcision. In as much as messages address the routes of HIV transmission and prevention strategies, there is inadequate emphasis on sexual risk practices students engage in. Besides, messages should not only highlight risk factors but should address protective factors identified as safeguards against risky sexual behaviour on campuses. Thus, messages of the UKZN AIDS Programme should address the biological, social, environmental, individual, and behavioural factors that encourage and buffer against students' sexual risk behaviour. Besides, there is need for health communication programmes to employ audience segmentation so as to divide students into more similar subgroups based upon defined criteria. Health communication programmes should then use drama, participatory approaches, songs, dances, and other forms of entertainment education to communicate health messages to students. The section below presents the concluding remarks.

## **7.6 CONCLUDING REMARKS**

The integrated communication model employed in this study can be used to analyse integrated communication in any programme or organisation. The integrated communication model used does not claim supremacy to all integrated communication models and neither does it claim to replace all the characteristics of integrated communication in the real life, but indicates how a scientific integrated communication model can provide an effective assessment tool for integration communication. The constructs of the integrated communication used to assess the phenomenon under study represents the many different aspects or features of the assessment of integrated communication.

Findings reveal that the UKZN AIDS Programme focuses mainly on the University as its main stakeholder. This shows that there is little emphasis on other stakeholders. The programme has a poor alignment of its communication strategy with the programme strategy. There is need to re-evaluate the efforts and re-strategise if the programme is to achieve its strategic objectives and mission. The study found that all communications are managed by senior employees and consistent in terms of programme identity by using the university identity. The consistency of messages and media in the UKZN AIDS Programme can be improved if a comprehensive method can be used in communicating internal messages. Findings show that in internal communication the programme tries to communicate different prevention messages including basics, transmission, treatment of HIV, and others using channels liked by students. However, channels such as drama and peer educators have weaknesses that needed to be addressed in addition to employing diverse communication channels. Some of the messages communicated are relevant in the sense that they address students' behaviour while others are not as they are off tangent such that they address issues students are not concerned about. In addition, findings show that peer educators were not exemplary in their work while drama programmes did not allow students to participate in the prevention activities. The study found that there is infrastructure and several prospects for information sharing in the programme created by information technology though not fully explored. To a certain degree there is a free flow and sharing of information in the UKZN AIDS Programme as the study established that the required systems for

communication exist but not fully utilised. With regards to co-ordination of communication efforts and actions to promote integrated communication, the study reveals flaws. Departments in the UKZN AIDS Programme function in silos due to lack of cross-functional planning.

To all intents and purposes, it is the researcher's hope that this study will build on the dawn of the awareness and value of integrated communication in health communication programmes or organisations.

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**ADDENDA A**  
**MODERATOR'S GUIDE**  
**FOCUS-GROUP INTERVIEW WITH STAFF**

Focus-Group Number			
<b>Participants Demographic Information</b>	1	Age	
	2	Position	
	3	Race	
	4	Gender	
	6	College	
	7	School	
	8	Department	
	<b>Date of Focus-Group Interview</b>		
<b>Time Allocation</b>			

**INTRODUCTIONS**

**Moderator**

**I introduced myself and thanked participants for agreeing to come**

Thank you for volunteering your time and coming to this focus group interview. I am Given Mutinta; a Master's Degree Student in Organisational Communication at the Department of Communication Science, University of South Africa (UNISA).

For partial fulfilment of my programme I am required to conduct a survey interviews for my dissertation. My research topic or title is: **Analysing Integrated communication applied at the University of KwaZulu-Natal AIDS Programme, Westville.** I will moderate our discussion today.

**I explained group guidelines and told participants how long the focus-group would last.**

We have the discussion scheduled for one hour today. During the group I want to get your reaction to the integrated communication in the UKZN AIDS Programme aimed at educating students on the risk of HIV and AIDS.

Again, I am here just to facilitate the session today. You will not hurt my feelings or make me feel good with whatever opinions you might give. I am interested in hearing your point of view even if it is different from what others will express.

- I made every effort to keep the discussion focused and within our time frame. When too much time was being spent on one question or topic, I moved the conversation along so as to cover all of the questions.

### **I addressed the issue of confidentiality audio recording**

- A colleague from the department of Information and Communication Services did the voice recording of the discussion because I did not want to miss any comments. A researcher and former colleague at Health Economics and HIV and AIDS Research Division (HEARD) took notes during the interviews and later transcribe the data. I only used first names and there are no names attached to the comments on the final report. I assured participants complete confidentiality.

### **LAYING THE GROUND RULES**

To facilitate the process I will lay down a few ground rules

- Only one person is to speak at a time.
- No side conversations.
- Everyone must participate. I want to learn from everyone here-your opinions, views, feelings, perceptions are important to me. I want each person to tell me a story today; your story may sound similar to someone else's story but tell it anyway! Don't always just say "I agree"! There is no right or wrong answer and I encourage you to "talk" to each other.
- You are responsible for the discussion that is to take place during this session.
- My role is as to be a moderator not an interviewer so I facilitate the discussion not creates it. I urge you to ask each other questions and encourage those who are not participating to do so.
- You all signed the initial form confirming your participation in this session as well as your agreement to ensure that everything that is discussed in this venue remains confidential and private. Can I confirm that everyone is satisfied with this arrangement

### **ICE BREAKER: PARTICIPANT INTRODUCTION**

On that note, please introduce yourselves-first names are fine. Please tell us which office you work in. Let us just go around the room.

### **Discussion starter question**

As mentioned earlier, the main topic of my theme is your 'subjective experience' of integrated communication applied in the UKZN AIDS Programme. To obtain consensus and before moving on with this exercise, it is important that I take a few minutes to define the term 'subjective experience'".

## **Communication alignment with the strategic focus of the AIDS Programme**

**I would like to get your reactions to the programme's communication alignment with its strategic focus. A clear explanation on what is meant by 'communication alignment with the strategic focus of the programme' was provided using practical examples**

- What is the UKZN AIDS Programme's strategy on communication?
- What is your understanding of the UKZN AIDS Programme's strategic focus (vision)?
- How is the UKZN AIDS Programme's strategic focus (vision) being shared with internal stakeholders?

## **Existence of the consistency of messages/media in and from the UKZN AIDS Programme**

**I would like to get your reactions to the existence of the consistency of messages/media in and from the programme. An explanation on what is meant by 'existence of the consistency of messages/media in and from the UKZN AIDS Programme' was provided using practical examples**

- What are the ways used to ensure that messages communicated by the UKZN AIDS Programme communicate what they are intended to?
- What are the prevention messages communicated by the UKZN AIDS Programme?
- Who communicates the UKZN AIDS Programme's prevention messages to students?
- What are the channels used by the UKZN AIDS Programme to communicate prevention messages to students?
- Can you mention some of the prevention messages communicated by the UKZN AIDS Programme to students?
- How relevant are the prevention messages communicated by the UKZN AIDS Programme to students?

## **Coordination of communication efforts and actions**

**Let us now talk about the programme's coordination of communication efforts. But before we do that, let me explain to you what I mean by the 'coordination of communication efforts'. A clear and brief explanation was given using practical examples**

- How are communication efforts planned across all departments in the UKZN AIDS Programme?
- To what extent is there sharing of information across all departments in the UKZN AIDS Programme?

## **Infrastructure for integration in the UKZN AIDS Programme**

**Ladies and gentlemen, I would like to get your reactions to the ‘infrastructure for integration in the UKZN AIDS Programme. The moderator explained what was meant by ‘infrastructure for integration in the programme’ using practical examples**

- To what extent is there a structure for integrated communication in the UKZN AIDS Programme?
- What is the infrastructure for integration mechanism put in place by the UKZN AIDS Programme?
- What is the UKZN AIDS Programme’s policy on integrated communication?
- Who is responsible for sharing of information within the UKZN AIDS Programme?

## **Free flow and sharing of information**

**Let us now discuss on the free flow and sharing of information in the UKZN AIDS Programme. But before we do that, let me explain to you what I mean by ‘free flow and sharing of information’. A clear and brief explanation on what was meant by ‘free flow and sharing of information’ was given using practical examples**

- What are the plans put in place to put together information about people the UKZN AIDS Programme deals with?
- What are the plans put in place to ensure that the same information is shared to all the departments in the UKZN AIDS Programme?

## **Internal stakeholder orientation and differentiation**

**I would like to get your reactions to the existence of the internal stakeholder orientation and differentiation in the UKZN AIDS Programme. An explanation on what is meant by ‘internal stakeholder orientation and differentiation’ will be provided using practical examples**

- Who are the UKZN AIDS Programme’s most important stakeholders?
- What makes these stakeholders the most important?
- What are the ways used by the UKZN AIDS Programme to interact with stakeholders?
- What is the quality of the relationship between the UKZN AIDS Programme and all its stakeholder groups?

## **CLOSING REMARKS**

I will offer an opportunity for any short final comments participants would like to make.

Thank you very much for your input today. Are there any last comments that anyone would like to make? The information you provided will help me write my dissertation and inform the UKZN AIDS Programme to improve their integrated communication efforts.

## ADDENDA B

### MODERATOR'S GUIDE

#### IN-DEPTH INTERVIEWS WITH STUDENTS

In-depth interview			
Participants demographic information	1	Age	
	2	Level of study	
	3	Race	
	4	Gender	
	6	College	
	7	School	
	8	Discipline	
	Date of focus group interview		
Time allocation			

#### INTRODUCTIONS

##### Moderator

##### **I introduced myself and thanked participants for agreeing to come.**

Thank you for volunteering your time and coming to this focus group interview. I am Given Mutinta; a Master's Degree Student in Organisational Communication at the Department of Communication Science, University of South Africa (UNISA).

For partial fulfilment of my programme I am required to conduct a survey interviews for my dissertation. My research topic or title is: **Analysing Integrated communication applied at the University of KwaZulu-Natal AIDS Programme, Westville.** I will moderate our discussion today.

##### **I explained group guidelines and tell how long the focus group would last**

We have the discussion scheduled for one hour today. During the group I want to get your reaction to the integrated communication in the UKZN AIDS Programme aimed at educating students on the risk of HIV and AIDS.

Again, I am here just to facilitate the session today. You will not hurt my feelings or make me feel good with whatever opinions you might give. I am interested in hearing your point of view even if it is different from what others will express.

- I am going to make every effort to keep the discussion focused and within our time frame. If too much time is being spent on one question or topic, I may move the conversation along so we can cover all of the questions.

## **I addressed the issue of confidentiality and audio recording**

- A colleague from the department of Information and Communication Services will do the voice recording of the discussion because I do not want to miss any comments. A researcher and former colleague at Health Economics and HIV and AIDS Research Division (HEARD) will take notes during the interviews. I will only be using first names today and there will not be any names attached to the comments on the final report. You may be assured complete confidentiality.

## **LAY THE GROUND RULES**

To facilitate the process I laid down a few ground rules

- Only one person is to speak at a time.
- No side conversations.
- Everyone must participate. I want to learn from everyone here-your opinions, views, feelings, perceptions are important to me. I want each person to tell me a story today; your story may sound similar to someone else's story but tell it anyway! Don't always just say "I agree"! There is no right or wrong answer and I encourage you to "talk" to each other.
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## **ICE BREAKER: PARTICIPANT INTRODUCTION**

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**I would like to get your reactions to the existence of the consistency of messages/media in and from the UKZN AIDS Programme. An explanation on what is meant by 'existence of the consistency of messages and media in and from the UKZN AIDS Programme' was provided using practical examples.**

- What are the prevention messages communicated by the UKZN AIDS Programme to you students?
- Who communicates the UKZN AIDS Programme's prevention messages to you students?
- What are the channels used by the UKZN AIDS Programme to communicate prevention messages to you students?
- Can you mention the prevention messages communicated by the UKZN AIDS Programme to you students?
- How relevant are the prevention messages communicated by the UKZN AIDS Programme to you students?

## **Coordination of communication efforts**

**Let us now talk about the programme's coordination of communication efforts. But before we do that, let me explain to you what I mean by the 'coordination of communication efforts'. A clear and brief explanation was given using practical examples.**

- Who is responsible for managing the UKZN AIDS Programme's interactions with you students?
- What are the communication plans used by the UKZN AIDS Programme to interact with you students? May you please explain some of these communication plans?
- To what extent as students do you provide information about your sexual behaviour to the UKZN AIDS Programme to inform its communication prevention efforts?
- Were you involved in putting in place the system used to evaluate the results of the UKZN AIDS Programme? May you please explain your involvement in the UKZN AIDS Programme?

## **CLOSING REMARKS**

I offered an opportunity for any short final comments participants would like to make.

Thank you very much for your input today. Are there any last comments that anyone would like to make? The information you provided will help me write my dissertation and inform the UKZN AIDS Programme to improve their integrated communication efforts.

## ADDENDA C

### MODERATOR'S GUIDE

#### FOCUS-GROUP INTERVIEW WITH PEER EDUCATORS

Focus-Group Number			
Participants Demographic Information	1	Age	
	2	Position	
	3	Race	
	4	Gender	
	6	College	
	7	School	
	8	Department	
	Date of Focus-Group Interview		
Time Allocation			

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# ADDENDA D

## GATEKEEPER'S LETTER



19 March 2014

Mr Given Mutinta  
School of Management, IT and Governance  
College of Law and Management Studies  
Westville Campus  
UKZN  
Email: [mutinta@ukzn.ac.za](mailto:mutinta@ukzn.ac.za)

Dear Mr Mutinta

### RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

*"Investigating integration communication in the AIDS Programme at Westville Campus, University of KwaZulu-Natal".*

It is noted that you will be constituting your sample by randomly interviewing students and staff on the Westville campus.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely



**MR MC BALOYI**  
**REGISTRAR**

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#### Office of the Registrar

Postal Address: Private Bag X54001, Durban, South Africa

Telephone: +27 (0) 31 260 8005/2206 Facsimile: +27 (0) 31 260 7824/2204 Email: [registrar@ukzn.ac.za](mailto:registrar@ukzn.ac.za)

Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)

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## ADDENDA E

### UNIVERSITY OF KWAZULU-NATAL

#### SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY AND GOVERNANCE

Dear Respondent,

I am **Given Mutinta** a Masters student in the department of communication science, at the University of South Africa. You are invited to participate in a research project entitled: Analysing Integrated Communication applied in the University of KwaZulu-Natal AIDS Programme, Westville campus. The aim of this study is to explore integrated communication applied in the University of KwaZulu-Natal AIDS Programme.

Through your participation I hope to understand the integrated communication applied in the University of KwaZulu-Natal AIDS Programme. The results of the study are intended to contribute to the understanding of the integrated communication in South African universities.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this study. Confidentiality and anonymity of records identifying you as a participant will be maintained by the researcher.

If you have any questions or concerns about participating in this study, you may contact me on 0312608854.

The interviews will about **30** minutes. I hope you will take the time to participate in this study.

Sincerely

Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_

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