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An assessment of the information dissemination channels used by the Zimbabwe Women's Resource Centre and Network in the provision of HIV/AIDS information to women.

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An assessment of the information dissemination channels used by the Zimbabwe Women’s Resource Centre and Network in the provision of HIV/AIDS information to women

BY

Nancy Nhendodzashe and Collen Nhendo

Abstract

In light of a high HIV/AIDS prevalence rate among women in Zimbabwe, this study sought to assess the extent to which the Zimbabwe Women’s Resource Centre and Network (ZWRCN) was effective in disseminating HIV/AIDS information to combat the pandemic among women. Literature reviewed that in as much as information was crucial in the fight against HIV/AIDS; there are other strategies that should be employed in combating HIV/AIDS to complement information dissemination activities such as economic empowerment of women and promotion of gender equality. The evaluation research design was used to accomplish the research objectives. The population of the study consisted of thirty-five women and five ZWRCN staff. Thirty out of the thirty-five women responded to a questionnaire whilst three out of five ZWRCN staff members responded to an interview. The study revealed that most women did not have access to HIV/AIDS information they needed. Where such information was available, it was not based on formal needs assessment, hence, mostly irrelevant. The study recommended the ZWRCN to engage in effective needs assessment as well as partnering with other organisations whose mandate was gender and HIV/AIDS. The expected outcome of this recommendation was hoped to ensure the reversal of the pandemic among women. Of major importance was the introduction of outreach programmes where officers would collect, document and provide access to the needed information.
Background of the Study

Statistics have indicated an alarming prevalence rate of HIV/AIDS among women nationally, regionally and internationally. Statistics from the Zimbabwe Women’s Resource Centre and Network showed that, in 2007, Zimbabwe had a total of 1.3 million people living with HIV/AIDS (PLWHAs), of whom 132,938 were children below the age of 14, and 651,402 were women. A research conducted in Sub-Saharan Africa by the United Nations Development Fund for Women (2006) also indicated that 58% of the HIV positive adults were women against 42% males. The 2009 AIDS Epidemic Update, released by UNAIDS in December 2009, noted that women accounted for approximately 60% of new infections in sub-Saharan Africa, the region worst hit by the pandemic with girls and women at particularly high risk. The Standard (2009:B10) states that globally, HIV is the leading cause of death in women of reproductive age.

UNIFEM (2006) states that, while HIV/AIDS is a health issue, it is also a gender issue as it disproportionately affects women who are socially, culturally, biologically and economically more vulnerable than men. Dass (2008) adds that, the increasingly disproportionate impact of HIV/AIDS on women throughout the world has implicated gender inequality as a driver of the pandemic. The author further states that, the social construction and cultural organisation of gender have disempowered women and girls in many settings, making them particularly vulnerable to HIV infection and its consequences. WHO (2006) adds that, these social factors operate in a number of ways, including through low educational attendance, early marriage, fertility expectations and sexual violence and also through economic inequities, such as lower wages and unpaid care work and a lack of property and inheritance rights. As a result of such arrangements, WHO states that, many women do not have basic information about their bodies, sexuality, and do not know how to prevent HIV and other STIs; they cannot demand that male partners use condoms; they are often forced to sell sex and if they inject drugs they are often given a dirty needle to use after their male partner. Made and Stally (2006) also says that, “The high HIV/AIDS prevalence rate in women could be due to limited access to information as most women reside in rural areas where illiteracy rate is higher than in urban areas and the information infrastructure is in a pathetic state.”
The gender, HIV/AIDS is one of ZWRCN’s programmes which came into play as a follow up to the United Nations Millennium Declaration of 8 September 2000, which Zimbabwe ratified. The Declaration had eight goals adopted by 189 world leaders, referred to as the United Nations Millennium Development Goals, UNMDGs. Goal number six focuses on combating HIV/AIDS, malaria and other diseases by 2015. ZWRCN had the mandate of empowering women through collecting, processing, analysing and disseminating information to women. ZWRCN (2008) says that, ‘... this mandate sets to support its mission of enabling women to make informed decisions about all aspects of their lives be they political, economic, social, public and private spheres.” With an increase in HIV/AIDS prevalence rate among women, the researcher, therefore, questioned the success of the organisation’s information dissemination activities.

Juma et al (2004) say that with the prolonged want of a cure for HIV/AIDS, information has and will continue to play an unparalleled role in controlling the spread of the pandemic. Moreover, this role must be ardently articulated through continued access to adequate, relevant and up-to-date HIV/AIDS information. United Nations Development Fund, UNDP (2004) emphasises that in order to facilitate the reversal of the epidemic, there is a need for the dissemination of clear and accurate information on HIV/AIDS and Sexually Transmitted Infections, STI’s, at all levels of the society. Ghosh (2006) concurs as he says that, “Information service providers can contribute to the effectiveness of current efforts in the campaign against HIV/AIDS by making available a variety of usable information resources.”

FAO (2001) laments that, “The AIDS epidemic adds to food insecurity in many areas, as agricultural work is neglected or abandoned due to household illness since women who constitute the highest percentage of labour in most communal areas will divert their efforts to care giving, a duty which has been feminised.” WHO (2008) adds that, HIV/AIDS has an impact on the country’s productivity as it drastically affects labour, which in turn slows down economic activity and social progress. UNDP (2008), therefore, suggests that, “There is an urgent need for proper dissemination of information to women which will minimise the prevalence rate of HIV/AIDS as they will be in a position to make informed decisions, thus reversing the undesirable effects of HIV/AIDS in economic development.”

Statement of the Problem

The HIV/AIDS prevalence rate is high among women in Zimbabwe even though there is abundant information on this area at ZWRCN. Complaints were also heard from women who said they had never received any information relating to HIV/AIDS from the Zimbabwe
Women’s Resource Centre and Network yet it had a lot of information in this area. Therefore, the researcher questioned the effectiveness of the information dissemination channels used by the organisation.

**Purpose of the Study**

The major purpose of this study was to assess the information dissemination channels used by ZWRCN in the provision of HIV/AIDS information to women. The study was aimed at satisfying the following objectives:

i. To identify and weigh the relevance of the HIV/AIDS information provided by ZWRCN to women.

ii. To identify and weigh the success of the information dissemination channels of ZWRCN.

iii. To find out the challenges faced by ZWRCN in disseminating HIV/AIDS information.

iv. To suggest other strategies that could be employed by ZWRCN in combating HIV/AIDS among women.

**Research Questions**

This research was principally guided by the following questions:

i. What HIV/AIDS information was disseminated by ZWRCN to women and how relevant was it to women?

ii. What information dissemination channels were used by ZWRCN and how successful were they?

iii. What were the challenges faced by ZWRCN in its HIV/AIDS information dissemination activities?

iv. What were the other strategies that could be employed by ZWRCN in combating HIV/AIDS among women?

**Methodology**

An evaluation research design was chosen for this study because it has a unique comprehensive approach that describes phenomena, reveals relationships between variables, and also identifies cause-and-effect relationships where possible (Busha & Harter, 1980). The target population for this study was women from Harare and ZWRCN staff. For ZWRCN staff, the researcher used purposive or judgmental sampling to select 5 respondents out of a total population of 23
ZWRCN staff members. Nevertheless, the researcher interviewed 3 respondents as some failed to make it for the scheduled interviews due to time and pressure from their work plans. This sample size was justifiable as supported by Polit and Hungler (1985) who advocated for a sample to be at least 5% of the entire population. (Missing sampling for Harare women)Data from women was collected using a questionnaire. For the purpose of this study, the researcher made use of a Five-point Likert Scale-style questionnaire. To ensure validity and reliability of the questionnaires and the interview guides, the researcher conducted a pilot survey of the questions to a small group of students and colleagues so as to measure the feasibility of the instruments. This pre-testing was done to guide the content, sequence, format and wording of the research instruments. The collected data was sorted and grouped into similar groups for comparison and analysis. Quantitative data was presented in tables and graphs while qualitative data was presented in narrative form. Findings were compared with previous studies in order to have a clear depiction of trends and practices to arrive at concrete conclusions and to be in a position to make recommendations.

Significance of the Study

The results of this study were hoped to benefit ZWRCN’s Gender HIV/AIDS programme as it brought out some of the HIV/AIDS information needs of women. This information was also anticipated to be used for the organisation’s strategic interventions. Findings and recommendations from the study could be used to increase awareness of information resources available in order to enable women to make informed choices pertaining to their sexuality. The research was anticipated to benefit policy makers especially the Ministries of Health and Child Welfare and the Ministry of Gender, Women Empowerment and Community Development as they could incorporate some of the findings and recommendations from this study when creating national policies about gender, HIV/AIDS. Generally it could help the government of Zimbabwe make strides in achieving MDG number 6 by 2015 that aims at combating HIV/AIDS. In addition, it was hoped the study could be beneficial in the field of library and information science as it may add to the body of literature on information dissemination and HIV/AIDS, as well as encouraging further studies of this nature for different groups.
Literature Review

According to ZWRCN (2007), the Zimbabwe Women’s Resource Centre and Network was formed in 1990 as a gender and development organisation whose strategic plan is to empower women through the provision of information that impacts on economic, political and social aspects of their lives. ZWRCN’s programme interventions are crafted towards the achievement of the rights of women as set out in the National Gender Policy and regional and international human rights instruments which aim at improving the lives of women in Zimbabwe. ZWRCN interventions are crafted in the context of the increasing momentum towards the achievement of the Millennium Development Goals (MDGs) that Zimbabwe like many countries in Southern Africa ascribe to. The ZWRCN has three core programmes which are the Gender Economic Policies and Public Finance, the Gender and Information Programme and the Gender HIV/AIDS programme. The Gender HIV/AIDS component address issues of resource allocation to home based care, and legal reforms to promote the sexual and reproductive rights of women and girls, as the key to slowing down the rate of HIV infection, thereby promoting MDG 6. ZWRCN (2006) states that the Gender HIV/AIDS programme goals are to increase women’s access to information on treatment, sexual and reproductive health in the context of HIV/AIDS, and to influence policy on equitable access to reproductive health resources so as to improve women’s quality of life. UNDP (2008) states that the core activities of MDG 6 are: research, information dissemination, capacity building and influencing policy. The important part of the Gender and HIV/AIDS programme is knowledge building where findings from various studies conducted are documented and published in print, as well as the ZWRCN website. The information gathered forms the basis for evidence-based advocacy for influencing policy makers to re-allocate resources and develop programmes to address women’s access to treatment issues as well as the recognition and upholding of their sexual rights in the context of HIV/AIDS. ZWRCN (2006) says that the organisation holds gender and development talks where women meet to discuss feminist issues on different topics. It conducts outreach programmes on HIV/AIDS in Gwanda and Shurugwi, and it took part on the Commission on Status of Women held in New York in 2008. Additionally, ZWRCN is in charge of the Economic Justice Cluster of the SADC Gender and Development Protocol. ZWRCN has produced books, fact sheets, brochures, and other information products. It has a website with an active blog where women share issues on different areas.
HIV/AIDS information needs of women

UNAIDS (2004) admits that, information, education and communication, IEC form the basis of successful HIV/AIDS prevention, treatment, care giving and support programmes. The UN organ furthers states that, the information provided should include all aspects of HIV/AIDS. Broad-based education work can change risky behaviours and reduce the number of new infections. Information campaigns geared directly to target groups can make a significant contribution to a reduction of HIV/AIDS stigma and thus facilitating the effective integration of prevention, care and treatment. UNAIDS (2009:7) introduced the issue of Universal Access to information as an attempt to fight HIV/AIDS. The UN organ defines universal access as a global commitment to scale up access to HIV prevention, treatment, care giving and support. The UN (2007) postulates that HIV/AIDS information needs of women can be categorised as follows; prevention, treatment, care giving and support.

**Prevention**

UNIFEM (2008) noted that HIV/AIDS prevention amongst women is clearly tied to improved reproductive health services, information access, and enforcement of women’s sexual and reproductive rights. According to a research conducted by the same organisation, out of the fifty sexual health education programmes in different parts of the world found, young girls are more likely to delay sexual activity when they have the correct information to make informed decisions. Frias (1995) says that, a substantial body of research, most of it in developing countries, suggests that improved information dissemination in respect of preventive measures is effective. Khumalo (1994) points that in Swaziland, government, donors and non-governmental organisations, NGOs, through information, education and communication, actively involved in the fight against the epidemic. This is supported by Jackson (2002) who says that, yet, the need for education in HIV/AIDS prevention among the public remains great, libraries, by the nature of their information business, can provide the missing link and make a meaningful contribution to the fight against HIV/AIDS.

Kalipeni et al (2004) postulate that preventing HIV/AIDS infection in women requires a combination of interventions that offer tools to block the various routes of infection and provide information to enable those at risk to use these tools. UNAIDS (2004) supports this view by
saying that, with no cure in sight, access to condoms, female-controlled methods of prevention, prevention of mother to child transmission, PMTC as well as information on how to use these methods, are an essential means of reducing the spread of HIV/AIDS. UNAIDS and UNIFEM (2004) argue that, without information and requisite skills to deal with sex and the opposite sex women become sitting ducks for manipulative husbands preying on their HIV free status. Dass (2008) emphasised on the need to inform and empower women with prevention information and skills of saying no to sex, getting out of compromising situations and negotiating condom use where sex is desired or inevitable. WASN (2008) stipulates that to close the gap in HIV prevention, there is need to ensure provision of HIV prevention information, counselling and testing and information on correct and consistent condom use.

Treatment

Matshalaga (2006) noted that, management of HIV/AIDS related illness requires that people have access to information and treatment services. Accordingly, access to HIV/AIDS related information helps those infected and affected to manage the conditions in a positive manner. Family Support Trust (2000) admitted that correct information reduces myths and misconceptions on HIV/AIDS, especially with reference to transmission, prevention and treatment. UNAIDS (2003) reiterates that access to and uptake of AIDS treatment depend on the relationship between the generation and application of knowledge which influence the type of treatment that is developed and the leveraging of resources and capabilities which in turn dictate to what extent treatment can be made available. Matshalaga (2006) noted that people living with HIV/AIDS take different forms of treatment such as ARVs, herbs, cotrimoxazole prophylaxis and others to manage the various AIDS related illnesses which may arise from time to time. This was also echoed by WASN (2008) which stated that women and girls who are at greater risk of HIV/AIDS due to rape and sexual violence require treatment in the form of post exposure prophylaxis, PEP as this reduces their risk of contracting HIV if exposed to an infected person.

Care giving

UNAIDS (2000) states that HIV prevention strategies depend on the twin efforts of care and support for those living with HIV and targeted prevention for all people at risk or vulnerable to the infection. Made and Stally (2006) admitted that home-based care is an effective entry point
for HIV/AIDS treatment, and a method of addressing stigma and discrimination against PLWHA. Moreover, HIV-related stigma and discrimination remains an enormous barrier to the fight against AIDS. Infected people have the opportunity to be looked after by their loved ones, and still continue to live in their family environment. UNAIDS (2009) acknowledges that stigma and discrimination can be reduced once there is a greater understanding of HIV/AIDS and information on treatment, which will propagate messages of hope. Furthermore, fear of discrimination often prevents people from getting tested, seeking treatment and admitting their HIV status publicly. Matshalaga (2006) states that since laws and policies alone cannot reverse the stigma that surrounds HIV infection, disseminating information on HIV/AIDS in Africa needs to be scaled-up to combat the ignorance that causes people to discriminate. Additionally, the fear and prejudice that lies at the core of HIV/AIDS discrimination needs to be tackled at both community and national levels through the availability of care and support information. The Standard (2009) reported that providing correct information on TB/HIV co-infection, care and support will assist in strengthening national monitoring and evaluation systems for the uptake of treatment in terms of adherence, resistance and side effects.

Results and Discussion

Table 1: HIV/AIDS information provided by ZWRCN.

<table>
<thead>
<tr>
<th>Type of information provided</th>
<th>Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Prevention</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Care giving</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Support</td>
<td>3</td>
<td>100</td>
</tr>
</tbody>
</table>

The results showed that the organisation provided information mainly on treatment and support as shown by 100% response. Asked about the adequacy of the information they provided, all
ZWRCN staff reported that due to financial and lack of experts in the field of HIV/AIDS, the information provided was usually inadequate and irrelevant to individual information needs.

As shown in the graph above, the most widely used source of information was fact sheets with 19 respondents followed by brochures with 3 responses. Pamphlets, posters, newspapers and radio were third with 2 respondents each. Both respondents who said other cited websites as the commonly used channel to access HIV/AIDS information from ZWRCN. One hundred percent of the women cited that they preferred face-to-face presentations as they provided room for feedback, clarification and restatement as opposed to fact sheets, posters, brochures and newspapers which did not provide room for feedback.

**Challenges Faced by ZWRCN in disseminating HIV/AIDS information**

Women were asked to cite the challenges they thought were being faced by ZWRCN from the services they got from the organisation. The table below shows their responses.
Sixty percent of women reported that the organisation was facing staffing challenges and this was followed by funding with 20%. Technological and political were third with 10% each. As remedies to the challenges cited above, networking and continuous staff development were common among the responses given. Engaging policy makers, soliciting for donations in terms of both financial and non-financial were some of the solutions given. The ZWRCN staff was also asked about the challenges they faced in their information dissemination activities. All ZWRCN staff reported that the organisation faced funding, staffing, political and technological challenges. These were in line with the responses given by women. When asked to provide solutions to these challenges, all the staff suggested networking, advocacy, soliciting for donations and engaging policy makers as remedies.
Other strategies that can be employed by ZWRCN in combating HIV/AIDS among women

When asked about other strategies that the ZWRCN should employ to combat HIV/AIDS among women, 60% of women suggested economic empowerment of women, with 15% who suggested the eradication of gender-based violence. Engaging the government was third with 10%. Five percent of women cited the elimination of inhumane cultural practices as another way of combating the pandemic. Networking and advocacy had the same responses with 5% each. Results from ZWRCN staff showed that all respondents suggested networking, advocating laws that promote women’s access to property rights and economic empowerment, challenging gender-based violence and elimination of some cultural practices that fuel HIV/AIDS among women such as female genital mutilation, wife inheritance and polygamy.

Summary

The research sought to provide an assessment of the information dissemination channels used by ZWRCN in the provision of HIV/AIDS information to women. The findings of this study aimed at benefiting ZWRCN and policy makers. Recommendations and results of this study were targeting to benefit women in making informed decisions as it helped in raising awareness of the availability of various information resources. The study was carried under the limitations of time and financial resources. Literature revealed that information was crucial in the fight against HIV/AIDS and the most effective channels were those that emphasised on feedback. The researcher used questionnaires to collect data from women and interviews were used to collect data from ZWRCN staff. Data was obtained from 30 women from Harare who were conveniently selected and three ZWRCN staff was chosen based on the researcher’s knowledge of the population. The collected data was presented in tables, bar graphs and narrative presentations. Discussions were explored to compare results of the study with what other
researchers had done so as to come up with concrete conclusions and reasonable recommendations.

**Recommendations**

The following were recommendations based on the research findings:

**Needs assessment**

The organisation should conduct needs assessment before producing information in order to provide what is really needed by women. This could help to curb the challenge of investing precious resources into information products and services that do not comply with the felt information needs of women.

**Use of channels that provide room for feedback**

The organisation should engage more in community service and presentations which provide room for feedback, where women can express themselves and further ask on issues that they do not fully understand. The organisation should make use of the Internet and social networking sites such as Facebook, Twitter and My Space in order to reach out to the youth and young parents.

**The information dissemination activities should target everyone in society**

The organisation should not target women only, their strategies should engage everyone. To avoid the feminisation of HIV/AIDS, ZWRCN should actively engage men in their programmes so that they understand that decisions in the marriage set up are not vested in them alone.
**Staff development**

The organisation should continuously train its staff in the development of information products on HIV/AIDS related issues so that they produce and disseminate information that is pertinent in combating HIV/AIDS.

**Strengthening partnerships**

The organisation should strengthen and fully utilise the benefits of the partnerships that it has with other organisations. This is imperative as it facilitates resource sharing and effective development of interventions that can be employed in the fight against HIV/AIDS among women.


