The University of the Western Cape

Faculty of Arts

Assessing the role of Development Communication in fostering social change: the case study of Sesotho Media and Development (SM&D)

A mini-thesis submitted in partial fulfilment of the requirements for the degree of Magister Atrium in Social Development in the Institute of Social Development of the University of the Western Cape.

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# TABLE OF CONTENTS

List of Tables vii

List of Figures viii

CHAPTER 1: INTRODUCTION 1

1.1. Contextualisation of the Topic 1

1.2 Rationale and Significance of the Study 2

1.3. Background and Contextualisation 3

1.3.1. Lesotho: An overview 3

1.3.2. Social challenges 3

1.3.3. The case study organisation: Sesotho Media & Development(SM&D) 4

1.3.4. Case study area: Maseru and the Berea district (Leribe, Mafeteng and Maseru central prisons) 4

1.4. Problem Statement, Aims of the Research, Research Question and Specific Objectives 5

1.4.1. Problem statement 5

1.4.2. Research question 6

1.4.3. Aims of the research 6

1.4.4. Specific objectives of the study 7

1.5. Research Agenda 7

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK 9

2.1. Literature Review 9
2.2. Traditional Development Theories

2.2.1. Development: From modernisation theory to participatory approach

2.3. Development communication

2.3.1 Development communication: A one-way linear process

2.3.2 Development communication as a dialogical process

2.3.3 Entertainment-education (EE)

2.4 The Concept of Efficacy

2.5. A New Integrated Model of Development Communication

2.6. Social Networks and Collective Action

2.7. From Individual to Collective Change

2.8. The Role of Parasocial Interactions

2.9. The Integrated Model of Communication for Social Change

2.10. Closing Remarks

CHAPTER 3: THE CASE STUDY AREA

3.1. Introduction

3.2. Lesotho: Background Information

3.2.1 Economy

3.2.2 HIV/AIDS

3.3 Lesotho Correctional Services (LCS)

3.4 Background of the organisation

3.4.1 Implementation modality
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2. Quantitative Analysis</td>
<td>58</td>
</tr>
<tr>
<td>5.2.1 Measuring social change: Collective self-efficacy</td>
<td>59</td>
</tr>
<tr>
<td>5.2.2 Conclusions</td>
<td>64</td>
</tr>
<tr>
<td>5.3 Qualitative assessment results</td>
<td>65</td>
</tr>
<tr>
<td>5.3.1 Prison programme</td>
<td>66</td>
</tr>
<tr>
<td>5.3.2 HIV/Aids</td>
<td>66</td>
</tr>
<tr>
<td>5.3.3 Role of SM&amp;D and the learning cycle</td>
<td>68</td>
</tr>
<tr>
<td>5.3.4 A “way forward”: Collective form of action</td>
<td>72</td>
</tr>
<tr>
<td>5.3.5 Conclusion</td>
<td>75</td>
</tr>
<tr>
<td>CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS</td>
<td>77</td>
</tr>
<tr>
<td>6.1 Conclusions</td>
<td>77</td>
</tr>
<tr>
<td>6.2 Recommendations</td>
<td>78</td>
</tr>
<tr>
<td>6.3 Closing remarks</td>
<td>80</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>81</td>
</tr>
<tr>
<td>ANNEXURE</td>
<td>90</td>
</tr>
<tr>
<td>Annexure 1: Questionnaire for the support group members and health care villagers in Berea District</td>
<td>90</td>
</tr>
</tbody>
</table>
List of Tables

Table 1: Population of Lesotho by Districts
Table 2: Structure of Lesotho GDP by economic sectors
Table 3: Estimated HIV Among Adults (15 to 49 years)
Table 4: Lesotho National BCC Strategy: Primary and Secondary Targets
Table 5: Persons Received in Correctional Institutions
Table 6: Offenders received in correctional institutions (by gender)
Table 7: Percentage Distributions of Persons in Correctional Institutions by Type of Offence
Table 8: Persons Received by Correctional Institutions and Age Group
Table 9: Number of People Reached per Venue
Table 10: Cronbach’s Alpha Value (α) for the First set of Three Questions
Table 11: Cronbach’s Alpha Value (α) for the Second set of Eight Questions
Table 12: Cronbach’s Alpha Value (α) for the Third set of Three Questions
Table 13: At-test run with the Last Set of Three Questions
Table 14: Measurement of Perceived Collective Self-Efficacy on the Last set of Questions
List of Figures

Figure 1: The integrated model of communication for social change 24
Figure 2: Map of Lesotho 31
Figure 3: Map of SM&D outcomes 47
Figure 4: The learning cycle implemented by SM&D 70
Declaration

I, Sergio Carciotto, declare that Assessing the role of development communication in fostering social change: A case study of Sesotho media and development (SM&D) is my own work. It has not been submitted for any degree or examination in any other university, and all the sources I have used or quoted have been indicated and acknowledged by complete references.

Full name                Sergio Carciotto

Signed.................................... Date.................................
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### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCC</td>
<td>Behaviour change communication</td>
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<td>CFSC</td>
<td>Communication for social change</td>
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<td>EE</td>
<td>Entertainment-education</td>
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<td>GDP</td>
<td>Gross domestic product</td>
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<td>ICW</td>
<td>International community of women living with HIV/Aids</td>
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<td>IMCSC</td>
<td>Integrated model of communication for social change</td>
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<td>LCS</td>
<td>Lesotho Correctional Service</td>
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<td>LMP</td>
<td>Lesotho Mountain Police</td>
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<tr>
<td>MOHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<td>MSF</td>
<td>Medicines sans Frontiers</td>
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<td>NAC</td>
<td>National Aids Commission</td>
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<tr>
<td>PLWHA</td>
<td>People living with HIV/Aids</td>
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<td>SAC</td>
<td>Senior Assistant Commissioner</td>
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<td>SBC</td>
<td>Strategic behavioural communication</td>
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<tr>
<td>SM&amp;D</td>
<td>Sesotho Media and Development</td>
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<tr>
<td>TAC</td>
<td>Treatment Action Campaign</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/Aids</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<td>Acronym</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>YAH</td>
<td>Youth Against HIV/AIDS</td>
</tr>
</tbody>
</table>
Key Words

Communication; Development; HIV/AIDS; Participation; Efficacy; Conscientisation; Social learning; Collective action; Education-entertainment; Lesotho; Empowerment; Social change.
Abstract

A number of programmes have been implemented in the field of development communication, with the specific aim of promoting social change among communities, and a series of studies have illustrated the positive effects of entertainment-education (EE) interventions on individuals’ behavioural change. These programmes can be applied in a variety of fields, including health, agriculture and sustainable development, and make use of a different range of media such as radio, television and theatre.

In line with the theory and conceptual framework of the Integrated Model of Communication for Social Change (IMCSC), this research is intended to explore, empirically, how development communication programmes can foster collective action amongst community members.

The research is based on a case study of Sesotho Media & Development (SM&D), a non-governmental organisation that has been operating in Lesotho, using media to promote social transformation and individual change. For the past 10 years, SM&D has been working in Lesotho using a methodology based on facilitated documentary screening with a specific focus on HIV/AIDS-related issues, combined with capacity building programmes aimed at training facilitators among support groups, youth groups and prison inmates around the country.

Both quantitative and qualitative research methods of enquiry were employed throughout the research. Common research tools used include questionnaires, semi-structured interviews, focus group discussions and observation. In addition, a variety of secondary sources of information, including evaluation reports, funding proposals and journal articles were reviewed.

The results of the study reveal that development communication initiatives are able to foster collective forms of action by increasing the level of efficacy amongst the audience. Conclusions highlight that participatory development communication with an educational aim allows people to identify problems and to strategise and mobilise resources for collective action.
CHAPTER 1: INTRODUCTION

1.1. Contextualisation of the Topic

Communication has played a fundamental role within the discourse around different development practices, and a variety of programmes based on the use of media have been implemented worldwide in the field of agriculture, literacy and HIV/Aids prevention (Papa, Singhal, Law, Pant, Sood, Rogers & Shefner-Rogers, 2000; Shefner-Rogers, Rogers, & Singhal, 1998; Brown & Singhal, 1999; Tufte, 2001, 2002). A United Nations report referred to development communication as “two-way communication systems that enable dialogue and allow communities to speak out, express their aspirations and concerns and participate in the decisions that relate to their development” (McCall, 2011:7).

Over the years, the concept of development communication has moved towards a new paradigm, aiming at fostering social change and seeking participation among communities. New models of communication based on bottom-up and participatory approaches have been designed to address a variety of social issues. These sets of theoretical frameworks intend to place people at the ‘centre of development and encourage them to take action to uplift their communities’ (Servaes & Malikhao, 2004:98).

Within the realm of theories focused on grassroots participation, development organisations, and media agencies work together to disseminate relevant information among community members on a variety of social issues. The acquired knowledge can help people to identify some of the root causes of the problems that affect their lives and their communities. This process of dialogue and mutual understanding between development workers and communities can prompt individuals to initiate collective action. In this regard, communication can play a vital role within development organisations and can lead to social change through a process of dialogue (Papa et al., 2000), which can influence individuals’ and collectives’ behaviours with regard to a variety of social issues.

In a large number of communication studies, scholars have examined the role of development communication in fostering social change (Obregon & Waisbord, 2012; Rasak & Adesina, 2011; Shefner-Rogers, Rogers, & Singhal, 1998; Shingal, Rogers, & Brown, 1993).
Studies on communication practices are very necessary in the field of development to find creative strategies to counter social challenges and to mobilise communities. In this research, I analyse different development communication strategies, illustrate how development communication programmes can contribute to foster social change, and then suggest best practices.

1.2 Rationale and Significance of the Study

The study was conducted in Lesotho in two different communities. Phillips and Pittman (2009) referred to the term community either as a geographical space – community of place – or as a group of individuals who share similar interests whether in close proximity or widely separated – community of interest.

I, the researcher, have been involved in the implementation of development communication programmes in South Africa, with a particular focus on the use of documentaries to promote social change. Through this personal experience, a connection was established with the case study organisation, namely Sesotho Media and Development (SM&D) and a strong interest arose towards the work conducted by SM&D, which subsequently led to the decision to conduct a study based on their methodology and programmes. In particular, the work conducted by SM&D in correctional institutions across Lesotho seemed to be unique and innovative in its aim, methodology and scope.

On one side, relevant information was gathered among villagers from Maseru and the Berea District and, on the other side, data were obtained by interviewing inmates and personnel from the Lesotho Correctional Services (LCS) institutions at Maseru Central, Leribe and Mafeteng prisons. Both target groups (community members and inmates) had been extensively exposed to development communication and training programmes run by SM&D.

SM&D has played, over the years, a significant role in the field of development communication in Lesotho, in particular by disseminating information on HIV/AIDS prevention among rural communities in remote areas of the country. These interventions have produced significant effects in influencing individuals’ behaviour on HIV/AIDS-related practices (i.e. using condoms, enquiring about personal status, accessing counselling services).
and in reducing stigmatisation of and discrimination against people with HIV/AIDS (Kossmann, Gysae & Sesotho Media and Development, 2009).

A critical review of the literature around the issue of development communication shows that strategies of communication based exclusively on individual behaviour change, such as behaviour change communication (BCC) are not able, alone, to produce social and structural change if they are not combined with the analysis of social structure, local norms and interpersonal networks. Individuals are integrated into their communities and embedded in a complex series of social networks and inter-personal relationships (Kincaid 2000; Kincaid 2002; Rogers & Kincaid, 1981).

This research is of significance in fostering the knowledge base that currently exists in the field of development communication strategies. In addition, it is intended to highlight best practices and to provide recommendations to SM&D.

1.3. Background and Contextualisation

1.3.1. Lesotho: An overview

Lesotho is a kingdom and constitutional monarchy. The monarch is the head of state. The Prime Minister is head of government and has executive authority. The King serves a largely ceremonial function; he no longer possesses any executive authority and is proscribed from actively participating in political initiatives (Department of Economic and Social Affairs, 2004). According to the Department of Economic and Social Affairs (DESA), the Bicameral Parliament consists of an elected Assembly and a non-elected Senate, Judicial High Court, Court of Appeals, Magistrate's Court, and traditional and customary courts. For administrative purposes, Lesotho is divided into 10 districts, each headed by a district administrator. Lesotho is geographically surrounded by South Africa and economically integrated with it as well. Of the population of Lesotho, 75% live in rural areas and subsist on farming or migrant labour (Department of Economic and Social Affairs, 2004).

1.3.2. Social challenges

Lesotho is facing different social challenges, including a high level of child labour and the highest rape rate of any country in the world, estimated around 91.6 out of 100,000 people
According to the World Food Programme (2012), the population is about 1.8 million people and nearly one quarter of the population is estimated to be HIV-positive — the third highest HIV prevalence in the world. In 2012, the National AIDS Commission (NAC) estimated the adult prevalence rate at 23%. Migrant labourers, sex workers, unemployed people, and young females are the groups most at risk. In particular, young girls between the age of 15 to 24 have an HIV prevalence rate of 14.9%— more than 2.5 times higher than that of men of the same age, which is estimated at 5.9% (Khobotlo et al., 2009).

1.3.3. The case study organisation: Sesotho Media & Development (SM&D)

Sesotho Media and Development is a non-profit organisation and a public access media centre, based in Maseru, equipped with a mobile cinema unit that is able “to traverse the rugged terrain of the Lesotho highlands” (Levine, 2003:62). It has been actively engaging local communities in discussions and information-sharing sessions around a vast range of social issues (Kossmann, Gysae & Sesotho Media and Development, 2009). SM&D staff members, who include a few individuals openly living with HIV/AIDS, are particularly involved in facilitated documentary screenings with a focus on HIV/AIDS-related issues. The aim is to reduce stigma and create a safe environment for communication and knowledge sharing, with the ultimate goal of promoting social change.

SM&D’s mission is to contribute to improving the quality of life for people living with HIV/AIDS (PLWHA) by helping to increase understanding, improve social support, encourage utilisation of health care, and protect children and youth from HIV infection in future. Film screenings are organised in urban and rural areas using a mobile cinema unit. Between 2007 and 2009, 240 screenings were held in local communities and approximately 16,252 people were exposed to communication and information-sharing programmes (Kossmann, Gysae & Sesotho Media and Development, 2009).

1.3.4. Case study area: Maseru and the Berea district (Leribe, Mafeteng and Maseru central prisons)

The research focused on two main study areas or communities of Lesotho within Maseru and Berea District and three correctional institutions: Leribe, Mafeteng and Maseru Central.
SM&D has been conducting facilitated screening sessions in correctional institutions across Lesotho since 2006 in order to reach inmates as a vulnerable group, including female inmates and youths at the juvenile section, and to train them to become facilitators. Films are used in prisons mainly to discuss a variety of social issues, directly or indirectly related to HIV/AIDS and breakdown the cycle of stigmatisation and discrimination amongst inmates and prisons’ personnel. The process of interaction and dialogue between a facilitator and his or her audience can lead to individual and collective change of attitudes and behaviours.

As the researcher, I have fully taken into account that, according to international regulations and ethical codes, prisoners are considered “vulnerable” individuals and require specific ethical considerations with regard to the selection criteria for participating in the study, potential risks of the research process, and protection of personal information.

1.4. Problem Statement, Aims of the Research, Research Question and Specific Objectives

1.4.1. Problem statement

A series of studies illustrate the positive effects of development communication such as entertainment-education programmes broadcast on TV and radio, with regard to individual behaviour change (Obregon & Waisbord, 2011; Rasak & Adesina, 2011; Shingal, Rogers & Brown, 1993). Scholars were drawn to entertainment-education interventions because of their limitations in understanding the complexity of social relationships and social context (Kincaid, 2000; Singhal & Brown, 1996). Researchers in the field emphasised the need to move towards a more integrated approach to development communication and to consider broader aspects of collective change.

As a result, the new integrated paradigm of communication for social change conceives communication as a participatory process, which creates a “conducive environment for social change” (Reardon, 2003:1). The guiding philosophy of communication for social change can readily be traced to the work of Paulo Freire (1972), the Brazilian educator who conceived communication as dialogue and participation to create cultural identity, trust, commitment, ownership and empowerment.
By receiving information and gaining knowledge about different social issues, individuals become more conscious of the social challenges that affect their communities, and they are empowered to find possible solutions, create networks and act collectively. The *Integrated Model of Communication for Social Change* (IMCSC), theorised by Figueroa, Kincaid, Rani, and Lewis (2002), is a good example of a tool able to help in effectively describing how participatory communication and dialogue can lead to individual and collective change. It provides a series of outcomes and indicators that can be used by researchers, agents of change and community members to measure whether a specific programme is meeting the expected results.

The IMCSC was designed with the ambitious intention of providing a range of indicators and outcomes that allow researchers to assess the efficacy of development communication and collective action. However, relatively little or no empirical evidence has been presented of the role of SM&D in promoting collective action. Furthermore, in the context of Lesotho, limited research has been conducted on development communication strategies involving inmates as a subgroup of investigation. Therefore, this research is aimed at providing reliable data and solid conclusions to fill this gap. Understanding the role of SM&D in promoting social change and fostering collective action through empirical research is thus a crucial element. The purpose of this research is to investigate, empirically, how the IMCSC can be applied to development communication programmes implemented in Lesotho by SM&D and how the dialogue initiated among the audiences could foster collective action and inspire social change.

1.4.2. Research question

In the context of the research problem identified above, the main purpose of this research framework was to establish an interpretive theoretical and conceptual framework for a MA thesis and provide an answer to the following general research question:

- How can development communication programmes implemented in Lesotho by SM&D initiate and foster collective action among community members in Maseru and the Berea District, including Maseru Central, Leribe and Mafeteng prisons?

1.4.3. Aims of the research

The overall aim of this study is to determine how the *Integrated Model of Communication for Social Change* is applicable to the communication for development programmes implemented by
SM&D in Lesotho. Furthermore, it will help to assess how development communication and dialogue could foster collective action among communities. The research is aimed at providing recommendations for SM&D and its future projects.

1.4.4. Specific objectives of the study

- To provide the research with a solid and comprehensive theoretical framework for development communication, one that is able to justify the link between communication for social change and collective action.

- To explore the organisational structure and to outline the main activities conducted by SM&D in order to understand the institutional set up, structures, procedures, inclusive decision making, membership base, and decision-making structures.

- To investigate, empirically, the relationship between a communication for social change model (i.e., The Integrated Model of Communication for Social Change) and the programmes implemented by SM&D in the field of development communication in Maseru and the Berea District of Lesotho as well as in Maseru Central, Leribe and Mafeteng prisons.

- To provide relevant conclusions, and to offer recommendations to SM&D.

1.5. Research Agenda

This study is divided into six main chapters:

**Chapter 1** introduces the study and presents a discussion on the significance of the study. It also provides the problem statement, research questions, aims and objectives of the study and the rationale for the study.

**Chapter 2** provides a theoretical and conceptual framework for the study. Its aim is to give a theoretical and intellectual background to the study and build a logical framework for the research. In general, in this chapter, a set of conceptual and empirical research, conducted by other scholars, are reviewed and analysed to highlight the most relevant analogies with the research topic.
Chapter 3 provides background information on the case study and the specific context and serves to explore the organisational structure as well as the activities carried out by SM&D in Lesotho.

Chapter 4 offers the research design and methodology of the study, tools and methods used in the research, the ethics statement and the limitations of the study.

Chapter 5 gives a detailed account of empirical research and presentation of findings. The data are presented in tables, graphs and other appropriate methods of presentation.

Chapter 6 provides conclusions and possible relevant recommendations for SM&D emanating from this social research. It presents suggested measures that should be taken by the policy makers and all stakeholders about the role of development communication in fostering social change.
CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Literature Review

In this chapter, theories and concepts in the field of development communication are critically reviewed and a comprehensive theoretical framework provided, which could help the reader to understand better where the research fits into the existing body of literature.

The literature review underlines the links between the field of study and the research by presenting a chronological description of the main theoretical approaches applied to development and communication, together with a solid review of relevant empirical studies, with a particular emphasis on entertainment-education (EE) programmes. Finally, concluding remarks will be made.

2.2. Traditional Development Theories

Several schools of thoughts have contributed to define development over the years through a series of theories and paradigms. Stewart (1997:61) referred to development “as a process of positive social economic and political change in a country or community, where development is concerned with positive change in the existing human societies”. Development theories are divided into different phases, and it is necessary to analyse, briefly, the most traditional theories, namely the modernisation and dependency theories, as well as alternative approaches such as the humanistic or people-centred approaches. The link between development communication and the above mentioned theoretical frameworks is also highlighted.

2.2.1. Development: From modernisation theory to participatory approach

To understand fully the changes that occurred within the theoretical frameworks of development communication, it is necessary to describe how the concept of development has evolved during the last sixty years (since the 1950s). The new conceptualisation of development communication is the result of the shifting of paradigms in the field of development studies from the modernisation theory to the people-centred approach.
According to Davids, Theron & Maphunye (2005:09):

The modernisation theory regards Western culture as superior to all others...in its crudest form, it can be seen as a continuation of the old colonial style, where values other than Western ones were ignored or regarded as “primitive”, “backward” and “unsophisticated”.

The modernisation theory was developed during the 1950s and it has been applied to development programmes to interpret development as being driven by Western culture and primarily led by economic determinants such as gross national product (GDP) and per capita income. This theory was aimed at reducing the gap between Western countries and “backward” countries by taking the latter through the steps of Western modernisation. By following these steps, “backwards” countries would be able to move from underdevelopment to development. This is, for example, the case in Rostow’s theory of “stages of growth” (Lewellen, 1995). The modernisation paradigm was harshly criticised because of its exclusive emphasis on the role of economic factors and a lack of consideration for social context and indigenous knowledge. Dube (1988) argued that the modernisation paradigm has created a fractured society in which well-being and economic growth are not equally distributed. He believed that the paradigm’s failure to define specific social indicators, together with the lack of a distributional dimension, led to the decline of modernisation theory and to the emergence of a new development paradigm, more able to take into consideration quality of life, human capital and the interest of the entire society.

The emergence of the Latin American dependency theory led to “a critical examination of the modernisation theory and undermined the idea of progress as a more or less automatic and linear process. It led to the replacement of the idealised and mechanical vision of development by a more historical method” (Burkey, 1993:29).

Latin American economists and scientists formulated the dependency theory during the 1970s, and its main argumentation is that socio-economic dependency creates underdevelopment. It divides the world into two categories: a core and a periphery, where the first is represented by wealthy and capitalist Western countries and the latter by poor and underdeveloped Third World countries (Coetzee, Graaff, Hendricks & Wood, 2002:81).
During the 1980s, the failure of the so-called two “competing paradigms”, namely, the modernisation and the dependency theories, saw the emergence of new theoretical frameworks founded on a micro-level approach and focused on human development, participation and self-reliance (Davids et al., 2005:17). The idea of transferring “knowledge” and the forced adoption of modern technologies, which were two pillars of the modernisation paradigm, became the expression of a top-down approach and a form of disempowerment for individuals and local communities.

Consequent to the full recognition of the importance of people’s knowledge, development strategies shifted their focus to new forms of participation and on empowering communities through a process of transformation. This is defined by Burkey (1993:39) as a process that contributes to social development and in which “people increase their awareness of their own capabilities and common interests, and use this knowledge to analyze their needs, decide on solutions and organise themselves for cooperative efforts”. This implies that people become the centre of interest and the first priority in the realm of development. The new humanistic approach defines a broader concept of development, which encompasses personal, socio-political and economic growth.

This new conceptualisation led the dominant paradigm to move from an exclusively economic and materialistic approach to include a broader and more comprehensive perspective of the society. Individuals and their personal growth became the key interest of development studies, and concepts such participation, empowerment, sustainability and social learning became the main pillars and focus areas of the discourse around development. Hence, both social and economic development became essential components of sustainable development. Economy, in fact, generates health that can be redistributed to promote social and human growth.

2.3. Development communication

This concept encompasses a series of theories and practical communication techniques and can be defined as “the application of communication strategies to the development world and its aim is to remove constraints for a more equal and participatory society” (Waisbord, 2001:2). Development communication theories were influenced by the shift from modernisation and dependency theories to a people-centred approach. Therefore, the term
Communication has evolved, through the years, from meaning a vertical and linear process of information sharing to meaning a more dialogical and participatory engagement with the audience.

The following section describes the evolution of development communication as a direct result of the paradigm shift in the realm of development studies.

2.3.1 Development communication: A one-way linear process

A very similar dichotomy between competing paradigms is reflected in the field of development communication. Melkote and Steeves (2001) divided development communication scholars into two categories. On one side are those who conceive communication mainly as a linear process of information sharing aimed at transferring knowledge and influencing behaviours by the exposure to mass media, and, on the other side, are those who look at development communication in a broader sense, which involves the more complex aspects of cultural and social context. According to Melkote and Steeves (2001:39):

For those who view communication as a process of message delivery, it is easy to view development as a process of modernisation via the delivery and insertion of technologies, and/or inculcating certain values, attitudes and behaviours in the population. Communication and information are persuasive tools that can assist in the modernisation process ... in this sense communication under the modernisation framework is often viewed as a process of persuasive marketing.

McQuail and Windhal (1981) pointed out that theories such as Shannon and Weaver’s (1949) “mathematical model” or Rogers’ (1976) “diffusion of innovations” are representations of a dominant modernisation paradigm. These theories prescribe a top-down approach to communication by which the information/message is sent to a receiver by a superior agent of change with the intention of modifying an individual’s behaviour and practices. According to this theoretical model, only Western or developed countries possess the necessary knowledge and the critical ‘know-how’ to spearhead industrialisation and development. Therefore, to eradicate poverty and underdevelopment, countries of the Third World are supposed to become empty recipients (tabulae rasaee) and follow the steps prescribed by the First World
to increase their level of modernisation and wealth. Within this dominant paradigm of development, media and communication become responsible for exposing individuals and rural communities to modern science and innovative technologies.

Modernisation theorists believed that traditional and customary practices in the agricultural and health sector were preventing indigenous societies from developing at the same rate and pace as that of industrialised countries and therefore prioritised a one-way process of transferring “knowledge” to individuals (Schramm & Lerner, 1976). The system was mainly based on a rational and scientific view of the world, dominated by behaviourism theories, which did not take into account the diverse cultural identities within the so-called “backwards cultures” of developing societies. Industrialisation, increasing of financial capital, urbanisation, and exposure to mass media became the main indicators of the modernisation process. Dube (1988:18) further observed that modernisation theories placed economic factors as the main indicators of development.

The modernisation theory led to a “conception of communication as information flowing in linear, vertical fashion from an expert source through local opinion leaders, out to receivers” (Biernatzi, 1989:4). In this regard, communication became a powerful means to disseminate and promote Western culture with the intention of modifying “wrong” attitudes, indigenous practices and local values. However, the dominant modernisation paradigm appeared, in fact, to be neither effective in reducing poverty nor in promoting social development among communities.

The emergence of the dependency theory, and of a people-centred approach, had a strong impact on previously reductive ideas of a development process, mainly caused by economic factors. The failure of the modernisation paradigm led scholars (Rogers, 1976; Schramm & Lerner, 1976) in the field of development communication to review their previous theories and to elaborate new paradigms of communication more in line with a participatory approach of development.

2.3.2 Development communication as a dialogical process

A shift from information and behaviour-centred theories towards new forms of participatory and interpersonal communication was enabled by the critics who moved to the paradigm of
development conceived by Paulo Freire (1972). He introduced the new concept of “dialogical communication” as the main condition to generate critical thinking among communities. Contrary to the previously described linear and horizontal process of communication, human interactions began to be seen as primarily based on a two-way process, which nullifies any pre-constituted form of power or authority between individuals.

According to this theory, the ultimate aim of development and communication is not to change individuals’ behaviours by providing them with Western “knowledge” but rather “to conscientise them through a dialogical cultural action by means of which the people leave behind the status of objects to assume the status of historical subjects” (Freire, 1972:160). The conceptualisation of a new, alternative development paradigm based on participation and human development contributed significantly to the orientation of development communication programmes during the 1970s.

Rogers (1976) analysed the transition from the dominant modernisation paradigm of development to a “new development” and divided the latter into five key elements:

1. the equality of distribution of information and socio-economic benefits;
2. popular participation in self-development planning and execution, usually accompanied by the decentralisation of certain of these activities to the villagers;
3. self-reliance and independence in development, with an emphasis upon the potential of local resources;
4. integration of traditional systems into modern systems;
5. participatory communication that aims at demonstrating the inadequacy of the modernisation theory and the limitations of the one-way linear forms of communication (Rogers, 1976:130-31).

To summarise, the shift of paradigm within development communication has led to the co-existence of two main paradigms of analysis. On one side, behaviour change communication (BCC) strategies, generated during the 1950s, pursuing individual change and, on the other side, communication for social change (CFSC) interventions which adopt a participatory approach and place a strong emphasis on community dialogue, collective action and empowerment of individuals (McCall, 2011).
BCC forms of communication, applied in several fields of development, derive from a rationalistic and behaviour-driven body of theories and pursue individuals’ behavioural changes. By contrast, CFSC interventions do not place individual change as the main focus of development practices; they introduce a broader concept of social change, which encompasses not only the role of financial resources but also of human and social forms of capital.

The researchers were drawn to BCC because its reductive approach to a concept of change, primarily based on individuals’ rational choices, has caused development organisations such as USAIDS to rename BCC as strategic behavioural communication (SBC). The main aim is to elaborate new strategies of participatory communication, able to take into account broader concepts of social change and to include advocacy components and methods of social mobilisation (Family Health International, 2005:8).

In conclusion, development communication is moving towards more integrated strategies, able to take into consideration both individual and collective change. These are based on participation and dialogue and aim at eliminating some of the limitations derived from “top-down” forms of communication. The current study is focused on a specific form of development communication, named entertainment-education (EE), whose conceptual framework is discussed in the next paragraph.

2.3.3 Entertainment-education (EE)

Within the transition process between the two paradigms of development communication, entertainment-education (EE) was adopted as a specific strategy to impart knowledge and to encompass a broader concept of social change that makes use of different forms of media.

The analysis of the theoretical debate around EE and its application across developing countries is important to contextualise the research and understand its methodology and purpose. Therefore, a critical review of theories embedded in the field of entertainment-education is provided in this section. The use of empirical researches and the presentation of the relative findings will support the discussion.

The United Nations Population Fund (UNFPA, 2002) defined entertainment-education as “an approach in which social messages are incorporated into entertainment programmes and
which makes use of different forms, including serial dramas broadcast on TV and radio, cartoons, interactive “talk’’ shows and folk media’’ (UNFPA, 2002:1). Brown and Singhal (1999) argued that EE could effectively be used in developing countries as a strategy to overcome social problems and educate people. Brown and Singhal (1999:265) identified nine qualities that may qualify entertainment as a tool suitable for the dissemination of social messages across communities: entertainment is “perennial, pervasive, popular, personal, pleasurable, persuasive, passionate, profitable and practical’’.

EE was originally conceptualised as a strategy to be implemented in development communication during the 1970s by a Mexican researcher, Miguel Sabido, who produced a TV social drama series aimed at tackling social challenges such as literacy, family planning and HIV/AIDS (Shefner-Rogers et al., 1998; Singhal & Brown, 1996; Singhal & Rogers, 2002). His pioneer study on the popular TV ‘soap’ Simplemente María, broadcast in Peru since 1969, investigates how, through a series of processes, audiences become emotionally involved with media characters and develop a particular tendency to imitate positive role models to enhance self-efficacy (Shefner-Rogers et al., 1998). Barker (2011) noted that:

> The Sabido methodology is based on theoretical and social research that is used to develop mass media serial dramas based on the realities that people in the audience face daily. These dramas communicate at the emotional level as well as the cognitive level, and further establish the condition for social learning to take place. (Barker, 2011:4)

### 2.4 The Concept of Efficacy

Sabido’s vision of entertainment-education interventions was influenced by Bandura’s social cognitive theory (1977), which is based on the idea that individuals can change their attitudes as an empathic form of response to media characters’ behaviours. Both individual and collective actions are contextualised within a vast series of networks and social structures and are highly influenced by efficacy. This is described as the perceived belief in one’s own capabilities to “produce desired results’’ and attain certain goals (Bandura, 2001:14). Efficacy depends on individuals’ belief in their power to produce change – self-efficacy – as well as on communities' belief in collective action – collective self-efficacy – such as forming community groups, grassroots organisations and support groups with the aim of fostering
social change (Bandura, 2001:34). Collective efficacy is defined as “a group’s shared belief, which emerges from an aggregation of individual group members’ perception of the group’s capabilities to succeed at a given task” (Bandura, cited in Papa et al., 2000:36) and represents a key concept for the study. This concept can also be associated with social capacity defined by Mattessich (2009:50) as the extent to which different people can work together in a given geographical space.

The social cognitive model adopted by Sabido makes use of the representation of daily social challenges and suggests a viable solution to the viewer who can decide, in his or her real life, to adhere to a specific behavioural pattern. This is presented in a dramatic way to develop empathy between media characters and viewers.

2.5. A New Integrated Model of Development Communication

A series of studies illustrate how EE programmes on radio and TV can lead to a significant change in individuals’ behaviour concerning specific social issues (Obregon & Waisbord, 2012; Rasak & Adesina, 2011; Shefner-Rogers et al., 1998; Singhal, Sood, Rogers, Law & Vaughan, 1998). Nonetheless, some scholars have criticised the methodological limitations of many EE interventions that are exclusively based on behaviour change communication strategies, mainly because of their “top-down” approach and their substantial lack of participation.

Kincaid (2002) described EE programmes based on cognitive and behaviour-change strategies as “inadequate” and “unable” to help in understanding the role and the complexity of social relationships and social context. In his study on development communication, he pointed out that drama is the most effective form of communication because it is able to engage the audience emotionally. The “imitation process”, he posited, leads viewers or listeners to follow the actions taken by the characters so that similar solutions to problems can be adopted by the audience (Kincaid, 2002:150). He developed a model of communication that draws from social networks and convergence theories (Rogers & Kincaid, 1981). According to this model, individuals are embedded in a network of social relationships, and therefore the process generated by these interactions leads to mutual understanding, which enables collective action (Kincaid, 2002: 144).
This implies that both individual and group action is influenced by the series of relationships with family and community members and that behavioural change, both at individual and collective level, depends on the quality of social networks, relations of proximity, and social norms within a given community.

2.6. Social Networks and Collective Action

The link between interpersonal communication and collective action is explored in Kincaid’s research (1976) on the effect of a governmental development programme aimed at mobilising human and material resources in the Korean village of Oryu Li. Kincaid analysed the role of community organisations in the local development process as he had observed that some of the local structures use communication to promote development by “acquiring critical information, processing that information in order to understand it and creating new information leading to an action able to solve the problem” (Kincaid, 1976:96).

Aubel (2006) undertook a rapid qualitative assessment of a health-based project named Agogo (The Grandmother Programme), implemented in Malawi by the non-governmental organisation Save the Children. The author claimed that an active involvement of grandmother peers in the communication process has a positive influence on child nutrition. The study highlighted the importance of grandmothers as a form of extensive social networks for pregnant women and new-borns. These sorts of social networks are regulating norms and traditions within the community. Findings indicate that many behavioural change communication programmes are ultimately not effective in terms of individual behaviour change because women can hardly modify their behaviours if these infringe community norms. Hence, it is pivotal to involve, actively, those who establish such norms and traditions, such as the village elders. Both studies underline the importance of social networks and social norms in modifying people’s attitudes towards certain practices.

Kincaid (2000) has extensively discussed the relationship between social learning effects and social networks with regard to family planning and contraceptive practices among rural women in Bangladesh. His methodology was focused on three different analyses. First, he studied all the different women’s networks in the community, then he defined social network models, and lastly, he used a logistic regression analysis to measure the effects of social network variables in contraceptive behaviour. Kincaid’s findings confirm that the behaviours
of those women with strong connections and personal networks in their community are influenced by interpersonal communication. In fact, approval and a positive attitude by family and community members towards family planning can determine women’s attitudes to adopting contraceptives (Kincaid, 2000:14). The role of interpersonal communication and individual behaviour change was also explored by Frumence, Killewo, Kwesigabo, Nyström, Eriksson and Emmelin (2010), who undertook a case study in three villages in the Kigera region of Tanzania, with the objective of exploring the link between social networks and HIV transmission. Community organisations, social groups and other forms of networks present in the region were mapped and analysed in order to provide a ‘snapshot’ of all the activities implemented in the field of HIV/Aids prevention. The findings indicated that prevention activities implemented by a community with a high or medium HIV-prevalence rate, and the improvement of different forms of social networks, contributed to the reduction of the HIV transmission rate in the area. These research studies (Frumence et al., 2010; Kincaid, 2000) highlight the role of social networks both in individual and in group behavioural change.

2.7. From Individual to Collective Change

Singhal and Brown (1996) also expressed criticism of reductive types of EE strategies. Although they acknowledge that EE has positively contributed over the years in fostering social change among communities, they admit the necessity to critically review their initial definition of entertainment-education as the “process to educate people and increase their knowledge on certain topics in order to change their behaviours” because it is too focused on individual-level behaviour change. According to the authors, further steps needs to be taken to orientate EE strategies towards “a more participatory approach which integrates the body of knowledge accumulated in the field of development communication” (Singhal & Brown, 1996:29-30).

In the light of what has been previously discussed, it emerges that EE programmes cannot be limited to linear/behaviour-change models but rather need to investigate the broader relationships that exist between individuals and communities and adopt a more defined people-centred approach. Interactions between audiences and personal networks could initiate a critical process of information sharing, increasing awareness and generating empowerment.
This process can go far beyond individuals’ change of attitude, towards the pattern of collective forms of action.

In summary, EE interventions need to be shaped around a paradigm of participatory development communication, which takes into consideration the social dimension and the personal relationships among individuals and promotes dialogue to initiate collective action.

2.8. The Role of Parasocial Interactions

The concepts of collective action and social learning, applied to EE programs, are also described in a study conducted by Papa et al. (2000) to investigate the process of social change generated by a radio soap opera, TinkaTinkaSukh (Happiness lies in small pleasures), broadcast in India from 1996 to 1997 to promote gender equality, women’s empowerment and HIV/AIDS prevention (Singhal et al., 1998). The authors drew from Bandura’s theory of social learning and argued that the exposure to EE programmes produces a parasocial relationship between audiences and media characters and that dialogue and conversation about the content of the media induce a social learning process and consequently lead to a behavioural change. As they observed:

Media programs can stimulate the process of social and behaviour change by drawing listeners’ attention to socially desirable behaviours. Furthermore, when listeners develop parasocial relationships with the characters in an entertainment-education program, they may consider changes in their own behaviour. The mass media alone seldom effect individual change, but they can stimulate conversations among listeners, which create opportunities for social learning as people, individually and collectively, consider new patterns of thought and behaviour (Papa et al., 2000:33).

In a study conducted by Nyierenda (1998) on development communication strategies in Botswana to promote literacy among the rural population, he analysed how development communication programmes might lead to a critical assessment of the message and, subsequently, to some form of collective action (social mobilisation). Bottom-up strategies of communication become a tool to promote community participation and foster social change.
in so far as the information provided can help individuals to reflect critically on their social conditions and decide to act by mobilising the available local resources.

As noted by Shefner-Rogers et al. (1998:4) in their critical analysis of the Latin American TV drama Simplemente María (1969), “parasocial interactions” describe to what extent audiences relate to soap opera characters and follow their behavioural patterns in their real lives. For instance, a viewer may gain understanding of the importance of learning how to read or to sew because the actor has shown these activities to be positive actions.

In a study conducted on the same radio soap opera, Singhal et al. (1998) analysed about 260 letters that were sent to the broadcaster by radio listeners. The content of the letters was later analysed to understand better the audiences’ perceptions and views on the programme. The results of the analysis show that the radio “soap” increased people’s knowledge on a large variety of social issues and listeners were able to relate to positive role players because of parasocial relationships. The research further highlights a difference between “listeners and non-listeners in educating a daughter, seeking advice on family planning, and visiting a health clinic” (Singhal et al., 1998:17).

These research findings both confirm that audiences tend to “imitate” what is portrayed by positive role models on the screen or in the radio play and that they shape their behaviours consequently.

As previously described in this chapter, entertainment-education interventions have been conceived in two different and co-existing theoretical paradigms: as a linear communication strategy to disseminate information around social issues and to promote individual behaviour change and also as a participatory form of communication aimed at promoting dialogue and initiating social change.

Obregon and Waisbord (2012) reinforce this distinction by stressing that EE interventions can be divided into two different categories. The first is a one-way linear form of communication, which is intended to disseminate information and produce individual behaviour change, and the second is a form of bottom-up and participatory communication which aims at inspiring social change within underdeveloped communities.
Scholars (Obregon & Waisbord, 2012; Singhal & Rogers, 2002) have called for a more integrated approach to enable a synthesis of these two paradigms. Tufte (2001) maintained that it is fundamental to find a new paradigm in development communication that is able to fill the existing gap. He presented Soul City, the popular TV and radio series broadcast in South Africa from 1994, as a valid example of a new integrated form of communication for development, which he called “Edutainment”. As Tufte (2001:4-5) pointed out:

With Soul City, we see the spreading (diffusing) of culturally and linguistically adapted, localised, receiver-informed and receiver-oriented messages with broad geographical coverage. But not only do they provide information ... they also strive to empower the local audiences to de facto social action and socio-political mobilisation ... altogether suggests a more explicit social change agenda than traditionally seen in most entertainment-education, which was limited itself to speak mostly of individual behaviour change (Tufte, 2001:4-5).

This new integrated approach of communication for social change acknowledges the limitations of the individual behaviour change model of communication and aims at conscientising audiences through participatory dialogue in order to activate a critical process of social learning. Characters on radio or cinema/TV screens are role models and their actions have the power to generate a critical self-reflection, due to parasocial interactions with the audience. Through forms of participatory communication, the knowledge is shared by the audience, and the level of collective self-efficacy determines whether the community’s belief in its own resources is strong enough to produce social mobilisation and achieve social change.

2.9. The Integrated Model of Communication for Social Change

The need to create an alternative paradigm of analysis that is able to go beyond BCC strategies within the field of development communication led to the definition of communication for social change (CFSC), described as a strategy that emphasises that:

[the notion of dialogue is central to development as the need to facilitate poor people’s participation and empowerment. CFSC uses participatory approaches. It stresses the importance of horizontal communication, the role of people as agents of change, and

22
the need for negotiating skills and partnerships. CFSC focuses on dialogic processes through which people can overcome obstacles and identify ways to help them achieve the goals they set for themselves. Through these processes of public and private dialogue, all members of civil society – women, men and children – define who they are, what they want and need, and what has to be changed for them to have a better life.

A CFSC approach focuses on moving towards collective community action and long-term social change and away from individual behaviours. CFSC is guided by principles of tolerance, self-determination, equity, social justice and active participation. (McCall, 2011)

In order to measure the outcomes of CFSC programmes and describe how “community dialogue and collective action can work together to produce social change” a model was designed and discussed in details by Figueroa et al. (2002:5) in their working paper Communication for social change: An integrated model for measuring the process and its outcomes.

For this research, I have applied this model to a specific case study to analyse development communication interventions in Lesotho. It is, therefore, necessary to describe some of the theories of communication that have been informed by the model and its main components.

The Integrated Model of Communication for Social Change is the result of a combined approach to development communication which includes “individual behavioural outcomes and social-change outcomes” (Figueroa et al., 2002:3). The main assumption behind it is that participation and community engagement are the core elements of every communication process and can lead to collective action. This model is inspired by the concept of dialogical action developed by the Brazilian educator Paulo Freire (1972) and by a people-centred body of theories that define communication as a two-way participatory process, based on dialogue. Through dialogue, media and communication can empower individuals and communities and initiate a critical process of analysis and understanding that can lead to individual and structural change.

The model is designed to overcome the limitations of one-way individual behaviour change strategies, and its main assumption is that social change requires more than a shift in
individuals’ behaviours but rather a collective effort to produce results that are more effective.

It places a strong emphasis on the role of social networks, norms and interpersonal communication to determine forms of collective action and structural change. The model draws from a convergence/network model of communication (Rogers & Kincaid, 1981), which describes communication as a process of dialogue and interaction between individuals that leads to collective action.

The integrated model of communication for social change is aimed at explaining how community dialogue and collective action can produce social change. As illustrated (Figure 1 below), the process is initiated by a catalyst, which triggers discussion among audiences.

After the discussion is initiated, participants go through a series of different stages: from an initial phase of disagreement to a final convergence on a collective action strategy. In essence, the information produced by media acts as a catalyst of the process. This is consequently discussed among community members who, after a process of attaining mutual understanding, decide collectively on how to tackle a certain social issue. This process is based mainly on community dialogue and collective action and is intended to promote participation and foster people’s empowerment.

Entertainment-education programmes are an example of how different media (i.e. TV, radio, cinema and theatre) can make people interact and debate on a particular social issue. Once the dialogue is initiated, audiences start receiving critical information and become more aware of the problems affecting their communities. This process of critical social learning is comprised of a series of steps and alternates moments of agreement with moments of conflict and disagreement until a final consensus is reached by community members. Once the problem is identified and possible solutions become clearer, an action plan is drafted and roles and responsibilities are assigned to different individuals. This is a fundamental step because it leads to mobilisation and ultimately to forms of collective action. The concept of collective efficacy becomes central in the discourse around social change, together with dialogue and participation.
Mannell and Chowdhury conducted a study (2005) on popular theatre and community participation in Bangladesh. Their research is based on a convergence/network model of communication and makes use of the integrated model of communication for social change. The findings reveal that community dialogue and participation are the key features in the promotion of collective action and social change. Mutual understanding, trust and exchange of information are able to influence people’s attitudes towards collective action.
Figure 1: The integrated model of communication for social change.

Source: Figueroa et al. (2002)
2.10. Closing Remarks

Development communication has been subject, since the 1950s, to a radical shift of paradigm. Theories have moved widely from one-way and linear forms of communication, between a sender and a receiver, as in the case of Shannon and Weaver’s (1949) “mathematical model” of linear communication and Rogers’ (1976) model of “innovation diffusion”, towards a new concept of participatory communication which envisions a broader idea of social change and redefines development as a people-centred driven process.

After over a decade of development communication strategies led by a dominant paradigm of analysis, the diffusion of dependency theories moved the focus towards a new concept of development that places individuals and their empowerment at the centre of the discourse and tends to maximise the use of local resources and traditional knowledge. This means that the transition from a dominant paradigm to a new concept of development communication was aimed at unlocking local energies and resources to produce social change by taking into consideration social context and interpersonal relationships.

Behaviour-change orientated and one-way strategies of communication had considered individuals (sender/receiver) as the main unit of analysis, not taking into account their social context embedded in personal relationships, community networks and collective initiatives.

In contrast, participated and bottom-up strategies of communication, inspired by the principle of dialogical action introduced by Paulo Freire, encompass important values such as empowerment, self-reliance and self-mobilisation. These forms of development communication do not conceive of audiences as being isolated or empty recipients of information, but rather as being entities formed by a series of complex networks and social relationships. Thus, actions and interaction generated within a specific social context can contribute to fostering social change.

In the context of a people-centred approach to development, communication can play a pivotal role in informing communities and raising awareness around social issues through a dialogical process of social learning. Media not only have the power to disseminate information but could also initiate a better-structured process of social transformation. Individuals’ change is not the main aim, as it was for anachronistic BCC strategies, and
development communication is intended to pursue social and collective change among communities.

The Integrated Model of Communication for Social Change is the result of a debate around development communication that has been ongoing for the past 50 years and has advocated for more integrated forms of development communication, able to produce both individual and societal change.

This chapter offered an overview of the theoretical evolution of the concept of development and its application to the field of development communication. The next chapter will provide an in-depth analysis on the case study area.
CHAPTER 3: THE CASE STUDY AREA

3.1. Introduction

This chapter will provide some background information about the case study area, namely the Berea and Maseru districts in Lesotho and three correctional services institutions: Maseru Central, Leribe and Mafeteng prisons. In particular, a series of secondary data, including reports and policy documents, were reviewed to describe the socio-economic effects that the plague of HIV/AIDS has caused in the country in the last 20 years (since 1990). A detailed description of the case study organisation, Sesotho Media and Development (SM&D), is also provided, which includes the vision, mission, goals and objectives of the organisation. The implementation of the different activities run by the organisation is discussed with an emphasis on prison inmates and support group members as selected target groups of this study. Finally, concluding remarks are made to provide a broad platform for the analyses in subsequent chapters.

3.2. Lesotho: Background Information

Lesotho is a kingdom and a constitutional monarchy. The monarch is the head of state and serves a largely ceremonial function; he no longer possesses any executive authority and is proscribed from actively participating in political initiatives (DESA, 2004). The country had its first democratic elections in 1993. The Prime Minister is head of government and has executive authority.

Lesotho is a small landlocked country surrounded by the Republic of South Africa. The three major ports of entry are Maseru Bridge and two ports in the north, Maputsoe and Caledonspoort. These three border posts alone account for 80% of all visitors (Minister of Finance and Development Planning Bureau of Statistics, 2010).

Lesotho became independent in 1966, after having been a British protectorate since 1868. A large part of the population (75%) lives in rural areas and is dedicated to subsistence farming. The country does not have many natural resources, and water, together with electricity, is supplied to South Africa in order to generate an income (Bertelsmann Stiftung, 2009).
For administrative purposes, Lesotho is divided into 10 districts, each headed by a district administrator. Districts are divided into 80 constituencies, which are subdivided into 129 community councils. According to the 2006 National Census, the total population is 1,876,633. Maseru is the most highly populated district, while Qacha’s Nek district accounts for only 4% of the population (Minister of Finance and Development Planning Bureau of Statistics, 2010). As stated earlier, 75% of the population (1,448,716) live in rural area, while only 427,917 reside in urban areas. The World Bank (2012) estimates the population of Lesotho at 2,194,000.

Table 1: Population of Lesotho by Districts

<table>
<thead>
<tr>
<th>District</th>
<th>Vehicle Registration letter</th>
<th>Area square km</th>
<th>Population per sq. km</th>
<th>Number of Constituencies</th>
<th>Number of Councils</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maseru</td>
<td>A &amp;M</td>
<td>4,279</td>
<td>431,998</td>
<td>101</td>
<td>23</td>
</tr>
<tr>
<td>Botha-Bothe</td>
<td>B</td>
<td>1,767</td>
<td>110,320</td>
<td>62</td>
<td>10</td>
</tr>
<tr>
<td>Leribe</td>
<td>C</td>
<td>2,828</td>
<td>293,369</td>
<td>104</td>
<td>18</td>
</tr>
<tr>
<td>Berea</td>
<td>D</td>
<td>2,222</td>
<td>250,006</td>
<td>113</td>
<td>9</td>
</tr>
<tr>
<td>Mafeteng</td>
<td>E</td>
<td>2,119</td>
<td>192,621</td>
<td>97</td>
<td>12</td>
</tr>
<tr>
<td>Mohale’s Hoek</td>
<td>F</td>
<td>3,530</td>
<td>176,928</td>
<td>50</td>
<td>13</td>
</tr>
<tr>
<td>Quthing</td>
<td>G</td>
<td>2,916</td>
<td>124,048</td>
<td>43</td>
<td>10</td>
</tr>
<tr>
<td>Qacha’s Nek</td>
<td>H</td>
<td>2,349</td>
<td>69,749</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>Mokhotlong</td>
<td>I</td>
<td>4,075</td>
<td>97,733</td>
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<tr>
<td>Thaba-Tseka</td>
<td>K</td>
<td>4,270</td>
<td>129,881</td>
<td>30</td>
<td>13</td>
</tr>
<tr>
<td>Lesotho</td>
<td></td>
<td>30,355</td>
<td>1,876,633</td>
<td>62</td>
<td>129</td>
</tr>
</tbody>
</table>

3.2.1 Economy

As cited above, because 75% of the people reside in rural areas, while the economic growth is generated in urban areas, Lesotho is “one of the world’s most unequal countries, with a Gini coefficient of 0.66” (Bertelsmann Stiftung, 2009:14).

Basotho men worked for many years in the South African gold and coal mining industries, but this source of income is no longer freely available and remittances have significantly decreased, having a negative impact on the local economy (Foreign and Commonwealth

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1 The Gini coefficient is the most commonly used measure of inequality. For a calculation of the Gini coefficient, see: [http://www.fao.org/docs/up/easypol/329/gini_index_040en.pdf](http://www.fao.org/docs/up/easypol/329/gini_index_040en.pdf)
Office, 2012). On the other hand, the opening of two new diamond mines in 2004 and 2005 has boosted the mining sector.

In Table 2, below, the growth of GDP and the major sectors from 1983 to 2008 are illustrated. The agricultural output has declined because of climatic and environmental changes. Furthermore, Lesotho only has 10.8% of arable land (World Bank, 2010). The adverse conditions that prevented a growth in the manufacturing sector are compensated by the opening of two new diamond mines in 2004 and 2005, which “offset the decline of manufacturing” (Ministry of Finance and Development Planning Bureau of Statistics, 2010:38).

Table 2: Structure of Lesotho GDP by economic sectors

![Graph showing the structure of Lesotho GDP by economic sectors from 1983 to 2008.]


The rural areas, in which the majority of the population lives in Lesotho, are significantly affected by the job losses and returned migrants who require food. This problem is exacerbated by the extra strain the overflow of migrant workers puts on the already scarce local resources available. The rural populace is also dependent on agriculture for subsistence and the additional income this provides. In recent years, overgrazing, unsustainable agricultural methods and climatic changes have contributed to poverty and food insecurity in the rural areas (Kossmann, Gysae & Sesotho Media and Development, 2009:13). The overall unemployment rate is very high, sitting at nearly 50% (Foreign and Commonwealth Office, 2012) while youths between the ages of 15 and 24 face an unemployment rate of 45.1% (African Economic Outlook, 2010).
3.2.2. HIV/Aids

According to Ministry of Health and Social Welfare (Ministry of Health and Social Welfare and National AIDS Commission, 2012), nearly one quarter of the population is estimated to be HIV positive (the third HIV highest prevalence in the world). In 2012, the National AIDS Commission (NAC) estimated the adult prevalence rate (15 to 49 years) at 23% (see Table 3). Migrant labouers, sex workers, unemployed people, inmates of prisons and young females are the groups most at risk. In particular, young girls between the age of 15 to 24 have an HIV prevalence rate of 14.9%, more than 2.5 times higher than that of men of the same age, which is estimated at 5.9% (Khobotlo et al., 2009). The Lesotho government estimated that at the end of 2007, there were 273,273 living with HIV/Aids in the country (Ministry of Health and Social Welfare and National AIDS Commission, 2008).

Table 3: Estimated HIV Among Adults (15 to 49 years)

<table>
<thead>
<tr>
<th>Year</th>
<th>% HIV positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>5</td>
</tr>
<tr>
<td>2001</td>
<td>10</td>
</tr>
<tr>
<td>2002</td>
<td>15</td>
</tr>
<tr>
<td>2003</td>
<td>20</td>
</tr>
<tr>
<td>2004</td>
<td>25</td>
</tr>
<tr>
<td>2005</td>
<td>20</td>
</tr>
<tr>
<td>2006</td>
<td>15</td>
</tr>
<tr>
<td>2007</td>
<td>10</td>
</tr>
<tr>
<td>2008</td>
<td>5</td>
</tr>
</tbody>
</table>


Different factors have contributed to the spread of HIV/Aids in Lesotho, which include immediate drivers and contextual factors (National AIDS Commission, 2009:4). Among the former are “multiple and concurrent sexual partner; low level of consistent and correct condom use; poverty and unemployment; challenges for adolescents and youth to change patterns of sexual behaviors; high rates of alcohol use and low rate of male circumcision. The latter are mainly made up of social and cultural factors affecting women and girls; social and cultural
inhibitions around open discussion of sex and sexuality and income inequalities and income disparities’” (National AIDS Commission, 2009:4).

During a semi-structured interview conducted with one of the members of the organisation International Community of Women Living with HIV/AIDS (ICW), she listed some of the daily challenges that the organisation is facing because of immediate drivers and contextual factors that are causing the rise of the infection rate in the country. As reported by two of the members of the International Community of Women Living with HIV/AIDS during the in-depth interviews,

*The first one is talking about sex ... it is not easy for an African women to talk about sex ... women of a certain age they shut down ... you need to come to their level and try to make them open up ... we create dialogue where they can end up talking about the issue.*

*And also some women who get married to a person ... you get infected and when the man passes away...your property is taken and you are chased away and they claim you are the person who killed the husband ... they still do not believe that HIV does exist...so you find that those are the stories that you find ... again our topography; we have the rural areas where our women cannot access services easily ... they have to travel long distances...and also there is this ‘poverty thing’.*

To counter the socio-economic effects resulting from the spread of HIV/AIDS in Lesotho, the Minister of Health and Social Welfare (MOHSW) and the National AIDS Commission (NAC) launched an ambitious programme known as Lesotho National BCC strategy, which set a series of objectives and goals to be achieved over a 5-year plan (2008-2013) following the implementing of development communication strategies at a national level (Minister of Health and Social Welfare and National AIDS Commission, 2008).

The main aims of this policy are to reduce the spread of HIV/AIDS in Lesotho; to provide equitable care and support for those infected by HIV/AIDS; to mitigate the impact of HIV/AIDS, such that it is no longer of public health, social and economic concern; to ensure that all Basotho will be able to achieve socially and economically productive lives free of the infection and its effects. The strategy (Minister of Health and Social Welfare and National AIDS Commission 2008:4) primarily targets youth; men and women of reproductive age; vulnerable groups
(migrants, herd boys, sex workers, prisoners, men who have sex with men) and people living with HIV/Aids (PLWHA).

A variety of messages about HIV/Aids behavioral practices were disseminated by using radio, TV programmes, drama and printed media, in partnership with NGOs such as PHELA communications. An educational film called Kau la Poho was distributed and a campaign called Know your Status was launched to incentivise testing and counselling among the population (Minister of Health and Social Welfare and National AIDS Commission, 2009:46).

Table 4: Lesotho National BCC Strategy: Primary and Secondary Targets

<table>
<thead>
<tr>
<th>Primary Target Audiences</th>
<th>Secondary Target Audiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>Parents of youth</td>
</tr>
<tr>
<td>Men and women of reproductive age</td>
<td>Police</td>
</tr>
<tr>
<td>Vulnerable Groups</td>
<td>Families of PLWHA</td>
</tr>
<tr>
<td>Migrant populations</td>
<td>Health Workers</td>
</tr>
<tr>
<td>Sex workers</td>
<td>Work place managers</td>
</tr>
<tr>
<td>People with disabilities</td>
<td></td>
</tr>
<tr>
<td>Herd boys</td>
<td></td>
</tr>
<tr>
<td>Prisoners</td>
<td></td>
</tr>
<tr>
<td>Men who have sex with men</td>
<td></td>
</tr>
<tr>
<td>People living with HIV/Aids</td>
<td></td>
</tr>
</tbody>
</table>


The HIV/AIDS epidemic has had a profound effect in Lesotho, posing significant development challenges to this very low-income country. The HIV/AIDS pandemic in Lesotho continues to have a negative effect on life expectancy and has reduced productivity, worsened household poverty, broken down family structures and increased the number of orphans and child-headed households” (Minister of Health and Social Welfare and IFC Macro, 2010:159). This has led to an increase in the number of young children living on the streets of Maseru, leaving them vulnerable to exploitation and trafficking.
3.3 Lesotho Correctional Services (LCS)

This study made use of data and information collected in different correctional services institutions across Lesotho, where SM&D is implementing development communication programmes. A comprehensive description of these activities and their outcomes will be discussed in the next sections. In general, it provides an overview of the correctional services institutions and some of the policies adopted by government to counter the increasing spread of HIV/AIDS among inmates and staff. Information is the result of a combination of primary data, mainly obtained by conducting in-depth interviews with personnel and the senior officer of the Lesotho Correctional Services (LCS) and by reviewing a range of secondary sources of information, which includes country reports and policy documents.

In Lesotho, there are 12 correctional services institutions (see Table 5), one per district, plus a female and a juvenile institution in the capital, Maseru. In all the other districts, males and females are admitted to the same structure (Department of Correctional Services, 2007).

These correctional services institutions depend on the Minister of Justice, Human Rights and Correctional Services, who has the mandate to administrate justice, promote human rights and rehabilitate the offenders. Its mission places a strong focus on the rights of vulnerable people such as the disabled and people living with HIV/AIDS (Minister of Justice, Human Rights and Correctional Services, 2013).

According to the information provided by the last national census, published in 2007, correctional services institutions in Lesotho host, in total, 4,806 inmates. Maseru Central is the prison with the largest population (1,235), followed by Leribe (629) and Mokhotlong (544). For details, refer to Table 5 below.
Table 5: Persons Received in Correctional Institutions

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NUMBER OF OFFENDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>1 235</td>
</tr>
<tr>
<td>Juvenile</td>
<td>54</td>
</tr>
<tr>
<td>Female</td>
<td>86</td>
</tr>
<tr>
<td>Botha-Bothe</td>
<td>452</td>
</tr>
<tr>
<td>Leribe</td>
<td>629</td>
</tr>
<tr>
<td>Berea</td>
<td>342</td>
</tr>
<tr>
<td>Mafeteng</td>
<td>240</td>
</tr>
<tr>
<td>Mohale’s Hoek</td>
<td>345</td>
</tr>
<tr>
<td>Quthing</td>
<td>307</td>
</tr>
<tr>
<td>Qacha’s Nek</td>
<td>258</td>
</tr>
<tr>
<td>Thaba-Tseka</td>
<td>314</td>
</tr>
<tr>
<td>Mokhotlong</td>
<td>544</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4 806</strong></td>
</tr>
</tbody>
</table>

**Source:** Department of Correctional Services, (2007)

The male population (4,559) is considerably higher than the female, which accounts for only 247 inmates, who are hosted mainly in one prison, Maseru Female (86) (see Table 6).

Crime against persons accounts for 45.3% of the total and is the main reason for conviction. Offences against property are also a major cause of detention, with a rate of 30.9%. For details, refer to Table 7.
Table 6: Offenders received in correctional institutions (by gender)

<table>
<thead>
<tr>
<th>Correctional Services Institutions</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>1 235</td>
<td>0</td>
</tr>
<tr>
<td>Juvenile</td>
<td>54</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>86</td>
</tr>
<tr>
<td>Botha-Bothe</td>
<td>436</td>
<td>16</td>
</tr>
<tr>
<td>Leribe</td>
<td>606</td>
<td>23</td>
</tr>
<tr>
<td>Berea</td>
<td>325</td>
<td>17</td>
</tr>
<tr>
<td>Mafeteng</td>
<td>231</td>
<td>9</td>
</tr>
<tr>
<td>Mohale’s Hoek</td>
<td>316</td>
<td>29</td>
</tr>
<tr>
<td>Quthing</td>
<td>287</td>
<td>20</td>
</tr>
<tr>
<td>Qacha’s Nek</td>
<td>246</td>
<td>12</td>
</tr>
<tr>
<td>Thaba-Tseka</td>
<td>311</td>
<td>3</td>
</tr>
<tr>
<td>Mokhotlong</td>
<td>512</td>
<td>32</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4 559</td>
<td>247</td>
</tr>
</tbody>
</table>

Source: Department of Correctional Services, (2007)

Lesotho has the highest rape rate of any country in the world, estimated at around 91.6 out of 100,000 people (United Nations Survey of Crime Trends and Operations of Criminal Justice System, 2008). The population in prison is mainly made up of young individuals. Of the total population of 4,806 inmates, 3,374 are aged between 15 and 30 years old (United Nations Survey of Crime Trends and Operations of Criminal Justice System, 2008).

Since the first reported case of HIV in 1986, the infection rate has significantly increased, up to an alarming national rate of 23% in 2012 (Minister of Health and Social Welfare and National AIDS Commission, 2012). In particular, young girls between the ages of 15 to 24
have an HIV prevalence rate of 14.9%, more than 2.5 times higher than that of men of the same age, which is estimated at 5.9 (Minister of Health and Social Welfare and National AIDS Commission, 2012).
Table 7: Percentage Distributions of Persons in Correctional Institutions by Type of Offence

<table>
<thead>
<tr>
<th>Residence</th>
<th>Offence Against Person</th>
<th>Offence Against Property</th>
<th>Other Offence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buth-Buthe</td>
<td>3.5</td>
<td>2.4</td>
<td>2.1</td>
<td>8.0</td>
</tr>
<tr>
<td>Leribe</td>
<td>6.5</td>
<td>4.2</td>
<td>3.3</td>
<td>14.0</td>
</tr>
<tr>
<td>Berea</td>
<td>5.2</td>
<td>4.3</td>
<td>3.8</td>
<td>13.3</td>
</tr>
<tr>
<td>Maseru</td>
<td>9.1</td>
<td>6.7</td>
<td>4.6</td>
<td>20.5</td>
</tr>
<tr>
<td>Mafeteng</td>
<td>6.2</td>
<td>3.6</td>
<td>2.7</td>
<td>12.5</td>
</tr>
<tr>
<td>Mohale’s Hoek</td>
<td>3.9</td>
<td>2.4</td>
<td>1.6</td>
<td>7.8</td>
</tr>
<tr>
<td>Quthing</td>
<td>2.7</td>
<td>2.1</td>
<td>1.4</td>
<td>6.1</td>
</tr>
<tr>
<td>Qacha’s Nek</td>
<td>2.3</td>
<td>1.3</td>
<td>0.9</td>
<td>4.6</td>
</tr>
<tr>
<td>Mokohotlong</td>
<td>2.7</td>
<td>1.6</td>
<td>1.3</td>
<td>5.6</td>
</tr>
<tr>
<td>Thaba-Tseka</td>
<td>3.0</td>
<td>2.1</td>
<td>1.8</td>
<td>6.9</td>
</tr>
<tr>
<td>Outside Lesotho</td>
<td>0.3</td>
<td>0.2</td>
<td>0.3</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45.3</strong></td>
<td><strong>30.9</strong></td>
<td><strong>23.7</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Source:** Department of Correctional Services, (2007)
Table 8: Persons Received by Correctional Institutions and Age Group

<table>
<thead>
<tr>
<th>Correctional Service Institution</th>
<th>&lt;15</th>
<th>15-20</th>
<th>21-30</th>
<th>31-40</th>
<th>41-50</th>
<th>&gt;50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botha-Buthe</td>
<td>53</td>
<td>161</td>
<td>74</td>
<td>30</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Leribe</td>
<td>107</td>
<td>342</td>
<td>109</td>
<td>46</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>Berea</td>
<td>73</td>
<td>231</td>
<td>83</td>
<td>38</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Central</td>
<td>171</td>
<td>687</td>
<td>262</td>
<td>77</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>33</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Juvenile</td>
<td>54</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mafeteng</td>
<td>108</td>
<td>289</td>
<td>91</td>
<td>25</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>Mohale’s Hoek</td>
<td>62</td>
<td>186</td>
<td>45</td>
<td>14</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Quthing</td>
<td>45</td>
<td>127</td>
<td>52</td>
<td>22</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Qacha’s Nek</td>
<td>43</td>
<td>127</td>
<td>60</td>
<td>30</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Mokhotlong</td>
<td>41</td>
<td>121</td>
<td>50</td>
<td>15</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Thaba-Tseka</td>
<td>69</td>
<td>165</td>
<td>72</td>
<td>20</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>840</td>
<td>2,469</td>
<td>905</td>
<td>321</td>
<td>207</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Department of Correctional Services, (2007)

In 2005, the sudden increase in the HIV rate led to the formation of the National AIDS Commission (NAC), which was established by Parliament with the aim of countering the spread of HIV/AIDS in Lesotho. The NAC developed a series of documents that address the issue of HIV/AIDS as a national priority. Among these, the National HIV and AIDS policy, the National Strategic Plan 2006-2011, and the National HIV and AIDS Monitoring and Evaluation Plan 2006-2011 (Lesotho Correctional Services and National AIDS Commission, 2009).

According to a study conducted in 2011 (Minister of Health and National AIDS Commission, 2012), the HIV prevalence rate among males across Lesotho prisons is 31.4%, a much higher
figure than the national prevalence rate which, in 2007, was at 23.6%. The findings from this research indicate that male-to-male sex is a common practice among prisoners and inmates are becoming infected while in the prison system. “For the 80% of male inmates imprisoned for between 1 and 10 years there is some HIV transmission occurring during the early stage of the sentence” (Lesotho Correctional Services and National AIDS Commission 2009:48).

For example, in an interview with the Senior Assistant Commissioner for Health Services (SAC), he stated that:

We just completed a survey, and we found that among male prisoners, the prevalence rate is around 31.4% ... among female prisoners even though the number of those who participated was quite small, but it was just too high – 16.9% .... Now, this means that inmates engage in unprotected sexual activities ... while they are in prisons ... male to male ... so we had to provide them with condoms; ... we just put condoms there and try to educate them.

As earlier stated, LCS Institutions consider inmates as vulnerable individuals. This concept is reinforced by the National HIV and Aids policy, which recognises that “prisoners are vulnerable to exploitative and abusive sexual relations because of the environment in which they live” (National AIDS Commission, 2009:52).

Although no clear statistics are available (Bureau of Democracy, Human Rights, and Labor, 2011), there were reported cases of prisoners raped by other prisoners in Lesotho. The harshness of the environmental conditions in all LCS institutions was also confirmed by the divisional commander of the Maseru Correctional Services, who admitted that among the main causes of death and the spread of HIV/AIDS in prison was sodomy (National AIDS Commission, 2009).

To tackle these issues specific policies were adopted by Government to guarantee a better standard of living and improve the condition of the population in prisons. In particular an HIV and AIDS policy was developed to respond to eleven principles, as recommended by the USAID HIV and AIDS Prevention, Care, Treatment and Support in Prison Settings – A framework for effective National Response (Lesotho Correctional Services and National AIDS Commission, 2009). The following are the pillars of the LCS implementation strategy with regard to health care and environmental conditions in prisons:
• Good prison health is good public health
• Good prison health is good custodial management
• Respect for human rights
• Adherence to national and international standards and health guidelines
• Equivalence in prison health care
• Holistic approach to health
• Evidence-based interventions
• Collaborative, inclusive, and intersectoral co-operation and action
• Monitoring and quality control
• Reducing prison population
• Gender dimensions of HIV/AIDS and the care and support of PLWHA.

As stated by the Senior Assistant Commissioner (SAC), during an interview, a health department was established in 2006 to co-ordinate HIV/AIDS interventions, and 32 health professionals were employed.

Each correctional institution has a “Health Unit that implements Health Programmes for staff and inmates including HIV and AIDS” (Lesotho Correctional Service and National AIDS Commission, 2009). A professional nursing sister and a nutritionist are assigned to each unit; other regional institutions have pharmacy technologists and health inspectors (Lesotho Correctional Service and National AIDS Commission, 2009).

In an interview with the Senior Assistant Commissioner for Health Services, he stated that:

*Right now the focus is mainly on the inmates ... providing all the health services and attending to all the health needs and ensuring that they live in a better environment and see if we can improve the living conditions in those prisons even though that is the biggest challenge that we face.*

LCS has invested resources in improving living conditions in prison for those living with HIV/AIDS. In 2009, an HIV/AIDS co-ordinator was employed and 90 peer educators were trained (Bureau of Democracy, Human Rights and Labor, 2011). Several awareness programmes have been implemented and external organisations have been welcomed to
provide assistance, which could help stopping the spread of HIV/AIDS and reducing stigma and discrimination among the prison population.

Different media were used in Lesotho to raise awareness among inmates and staff around the health issues related to risk activities, such as drug injecting, unprotected sex, tattooing and body piercing, to provide the facts about HIV and about how HIV is transmitted. The aim was and to counter stigmatisation of and discrimination against people living with HIV/AIDS and those vulnerable to it in prison, particularly people who use drugs and men who have sex with men (Minister of Health and Social Welfare and National AIDS Commission, 2008).

According to (Family Health International, 2002) information and communication for behavior change programmes on HIV/AIDS can help to identify people at high risk of infection as well as to modify certain behaviours.

One of the 13 priority objectives of the Lesotho National BCC Strategy is “to provide access to HIV and AIDS services for prevention, treatment, care and impact mitigation for inmates in all correctional institutions” (Minister of Health and Social Welfare and National AIDS Commission, 2009:21). As noted earlier, inmates are considered a vulnerable group because of the environment in which they live and because of the high HIV/AIDS infection rate, in particular among the male population, which is a clear indicator of male-to-male sexual activities. Therefore, government strategy in terms of development communication strategy foresees the use of a multimedia approach, the involvement of prisoners in outreach activities, interpersonal communication such as training peer educators among the inmates and the mobilisation of communities to help the rehabilitation of prisoners (Minister of Health and Social Welfare and National AIDS Commission, 2008:31).

3.4 Background of the organisation

Sesotho Media and Development (SM&D) was started in 1999 as an association to raise awareness among communities across Lesotho around different socio-political issues, with a particular focus on HIV/AIDS. The organisation was then registered in 2002 and initially worked in collaboration with Positive Action, “a support group for people living with HIV/AIDS that promoted public awareness through poster campaigns, school and radio programs” (Levine, 2002:62).
The vision of SM&D is to create an equitable society without discrimination due to race, class, gender, religion, sexuality and HIV status. The goals are aimed at furthering awareness to enable individuals and communities to make informed decisions about issues that are affecting their lives.

The mission of the organisation is to contribute to improving the quality of life for people living with HIV/AIDS by increasing understanding, social support and utilisation of health care and also to protect the “non-infected”, particularly children and youth, from HIV infection in future. The organisation is based in the capital of Lesotho, Maseru, and by using a Mobile Video Unit is able to reach some of the most remote rural areas of the country.

SM&D operates with the following objectives (Kossmann, Gysae and Sesotho Media and Development, 2009):

i. to increase awareness and knowledge about HIV and Aids and issues such as treatment, gender, culture, discrimination and stigmatisation amongst the target groups;

ii. to emphasise the importance of reaching the youth, support group members and prison inmates;

iii. to create an enabling environment wherein the public can speak openly and in a non-discriminatory way about the HIV virus and/or their own status;

iv. to encourage individuals and communities to take action based on informed decision with regard to HIV and Aids prevention, positive living, and support for others.

In this regard, one of the respondents mentioned that:

I would say to change people’s lives in different ways ... you know it is the methodology of using a film as a tool, is more unique than when people are just disseminating information or talking to people ... but watching people ... that methodology makes people change, it makes an impact to people lives ... I would say that’s the mission or goal: to make a difference in people lives via the information through the facilitated screenings (Focus group discussion with SM&D staff members).
3.4.1 Implementation modality

The SM&D implementation modality is based on facilitated film screenings in urban and rural areas around Lesotho. The idea is to use the film as a tool to promote social change. Communities are engaged after the screening and actively involved in a discussion mediated by a trained facilitator. “A facilitated screening becomes a learning cycle that allows audiences to watch, reflect and engage with the film and the issues that it raises’’ (Kossmann, Gysae and Sesotho Media and Development, 2009:10). The facilitator, who is usually the same age and has a similar profile to the audience, leads the discussion, raises questions, and provides answers. By collaborating with other organisations, the facilitator is also able to assist audiences in accessing health-care services and medication. Referring to the role of the facilitator during a focus group discussion, one of SM&D staff stated:

*The role is to engage people into talking ... about issues that relate to them...they need to be able to make people talk without being judgemental.*

Generally, after a screening report is compiled by the facilitator to highlight issues of concern, these will then be addressed during a follow-up screening with the same audience.

The main objectives of facilitated screenings includes creating safe environments for open and meaningful communication; building the self-esteem of PLWHA through positive living; reducing the stigmatisation of and discrimination against PLWHA; providing access to information and correcting misconceptions and equipping people with the ability to make informed decisions.

The "learning cycle’’ emphasises the fact that watching a film should then lead the audiences to take “action’’ in order to overcome a particular social challenge. This form of “action’’ could be either individual (using condoms, reducing number of partners, testing or using counselling services) or collective (i.e. forming a support group). This model does not only focus on providing information to promote improved individual behaviours, as done by many BCC programmes, but it also foresees collective action that can lead to social change.
3.4.2. **Structure of the organisation**

The work conducted by SM&D is supervised by a board of five members. At the time of the fieldwork SM&D employed seven full-time staff members and one part-time staff member. The organisation is structured to run mainly three sets of activities: facilitated screening across communities, training and capacity building and a resource centre where people can watch or hire films in different languages about numerous social issues.

SM&D believes that networking is a crucial activity and, therefore, is working in partnership with numerous organisations, such as, Beyond Bikes Association, National Aids Commission (NAC), Treatment Action Campaign (TAC), World Food Programme (WFP), Phela, Plot

**Figure 3**: Map of SM&D outcomes

**Source**: Kossmann, Gysae & Sesotho Media and Development, (2009)
3.4.3. Programmes implemented

SM&D uses films to promote social change. HIV/AIDS is the main issue discussed but other social problems, including lesbian, gay, bisexual, transgender and intersex (LGBTI) issues, are also part of its awareness programmes. These activities address different target groups, including the youth, prison inmates and support group members. Representatives of these groups are trained to work as facilitators and peer educators and to conduct facilitated screenings in their communities. SM&D has decided to move away from a methodology of once-off screening for mass audiences to focus on working with a particular target group over an extended period of time.

3.4.4 Film screening: Mobile Video Unit

Based on the information gathered through focus group discussions, individual interviews and document review, it was apparent that films’ screening is the main activity implemented by SM&D, which is able, through its Mobile Video Unit, to reach different villages and a variety of audiences. From 2007 to 2009, SM&D has conducted 240 facilitated screenings and has reached 16,252 people. Altogether, 82 screenings involved youths, 75 took place in villages and were addressed to ‘support’ members, 37 were in correctional services, 29 were in clinics and 17 were among the police force (see Table 9 below). The audiences in general was comprised of adult men (30%), followed by female youth (23%).
3.4.5. Correctional services institutions

Screenings in prisons were first implemented by SM&D in 2006, involving 12 prisons in different districts and 2800 inmates. Following that experience, a partnership between SM&D and the Senior Assistant Commissioner for Health Services, representing LCS, was then formalised. To guarantee sustainability to the programme, it was decided to organise a course to train some of the inmates from all the prisons in the country in using the methodology of facilitated film screening and to become peer educators. A group of 19 participants, including 12 long-term prisoners and 7 officers, was selected by LCS personnel, because of their interest and involvement in other social activities within the prison. The course, run by SM&D training staff, took place at Maseru Central Prison from 26th to 28th October 2009 and gathered inmates from six different prisons, including Maseru Central Prison, Mohale’s Hoek, the women’s prison in Maseru, the Juvenile Training Centre in Maseru, the Leribe prison and the Berea prison. Mafeteng prison was initially excluded because of the lack of the necessary screening equipment.

Some of the participants involved in the training were openly living with HIV/AIDS. Both inmates and wardens wore civilian clothes in order to reduce barriers and create an open space to interact with prisoners and discuss their different issues and share their experiences. The SM&D provided each prison with video material and a facilitator guide, while representatives of LCS guaranteed support to the programme and access to the necessary

Table 9: Number of People Reached per Venue

Source: Kossmann, Gysae and Sesotho Media and Development, (2009)
equipment to screen the films. From the information obtained during focus group discussions, it emerged that, after the training, SM&D had drafted a mentoring plan to be implemented in 2011, which included on-site co-facilitation and skills development in all the six prisons involved in the project.

3.4.6 Support groups

Together with inmates, support group members are also a target of SM&D projects. This study is primarily focused on these two target groups, and therefore a brief description of the support groups’ project is provided hereunder.

As previously mentioned SM&D conducts facilitated screenings with support group members around the issue of HIV/AIDS, and through the years, has consolidated partnerships with many of the grassroots organisations in different districts of Lesotho. SM&D also provides training and mentorship to selected support group members, who then became responsible for implementing activities in their communities.

3.4.7 Training of facilitators

Training is another key activity for SM&D. To ensure a level of sustainability to the projects, it is vital to train and mentor new facilitators belonging to the different target groups. Facilitators from the same age/social group are, in fact, more effective because they can speak the “language” of the audience and therefore can convey information more accurately and win the trust of recipients. This is also related to cultural issues: during an interview, one of the training staff of SM&D declared, “the biggest reason is ... it is easy for a person to relate ... in Basotho cultural settings we have a tendency not to open to strangers ... that is a reason why we thought we should train them”. Knowledge is also an important component of the training. Facilitators need to be in the position of providing the audience with specific information on HIV/AIDS. As one of the trainers from SM&D explained during one of the interviews, when referring to a training session in prison,

[B]ecause we have been mentoring them we used to give them the feedback if we realised that one of them maybe still need to be informed about something we used to tell them that and ask whether it is possible for the facilitator to meet the health officers so they can be told about something.
3.5 Closing remarks

The socio-economic consequences resulting from HIV/AIDS represent an enormous challenge for Lesotho. The HIV/AIDS infection rate has increased significantly in recent years and is up to 23% in 2012. Therefore, the government has put in place a series of strategies to reduce the spread of the disease among the population and improve living conditions for those people living with HIV/AIDS. In these policies, a group of categories of vulnerable people, who need particular care, have been identified. Amongst this group of vulnerable individuals, prison inmates are considered at particularly high risk, because of the environment and because the prevalence of male-to-male sexual practices within the prison system has raised the infection rate among prisoners.

An ambitious plan was developed by the Lesotho Government with the intent of using BCC interventions and media to mitigate the effects of HIV/AIDS. Nonetheless, a comprehensive evaluation of the impact of these programmes at national level is not available and there is little evidence of the impact among prison inmates. It appears that most of the BCC interventions are primarily focused on individual behaviour change and are not organised strategically but are rather spontaneous and fragmented. Therefore, a more integrated approach is needed, which involves development communication strategies that will lead to social and structural change.

SM&D has achieved remarkable results over the years with regard to the modification of several HIV/AIDS immediate and contextual factors. In particular, post-screening discussions have helped audiences in disclosing their status within their communities, thus reducing stigma and discrimination, and in promoting access to information through participatory dialogue. The following chapter provides an analysis of the data gathered during the fieldwork conducted in Lesotho. The analysis was aimed at assessing whether SM&D programmes could foster collective action, as well as encourage individuals’ behaviour change, and lead to some form of cooperation between audiences to tackle the most pressing issues.
CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

4.1. Introduction

The overall aim of this chapter is to present the research processes that were employed throughout this study. In general, combinations of data analysis techniques were used. In the following section, the research design, methodologies, procedures and overall framework of the research are discussed.

4.2. Research design

The main function of research design is to explain how a researcher will find answers to his or her research questions and could be defined as a procedural plan implemented by the researcher to answer questions validly, objectively, accurately and economically (Kumar, 2005). A research design could be described as the detailed plan which anticipates observation and analysis (Babbie, 2008). Babbie further observed that it specifies “why” and “how” a researcher intends to conduct his or her study.

4.3. Research methodology

In the context of social science, there are two broader categories of research methodologies: quantitative and qualitative (Mouton, 1996; Mouton & Marais, 1998). The choice between methodologies primarily depends on the objective of the research and on the type of data available (Bless, Higson-Smith & Kagee, 1988). After considering the relevance of each method to the topic under research, I decided to employ both qualitative and quantitative research methods.

Neuman (2000) claimed that quantitative research methodology will help the researcher in redefining concepts of interest into the language of variables and will allow the researcher to draw trends and relationships between them. Henning (2004) and Neuman (2000) maintained that a qualitative approach does not aim at rigidly controlling variables and is less focused on translating data into variables, but it is rather based on empirical data and involves documenting real events, interviewing people, observing specific behaviours and examining visual images to better understand “how” and “why” a particular phenomenon happened. Details of the proposed different types of research tools are presented below:
4.3.1 Survey

Kaplan (1994) and Berdie (1986) noted that a survey is a systematic method of collecting data from a population of interest. It tends to be quantitative in nature and aims to collect information from a sample of the population such that the results are representative of the population within a certain degree of error.

For this study, I, as the researcher, selected one project in the Berea District where SM&D has been conducting several facilitated screening discussions as well as training sessions with local community members. Quantitative information was collected in the village of Ha Matholoana at the Betani clinic, where, as reported during a focus group discussion with members of the community, once a month, support group members and health-care villagers gather to discuss issues related to HIV/Aids and health in general. This village is located within the Senekane Community Council area, which is part of the Thupa - Kuba constituency, one of 10 constituencies that form the Berea District. Senekane has a population of 22 138 individuals and comprises approximately 110 villages.

As emerged during the analysis of in-depth interviews and focus groups, these meetings are normally attended by 70-100 people coming from 30 to 40 different villages within the Senekane community and other communities within the Maseru and Berea Districts. The people present at this community gathering (or pitso in Sesotho) were exposed to development communications programmes run by SM&D.

A self-administered questionnaire was distributed to a sample of 50 respondents who are members of HIV/Aids support groups or community health workers involved with SM&D. The questionnaire was intended to help measure the level of collective self-efficacy (independent variable) in the given community. As previously discussed, in Chapter 2, Kumar (2005) noted that quota sampling is a less expansive technique and it guarantees the inclusion of the type of people needed by the researcher. The choice of quota sampling was made mainly because the study was intended to focus on a specific type of person, that is, those individuals who were exposed to facilitated screenings and trained by SM&D.

Collective self-efficacy refers to a group's shared belief in its conjoint capabilities to attain their goals and accomplish desired tasks. It involves the belief or perception that an effective collective
action is possible to address a social or health problem. It differs from individual self-efficacy though, of course, is rooted in it (Figueroa et al., 2002:30).

The aim of the quantitative analysis is to highlight what the perceived capacity is amongst the respondents of working collectively, mainly on two levels: first, within their own support group and second, within their own community. Lastly, the survey was used to assess how facilitated screening could foster or increase the willingness of individuals to work together and, in essence, to generate collective forms of action.

4.3.2 Operationalisation of change/convergence paradigm

The Integrated Model of Communication for Social Change illustrated in Chapter 2 (see Figure1) presents social change as the main result of community dialogue and collective action. Figueroa et al. (2002) identified a series of seven indicators of social-change outcomes, measurable either with qualitative or quantitative tools: (1) leadership, (2) degree and equity of participation, (3) information equity (4) collective self-efficacy, (5) sense of ownership, (6) social cohesion; and (7) social norms.

These indicators can be used by researchers, agents of change and community leaders to assess how the application of the integrated model of communication for social change contributes to fostering social change. For the purposes of this study, a questionnaire was designed to measure, exclusively, the level of collective self-efficacy, as a main outcome of the process of dialogue and social learning between audience and facilitator.

The choice of a selective quantitative analysis of collective self-efficacy as an independent variable, it was hoped, could assist in understanding how the development communication programmes, implemented in Lesotho by SM&D, initiate and foster collective action and, therefore, would help in answering the research question of the study.

4.3.3 Focus group discussions

Focus group discussions help to gain information about a specific topic or need as they involve interviewing a group of people directly affected by the problem (Krueger, 1988). Krueger further pointed out that a focus group discussion is mostly undertaken by people who share similar characteristics or common interests. Bless et al. (1988) stressed that the researcher needs to have
a good knowledge of the topic that is going to be discussed. For the purpose of this research, two focus group discussions were conducted. The focus group discussions included the SM&D management team and members of different support groups in the Berea District. Purposive sampling was used to select participants and efforts were made to ensure representativeness in terms of age, race, class, gender and disability.

4.3.4 Semi-structured interviews

These are defined as an interaction between an interviewer and a respondent in which the interviewer has a general plan of inquiry but not a specific set of questions to ask in a specific order (Babbie & Mouton, 2001, Lindlof & Taylor, 2002). As pointed out by Henning (2004), interviews are “communicative events” which reveal “what” and “how” participants think or feel about a specific matter. For this study, a purposive sampling method was employed and 16 semi-structured interviews were conducted with inmates and ex-inmates from Leribe, Maseru and Mafeteng Prisons, as well as with staff from correctional services, wardens, medical personnel and members of support groups in the Berea District area. Patton (1990) noted that a purposive sampling helps in selecting a few information-rich cases that can assist the researcher in investigating the questions under study.

4.3.5 Observation

Observation is one of the qualitative techniques, whose objective is to help researchers learn the perspectives held by study populations (Jorgensen, 1989; Livingston, 1987). Observation presents the advantage of allowing the researcher to witness the phenomenon that is being studied (Mouton & Marais, 1998). By using observation, I was able to gather relevant information relating to membership base, methodology and programmes implemented by SM&D, opinions about the efficacy of the programmes, and the feelings and emotions of the respondents and of the implementing partners.

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2 All these individuals underwent SM&D training of facilitators to facilitate post-screening discussions within local communities
4.4 Data analysis

Kumar (2005) contended that quantitative and categorical responses need to be dealt with differently from descriptive ones. **Quantitative** data go through a process which is primarily aimed at transforming the information into numerical values or codes, that can easily be analysed manually or by computer. Data coding was done for the questionnaire and information was analysed by using statistical software named the Statistical Package for the Social Sciences (SPSS). This offers a summary of data entered, examines relationships amongst variables and organises data in tabular, graphic and diagrammatic presentation. On the other hand, **descriptive** (or qualitative) information first went through a process of content analysis, to identify main themes that emerged from the description given by respondents in answer to questions (Kumar, 2005).

4.5 Limitations of the study

Several limitations related to this study are worth mentioning. First, there was a problem of accessibility to the research area due to the geographical distance and the resources available. Therefore, co-ordinating activities and keeping contact with SM&D was a challenge. Another limitation was the process of translating data and information obtained during the research process from Sesotho to English. Furthermore, the majority of the participants in the research were not able to speak English and interviews were conducted mainly in Sesotho and later translated to English, with the assistance of staff members from SM&D.

4.6 Ethics statement

General ethics guidelines were given due respect to avoid causing any harm to those parties involved in the process. Research participants took part in the study voluntarily and without any coercion. A large number of interviews involved inmates detained in Lesotho prisons and international guidelines concerning research involving prisoners as human subjects needed to be kept in mind. Accordingly, names of the respondents did not appear as part of the research process. The researcher sought the consent of the participants before disclosing or revealing any confidential information. Participants were therefore informed about the nature, duration and purpose of the study. They were also informed about their rights to withdraw at any time. Informed consent was obtained as well as informed decisions. During the process of data
collection and information gathering, all the parties involved were informed about the purpose of the study and anonymity and confidentiality were ensured.
CHAPTER 5: RESULTS: PRESENTATION AND DISCUSSION

5.1. Introduction

The main purpose of this research was to assess how development communication programmes implemented in Lesotho by SM&D can foster and promote collective action. Based on the theoretical and conceptual framework presented earlier, as a background, the study has made use of the *Integrated Model of Communication for Social Change* (see Figure 1) to describe how the process of community dialogue, initiated by a catalyst (i.e., agent of change, mass media, policy or technology) could enable collective action and ultimately lead to social change. The results of the study are analysed, presented and discussed in this chapter.

The study made use of a mixed research methodology, which combined quantitative and qualitative data. Different tools were used by the researcher, including questionnaires, semi-structured interviews, focus group discussions and observation. The following sections provide (a) quantitative analysis and (b) qualitative analysis; finally, a concluding remark is provided.

5.2. Quantitative Analysis

In all, 52 questionnaires were distributed to HIV/AIDS support group members and healthcare villagers who gathered once a month at Betani clinic, in the village of Ha Matholoana in the Berea District of Lesotho. Firstly, questionnaires were translated from English to Sesotho and distributed with the help of a part-time member of SM&D, who facilitated the process of collecting data and provided the respondents with all the necessary information about the research. Sampling criteria were extensively discussed in Chapter 4 of the study. Questionnaires were later posted to the researcher in Cape Town.

The questionnaire (see Annexure 1) was comprised of 15 questions on a standard Likert-type scale format, with the requirement to choose only one of three different answers (*I agree; not sure; I disagree*). This was mainly done in order to reduce the margin of error and simplify the procedure for the respondents, who were all from rural areas of Lesotho and are not familiar with research methods and data collection processes.
5.2.1 Measuring social change: Collective self-efficacy

As discussed in Chapter 3 of the study, Figueroa et al. (2002) have provided a series of seven indicators for outcomes of social change and related methodological tools to measure them. These are the direct results of the application of the integrated model of communication for social change and include (1) leadership, (2) degree and equity of participation, (3) information equity, (4) collective self-efficacy, (5) sense of ownership, (6) social cohesion and (7) social norms.

This study is primarily focused on collective action as a direct outcome of dialogue and social learning and therefore I deliberately chose to measure collective self-efficacy as the single outcome able to reveal the tendency among the respondents to act as a united group.

When community dialogue and collective action are applied in the way prescribed by the integrated model of communication for social change, the level of self-efficacy among audiences is supposed to increase.

Collective self-efficacy is strictly related to the concept of collective action. Through dialogical interactions, members of a community become more aware of the root causes of their problems. The acquired knowledge determines an increase in their level of confidence and self-esteem. Consequently, they can develop a capacity to take forms of action to counter social challenges as, for example, in the case of HIV/AIDS-related issues.

The measurement of collective self-efficacy for the case study was done with regard to a specific task performed by support group members and health-care villagers in connection with HIV/AIDS prevention strategies.

The questionnaire aimed at measuring three different levels of self-efficacy: a) the perceived efficacy of taking action as a group (i.e. support group or health-care villagers); b) the perceived efficacy of taking action as a community; and c) the influence of documentary screening on the respondents’ level of collective self-efficacy. All the respondents had been exposed over the years to several documentary screenings and post-screening discussions run either by SM&D or by members of support groups, previously trained by SM&D staff.
As explained earlier, respondents had an option, on the Sesotho version of the questionnaire, to choose from three different answers on a Likert-type scale. Because answers on the questionnaire were not presented on an ordinal scale, they subsequently had to be re-coded by using an ordinal scale from “1” to “3” in order to be easily analysed. Positive answers were therefore coded with a value of “3” on the scale, negative with a value of “1”, while those that did not fall within these categories were coded as “2”. According to this coding system, “1” represents a low level of self-efficacy, “2” a neutral level of self-efficacy and “3” a high level of self-efficacy. In general, in this research, to facilitate data analysis, each response category on the Likert-type scale was successively assigned an integer value.

Questions 1, 2 and 3 aimed at measuring the perceived efficacy, amongst the respondents, of taking action as a group. Theirs answers were grouped together and a reliability test was run to measure the Cronbach’s alpha coefficient (α). Tavakol and Dennick (2011:53) explained that Cronbach’s alpha (α) is “a coefficient used to measure the internal consistency of a scale and therefore analyse the reliability of a certain test”.

As reported below (Table 10), the “N of items” indicates the number of questions that were grouped together. The Cronbach’s alpha value (α) for the first set of three questions was 0.719, which proves the pattern of analysis to be coherent and reliable.

### Table 10: Cronbach’s Alpha Value (α) for the First set of Three Questions

<table>
<thead>
<tr>
<th>Cases</th>
<th>Valid</th>
<th>Excludeda</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>51</td>
<td>98.1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1.9</td>
</tr>
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</table>

a. Listwise deletion based on all variables in the procedure.

<table>
<thead>
<tr>
<th>Reliability Statistics</th>
<th>Cronbach’s Alpha</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.719</td>
<td>3</td>
</tr>
</tbody>
</table>
Questions 4, 5, 6, 7, 8, 9, 10 and 11 were grouped together because they all aimed at measuring the perceptions among the sample of the collective self-efficacy within their community. A second reliability test was run on a second set of answers and the Cronbach’s alpha value (α) was 0.778

Table 11: Cronbach’s Alpha Value (α) for the Second set of Eight Questions

<table>
<thead>
<tr>
<th>Case Processing Summary</th>
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<tbody>
<tr>
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<tr>
<td>Excluded</td>
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<tr>
<td>Total</td>
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a. Listwise deletion based on all variables in the procedure.

<table>
<thead>
<tr>
<th>Reliability Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cronbach's Alpha</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>0.778</td>
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</tbody>
</table>

Lastly, Questions 12, 13 and 15 were analysed together in order to understand whether development communication programmes – in this specific case, the use of documentary screenings and facilitated post-screening discussions – contributed to increasing audiences’ level of collective self-efficacy, for instance by helping community members to identify relevant issues affecting their communities and by triggering collective forms of action.

Analysis revealed that Question 14 of the questionnaire substantially decreased the level of the Cronbach’s alpha coefficient; therefore, the question was dropped in order to improve the internal consistency of the overall sets of questions.

As reported below, the reliability test produced a Cronbach’s alpha coefficient of 0.633, which cannot be considered sufficiently reliable.

61
Table 12: Cronbach’s Alpha Value (α) for the Third set of Three Questions

<table>
<thead>
<tr>
<th>Case Processing Summary</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<td>%</td>
</tr>
<tr>
<td>Valid</td>
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<td>100.0</td>
</tr>
<tr>
<td>Excluded</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>100.0</td>
</tr>
</tbody>
</table>

  a. Listwise deletion based on all variables in the procedure.

<table>
<thead>
<tr>
<th>Reliability Statistics</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cronbach’s Alpha</td>
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<td>N of Items</td>
</tr>
<tr>
<td>0.83</td>
<td>3</td>
<td></td>
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</tbody>
</table>

Therefore a t-test was run to verify the mean (μ) of each of the three questions in the last set (Q12, Q13, Q15). The results, as reported below (see Table 13) show that for all the three questions the value of (μ) is 2.9 < μ < 3. That means, in other words, that answers from the respondents tend to be very close to a positive value of “3” which indicates a high level of self-efficacy. This last set of questions aimed at measuring how documentary screenings and post-screening discussions positively influenced the level of efficacy amongst the respondents. They generally agreed with the following statements:

- screening programmes helped the support group to discuss issues related to HIV/AIDS and initiate dialogue;
- screening programmes helped the support group to take action as a group;
- watching or facilitating films/documentaries about HIV/AIDS helped to identify new health issues.
A further analysis was conducted to summarise the distribution of values in the sample for each of the 15 answers in the questionnaire and gain an idea of the level of confidence perceived by the respondents.

In particular, the analysis of the last set of three questions, which aimed at establishing a causal correlation between documentary screenings and level of self-efficacy, revealed a high percentage of perceived self-efficacy in all the three questions (see Table 14).

The conclusion was that respondents believe that their high level of confidence, or efficacy, was positively influenced by documentary screenings and post-screening discussions.

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**Table 13: At-test run with the Last Set of Three Questions**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
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</thead>
<tbody>
<tr>
<td>meanSCREEN2</td>
<td>52</td>
<td>2.9551</td>
<td>.19835</td>
<td>.02751</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
<th>Mean Difference</th>
<th>95% Confidence Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>meanSCREEN2</td>
<td>107.437</td>
<td>51</td>
<td>.000</td>
<td>2.95513</td>
<td>2.8999</td>
</tr>
</tbody>
</table>
Table 14: Measurement of Perceived Collective Self-Efficacy on the Last set of Questions

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>52</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

5.2.2 Conclusions

The analysis of quantitative data and the interpretation of item analysis revealed that respondents presented a high level of self-efficacy and strongly believed that, as a group, they would be able to effectively tackle different issues and achieve collective goals. The first two sets of questions in the questionnaire aimed at measuring, respectively, the level of self-efficacy perceived amongst support group members and the level of self-efficacy or confidence in working constructively with other community members. The Cronbach’s alpha coefficient (α) for the first two sets of questions (Q1 to Q11) was .8 > α ≥ .7, indicating an “acceptable” and reliable coefficient of internal consistency. This means that respondents placed enough confidence in the skills and knowledge of the support group and that the community is cohesive and able to mobilise resources and implement the action planned.

The last set of questions was intended to establish a causal relationship between the perceived level of self-efficacy and the effect of SM&D methodology and training programmes. In this case, the test of reliability produced a Cronbach’s alpha coefficient of .7 > α ≥ .6, which is...
generally considered “questionable” and not fully reliable. Therefore, a further elaboration on the available data was conducted primarily to better understand the relationship between documentary screening and level of self-efficacy. A t-test run on the last set of questions (Q12, Q13, and Q15) scored a ( ), close to a value of “3”, meaning that respondents generally agreed that screening programmes and post-screening discussions helped the support group to discuss issues related to HIV/AIDS, to initiate dialogue, to take action as a group, and to identify new health issues.

The analysis of quantitative data demonstrates that the majority of the respondents presented a high level of self-efficacy and confidence in the ability of support group and community members to take action and find effective solutions to issues related to HIV/AIDS. Furthermore, data analysis revealed that documentary screenings and post-screening discussions have an impact on the increase of the level of collective self-efficacy amongst the sample group analysed.

5.3 Qualitative assessment results

The main purpose of qualitative assessment is to help researchers with the “conceptual rendering of an area of interest by using data gathering techniques which generate narrative as opposed to numerical data” (Knafl & Howard, 1984:17-18).

In this section of the study, a qualitative method of research was applied throughout and helped in assessing participants’ opinions, experience and perception on the population census. A purposeful sampling method was used and 16 semi-structured interviews were conducted with inmates from Leribe, Maseru Central and Mafeteng prisons and ex-inmates from Leribe prison and Maseru Juvenile. Interviews in prisons with personnel from LCS, including wardens and medical officers, were conducted in Sesotho, simultaneously translated in English by SM&D staff and captured by the researcher with a voice recorder.

Semi-structured interviews and focus group discussions were also conducted with SM&D staff to gain an understanding of the methodology, aims and scope of the organisation.

Responses received are organised according to themes drawn from the analysis of data and presented below.
5.3.1 Prison programme

As a consolidated working relationship exists between the SM&D and the Senior Assistant Commissioner (SAC) of the LCS, permission was granted to access correctional institutions in Lesotho and to collect data to inform the present study. Nine semi-structured interviews were conducted, including interviews with five male inmates and one female inmate from Leribe, Mafeteng and Maseru Central prisons. Semi-structured interviews were also conducted with the pharmacist technologist at Leribe prison, a warden from Mafeteng prison and the Senior Assistant Commissioner of the LCS. Three ex-inmates from Leribe prison and one from Maseru Juvenile, who are currently facilitating screening on behalf of SM&D, were also interviewed to find out more about the main challenges related to HIV/Aids and the influence of SM&D’s methodology within the prison system.

5.3.2 HIV/Aids

Of the respondents interviewed from the different institutions in Lesotho, five reported the high level of stigmatisation of and discrimination against PLWHA as one of the main challenges related to HIV/Aids. This fact has negatively affected relationships between inmates and officials and increased separation amongst inmates. Lack of information and the presence of false myths and stereotypes around HIV/Aids seemed to be the causes of a high level of stigmatisation. As highlighted by Akeke, Mokgatle and Oguntibeju (2007:53):

Misconceptions about HIV/Aids were rife among the prisoners and educational programmes would be needed to correct these. Most of the prisoners still have unfavourable attitudes towards people living with HIV/Aids and this would encourage stigmatisation and discrimination against those who are HIV-positive.

As reported by two of the respondent interviewees:

By then things were really hectic in terms of stigma and discrimination especially by officers ... the way they approached inmates who disclosed openly about their status was not good (ex-inmate, Leribe prison).

There is discrimination for those people living with HIV/Aids (inmate, Maseru Central prison)
Those who were living with HIV/AIDS felt the need to come together and advocate for better conditions in prisons. A number of support groups were formed in different prisons, either as a result of spontaneous initiatives taken by the inmates or because of the involvement of LCS personnel. One of the purposes of the semi-structured interviews conducted for the present study was to examine how support groups in prison were formed and how the intervention of SM&D and post-screening discussions could foster collective action and group mobilisation. As emerged during the discussions, in most of the cases, groups were formed spontaneously as a direct outcome of the difficulties encountered on a daily basis by HIV/AIDS-positive inmates:

_This is how the group started; we got guidance from Matebang hospital. We formed it because we had prisoners who were HIV positive and they were stigmatised by other prisoners, so we thought that will make us defeat that stigma_ (inmate, Leribe prison).

One of the ex-inmates from Leribe prison clearly explained how the formation of a support group was finalised by uniting those individuals who were facing similar challenges to request LCS personnel to cater for their needs:

_As people living with HIV/AIDS we saw that it was worthy to form a support group so we could tabulate our challenges like getting proper nutrition; with the support group we were able to tackle things as a group, go to officers and tell them our views (ex-inmate, Leribe prison)._ 

In some cases, assistance was provided by LCS granting access to prisons to NGOs and other organisations that were able to offer training to inmates and help them to register and formalise their support groups. According to the Senior Assistant Commissioner, the challenges posed by HIV/AIDS forced the Lesotho Government to modify its approach and rethink its strategy to counter the plague of HIV/AIDS within prisons. He added that since 2005/2006 more nurses, health inspectors and nutritionists were employed to attend more effectively to health needs and improve living conditions within the prison system. This sparked a series of initiatives supported by the LCS to prompt inmates to form support groups, small-scale farming groups and breeding farm groups. Nevertheless, such initiatives were described as only partially effective and not sustainable in the long run because of a lack of funding and proper management:
There is a need to train our people in project management ... how to manage a project ... and if we can have access to funding, maybe things can change (Senior Assistant Commissioner).

As pointed out during a conversation with one of the prison’s personnel, the level of stigma has decreased after the active involvement of SM&D in the prisons. A pharmacist technician at Leribe prison equated the drop of stigmatisation and discrimination within the prison environment with an increased level of knowledge and information about HIV/AIDS. She also highlighted the fact that Leribe prison is facing problems because inmates are not aware of their status when they arrive, and therefore a mobile clinic needs to travel to remote areas and obtain the necessary information from family members. The problem of inmates “defaulting” treatment was also highlighted as a main challenge, given the high number of PLWHA released from prisons who were not following the prescribed treatment and not taking ARVs regularly.

Concerning the issue of stigmatisation, the Senior Assistant Commissioner in charge of health services and environment added that, regrettably, the drop in stigma among prisoners was not matched by a reduction in stigmatisation and discrimination amongst prisons officers and personnel. The fear of disclosure has also caused many officers infected with HIV/AIDS to fall ill owing to a lack of adequate treatment. The high rate of HIV/AIDS infection amongst male prisoners was also cited by the Senior Assistant Commissioner as an indicator of unprotected sexual activities existing in the prison environment, together with the challenge of providing enough nutritious food to those PLWHA. He reported that:

*To keep them alive is not a big problem because ARVs are there ... but feeding them properly and giving them nutritious food, that is the biggest challenge ...*  
*We as Prison Service are supposed to be producing food not just buying it all the time because our budget is not enough to feed all of them and give them nutritious food* (Senior Assistant Commissioner).

5.3.3. Role of SM&D and the learning cycle

SM&D has conducted facilitated screenings in prisons across Lesotho since 2004/2005, but it was only in 2006 after positive working relationships were established with the Senior Assistant Commissioner that the prison programme took off. In 2009, members of support groups and
inmates from six different prisons gathered at Maseru Central and were trained by SM&D staff, over a period of 3 days, as facilitators, and taught how to facilitate post-screening discussions about HIV/Aids in prisons. Once they had returned to their prisons, they started a screening programme mentored by SM&D, which had, together with other interventions implemented by government and non-government agencies, a positive impact in reducing stigmatisation and discrimination and in bringing inmates together.

Before the involvement of SM&D in prisons, some of the support groups were not active or had experienced a drop in the number of their members. The training of facilitators and the discussion generated amongst the inmates after the screenings had a positive effect and helped participants to become more aware of their conditions and to find solutions for their needs. As reported by two of the inmates:

*During the group discussion we talked about being active with our support group ... through our support group we have gardening and pig projects; the discussion did lead to the influence of forming a support group (inmate, Leribe prison).*

*We formed the support group before working with SM&D but it was not active; SM&D helped us to be active and continue with our support group (inmate, Leribe prison).*

Focus groups and interviews conducted with SM&D trainers and staff helped me, as the researcher, to identify the main traits of the methodology followed by the organisation, which is mainly based on the so called “learning cycle” (see Figure 4 below).

Documentary screenings are followed by post-screening discussions, which help in identifying challenges and encouraging people to “take action”. As explained by one of the trainers during our conversation about SM&D methodology:

*It is based on four stages, audience watch, then talk about what they watched, relate to their daily life and then finally way forward ... action (SM&D staff).*

*The first stage is watching the movie; the second stage is to talk about what we have seen. Then we go to a third stage where we identify a challenge and then the
fourth stage ... it is commitment, when people after having identified the problem and brought it into their daily life commit with themselves in doing something and this is basically the learning cycle (SM&D staff).

After viewing the film and then engaging in discussions, people are able to gauge their own circumstances and are able to take action on whatever issue they are facing (SM&D staff).

**Figure 4:** The learning cycle implemented by SM&D

*Source: Kossmann, Gysae & Sesotho Media and Development, (2009)*

Of significance to this study is that during the interviewing process, it clearly emerged that the outcome of post-screening discussions is some form of “action”. In this regard, the role of the facilitator plays a pivotal role in advocating for collective forms of action and group mobilisation. During a focus group discussion, one of the staff members explained that:
A facilitator has communication skills and asks questions ... open questions so we can encourage people into the discussion and make the audience to communicate about themselves and take action (SM&D staff).

As pointed out during the focus group discussion with SM&D members, the ultimate goal of the organisation is to help people to make informed decisions in their lives. The methodology applied during the training of facilitators places a strong emphasis on individual and group mobilisation:

The action is very important, because the whole idea is to take people into action ... an example is the prison programme where we trained inmates to become facilitators and they even went to the extent of training other inmates (SM&D staff).

The whole idea of our methodology is to see people taking action towards positive things ... it is important for SM&D when people take action because it links with our methodology ... it means our job is successful (SM&D staff).

According to the Senior Assistant Commissioner, the efficacy of the methodology implemented by SM&D in prisons can be credited to the fact that most of the facilitators are HIV positive. Knowing this can help people to relate to their stories. What also helps is that the films used by SM&D and by the trained facilitators are not “fictional” and are locally made. Both reasons explain why the audience can easily relate to the movie and receive the message promoted by the facilitator,

The fact that the facilitators were HIV positive and living positively with HIV played a significant role. Secondly, the true stories they are showing also contributed to create a good atmosphere for everyone to feel free to talk or to ask about anything (Senior Assistant Commissioner).

The exposure to documentary screenings initiates a process of “imitation” and audiences relate to the characters in the film. Listeners develop parasocial interactions with the characters (Papa et al., 2002) and the discussion and dialogue generated after the screening can lead to social learning (Bandura, 1977) and ultimately help to modify a certain behaviour or attitudes towards a specific issue.
Trained inmates, ex-inmates and SM&D staff confirmed that facilitated screenings are powerful tools able to challenge people’s perspectives and stereotypes and help the audience to make informed decisions by filling the information gap. As confirmed by one of the trainees at Leribe prison:

*It is easy for people to see things on the screen and after watching the movie they are able to internalise what they have watched; the discussion made it easy for us to talk to the audience and we are talking among ourselves* (inmate, Leribe prison).

*It is a special methodology because with other means of media people are not interested, but with films people are able to focus and internalise whatever they are watching* (ex-inmate, Maseru Juvenile).

5.3.4. A “way forward”: Collective form of action

The aim of the research was to study how development communication can foster collective action. The use of interviews and focus group discussions as tools of qualitative analysis was adopted in order to highlight recurrent and thematic analytical patterns that helped to substantiate the theory that facilitated screenings can initiate a process of dialogue, culminating with instilling in the audience an intention to engage in group action.

As previous illustrated, SM&D methodology places a strong emphasis on promoting a “way forward” among audiences. This is, in fact, the outcome of the so-called “learning cycle”. Once people have identified their challenges by using dialogue and have undergone a process of social learning, they are requested to devise a strategy and to make informed decisions and “act” to change their conditions.

Evaluation studies have been conducted on programmes run by SM&D to demonstrate the impact of the “learning cycle” exclusively on individual behavioural change patterns, but no research has been conducted on identifying collective forms of action.

Changes at the individual level where discussed with the interviewees on several occasions. This confirmed that the methodology of facilitated screening adopted in prisons has produced substantial “change” for example, in the case of those individuals who decided to disclose
their status or to be tested as a direct result of post-screening discussions and interactions with the facilitator. As reported in an interview:

_The discussion is important and makes people together; it unites people because we learn from each other, for example disclosing the HIV status makes people thinking_ (inmate, Leribe prison)

_People come to me after the discussion to ask me how I managed to test and be open about my status ... they even took action of testing for HIV_ (inmate, Leribe prison).

_From watching the movies I realised the importance of medication and information ... I disclose my status to other people_ (inmate, Maseru Central).

_Sometime people have disclosed their status ... they told me that they related with the characters on the screen because they were living the same life and experiencing the same challenges_ (ex-inmate, Maseru Juvenile).

These are all examples of individual behaviour change which help illustrate SM&D’s role in reducing discrimination amongst inmates and encouraging individuals to be tested and to openly disclose their status.

However, during the process of data collection, I was also able to identify and isolate some recurrent thematic patterns directly related to collective forms of action initiated after post-screening discussions. This research was intended to demonstrate that the dialogical process initiated after a screening helps the audience to identify issues of common interest and that the discussion helps in bringing people together and uniting them. Respondents pointed out how post-screening discussions promote collaboration among individuals and lead to group action.

This aspect can be linked to a pivotal communication theory such as the convergence theory, which prescribes a theoretical framework for the integrated model of communication for social change, as described in Chapter 2. According to this theory, “when all the phases of the diagram are followed and the process is uninterrupted and effective, the participants converge
towards a greater mutual understanding, reach an agreement and engage in collective action” (Kincaid, 2002:144).

This particular aspect was pointed out by inmates and ex-inmates during semi-structured interviews:

Through discussion people have achieved goals together; from the group we had ideas and we discussed them ... we talk about it as a group (inmate, Leribe prison).

The discussion is important and makes people come together ... it unites people (inmate Leribe).

It makes people to be one ... it makes people to unite and talk about issues that affect them (ex-inmates, Leribe prison).

I believe it makes people to unite ... since the films have different issues ... we do come together as villagers to be one thing ... to tackle whatever issue might be concerning our villages, we do unite (support group member, Bethani clinic).

Through discussion people unite because people raise their views and they are not been judged (inmate, Mafeteng prison).

Respondents emphasised how documentary screenings act as a catalyst to trigger the discussion among the group and to plan collective action. In some cases, the discussion continued even after the screening sessions when, for example, inmates were in their cells.

The outcome of this process might result in a collective or community effort to improve a certain situation, and to some extent, it can function as an advocacy tool. Interviewees have listed a consistent number of collective actions initiated by post-screening discussions. Some are interesting and more relevant to the research topic and therefore are reported here:

We screened a movie called “Trees for the people by the people” and by bringing the film to that community and by the facilitator addressing the importance of planting trees to prevent soil erosion, people become to take action as a group, after the discussion of such issues ... that can make you feel that “I need to take
action and join people so there can be a difference in my community” (SM&D staff).

We do take action and report to people in charge ... for example we asked for help and we were given some seeds to start a garden to improve nutrition (inmate, Maseru Central).

I experienced a way forward in the screenings because after showing the film the ball the inmates ... in Juvenile condoms are placed in the toilets and before inmates used to take them just to play ... making balloons and throwing them all over, but after having watched the movie and having the discussion on the importance of using condoms they did not take them to play again ... they collect the one that were thrown all over (ex-inmate, Maseru Juvenile).

We went to the screening there after we talked about forming a support group ...we met and we started it (inmate, Mafeteng prison).

5.3.5 Conclusion

The analysis of qualitative data provides encouraging findings for the present study. Thematic patterns were isolated to facilitate content analysis. From the discussion with the interviewees, it was apparent that documentary screenings and discussions with the audience are able to provoke a reaction that can lead to some form of “action” or changes of status. In some cases, the outcome is an individual response, such as to be tested or to disclose and share status with inmates or other community members.

The purpose of this research was also to go further and explore how development communication can lead to collective action. Post-screening discussions could help audiences to become more aware of the issues affecting their community and in identifying new needs. This process, initiated by dialogue, can be defined as social learning. The facilitator has the responsibility to assist the audience in identifying needs and designing a “plan of action”, or a “way forward”. Post screening discussions have the power to bring people together and to make them more united and keen to co-operate to achieve common goals.
As revealed by the quantitative analysis, development communication in the form of facilitated post-screening discussion can increase the level of self-efficacy of a group as well as the level of trust or confidence amongst the members. This generates the idea that “together” people can achieve better results and advocate for their needs.
CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1. Conclusions

The concept of development communication has evolved throughout the years, moving from a top-down linear process aimed at shifting individuals’ attitudes and behaviours to a bottom-up and participatory process, seeking consensus and ownership at grassroots.

For this reason, the role of communication applied to the field of development cannot be limited to the mere transfer of knowledge from a sender to a receiver, but it has to be conceived as a two-way practice. Communication should be able to lead audiences of poor and disadvantaged people to critically understand the causes of their problems and identify solutions to be achieved with a collective effort. Therefore, passive and linear forms of communication are outdated and ineffective and need to be replaced by more integrated forms of communication, forms that are able to “conscientise” and educate communities on problem solving.

In other words, development communication programmes can contribute to initiating a “process of self-reflected critical awareness in people of their social reality and of their ability to transform that reality by their conscious collective action” (Burkey, 1993:55).

Organisations such as SM&D have played a vital role in using development communication programmes to inform and educate people and encourage them to take action. Films are used as a powerful tool that enables different audiences to reflect on their challenges, identify problems and finally design a plan of action. This is, in essence, the meaning of the “learning cycle”, underlining the methodology of SM&D, which is divided in the following steps: a) watching the film; b) reflecting on the film; c) looking at the bigger picture; and d) action.

This methodological approach directly originates from the theory of social learning introduced by Bandura in 1977 as well as from the concept of parasocial interactions. The importance of “learning by observation” is the cornerstone of Badura’s theory of social learning, while theories of parasocial interactions well explained how audiences relate to certain characters depicted by different means of communication.
Researches and evaluation studies conducted on programmes implemented in Lesotho by SM&D mainly acknowledged the effects of SM&D interventions in modifying individuals’ behaviours related to HIV/AIDS practices (i.e. mitigating discrimination and stigmatisation, disclosing status and accessing HIV/AIDS counselling and testing). However, the impact of documentary screenings on groups’ behaviours was not assessed in depth. This research, on the other hand, aimed at assessing how development communication programmes run by SM&D in Lesotho could foster collective forms of action and lead to resource mobilisation.

Both quantitative and qualitative findings revealed that documentary and post-screenings discussions contribute to increase the level of confidence or efficacy of the target groups. This can be either observed in the individual’s belief in the power to produce change –self-efficacy– or in a group’s shared belief in collective action –collective self-efficacy. In particular, quantitative findings confirmed that documentary screenings and training programmes run by SM&D strongly contribute to increase the level of collective self-efficacy amongst community members in the researched area.

To summarise, the continuous exposure to development communication programmes run by SM&D positively influenced the level of collective self-efficacy of HIV/AIDS support group members with regard to their groups or communities. Lastly, the results of the research revealed that the dialogical process between a facilitator and his/her audience helped individuals to identify problems and needs and to plan collective forms of action.

The thematic analysis of semi-structured interviews and focus group discussions showed that development communication activities run in prisons by SM&D have the capacity to stimulate collective action and to unite people.

6.2 Recommendations

SM&D has been operating for over 10 years “to create a safe environment for open and meaningful conversation, to reduce stigma and to equip people with the ability to make informed decisions” (Kossmann, Gysae & Sesotho Media and Development, 2009:6). Previous evaluation reports assessed the role of SM&D and the impact of their interventions on behaviour change at individual level. This study contributed to highlight the effect of the
“learning cycle” on collective action. Therefore, some recommendations are provided to SM&D to implement their activities more effectively, as follow:

- Concerning the prison programme, findings revealed that Leribe prison is the site where documentary screenings and training programme produced the best results. Those inmates who were initially trained by SM&D in 2009 later decided to train other inmates who currently facilitate documentary screenings in prison. In future, it will be relevant to continue focusing on this correctional institution, where positive relationships were established with the staff and the inmates, rather than to stretch the organisation’s capacity and waste resources to reach other correctional institutions that might also not have the necessary screening equipment.

- Using ex-inmates to facilitate screening discussions in different communities of Lesotho has a positive effect on the social rehabilitation of individuals previously detained. These people, who in some cases are HIV positive, are often facing discrimination from community members and therefore to act as facilitators can help them to be reintegrated into their communities and to receive an income.

- Screening and post-screening discussions have the power to unite people and stimulate collective action. Therefore, the organisation should expand lobbying and advocacy activities by providing support to those individuals/organisations that manifest their intention to mobilise resources around a specific issue.

- SM&D should provide more capacity building activities to be included in their training sessions. This will help trained facilitators to support groups’ initiatives and collective action.
6.3 Closing remarks

For the purposes of this study, the integrated model of communication for social change has provided a useful framework of analysis to explain how the “learning cycle” and the methodology used by SM&D could stimulate collective forms of action.

Empirically determined findings helped to illustrate how the integrated model of communication for social change functions and how this model of analysis applies to a case study. Community dialogue interventions in the form of post-screening discussions led by SM&D facilitators or by trained inmates in prisons appeared to be the crucial moment when audiences are able to identify their needs and collectively plan their actions. Furthermore, the study revealed how discussion and interaction amongst groups continued after the phase of debate and community dialogue.

This research has demonstrated that development communication programmes based on community dialogue and participation can foster collective action and ultimately lead to social change.
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86


ANNEXURE

Annexure 1: Questionnaire for the support group members and health care villagers in Berea District

1. I believe our support group is able to deal with HIV/AIDS issues

2. As members of this support group, we are able to tackle difficult situations because we are all committed to the same collective goals.

3. Our support group has skills, knowledge and ability to implement the action/plan needed to address the issue at hand.

4. Our community can mobilise resources to change situations that affect the members.

5. I am confident that we as community members can develop and carry out different health initiatives in a co-operative manner, even when difficulties arise.

6. Our community, as a group, can influence the development/health initiatives that affect them because we are a cohesive and competent community.

7. We can deal effectively with even the most critical events because we are able to draw upon the social networks that exist within our community.

8. People in this community are always able to discuss problems that affect everyone.

9. If a problem arises that people cannot solve by themselves, the community as a whole will be able to solve it.

10. People in this community usually have trouble dealing with conflict.

11. Whenever a community problem arises, I have very little confidence that we will be able to solve it.

12. Has the screening programme (SM&D) helped the support group to discuss issues related to HIV/AIDS and initiate dialogue?
13. Has the screening programme (SM&D) helped the support group to take action as a group?

14. Has the screening programme improved or increased the relationships between the support group and other community members (i.e. clinic staff, neighbourhood, local leaders, other support groups)?

15. Watching or facilitating films/documentaries about HIV/AIDS helped me to identify new health issues I was not aware of.