The Nature of Community Participation in Design and Implementation of Health Communication Campaigns in Nyando Sub Country

Jonai Wabwire¹, Charles Nyambuga², Adams Yakub³

Abstract
Media publicize health information through health campaigns. Media campaigns are central to people's ability to acquire knowledge for better health. As such there has been a marked increase in the number of nongovernmental organizations (NGOs) and governmental agencies running campaigns in Nyando Sub County. With the various forms of media in use in these health campaigns, it is expected that the communicated messages would impact people positively and greatly reduce health problems being propagated. This, however; has not mostly been the case. Hence, the question of how community participation helps towards the design and implementation of health campaign calls for in-depth consideration. Subsequently, there is need to unravel the nature of community participation in health campaigns design and implementation of appropriate media. It is on this ground that this study purposed to establish the nature of community participation in design and implementation of health communication campaigns in Nyando Sub County. The study population included 38 NGO managers, 6 chiefs, 17 assistant chiefs and 30,439 household heads totaling to 30,500 respondents. Fisher’s formula was applied to find sample size of 379 household heads. A random walk technique was then used to get the 379 household heads to fill questionnaires. For NGO heads, chiefs and assistant chiefs, purposive sampling was applied hence sample sizes of 11, 4, and 6 respectively for interviews. Study findings showed that there is low level of participation in design and implementation of health campaigns in Nyando Sub County. As such there is less participation in decision making, problem identification, community mapping, media programmes and budgeting aspects of the campaign. Participation is challenged by nonparticipation culture, financial constraints, self appointed leaders and accountability issues. Areas of participation in health campaigns included crafting of campaign messages, mounting of posters, acting in drama, theatre and other thematic plays. It was also noted that NGOs in Nyando go through the following design and implementation processes starting with: (1) situation analysis, (2) objectives, (3) tar- get audience, (4) strategy, (5) tactics, (6) media of choice, (7) calendar/timeline, (8) budget, and (9) evaluation. Lastly it was noted that NGOs use a variety of communication tactics among them Web sites, Web casts, blogs, YouTube, Flickr, Texting, Twitter, Wikis, Podcasts, news releases, media kits, e-kits, mat releases, media alerts and fact sheets, electronic news releases, online newsrooms, news conferences, media tours and press parties, public service announcements, video news releases, talk shows, magazine shows, product placements, issue placements, open houses, conventions, promotional events to reach their target communities. As such this study concluded that campaign planners should regard community participation as key to improving health communication interventions that improve health outcomes of the target community.

Keywords: Community participation, Design, Implementation, health communication, Health campaign

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1. Introduction

Media organizations disseminate information from health campaigns to the target community. The nature of information creation, dissemination and sharing in health campaigns has changed substantially in recent years driven by the web and now by the social systems. Traditionally there has been a range of media by which health information has been disseminated; from physical media such as billboards, print advertisements and writings; to public service announcements and mass broadcast media; to modern day internet based approaches such as websites and portals. With these various forms of media in use in these health campaigns, it is expected that the communicated messages would impact positively and greatly reduce health problems being propagated in Nyando Sub County. This, however; may not mostly be the case. Hence, the question of how community participation helps towards the design and implementation of health campaign called for in-depth consideration.

Community participation in the design and implementation of health campaigns as Onyx (1997) and Kawachi (1997) assert is an essential factor in the success of the work of health communication experts. In spite of this, target communities in health communication campaigns from observation do not appear to be getting fully involved in health communication initiatives aiming at them. In situations where they attempt to involve them, they do it partially (Labonte, 1997; WHO, 2000). This inadequate or partial involvement may have a negative impact on health communication campaigns’ success.

Arnstein (1969) terms inadequate involvement in design and implementation as manipulation and therapy. In her ladder of participation, Arnstein further asserts that most campaigns experts pretend to be involving the target community while in the real sense their objective is not to enable people to participate in planning or conducting health communication campaigns, but to enable power holders to educate or cure participants. In this sense as Hart (1997) argues, participants in the campaigns basically support and say what development representatives suggest that should be done, but do not have any understanding of the issue that affects them. WHO (2000) on the other hand suggests that target communities in health campaigns should play a major role in design, implementation, monitoring and evaluation of health communication campaigns (WHO, 2000). As such this study investigated the nature of community participation in design and implementation of health communication campaigns in Nyando Sub County.

Health Communication

Communication is increasingly recognized as a necessary element of all efforts to improve health. Health communication is the study and use of communication strategies to inform and influence individual and community decisions that enhance health (U.S. Department of Health and Human Services, 2000). Healthy People (2010) confirm the importance of communication as an intellectual framework, a scientific endeavor, and a set of processes and interventions for health improvement. Health communication has become part of life. As such mass media coverage, entertainment programming, and public policy debates are important places for public communication about health. Health communication can contribute to all aspects of disease prevention and control, health promotion as in campaigns, and medical care. It is relevant in a number of contexts of our lives as individuals, patients, members of families and communities, workers, civic participants, and voters.

Thus, health communication is critical for people's exposure to, search for, and use of health information; individuals' ability to reduce or eliminate unhealthy behaviors and adopt healthy behaviors; and individuals' and community groups' ability to make decisions about the health of their workplace, their community, and our society (Healthy People, 2010). Furthermore, as for this study (WHO, 2000) health communication is central to people's ability to gain access to the public health and healthcare systems; health professional patient interactions; people's ability to engage in appropriate self-care and chronic disease management; and people's understanding of clinical recommendations and expected outcomes. Communication is critical to the work of health professionals and their interactions with each other, their patients, and the information they create and use. Health communication principles must inform the
As such community participation in health communication initiatives such as campaigns serves to empower and enhance the health of communities and the health of people who form a target community (Rosenfeld, 1997). It refers to the process between people, which establishes networks, norms and trust enabling coordination and cooperation for mutual benefit in a health campaign. Community empowerment is created as a byproduct of community participation; this maintains the property of non-excludability meaning its benefits are available to all living within the community and access is not restricted (Kawachi 1997). Having noted this, previous studies have very little on the extent to which the community should be engaged in health campaign design and implementation for the above mentioned benefits of community participation to be achieved. Therefore this study was interested in finding out the nature of community participation in health communication campaigns in Nyando Sub County.

Labonte (1997) calls for community engagement in public participation especially in health communication campaigns arguing that this has shown to direct improvement in the health, adoption of health innovation in campaigns, and well-being of many people by overcoming isolation perceived powerlessness. Onyx (1997) further emphasizes that Community participation is the cause and effect of development providing the possibility for the community health development to prosper whilst simultaneously being a key product of community development. All these are good benefits of participation but the two studies have not developed a clear framework on how or what level participation should be carried out in order to bring improvement in the health sector.

Community empowerment through participation has been identified as a promoter of health, whilst powerlessness is associated with being an increased risk factor for disease (Wallerstein, 1992). Health status, in post-industrial societies, has become a measure of the power and competence of people, with research revealing that it is impossible to create health awareness amongst people who perceive themselves to be powerless (McKnight, 1995). In further reference to McKnight (1995) the powerless, as the objects of concern or care, appear to be immune to the health care and education bestowed upon them, with a large array of communication campaigns proving to be ineffective and consequently abandoned. Ample evidence exists revealing that people who perceive themselves to be powerless experience worse health than those empowered through community participation (Rissel, 1994).

Again traditional public health tools such as health communication campaigns have become part of the problem, amplifying the powerlessness as health has become a victim of professionals and policymakers who attempt to treat the political issue of powerlessness as a technical problem rather than transferring the tools, authority, budgets and income to the people who perceive themselves to be powerless (McKnight, 1995). As such it was not clear whether this was the case in Nyando Sub County. Community participation in health communication campaigns offers the potential for success through the effects of collective political action and structural changes. Accordingly as Putman (1993) posits, high levels of participation tend to characterize economically successful societies. Further, previous research provides evidence that more quality social contacts that people engage in during the design and implementation of health communication campaigns correlate with lower levels of morbidity and increased life expectancy (Rosenfeld 1997).

In addition the importance of community participation in successful health communication campaigns activities is stressed in documents such as the Ottawa Charter for health campaigns, WHO (1986) and the Jarkata Declaration WHO (1997). Community participation in health communication campaigns has been emphasized as the basis of primary health care, increasing the need to understand the way in which community participation develops (Rifkins, 1986). Community based health campaigns should aim at encouraging empowerment within the community stressing partnership rather professional dominance. Community members should be considered integral to designing, implementation and evaluation of community health campaign initiatives (Baun, 1998).
2. Methodology

This study was carried out in Nyando Sub County. Study population included 38 NGO managers, 6 chiefs, 17 assistant chiefs and 30,439 household heads (KNBS, 2013; KENPRO 2014). This population was involved in the study since the NGOs in partnership with government officials (chiefs and their assistants) are the designers and implementers of health campaigns whereas the households are the intended consumers of the innovations that come with health communication campaigns.

Sample size for the respondents from the households was determined using the fisher’s formula recommended by Mugenda and Mugenda (1999). This formula is expressed as shown below:

\[ nf = \frac{n}{1+n/N} \]

Where;
- \( nf \) = sample size (when the population is less than 10,000).
- \( n \) = Sample size (when the population is more than 10,000).
- \( N \) = Size of the study population which in this case is 384.

This figure is taken to be 384, for a desired accuracy level at 0.05. As such the sample size for the households applying the above formula was 379. For the NGO managers, chiefs, and assistant chiefs snowball sampling was used hence establishing their respective sample sizes at the saturation levels as shown on table 2.1.

Table 2.1 Sampling frame

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Population</th>
<th>Sample size</th>
<th>Sampling Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGO managers</td>
<td>38</td>
<td>11</td>
<td>purposive sampling</td>
</tr>
<tr>
<td>Chiefs</td>
<td>6</td>
<td>4</td>
<td>purposive sampling</td>
</tr>
<tr>
<td>Assistant chiefs</td>
<td>17</td>
<td>6</td>
<td>Purposive sampling</td>
</tr>
<tr>
<td>Household heads</td>
<td>30,439</td>
<td>379</td>
<td>Random walk technique</td>
</tr>
<tr>
<td>Total</td>
<td>30,500</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Source: (KNBS, 2013; KENPRO 2014)

The study employed purposive sampling procedures and the random walk technique. First, the respondents were stratified into respective categories: NGOs managers, chiefs, assistant chiefs and household heads. Then, purposive sampling was applied on 38 NGOs managers, 6 chiefs and 17 assistant chief as key informants. It is purposive sampling that sample sizes of the NGO managers, chiefs and assistant chiefs to be interviewed were established as shown in table 2.1 above. For households, 379 household heads were identified to fill in the questionnaires. The study ensured that the 379 household heads come from all the six (6) locations of Nyando sub County. This was achieved through the use of random walk technique. The random walk was applied in the sense that every fourth home from the assistant chiefs home was given questionnaires to fill. In case where the fourth households’ head was absent the researcher moved to the next household with the head present. This enabled the researcher to collect enough data for the study.

3. Data Analysis, Presentation and Discussion

The findings of the study were analyzed, presented and discussed based on the data collected from the respondents as per the research objectives which was to establish the nature of community participation in design and implementation of health communication campaigns in Nyando Sub County. Data answering research questions in this study was collected using questionnaires and interview schedules. Questionnaires were used to collect quantitative data from households while interview schedules were used to collect qualitative data from NGO managers, chiefs and their assistants.
• **Questionnaire Return Rate**

A total of 379 questionnaires were given out to the respondents which comprised of 379 households from six locations of Nyando Sub County. Out of the 379 questionnaires 306 were returned. This resulted in a return rate of 80.7 percent which was adequate for analysis. This rate fell within the confines of a large sample size (n>30) and provided a smaller margin of error and good precision (Anderson, Sweeney & Williams, 2003). Data was then analyzed using descriptive statistics such as percentages, frequency distribution and presented in tables and charts using SSPS version 20. Data collected using questionnaires was supplemented by data from interviews.

• **The nature of Community Participation in Design and Implementation of Health Campaigns**

To help address study objective the study examined the overall participation in design and implementation of health campaigns, participation in campaign media, the process of campaign design and implementation, communication strategies and tactics and NGOs level of participation in Nyando Sub County, its challenges and procedures of participation. Participation in the design and implementation of health campaigns is very crucial. Studies such as (Bassette 2004; Tufte 2009) posit that health campaigns whose planners involve the target community in their design and implementation always end up successful. As such this study in an attempt to probe the nature of community participation in design and implementation of campaigns in Nyando Sub County examined participation in health campaigns as follows:

<table>
<thead>
<tr>
<th>Table 3.1 Participation in design and implementation of health campaigns</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequeny</strong></td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

From the table 3.1, 61.1 percent of the respondents participated while 38.9 percent did not participate in the design and implementation of the health campaign. This finding was reinforced by information obtained from NGO heads through interviews. According to the interviews conducted with the NGO heads those who participated were part of crafting of campaign messages, mounted posters, acted in drama, theatre and other thematic plays etcetera as shown in the sampled interviews below:

R1: The community participated; they crafted messages in our campaign. This enabled my team not to use words or language that could be offensive in the communication campaign.

R4: My team mounted campaign posters in various strategic areas of the Sub County. This helped us to cut on some unnecessary costs since some of them did the work free.

R6: People from the community participated in drama and other forms of media. These media popularized the health campaign agenda among various target groups.

Some of the ways the community participate in designing and implementation of health campaigns referring to (Tufte, 2009) include health problem identification, budgeting, media selection, mounting of posters, setting up of campaign billboards, selection of the campaign launch site, budgeting of the implementation activity, participation in drama, and music related to the health campaign. It is clear that nongovernmental organizations in Nyando Sub County community engage people in some of these aspects mentioned in Tufte’s previous study. Development scholars (Chin, 1996; WHO, 2000; Bessette, 2004; Tufte, 2009) advice that health campaign planners should involve people in design and implementation of their health campaigns, not only in media message designing and implementation, but in all the stages.

To get more insights this study has also specifically analyzed participation in design and implementation of the health campaign media as shown on table 3.2
Table 3.2 Participation in Design and Implementation of Campaign Media

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>165</td>
<td>53.9</td>
<td>53.9</td>
<td>53.9</td>
</tr>
<tr>
<td>Agree</td>
<td>42</td>
<td>13.7</td>
<td>13.7</td>
<td>67.6</td>
</tr>
<tr>
<td>Neutral</td>
<td>12</td>
<td>3.9</td>
<td>3.9</td>
<td>71.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>24</td>
<td>7.8</td>
<td>7.8</td>
<td>79.4</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>63</td>
<td>20.6</td>
<td>20.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>306</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 3.2 clearly shows that a majority of the respondents agreed that they participated in media design and implementation. Again the table show that a few respondents declined to have participated in the health campaign media design and implementation. This implies that it is hard to have all members of the campaign target group involved in the campaign media design and implementation. Media is very crucial in diffusion of innovation in health campaigns and so is participation in their design and implementation, a general distinction is made between interpersonal and mass media channels when assessing the impact of communication channels on the uptake and adoption of an innovation (Rogers, 1995). However, where mass communication has the ability to raise awareness of an innovation, it is widely recognized that “interpersonal influence through social networks is the dominant mechanism for diffusion” (Greenhalgh, Robert, MacFarlane, Bate, and Kyriakidou, 2004, p.601). In particular, the role of change agents and opinion leaders has been identified as an important factor in influencing innovation transfer from campaigns to target community (Rogers 1995). In reference to tables 4.16 and 4.17 there is implication that there are some levels of ignorant of what participation in design and implementation in health campaigns is. This implies that having maximum participation of the community members in health campaigns design and implementation is not an easy task. As such it is important to recognize different degrees or levels of participation as has been described by scholars such as Arnestein (1969) and Brager and Specht (1973) in their ladders of participation. WHO (1997) call for high level of community participation. Levels of participation could be established by looking at the forms of participation embraced by the campaign planners and the target community.

- **Health Campaign Design and Implementation Process**

  A health communication campaign plan identifies what is to be done, why, by whom, for whom, through what media, within what time frame, and with what results. It shows that considerable thought has been exercised in designing the plan and that the key people involved in the implementation or supervision understand the purpose and the courses of action. Although research is critical at every phase of the planning and at each stage of implementation, it is the foundation on which all other campaign activities are built. At the pre campaign phase, formative research is essential to guide the initial campaign design. Starting with research helps campaign designers to determine what approach, media, and message are the best fit for the audience. In addition, formative research can help to determine if any messages or media would not enhance the campaign (Atkin and Freimuth, 2013). As such this study in finding out the nature of community participation in design and implementation of campaigns in Nyando Sub County has the following data on the process of campaign design and implementation from interviews conducted with NGO heads:

  R1: “In our campaigns there is definite structure; usually the health campaign team goes through nine steps. These nine steps form our design and implementation process: We start with situation analysis, then draft objectives, definition of target audience, develop strategy, formulate tactics, select media of your choice, set timeline, do budget, and finally carry out evaluation.”

  R2: “In our campaigns the design and implementation team normally go through stages. These stages include: (1) situation analysis, (2) objectives, (3) target audience, (4) strategy, (5) tactics, (6) media of choice, (7) calendar/timeline, (8) budget, and (9) evaluation.”
R3: “When coming up with campaign design and implementing it, the NGO responsible for the campaign carry out situation analysis, define the goals of the campaign, establish target audience, develop strategy, decide on the tactics to be used, selection of campaign media, Setting of timeline, draft campaign budget, and finally carry out evaluation.”

R4 “The campaign process is very crucial. In my NGO the process is very clear and it involves the following stages. We start with situation analysis, after which we set campaign goals, the target audience is then defined, strategies to carry communication are then developed, communication tactics defined, media of choice is then made, after which timeline are set, the campaign budget is done, and finally evaluation are done.”

R5 “The campaign design and implementation process involves the following nine steps: (1) situation analysis, (2) objectives, (3) target audience, (4) strategy, (5) tactics, (6) media of choice, (7) calendar/timeline, (8) budget, and (9) evaluation.”

R6 “When coming up with campaign design and implementing it, the NGO responsible for the campaign carry out situation analysis, define the goals of the campaign, establish target audience, develop strategy, decide on the tactics to be used, selection of campaign media, Setting of timeline, draft campaign budget, and finally carry out evaluation.”

R7 “The nine steps form our design and implementation process, they include: (1) situation analysis, (2) goal/objectives, (3) target audience, (4) strategy, (5) tactics, (6) media of choice, (7) calendar/timeline, (8) budget, and (9) evaluation.”

The chances for success in health campaigns increase with the use of multiple strategies and paying attention to the circumstances of the target audience, relating interventions to theoretical and tested models, providing appropriate and clear information, and ensuring there are resonant choices and options available for audience members’ consideration (NHS, 2004). It helps a great deal to have a well structured and comprehensive campaign plan that is built on a solid structure with the standard steps associated with communication campaigns. Designing and implementing a health communication campaign usually involves planning for a nine step process as was found in Nyando Sub County that begins with a situation analysis and ends with an evaluation exercise. An effective communication campaign requires a definite structure, usually expressed in nine elements: (1) situation analysis, (2) goal or objectives, (3) target audience, (4) strategy, (5) tactics, (6) media of choice, (7) calendar/timeline, (8) budget, and (9) evaluation. Research plays a vital role within each of the nine elements. Underlining the structure is the strategy, which provides direction for all efforts and flavor for all messages. Strategy is the key to a successful health campaign. With reference to advertising campaigns whose methods are also applicable in health campaigns, Schultz and Barnes (1995) aver that without strategy there is no campaign, only a series of ads or commercials or communication elements that may thrill the audience without any lasting impressions.

• Communication Tactics

In Nyando Sub County, NGOs use various tactics to reach health campaigns’ target audience. The following are sample interview results from NGO heads on the commonly used communication tactics in Nyando Sub County.

R2: “We use the World, Texting, Twitter, Wikis, Podcasts, news releases, media kits, e-kits, mat releases, media alerts and fact sheets, electronic news releases, online newsrooms, media interviews, news conferences, media tours and press parties, public service announcements, video news releases, talk shows, magazine shows, product placements, issue placements, open houses, conventions, promotional events. The choice of tactics used depends on the nature of the target audience.”

R6: In our NGO we use a variety of communication tactics among them are the Web sites, Web casts, blogs, YouTube, Flickr, Texting, Twitter, Wikis, Podcasts, news releases, media kits, e-kits, mat releases, media alerts and fact sheets, electronic news releases, online newsrooms, news conferences, media tours and press parties, public service announcements, video news releases, talk shows, magazine shows, product
placements, issue placements, open houses, conventions, promotional events.”

R7: “We use Twitter, Wikis, Podcasts, news releases, media kits, e-kits, mat releases, media alerts and fact sheets, electronic news releases, online newsrooms, media interviews, news conferences, media tours and press parties, public service announcements, video news releases, talk shows, magazine shows, product placements, issue placements, open houses, conventions, promotional events.”

R10: “Our long list of tactics include the World Wide Web, Web sites, Web casts, blogs, YouTube, Flickr, Texting, Twitter, Wikis, Podcasts, news releases, media kits, e-kits, mat releases, media alerts and fact sheets, electronic news releases, online newsrooms, media interviews, news conferences, media tours and press parties, public service announcements, video news releases, talk shows, magazine shows, product placements, issue placements, open houses, conventions, promotional events.”

Tactics are the small alleys or specific activities that must be undertaken to address the objectives of the campaign. Being specific activities, they are the most visible aspects of the plan. Wilcox and Cameron (2012, p. 156) explain tactics as the “various methods to reach target audiences with key messages” and listed the following as the popular tactical communication tools: the World Wide Web, Web sites, Web casts, blogs, YouTube, Flickr, Texting, Twitter, Wikis, Podcasts, news releases, media kits, e-kits, mat releases, media alerts and fact sheets, electronic news releases, online newsrooms, media interviews, news conferences, media tours and press parties, public service announcements, video news releases, talk shows, magazine shows, product placements, issue placements, open houses, conventions, promotional events, etcetera. A tactic is a health communication activity or event or occasion designed to achieve a specific effect on target audience usually for the purposes of realizing a health communication objective. In this age of digital communication, it is easy to combine both traditional mass media and new social media tools in a convergent manner to increase campaign effectiveness. Campaign managers should not be carried away in their choice of tactics and must be guided by the characteristics of the target audience and the nature of the campaign strategy. Good choice of the media tactic enables the target audience to be knowledgeable about the innovations in the health campaign. According to Rogers (1995) an innovation is communicated via certain channels, over a period of time, to members of a social system. A health innovation refers to an idea about health, health practice, or object that is perceived as new to an individual.

- Challenges Facing Participatory Approach

There are challenges facing participation in health campaign design and implementation in Nyando Sub County. Some of the challenges according to the NGO heads and chiefs are shown on table 3.3 below.

<table>
<thead>
<tr>
<th>Respondents (NGO heads, Chiefs and their Assistants)</th>
<th>Challenges facing community participation</th>
<th>Overcoming challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>R 1, 2</td>
<td>Self appointed leaders,</td>
<td>Encourages democratic procedures when selecting leaders from the community</td>
</tr>
<tr>
<td>R 4, 5</td>
<td>Culture of nonparticipation</td>
<td>Seminars and workshops on importance of community participation, empowerment and sensitization</td>
</tr>
<tr>
<td>R 6,7</td>
<td>Lack of confidence</td>
<td>Capacity building</td>
</tr>
<tr>
<td>R 3, 11</td>
<td>Luck of accountability</td>
<td>Seminars on the value of being transparent and accountable.</td>
</tr>
<tr>
<td>R 10, 8</td>
<td>People see community participation as source economic empowerment</td>
<td>Capacity building</td>
</tr>
<tr>
<td>R 9</td>
<td>Language barriers, illiteracy or</td>
<td>empowerment and sensitization</td>
</tr>
</tbody>
</table>
A well recognized challenge of community participation is how to move beyond engaging self appointed leaders and those vocal within the community to enable widespread participation of the real community in health design and implementation. Several factors have been noted in Nyando Sub County as shown on table 3.3 and sample interview extracts below:

R5: “People sometimes don’t want to participate because they have the culture of nonparticipation. Some community members lack the confidence and self esteem to participate in health campaigns.”

The culture of nonparticipation, by which agencies and professionals groups have preserved power and made decisions on behalf of communities, takes time to change. Second many community members lack the confidence, self esteem, skills and resources to participate that professional workers may take for granted. Third many professionals are critical of what they perceive as lack of representative while continuing to choose to work with individual community representative usually drawn from the larger voluntary sector groups which in many places are becoming increasingly professionalized and arguably elitist rather than invest the resources necessary to enable more broadly based group based group and community participation (WHO 2000) this later point is especially important considering how to enable participation of the disadvantaged and often excluded groups.

Accountability issues were also pointed out in interviews to be a challenge facing participation in Nyando Sub County.

R11: “Accountability issues have affected participation in health campaign and design of health campaigns. Some community members may think that health campaign planners are not accountable hence avoid participating in the campaign activities.”

Coordinators and other workers, such as community development officers may be accountable to both their employing NGOs and to the community. This can result in a number of tensions especially when the action communities want to take is seen to be in opposition to the funding organization or is deemed to be radical. In reviewing the history of health communication practice, commentators have highlighted this issue as a central and continuing challenge (Naidoo 2000: Minkler 1998). This highlights the importance of training to raise awareness and build capacity of managers, to develop widespread understanding and competence to overcome fear and suspicion.

- **Entering a new Community with Your Campaigns**

The manner in which Nongovernmental organization enters the community is very crucial. Tufte (2009) posits that the way the planners of the health campaign enter the community could hinder or promote community participation in the campaign design and implementation. In Nyando sub county NGOs running health campaigns enter the community through the following ways as shown on table 3.4

According to the NGO heads and the chiefs in the interviews, when entering a community, they first start by identifying a community partner. The NGOs do this through drawing on the community knowledge of the region where they have been working. To minimize risks of failure and to shorten the lead time for the start-up of the health campaign, the NGOs select communities with whom they have worked with, or are working with. According to the NGO heads in separate interviews, there were advantages in doing so: first, there is an existing working relationship and second, the NGO has a feel for the needs and aspirations of the community and can match these to the organizations’ resources and capacities. For interviews it emerged that friends from the community, the county administration and the school teachers are very crucial people. According to the NGO head the organization used these people to enter the community since most of
them are highly trusted by the community members.

### Table 3.4 Means of Entering the New Community

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Means of entering</th>
</tr>
</thead>
<tbody>
<tr>
<td>R 1, 3,</td>
<td>Hospitals</td>
</tr>
<tr>
<td>R 4, 2</td>
<td>County government</td>
</tr>
<tr>
<td>R 5, 8</td>
<td>School headmasters</td>
</tr>
<tr>
<td>R 10, 7</td>
<td>Churches</td>
</tr>
<tr>
<td>R 6, 9, 11, 12</td>
<td>Local administration, politicians</td>
</tr>
<tr>
<td>R C 1,2,3,4,5,6</td>
<td>Opinion leaders</td>
</tr>
<tr>
<td>AC 2, 4, 5, 6</td>
<td>Hospital, local administration, school headmasters, County government, politicians and churches</td>
</tr>
</tbody>
</table>

### 4. Conclusions

In developing countries like Kenya where Nyando Sub County falls, community participation is more often understood in terms of “involvement of the people” in planning and other government processes with the view of increasing trust and confidence in the government so that people could accept plans and decisions made by the government for them in solving their problems (Midgley, 1986, pp. 13-44). Community participation is also seen and evaluated in terms of “granting individuals or groups of people a voice” in planning, decisions and service delivery (Egiabiher, 1990). A comprehensive conceptualization of community participation in design and implementation of health campaign could be extended to also refer to the process through which members of a community express their feelings about health issues or articulate their needs among themselves.

Mary (1986, p. 126) observes that community participation serves immediate instrumental goals such as the identification of felt needs as well as the mobilization of local resources. In a summary, community participation means readiness of the nongovernmental organizations, government and the community to accept certain responsibilities and activities towards a particular health communication campaign. It also means that value of each group contribution is seen, appreciated and used in the health campaign design and implementation (Yeung & McGee, 1986, p. 97). As such this study concluded that there is participation in Nyando Sub County but at low level. This low level participation is what Arnstein (1969) termed as tokenism participation. As such there is call for high level participation in Nyando Sub County which Arnstein (1969) describes as citizen power in Nyando Sub County.

Basing on the finding of this study community participation in health campaigns serves to empower and enhance the health of communities and the health of people who form a target community. Findings also confirmed that community participation is the process between or among people that establishes networks, norms and trust enabling coordination and cooperation for mutual benefit in a health campaign design and implementation. Community empowerment is created as a result of community participation; this maintains the property of non-excludability meaning its benefits are available to all living within the community and access is not restricted (Kawachi, 1997; Rosenfeld, 1997).

Participation of a community in any health campaign can occur in many ways. These may include providing labour, materials, cash, involvement in problem identification and planning, involvement in implementation, monitoring, evaluation (Barrow, 1996, pp. 119-162). There is however, consensus that gives emphasis to different aspects of participation such as high or low level, active and passive participation, perverse and genuine participation (Davis-Case, 1992). In this study, various forms of involvement of the local community by nongovernmental organizations were identified. They included community mobilization, consultation, community mapping, poster mounting, decision making, budgeting, drama acts, video shooting, distribution of condoms, performance in theatre, music composition, and excreta. One of the key debates in the participatory development communication field
is around who participates in design and implementation of health campaigns, how, and to what level. In an attempt to answer questions raised in these debates Arnstein (1969; Brager, 1973) devised levels of participation which this study focused on to examine the situation of participation in Nyando Sub County. At the lowest level of Arnstein (1969) ladder is non-participation. This is the lowest rungs of the ladder and the least level of participatory which Arnstein, (1969) terms as participants manipulation and therapy. In Nyando sub county it was noted that the community participated beyond non-participation level. This was found out in interviews carried out with NGO managers and chiefs. All those who were interviewed mentioned various ways the community was involved in the campaign design and implementation.

At the level of non-participation, there is no value for the health communication campaign participants. The real objectives of non participation is “not to enable people to participate in planning or conducting health communication campaigns, but to enable power–holders to ‘educate’ or ‘cure’ the participants” (Arnstein, 1969). Participants do also say what development representatives suggest that should be done, but do not have any understanding of the issue that affects them (Hart, 1997). As such there is no participation for mutual gain for both the responsible nongovernmental organization and the target community. Call for participation at this level is basically not genuine since it only aids the campaign sponsors to achieve their goals at the expense of the target audience. This is not the case in Nyando Sub County since the NGOs running campaigns there give the community chance to express itself and participate in numerous activities.

Information sharing and consultation between the NGO running health campaign and the target community characterizes what Arnestein (1969) terms as tokenism. It involves a symbolic gesture of power sharing, but is essentially a substitute for the real thing. Tokenism is at level three of the ladder of participation. Informing at level three of the ladder, is indicative of tokenism, where information is offered to supposedly participating community. In Nyando Sub County there are some NGOs practicing participation at tokenism level. While information is a vital step for any development campaign, at this level, information takes form of one way communication from development agent to recipient. This is clearly contrary to Freirean notions of dialogue and development (Freire, 1970).

In Nyando Sub County the community was at some point consulted by the campaign officials. Arnstein, (1969) cites consultation as a form of tokenism in designing and implementation of health campaigns. Although she recognizes the importance of consultation and dialogue in participation process, she states that unless that is coupled with other forms of participation in designing and implementation of campaigns, there is no guarantee that opinions of participants will be taken into account. Bassette (2004), states that consulting alone is not enough participation. Target community should be involved in all stages of health campaigns including decision making.

The study also found out that the communities were involved in various activities and roles. For instance people participated in drama, mounting of posters, launching of the campaign etc. The people who participated in these activities were handpicked from the Nyando Sub County community according to the NGO heads and chiefs. This handpicking of participants may not characterize true participation in health campaign design and implementation. At the fifth level of Arnstein (1969) placation, there is hand-picking of selected individuals to be involved in decision-making process. Community participants are informed about the project but are assigned particular roles that they have not chosen (Hart, 1997). Development communication scholars such as Servaes (1991) present a critique of this type of false dialogue, and call for a new model of communications for participatory development that is based on genuine dialogue, information sharing, mutual understanding and agreement, and collective action. As such the ways of participation NGOs in Nyando Sub County engages its target community confirms low level of participation in the region.

Most of the respondents agreed that they participated in the health communication campaign design and implementation. It was also surprising to note that some people confirmed participation in campaign design and implementation but could not identify even a single health campaign running in Nyando Sub County. This confirmed ignorance of what participation is from the Nyando Sub County community’s perspective. Ignorance of running campaigns among some respondents indicated that sometimes the target community
may not be aware of the health initiatives in their area but still claim to be part of the campaign design and implementations just because of the benefits of the benefits that come with them.

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