

**An analysis of the efficacy of radio programs as a strategy for
adult education for HIV/AIDS awareness intervention in the
Livingstone District, Zambia**

Duffrine Chishala Chibwe

Student Number: 2232633



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University of the Western Cape, South Africa.**

Supervisor: Rahmat Omar

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in the Livingstone District, Zambia**

KEY WORDS

Radio

HIV/AIDS awareness

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Efficacy

Qualitative research

Semi-structured interviews

Livingstone, Zambia



ABBREVIATIONS AND ACRONYMS

ABC	Abstinence, be faithful and condom use
AFRRI	African Farm Radio Research Initiative
ANC	Ante natal care
AIDS	Acquired Immune Deficiency Syndrome
CSO	Central Statistics Office
DMO	District Medical Office
DHR	District Health Reports
DHMT	District Health Management Team
HIV	Human Immunodeficiency Virus
ICT	Information Communication and Technology
IRI	Interactive Radio Instruction
MCH	Maternal and child health
MoH	Ministry Of Health
NCNE	National Commission of Nomadic Education
PMTCT	Prevention of mother to child transmission
PLWHA	People Living with HIV/AIDS
PWPs	Prevention with Positives
UNAIDS	United Nations Programme on HIV/AIDS
WHO	World Health Organization
ZDHS	Zambia Demographic Health Survey

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ABSTRACT

The study explored the efficacy of radio programs as a strategy for adult education for HIV/AIDS awareness intervention in the Livingstone District Zambia. Data was collected through a review of policies, including the HIV/AIDS/STI/TB Policy Guidelines (2008), National HIV and AIDS Strategic Framework (NASF2006-2010), PMTCT guidelines on HIV Prevention (2008), Zambia Information and Communication Policy (2007) and the Communication and Advocacy Strategy (NACAS, 2004). In addition semi-structured interviews were conducted with adults and young adults aged 23 to 58 years in Maramba catchment area.

The research revealed that overall, there is a mixed picture of effectiveness of the use of radio for educating adults on HIV/AIDS prevention. Some of the most important factors that enable the effective use of radio in education of adults include sharing of experiences which result in increased understanding of issues among community members, community participation in radio listening groups also results in further sharing of information and active engagement with other community members on the topic of discussion and the use of local languages with the use of simple words and visual aids to take account of low literacy levels. In addition, there were important set of factors related to economic, social and cultural issues including gender inequalities, poverty and unemployment to mention a few.

My research has identified the need to give greater consideration to adult education theory and adult learning principles in the design and delivery of the radio education programs. The research suggests that HIV/AIDS awareness and prevention strategies need an approach which takes account of adult education theory – to promote active involvement of learners in developing the curriculum of the radio programs and involvement of a range of stakeholders in designing and delivering the radio programs. My research also suggests that there is a need to adopt a critical perspective on the social, cultural and religious practices which influence the participation of both women and men in radio education programmes for HIV/AIDS prevention.

DECLARATION

I declare that” An analysis of the efficacy of radio programs as a strategy for adult education for HIV/AIDS awareness intervention in the Livingstone District Zambia” is my own work that has not been submitted for any degree or examination in any other university, and that the sources I have quoted and used have been indicated and acknowledged by references.

Duffrine Chishala Chibwe

November 2015

Signed



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CHAPTER ONE

1.0 Introduction

The Human Immunodeficiency Virus (HIV) and the Acquired Immunodeficiency Syndrome (AIDS) have for the past two decades continued to spread across all continents killing millions of adults at their prime, disrupting and impoverishing families, turning millions of children into orphans, weakening the workforce thereby threatening the social and economic fabric of communities (HIV/AIDS Policy 2005).

A UNAIDS report (2014:4-9) has shown that there are 36.9 million people globally living with HIV/AIDS, 2 million became newly infected with HIV, 1.2 million have died from AIDS related illnesses, while 220,000 children became newly infected with HIV globally. However new infections have fallen by 35% since 2000 (UNAIDS , 2015:4-9). Sub-Saharan Africa accounts for 66% of the total global new infections, 28.3 million people living with HIV/AIDS, 90000 and 790,000 people died of AIDS related causes between 2004 and 2014 resulting in a lot of orphans (UNAIDS 2014:6). Zambia is among the countries with highest prevalence at 14.3 per cent of the adult population aged 15 to 49 years living with HIV (NASF 2011-2015) while Southern Province stands at 12.8%(ZDHS, 2013-2014). The Zambian policy focus is to reduce further the new infections and extend the lives of the PLWHIV hence the need to implement interventions that will yield results(NASF 2011-2015:7).

The Livingstone district is one of the districts in Zambia which has been affected by the pandemic. It has a population of 164,157 (CSO 2015). It is one of the towns in Zambia along the line of rail which runs from Copperbelt to Livingstone. It is the tourist capital of Zambia and shares borders with Zimbabwe on the southern part of the district. It has 16 health facilities one of which is Maramba Health Centre which has the highest population in Livingstone.

Most of the industries in Livingstone were closed down in the early 1980's leaving most of the residents un-employed. However, people still come to Livingstone in search of work- from different countries, within the country, and within Maramba catchment area. Some travel to

Livingstone to look for jobs, others come to exchange sex for money (sex workers), while others travel to sell their merchandise. Many spend their time at the markets and lodges around the market, in bars and shebeens in order to interact with other people.

The Livingstone district has been experiencing a high prevalence of HIV/AIDS at 30.8 % between 2002 and 2012 as stated in the District Health Reports(DHR 2002-2012). The prevalence rate in Livingstone in 2012 was at 29% (CSO and DHR 2012) and 25.3 % in 2014(CSO and DHR 2012) above both the National and Provincial rates. The national prevalence rate of HIV according to Zambia Demographic Health Survey stands at 13.3%(ZDHS, 2013-2014) and the Provincial prevalence rate is at 12.8 % (ZDHS, 2013-2014).

The Livingstone district health department has carried out various educational awareness programmes including drama performances, health education, meetings, focus group discussions, debates and radio education programs on HIV/AIDS prevention. The radio programmes focus on prevention of mother to child transmission (PMTCT), prevention with positives (PWPs), Ante Natal Care (ANC), adolescent and reproductive health, ABC (abstinence, be faithful and condom use), couple counselling, stigma and discrimination and counselling and testing. These programs aim at reaching out to youths, pregnant women, people living with HIV/AIDS (PLWHA), couples, and the entire community.

Despite these programs, the district had continued to experience high rates of HIV/AIDS prevalence as stated by the district health reports (2002-2012).However the reduction in prevalence rates since 2000 is minimal as seen above considering the interventions that have been put in place.

My concern was about the effectiveness of radio programmes on HIV/AIDS prevention as a form of adult education which aims to effect behaviour change. This research was carried out in order to analyse the factors that enable and constrain adult education through radio programs on HIV/AIDS prevention in the Livingstone district. It is hoped that this knowledge will contribute to education efforts to reduce the prevalence of HIV/AIDS in the Livingstone district and contribute to global debates on adult education and HIV/AIDS prevention.

1.1 Rationale

Radio has been used by various organizations to educate adults on education and development issues (Ndubuis and Gordon, 1987). It has been argued that when radio is skilfully used it can be the most effective medium of education and communication for developing communities (Moemeka, 1994).

On the other hand, some studies reveal that efficacy of use of the radio is not determined and have concluded that there is no definitive answer to the question of effectiveness of radio in education (Ndubuis and Gordon, 1987). In addition, there is a relatively limited number of studies on the effectiveness of radio for adult education and this underscores the need for researchers working in this area to ensure that their work finds its way into the published literature (Kneating *et al.*, 2006). This in turn will help us better understand the elements of radio programs that contribute to its effectiveness (Kneating *et al.*, 2006).

This study was carried out in order to contribute to the debate on the use of radio as an element in the strategy for HIV/AIDS prevention. I have analysed the factors that enable and constrain the use of radio as a strategy for adult education on HIV/AIDS prevention and the implications for the delivery of educational radio programs in the Livingstone district. Through this research I hope to contribute to the research and debates about adult education and HIV/AIDS prevention strategies in Zambia and elsewhere in the world.

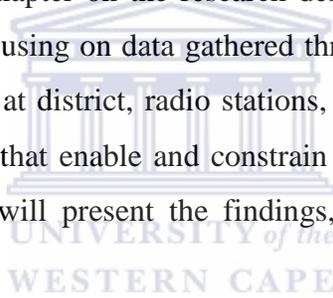
1.2 Aims of the research

The aim of the study was to analyse the efficacy of using radio for educating adults on HIV/AIDS prevention and to identify factors that enable and constrain the use of radio for education of various groups of adults. I also aimed to identify implications for delivery of radio educational programs on HIV /AIDS prevention and provide feedback to various stakeholders.

The study asks:

- What are the factors that enable and constrain the efficacy of the use of radio as a strategy for adult education on HIV/AIDS prevention?
- What are community views on the efficacy of educational radio programs on HIV/AIDS prevention for different groups of adults in the Livingstone district?
- What are the implications for delivery of educational radio programs?

A literature search has revealed that there are significant factors that constrain adult education for HIV/AIDS prevention using radio and illustrates considerable benefits in countries where radio has been used effectively for adult education. The next chapters present a review of relevant literature. This is followed by a chapter on the research design and methodology. I present the research results in chapter four focusing on data gathered through review of key documents, in-depth interviews with participants at district, radio stations, health centres and community level on their perceptions about factors that enable and constrain the use of radio for adult education purposes. In the final chapter, I will present the findings, conclusions and recommendations arising from the research.



CHAPTER TWO: LITERATURE REVIEW

2.0. Introduction

In the previous section, I looked at the introduction, background and rationale of the study. In this section, I present a review of literature about the factors that enable and constrain the use of radio as a strategy for adult education and approaches to adult education.

The policy on HIV/AIDS/STI/TB in Zambia affirms the need for raising awareness and influencing behaviour change through the use of mass media to educate the public about HIV/AIDS using various channels of communication including radio (Zambia HIV/STI/TB Policy, 2008). The policy also stresses the need to implement interventions that will yield results (NASF 2011-2015:7).

The literature reviewed in this chapter focuses on factors which enable and constrain the use of radio for education of adults such program design, language, monitoring, funding and logistical issues such as network and coverage, and access to energy (electricity and batteries). However, there is little discussion in the literature about radio education from the perspective of adult education theory. My research focuses on the radio programmes for education of adults and youths about HIV/AIDS prevention. Therefore, I consider it important to include adult education theory in this discussion.

In the next section I have reviewed the literature on factors that enable and constrain the use of radio for adult education and its effects on behaviour change of individuals. Thereafter, I have looked at literature on approaches to adult education.

2.1 Factors that enable and constrain the use of radio as a strategy for adult education

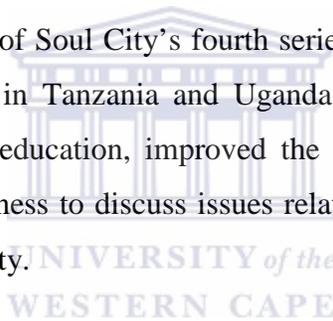
2.1.1. Factors that enable adult education.

Radio has been used in different formats for educational purposes around the world. Radio technology was first developed during the late nineteenth century and came into popularity as an

educational medium during the early twentieth century. Some of the advantages of radio include improved education quality and relevance, improved access to education particularly for disadvantaged groups (Jaminson and McAnany 1978), and that it can be used without a classroom instructor (Chandar and Sharma 2003).

The power of radio to mobilize groups focusing on bringing people together, fostering dialogue, creating effective and efficient fora for exchange of programs and bringing change to societies is well recognized (Sullivan 2007). Furthermore radio plays a vital role in building vibrant communities, in mobilizing groups to action by informing and empowering citizens, in giving a voice to the marginalized groups of society, and in bringing community needs to the attention of local and even national governments (ibid).

A report on the impact evaluation of Soul City's fourth series in South Africa (Scheepers, 2001) and a review of media and HIV in Tanzania and Uganda (UNAIDS, 2004) found that radio drama, jingles and entertainment education, improved the listeners' knowledge on HIV/AIDS prevention, increased their willingness to discuss issues related to HIV, reduced risky behaviour and had an impact on the community.



Moemeka (1994) points out that in order to make radio suitable for education, conditions must be created which will enable it to become a channel for dialogue and not merely information dissemination in order to make it more effective instrument in community education.

An evaluation of communication programs, projects, and experiments has shown that radio can teach and can present new concepts and information (Gaida & Searle, *et al.*1980). In this regard Sweeney and Parlato (1982:13) concluded that radio plays an effective educational role both as the sole medium and in conjunction with print and group support.

In some cases radio has been used to disseminate messages aiming to produce awareness or behaviour change among an intended population. An assessment report on the effectiveness of behavioural change and communication (BCC) materials indicates that radio was an effective way

of educating communities on issues of HIV/AIDS in Zambia (MoH, 2012). The use of behavioural change and communication (BCC) materials were said to have an impact on community knowledge and health behaviour in family planning, HIV/AIDS and maternal health. Most appreciated were the radio and television programmes. Furthermore, members of Neighbourhood Health Committees (NHC) in the three provinces: Eastern, Northern and North Western Province, where the assessment was carried out reported positive results in the uptake of Voluntary Counselling and Testing (VCT), AntiRetroviral Therapy (ART), and health services utilization (MoH, 2012).

A study on nutrition education in rural Mexico in three geographical areas with similar characteristics revealed that nutrition concepts were learnt equally well using mass media as regular classroom learning (Cerqueira *et al.*, 1979). The same study revealed positive change in food consumption habits by both groups. It was also observed that radio messages were more uniform and similar format than the regular face-to-face methods of education. The style of presentation and content did not vary indicating the uniqueness and uniformity of educational radio in teaching disadvantaged adults (*ibid*).

The study suggested that the effectiveness of radio use is due to the use of additional methods to facilitate interaction, such as support from facilitator's group discussions for exchanging ideas and problem-solving discussions. The study by Cerqueira *et al.*, (1979) concludes by pointing out that radio is an effective medium of instruction. Nwaerandu and Thompson comment that "its widespread availability in developing countries underscores its educational potential and importance" (1987: 43-54).

Similar findings were made in an in-depth case study of the Zambian experience with Radio Farm Forum (RFF), which used listening groups in rural areas for the purpose of educating farmers on various methods of farming and development (Mutava, 1987). The study found radio as a useful method of educating farmers. Many peasant farmers were taught how to read and write. The RFF was successful due to the use of local languages, radio affordability, and RFF listening groups which extended traditional practices of Insaka (Coming together of people) which was prevalent

in most parts of the country. The radio listening groups provided a forum to discuss and solve the problems affecting people. Furthermore, there was evidence of changes resulting from the RFF programmes which included changes in attitudes to shifting cultivation and rotation of crops which were previously seen as women's crops. In addition the RFF provided feedback to the farmers on issues which needed clarification and this in turn improved their own lives by addressing many of their problems that affected their communities. The RFF listening groups agreed on the number of meetings, time, and how the programs would be handled. Each radio listening group further disseminated the knowledge gained to other community members hence increasing potential program impact. This involvement of the community was integral in the effectiveness of the program (ibid).

2.1.2. Factors that constrain adult education

The literature review has however revealed that there are challenges in the use of radio for adult education in various parts of the globe.

The study on BCC materials in Zambia indicated that radio had some challenges in community education on issues of HIV and AIDS and other health related topics. Some of the challenges included lack of energy supplies (electricity/batteries), the use of English which most listeners did not understand due to low literacy levels, and the use of inappropriate characters for rural populations of some members of radio listening groups which impacted on the effectiveness of print materials, such as posters, used in conjunction with the radio programmes as stated in the Inventory of BCC materials (MoH, 2012). The same report concludes that there is a need to explore ways to increase the use of community radios in remote communities, increase coverage, and use other interactive community programs like community meetings, school meetings and church meetings (ibid).

An AudienceScapes Survey of Zambia (2010:1-2) identified lack of access to "traditional" media (radio and TV) to be a challenge. The survey revealed that 77% of rural communities do not own

radio, 33% said radios were expensive, 28% said they had problems with electricity and 24% had no radio signals. This made it difficult for communities to depend solely on radio. Furthermore, the survey revealed that radio is by far the most dominant and widespread medium. However 30% of respondents cited lack of electricity and time as a reason for not listening to the radio programs while for rural respondent's non-availability of radio signals was a bigger impediment compared to urban respondents (Murthy, 2010). The survey suggest that efforts should be made to know the profile of those least likely to be reached, that is those with little access to media and other information sources, in order to understand the potential barriers that radio communicators may face.

Similarly, the study on radio farm forum (RFF) also revealed that there were various problems in the use of radio for adult education (Mutava, 1987). These include unavailability of radio batteries and difficulties in getting malfunctioning radios repaired. The recording facilities were often inadequate and ill-equipped for various aspects of the production process. Breakdown of equipment delayed feedback to the radio listening groups when feedback was required on issues which needed clarification. This in turn reduced the number of programs to be presented. There was inadequate training of RFF broadcasters and technical and other production staff. Supervision of RFF was also difficult. In addition, religious groups objected to certain topics finding them inappropriate and offensive. For example, some religious groups objected to topics on tobacco or pig-rearing (ibid).

As a result of these challenges it was hard to assess the effectiveness of RFF's messages in various regions. The study concluded that there was a need to have a long term sustainability plan to include issues which affected the radio broadcast so that there is continuity in the use of radio for education.

Another study on gender and residential area differences in listening to radio education programs on HIV/AIDS prevention in Jigawa state of Nigeria revealed that female respondents listen to health programs more than the male respondents. However, the study revealed that men listened to many programs in addition to the health programs. This gave men an opportunity to learn more

than females (Kaugame, 2012) and suggests that there is a need to sensitize women to take an active role in variety of programs in addition to health programs which they already listen to.

Emem Okon's study of ICT use for the Federation of Media Women Association found that "about 80% of respondents (women) said they don't own radio sets and they don't listen to radio. Their source of information remains their sons and husbands" (in Nunes Jorge, 2002:3-4). Nunes Jorge points out that radio provides a one way solution for information dissemination but could be utilized to provide two way education. She further states that radio should be considered and used as a means to educate populations on various development issues and increase awareness and knowledge and that radio programs in local languages will be more effective in the short run in disseminating information for women in rural areas.

Lee (2010) argued that gender differences in health-related behaviour must be understood from the perspective of socio-cultural forces and gender stereotypes and behaviour in which women are considered to be inferior to men (in Kaugama *et al.*, 2012:435). Lee further observed that men are mostly involved in social activities and disregard knowledge about healthy lifestyles and choose harmful behaviour. However Lee noted that women are more attentive to health messages in order to accurately interpret those messages (ibid). In addition Lee observed that both men and women are reluctant to use condoms.

Lee (2010) suggests that policies should be put in place to encourage the community to increase their frequency of listening to the radio education programs on HIV/AIDS and other general health related issues. Various topics are discussed which include malaria, tuberculosis, child health, family planning, adolescent health, and maternal health to mention a few. He further states that this may improve the health lifestyles of the population which in turn will contribute to the reduction of HIV/AIDS infection. This will also help the community to learn and understand the issues or problems affecting them.

Goetze and Strothotte (2001) pointed out that despite radio being the cheapest, radio is the least preferred of education technologies because of its non-interactivity and lack of visuals. The

implications of these findings were that information for a semi-literate or literate users should be presented using multiple media in order to enhance interaction. Furthermore some limitations of radio for educational purposes are that it inherently lacks interaction and instructor feedback and clarification are generally unavailable. Dragon (2001) points out that radio has its drawback in that interaction with listeners is minimal resulting in difficulties in gauging the listener's prior knowledge and attitudes critical to learning. Radio broadcasts cannot be interrupted or reviewed by students unless the broadcasts are tape-recorded. The pace of the lesson is fixed, note taking is difficult for some listeners, and time for reflection is minimal (Chandar and Sharma, 2003). To overcome these drawbacks, preparation, supporting materials, and follow-up exercises are recommended when possible (ibid). Similarly a study by Chigoma *et al.* (2005) suggests that presenting pictures corresponding to words in a text may improve reading skills of adult learners.

An assessment of HIV and AIDS radio campaign messages in Zambia carried out in five districts revealed that the programs presented do not provide information that the listeners are looking for (Phiri, 2008). The research report stated that the radio programs were fragmented and used incorrect information. The study further stated that most radio presenters lacked in-depth knowledge, did not conduct research on HIV/AIDS related issues, and received little or no support from the supervisors (ibid).

The same study found that the intended audiences are often not even aware that a programme designed for them exists (Phiri, 2008). They were not involved in the message development process, and there is usually no programme promotion before broadcast (ibid). Furthermore women do not regularly listen to the radio broadcast. Programmes on issues related to culture are not accepted especially by the church, parents and politicians who react strongly. For example some religious groups do not accept to talk to their church members about condoms and family planning. They feel it encourages prostitution in the community. In addition, there is a cultural tendency in Zambia not to talk about sex issues openly (ibid). The study further recommends for media, government and other stakeholders to improve in message dissemination, creating programmes that cater for specific age groups in terms of language, training presenters on how to monitor and evaluate programmes, involve youth, adults, PLWA, and other community leaders in

radio programs, training for radio staff on HIV/AIDS reporting and increasing involvement of intended audiences in planning and message development.

A review of data from developing countries on the effectiveness of mass media interventions which includes the use of radio in changing HIV-related knowledge, attitudes and behaviours revealed that mass media interventions through radio channels are capable of reaching a broad audience (Kneating *et al.* 2006). However the review yielded mixed results on the effectiveness of the mass media to change HIV related behaviours and falls short of providing a definitive answer on the impact of mass media which include radio education on HIV/AIDS-related behaviours in developing countries (*ibid*).

2.2. The relevance of adult education theory

As I stated earlier, the literature has identified factors which enable and constrain the use of radio for education of adults. Some of these factors identified in studies referred to above relate to adult education, including the emphasis on using radio as a channel for dialogue and interaction rather than information dissemination; and the comment that the effectiveness of radio use is due to the use of additional methods to facilitate interaction, such as support from facilitators, group discussions for exchanging ideas and problem-solving discussions; the use of local languages and listening groups which extended traditional practices of *Insaka* (coming together of people) which was prevalent in most parts of Zambia. Other factors identified above include the importance of community involvement, feedback to participants on issues which needed clarification and addressing many of the problems that affected their communities. The literature also identified the importance of learning about the profile of those to be reached in order to understand the potential barriers that the radio communicators may face. Important issues were raised on the influence of social factors such as gender inequality and cultural taboos.

Preece and Ntseane (2004) argued for a dual strategy towards behavioral change; one that takes account of the current health crisis, but also one which uses a radical pedagogical approach that

engages with 'where people are at'. Preece and Ntseane (2004) argued that HIV/AIDS awareness and prevention strategies in Botswana need a new approach which takes account of adult education theory that promotes the active involvement of learners in developing their own curriculum. The authors also argued that a critical gender perspective on the cultural position of women and their vulnerability to HIV/AIDS infection in Botswana should be integrated into the strategy particularly because it is not always appropriate to try to persuade women to take the initiative in preventing infection when culturally they have no power to do so.

The literature reviewed above has highlighted the need to challenge gender stereotypes on the position of women, their vulnerability to HIV/AIDS infection and their participation in radio education programmes. However, the literature review suggests that these radio programmes were not informed explicitly by adult education theory. In my view a consideration of adult education theory is necessary as part of a dual strategy towards behaviour change as suggested by Preece and Ntseane (2004).

In the next section I look at three main approaches to adult education – humanistic approaches, education for social change, and perspective transformation. The three approaches are relevant to my research because they focus on adult education and change in different ways. The humanist approach and perspective transformation focus on changes in individuals' knowledge and understanding, while education for social change focuses on the role of education in transforming structural relations in changing society.

2.3. Approaches to Adult education

Various scholars have defined adult education in different perspectives. Knowles' (1980) concept of andragogy looks at an approach to adult learning focusing on individuals. He developed various principles on adult education which have helped educators understand how to treat adult learners. He points out that when people mature, they become more self-directed in that they will make personal analysis and decisions on their own lives. This means that you cannot force adults

to learn and that they have to make their own decisions to learn. He further explains that the learners will be interested in learning about subjects that have immediate relevance to their jobs or personal lives. They will identify what is good for them and at what time and will know that the new knowledge acquired will provide benefits to their lives. In addition, their time perspective changes from gathering knowledge for future use to immediate application of knowledge. As such adult learners become more problem-centred rather than subject-centred as they know that when they have learnt something, they will be able to apply their learning to solve their problems (Knowles, 1980).

Knowles (1984) further stated that individuals can be assisted in becoming more self-directed in carrying out their own decisions and actions when given appropriate support through provision of learning tools, resources, experiences and encouragement as learners bring a lot of extensive experience to their learning. Learners should not be seen as receivers of information but as partners in learning. This will help learners to be motivated. For example, educators might provide assistance to individuals or groups of learners in locating resources, learning materials, or mastering alternative learning strategies. Knowles (1997) argues that proactive learners, who take the initiative in learning, learn more and learn better than passive or reactive learners, who wait to be taught by a teacher. This is so because the learner will participate in learning through various actions.

Knowles (1984) also points out that because adults manage other aspects of their lives they are capable of directing or at least assisting in the planning and implementation of their own learning through their setting of priorities and objectives in their lives. They know that when they learn, they will be able to achieve their objectives in life. The learner will also plan for their daily activities and apportion time when such activities will be done.

Rogers (1986:157-171) points out the barriers to adult learning which include physical factors such as poor eyesight which might affect the learner if they cannot see properly while reading or the hearing impairments which affects the learners who cannot hear the radio education broadcasts . Other factors include the effects of previous negative learning experiences. For

example the learner might have not been treated well by the teacher in school and this leaves them with negative impressions on education. Lack of confidence is another issue and lack of motivation if there is no one to encourage them to learn. There is also fear of change due to the new knowledge a learner has acquired. The teacher can be very fast such that the learner fails to get the information correctly and this affects the learner.

Rogers' (1993) approach to educating adults draws on humanistic approaches to adult learning. He enquires into the attitudes which adult learners bring to the subjects they are learning and towards other subjects that are being taught. He also looks at the knowledge the learner acquires and how he or she constructs it to make sense or meaning. He further looks at the language used and if the learners are able to understand the meaning and the actual learning process which he calls maps. He further looks at what the teacher does to provide this knowledge to the learner, and what the learner does thereafter, and finally the implications for the practice of teaching adults (ibid). His focus was on education programs for adults with emphasis on development programs such as health, agricultural extension, literacy, community development and formal areas of adult education.

Rogers (1993) states that learning is an active process that focuses on the changing knowledge and understanding of the learner. He disputes the traditional view of education where learning and teaching is seen as a more or less direct transfer of knowledge from teacher to learner. He argues that learning is an active construction process in which each individual engages interactively with his or her physical and social environment (ibid). Furthermore, he points out that when individuals are faced with new materials on adult education programmes, they often see a gap between themselves and the new material. He felt that willingness to change was an important factor in learning.

Rogers felt that individuals see and understand things differently and this needs to be noted by educators. It may be argued that “the process of learning, seen as a process of change in knowledge, understanding, skills and attitudes, can lead ultimately to changes in behaviour “ (Rogers, 1987:44; Rogers, 1992:12-13). Rogers recommends that the materials that teachers

prepare for learners in order to help them learn should be life materials, and culturally acceptable to the learners. The teachers should also understand that the learner is not totally unaware of the subject matter being taught but they should both explore the material together (ibid).

Similarly Cross (1986:19) points out various barriers to adult learning, many of which arise out of social or institutional contexts. She clusters them in three categories in order to analyse a range of factors that impact on adult learning. These are situational barriers which arise from within one's environment and might affect learning such as lack of transport to go to school, financial problems in case of fees, child-care responsibilities which might affect the learner if she has no one to take care of her child while she is learning. The second barrier is institutional which lies within an education institution and might include admission requirements affecting the learner, learners' working time clashing with the learning time, inadequate knowledge of educators, and poor staff attitude towards learners. The institution has to find a way of assisting the learners overcome these barriers within the institution. For example, if the staff have inadequate skills and knowledge, training or on spot orientation is needed on various issues where gaps have been identified. The third barrier is dispositional relating to a learner's state of mind, such as emotional issues, stress, lack of confidence in herself due to fear of failure, and depression due to various personal reasons such as problems in relationships. The problems can be worked on by referring the individual to counsellors within the institution. However, Cross suggested that situational and institutional barriers required practical solutions while dispositional barriers were more difficult to address. It is clear that some approaches emphasise the role of the individual in the learning process, while others focus on the importance of context.

Merriam (2008) points out that adult learning is "multi-dimensional" in that there are many factors to consider when teaching adults. She argues that there is a need to shift understanding of adult learning from individual learner's perspective to the learner in the social and cultural context. This will also facilitate in helping individual attention to the mind, spirit, emotions, social, cultural and material context of learning (ibid). The linking of the individual's learning process to his or her context promotes a holistic understanding of learning in adulthood. She promotes dialogue among groups to enhance learning. A teacher or facilitator needs to provide

students with immediate and helpful feedback, employ activities that “promote student autonomy, participation, and collaboration and help them to explore alternative perspectives and engage in problem-solving and critical reflection” (Taylor, 1998: 48-49).

Jack Mezirow (1978: 100-110) too placed emphasis on social cultural context which affected adults and focused specifically on psychological dimensions. Mezirow further looked at different kinds of learning. From his own experience he identified learning how to do something; how things work and how they fit together; learning what others expect of him, how to anticipate their reactions and how to cope with other people and learning a concept of himself as a person with certain values that he expects to see. Mezirow (1978: 100-110) further argues that people experience challenges or crises in their lives which cannot be handled in the way they usually handle challenges or problems. As a result of these challenges, adults have to reassess and challenge their own assumptions and search for new directions and solutions.

However, he identified another kind of learning which he considered of fundamental importance for adult development:

‘This involves learning how we are caught in our own history and are reliving it. We learn to become critically aware of the cultural and psychological assumptions that influence the way we see ourselves and our relationships and the way we pattern our lives. Let me refer to this as learning about “meaning perspectives”. A meaning perspective refers to the structure of cultural assumptions within which new experience is assimilated to – and transformed by – one’s past experience. It is a personal paradigm for understanding ourselves and our relationships’ (Mezirow, 1978:101).

Mezirow (1978) suggests that our unexamined cultural assumptions may be reflections of economic, political, social, religious, occupational or educational systems which have psychological dimensions. He argued that one of the most important goals of education is to identify and facilitate the transformation of the meaning perspectives of learners. He focused on perspective transformation and looked at how people change the way they think and how

education can transform the lives of people. He points to the structural changes in the way we see ourselves and our relationships. He states that “if the culture permits, we move towards perspectives which are more inclusive, discriminating and integrative of experience. We move away from uncritical, organic relationships towards contractual relationships with others, institutions and society. Perspective transformation reformulates the criteria for valuing and for taking action” (Mezirow, 1978:100). Mezirow points out that behavioural change is often a result of such transformation. For Mezirow significant behaviour changes are seen as “functions of perspective transformation and such transformation is often an essential precondition for meaningful behaviour changes” (1978:107).

While Mezirow’s emphasis was on how people transform the way they think, Paulo Freire’s ideas focus on education for social change which has become known as popular education for those poor and exploited in society who cannot voice out (1970:44-50). He gives dignity to poor people by treating them with respect, working with them so that they understand causes of poverty and exploitation and take action based on what they learn. He pointed out that there is need for active participation of learners. This could be done by using learners’ own experiences for discussions as learners will reflect on what they learnt before and bring their knowledge into the discussions. He encouraged the learners to have mutual respect for one another as this helps them learn. He further explained how learners should see relevance in what they are learning as it will assist them in improving their own lives and changing the conditions under which they live.

Freire’s argument was about the oppression that people internalised from their culture of silence which meant that they accepted oppression hence the need to encourage them to break the silence. This could help the learner take appropriate action when faced by problems. He criticised the type of education which teaches one to accept things as they are and called it education for domestication. He believed that education is political due to the unequal relationship between the teacher and learner, the content that is taught and the methods of teaching.

He viewed education as a catalyst and emphasised the transformative power of adult education. He argued that instead of education for domestication, what was needed was education for

liberation (Freire, 1970). He believed that by making people aware of this oppression, they could break the silence and later change the situation (ibid).

He believed in enhancing capacity of learners in order to help them solve their own problems through guidance. This capacity building of learners helped learners in understanding the causes of problems such as poverty, planning their own actions and evaluating the actions to solve the problems. He spoke on transformative learning which was about reflection and action and which he called conscientization among individuals and groups. According to Freire, It' led participants to acquire new literacy skills and to understand their own situation more clearly" (Freire, 1970:45). He suggested equalizing the relationship of the educator and learner through facilitating learning and through guiding discussions rather than traditional teaching. The educator should not be seen as an expert and an authority figure but as a partner in learning. Freire argued that the facilitator should encourage discussions and should not discourage argument and disagreement. The educator's role was not to provide answers but to pose problems and encourage learners to find the answers themselves. In this way, learners can be motivated to learn and the educator also learned from the learners' experience and knowledge.

He encouraged discussions, debate, problem-posing/solving and questioning and encouraging learners to reflect on their own learning. He used various methods to facilitate learning and these were workshops, facilitating discussions, participatory methods with emphasis on problem solving and learners working to help each other, codes of action which involved pictures, songs, role play, photographs, and videos to discuss problems. He used visual aids or codes to communicate to illiterate people and led discussions with participants about their poverty and oppression which helped them acquire new literacy skills and understand their own situation. This was called popular education.

2.4. Summary of issues arising from the literature

In conclusion, this brief exploration of the literature has showed that there are factors that enable and constrain adult education. Some of the most important factors that enable the effective use of

radio in adult education include the importance of interaction and sharing of experiences which result in increased understanding of issues among community members. In addition, community participation in radio listening groups also results in further sharing of information and engagement with other community members on the topic of discussion.

On the other hand, there are also factors that constrain the use of radio in adult education such as under-utilization of radio, access and affordability of radio, logistical challenges such as energy supplies (batteries/no electricity at times), poor frequency and radio coverage especially in rural areas. Other factors were that topics might be presented in English (a language most community members cannot understand) and other challenges of presentation by service providers. An important set of factors related to economic, social and cultural issues including gender inequalities, poverty, religious considerations and unemployment.

Overall, there is a mixed picture of effectiveness of these interventions according to the literature. The literature shows that there is need to explore ways to increase the use of community radios in the remote communities, increase coverage, and other interactive community programs and ensure that they are in local languages with the use of simple words and visual aids to take account of low literacy levels. Various studies suggest that conditions must be created which will enable radio to become a channel for dialogue and not merely information dissemination medium in order to make it a more effective instrument in community education (Moemeka, 1994).

As stated earlier, the literature has identified factors which enable and constrain the use of radio for education of adults. Some of these factors do relate to adult education and the influence of social factors such as gender inequality and cultural taboos. However, the literature review suggested that there is limited discussion in the literature about radio education from the perspective of adult education theory.

Preece and Ntseane (2004) argued for the use of a radical pedagogical approach together with consideration of the health crisis as part of a dual strategy towards behavioral change. The radical pedagogical approach has strong similarities with the popular education approach discussed

above. However, my research explored factors which enable or constrain the use of radio for adult education on HIV/AIDS from the perspectives of district level staff, radio station staff, health centre staff and community members. Therefore this study does not draw on one particular approach to adult education to guide the research and analysis. The research explored the views and perspectives of interviewees on issues of adult education through the use of radio programmes about HIV/AIDS. The data gathered during the research was then analysed in relation to the literature reviewed and approaches to adult education as discussed above.



CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.0. Introduction

Research methodology is defined as the procedure, styles and ways of collecting and analyzing data in research. In this section, I have outlined the research setting, the research design and methods, advantages and limitations of the selected methods, the sample, and the selection of participants for the interviews. The procedure of administering the interviews, the ethical considerations, and ways of collecting and analyzing data in a research investigation has also been discussed.

3.1. Aims and objectives of the study

The aim of the study was to analyse the efficacy of using radio for educating adults on HIV/AIDS prevention and to identify factors that enable and constrain the use of radio for education of various groups of adults. I also aimed to identify implications for delivery of radio educational programs on HIV /AIDS prevention and provide feedback to various stakeholders.

3.2. Study design.

The qualitative research design was chosen as it aims to gather an in-depth understanding of real life issues and the importance people attach to their experiences with respect to the topic of study. A qualitative study is used to gain new perspectives on things about which much is already known and gain more in-depth information on that which may be difficult to convey quantitatively (Hoepfl, 1997).

3.3. Research setting and study population.

The study was conducted in the Livingstone District one of the 13 districts in Southern Province, Zambia. The research setting or the physical location in which data collection took place was the Maramba catchment area which is the largest area in the Livingstone district with a wide range of social places such as bars, taverns, lodges, shebeens and markets. People come from different countries, within the country, and within Maramba catchment area and bring their merchandise for sale at Maramba market and hence interact with various people. Many spend their time and nights at the market and lodges around the market. At the same time they find time in bars and shebeens to interact with other people.

Many people listen to the radio programmes, either in their homes or in various social spaces in the community. However, there are challenges in accessing radio programs especially in peri-urban areas such as Kasiya and Natebe areas due to poor radio network. In urban areas access to radio is a challenge in that at times programs are presented when the community is busy with other activities in markets and others are busy trading.

3.4. Sample

Purposive sampling was used as it is a sampling method in which participants from various target groups for HIV/AIDS prevention education was purposefully selected so that their in-depth information would provide optimal insight to the issues. The sample was from those who had the best possible knowledge and experience or overview of the topic of study. These included radio station program managers, district level staff of the Department of Health, Health Centre staff and community members who are either peer educators in the radio programmes or participants in radio listening groups in the community known as Neighborhood Health Committees.

Radio station program managers who were directly involved with the radio broadcasts being studied were interviewed as key informants who can provide information on the design of the programmes, broadcast schedules, target groups and factors which enable or constrain the use of radio for educational purposes. Similarly district level staff of the Department of Health and health centre staff as key informants were able to provide information on the educational messages on the radio programmes and on their interactions with particular target groups in the radio listening groups in the community and other educational activities related to the radio broadcasts.

The community radio listening groups or Neighborhood Health Committees act as a link with the local health centre. Participants from this category were selected to capture the views of more mature adults in the community who have listened to the radio broadcasts, participated in listening group discussions and educational activities.

Young adults were a key target group for these radio education programmes. Peer educators were interviewed as they themselves are young adults between 16 and 24 years old and they play an important role in educational activities which are linked to the radio broadcasts.

Both men and women from the peer educator group and the radio listening group or Neighborhood Health Committee were interviewed as gender relations have been identified as a factor influencing responses of participants to educational messages in the radio programmes.

The sample consisted of 4 in-depth interviews for district level staff of the Department of Health, 2 radio station program managers, 4 health centre staff and 8 community members representing different groups, making a total of 18. NHCs mobilized the community interviewees. While the district level staff of the Department of Health, mobilized the health centre and radio station interviewees. Therefore, the researcher did not encounter problems with the access to the sample.

Wolcott (1990) points out that the above criteria for selection can be changed if certain data collection activities or sub populations of people prove not to be useful in answering the research

questions. However, the researcher did not change the criteria as interviews with all the participants were useful.

3.5. Data collection methods and tools

Data was collected through an analysis of documents and through semi-structured interviews.

3.5.1. Analysis of key documents and reports.

The use of document methods of analysis is important as the documents under review contain information about the phenomenon to be studied (Bailey 1994).

I reviewed policy documents on HIV/AIDS prevention focusing on the educational component such as policy on radio communication. I planned to review program records such as reports on the radio programs, schedule for radio programs, previous radio program review reports, financial reports on the radio programs, stakeholders meeting reports, community meetings reports, and the yearly programs for the radio education. However, the program records mentioned above were not availed to me during the study at the DMO. This was due to changes in the staffing at the DMO. The staff who was found at the time of interviews, had only worked for a few months in the department and was not able to provide the reports. She could not find the records on the radio program at the district Office. This suggests that records were not kept at DMO. I was availed with quarterly health promotion reports which had only a small component on radio programs. Specific radio program reports were not availed. However, the radio stations had all the records in place which included radio broadcasting schedules, monitoring plans, program reports and schedule of meetings. I relied on policy documents and the in-depth interviews which enabled me to identify the factors that enable and constrain the use of radio as a strategy for adult education.

A list of themes or check list for reviewing documents and reports was used to capture information (refer to Appendix 5). The advantages of reviewing these documents, reports and records are that I identified stakeholders in the program. This helped me understand who they are and what they do. This was also pointed out by (Merriam, 1988 and Leedy and Ormrod, 2010) when they talked about the need to understand the stakeholder's skills, competences, background, program records, goals, insights, and understanding of the research problem. However, report review was difficult as there were no records that were found. Leedy and Ormrod, (2010) noted that the disadvantages of this method is that it can be hard to find them and when found, completeness, accuracy and authenticity of documents may be questionable. In addition time was limited to carry out research. I overcame some of the limitations by ensuring that the policy documents were identified in time and prior arrangements were made for the interviewees. Despite the disadvantages, the methods can still be used as the advantages outweigh the few disadvantages.



3.5.2. Semi-structured interviews

Interviews

The advantages of using semi-structured interviews are that it is a socially oriented procedure in which moderator probes in a flexible way to explore unanticipated issues. It is relatively low cost, yields relatively fast results, and requires minimal time and resource investment as pointed out by ((Patton, 1990).

Interviews were conducted in April 2013 in the Livingstone District, in the Maramba catchment area. A semi- structured interview schedule was used to guide the interviews and included questions such as “how do you perceive the radio programs as a strategy for adult education on HIV/AIDS prevention and what motivates you to listen and not to listen to the radio programs on HIV/AIDS prevention”.

The attached appendices indicates the questions which guided the interviews - Appendix 3 for community participants; Appendix 4 for Key informants. Furthermore, a consent form was signed for interviewees to authorize the researcher to proceed with interviews (Appendix 2). Detailed notes from the responses were all kept and checked later after the interviews each day. These field notes were later used in the analysis of data.

The interviews focused on interviewees perceptions of factors that enable and constrain use of radio for adult education on HIV/AIDS prevention, and the management of programs from the district and radio station level. The researcher carried out a pre-test of tools before the actual study. The aim was to see the applicability of the interview schedule and identify challenges so that improvements are made before the main interviews are carried out. This enabled the researcher develop interview skills and techniques, determine respondents' likely responses, and assess acceptability and applicability of research questions.

Interviews also allowed for in-depth discussions on the topic and provided privacy. I used open ended questions and probing questions such as “can you elaborate on that idea”, “would you explain further”, “is there anything else” to mention a few. However, the weakness of in-depth interviews is that clients may not be able to communicate their experiences effectively during interviews (Leedy & Ormrod, 2010). However, this was not experienced in my interviews.

Respondents were urged to seek clarifications when they were not sure of the questions and also give honest answers. The use of open- ended questions gave participants the opportunity to respond by narrating in their own words rather than forcing them to choose fixed responses. As the interviewer, I used probes for each question on the interview schedule when necessary. This helped me in accessing information on interviewees' views about what enables and constrains adult education through the use of radio on HIV/AIDS in the Livingstone district.

I conducted the interview in English and I clarified and explained in Tonga and Nyanja. This helped interviewees to understand questions and give clear responses. The interviewees responded either in English or Tonga or Nyanja. Therefore an interpreter was not necessary. This

allowed them to actively engage in the interview process and helped in balancing power between the facilitator and the participants as stated by (Collins 1990, Gluck and Patai, 1991).

3.6. Data analysis

This refers to a process through which qualitative findings are built from original raw data (Patton, 1990). It is a form of “conceptual scaffolding” within which the structure of analysis is formed and it is a continuous and interactive process, as described by Glaser (1992). This was the base of qualitative findings. Themes, categories and sub-categories were grouped and concepts generated under which data was labelled, sorted and compared. Re-examinations of categories identified was done to determine how they were linked in order to get more explanations and recurring themes, using a process recommended by Straus and Corbin (1990). The aim was to capture and describe the central themes or principal outcomes that cut across a number of participants.

All the data from interviews was transcribed and organised by giving codes. I read the transcripts of interviews while noting similar answers, topics or issues in interviewees’ responses and views and experiences that recurred or repeated in the data collected. These were then grouped into major topics or themes. Data was sorted and sifted to identify similar phrases, relationships, patterns, common sequences, and similarities on what people said and issues which were different through interviews. The key issues emerging from the process were identified with repeated words and phrases. Similar topics were then grouped and arranged into major topics which were noted down into codes, themes and subthemes as stated by (Strauss & Corbin, 1990). The researcher identified all the key issues, concepts and categories, and sub categories and they were then grouped together. Finally, factors that enable and constrain adult education were identified and grouped into main categories.

3.6.1. Ethical considerations

Validity

Validity refers to the degree to which an instrument measures what it is supposed to measure (Uys, and Basson, 2000). Triangulation of data refers to the cross- checking of information and conclusions through the use of multiple procedures or multiple data sources to help understand a phenomenon (Patton, 1990).

In my study, the data was compared and checked against the literature and by the supervisor of the researcher to ensure that literature searched was on the topic of study. I ensured that validity was achieved using triangulation of data collection methods, i.e. interviews and document analysis and literature review; triangulation of data collection sources i.e. district program managers and radio stations program managers, youths, antenatal women , couples, NHCs and PLWHA. I offered to make available notes of the interview (on request) to each interviewee as I completed the interviews so that they could comment on whether I had captured their responses accurately and fairly.

The research was conducted in accordance with UWC policy on research ethics. Specific issues that were addressed include informed consent, voluntary participation, respecting confidentiality, avoiding harm to participants and avoiding bias.

3.6.2 Informed consent

I considered the issue of informed consent in a number of ways. I prepared an information sheet (Appendix 1) about the objectives and focus of the research and gave it to each participant. I discussed the information sheet with participant and asked them to sign a consent form before the interview. I informed them that participation was voluntary and that they had a right to withdraw from the study at any time if they wished so. They were also informed that the study will not affect them or their professional reputation as the interview will be confidential.

All individual interviews were conducted in English with clarifications in the local language (Tonga and Nyanja) by the same moderator (familiar with the local languages) using the same semi-structured interview schedule to reduce investigator bias. Participants were allowed to use any language they were comfortable with to allow them to feel comfortable in expression themselves.

3.6.3. Confidentiality

Each participant was interviewed individually to ensure the confidentiality of responses by individual interviewees. Anonymity and confidentiality was strictly adhered to by assigning pseudonyms and numbers to each participant rather than their actual names. I ensured that participants were protected from harm (physical or psychological), by checking that the language used were culturally acceptable and not offensive to anyone.

Both raw and processed data was kept under lock in my office drawers and key and transcripts protected by a password in my personal computer. The password was only known by myself. Sensitive information on HIV/AIDS for the people living with HIV/AIDS (PLWA) that might damage an individual was properly handled by ensuring confidentiality during the interviews to avoid discrimination and stigmatization. This was achieved by not indicating the names of the participants but using codes or numbers and pseudonyms.

In addition, I ensured that my previous managerial position in the district and interaction with some of the communities and staff did not influence the data collection procedures (interviews) and research findings as indicated below. I have worked in Livingstone district before and some community members knew me. This was achieved by observing the ethical standards in research - by securing informed consent of interviewees, making available interview notes to interviewees to ensure that I capture their views fairly and accurately and by ensuring confidentiality through the use of pseudonyms as explained above. I discussed data in relation to issues, themes and

perspectives discussed in the literature review and through this, I ensured that my previous position as a manager in the health department did not influence my interpretation of the data.

3.6.4. Ethical Clearance

Permission was sought from the respondents before the start of each interview and they were informed that the study will not affect them or their professional reputation. Permission was also sought from District management to review documents and reports. Permission to proceed with the study was obtained from the Provincial Medical Office (Appendix 6), and District Medical Office (Appendix 7). Similarly ethical clearance to conduct the research was sought and granted by the University of the Western Cape.



3.6.5. Trustworthiness

The aim of trustworthiness in a qualitative inquiry is to support the argument that the inquiry's findings are "worth paying attention to" (Lincoln & Guba, 1985:290). Trustworthiness was achieved through developing an interview schedule that was grounded in the literature and through systematic analysis of data. In addition, ensuring confidentiality through coding of participant's names strengthened the trust and allowing them to use languages they were comfortable with was also an added value.

3.6.6. Relevance and Limitations

The study is a qualitative study and is by nature small. This means that only a small number (18) of interviewees was included in the study and therefore, the findings cannot be generalized. In addition the sample is heterogeneous as interviewees played different roles in relation to the radio

education programmes. For example the health centre staff identified key community members such as pregnant women, couples and PLWHA, NHC mobilised community members at community level through various community educational programs and are a link between health centre and community, the radio station interviewees spearheaded radio discussions at radio station level. This also means that the individual cases were different from each other.

A second limitation is that as someone who works in the field I may bring to the research my own interpretations and therefore may be introducing an element of bias. I endeavoured to limit that bias through the measures such as adhering to the research standards of not being biased by allowing the interviewee to ask questions on issues they wanted to find out about the interview and ensuring that clarifications were made before the start of the interview as noted under the section on validity. In addition, I employed qualitative methods which allowed me to get closer to the practice as advised by (Rajendran, 1998). However the advantages of being an ‘insider’ were significant in that I understood the research setting in which the research was carried out. In addition, I worked in the Livingstone district before. The disadvantage was that some interviewees might have not been very free to answer some questions freely because they knew me from my previous work and might think that their background may be known.

Despite the said limitations this research was of great importance as it identified the factors that enable and constrain the use of radio for adult education. The research that I have undertaken fits in with the national policy objective of ensuring that there is HIV/AIDS prevention among the target population and ensuring that communities adequately sensitized on dangers of HIV/AIDS.

In addition the research allows for people to further investigate issues of concern such as the factors that constrain the use of radio for adult education of HIV/AIDS prevention in the Livingstone district. Furthermore addressing gender equity issues in HIV/AIDS prevention are a critical element in the fight against HIV/AIDS as women are more disadvantaged and vulnerable to HIV/AIDS. It is hoped that the research will contribute to the global debate on the use of radio for adult education, build on the strengths and weaknesses identified and also contribute to debates about the role of radio education in strategies for the reduction of HIV/AIDS prevalence in the district of Livingstone and in Zambia.

3.6.7. Plan for data utilization and Dissemination of results

The research report has been submitted to the University Of Western Cape Faculty of Education in partial fulfilment of the requirements of the Masters in Adult Learning and Global Change.

Later, it is hoped that it will be published in an academic journal to contribute to the literature and debate on the use of radio for adult education. The research can also be used to inform discussions in the Department of Health and the Zambia Broadcasting Corporation on the effectiveness of the radio programmes under discussion.

3.6.8. Conclusion

In this chapter, I have discussed the research setting, the research design and methods, advantages, and limitation of the selected methods. I also looked at the sample, validity, trustworthiness and ethical considerations.

In the next section, I have looked at document review to have an insight on various policy documents, various radio program reports, and meetings in order to identify factors that enable and constrain adult education.

4.0. CHAPTER FOUR: ANALYSIS OF DOCUMENTS

4.1. Introduction

In this section, I have reviewed key policy documents. I intended to review program records such as reports on the radio programs, schedule for radio programs, previous radio program review reports, financial reports on the radio programs, stakeholders meeting reports, community meetings reports, and the yearly programs for the radio education. However, this was not done as they were not made available at the DMO. This was due to changes in the staffing at the DMO. The staff who was found at the time of interviews, had only worked for a few months in the department. She could not find the records on the radio program at the district Office. This suggests that records were not kept at DMO.

4.2. Reports

I was availed with quarterly health promotion reports which had only a small component on radio programs. Specific radio program reports were not availed. However, the radio stations had all the records in place which included radio broadcasting schedules, monitoring plans, program reports and schedule of meetings. I relied on policy documents and the in-depth interviews which enabled me to identify the factors that enable and constrain the use of radio as a strategy for adult education.

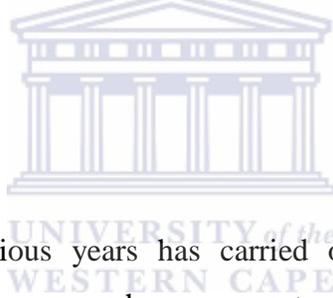
The records which were found were quarterly reports on health promotion activities. I was availed with quarterly health promotion reports which had only a small component on radio programs. Specific radio program reports were not availed at the DMO as discussed in Chapter 3. There was no narrative report to explain how the program was conducted and the issues that came out from radio discussions. The comprehensive report could have indicated the topics covered, progress reports, issues arising from each topic, challenges and how the issues were dealt with including the monitoring and evaluation plan. One of the funders of the HIV/AIDS radio programs Centre for Disease Control (CDC) requires that the reports be submitted before the next

funding is provided. It is expected that the reports will include the technical issues experienced during airing of the radio programs and explaining issues emanating from the community radio programs. However, there were no reports found at the district level as discussed in Chapter 3.

I reviewed the HIV/AIDS Policy, National HIV/AIDS Strategic Framework (NASF), Guidelines for Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT), National Communication and Advocacy Strategy (NACAS), Information and Communications Policy. These documents highlighted the interventions to be carried out in the HIV/AIDS prevention programs focusing on various target groups.

The document review provided an insight on the policy context, guidelines, technical issues, community and stakeholder's involvement and participation in the program and revealed some of the factors that enable and constrain the use of radio for adult education.

4.2.3. Background



The Livingstone district in previous years has carried out radio programs on HIV/AIDS prevention focusing on target audiences such as pregnant women, couples, Youths, PLWA and the neighbourhood health committees (NHCs) who represent the community. The aim was to contribute to the education of people on HIV/AIDS prevention and hence reduce the prevalence of HIV/AIDS in the district. There are two radio stations that have mainly been used in the educational programs. These are radio Musio-tunya and radio Zambezi. Funding for the radio programs came from the Centre for Disease Control (CDC), Christian Health Association of Zambia (CHAZ) and Government funding from the central and district levels. However, the funding has been erratic and not adequate to cater for all radio programs on HIV/AIDS prevention. These funding challenges have been highlighted the national strategic framework (NASF, 2006-2010: 46-48)

The District Medical Office (DMO) had presented radio programs when funds were available mainly in English instead of local languages prevailing in the district such as Lozi, and Tonga.

This makes it difficult for some target groups to understand the topics under discussion. This is mainly due to inadequate funds. This was pointed out in the review of inventory of BCC materials (MoH, 2012). Various stakeholders presented their own radio programs without involvement of the DMO. The policy guidelines (NASF 2006-2010:12-27), and TB/HIV/AIDS/STI policy (2005:12-30) states that a multi- sectoral approach has to be used by all stakeholders in implementation of all HIV/AIDS prevention programs of which radio programs is one.

Some of the topics covered in the radio programs include PMTCT, HIV/AIDS prevention, peer education, Antenatal care, positive living for PLWA, counselling and testing for HIV, promotion of ABC (Abstinence, be faithful, condom use) for young adults and various HIV/AIDS prevention strategies (NASF 2006-2010:33) .

NASF(2006-2010:12) states that there is incomplete information provided due to cultural and religious beliefs and that discussions on sexual matters especially women and children is still a taboo. Mainstreaming gender issues is critical as pointed out in the National Information and Communication Policy (2006:2 3-54).

The HIV/AIDS/STI/TB Policy (2005:19-20) states that people have to be provided with clear information on HIV/AIDS prevention. In addition, the policy places emphasis on programmes and interventions to be people centred, and culturally sensitive, supporting and empowering communities, families and individuals and also to learn from experiences of others (NASF 2006-2010:12). Furthermore, the policy provides guidance on how to address the dilemma of HIV/AIDS through development planning at all levels (ibid).

NASF (2011-2015:38) indicates that there is inadequate skills and experienced human resource to carry out HIV/AIDS prevention activities. The NASF (2011-2015:12-13) points out that education is a structured approach to HIV prevention that facilitates development of knowledge, attitudes, values and skills to create or maintain healthy life skills. Furthermore the critical components to successful HIV-related education programmes include availability of a formal HIV education policy, curriculum guidelines, and educated trainers to deliver HIV prevention educational programs.

Despite these efforts, HIV/AIDS has continued to prevail in the Livingstone district. The NASF (2011-2015:30) states that there is an increase in infection despite the prevention efforts in the country. Therefore it was important that I review the various documents in order to understand the phenomenon of the study. Therefore, in the next paragraph, I have looked at the policy context.

4.4. Policy Context

4.4.1. HIV/ AIDS/ STI/ TB Policy and Guidelines

The HIV/ AIDS/ STI/ TB Policy and Guidelines provides the directive and mandate for the national response of HIV/AIDS prevention targeting various groups (Strategic framework 2006-2010:12-27 and NASF 2011-2015:30). The HIV/AIDS/STI/TB provides policy direction and clear guidelines on implementation of HIV/AIDS prevention programs which include radio education of various target groups in the community. The policy documents acknowledge the inadequate, fragmented prevention activities and sometimes unclear information on HIV/AIDS that is given to the public. To counteract this, the policy's broad objectives include raising public awareness of the negative impact that the pandemic has on society and the dangers of contracting HIV/AIDS. The policy aims to promote good social norms and behavioural change.

It encourages involvement of PLWA, youths, and partnership with various stakeholders in the design implementation, review, monitoring and evaluation of the national response to HIV/AIDS prevention. The policy places great emphasis on sound, current, empirically based research. The policy provides encouragement for maximum participation by communities in the implementation of the National HIV/AIDS/STI/TB Policy (2005:8-12 and NASF 2011-2015:21) including women, men, and youths through implementation of various activities including the radio programs on HIV/AIDS prevention. The NHCs are a link between the community and health centre and plans and implements various preventive activities with the community members in their various zones.

The policy makes a commitment to provide access to clear, accurate and relevant HIV/AIDS/STI/TB information through appropriate and accessible channels of communication such as radio (HIV/AIDS/STI/TB Policy 2005:19-20). Furthermore, it strengthens the mass media and interpersonal communications as a means of promoting HIV/AIDS/STI/TB prevention.

Public education on the dangers of certain cultural and religious practices that perpetuate the spread of HIV/AIDS/STI/TB is encouraged. It also supports and strengthens the role of local educationists/teachers in mobilising their respective communities against HIV/AIDS through community sensitization meetings, health education programs in schools for older youths using the peer educators approach, and advocacy meetings with civic leaders, ward councillors and village headmen in peri-urban areas.

In addition, the policy encourages communities to use barrier methods such as condoms and ensure that proper instructions and information on the use and disposal of condoms are provided in user-friendly relevant languages. The Policy also provides specific information to the public on how to prevent mother-to-child transmission of HIV and other STIs (PMTCT guidelines 2007: 2).

Finally, the policy promotes the monitoring of programme and financial data for reporting purposes.

4.4.2. National HIV and AIDS Strategic Framework (NASF 2006-2010 and NASF 2011-2015)

The main goal of this National Strategic Framework (NASF) documents is to reduce HIV/STI transmission among Zambians. The vision of the government has been to prevent and control the spread of HIV and AIDS, promote care for those who are infected and affected, and reduce the personal, social and economic impact of the epidemic. The objectives of the strategic framework include promotion of the implementation of multi-sectoral behaviour change communication campaigns, to improve HIV/AIDS information management and decision making, and ensure

impartial, transparent and effective programme operations (NASF 2006-2010). This is achieved through various channels of communication including radio education programs.

According to the National Strategic Framework (NASF 2006-2010:8), nearly 80% of HIV transmission in Zambia is through heterosexual contact and is exacerbated by high-risk sexual practices, gender inequity, high levels of poverty, stigma and discriminatory practices and high prevalence of sexually transmitted infections and tuberculosis. This is also affirmed in the HIV/AIDS/STI/TB policy (2005:12-13). The remaining 20% is predominantly due to mother-to-child transmission during pregnancy, at birth or while breastfeeding. Therefore, through the radio programs, the community should be sensitised on the above issues so as to enhance prevention.

Similar to the HIV/AIDS/STI/TB policy, the strategic framework's advantage is that it provides guidance on the prevention and control of HIV and AIDS through involvement of all sectors of society using a multi-sectoral response and partnership in the design, implementation, review, monitoring and evaluation of HIV/AIDS prevention activities. Furthermore, it highlights how the national response to HIV and AIDS is to be guided by ethically sound, current scientific and evidence-based research bringing out best practices and using a public health approach to guide prioritization and selection of the most cost effective interventions. This will be achieved through learning from those who have managed to reduce HIV prevalence through prevention efforts such as Uganda .The initial HIV pandemic was high. Uganda managed to stop the spread of HIV through coordinated efforts of all stakeholders which included the government, non-governmental organizations, religious organizations ,individuals and communities in creating public awareness on dangers of HIV/AIDS (UNAIDS, 2004).

The public health approach encourages holistic approaches to solving public health problems such as looking at interventions with stakeholders which if implemented can have an impact on the problem. The approach discourages Ministry of Health alone to work alone because HIV/AIDS is not a Ministry of Health problem alone. The strategic framework document places emphasises on the critical issues of improving coordination, monitoring and evaluation. This is also highlighted in the NASF (2011-2015:36) HIV/AIDS/STI/TB policy (2005) and the PMTCT guidelines 2007).

4.4.3. PMTCT Guidelines on HIV/AIDS prevention

This is a document which provides guidelines on the prevention of mother to child transmission (PMTCT) of HIV/AIDS and the activities that need to be done focusing on various groups in the community including the mother, the child, couples, PLWA and the community through the NHC members. The guidelines also provide guidance on the communication channels which include radio that can be used to effectively communicate the key messages on PMTCT. The communication of messages on PMTCT is done through implementation of integrated PMTCT services at health facilities and community levels and gives clear guidelines on prevention. The expected outcome is to strengthen prevention of HIV and Sexually Transmitted Infections (STIs) among women of child-bearing age, their children, and spouses through health education using radio education programs (PMTCT Guidelines, 2007). The policy also places great emphasis on expanding community care and support activities in all districts through the neighbourhood health committees who are a link between the community and health centres.

4.4.4. Zambia Information and Communication Policy

The focus of this policy is information dissemination and communication. The policy is designed on 13 pillars or focus areas of which health is among them. Others include Education, Access, Media, Content and Culture, Agriculture, Youth and Women, and ICT (Information, Communication and Technology) services to mention a few. This policy is important as it relates to some of the issues that enable and constrain the use of radio for adult education such as education, culture, access to radio, and women involvement and participation in other activities including the radio programs on HIV/AIDS prevention.

The Zambia Information and Communication Policy (ZICP 2007) also provide guidelines on how stakeholders will communicate information on various programs according to their sectors through various channels of communication. Radio is one of the communication channel widely

used in Africa as far back from early 1930's during colonial rule and in Zambia it was from 1941 (Mubanga, and Mubanga., 2013). In addition community radio broadcasts in Zambia started in 1991. The communication policy is in conformity with HIV/AIDS prevention policy and guidelines as it supports the strategies used for HIV/AIDS prevention. The policy has a section that provides information and guidance to the health sector.

The objective of the policy is to support the health sector through the deployment of initiatives aimed at combating the spread of HIV/AIDS, malaria and other infectious diseases. The Ministry of Health has taken a step in this direction by orienting radio station workers on various health issues including HIV/AIDS prevention. This helps them understand the prevention strategies used in HIV/AIDS prevention and helps them in moderating the radio discussions well. In addition, the Policy supports research directed at addressing medical, social and economic aspects of the HIV/AIDS pandemic and other diseases (NASF 2011-2015:14). This was also highlighted in the HIV/AIDS/STI/TB policy and guidelines. This is important as it provides guidance in implementation of health sector activities by stakeholders including the radio station workers.

This policy cuts across various sectors in providing guidance on mass media including radio communication. In addition, the policy is one of the mandatory policies that all radio stations should have before it is approved to start airing programs. When I was reviewing documents at the radio stations, I found that the Zambia Information and Communication Policy (ZICP 2007) was available in both radio stations which were visited during the interviews.

According to the policy, radio is one of the most popular means of accessing information .It identifies factors that enable the use of radio for adult education.

On the other hand various issues were identified in the policy that constrain the use of radio for adult education. Some of the challenges include low coverage of electronic media in terms of areas where the radio communication will reach, limited coverage of effective media tools such radio among rural communities coupled with high cost and limited energy, and inadequate skills

among health professionals to effectively utilize the Information and Communication Technology (ICT) tools and services which include radio, and computers.

4.4.5. National HIV/AIDS Communication and Advocacy Strategy (2011-2015 and 2004)

The National HIV/AIDS Communication and Advocacy Strategy (NACAS) is a document developed as a guide for implementing awareness and educational programs with all stakeholders such as Non-Governmental organizations (NGOs) government departments, Faith- Based Organizations (FBOs) Community Based Organizations (CBOs) and any other institutions implementing HIV/AIDS prevention interventions. The NACAS promotes implementation of a coordinated and effective response to guide organizations to provide a strong and united message. In addition, the strategy also provides an opportunity to strengthen the HIV/AIDS prevention response by eliminating contradictions and mixed messages on HIV/AIDS.

The overall goal of this strategy and guidelines is to increase the percentage of the Zambian population that is informed, engaged in various activities, empowered and positively participating in the national agenda in HIV/AIDS prevention and coordination response of activities including radio programs. Through public awareness and education, the strategy aims to enhance access and uptake of accurate, adequate information on HIV/AIDS prevention, particularly addressing the root causes of societal vulnerability and supporting mitigation of social economic impacts of HIV/AIDS among vulnerable groups such as women, PLWA, and youths. This was also identified in the NASF (2011-2015:35-36)

However, the NACAS (2011-2015:15-16) has also observed that comprehensive messages on HIV/AIDS have remained low in their usage and that interventions have been inconsistent, not well planned and often not fully executed. This was also pointed out in the (NASF 2011-2015:36) which highlighted the fact that despite the health education provided to the community on the importance of using condoms as a prevention strategy, the social cultural norms and suspicions have undermined condom use hence the need for community education on the importance of

condom use. People do not want to use condoms especially men as they feel that it is a taboo to use a condom when they are married and that females have not been adequately empowered to effectively negotiate or demand the use of condoms (NASF 2011-2015: 25-26). In addition the policy document acknowledges that there is low and inconsistent use of condoms and that knowledge levels among population and youths have remained low (NASF 2011-2015:28).

Therefore, the NACAS like other policy documents has placed emphasis on coordination and the use of a multi-sectoral approach to all HIV/AIDS prevention activities which include radio educational programs. All sectors are supposed to work together in a coordinated manner at National, Provincial, District, and Community level in implementation of HIV/AIDS prevention activities in order to reduce duplication of prevention efforts.

The review of all the policy documents has shown that through prioritizing prevention as the priority strategy in the fight against HIV/AIDS, there is hope for HIV/AIDS reduction. Zambia HIV and AIDS Strategic Framework (2011-2015: 12-13) points out that education is a structured approach to HIV prevention that facilitates development of knowledge, attitudes, values and skills to create or maintain healthy life skills. Furthermore the critical components to successful HIV-related education programmes include availability of a formal HIV education policy, curriculum guidelines, and educated trainers to deliver HIV prevention educational programs(ibid).

In the next section, I will look review documents on the radio programs to identify factors that enable and constrain the use of radio for education of adults on HIV/AIDS prevention.

4.5. Factors that enable and constrain the use of radio for educational purposes.

4.5.1. Design of the radio programs

The National HIV and AIDS Strategic Framework (2011-2015:35-39) points out that there was inadequate use of evidence in program design of HIV/AIDS prevention activities and that there were challenges in reporting on prevention activities.

According to the policies reviewed above, the program objectives on HIV/AIDS prevention programs were to reach the target audiences in disseminating information on HIV/AIDS prevention. The policy documents and guidelines reviewed placed emphasis on stakeholders' involvement in the design, implementation, monitoring and evaluation of HIV/AIDS prevention activities which could contribute to the reduction in the infection rates (HIV/AIDS/STI/TB Policy 2005:8-12 and NASF 2011-2015:36).

4.5.2. Schedule of radio programs

NASF (2011-2015:36-39) states that successful programs have schedules well documented for people to follow. NACAS (2011-2015:5) states that there is a need to address challenges of inadequate audience awareness, knowledge and access to information and behaviours among specific groups through monitoring and evaluation of interventions. The DMO and the health centre did not have the schedule to monitor and evaluate radio programs as advised in the above policy document.

4.5.3. Consideration of how adults learn

The NASF (2011-2015:36-38) indicated that there was weak coordination among stakeholders and that there was a need to improve community participation through the design, implementation, and monitoring of HIV/AIDS prevention activities. NASF also noted that communities are part of stakeholders and should not be left out in the design, implementation, and monitoring of HIV/AIDS prevention activities, as they could play a pivotal role in planning, implementation, monitoring and evaluation of radio education programs in the Livingstone district.

The policy documents place emphasis on providing accurate, clear and relevant information on HIV/AIDS to all high risk and vulnerable groups (HIV/AIDS/STI/TB policy, 2008). The document review shows that at times the community did not get the right information as there was no adequate feedback to and from the community (NASF 2011-2015:23). Furthermore, the NASF highlighted some issues including inadequate funds to present all programs in all the languages and that at times, the presenters did not know the local languages (NASF 2006-2010:23 and NASF 2011-2015:38). Similarly, NACAS(2011-2015:16) highlighted the challenges of limited and inadequate human and material resources to effectively implement interventions and inadequate professional education for training presenters.

4.5.4. Audience participation

The policy documents such as the HIV/AIDS/STI/TB Policy, National Strategic Framework, and the National Communication and Advocacy Strategy places emphasis on paying particular attention to people's participation and providing clear information on various aspects of the HIV/AIDS prevention.

However, at DMO and health centre level there was no evidence of community participation in the radio programs as there were no participants list and meeting records. Thus it was difficult to quantify the number of target groups participating in the radio programs. The Zambia Communication and Information Policy (2007:2-3) identified some challenges in audience participation which included lack of batteries/electricity, language barriers, poor frequency especially in peri-urban areas, and staff not being conversant with discussion topics. Similarly this was identified in the Inventory of BCC materials in Zambia (MoH, 2012) which indicated that radio had some challenges in community education on issues of HIV and AIDS and other health related topics. Some of the challenges included lack of energy (electricity/batteries), language barriers, use of inappropriate characters for rural population and low literacy levels limited effective use of radio health programmes (ibid). The NACAS (2011-2015:15) highlighted some challenges which include messages not being target oriented or specific to audience and that the focus is on urban areas leaving rural areas un-serviced. In addition, there is limited provision and

access to various services and resources particularly those earmarked for marginalised and affected target groups (ibid).

4.5.5. Funding of programs.

According to the DMO report (2013) funding of radio programs at district level was from the Centre of Disease Control (CDC), government and at times Christian Health Council of Zambia (CHAZ). However, the funds were not adequate for all programs (DMO, 2013). The DMO did not utilize the local stakeholders to lobby for funding the HIV/AIDS prevention programs such as Corridors of Hope III, and SFH to mention a few. The DMO report (2013) notes that this has led to programs being aired in English because the funds were not adequate to allow presentations in some local languages such as Tonga, and Lozi. In addition, the airing of radio programs was very expensive.

The HIV/AIDS/STI/TB policy (2008) emphasises the need for financial data for reporting purposes and to support and strengthen the role of local educationists/teachers in mobilising their respective communities against HIV/AIDS. The NACAS report (2004) states that there are weak institutional implementation systems and structures which are coupled by inadequate resources. The reviewed policies emphasise stakeholders' involvement in all the preventive activities including the funding of programs.

4.5.6. Monitoring of radio programs

There were no minutes of stakeholders planning meetings, no monitoring schedule, and no radio program schedule at DMO and Health Centres (HCs). In addition, there were no monitoring records of the radio awareness programs on HIV/AIDS prevention in the district. This is contrary to the policy documents which emphasise the importance of regular monitoring of HIV/AIDS activities with stakeholders (NASF 2011-2015:37-38). In addition, there has been inadequate

synergy among different organizations. The NACAS report (2011-2015:16) shows that there is inadequate synergy among different organizations involved in communication and that there is lack of stakeholders buy-in programs.

NACAS (2004) states that awareness activities on HIV/AIDS prevention are not well coordinated leading to fragmented activities and messages. Similarly, NACAS (2011-2015) highlighted challenges of weak stakeholders and staff capacities in communication, disjointed and uncoordinated communication activities within respective organizations and interventions not aligned to the National Strategic Frameworks (2005, 2011-2015:15). All the policy documents reviewed in this chapter emphasise the need to critically look for ways of improving and strengthening the coordination and monitoring in order to support the HIV/AIDS response.

4.5.7. Community perceptions and experiences.

The policy documents suggest that HIV was caused by various factors such as social, economic and cultural factors (HIV/AIDS/STI/TB policy 2008). There is no evidence or record of attempts to capture community experiences in the radio programs. In addition there was no evidence of interaction through meetings where people could have aired their views on the radio programs and shared their experiences from various areas. It is possible that the community might have participated actively but there it was not documented.

The document review of the HIV/AIDS/STI/TB (2008), and the Strategic Framework (2006-2010) acknowledged that some of the causes of HIV/AIDS include the social-economic conditions that compel the vulnerable including women to exchange sex for money or gifts, high levels of poverty, mobility, social cultural beliefs and practice, cross border trading. Inadequate education was also identified as a factor due to the fact that information disseminated is not audience-specific and that communication methods used are usually directive rather than participatory (Zambia HIV/AIDS Policy 2008).

NACAS (2011-2015:7-8) and NASF (2011-2015:9-11) mention the drivers of HIV/AIDS in the district that include cross border trading, low condom use, social/ cultural beliefs, gender

inequalities, multiple and concurrent sexual partners, stigma, mobility and migration, and commercial sex workers. This was also highlighted in interviews with the radio programme presenters as reported in the next chapter.

4.5.8. Impact of radio programs on HIV/AIDS prevention

As there were no records of programs at DMO and Health centre level, it was difficult to assess the impact. This is contrary to all the policy documents reviewed which place emphasis on the use of data and the monitoring and evaluation of programs with stakeholders. According to NACAS (2004). Communication interventions have been inconsistent not well planned and not fully executed.

4.5.9. Radio listening or radio support groups

The radio listenership or support groups play an important role in educating adults on HIV/AIDS prevention. However, in Livingstone district, only radio stations have documented the various groups which listen to the radio programs and their experiences. From the documents at the radio stations, it emerged that the community felt that they learnt a lot from listening to the radio educational programs on HIV/AIDS prevention and that they exchanged various experiences. However, there were no records at the DMO and health centre level on radio listenership.

4.5.10. Gender, social and cultural norms

NASF (2011-2015:21) demands gender mainstreaming in all sectors. Similarly, NACAS (2011-2015:8) points out that communication interventions should be gender and culturally sensitive at all times. The NACAS, therefore places high priority on effective communication as a means to achieving the goals of NASF. However, there was no evidence that issues relating to social inequalities and social and cultural norms were included in the radio discussions and design.

4.5.11. Interactions with various stakeholders in the district on radio programs on HIV/AIDS prevention education programs

There were no records of stakeholders' meetings at District, Health Centre and community levels on radio educational programs for adults on HIV/AIDS prevention at different levels. This is not in line with the HIV/AIDS/STI/TB policy (2008), NASF (2006-2010) and Strategic Framework (2011-2015) which state that communities should participate in the HIV/AIDS activities through multi-sectoral approaches. The target audience which include the Neighbourhood Health Committees need to be fully involved in the radio education programs. The communities are supposed to hold community meetings. NASF (2011-2015:11-14) places emphasis on consolidating multisectoral approaches to HIV prevention at all levels through intensified community education programs and community responses that enhance and sustain HIV prevention. In addition, the success of responses is dependent on effective community systems (ibid) which include the CATF and NHCs. The community are mandated through the National Strategic Framework to identify, prioritise, analyse problems and find suitable solutions at community level for various problems.

4.5.12. Radio broadcast reach

The policy document on HIV/AIDS/STI/TB (2008) acknowledges that messages are not well targeted, and are culturally not acceptable. Similarly, the challenges on radio broadcast reach were highlighted in the Radio and Communication Policy (2007:2-4) which included limited coverage among rural communities, high cost and limited energy, limited airing time and inadequate skills among health workers. In addition, the policy document highlighted challenges such as there was poor program presentation, limited logistics such as batteries, no radios, no airtime for the community to ask questions when they do not understand issues, no feedback, limited airing

times. This was also confirmed by the Transport and Communication Policy (2007) which highlighted preference for TV, phones and radio drama/entertainment.

4.5.13. Possible improvements

The policy documents made suggestions for possible improvements, such as partnerships in the design, implementation, review, monitoring and evaluation processes. This helps in identifying success stories and challenges in implementation of activities. In addition, community and stakeholder's involvement in planning and implementation of activities as recommended in the policy guidelines on the multi-sectoral approach to HIV/AIDS, will contribute to program improvement. There were no yearly plans at DMO and the programs were not reviewed to check on progress. Therefore, there is a need to review the radio educational programs on HIV/AIDS prevention.



4.5.14. Conclusion

The document review has revealed that they are factors that constrain and enable the radio adult education programs on HIV/AIDS prevention in the district. Some of the themes that emerged that enable adult education included regular community participation, regular meetings, and sharing of experiences on HIV/AIDS prevention. On the other hand, those that constrain adult education included Inadequate logistics for the use of radio such as high cost batteries, no electricity, no radios, bad radiofrequency, no talk time, un clear messages, poor timing of the radio programs, no stakeholders interactivity, high cost of radio programs, poor access to radio programs especially in rural and peri-urban areas. In addition, technical issues such as staff skills, no monitoring systems, no radio program schedules, no feedback, non-adherence to policy guidelines, radio design, poor stakeholder's involvement, inadequate funding, implementation of the policy and guidelines, inadequate planning and monitoring of radio programs and gender/social/cultural issues, and inadequate understanding of the HIV/AIDS policies and guidelines.

In addition, the review of the NASF, PMTCT guidelines, NACAS and the HIV/AIDS/STI/TB policy and guidelines emphasises on involvement of all sectors of society through the multi-sectoral response and partnership in the design, implementation, review, monitoring and evaluation of the HIV/AIDS prevention programs. The target audience and the Neighbourhood health committees need to be fully involved in the radio education programs.

The key issues that emanated from document review were that policy documents and guidelines are available at DMO, HC level and two radio stations. The challenge has been the understanding and interpretation of policy documents and policies into activities that are multi-sectoral. This means that staff did not fully understand the contents in the policy. If staff understood the policies, they could have ensured that the stakeholders implement the various policies focusing on the educational components. All the policy documents required were found at district and health centre level apart from the radio Communication Policy which was only found at radio stations. The Radio Communication Policy was not found at district and health centre level because the Ministry did not provide this document.

It is therefore, important for the Livingstone district with their stakeholders to work on the factors that constrain the use of radio for adult education on HIV/AIDS prevention and also follow the policy guidelines on implementation of educational programs. This will result in program improvement and hence contribute to the reduction in HIV/AIDS prevalence in the Livingstone district.

CHAPTER FIVE: INTERVIEW DATA

5.1. Introduction

In the previous chapter, I reviewed various policy documents and identified factors discussed in these documents which enable and constrain the use of radio for education of adults on HIV/AIDS prevention.

In this section, I present data gathered through interviews with participants in different categories: district level staff of the Department of Health, radio stations program's managers, health centre staff and community members.

The chapter is divided into sections, focusing on each of the four categories of interviewees. Each section starts with a brief profile of the interviewees and then presents data on their perceptions of the factors that enable and constrain the use of radio for adult education on HIV/AIDS prevention in the Livingstone District.

In the next section, I will look at responses of eight community interviewees from the Maramba catchment area. Two interviewees came from Kasiya a peri -urban area while others came from six different zones in Maramba urban area with radio listening groups.

The Maramba community is one of the communities in the Livingstone district with the highest population and some of its population is in peri-urban areas such as Kasiya and Natebe areas. It has a wide range of social places such as bars, taverns, lodges, shebeens and markets .People come from different countries, within the country, and within Maramba catchment area and bring their merchandise for sale at Maramba market and hence interact with various people. Many spend their time and nights at the market and lodges around the market. At the same time they find time in bars and shebeens to interact with other people.

Various sensitization activities on HIV prevention have taken place in the area including the radio programs but their efficacy is not known hence the need for the in-depth interviews. Maramba area is divided into zones and sensitization meetings on HIV/AIDS prevention have been held in

these zones. The Neighbourhood Health Committee (NHC) members come from different zones to form the main Health Centres Committee. Each zone has a NHC committee who choose one member to represent them at the Health Centre Committee and members bring information to the community. Some of the NHC members have been trained by the District Medical Office and Health Centre staff in Lay Counselling, HIV/AIDS prevention, Adherence Counselling, TB prevention and malaria prevention and control. Therefore NHC members are able to carry out sensitization programs on various priority areas and act as a link between the Health Centre and the community. They also identify, prioritize, and find solutions within the community.

5.2. Community interviewees' responses on factors which enable and constrain the use of radio for education of adults on HIV/AIDS prevention

5.2.1. Brief Profile of community interviewees

The first community interviewee was Fanella, a member of Neighbourhood Health Committee (NHC) who attended Antenatal clinic at the Health Centre. She is 48 years old and reached grade 9 in her secondary education. She is involved in the community sensitization programs. She is also a community Lay Counsellor for HIV/AIDS. She helps community members to make informed choices so that they can be tested for HIV/AIDS. When found positive community members are counselled on positive living and preventing HIV transmission. When found negative community members are counselled and encouraged to maintain the status so that they are not infected with HIV/AIDS.

The second community interviewee was Goodness, a male who lives in zone six area of Maramba catchment area. He completed his secondary education in grade 12, is 32 years old and is self-employed. He is a member of the NHC and is involved in community sensitization programs on HIV/AIDS.

The third community interviewee is Hosea, a 28 years old male from ZECCO compound in Maramba. He completed his grade 12 secondary level of education. He is a NHC member and has

been involved in community sensitization in various programs in his zone. He is a community-based Adherence Counsellor trained to encourage those people living with AIDS to effectively take their drugs without interruption. He has learnt about effective communication skills in the community through his training as a community-based Adherence Counsellor in the Livingstone District.

The fourth community interviewee is Idah aged 50 years, a widow living with HIV/AIDS. She lives in Maramba zone four. She completed her grade 12 secondary education and she is an NHC member who participates in HIV/AIDS prevention sensitization programs in the community.

The fifth community interviewee is Kenos a male community-based volunteer in Maramba zone .He is a farmer aged 48, is married and reached grade 12 in his secondary education. He has been involved in community health education programs in his zone.

The sixth community interviewee is Luna aged 44, a house wife. She attained secondary level of education up to Form 3. She is married and came to the Health Centre with her husband. She is one of the NHC members involved in community sensitization on HIV/AIDS prevention.

The seventh community interviewee is Norah, aged 56 years. She has an education background of grade 9 and is a farmer who lives in Kasiya peri-urban area of Maramba. She actively participates in community education programs on HIV/AIDS prevention.

The eighth community interviewee is Oban, a 31 year old male farmer from Kasiya community who completed his grade 12 secondary education. He is a member of the NHC who is actively involved in community educational programs on HIV/AIDS prevention.

In the next section I have looked at the perceptions of these community members on the causes of HIV/AIDS and factors that enable and constrain adult education at community level.

5.2.2. Perceptions of interviewees on causes of HIV/AIDS

Fanella, Kenos and Luna attributed the cause of HIV/AIDS in the district to activities in Livingstone as a border area which included trading and social activities and resulted in interaction by different people within and outside the country. Fanella said:

Livingstone district is a border area therefore there is a lot of interaction between different people from different countries, regions and within the country. Others is due to stigma because they do not want to be tested so that they know their status and also prevent HIV/AIDS.

Fanella felt that stigma and not knowing their HIV status were factors that exposed people to HIV/AIDS. People feared to be tested for HIV/AIDS for fear of people knowing their status.

Goodness and Hosea felt that poverty, lack of parental guidance, inadequate information, peer pressure and taboos contributed to HIV/AIDS in Livingstone district. Goodness said:

There is poverty in the community compounded with the social activities such as the night clubs, bars, and taverns that the people go to due to poverty so that they can be assisted with funds. In addition, being a tourist capital people mingle and make friendships that expose them to HIV/AIDS.

This meant that some people made friendships at the bars and clubs with the aim of being paid money after sexual intercourse despite not knowing the HIV/AIDS status of their friends.

Similarly Kenos said:

Livingstone being a border town a lot of people passes here for various activities and therefore prostitution is prevalent. In the community there is poverty which

makes women to go out looking for money to sustain them. In addition there are a lot of shebeens so men and women are involved in heavy drinking of beer instead of working. These activities expose both women and men to HIV/AIDS.

Luna felt that:

Livingstone being a border and a transit town houses truck drivers who have been away from their families for a long time resulting in having sexual partners in most towns. A lot of married women go to truckers to request for money in exchange for sex because they have no people to help them take care of their children. Others are widows and they have no families. This exposes them to HIV/AIDS/STIs.

Goodness further explained the causes of HIV/AIDS in the district. Goodness said:

There are a lot of orphans who have no guardians resulting in children going in the streets to look for money for their upkeep hence being exposed to sexual activities.

Information on dangers of early and unprotected sexual intercourse is not discussed within families. In addition we do not discuss issues of sex with our children as it is a taboo. This has resulted in children getting wrong information from their friends.

Hosea added that:

There is poverty in the community especially among those who are kept by their grandparents who cannot afford school fees and food resulting in prostitution. In addition there is lack of information on HIV/AIDS prevention and peer pressure

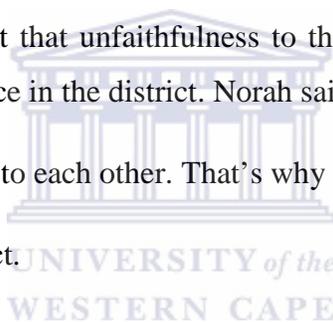
amongst the youths.

Idah attributed the causes of HIV/AIDS to prostitution, urbanization, beer drinking and the presence of shebeens in shanty compounds. Idah said:

There is urbanization as people come from various parts of the country into town for their merchandise and the cross border trading. In addition the shebeens and bars are not controlled. There is no enforcement of the law on age limit and people drink the whole night. All these activities predispose the people to HIV/AIDS and Sexually Transmitted Infections (STIs).

Norah had a similar view. She felt that unfaithfulness to the partners and inadequate education contributed to HIV/AIDS prevalence in the district. Norah said:

People are not faithful to each other. That's why we have HIV/AIDS in the Livingstone district.



5.2.3. Design of the radio programs

Luna appreciated the radio programs and commented:

I like the way the programs are presented. There is one character that I like in the because he explains and presents the programs properly. In addition timing of the programs are ok because I have interest in what is discussed. When you don't have interest timing will not be ok.

Fanella, Oban and Luna were happy with time the radio programs were presented. Fanella explained that:

I have no problem with the time the radio programs are presented.

However, others felt that most people were not at home and others were busy with other activities when programs were aired.

Norah suggested changing the time of airing radio programs from night to day time. She suggested that:

Timing of the radio programs is not good as the programs were presented at 1900 hours when people were busy listening to the News on TV. There is a need to change the time from evening to day time.

Similarly Goodness said:

I have seen that they bring programs during the working time and during the news hour. This means that majority of the people won't listen to the radio programs. HIV/AIDS prevention educational programs should be presented when people are in their homes. Therefore, timing of the radio programs is not good.

Idah also felt that the radio programs needed to be mixed with other methods of education and use youths in the radio programs especially for community mobilization. She said:

The design of the radio programs is not good. There is lack of schedule to give guidance on what time the radio programs and various topics on HIV/AIDS prevention is presented. I have noted that youths are not involved in the radio programs. Youths are very resourceful as they can mobilize the community when they are involved. Furthermore radio programs should be mixed with other methods such as video shows as youths are interested in such.

Goodness, Idah and Hosea felt that some community members had preference for TV than listening to the radio programs. Goodness said:

People feel that radio is an old way of learning. People prefer watching TV than listening to the programs.

Idah added:

Some people have no interest listening to the radio programs and they prefer to watch TV and not listening to the radio programs.

Hosea felt that some people prefer using cell phones. Hosea said:

The use of phones is better especially in my generation than switching to radio Programs.

Fanella, Hosea, Idah, Kenos, Luna, Norah and Oban participated regularly in listening to the radio educational programs on HIV/AIDS prevention. Fanella said:

I listen to the radio all the time. If a family member switch off the radio I put on my headsets and use a cell phone especially when I am cooking. I am a very good radio listener.

Hosea felt that the educational programs were very useful as the topic discussed affected people's health. He participated through regular listening to the radio program. Hosea commented that:

Yes I participate in the radio programs and I do not want to miss the discussions especially programs presented on Friday and Saturday which are presented by the District Medical Office (DMO) on the Doctors corner. I learn more when I listen to the radio programs.

Luna further added:

There is good participation from members and we also plan together.

Norah also commented on her participation and the radio listening group's participation. She said:

I do participate regularly listening to the radio programs. I go door to door to encourage people to listen to the radio programs. There is good participation from the members. We agreed on the day and time when to listen to the radio programs on HIV/AIDS prevention. However some people who are HIV positive are shy to speak.

5.2.4. Consideration of how adults learn

Fanella, Oban and Goodness identified factors that helped them learn and are good for adult education. These included certain characters in the radio programs on HIV/AIDS prevention programs, asking questions, group discussions, radio drama and the use of musicians helped them learn. Fanella explained that best way to learn through radio program as adults would be if they used radio drama and phone-in programs so that people can participate.

Fanella said:

I have identified characters in the radio program which help in learning especially in the programs conducted by Gamma Chuulu.

Fanella meant that she identified characters in the radio drama who provided enough information during the radio drama and also encouraged people to test for HIV/AIDS.

Hosea felt that he enjoyed certain programs such as radio drama presented by organizations such as Gamma Chuulu. He said:

I like listening to the programs presented on Friday and I do not like missing as well as listening to certain people in the radio drama by Gamma Chuulu. This is so because their performance is good.

Similarly Oban felt that asking questions and deciding what to do as a group help them learn. He said:

We ask questions within the group and decide on what things will help us and what has been prepared for that day. We also agreed when to meet for group discussions. Hence consideration of adult learning was achieved due to the mentioned factors.

Goodness also felt that apart from the usual educational programs he enjoyed a mixture of educational music and the educational programs on HIV/AIDS prevention. He said:

I like one musician during the radio programs who talks about HIV/AIDS prevention. I like the educational programs as prevention is better than cure.

Goodness further explained that the best way to learn through radio educational program as adults is to involve the people who are living with HIV/AIDS (PLWHA) in the radio programs. He said:

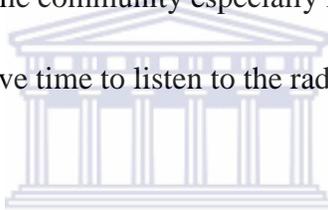
It would be useful to involve people who are affected with HIV/AIDS to be presenters on radio educational programs so that they can use their own life experience and testimonies to teach others on HIV/AIDS prevention.

On the other hand, Hosea, Idah, Luna and Kenos felt that there was no consideration of how adult learn because there was no repeating of programs to make every one understand, no consultation on what time to present the radio programs, no community sensitization programs on the

importance of radio programs, the use of English during radio discussions and no provision of logistics such as radios, no talk time for the phone-in programs.

Idah also felt that time was not considered during the design of the radio programs as the community were not consulted on the best time to present the radio programs so that adults are able to listen and learn. She felt that the best way to learn was through the educational radio programs which included community awareness programs on the importance of listening to the radio programs. She commented that:

Having educational radios in the community so that radio listening groups are empowered with information. The programmers should carry out sensitization programs to encourage the community especially in urban areas where people seem to be busy to reserve time to listen to the radio programs on HIV/AIDS prevention.



Similarly Kenos felt that adult learning was not considered due to the fact that no radios were provided in the community and that there was lack of talk time for the phone-in programs as individuals had to pay for their own talk time to call the radio stations to clarify certain issues. The radio program design did not consider free calls to the radio stations during discussions. Kenos said:

I feel there is no consideration of adult learning in that there is no consideration for provisions of logistics such as public radios and talk time which could be used for group discussions.

Luna's view was that the radio design did consider adult education by presenting issues that affected the community such as HIV/AIDS. On the other hand radio design did not consider adult education by finding an alternative in case there is interruption of electricity. Some community members used radios which used electricity. Luna said:

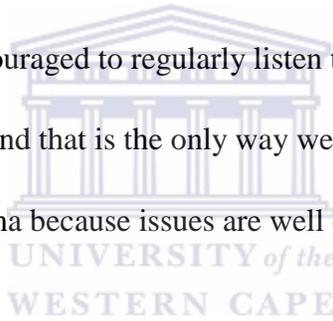
I can say it does and does not. I can say they consider how adult learn through presenting on issues which affects people. On the other hand it does not because at times presentations are disrupted due to electricity going off.

Luna added:

The use of English during radio program presentations affects radio listenership. Due to ignorance people do not understand the importance of listening to the radio programmes.

Luna explained further that the best way to learn was through radio drama. Luna said:

I feel we need to be encouraged to regularly listen to the radio programs on HIV/AIDS prevention and that is the only way we are going to learn. In addition it is good to use radio drama because issues are well explained through entertainment.



On motivation to listen to the radio programs, Fanella, Goodness, Hosea, Idah, Kenos and Norah were motivated by learning more and getting new information on HIV/AIDS prevention. Fanella said:

I get motivated to listen to the radio because I want to know the level where we are in terms of HIV/AIDS prevention so that I am not left out because things change all the time. I have no program which I have less interested in because all the programs are good.

Kenos felt that his experiences in life such as the problems that he has encountered and the education on condom use benefited and motivated him to listen to the radio programs. Kenos said:

I am a person who is interested in listening to the radio because I learn a lot of things. I am one of the people who has experienced a lot of problems so I want to hear and learn more. I have a very good experience listening to the radio programs on HIV/AIDS prevention. I like the programs which talk about condom use because it is part of my protection.

Luna listened to the radio discussions regularly and appreciated its benefits which included accepting that she has HIV/AIDS and living positively. She also appreciated the radio programs that helped her prepare for her future and her children. She said:

I was found to be HIV positive and from that time am very much interested in learning about HIV prevention and how to live positively. The radio programs have helped me prepare adequately for my children.

5.2.5. Key issues emanating from the radio programs.

Interviewees identified several factors that enable adult education through radio. Goodness said:

When somebody is affected by HIV/AIDS and when people have free time will enable them to listen to the radio educational programs.

Hosea felt that adequate resources contribute to adult education. He added:

When people have adequate resources, talk time to contribute to the discussions

and food will make them sit and listen to the radio educational programs.

Kenos, Luna, Norah, and Fanella felt that regular listening to the radio programs and sharing of experiences enabled adult education. Kenos said:

Listening regularly to the radio programs and sharing of Information and experiences help very much in adult learning.

Norah added:

We agree and plan together .

Luna felt that staff experience, knowledge and openness in discussing issues helps a lot in adult education and helps people live positively. Luna further stated that radio programs provide good health education and helps her understand issues. Luna said:

Good experienced and knowledgeable staff helps a lot. In addition radio education has complete health education to make me understand and learn. It is also important to be open when discussing issues of HIV/AIDS and the program encourages us to live positively.

Norah felt that community motivation played a role in adult education and gave examples on how she motivated the community members by giving certain incentives. She said:

Motivation of community members is important and it helps people listen to the radio programs. When the first group of listeners graduated they were given certificates and T-shirts and this was motivating and it made other community members to enrol in the next group.

Oban's view was that interest in the topics and mixed presentation methods during radio program enables adult education. Oban said:

I like all the topics as they help us learn ways of living and radio drama makes people to listen to the radio programs and the role Plays help alot.

However others had different views. Idah and Norah felt that poor program presentation by health workers constrained adult education. She said:

The way that the programs are presented by the health workers matters a lot.

Personally I don't think I will continue listening to the presenter. I have said so because the presentations are too long and time matters a lot. There is rescheduling of the same topics every time.

However Luna felt that there were not enough facilitators in the community to lead the discussions during radio programs.

Kenos, Goodness and Luna added that social activities such as beer drinking, looking for girlfriends, listening to music and food contributed to people not having time to listen to the radio programs. Kenos said:

People have no time to sit and listen to the radio programs because they are busy drinking in bars looking for boy/girlfriends and others looking for food.

Luna added:

People have only time to sale their merchandize.

Fanella, Kenos, Hosea and Norah felt talk time affected their radio listenership as they could not participate fully in discussions because talk time finishes. Norah commented:

Most of the people want to ask questions but they have no talk time and therefore feedback is not provided.

All community interviewees felt that there were challenges on HIV/AIDS programs that are encountered by the community on the radio programs as cited above. Fanella, Luna Goodness, Hosea and Kenos cited interruption of electricity as challenges. Fanella said:

Sometimes electricity goes off. This really disturbs because you cannot finish your lessons. In addition these days there are no phone-in programs. Furthermore this means I cannot continue listening to the radio programs and contributing to the discussions.

This suggests that the community were ready to contribute to the discussions during phone-in program but could not do so because at times the phone-in program was not provided. Others could not do so even when provided with phone-in programs because of lack of phones, no talk time, no radio program schedule, and interruption of services.

Norah identified similar challenges. She said:

The radio broke down and this has affected our radio listenership.

This meant that the community in spite of wanting to listen to the radio programs could not go ahead due to the breaking down of their radio.

Goodness, Idah, Norah, Hosea, and Oban felt that some people had no radios and batteries in the community. This means that they could not listen to the radio programs and others could not ask questions when they did not understand certain issues. They preferred to see public radios in the community where all community members can have access to information on HIV/AIDS prevention. Kenos said:

In the community we do not have public radios like it used to be some time back.

Previously some organizations and the government were giving radios for group discussions but now there is nothing.

Idah and Norah felt that community members did not know that there are radio programs on HIV/AIDS prevention. Norah said:

There is no information on radio listening groups and the community members do not know that there are radio programs on HIV/AIDS prevention.

Regarding factors that constrain adult education there were several factors mentioned above such as non-availability of radio schedules on HIV/AIDS prevention, poor timing of radio programs, repetition of programs, poor network in peri-urban areas ,no feedback, inadequate facilitators, no talk time, social activities, no radios and irregular presentation of educational programs.

In addition to these, Fanella, Hosea, Norah, Idah, Kenos and Oban felt that inadequate funds and preference for TV over radio affected radio listenership. Fanella said:

There are no funds to procure some logistics. In addition there is preference of TV which affects radio listenership as people do not understand issues under discussion and also they get bored.

Hosea, Luna and Norah felt that there was no information on radio listening groups, ignorance and understanding of the importance of radio programs affecting radio listenership. People were not aware of the listening groups and the radio programs. Norah said:

People have no information on the radio listening groups and radio programs.

Kenos identified other factors which included ignorance, busy community schedules, bad radio frequency especially in peri-urban areas. He said:

There is ignorance in the community. In addition the radio frequency is very bad especially in peri-urban areas and others are busy cultivating their crops.

However Oban had a different view he said:

Most people are not educated therefore they do not understand the importance

of listening to the radio programs.

5.2.6. Radio listening or radio support groups.

Fanella had not heard about the radio listening groups in the community in spite of being a member of the neighbourhood health committee. Fanella said:

I have not heard of radio listening or support groups in my area but listeners.

Goodness, Kenos, Luna, Norah, Oban, Hosea and Idah knew of the radio listening or support groups in the community. Goodness commented:

There are a few radio listening or support groups but mostly it is individual listeners.

Idah also participated in listening to the radio programs. However she complained of not having a schedule for radio educational programs on HIV/AIDS prevention and that she could not follow the programs properly. Idah said:

I participate in listening to the radio discussion but I do not know the timetable in order to know which program is presented and when because I do not have a radio schedule.

Luna added that her active participation was through the help of her husband and that she appreciated the radio programs on HIV/AIDS .She noted that information provided previously was intimidating because of stigma which was attached to HIV/AIDS. Therefore it affected their radio listenership. Luna said:

I participate in listening to the radio programs. My husband usually calls me when the program starts. I appreciate because a long time ago I did not want to listen to

the radio programs as it was previously scaring.

Oban added:

In our listening group we have only one facilitator. Therefore when she is out for other activities there are no lessons.

Hosea suggested forming radio listening groups in the community and wished the schools could also use radio for education. Hosea commented that:

It would be useful to form small listening groups in the community per zone for people to meet in a quiet place so that they listen to the radio programs. In addition schools should also be encouraged to use the radio for educational programs.

Hosea knew of some areas where some radio listening groups were found. He said:

There are no radio listening groups in my area (ZECCO) but other areas have radio listening groups for example Namatama area and Linda area.

In addition Kenos said:

There are people listening to the radio programs in the community. We do encourage people to have support groups so that they listen to radio programs as a group but they are not interested. They say they want to go and look for food.

This meant that the some of the community members faced pressures to spend their time looking for food to feed their families rather than listening to the radio programs.

Norah commented that Gamma Chuulu supported their group and it helped them share experiences on what was learnt. She said:

We have radio listening groups in the community. We meet every Tuesday to talk about HIV/AIDS prevention. We are asked questions on what we heard from the discussion and how it helped us. We are supported by an organization called Gama Chuulu and we learn a lot of things and share our experiences.

Similarly Oban said:

We have radio listening groups in the community and listen to the radio programs at 19.00 hours. We meet every Tuesday for discussions on HIV/AIDS prevention.

Idah added:

There are radio listening groups in Nsongwe community where I previously lived.

I also know of families who have put the radio programs as a priority.

Norah and Luna identified a few challenges in the radio listening groups which included time, no motivation, and enrolment. Norah felt that during the ploughing and harvesting season the attendance was not good. She said:

This time most people are busy with field work and therefore attendance is poor.

This meant that people were busy with harvesting of maize during the time when the radio programs and discussions were going on. This resulted in their failure to attend the meetings.

Luna felt that participation was restricted due to limitation in the number of people who could enroll in the listening group and the fact that they met only once a week. She said:

Most of the community members want to join the listening group but I have a

limited number for enrolment and we meet once a week.

Idah felt that there was no motivation of listeners and spicing of radio programs with entertainment. She said:

There is no motivation, no spicing of radio programs with music or greetings.

5.2.7. Interactions with stakeholders in the district on radio programs.

Fanella, Goodness, Hosea, Idah, Kenos, Luna, Norah, and Oban felt that they had interactions with community members through community sensitization meetings, workplace meetings and radio educational programs. Fanella said:

I go out with other NHC members to sensitize the community on various topics.

Fanella shared her experiences by transferring her knowledge to the community and family members and educating community members on issues of HIV/AIDS prevention.

Goodness used door to door methods to reach out to community members and also used the opportunity to educate his own family members. He said:

I usually go door to door sensitization within the community and at home I usually discuss with my relatives on issues of HIV/AIDS prevention.

Hosea commented on his workplace experience. He said:

In my workplace we listen to the radio programs with three of my workmates.

They ask me questions and I explain to them about any issue. I also provided advice on challenges.

Idah had interacted with PLWHA in the community and shared ideas on positive living which she learnt through the radio educational programs. Idah said:

I interact with people living with HIV/AIDS (PLWHA) in the community and we share ideas and experiences on positive living.

Kenos, Luna, and Oban further explained the linkages with other community members through sharing of their experiences on lessons learnt on radio. Kenos said:

Every Thursday I hold meetings with community to educate them on what I learnt on radio programs on HIV/AIDS prevention and also at the TB corner at the clinic in order to offload whatever I learnt during the week. Listening to the radio program on HIV/AIDS prevention is like you are in a classroom. In addition some community members have learnt from my experiences.

Luna added that:

I do interact with various community members. We discuss what we heard on radio and the lessons learnt and how we can work on identified problems.

Oban also added:

I do interact with various community members on what we learnt from the radio programs. We share our experiences on what we heard from the radio discussions and what is prepared for us on the following day. In addition we also look at how people should remain positive without transmitting HIV to others.

Norah, Luna and Oban felt that there was community interaction through regular meetings, planning and sharing of their experiences and this helped them learn.

Norah said:

I do interact with various community members on what we learnt from the radio

programs, lessons learnt and how we can work on identified problems. We agreed on the time and days when to meet.

On interaction with the health centre staff majority of the community members felt that there was no interaction.

Kenos commented that they did not interact with the health centre and district level staff of the Department of Health , though issues were discussed on radio. Kenos said:

I interact with various community members as I sensitize them on things that I learn through radio programs. However at health centre level there is no interaction on issues concerning the radio programs on HIV/AIDS prevention.

Hosea observed that there was no link between the health centre and community on issues of the radio programs on HIV/AIDS prevention. He said:

I usually sensitize the community on HIV/AIDS prevention especially when I see things which are not done in the right manner. I always advise them on HIV/AIDS prevention. However there is no link between the community and the health centre on issues of radio listenership.

Similarly Idah had linkages with community members especially PLWHA but there was no radio broadcast link between the community and health centre. She commented.

I usually link up with PLWHA in the community and it is very helpful because when you mix with other people the problem that you have becomes lighter. Concerning the linking with health centre there is no link on the radio broadcast.

Luna felt that she created links with community members and not health centre staff. She said:

I share what I learnt with other community members living with HIV/AIDS (PLWHA) and my husband. However I do not interact with the Health Centre staff.

Fanella also felt that she had no linkages with the health centre staff. She had discussions with various community groups' on issues of radio education on HIV/AIDS prevention through sharing information. She said:

I usually sensitize the community and church members on HIV/AIDS prevention and not the health centre staff.

5.2.8. Radio broadcast reach.



Fanella, Goodness, Hosea, Idah, Kenos, Luna, Norah, and Oban felt that radio broadcast had reached all the areas including peri-urban areas of the Livingstone district. Fanella explained that:

All the areas in Livingstone district are reached out by the radio programs.

However, Goodness felt that Kasiya area did not have good network coverage and this resulted in the community not getting all the lessons. Goodness said:

In some peri-urban areas of Livingstone especially Kasiya community have outside coverage and the radio broadcast is not clear.

Similarly Hosea commented that:

Radio broadcast is everywhere including peri-urban areas. However there is poor network coverage in Kasiya and Natebe peri-urban areas. Our target audience is

is affected.

Idah, Norah, Oban and Kenos felt that in peri-urban areas network was not good.

Idah said:

I feel radio broadcast is good in urban areas but the network is poor in peri-urban areas.

Luna felt that the bad network made them miss some of the lessons and at times they could not hear anything. She commented:

Sometimes radio frequency is very bad and we cannot learn anything from the radio programs.



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5.2.9. Impact of radio programs on behaviour and HIV/AIDS prevention

Fanella, Goodness, Hosea, Idah, Kenos, Luna, Norah and Oban noted that the impact was there as evidenced by various developments. They learnt lessons which helped them as adult learners. There were varying reasons given. Fanella commented:

The impact is there because I am able to learn on HIV/AIDS prevention and avoid bad behaviour. When we go in the community as NHC members to educate people they won't take our information, but when they listen to the radio educational programs it carries more weight.

As community members, they have learnt a lot and are able to transfer knowledge to other community members. Goodness appreciated what he learnt from the radio programs. He said:

The impact is there because I am able to learn more about HIV/AIDS prevention.

We have learnt a lot about HIV/AIDS prevention through the radio educational Programs and as a result of this we have in turn taught others in the community as we socialize and at church.

Norah added:

Most of the lessons learnt have given me knowledge to teach others and help my friends. I have interest in that I always learn new things and I am now a community counsellor.

Oban felt that he has been given skills on handling various issues in the community. Oban said:

I have learnt a lot on how to handle various situations especially discontent couples (One positive and the other one negative) and how to share information with other community members.

Kenos appreciated the knowledge he gained from the radio programs which changed his life. He gave his own testimony as a person who changed his behaviour through regular listening to the radio programs He said:

I am an active listener to radio programs on HIV/AIDS prevention from morning to the evening. Radio programs have brought my life to where I am now.

I have learnt a lot of things. I have also learnt how to use Anti-Retroviral Drugs (ARVs) and the benefits which bring good life. In addition I have learnt that having one partner is good for in HIV/AIDS prevention.

Luna also appreciated the radio programs because she had learnt how to live positively, prevention of HIV/AIDS/STIs, and the nutrition lessons which are very vital in PLWHA. She said:

The radio programs have taught me to live positively and also show me how to use condoms to prevent re- infection. I have also learnt nutrition lessons to boost my immunity.

Fanella confirmed learning a lot of issues as part of the preventive measure of HIV/AIDS. She said:

I have learnt the effects of multiple and concurrent partners (MCP) and the need for HIV counselling and testing.

Hosea added:

There are so many lessons learnt during the radio programs. For example I am now aware of the effects of alcohol on drugs and therefore I educate my friends on HIV/AIDS prevention through adequate information received through radio programs.

Kenos felt that regular radio programs on HIV/AIDS prevention helps a lot in adult learning. Kenos said:

I have learnt that having one sexual partner is good. There is an impact to those people concentrating on radio programs who have changed behaviour. I am one of those who has change behaviour through listening to the radio programs on HIV/AIDS prevention. I was one of the persons who loved women so much but

after radio lessons I have changed. If I continued I would have contracted HIV/AIDS and also infect other women and so I am completely changed.

Oban and Hosea felt that the impact on behaviour change was seen from the increase in the uptake of certain services. He said:

There is behaviour change as we have seen people going for certain services such as Voluntary Medical Male Circumcision (VMMC) circumcision which is one of the preventive strategy for HIV/AIDS prevention.

Hosea attributed the impact to the regular listening to the radio programs. He gave an example of his friend who used to drink a lot but changed his behaviour due to regular listening to the radio programs on HIV/AIDS prevention. Hosea said:

The impact is there because there is behavioural change when you always listen to the radio programs. I have a friend in Button compound that changed behaviour by listening to the radio programs.

Norah with her experience and being a counsellor helped her to counsel community members to go for Voluntary Counselling and Testing (VCT) a good practice. She gave a testimony on her neighbour as a lesson learnt. She said:

I helped my neighbour to go for VCT. I counselled my neighbour who had sores on her ears to go for VCT. She was tested for HIV and put on treatment. My neighbour now appreciates.

Norah added:

The lesson learnt is that regular listening to the radio programs will result in positive change because of listening to the radio programs.

However Luna and Idah felt that behaviour change is not easy and takes time. Luna said:

People change when they listen to the radio programs regularly but to others it takes time when something discussed happens to them. Behaviour change is not easy because takes time for people to change their behaviour.

Idah felt that change of behaviour was an individual decision and noted that it was not easy to change one's behaviour. She said:

There is behaviour change because for someone to change there is an inner person.

However it is not easy to identify what had made a person to change unless a person tells a story on her/his change process.

This meant that the individual who has changed behaviour will be able to explain how he changed his behaviour and what made him change.

Oban was worried about the lack of behaviour change among youths who were drinking beer and engaging in smoking dagga despite the educational programs which discouraged such practices. Oban said:

A lot of youths drink beer a lot, and smoke dagga resulting in failure to listen to the radio programs. We have been educating people on dangers of drinking beer but it has not worked.

5.2.10. Gender, social and cultural norms

Fanella and Hosea felt that gender was not an issue while Goodness, Idah, Kenos Luna, Norah and Oban felt that women were not free to discuss issues. Due to culture women are busy with various activities such as selling and home activities. Fanella said:

I am not aware of any social cultural issues that constrained adult education.

Hosea and Kenos also felt that gender was not an issue. Hosea said:

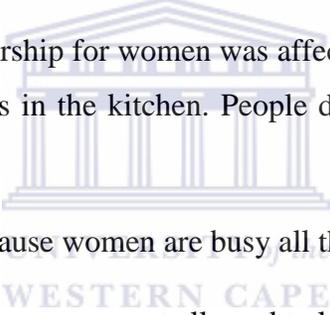
To me gender is not an issue with radio listenership.

On the other hand Goodness said:

There are more men participating in the radio programs than women.

However women are coming up although women are shy because of the tradition which hinders women to be actively involved in radio programs. Even at church more men discuss issues openly.

Similarly Idah felt that radio listenership for women was affected in that women were not allowed to learn as they felt their place was in the kitchen. People did not want to discuss the issues of condoms. Idah said:



The listeners are men because women are busy all the time with other activities. For example women are not allowed to learn due to culture. In addition women are busy selling at the markets while men are most of the time at home or involved in drinking beer.

Luna and Norah felt that women were shy to discuss issues during radio presentation. She said:

I feel women do not like listening or talking on radio because they are shy.

Oban felt that there were few women listening to the radio programs due to various home activities, promiscuity and their way of life. He further explained how he takes his wife to the radio listening group which other men do not do.

Oban said:

Few women listen to the radio programs because they spend their time with home activities such as cooking and washing clothes. Some of the contributing factors might be their way of living and promiscuity. I go with my wife to the radio listening groups but others have failed to go with their wives.

Hosea, Idah, Kenos, Norah and Luna felt that traditions and taboos affected radio listenership such as discouraging the use of condoms and discussions on sexuality. Kenos said:

To some people social and cultural issues affect them. They will chase their children or wife when they are discussing issues of sexuality and the use of condoms. To me it is a myth. I keep my wife and children around so that they learn and it is the entry point of education on issues of HIV/AIDS preventions.

This suggests that some men like Kenos and Oban encourages women's participation in the radio programs. Norah commented that when information is provided adequately it helps people make decisions that affect their lives. Norah helped her neighbour to make decision to go for counselling and testing by providing information which she learnt from the radio programs.

However, Norah's view was that despite radio programs traditions still persisted such as the issue of condom use .Norah said

Condoms are not accepted by most men. I have one couple who have given me problems. The wife is positive and husband negative (Discontent couple) and the man refuses to use condoms. He says their culture does not allow him to use condoms on his wife.

Luna also said:

Drinking a lot of beer makes people not listen to the radio educational programs and the cultural issues also play a big role as certain issues cannot be discussed.

Goodness and Fanella had no comments on social cultural issues

5.2.11. Possible improvements

Fanella made suggestion to improve the radio programs by increasing the number of days for airing radio programs and also considering provision of free airtime for phone-in radio programs. She further advised her fellow community members to regularly listen to the radio programs in order to improve on participating in the radio programs. She said:

There is a need to provide free time for phone-in programs and avoid repetition of programs and also to have 2 days in a week to present programs. It is also important to regularly participate and not miss the presentations. This will help them learn a lot of issues on HIV/AIDS prevention.

Goodness, Kenos, Oban and Idah suggested that the government should assist the community to buy radios so that people form and discuss in groups. This will help them in sharing of experiences on health issues which include HIV/AIDS prevention. Goodness said:

If there are more resources it is better if the government can buy radios which can be distributed in the community so that people form listening groups. It could also be important if all the community members can be listening to the radio educational programs on HIV/AIDS prevention as the programs are very helpful to our health.

Idah added:

There is a need to provide radios in the community so that the radio listening groups are empowered with information on HIV/AIDS prevention.

Similarly Oban said:

There is a need for people to be helped with radios so that we move together during discussions and request for donor funds to procure radios.

Hosea's view was that there should be continuous presentation of programmes. He said:

When selecting topics for discussions there should be no interruption at least for two years so that people can learn effectively.

Kenos and Luna suggested encouragement of community members to listen to the radio programs through advocacy and sensitization programs. Kenos said:

People need to be encouraged to listen to the radio programs. There is a need to have advocacy and sensitization meetings on the importance of listening to the educational radio programs. The government should come in as people listen to them so that they encourage them as a government. It is easier for the government than myself.

Kenos meant that the Government should play a leading role in advocacy and community sensitization on the importance of listening to the radio programs on HIV/AIDS through radio programs. Sometimes the community do not listen to their fellow community members educating them on issues of HIV/AIDS prevention but will take government seriously.

Luna also suggested that:

The community needs encouragement on issues of HIV/AIDS prevention

through radio educational programs. In addition presenters should encourage

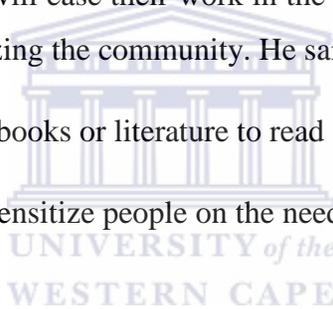
Community radio listenership as there were a lot of benefits.

Norah felt that time of presenting programs needed to be changed and urged community members to listen to the radio programs on HIV/AIDS prevention. She said:

The radio programs should be presented during day time and program schedules to be distributed in the community. Communities should be prepared to listen to the radio educational programs on HIV/AIDS prevent.

Oban suggested having books or literature in form of pamphlets which people can read to access information. He also felt bicycles will ease their work in the community in far places so that they reach out to more people in sensitizing the community. He said:

There is a need to have books or literature to read after lessons and bicycles to reach further places to sensitize people on the need to listen to the radio program



5.2.12. Conclusion

This chapter presented responses of community interviewees on the radio educational programs on HIV/AIDS prevention including their views on factors that enable and constrain adult education.

In the next section, I will look at the two responses of radio station interviewees:

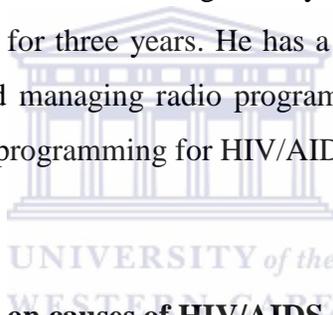
5.3. Radio Station interviewee's responses on factors which enable and constrain the use of radio for education of adults on HIV/AIDS prevention

5.3.1. Brief Profile of the radio station interviewees.

The two radio station interviewees are Queen and Rusiah.

Queen is a 27 years old Journalist who was trained to write for newspapers or prepare news to be broadcast on radio or TV. She has two years in service. She has a Diploma in Public Administration and is still studying for a degree course. She is a Program Manager at radio Musio-Tunya, a community radio station owned by the Catholic Church. She is actively involved in radio programming and presents various community programs including HIV/AIDS prevention programs.

The second radio station interviewee is Rusiah aged 30 years. He is a Production Manager at radio Zambezi has been in service for three years. He has a Diploma in Public Media. He has a wide experience in production and managing radio programs. He is experienced in community work. He has been involved in the programming for HIV/AIDS prevention educational programs.



5.3.2. Perceptions of interviewees on causes of HIV/AIDS

With her experience in presenting radio programs on HIV/AIDS prevention educational programs, Queen felt that people had information on HIV/AIDS prevention which they received from the radio programs but each individual's behaviour was determined by his/her own morality, not by information gained from radio education programmes. Queen said:

I feel it is individual morality. For me I can say that people have information that they have acquired through radio broadcast and other media. It is just failure to control their behaviour.

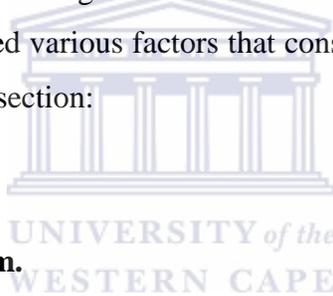
Rusiah also felt that information is received but that people did not accept the information and did not act on it or change their views or actions. Rusiah said:

The causes of HIV/AIDS in the district are that people are failing to accept information that comes on their way and accepting the basic concept of hearing and doing. In addition, there is non-willingness to accept information for change and failure to adhere to change. Your ministry is trying its best in providing information on HIV/AIDS prevention.

In addition Rusiah attributed the causes of HIV/AIDS to the social activities of the city. Livingstone city has commercial sex workers who patronize some bars and lodges. Rusiah pointed out that people have multiple partners and spend time in bars and exchange sex for money. Rusiah said:

Furthermore, people have multiple partners and are practicing illicit sex compounded with the social status of Livingstone district.

Radio station interviewees identified various factors that constrain and enable the use of radio for adult education as seen in the next section:



5.3.3. Design of the radio program.

Queen drew on her work experience in the design of radio programs at radio station level. She led the radio discussions, prepared the documentary and the phone-in programs. However, she noted that the phone-in programs were not free as people had to buy talk time to participate in the phone- in programs. Queen said:

I do participate in the design of the radio programs at the radio station level and not at district level. We have documentary, radio discussions, and phone-in radio programs. Programs are not free; people have to buy talk time to phone-in.

Rusiah was involved in presenting radio programmes. Rusiah said:

I do participate in the radio design by presenting the radio programs discussions on HIV/AIDS prevention. The DMO and radio station staff provides the discussants.

The radio station had a broadcast schedule for radio programs which Queen uses for radio discussions, phone-in programs and radio announcements. Queen suggested improvements so that the radio programmes can be more helpful and educative. Queen suggested that:

There is need for training other members of the radio listening groups and empower them with other resources that they can use such as talk time. They may have questions but no talk time to call the radio stations.

Rusiah expressed concern that the broadcast schedule was not availed to the community: He said:

However the timing of the radio programs is not good because there is no schedule that has been given to the community so that they can follow the presentations and discussions on HIV/AIDS prevention.

5.3.4. Considerations of how adults learn

Queen pointed out the importance of languages used in the radio programmes and listening groups. Language proficiency in English and local languages were the criteria for selection and training of coordinators of radio listening groups:

We trained leaders to help coordinate the various groups. We picked those who understand English and those who understand local languages such as Tonga, Lozi.

Rusiah felt that the role of language in how adults learn was not adequately taken into consideration. Rusiah said that radio programs are mainly provided in English despite most community members not understanding the language. However, they tried at times to ensure that all understand by using local languages for few words.

On the other hand Rusiah highlighted some ways in which adult education issues were considered. Rusiah said the station ensured that various education levels are catered for such as those who did not go to school and those who are educated. There is a need to provide a bit of entertainment during presentations although this was not done at all times.

We make sure that we provide service through educating, entertainment, and informing people on HIV/AIDS prevention.

Rusiah also pointed out that:

When there is a small motivation to be provided to the community, the participation in the radio programs improves.

This meant that adults improve their participation in learning when they know that there is a benefit to be provided. For example if they know that they will be given something after the discussions such as T-shirts or money.

5.3.5. Key issues that emanated from the radio educational programs

Queen identified various concerns which were raised by the communities. Some of the issues included effects of ARVs, PMTCT, and safety of children when they take ARVs. She said:

People want to know about the couples in which one of them is positive, (Discordant couples) and the effects of ARVs.

This meant that the issue of discontent couples and safety of ARVs were not understood by some community members.

She also said that women wanted to know more about specific issues. Queen said:

For women they want to understand about PMTCT and also women feel that ARVs are not safe for children.

Queen observed that the same topics had been presented during radio programs on HIV/AIDS prevention.

Rusiah identified several issues that emanated from radio discussions on HIV/AIDS prevention. He stated that:

There is misinformation leading to myths and misconception. Some men think that by having sexual intercourse with children you cannot have HIV. Others say that when you have sex once you cannot have HIV. There is just unwillingness to change.

Rusiah was very worried about people not knowing their HIV status despite all the discussions on the issue during the radio programs. Rusiah said:

In addition in the community other people do not know their HIV status and this brings worries to me.

5.3.6. Radio listening or radio support groups.

Queen was aware of the radio support/listening groups in various communities in Livingstone district and that leaders were trained to guide other community members during discussions. Queen said:

Yes we have radio listening groups in both urban and peri-urban areas of Livingstone district. We formed 80 listening groups. Some of these include Namatama, Kasiya, Saw mills, Ngwenya, Dambwa, and Jack Mwanampapa. When we formed them they were very active because we trained leaders to coordinate these groups.

However she noticed that some of the groups were no longer active as they were when they were formed.

Through her participation in presenting various radio programs she was able to identify some of the topics which were aired on HIV/AIDS prevention. Queen said:

The radio listening groups rely on programs presented by the District Medical Office especially on couple counselling and male circumcision.

She said that the radio listening groups regularly listened to the radio programs. This was noticed during the radio phone-in programs.

Rusiah however drawing on his experience as a Production Manager at Radio Zambezi said that they had no structured listening groups in the community. Instead he referred to youth groups who called themselves funny club because their focus was on general discussions and not only discussions on HIV/AIDS prevention

There are no structural listening groups. However, research has shown that there are groups groomed to radio who always listen to the radio programs. We only have funny clubs mostly comprising of youths.

5.3.7. Interactions with various stakeholders in the district on radio programs on HIV/AIDS

Prevention education programs

Queen felt that there was interaction between different stakeholders in the district on HIV/AIDS prevention educational programs. Queen said:

We have interaction between stakeholders. We are members of the District AIDS Task Force (DATF) and pastors' fellowship. Issues on radio are discussed but not specifically called by the District Medical Office.

District AIDS Task Force (DATF) and Pastors fellowship provided a platform for interaction because members were from different organizations and church Leaders. They shared information and experiences from different organizations and churches. However they did not attend meetings organised by the DMO.

Similarly Rusiah also felt that there was interaction. He said:

There is interaction with a few stakeholders in the district. These Include MoH and other NGOs as we are a media organization.

This meant that Rusiah interacted with various stakeholders but did not explain which NGOs he interacted with and through which forum. For the Ministry of Health interaction with the radio

station staff was only when programming the radio educational programs on HIV/AIDS prevention.

5.3. 8. Radio broadcast reach.

Concerning the radio broadcast reach in the district which included peri-urban areas, all the interviewees said they were all able to receive radio broadcast. Queen said

The radio broadcast reaches all areas in Livingstone including other districts such as Kalomo and Kazungula including Zimbabwe especially Victoria Falls town.

Queen confirmed that the radio broadcast reached all areas in the Livingstone district and the broadcast was extended to other districts and countries such as Zimbabwe at Victoria Falls border town. Rusiah just like Queen had the same view. He said:

The radio broadcast covers a lot of areas including Zimbabwe and Botswana.

This meant these countries share borders with Zambia and the radio broadcast reaches these countries.

5.3.9. Monitoring of radio programs.

Queen and Rusiah from their experience in presenting and programming of HIV/AIDS prevention programs confirmed monitoring of the radio programs. Queen involved other stakeholders in her monitoring of the radio listening groups in the community. The team looked at how the radio listening groups were performing and the challenges they were experiencing. Queen said:

As a program officer I go to monitor the radio listening groups in the field.

We engage other stakeholders such as the Catholic Relief program called Caritas to help us.

Rusiah had a different view and felt monitoring was done through radio discussions and not going in the community because that is how he planned the program within the radio station.

Queen and Rusiah both participated in leading the discussions during the radio programs. Queen said:

Sometimes I participate in the presentation of radio programs and at times I coordinate programs. I am at times overwhelmed with work.

This meant that Queen did not always participate in presenting radio programs on HIV/AIDS prevention because of pressure of work.

Rusiah felt that leading the discussions helped him learn various issues on HIV/AIDS prevention Rusiah said:

I participate in the radio programs in that I guide and create a platform for my listeners. I also get education for my own benefit.

Queen and Rusiah however noted some challenges on HIV/AIDS programs encountered with the community during radio discussions. Queen said:

Literacy levels of the people are low especially in rural areas of the Livingstone District. In certain areas only few people understand English. In addition talk Time is difficult to find. Furthermore some people write letters after the program is already aired and therefore it is late. As a presenter, I cannot call back when the program is going on. The other challenge is that I am not an expert in health and so I cannot present health issues even if the community asks questions.

Rusiah also identified some challenges. He said:

The Doctor Program which is initiated by our radio station has no financial Contribution by the presenters. Therefore it is a cost on the radio station. In addition there are no incentives for the listeners such as free phone- in programs or text messages. Furthermore phone is cut off as people are phoning- in due to technical faults. The social media such as Skype and Facebook takes people time.

Rusiah confirmed some of the weaknesses during radio discussions and pointed out that the Doctor's programs cost was paid by the radio station as a community contribution towards HIV/AIDS prevention.

Queen also looked at what enables adult education and she had this to say:

Through good programming for example the times when we have good listeners is 20.00hrs.

However Queen and Rusiah also looked at the factors that constrain the use of radio for adult education. Queen said:

Bad signals and sometimes we only play music. Other people do not like music such as Kalindula (A Bemba dance song) and they will switch off the radio. In addition, people may have questions but may have no talk time to call the radio stations for clarification certain issues.

Rusiah identified lack of good and relevant programming of radio programs on HIV/AIDS prevention in the radio programs. This meant that certain topics which were relevant to the community were not discussed. In certain cases discussants failed to explain certain issues when they community asked them questions during discussions.

5.3.10. Funding of programs

As presenters of the radio programs on HIV/AIDS prevention programs Queen and Rusiah were aware of the funders of the programs. Queen said:

The radio programs are funded by various partners such as the Zambia National AIDS Council, Gamma Chuulu and Ministry of Health (MoH) is the biggest funder of HIV/AIDS prevention programs.

Rusiah said:

Funding of the radio programs on HIV/AIDS prevention comes from Zambezi FM, MoH, Non-Governmental Organizations (NGOs) like Society for Family Health (SFH). Programs are mainly carried out during national commemorations.

Queen did not say if there was a challenge of funding. Rusiah recognised that most of the programs were funded and aired during the commemoration of national days like TB Day, VCT Day and World AIDS Day. However just like Queen, he did not state whether there are any challenges in funding for the radio programs.

5.3.11. Impact of radio programs on HIV/AIDS prevention.

Queen felt that the impact was there. She said:

In information dissemination there is an impact but not in behaviour change.

Queen noted that a lot of information has been presented to the people but still she felt that the risk behaviour of people seem not to have changed in terms of HIV/AIDS prevention.

She further noted some lessons that have been learnt. She said:

Radio has been a useful tool in information dissemination. It provides more training to other members of the radio listening group and empowers them with resources that

they can use.

Rusiah said:

Events being recognised show the impact.

This meant that when events are announced through radio broadcast such as commemorations of national and international days people attended the events in large numbers.

5.3.12. Gender, social and cultural norms

Queen and Rusiah both had the same opinion on the issue of gender and radio program listenership and felt that women were very free to discuss on radio. However, they both identified some challenges. Queen said:

“I feel women are freer to discuss issues than men”.

In her own perception Queen felt women were freer than men because of their attendance to health services in large numbers. Women attended various services such as family planning and Antenatal. During Antenatal sessions they learn a lot of issues through interaction and sharing of experiences with their friends and health workers. Women are given an opportunity to ask questions were they do not understand. This helps them learn and make them freer to attend educational sessions. In addition the national guidelines state that women should be accompanied by their spouses for Antenatal services so that they both learn together to prepare for their expected babies and also prevent various diseases including HIV/AIDS which might affect the baby. Queen however felt that men do not easily accept to accompany their spouses for the educational sessions. Rusiah also said:

Mostly women are more comfortable to discuss issues on radio than men.

However Rusiah did not elaborate further on why women were free to discuss than men.

Looking at the social cultural challenges on HIV/AIDS prevention Queen said:

Women feel that culture is not good because when girls get married they are taught

never to say no to a husband when they demand for sexual intercourse. They say it is a taboo. Traditionally, a woman cannot ask a husband to use condoms but a man is free to do so. In addition the issue of polygamy especially in peri-urban areas is like a way of life.

Queen noted that women still have no powers to protect themselves from HIV/STIs and say no to sex when a husband asks for sexual intercourse even when he has multiple partners as it is a taboo which is taught before a girl gets married. The educational sessions during radio programs had highlighted the dangers of multiple partners but despite the education this was ignored.

Rusiah pointed out that beliefs and taboos still existed in the community. He said:

As media, we provide information as it is presented. Some people think that by mentioning sex and bringing certain topics on HIV/AIDS prevention we are bringing and corrupting young people so that they forget about new devices. There are still beliefs that listening to the radio programs is a taboo.

Rusiah confirmed that some people do not like the way information on HIV/AIDS is presented especially when topics on sexuality are presented. The community due to their traditions, beliefs and taboos feel the radio educational programs mislead the youths by mentioning issues on sexuality.

5.3.13. Possible Improvements.

As regards to improvements Rusiah placed emphasis on good programming, training and accuracy in providing information. Rusiah said:

The programs can be helpful if the Ministry of Health can provide trained staff to provide accurate information to the listeners. Radio station staff should provide good programming by spacing programs and providing good presenters who can provide information in the right manner.

Rusiah felt that as radio station staff lacked basic information on HIV/AIDS prevention. Rusiah recognised the importance of media in dissemination of information and therefore suggested that the Ministry of Health (MoH) should train radio station staff in HIV/AIDS prevention so that accurate information is given to the listeners:

In addition Ministry of Health should provide training to the radio broadcasting staff on HIV/AIDS prevention and related issues through workshops. I have said so because we do not have basic information.

Rusiah also suggested that these improvements could improve the partnership between the MoH and the radio station and protect their reputation:

Ministry of Health should realise that they have partners they are working with. They should understand the knowledge levels. Once you are on radio we are representing Ministry of Health to listeners who are their key targets during radio discussions on HIV/AIDS prevention hence the need to be equipped with adequate information on HIV/AIDS prevention. Radio can be listened to by many people and there is room for privacy and acquiring knowledge on basic facts on HIV/AIDS prevention.

This meant that when listening to the radio programs people were free to join either listening groups or listen on their own in their homes in order to enhance privacy on issues of sexuality.

In the next section, I have looked at the responses from health centre interviewees.

5.4. Health centre-level interviewees' responses on factors which enable and constrain the use of radio for education of adults on HIV/AIDS prevention.

5.4.1. Brief Profile of Health Centre interviewees

There were four health centre interviewees and these were as seen below:

The first interviewee was Julian a female aged 32 years with a Diploma in Nursing and Certificate in Midwifery. She works as an In-charge of the health centre. She is also a Trainer in quality improvement in health services and a mentor. She has eight years in service. She has been involved in overseeing that all health activities including HIV/AIDS prevention in Maramba community are carried out.

The second interviewee was Mika a female with a Diploma in Nursing aged 58 years has 36 years in service and coordinates all the programs on PMTCT and maternal and child health services at the health centre. She is the MCH coordinator. She has worked in various cities in Zambia such as Lusaka, Kitwe and Ndola in different capacities and has a wide experience in maternal health. She is actively involved in HIV/AIDS prevention programs through MCH department and spearheads community maternal and child health services.

The third interviewee Polandos was a Peer educator's Coordinator aged 42 years and 15 years in service and has a Certificate in Nursing with a Certificate in Midwifery. She has a wide experience in peer education. She has been coordinating Peer educators programs on HIV/AIDS prevention for twelve years. The peer educators program focuses on youths in and out of school who are in the community.

The fourth interviewee was Delta, aged 24 years a grade 12, who is unemployed. Delta is a male peer educator at Maramba Health Centre, who has been actively involved in peer education at Maramba Health Centre and community level. He has actively participated in educating youths on prevention of HIV/STIs and behavioural change.

5.4.2. Perception of the interviewee on causes of HIV/AIDS

Julian, Mika, Polandos and Delta identified various reasons as causes of HIV/AIDS in the Livingstone district. The first three interviewees associated the causes to Livingstone being a transit town, tourist centre, the social interaction among people and unemployment. Julian felt that women prefer having sex with men by looking at their economic levels focusing on money and other wealth that the man has. Julian said:

Livingstone being a tourist capital, people prefer having sex partners by looking at their economic levels. Livingstone town as a tourist capital attracts many People from different places to come and view various historical sites such as Victoria Falls. Others come for business purposes. There are many interactions between people from different parts of the country, the region and the world.

Julian also attributed the causes of HIV to reasons such as poverty, multiple partners, stigma, no testing, and refusal to use condoms .She said:

Most of the people in Livingstone are not in formal employment especially women who in turn exchange sex for money. Women are tempted to engage in other social activities and will look for men who have money as they are in poverty. People have multiple partners and they do not want to be tested so that they know their status. They have fear knowing their status because they feel if they have HIV/AIDS they will die. In addition there is poverty and married people do not want to use condoms as they feel disturbed when having sexual intercourse by the use of condoms while others say they need to use their bodies in exchange for money as it was their is a source of income

This meant that stigma still existed in the community and that men have a lot of women they have sex with and do not want to use condoms as a protection from HIV and sexually transmitted diseases. Refusal to use condoms exposes both men and women to contracting HIV/AIDS/STIs.

Julian and Mika also felt that the economic status of people contributed to the spread of HIV/AIDS. Mika said:

Most of the people in Livingstone are not in formal employment and they have low levels of education which affected the understanding certain issue especially the prevention of HIV/AIDS.

Polandos like Julian felt that there was still stigma in the community and people were not free to talk about various issues. Polandos said:

Stigma still existed as people are not free to reveal or talk about their status which affected their lives and commencement of ARVs to those who are positive.

Delta had a different view as he represented the youths. He felt that peer pressure, unemployment and the presence of shebeens in the community contributed to the causes of HIV/AIDS. He said:

There is peer pressure, unemployment, and there are a lot of Shebeens in our community where youths go and drink beer and also engage in sexual activities which in turn exposes the youths to HIV/AIDS/TB/STIs. Some of the shebeens do not even close and majority of the people found there are youths.

Delta highlighted activities carried out to help the youths. He said,

There are activities which are carried out to prevent HIV/AIDS such as FP and promotion of safer sex through promotion of the use of condoms. We sensitize the youths in the community on family planning as it is one of the strategies in HIV/AIDS prevention and condom use although the change is there but not to our expectations.

This meant that despite the sensitization of youths on prevention of HIV/AIDS through condom use and FP to prevent early pregnancies, the youths do not utilize the services provided for them at the youth corners at the health centre.

Julian, Mika, Polandos, and Delta identified various factors at health centre level that constrain and enable adult education as seen in the next section.

5.4.3. Design of the radio programs

On the design of the radio programs, Julian, Mika, Polandos, and Delta drew on their experience in listening to the radio programs. However they all did not participate in the design of the radio programs. They all pointed out that programs were designed at district level. Therefore in spite of being Coordinators of various programs at health centre level they were not given the opportunity to participate in the design of radio programs. Julian said:

As a health centre we are not involved in the design of the radio programs. The design and planning of the radio programs is done by members of staff at the district level.

This means that they did not participate in giving any input or suggestions on how the radio programs can be conducted despite being in contact with the target groups in the community which the radio programs are targeting.

Julian, Mika and Delta were not given an opportunity to participate in presenting programs on radio but they did so through listening to the radio presentation by other presenter's. Julian said:

I do not participate in the presentation of any programs on radio but I participate through regular listening to the programs. As a health centre we do not provide educational programs on radio as I earlier explained and I do not know when

exactly these programs are presented because there is no radio program schedule to follow.

Delta and Mika had a similar experience. Delta said:

I participate by asking questions through writing to the radio station to repeat presentations especially topics were I was not clear.

However Julian, Mika and Delta identified similar challenges in radio presentation which included lack of schedule, people's preference for TV, Internet, facebook than listening to the radio and the poor timing of programs when community members are busy listening to the national news. In addition despite people wanting to listen to the radio programs they had no radios. Julian said:

I have observed that some community members have no radios in their homes and can afford to buy radios but it is not their priority. In addition, people prefer TV to radio and it is seen as not important. Furthermore timing is not ok. It is better to present programs after 1900 Hours when people are off at work. In addition, youths prefer socializing through beer drinking and other social activities than listening to the radio programs.

On the other hand Polandos had an opportunity to participate in the radio presentation only when requested by the DMO staff members who were regular presenters. She said:

I participate when the district asks me to present programs on peer education and usually twice a week when the programs are available. Normally before the programs are aired we sit with presenters so that if there is anything to be changed we change it before presentation.

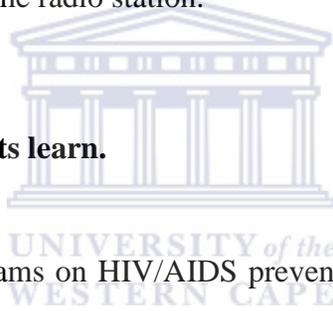
Polandos as a presenter of the radio programs did not have a radio program schedule to follow and she relied on being informed by the district level staff of the Department of Health, about her

presentations at the radio stations when they were required. In addition it seems Polandos had no influence over participating in presentation of radio educational programs unless she is told to do. She however highlighted some of the experiences and challenges on HIV/ADS programs that she encountered with the community on the radio programs such as transport and funds. Polandos explained:

When there is a radio program, people are free to express their views. However, transport for discussants is a challenge. In addition, the radios are not enough in the community.

Polandos meant that transport to take the discussants to the radio station was a challenge because some of them lived far away from the radio station.

5.4.4. Consideration on how adults learn.



Having listened to the radio programs on HIV/AIDS prevention Julian, Mika and Delta felt that the radio programs on HIV/AIDS prevention did not adequately consider how adult learn. They highlighted their reservations on the use of English and absence of feedback to clarify certain issues which were not understood. Julian acknowledged that providing opportunities for phone-in programs helped some adults. Julian said:

The design of the radio programs on HIV/AIDS prevention had taken into consideration on how adults learn. Somehow it has in that after each presentation, there is a phone-in program which helps the shy clients who fail to come to the health centre to participate in learning.

Julian expressed these sentiments because there was a provision for a phone-in program which helped community members to respond and participate more actively in the educational programs

.However she did not specify if there were challenges in providing a phone-in services to the community such as the problems encountered by the community in participating in the radio educational programs such as high cost of talk time for phoning-in and other identified issues by the radio station interviewees

Similarly Mika referred to the use of local languages to suggest that the program did consider how adults learn.

At times the radio programs are in local language such as programs presented by one of our partners.

Her example of Gamma Chuulu is about a non- Governmental organization which has taken into consideration how adults learn by presenting the educational programs in local languages such as Lozi and Tonga and using radio drama to present their programs.

Furthermore Delta pointed out that listeners asked questions, but feedback was not provided. He said:

Adult education is considered by allowing us to ask questions after the radio presentations. However most of the time there is no feedback when we ask questions during the radio discussions.

Polandos view was that adult education was considered in that the topics which were presented focused on the youths as a target group for HIV/AIDS prevention. Polandos said:

The radio programs have considered the youth programs focusing on issues which affect them such as how they can overcome peer pressure. Some of the programs include HIV/AIDS prevention focusing on abstinence peer education and adolescent reproductive health and general HIV prevention

5.4.5. Key issues that emanated from the radio programs

Julian and Delta felt that people wanted to learn while Mika and Polandos felt that there was a problem with information dissemination. Julian said:

Most of the community members want to find out more on issues affecting them such as how babies can be prevented from HIV/AIDS hence the need for more educational programs on HIV/AIDS prevention.

Julian meant that the community wanted to understand issues of PMTCT and felt that as adults they will learn when they have something that affects them directly. She added that there was a need for more community education despite the same issues being discussed on radio programs.

Similarly, Delta said that youths wanted to learn more on HIV/AIDS prevention and also to engage actively in listening and presentation of the radio education programs.

Most youths want to learn more on HIV/AIDS prevention and be given an opportunity to discuss issues on radio. In addition, the youths want to participate in the actual radio program presentations so that issues affecting them are tackled.

On the other hand Mika felt that there were misconceptions in the community on the use of ARVs and their importance because people felt that when they are given ARVs, they are protected from HIV/AIDS. Mika said:

People have accepted HIV/AIDS as a disease and so they don't care. For example they say when you find us HIV positive you will give us medicine.

Polandos expressed a similar view.

The youths complain of not having access to information on ARVs and that the

youths still feel that circumcision is not a full protection from HIV. In addition most people feel that once they are circumcised they cannot get HIV/AIDS despite having unprotected sex.

This meant that youths wanted issues to be explained further for their easy understanding especially issues on male circumcision. They indicated some doubts on its efficacy and more information to be provided on ARVs. Polandos also discovered during the radio programs that other community members had misconceptions on male circumcision despite the topic being aired several times.

5.4.6. Radio listening or radio support groups

Julian was not aware of radio support groups in her catchment area despite being the in charge of the health centre. Mika, Polandos and Delta were aware of the radio support groups in the community. Julian said:

In my catchment area we have no radio listening groups but Linda catchment area have radio listening groups. This is so because there is no interaction in the radio programs.

This shows that they were not meeting regularly with support groups to discuss the radio program topics because if they did so she should have documented proceedings of the meeting. She could have known what goes on in her catchment area through community reports on the radio program discussions. However, she was able to identify the topics which included HIV/AIDS prevention and male circumcision.

Mika, Polandos, and Delta confirmed having a few radio listening groups. Polandos said:

We have two radio listening groups .One group is in Natebe and the other in Kasiya

which are peri-urban areas of Maramba catchment area.

In addition Delta felt that radio listenership was good although the time was not appropriate for most listeners. He said:

We have radio listening groups in the community and people listen to the radio programs presented by Gamma Chuulu at 1900 hours when people are in their homes. However, this is also a time when national main news is read.

5.4.7. Interactions with stakeholders in the district on radio programs.

Julian, Mika, Polandos and Delta felt that there was no interaction between different stakeholders in the district on HIV/AIDS prevention radio programs. They cited lack of meetings as a reason for not interacting. Julian said:

For the radio programs on HIV/AIDS prevention, there is no interaction with various stakeholders as we do not have meetings to discuss various issues on radio programs.

As an In- Charge of a health centre, Julian had a mandate to coordinate meetings at health centre level where community members bring issues of concern and discuss what is being done in the community.

Polandos commented on challenges they encountered. She said:

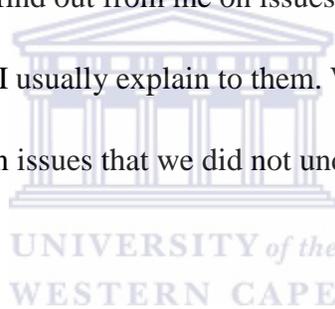
Interaction with various stakeholders is very difficult now. Previously we used to interact with those who deal with youth programs on various health programs but we did not to discuss any issues on radio programs. Most of the NGO programs

have phased out. There is only one youth organization called YCTA which is active.

Polandos was referring to the that organizations who were involved in the youth programs were no longer funded for activities and therefore, they closed their operations in the Livingstone district.

Delta explained that he interacted with youth radio listeners who were peer educators and they shared what was learnt and their experiences. Peer educators had a mandate to educate fellow youths in the community on HIV/AIDS. He did not interact with other stakeholders in the community. He said:

The peer educators will find out from me on issues they did not get clear during the radio programs and I usually explain to them. We also discuss later with my fellow peer educators on issues that we did not understand.



5.4.8. Radio broadcast reach

Julian, Mika, Polandos, and Delta all felt that the radio coverage was good for both urban and rural areas reaching 25-30 Kms. Julian said

The radio broadcast reaches Maramba peri-urban areas which are 15 Kms from here and the community is able to capture radio programs.

All the interviewees felt that radio coverage was good and therefore the target audience with whom they worked with were able to tune in to radio programs including those in peri-urban areas.

5.4.9. Monitoring of radio programs

Julian, Mika, Polandos and Delta confirmed not having monitored radio programs at community level in order to capture the community view on the radio listenership. Polandos however said that monitoring was done at the district health office by the district level staff of the Department of Health, while listening to the radio discussions.

The district monitors programs internally by listening to the radio programs without going into the community.

.All the interviewees knew that the district was monitoring programs. Julian said:

I am not involved in the monitoring of the radio programs as it is done by the district level staff of the Department of Health ,.

However Mika doubted whether the district level staff of the Department of Health, monitored the radio programs. She said that health centre staff did not know whether the areas and time of radio broadcasts facilitated community access to the radio programs nor did they know the challenges encountered in the community during the radio programs. It was also difficult for health centre staff to understand the acceptability of the radio programs to the community and whether they accepted the information provided. As a result health centre staff members were not sure if the community was happy with the radio presentations.

5.4.10. Funding of programs

Julian, Mika and Delta were not aware of the source of funding for the radio programs and how often HIV/AIDS prevention programs were aired. Julian said:

Funding of the radio programs is not known as we just hear that some partners funded the radio programs.

Delta and Mika made a similar observation as there was no sharing of information from the DMO to the health centre level on the financing of the radio programs. Mika said:

I do not know who funds the radio programs as it is done centrally. I have heard that the funders of the radio programs send money direct to the district.

Furthermore, there are no meetings that are held at District and health centre level to review the radio educational programs where this information on funding could have been shared.

Polandos was aware of the funding because of her involvement in presentation of the radio programs as radio discussants were paid a transport allowance. However she noted the challenge of inadequate funds as most of the planned topics were not presented as planned. This has led to inconsistency in airing the radio programs because the funds which were provided by the funders were not adequate. Therefore at times there was a break in radio programs transmission on HIV/AIDS programs.

Polandos said:

Funds come from the Government and at times from the Centre for Disease Control (CDC). The funds are not regular and are not adequate for educational programs.

5.4.11. Impact of radio programs on HIV/AIDS prevention

Julian, Polandos and Delta felt that the impact on radio educational programs on HIV/AIDS prevention was there. They noted that there was an increase in knowledge by both staff and the youths. People learnt a lot of things and in certain cases there was behaviour change in certain individuals. Julian commented:

The radio programs have an impact in that materials presented are ear catching

to listeners. Radio programs helped some people make decisions.

Julian explained that the issues which were discussed on radio were important for people to be educated on HIV/AIDS issues. The discussions help some people make decisions to develop healthy life styles which in turn will improve their health. In addition, Julian said:

There were various lessons that I learnt from the radio educational programs on HIV/AIDS prevention. Listening to the radio programs on HIV/AIDS prevention regularly has increased my knowledge as a health worker. There are things which I did not know but I have been educated on certain topics.

Polandos and Delta also agreed with Julian's sentiments. Polandos said:
It is another way of educating youths despite the challenges and it is easily accessible especially where there is no internet.

Polandos felt that the educational programs on HIV/AIDS prevention benefited the youths by providing information on how they can protect themselves from HIV/AIDS. She also observed that there were lessons that have been learnt from the radio programs on HIV/AIDS prevention such as how youths in urban can access other media programs. In peri-urban areas the youths have no access to internet where youths could browse and find other information on HIV/AIDS prevention. Therefore, the youths in peri-urban areas depended on the radio programs. In urban areas however the youths have access to internet, phones, and TVs were they find other information on various topics including HIV/AIDS prevention. The lesson they drew is that there is a need for other means of education in addition to the radio programs. Polandos said:

It is not every youth accessing radio programs on HIV/AIDS prevention hence the need for us to find other means to educate them as radios are less in town and TVs are more as accessibility to the radio programs on HIV/AIDS prevention was not adequate.

Mika had a different view. She felt that there was no noticeable impact in that programs on HIV/AIDS have been aired several times and it seems the prevalence of HIV in the district has not adequately reduced.

Radio programs started a long time ago. If it had an impact HIV should have reduced.

Mika also felt that the church prophets have contributed to patients on Anti- Retroviral drugs (ARVs) to stop taking medicine due to their false promises.

There are prophets who come on TV who have made people to stop listening to the radio and concentrating on TV because they promise them of healing.

Mika felt that many people had misconceptions about ARVs. Some people did not understand that the purpose of ARVs is to help in prolonging life and reducing opportunistic infections. They believe that because they are on ARVs they are now cured and can engage in unsafe sex practices. Mika felt that these misconceptions had led to an increase in unsafe sex practices.

The introduction of ARVs drugs has increased peoples bad behaviour and that the introductions of ARVs have affected the behaviour of certain people because they feel they are now cured.

5.4.12. Gender, social and culture norms

Mika, Polandos and Delta felt that gender issues still existed in the community and felt that women and girls do not listen to the radio programs. They attributed this to them being shy and that they have no support from men for those who are married. However, they noted that men do

not follow advice on HIV/AIDS prevention in spite of listening to the radio programs. Mika commented:

Women and girls are shy to listen and discuss issues on radio but I feel they can have interest in listening to the radio programs on HIV/AIDS prevention if they are encouraged to do so. In my view if men can support women they can all listen to the radio programs. However I have also observed that as much as men listen to the radio programs they do not bother to follow the advice provided on HIV/AIDS prevention.

Polandos pointed out that girls were reticent mainly because of their culture which does not allow them to talk in the presence of parents and elderly people. She commented:

The girls are shy and not free. Most of the participants in the radio phone- in discussion programs are boys. In addition, girls have not been encouraged to listen to the radio phone- in radio programs

However, Julian had a different view. She felt that men were stubborn in that they spent their time just drinking and socialising. Julian said:

I feel few men listen to the radio programs compared to women. Men are very stubborn. There is a need for both men and women to be glued to radio programs.

Looking at social and cultural issues Julian, Mika, Polandos, and Delta felt that there were many challenges. They placed emphasis on men refusing to use condoms, failure to discuss issues of

sexuality openly, and women not making decisions without men as it is expected by their culture. All these expose both men and women to HIV/AIDS. Julian said:

Certain cultures allow a man to marry more than one wife but I feel they should stick to one partner and this will help to reduce HIV prevalence. However men do not want to use condoms and sticking to one partner.

Julian felt that the culture of marrying more than one woman and not using condoms exposes both men and women to HIV/AIDS/STIs.

Men indicated that they did not want to use the condom due to their culture which states that a woman should not refuse to have sex with their husband when they demanded for sexual intercourse

Julian said men argued during the radio discussions that they could not use condoms with their wives despite knowing that they sleep with other women whose status is not known. The men felt that the women had no right to refuse sexual intercourse because they are taught before getting married by elderly people not to refuse and this was their culture.

Julian added that:

Some cragsmen are preventing their church members from taking ARVs. They felt when people pray they can be healed. This has an effect on HIV transmission.

This suggests that the community were interested in learning through the questions which they wanted to ask but were confused by the teachings of their church leaders who discouraged them from taking ARVs.

Polandos commented that:

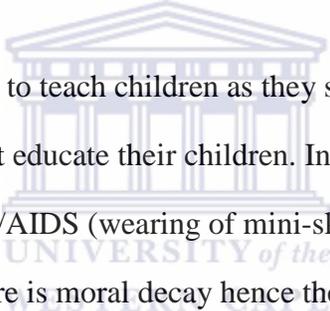
From my experience, cultural issues are in rural areas and it is still a boundary because sometimes people switch off radios when issues of sex are discussed.

They are not free to discuss. In peri-urban areas, the youths still feel that there is a boundary between girls and boys.

This means that the social and cultural issues affect radio listenership in that when girls are with their parents or elderly people, they cannot discuss issues of sexuality. They will just keep quiet. This is how a boundary is created because they are not allowed to say anything. Therefore, they cannot ask even when something was not clear.

Delta placed emphasis on improving the morals of girls and encouraged parents to educate their children like they did before. Furthermore, according to Delta the morals of girls especially in dressing have changed through wearing mini skirts and dresses and these might contribute to attraction of men to the young girls resulting in girls' sexual abuse by men. This in turn exposes girls to HIV/AIDS/STIs. This emphasis on girl's morals can be attributed to gender bias which for long time did not encourage girls to go to school.

On lessons learnt, Delta said:



Previously, adults used to teach children as they sat with them but now it is difficult. Parents do not educate their children. In addition, the dressing of girls has contributed to HIV/AIDS (wearing of mini-skirts). You can even see pants inside their clothes. There is moral decay hence the need for educational programs on radio to discuss social cultural challenges which have an effect on the youths. Regular listening and sharing of experiences helps in information dissemination and learning.

5.4.13. Possible improvements

Interviewees had varying advice on the radio programs being used for adult education on HIV/AIDS so that they are helpful and educative. Julian and Delta felt that time for presenting radio programs should be considered. Julian said.

I suggest that we need to utilize weekends to provide radio discussion because most of the people are found at their homes. In addition, the radio programs

should include other health issues such as malaria, Diabetes should be discussed apart from HIV/AIDS prevention topics.

Both Julian and Delta placed emphasis on the use of local language in order to ensure that all community members understand the topics presented. Julian said.

I feel most of the radio programs should be presented in local languages such as Tonga and Lozi which is used here and when programming.

Similarly Delta felt that the radio programs could provide an opportunity to engage youths in radio educational programs and reduce peer pressure rather than the current situation of roaming round the streets. Delta said:

When you listen to the radio programs you reduce Peer pressure and reduce on going to the bars and you avoid engaging in wrong activities. Programs should be presented on time using local languages such as Tonga and Lozi to facilitate many people accessing and understanding the information presented as this will help youths and other target populations.

Julian also said that different presenters should be utilised in the educational programs on HIV/AIDS prevention. However she did not explain why.

Mika and Polandos had different views. Mika felt that radio drama could be helpful and should be included in the discussions and phone-in programs. She said:

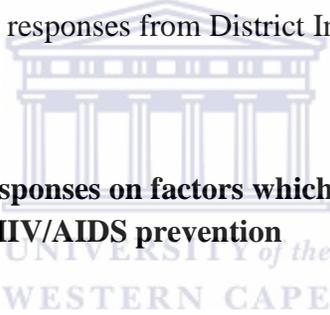
The use of radio drama and discussions using phone-in programs can be useful. I feel that that the radio programs should be presented with other methods such as radio drama and discussions accompanied by the phone-in program. This will help in clarifying issues which radio listeners did not

understand during the radio discussions.

Polandos felt that involvement of schools and community sensitization in radio programs on HIV/AIDS could be helpful. Polandos said:

It is important to have more radios even in schools as a school is a confined environment. The programs can be improved through community sensitization on the importance of listening to the radio programs. I suggest that schools be involved in the radio broadcast and that the radio programs be improved through sensitization of target groups.

In the next section, I have looked at responses from District Interviewees.



5.5. District-level interviewees' responses on factors which enable and constrain the use of radio for education of adults on HIV/AIDS prevention

5.5.1. Brief Profile of District-level interviewees

The district interviewees were Alfa, Bravo, Connello and Eneli.

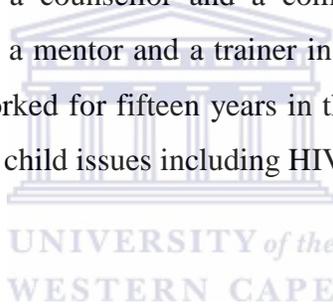
The first interviewee was Alfa who was the Acting District Medical Officer at the time of the interviews. He coordinates all the clinical work in the district. He is one of the senior counsellors in HIV/AIDS prevention and the main speaker during the radio programs in both English and Tonga. He has been one of the regular educators of people on issues of HIV/AIDS prevention at community, health centre and district level. He is also trained to coach other staff in clinical matters.

The second interviewee was Bravo aged 34 years and has eleven years in service. She has been the coordinator of all the health promotion and sensitization programs in the district. She has

planned for radio programs with other program managers in the past three years. She has been trained in various strategies in HIV/AIDS prevention with a focus on behavioural change for various target groups.

The third interviewee was Connello, a male clinical officer aged 36 years. He has worked in government for five years. He coordinates all HIV/AIDS prevention activities in the district. He has a wide experience of working with communities. He is trained in mentorship and quality improvement of health services. He also has worked closely with communities in the past year. He has worked with the Health Promotion Officer to plan for radio educational programs.

The fourth interviewee was Eneli who is the district Coordinator for the mother and child health (MCH) services in the district. She is 38 years of age and a nurse by profession who is very experienced in her work. She is a counsellor and a community educator on various issues including HIV/AIDS. Eneli is also a mentor and a trainer in various health fields such as family planning and PMTCT. She has worked for fifteen years in the Ministry of Health (MoH) with a wide experience on the mother and child issues including HIV/AIDS.



5.5.2. Perceptions about causes of HIV/AIDS

Interviewees identified various factors contributing to HIV/AIDS infection in the district. They placed a great deal of emphasis on factors in the location of the district as a border area.

Three interviewees, Eneli, Bravo and Connello, emphasised the location of Livingstone as a tourist and transit town as a major factor in the spread of HIV/AIDS infection. Many people from different places and countries passed through Livingstone and engaged in social activities which expose both men and women to HIV/AIDS.

Alfa's view was that people were being infected by HIV because of promiscuous behaviour by particular groups of people, although they were already married. He said:

For me it is promiscuity because people who are getting HIV are already married, truck drivers, immigrants and those in poverty. Men just want to sleep around especially those who have nothing to do. In addition in the markets people having nothing to do and therefore the next thing to do is illicit sex.

Bravo also felt that lack of recreational facilities and low morals led to harmful social activities:

Bravo commented that:

The causes of HIV/AIDS in the district are due to the way we are positioned near the border, most of the people are in transit. I have said so because when people are in transit they tend to misbehave especially women.

While Bravo and Alfa also focused on morality, Connello's emphasis was on the growth of a commercial sex industry in the town, which exposes both women and men to HIV/AIDS/STIs.

In addition, there are many commercial sex workers compared to other towns. Furthermore, guest houses have been turned into brothels and these sex workers rent rooms in those premises.

5.5.3. Design of the radio programs

Connello and Eneli said they were not given the opportunity for such participation. Alfa and Bravo participated in the radio program design through district planning and focused their design mainly on the National and International events such as commemorations. Bravo said:

I participate by looking at the district indicators to check on what is prevalent in that month. This helps us come up with programs and not specifically on HIV/AIDS prevention. However, the programs are not specific and there is no outline provided. In addition, the presenters are not conversant with topics during discussions.

Bravo meant that apart from HIV/AIDS, there were health indicators that were monitored by the national and district levels which include Malaria, Tuberculosis (TB), child health, maternal health and other public health problems. Each month, these indicators are monitored to see challenges which are then focused on for improvement and these will be given priority during radio discussions.

By contrast Connello was not given chance to participate in radio program design despite being the coordinator of HIV/AIDS prevention activities. He identified commemorations of National and International days as occasions when radio programmes are planned for, such as TB Day, World Malaria Day and World AIDS Day. However, his view was that these were the only occasions when programme design was discussed or planned for and commented that:

This is done towards commemorations of International and National Days i.e.

VCT, World AIDS Day. Currently, there is no designing of the radio programs.

The radio programs are conducted once every week and this is not adequate.

Timing of the radio programs is not ok as programs are presented after 1900 hours when people are listening to the main news on TV.

Connello also said:

Presenters are active, knowledgeable and entertaining. On the other hand, the kind of programming is not good. The same educational programs on HIV/AIDS prevention is repeatedly aired.

Connello and Eneli felt that there was no adequate designing of the radio programs to consider various aspects of the radio programs. They noted weaknesses in the design of the radio programs which included poor timing of the radio programs, repetition of programs, non-availability of schedules, inadequate frequency and inadequate preparations of radio presentations.

Furthermore Eneli was aware of the dates when the radio programs were presented despite not having a written schedule as shown by her comment that:

Radio programs are presented every Friday on any issues on health. There are various programs such as prevention of HIV/AIDS, PMTCT and male involvement in PMTCT which are presented during radio programs. There are no radio programs schedules. We are just told that go to the radio station to present a program without preparing. We need more time adequately prepare the presentations. Others members of staff refuse because of the short notice.

Alfa was a regular presenter of the radio programs in both English and Tonga while Eneli presented programs but not regularly. On the other hand Connello and Bravo participated in planning but not in presenting radio programs. All the four interviewees were involved in listening to the radio programs. Alfa said that:

I do participate in the presentation of radio programs in Tonga and English. I also participate through regular listening to the programs when I am not presenting. I am the main presenter of HIV/AIDS prevention programs in the Livingstone district.

It seemed Connello had no influence over presentations of radio educational programs in spite of being the Coordinator of HIV/AIDS in the district. Connello felt that he was left out of the programs. Eneli also participated when she was told to do so and stated that she had no adequate time to prepare.

Bravo also participated in the presentations and was able to identify and select the discussants for various topics for the radio programs. Bravo added that:

I identify the discussants according to the topic. I guide the discussions and

people become interested in the discussions. I also identified weak areas while listening to the presentations.

However they identified some challenges such as community misconceptions, inadequate preparations time, unclear messages, failure to clarify certain issues, and being unable to analyse the audience to whom they focused their radio programs. Alfa was concerned about beliefs and misconceptions that needed to be counteracted through the radio educational programs. Alfa said:

There are still a lot of misconceptions in the community especially the traditional healers (ngangas in local language) .Some community members still feel that prayers can heal them.

This meant that the community still had beliefs and misconceptions despite listening to the radio educational programs which discouraged such views.

Bravo said:

The presenters some times are not conversant with the topics during discussions and messages are not clear. I feel they do not prepare adequately resulting in going out of the topic.

Bravo attributed this weakness to a failure to provide adequate and clear information and to inadequate preparations of topics. Connello also commented that sometimes presenters did not have sufficient understanding of the topic:

Sometimes presenters do not understand the topic of discussion and fail to answer questions. It is difficult to clear questions asked by the community leaving clients in suspense.

Connello commented that there is no audience analysis so that we focus our discussion on different age groups such as the youths. He said:

We do not analyze the audience because the age group between 18-25 years are busy with other media such as internet and phones. Radio programs are

boring to the youths.

Audience analysis was important as it helped the presenters understand which target group the discussions would focus on during radio programs. For example if discussions are on PMTCT, then you will know that the target audience will be breastfeeding women with their husbands or spouses and pregnant women.

5.5.4. Considerations of how adults learn

The interviewees identified various factors concerning consideration of adult learning. Bravo, Connello and Eneli felt that there was no consideration on how adult learn. They placed their emphasis on lack of schedule, lack of talk time to facilitate feedback on issues that were not well understood, the use of English rather than languages which listeners were more familiar with and poor timing of the radio programs which they felt affected radio listenership.

Alfa commented that when English was used, other community members who did not understand English did not benefit from the radio educational programs on HIV/AIDS prevention because they did not understand the language used during the radio programs. English was used because the district did not have adequate funds to present programs in both English and local language.

However, he also felt that adult learning was considered through the involvement of community in the radio discussions, interaction during phone-in programs, and by the comments and questions which were asked. Alfa commented that:

Some topics are suggested by the listeners or the public through the presenter. We use interaction methods by giving them time to ask questions. Sometimes people say you have started, may be this is a research especially with a new topic. People are apprehensive because they do not want to be involved in a research. In addition from our own assessment, when we conduct radio programs in local language, we have more responses, interaction, questions and responses.

On the other hand the other three interviewees felt that the radio programs on HIV/AIDS prevention did not adequately take into consideration on how adults learn. Bravo said:

At times the radio programs are not in local language. In addition, the topic are not specific to the needs of the community as they was no schedule to outline the topics and time. Furthermore, sometimes community members were cut off when they wanted to ask questions due to inadequate talk time.

Furthermore, it would be better to use local language in one radio station.

Connello had a similar view. He explained that:

The planners of the programs do not take into consideration the time for airing the programs to enable most people listen to the radio discussions.

Connello's concern was that at the time the radio programs were presented people were listening to the main news on National TV. This meant that most people missed the discussions.

Similarly Eneli commented that:

There is no consideration on how adults learn because there is no schedule for the radio programs and the timing of the radio program were not ok.

Eneli meant that that there was poor timing of the radio programs as they were presented when people were busy with other activities. In addition unavailability of radio program schedules to guide the radio programs affected the listeners as they did not know when each topic was presented.

5.5.5. Key issues emanating from radio discussions

With regard to the key issues that emanate from the radio discussions on HIV/AIDS prevention, Alfa, Bravo, Connello and Eneli presented issues relating to stigma, not understanding treatment for HIV/AIDS, PMTCT, ARVs, male circumcision, condom use and church leader's interference in Anti-Retroviral Therapy (ART) treatment. Alfa commented that:

People do not understand how one partner can be positive while the other one is negative. In addition, other people do not understand why ARVs are changed during treatment and they feel it is also a research. There is a lot of stigma in the community .Some mothers give false addresses so that they are not followed up for treatment.

Alfa's comment was that adults will learn when they understand the issues which are being discussed such as discontent couples (this is a couple where one partner is positive). In addition they wanted to know why at times treatment with ARVs changes in spite of the discussions on radio. He also added that the community feel it is a research because it happened in another district where the community were given certain drugs for a trial research and some people reacted to the drugs. For stigma, some community members are still refusing to accept that they are HIV positive and this resulted in delay in commencement on ARVs.

Bravo had different issues. She said:

People doubt the use of condoms for HIV/AIDS prevention. They say it does not Provide100% protection therefore they cannot use it. In addition when a pregnant woman is commenced on anti-retroviral therapy they feel the baby will not be protected. There are also misconceptions on spiritual issues and ART. people feel it is very bad when they are tested for HIV.

Bravo felt that people had doubts about the efficacy of condoms and that they did not understand how a pregnant woman who is taking ART could not provide child's protection against HIV despite listening to the radio program presentation. This was coupled with misconceptions on spiritual issues and ART. This was due to the fact that some pastors in certain churches tell them that they can only pray and be cured of HIV/AIDS rather than taking ARVS. This has resulted in some patients stopping to take ARVs.

Connello felt that the issues of ARVS, condom use and HIV counselling and testing were not understood. He said:

Most of the people say that they are not fully counselled when being given results after HIV testing. More people want to find out about ARVs and want to find out how HIV/AIDS can be prevented through using condoms and at the same time encourage people to go for circumcision and so they are in dilemma.

He further explained that:

Most women want to go with partners for testing but men feel uncomfortable testing for HIV with their partners. Men in marriage are unfaithful. They want to go on their own for testing first before going with their partners.

This meant that the community did not accept certain issues that were discussed during the radio programs such as importance of couples testing for HIV together and its benefits, importance of condom use and the prevention of HIV/AIDS. It seemed that people were in a dilemma to accept these issues.

Eneli noted some of the key issues from the radio discussions on HIV/AIDS prevention. Eneli said:

I have identified that male involvement is low. In addition female condoms are

not acceptable despite sensitization. There is no adequate information sent to the community during radio discussions.

Eneli confirmed challenges in the radio programs presentation due to inadequate and unclear information to the community which results in people not understanding the presentations. In addition the female condom is not acceptable as people feel that it disturbs with sexual intercourse.

5.5.6. Radio listening or radio support groups

Alfa, Bravo, Connello and Eneli were not aware of these groups of people in the community despite being at District level. Alfa commented that:

There are no radio support/listening groups in the community but I know that there are groups who always call the radio stations at any time, they call themselves funny groups during the radio programs. It is a loose organised group of listener's funny club covering a range of issues and not only health.

Alfa despite being one of the presenters and manager of the radio programs only knew about a small group called funny group which discussed a combination of issues including HIV/AIDS prevention and used a lot of jokes during radio programs.

Bravo, Connello, and Eneli were also not aware of the radio support groups in the community despite their key roles which they played in the district. Connello commented that:

Livingstone district has no radio listening groups in the community. We are not sure if people listen to the radio programs. We only hear of the community during the phone- in programs.

Eneli said:

I have not heard of any group at the moment. We had sister Evelyn in the National radio program broadcast but not now.

Eneli referred to the previous national radio broadcast which presented the radio educational programs using radio drama which attracted a lot of people to listen to the radio programs. This was so because the way the programs were presented was both entertaining and educative. This made the listening groups to listen regularly. They did not want to miss the radio programs.

5.5.7. Interactions with various stakeholders in the district on radio programs

On the issue of interaction, all the interviewees felt that there was no interaction between different stakeholders who included health centre staff, the community, and non- governmental organizations in the district. Alfa and Eneli felt that there was no joint planning and sharing of experiences with stakeholders in the district while Connello and Bravo emphasised absence of stakeholders meetings. Alfa said:

We have had no interaction between stakeholders. We do not plan together but we request them to do certain activities together especially during commemorations of National and International days but not on the radio educational programs.

Alfa confirmed that there was no interaction with various stakeholders due to absence of joint planning on radio educational programs for HIV/AIDS prevention. He noted that stakeholders only participated in planning for commemoration of International and National days such as World Malaria Day, World Tuberculosis (TB) Day, and World AIDS Day.

Bravo had the same view and said:

Interaction with other stakeholders is not very good. Stakeholders feel that when you call them for meetings you want to ask for donations.

Connello also had a similar opinion. Connello gave examples of stakeholders who the district worked with previously but it could not work out as their organization's mandate did not include radio educational programs. Therefore they did not plan for community radio educational programs He said:

Interaction with various stakeholders has been limited. Most of the stakeholders have no mandate to educate the community hence it is difficult to bring them on board. In addition there are no forums for sharing information at community level. There was a forum that targeted couples to discuss issues on HIV/AIDS prevention but it failed. We used to interact with Boston University (BU), STAMP (Strengthening TB, AIDS and Malaria program) and Society For Family Health (SFH) on other issues.

This meant that the forum could not continue discussions and therefore the interaction was through other programs in which various stakeholders were involved in. For example Bu focused on PMTC sensitization, STAMP focused on malaria, TB and AIDS sensitization while SFH concentrated on Malaria, counselling and Testing, bed nets distribution, male circumcision and sensitization through community meetings and print media and not radio educational programs.

Eneli also gave her view. She said:

We have a challenge with this one. We do not plan together with stakeholders.

Apart from lack of stakeholders meeting, Eneli also felt that entertainment in the radio programs were missing and this affected radio listenership. She said:

Currently, there is no entertainment and people feel bored in the district. We also

have no meetings on the radio educational programs.

5.5.8. Radio broadcast reach

Concerning the radio broadcast in the district which included peri-urban areas. All the interviewees felt that they were able to receive radio broadcast. Alfa said:

The radio broadcast reaches all areas in Livingstone district.

Bravo also gave her own view using specific figures. She said:

The radio broadcast covers 180 kilometres radius for radio Musio-Tunya while

Radio Zambezi radius goes up to 120 kilometres (Kms) radius.

This meant that both urban and peri-urban areas were covered because the highest distance in the peri-urban areas of Livingstone was 26 Kms.

Connello had a similar view.

Radio broadcast reaches peri-urban areas and across the borders especially across the border to Zimbabwe.

Eneli said:

Programs go up to the peri-urban areas of Livingstone and we target youths, pregnant mothers, and couples.

This meant that all the areas were covered with the radio programs both urban and peri-urban areas and the target populations were known.

5.5.9. Monitoring of radio programs

Alfa, Bravo, Connello, and Eneli confirmed there was no monitoring of the radio programs despite their key roles in the district. Bravo commented:

There is no monitoring of the radio programs to assess the impact. I think we have not prioritized the program and the resources are not adequate to monitor the radio programs in the community.

Alfa cited non-prioritization and inadequate resources as a cause of not monitoring the radio education programs on HIV/AIDS prevention in the district.

Bravo like Alfa had not monitored radio programs. She said:

This is difficult but I try to listen to the discussions. If I identify weak areas I always meet the discussants and inform them about challenges identified during radio discussions.

Bravo felt that she was able to identify the weak areas in the program while listening to the radio programs and made efforts to discuss with presenters on identified problems. This helped her correct issues which were not properly presented and this in turn helped her in guiding presenters improve their presentation of the radio programs.

Connello did not monitor the radio programs despite being the HIV/AIDS Coordinator as he was the overall overseer of all HIV/AIDS programs in the district including radio programs. He said:

I do not monitor the radio programs in the community.

Eneli also confirmed that radio programs were not monitored. She said:

That one is not there as long as you go to present at the radio station and that is the end.

5.5.10. Funding of programs

Regarding funding of the radio programs, Alfa, Bravo, Connello and Eneli knew how the radio programs were funded. All the four interviewees cited Centre for Disease Control (CDC) and Government as the main funders of the programs. Alfa also included Christian Health Association of Zambia (CHAZ) among the funders. However, all the interviewees identified challenges in funding. They noted that funds in the district were not adequate to cater for all the programs.

Bravo and Connello felt that due to inadequate funds the district concentrated on specific activities such as commemoration of International and National days. Alfa said:

The radio programs are funded by partners such as CDC, CHAZ, and also Government. However, funding is not adequate as education is supposed to be continuous. We use mainly English because of inadequate funding. The Government grant is erratic. In addition, there is inconsistency in running programs due to inadequate funds.

Alfa felt that inadequate funding resulted in inconsistent running of programs. Bravo was also aware of the difficulties in funding. She said:

Funding is from Government of the Republic of Zambia (GRZ) and CDC. At times community radio station provide free airtime. As a district we pay for specific activities such as world TB Day commemorations and HIV/AIDS

Day discussions. However funding is not adequate to cater for all planned sessions. Furthermore, when a program is not funded, some discussants do not go for presentation despite the program being provided free by the radio station.

Bravo also identified weak areas such as discussant's refusal to present radio educational programs due to non-payment of discussant's allowances. This meant that despite the free air time provided by the radio stations at times, there was no one to present the radio educational programs.

Connello like the other interviewees was aware of the funders of the radio educational programs on HIV/AIDS prevention. He said:

The funds come from the Government and from the Centre for the Disease Control (CDC). The funds are not regular and are not adequate for educational programs. The office funds caters only for commemorations of International and National Days.

Eneli was also aware of funding like other three interviewees but had a different opinion. She felt that there was slow utilization of funds. Eneli said:

CDC and government are the funders of the radio programs. However I have noted that there is slow utilization of funds when it is sent to the district.

This meant that when funds were sent to the district, they did not use it immediately and this affected other planned sessions as the funders could not release funds before they utilize the previous allocation.

5.5.11. Impact of radio programs on HIV/AIDS prevention

Concerning the impact of the radio programs on HIV/AIDS prevention interviewees had mixed view. Alfa, Bravo and Eneli felt that the impact was there. They placed their emphasis on community participation in the discussions through questions, issues raised during discussions. Alfa said:

The impact is there as people appreciate when they ask a lot of questions and feedback is given hence the interaction.

Alfa placed emphasis on the importance of feedback in the radio programs.

Similarly Bravo said:

When there is a discussion especially phone-in program, you can tell that people are interested and they want to learn. Other people follow up by saying that they want to be educated on certain topics.

Eneli had a similar view with other three interviewees. She said:

The radio programs have an impact especially when you sensitize people .I have said so because of the questions that the community ask during the phone-in radio programs on HIV/AIDS prevention.

Connello felt that assessing the impact of the program was difficult but cited some positive behaviour such as the increase in uptake of certain services such as condom distribution and male circumcision. He said:

It is difficult to measure the impact. However, you can see the positive behaviours in the people. For example, more people accessing condoms and coming for male circumcision.

5.5.12. Gender, social and cultural issues in radio programs listenership

Alfa, Bravo and Connello with their experience in listening to the radio programs identified some challenges relating to gender in radio listenership. These included the roles of women in their homes, sexuality, the use of condoms, and women not speaking out during discussions. Alfa said:

Males feel women should take responsibility of ensuring that their husbands go for circumcision despite that it is not her role. Men want to be consulted on the issue of circumcision and they are free to discuss on radio than women. Men feel women should remain faithful while men should marry more women because they paid (dowry) and should not refuse a husband to have sexual intercourse even when a woman knows that the husband multiple partners.

This meant that men were freer to discuss issues of sex than women. Furthermore, men did not take their role or responsibility for going for voluntary male medical circumcision instead they wanted women to take an active role in ensuring that their husbands are circumcised. Men felt that women should not refuse to have sexual intercourse even if men indulged in unsafe sexual practices such as having multiple partners due to the dowry which they paid for their wives before marrying. These unsafe sexual practices could predispose women and men to HIV/AIDS. This is so because you cannot know who is positive among the partners that men have sex with.

However, Eneli had a different opinion. She felt that gender was not an issue in that she did not experience any problems with gender. She said:

“This is not an issue during the presentation of radio programs.”

Concerning the social and cultural challenges on HIV/AIDS prevention, Alfa, Bravo and Connello felt social and cultural issues affected radio listenership. They highlighted some men’s refusal to use condoms and women’s submission to their husbands despite their husband’s multiple partners. They also commented that women were not taking active roles in discussions.

Alfa said:

Condoms are not popular because people express doubt on the efficacy. They feel God should have made them with condoms if he wanted men to use condoms as their culture does not encourage condom use. Women are supposed to submit to their husbands when they demanded for sexual intercourse even if they had multi partners.

Similarly Bravo's view concerning social and cultural issues was that women's participation in radio program was low compared to men. She said:

Women can listen to the radio programs but they are shy to participate in the Phone-in programs and they are not confident to speak. Men are the ones who participate in both phone-in programs and discussions. She also explained that men view having girl friends as a good thing and that it is wrong for women to have boyfriends.

Connello also commented that:

Females are not comfortable using condoms and there are few women who are free to discuss issues on HIV/AIDS during radio discussions. A lot of radio callers are men. However I am not sure may be women do not have talk time.

This suggests that women did not like using condoms and they do not take an active role in the discussions during radio programs as most callers were men. They were not free to discuss issues of HIV/AIDS because of their culture which did not allow women to speak openly on issues of sexuality. In addition, women were not comfortable to use condoms due to the fact that men

equally do not want condoms to be used a factor which can expose both women and men to HIV/AIDS.

In addition, Connello also observed that that there were certain topics which are difficult to explain for example condom use and sexuality. When these topics were discussed, there were few women callers due to culture which does not allow them to discuss such issues openly. Eneli was not sure of cultural issues. She said:

” I am not aware of the issues and so I cannot comment.”

Concerning lessons learnt from the radio programs on HIV/AIDS prevention, Alfa, Bravo and Connello did not comment on lessons learnt. However Eneli said:

When programs are presented at the right time and people are at home, People will listen to the radio discussions.

5.5.13. Possible improvements

As regard to the radio programs being used for adult education on HIV/AIDS to make it helpful and educative, the interviewees had varying views on possible improvements.

The first two interviewees, Alfa, and Bravo, placed their emphasis on community participation in the radio programs and stakeholders involvement. Connello the third interviewee emphasised on inclusion of PLWA who had real life experience on HIV/AIDS and Eneli the fourth interviewee looked at monitoring of Programs in the community. Alfa said:

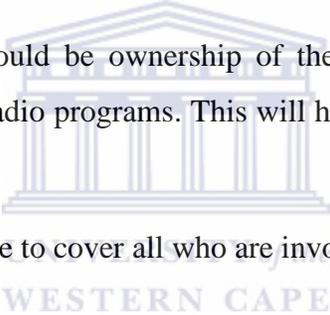
It is important to use the community and use people with real life experience to discuss issues on HIV/AIDS prevention on the radio. In addition, it will be better if the radio programs are well used as it can be good to talk to large groups of people and give messages at the same time.

Bravo made suggestions which could help the community to participate in the programs and improve adult education. Bravo said:

The programs can be helpful if people can form listening groups so that they freely discuss and agree on issues. In addition, it would be good if the schedules are provided and also involve other stakeholders so that they work as a team so that the program is conducted continuously.

Bravo placed her emphasis on listening groups, availability of program schedule and stakeholder's involvement in the radio programs so as to make them favourable for adult education.

Connello's view was that there could be ownership of the programs if the target groups are represented as discussants during radio programs. This will help them provide testimonies on real life issues experienced. He said:



Topics should be inclusive to cover all who are involved. For example PLWA can share their experiences on how the radio programs have helped them to live positively and prevent HIV/AIDS including youths, couples, ANC mothers. The panel of discussants should be inclusive meaning that all the affected groups should be represented.

Eneli felt that time and radio mix in radio programs were important factors which required consideration. She said:

Programs should be put at the right time and need for the phone-in programs and not just radio programs. There is also a need for regular monitoring of the programs.

Eneli also pointed out the importance of monitoring of programs as this could help them understand the community perceptions on how the programs are being received and viewed for their education as adults.

Conclusion

This chapter presented responses of community, radio, health centre, and district level interviewees on the radio educational programs on HIV/AIDS prevention including their views on factors that enable and constrain adult education. In the next chapter I will look at the implications of these responses and consider them in relation to the literature on adult radio education on HIV/AIDS prevention.

In the next chapter, I have looked at the findings, conclusion and recommendations for the study.



CHAPTER SIX : FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1. INTRODUCTION

The aim of the study was to analyze the efficacy of using radio for educating adults on HIV/AIDS prevention. The study also aimed to identify factors that enable and constrain the use of radio for adult education, identify implications for delivery of radio educational programs on HIV /AIDS prevention and provide feedback to various stakeholders. The research explored the following research questions:

- What are the factors that enable and constrain the efficacy of the use of radio as a strategy for adult education on HIV/AIDS prevention?
- What are community views on the efficacy of educational radio programs on HIV/AIDS prevention for different groups of adults in the Livingstone district?
- What are the implications for delivery of educational radio programs?

In this chapter I will briefly present the main points arising from the literature review. Thereafter, I present and discuss findings and conclusions from the research. The chapter concludes with a comment on implications/recommendations for the radio education programmes and areas for further research.

6.2. Main points arising from the literature review

The literature review has showed that there are factors that enable and constrain the effectiveness of using radio for education of adults. Some of the most important factors that enable the effective use of radio in education of adults include sharing of experiences which result in increased understanding of issues among community members (Mutava, 1987). In addition, community participation in radio listening groups also results in further sharing of information and active engagement with other community members on the topic of discussion (ibid). Furthermore, it is

important to ensure that they are in local languages with the use of simple words and visual aids to take account of low literacy levels (Sonia, N., J 2002, Chigoma et al. 2005 and Goetze and Strothotte, 2001). Various studies suggest that conditions must be created which will enable radio to become a channel for dialogue and not merely information dissemination medium in order to make it a more effective instrument in community education (Moemeka, 1994).

On the other hand, there are also factors that constrain the use of radio in adult education such as under-utilization of radio, access and affordability of radio, logistical challenges such as energy (batteries/no electricity at times), poor frequency and radio coverage especially in rural area in BCC material review (MoH, 2012), An AudienceScapes survey of Zambia (2010) and Murphy, G. (2010). Other factors were that topics might be presented in English, a language most of the community cannot understand and other challenges of presentation by service providers as indicated in the BCC Material Review (MoH, 2012), Communication policy 2007 and C.M, Phiri 2008). An important set of factors were related to economic, social and cultural issues including gender inequalities, poverty and unemployment (NACAS, 2004, Kangama, H. 2012, and Lee 2010).

Overall, there is a mixed picture of effectiveness of these interventions according to the literature. The literature shows that there is need to explore ways to increase the use of community radios in the remote communities, increase coverage, and other interactive community programs in the BCC material review (MoH, 2012, and Cerqueira *et al.*, 1979).

The literature has generally focused on issues such as radio design, logistical and infrastructural issues. In part they raise issues which are also raised in the literature on adult education – such as the importance of participation, the use of local languages and media appropriate to the literacy levels of participants. However, the literature on radio education has not paid sufficient attention to adult education theory.

The radio education programme in my research targets adults and youths. Therefore, I considered it important to consider whether adult education theory and principles informed the radio

education programme. Preece and Ntseane (2004) argued for a dual strategy towards Behavioural change; one that takes account of the current health crisis, but also one which uses a radical pedagogical approach that engages with 'where people are at'. Preece and Ntseane (2004) argued that HIV/AIDS awareness and prevention strategies in Botswana need a new approach which takes account of adult education theory that promotes the active involvement of learners in developing their own curriculum. The authors also argued that a critical gender perspective on the cultural position of women and their vulnerability to HIV/AIDS infection in Botswana should be integrated into the strategy particularly because it is not always appropriate to try to persuade women to take the initiative in preventing infection when culturally they have no power to do so.¹

My analysis however drew on three of the main approaches to adult education – humanistic approach, perspective transformation and education for social change to analyse the perspectives of interviewees on the use of radio for adult education.

The research focused on factors which enable or constrain the effective use of radio for educating adults on HIV/AIDS prevention from the perspectives of district level staff, radio station staff, health centre staff and community members. The data gathered during the research was then analysed and the main approaches to adult education discussed in the literature review.

In the next section, I will look at the findings of the study.

6.3 Findings.

The study has shown that respondents understood the causes of HIV/AIDS but this was not translated into action for prevention by most community members. There are various factors that enable and constrain adult education through radio programs on HIV/AIDS prevention in the

Livingstone District that need to be worked on if adult education has to be effectively carried out. I have discussed these findings below under the following headings:

6.3.4. Context: economic, social, cultural and gender issues in radio listenership in the city of Livingstone

6.3.5. Consideration of how adults learn

6.3.6. Active participation and sharing of experiences

6.3.7. Language

6.3.8. Role of the facilitator

6.3.9. Stakeholders' involvement

6.3.10. Funding of the radio educational programs

6.3.11. Monitoring and evaluation of radio programs

6.3.12. Impact



6.3.4. Context: economic, social, cultural and gender issues in radio listenership in the city of Livingstone

Livingstone city is a tourist destination attracting many people from within and outside the country, who visit the city's tourism sites including the Victoria Falls, the national museum and the game park. Furthermore Livingstone is a transit town for truckers. These are long distance truck drivers who transport goods to various places within the country and into neighbouring countries. They spend a long time waiting in border cities such as Livingstone for clearance for their goods from Zambia Revenue Authority (ZRA). They spend some time away from their spouses. Some truckers make intimate friendships in various towns where they stop over without

knowing the status of their friends. This may result in exposure to HIV/AIDS and other sexual transmitted infections.

In the early 1980s, many industries and factories closed down and no new industries opened, leaving the majority of people unemployed. This process of deindustrialisation resulted in people engaging in various income-generating activities. People are trading within the town and neighbouring towns and countries. People travel to Livingstone to look for jobs, others come to exchange sex for money (sex workers), while others travel to sell their merchandise. The identity of Livingstone is well known due to varying aspects or conditions highlighted above.

Interviewees at all levels indicated that HIV/AIDS was due to economic factors such as poverty and unemployment. The majority of people in Livingstone are not in formal employment as most factories and industries closed down. This meant that people were not able to meet their daily needs such as food clothing etc. This resulted in people engaging in cross-border trading i.e. selling goods and services in neighbouring countries especially Zimbabwe, Botswana and Namibia. Interviewees felt that people lacked resources and therefore engaged in various social activities within the city such as illicit sex in exchange for materials and finances for their day to day living. However this was a high risk behaviour which might expose them to HIV/AIDS.

The majority of the interviewees at district, health centre and community levels also said that the presence of shebeens, immorality, and inadequate community education contributed to the causes of HIV/AIDS in the Livingstone district. Some of community members spent their time in shebeens which are illegal bars where home-brewed alcohol and other beverages are sold. It is unlicensed drinking places which attract both men and women. Others felt that one of the causes was immorality in that they perceived people's behaviour and actions violating moral principles in that the behaviour did not conform to the patterns of conduct usually accepted in social ethics in the community. They felt that these actions and behaviour could expose both men and women to HIV/AIDS.

Interviewees at all levels felt that the economic, social and cultural issues affected radio listenership. At times people were busy with social activities, others were busy in markets and others were busy in the maize fields at the time of the radio programs.

In addition there are some beliefs and taboos within the community such as women not discussing sexual issues openly which were identified. This resulted in women not fully participating in the radio discussions due to fear of men. Some of the contributing factors have been cultural practices which restricts women from participating freely in various programs, they were not free to discuss issues on HIV/AIDS openly. In addition, women are not allowed to say no to sex even if they know that their husband has been meeting another woman.

6.3.5. Consideration of adult learning principles

With regard to consideration of how adults learn, most of the interviewees at health centre, radio and community level felt that this was not considered. Only few interviewees at district level felt that it was considered. They felt that adult learning was considered through the involvement of community in the radio discussions, interaction during phone-in programs, and by the comments and questions which were asked.

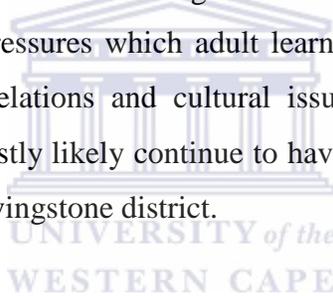
The majority of interviewees at community level felt that there was no needs assessment before coming up with the radio programs. For example, some of them said they were not consulted about the content, broadcasting schedule and talk time to facilitate feedback on issues that were not well understood. This made the community members not understand what was presented and also miss certain topics that were presented.

The funders of the radio programs had carried out a needs assessment on the target audience which resulted in funding for the radio programs in the district. However funding was irregular and not adequate and no capacity-building was undertaken for the staff about using adult education approaches.

The district management and the radio stations that are close to the community on whom the program was developed did not undertake a needs analysis. The target audience was well known by the district level staff of the Department of Health , but was not fully involved to get their

views such as the time for airing the programs, the infrastructural/logistical issues, profile and capacity of radio listeners. There was no forum for community members and health centre staff to air their views on the radio programs.

Looking at diverse views from interviewees there was a need to consider how adults learn through the use of local languages, building the capacity of presenters as facilitators of adult learning, involving listeners in making decisions (for example in considering the most appropriate time for presenting programs), promoting greater participation of community members through provision of free air time and access to energy (electricity or batteries) and signals. Interviewees felt strongly that there should be greater involvement of stakeholders in the radio program design, presentation and monitoring. They also highlighted in their own words that it is important to consider adult learning principles such as making sure that radio education is relevant to their lives and talk to the issues and pressures which adult learners have to face, including poverty, unemployment, unequal gender relations and cultural issues. Without consideration of these issues, the radio programs will mostly likely continue to have limited impact on educating adults on HIV/AIDS prevention in the Livingstone district.



6.3.6. Active participation and sharing of experiences

Both adult learning principles and the MoH policies emphasise active participation of community participants and listeners in the radio education programs and other HIV/AIDS programs. All the interviewees at all levels felt that there were opportunities for active participation in the radio programs through phone-in programmes and listening groups.

The radio listening group is a forum where community members can engage actively in talking about issues discussed on the radio programs. This resulted in sharing of information among participants and this also helped them to educate other members of the community on various issues on HIV/AIDS prevention. This is consistent with ideas about the importance of active

participation in the adult education theories discussed in the literature review. In particular it links with the idea that adults can learn from each other and create knowledge together.

However, community members' participation was affected negatively by a number of factors. There were few phone-in programs. Most programmes were pre-recorded and involved presentations which did not allow for listener participation. In addition, the majority of community interviewees felt that their participation in the phone- in programs was constrained because they could not afford talk time.

Logistical and infrastructural issues also affected participation. Sometimes electricity in urban areas went off which meant that they missed the presentation as the programs were not repeated. For those in peri-urban areas such as Kasiya and Natebe poor radio signals and breaking down of radios and lack of energy/batteries were a challenge. This means that although the radio programs were aired in town, the peri-urban areas did not get the information. If the programs were monitored, the staff could have identified problems earlier on and they could have worked on them.

A few interviewees at community level felt that not everyone listens to the radio discussions on HIV/AIDS prevention as they were busy with other activities in the harvesting season, going to the market and therefore they had limited time.

There were also some social and economic constraints in participating in listening groups such as gender and cultural issues discussed above.

6.3.7. Language

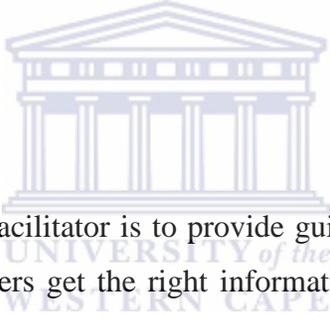
Zambia has 73 spoken languages in 10 Provinces. The major languages used in Livingstone are Tonga and Lozi. The majority of the interviewees at community level felt that the use of English rather than local languages which listeners were more familiar with affected their radio listenership. In addition communities were not consulted on the best language for presenting

radio educational programs on HIV/AIDS prevention. This made it difficult for most of the community members to understand what was presented.

The district level staff of the Department of Health said that they often did not use local languages due to resource constraints. Only a few programmes, such as those provided by Gamma Chuulu, a local Non-Governmental Organization (NGO) regularly provided radio drama in local languages and in English. The use of local languages and adult-friendly methods such as drama attracted attention of many community members.

The predominance of English in the radio education programmes goes against adult learning principles which emphasises the importance of using in a language a learner understands to ensure active participation and sharing of experiences.

6.3.8. Role of the facilitator



In adult education the role of the facilitator is to provide guidance, facilitate discussion, provide feedback and ensure that the learners get the right information. The facilitator is someone who should be knowledgeable, should use participatory methods and should be respectful towards learners and recognise that learners bring knowledge from their own experiences into the discussion (Mezirow 1978:100 and Freire 1970:45). A teacher or facilitator needs to provide students with immediate and helpful feedback, employ activities that “promote student autonomy, participation, and collaboration and help them to explore alternative perspectives and engage in problem-solving and critical reflection (Taylor, 1998: 48-49).

However, some of the interviewees felt that some facilitators did not prepare their presentations adequately and that the community did not understand what was discussed. Facilitators failed to answer some questions when the community asked. Some facilitators did not explain issues properly resulting in the community not adequately learning from the discussion. Some presenters were not very conversant with the topics which they presented as they were sent at short notice to make presentations, allowing little time to make preparations. Furthermore they were not trained

in adult education approaches so that they could understand how to interact with adults in the education programme.

Some of the interviewees at community level felt that multiple methods should be used to present radio programs such as interactive talk shows and radio drama. These attracted them to listen to the radio programs. For example they cited one of the non-governmental organizations called Gama Chuulu as one of those which provide radio drama and said the characters used were also good in that they explained issues well. The majority of the interviewees at community level felt that it was boring to listen to some of the other radio programs because there were no mixed methods of presentation. In addition, the interviewees at community level especially young adults had preference for TV, and accessing internet via their mobile phones. This affected radio listenership and made some of the participants lose interest in listening to the radio programs.

With regard to feedback during talk shows, it was not given when the community wanted to receive it. Sometimes when the community members were in the process of asking questions, the listener's talk time on his/her phone ran out resulting in the listener being left in suspense. Often, even if the community had questions to be raised, they could not afford the talk time. This was very frustrating. There has been no system to ensure that the community is provided with free talking line where they could ask questions when they do not understand certain issues and to ensure that the radio broadcast on HIV/AIDS prevention gets views from the community so that their concerns can be addressed.

6.3.9. Stakeholder's involvement

The interviewees at the health centre, radio station and community level confirmed that they did not participate in the design of the radio programs. The design of the radio program was decided at district level by a few District Medical Office (DMO) staff and focused on various aspects of the radio programs such as the content of materials to be presented, time of radio broadcast, language to be used, target groups, and presenters of programs to mention a few. The interviewees at health centre and community levels felt that it was difficult to give their views on

the radio program design. This meant that key stakeholders were not involved in the design of the programs.

Members of the community who were the radio programmes' listeners were members of the NHC (Neighbourhood Health Committee). The NHC is supposed to serve as a link between health centre and community and health centre staff are supposed to help the community with various health challenges. However, the staff of the health centres and community members did not understand the radio programme design as they also did not participate in the design. As a result, community members could not present their concerns.

The majority of interviewees at district, health centre, and community level said that there was no stakeholder consultation with community members, health centres, NGOs and other organizations dealing with HIV/AIDS prevention in the district. This was evident by the fact that there were no meetings held on the radio programs at district, health centre and community levels to discuss various issues concerning the radio programs. There was no schedule for the radio programs. This meant that the community members and health centre staff did not know what time the programs were aired resulting in missing of the presentation.

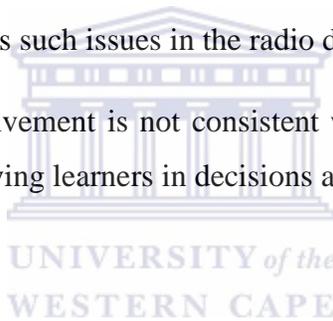
The DMO staff produced the programs and identified the presenters of various topics on HIV/AIDS prevention without consulting the stakeholders on what topics to include, how often they could meet, and discuss the program challenges, progress and community motivation. Some members of staff at district level were appointed at short notice to go and present the radio programs on HIV/AIDS prevention. This resulted in failure to disseminate the right information and answer to the community questions. This also resulted in some community members losing interest in listening to the radio programs.

With regard to policy implementation, policy guidelines about stakeholder consultation were not put into practice. District Health Management has a mandate to ensure that all stakeholders implement prevention activities according HIV/AIDS policy. However, the District Health Management did not involve stakeholders in the radio design, monitoring and evaluation of the radio programs. This was contrary to the Ministry of Health(MoH) Policy guidelines(HIV/AIDS/STI/TB Policy 2008 & Strategic Frame Work 2011-2015) which places

emphasis on a multi-sectoral approach to HIV/AIDS prevention activities with priority focus on community and other stakeholders' involvement and participation in the planning, implementation and monitoring of health activities.

This resulted in un-coordinated presentations by different stakeholders who had their own educational programs focusing on the same community. For example Gamma Chuulu, Society for Family Health, Corridols of Hope III , Centre For Infectious Disease Research in Zambia(CIDRZ), CRESO Ministries, MARCH Zambia, Zambia Inter-Faith Networking Group(ZINGO), Zambia Network of People Living with HIV/AIDS(NZP+),Contact Trust Youth Association(CTYA) , Youth Alive, Platform for Youths, and Planned Parenthood Association of Zambia(PPAZ). Funds and other resources could have been well utilised with combined planning of radio programs. This is evident when interviewees said that there was no forum where the stakeholders could meet and discuss such issues in the radio design and programming.

The lack of consultation and involvement is not consistent with adult learning principles which emphasise the importance of involving learners in decisions about education programmes.



6.3.10. Funding of the radio educational programs

The majority of the interviewees did not know about the funding for the radio programs. There were many partners in the district dealing with HIV/AIDS prevention programs as seen above but they could not be approached to help in funding programs as there was no coordination in implementation of the radio programs.

The study revealed that funding was irregular and not adequate. The district interviewees confirmed inadequate funds and that at times there was no funding for the radio programs on HIV/AIDS prevention for two to six months. Only a few DMO staff knew the source of funding. The district interviewees confirmed that funds came from GRZ (Government of the Republic of Zambia), CHAZ (Church Health Association of Zambia) and CDC (Centre for Diseases Control).

In addition, interviewees at community level felt that the challenges with funding had the effect that programs were not regular and this disturbed their radio listenership.

Without regular funding of the radio programs on HIV/AIDS and proper coordination of activities, the implication is that there will be disruption and lack of continuity of the programs. The community was ready to receive information but there was no continuity of radio programs. This again affected the radio listenership. It also affected the use of language. At district level some interviewees confirmed using English at times was due to inadequate funds to provide presentations in local languages.

6.3.11. Monitoring and evaluation of radio programs

It was very clear from responses of the interviewees at district and health centre levels that the radio programs were not monitored. This made it very difficult to identify the challenges faced by the community and to understand the community's perceptions on the use of radio for education on HIV/AIDS prevention.

Presenters did not know if the community were listening to the radio programs. Some interviewees at district level did not even know that there were listening groups in the community. However, some of them knew about these groups. But they could not answer the question on how many radio listening groups were active in their catchment area. This lack of monitoring and evaluation is contrary to the MoH policy guidelines which emphasises the need to look critically for ways of improving and strengthening the coordination and monitoring in order to support the HIV/AIDS response.

6.3.12. Impact

Data presents a mixed picture on the impact of the radio programs. Some interviewees at district, health centre and community levels felt that the impact on radio educational programs on

HIV/AIDS prevention was there. They noted that there was an increase in knowledge by both staff and youths, increase in uptake of certain services such as condom distribution, male circumcision and in certain cases there was behaviour change in individuals. This was evident when interviewees said the information which they got from the radio discussions was shared with others in the community and made others to change. For example one of the interviewees felt that the knowledge he gained from the radio programs changed his life. He gave his own testimony as a person who changed his behaviour through regular listening to the radio programs. Another interviewee attributed the impact to the regular listening to the radio programs. He gave an example of his friend who used to drink a lot but changed his behaviour due to regular listening to the radio programs on HIV/AIDS prevention.

However, some interviewees felt that a lot of information has been disseminated on HIV/AIDS prevention in the community through sensitization programs. However despite information dissemination there has been minimal behavioural change. A lot of information has been presented to the people and some lessons have been learnt but still the high risk behaviour of people seemed not to have changed in terms of HIV/AIDS prevention. Other interviewees felt that assessing the impact of the program was difficult.

Radio presentations were sometimes carried out during the time when the community members were busy with other activities. This made most of the community radio listeners to miss the discussions. Therefore, it was difficult to assess whether the intended audiences were reached with the said programmes. There was no system to monitor community participation in radio listenership. This was contrary to the MoH guidelines of ensuring information dissemination to the target audiences in order to provide quality health services as close to the family as possible. This was also contrary to the adult education theory which places emphasis on consultation with the learners.

The records reviewed at the DMO on the radio programs did not provide evidence as they were no records such as program schedules to show when the radio programs were presented. In addition, there was no evidence of a monitoring and evaluation plan at District or health centre level. Therefore it was difficult to show the impact as there was no data to assess the program

implementation, monitoring and evaluation of activities on radio programs. This is contrary to all the policy documents reviewed which places emphasis on the use of data and the monitoring and evaluation of programs with stakeholders.

6.3.13. Conclusion

My research has shown that economic, social and cultural issues affect radio listenership. For example women were not free to talk about sexual issues in the presence of men or protect themselves from having sex with their spouses even when they knew that the man had extra marital affairs. However, the radio program did not address these issues. Concentration was only given to issues of HIV/AIDS prevention, treatment and care.

Mezirow (1978:100) suggests adults encounter crises in their lives which lead to reassess and challenge their own assumptions and search for new directions and solutions. Furthermore he explains that our unexamined cultural assumptions may be reflections of economic, political, social, religious, occupational or educational systems which have psychological dimensions. He argued that one of the most important goals of education is to identify and facilitate the transformation of the meaning perspectives of learners. It is clear that the radio programs focused in a specific way on issues of HIV/AIDS prevention, treatment and care and did not promote the transformation of the meaning perspectives Mezirow is talking about.

Freire (1970:45) argued that education involves a process of conscientization and awareness raising through which people look at causes of their problems such as poverty so that they can change the way they think and tackle the causes of their problems collectively. It is clear that the radio program did not promote the conscientization which Freire talks about.

There is a need to include approaches which will help in addressing problems holistically and engaging various stakeholders in problem analysis and solution development. For example issues of gender relations and poverty issues need groups and communities to work on them as individuals might not achieve much on their own. The multi-sectoral teams should therefore try to

address these issues and discuss possible solutions. Communities need to develop strategies for conscientisation and organising around burning issues such as livelihoods, gender inequalities and discriminatory cultural practices. For example women cannot say no to having sex to a husband who has multiple partners because they are traditionally taught to submit to their husbands.

There is evidence from examples provided in literature review that radio can be an effective tool for educating adults. For example there were some success stories in some countries (Nigeria, and Mexico) and in Zambia through the RFF and BCC material review. It is therefore important to investigate carefully these successful stories such as the RFF and BCC material programs to understand the factors which contributed to their success. I therefore recommend this as an area for further study.

The interviewees at all levels also identified various factors that enable adult education. Some of the interviewees felt that radio programs helped them change their behaviour. In addition, they also helped others to change. Others felt that they learnt lessons and increased their knowledge by sharing their experiences through regular listening and participating in the radio programs.

Overall in the Livingstone district, the efficacy of radio for adult education could not be determined because of the limited data, various factors that constrain adult education as highlighted in the literature and interviewees responses. My research provides some insight on the efficacy of radio programmes on HIV/AIDS prevention in the Livingstone district. Therefore, there is a need to consider adult education approaches in designing and implementing these programmes, particularly those approaches which promote active involvement of learners, which recognise the role of education in changing people's perspectives for example on gender inequalities and discriminatory cultural practices. This could be achieved through designing the radio education programmes in a way which encourages people to examine their own assumptions and prejudices and encourage perspective transformation as discussed by Mezirow. This will be done through participatory methods within the community which will foster dialogue and participation in the design and implementation of the radio educational programmes. There is a need to encourage people to reflect on individual practices, encourage dialogue between various stakeholders in the district and conscientization of issues to suit local people.

I will now provide recommendations to address the factors that constrain efficacy of radio education.

6.4 RECOMMENDATIONS

6.4.1. Recommendations - Provincial Level

6.4.1.1 The Provincial team should regularly monitor the radio programs and provide technical support on various issues that arise during implementation of radio programs.

6.4.1.2 The Provincial team should assist the district in sourcing for funds to subsidise the talk time from different organizations for the radio programs during phone-in radio programs on HIV/AIDS prevention.

6.4.1.3 The Provincial team should advocate for a social inclusion policy in which the vulnerable groups can be allowed to make free calls whenever they have questions to be asked during the radio programs on HIV/AIDS prevention.

6.4.2. Recommendations - District Level

6.4.2.1. The District Medical Office should promote active involvement of learners in developing their own curriculum of the radio programs.

6.4.2.2. The District Medical Office should facilitate integration of gender perspective on the cultural position of women and their vulnerability to HIV infection during radio programmes.

6.4.2.3 The District Medical Office should consider the time of presentation of radio programs through consultative meetings with all stakeholders.

6.4.2.4. The District Medical Office should provide assistance to the listening groups through allocating adequate resources, learning materials and other learning strategies which will enhance learning.

6.4.2.5. The District Medical Office should involve learners and other stakeholders in the design, planning, implementation, monitoring and evaluation of radio programs and promote dialogue to enhance learning.

6.4.2.6. Capacity building of the radio listening groups in development programs such as health agriculture extension, literacy, and adult education radio programs.

6.4.2.7. District should provide programs that are more inclusive and integrative to learners through introduction of education for social change for the vulnerable groups.

6.4.2.8. The District medical office should allocate resources to train presenters in the area of HIV/AIDS prevention programme development, presentation, monitoring and evaluation of programmes.

6.4.3. Recommendations Community level

6.4.3.1 The NHC should continue facilitating sensitizing of community on the importance of listening to the radio programs on HIV/AIDS prevention.

6.4.3.2 The NHC should encourage community members to join radio listening groups and facilitate discussions, debates, problem posing/solving, questioning and encourage learners to reflect on their own learning.

6.4.3.3 The NHC should encourage participatory methods of learning through songs, role plays, and pictures to discuss problems affecting the community.

6.4.3.4 The NHC should encourage learners to participate in the design, planning, implementation, monitoring and evaluation of the radio programs.



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Appendix 1: Information Sheet

My name is Duffrine Chishala Chibwe student at the University of the Western Cape in South Africa. I am currently studying for a Master's Degree in Adult Education and Global Change. The supervisor of my research is Rahmat Omar at the Centre for Adult and Continuing Education, University of the Western Cape.

The study that I am taking is looking at the perceptions of the various community groups on using radio as strategy for adult education and in communicating various interventions on HIV/AIDS prevention. Radio plays an important role in ensuring that there is adult education on HIV/AIDS prevention interventions, sharing common issues, experiences and views on HIV/AIDS prevention. The study will provide information on what enables and constrains the use of radio as a strategy intervention for adult education on HIV/AIDS prevention interventions. The study will therefore enhance and assist in the improvement in the approach. The results of this study will also help me give a feedback to various sectors and organizations.

I am therefore requesting for your consent to take part in this study. You are free to ask for further clarifications if you are not clear, and to withdraw from the study at any time if you wish so. I request you to answer the questions honestly and freely. Some of the questions might be sensitive and needs further explanation. The interview will be highly confidential. No names will be recorded. The interview will be for 30 minutes or more.

Researcher's Contact details:
Duffrine Chishala Chibwe
41/23 Kanyanta Road, Livingstone
Tel No: 03 323516

Supervisor's Contact details
Ms Rahmat Omar
Centre for Adult and Continuing Education
University of the Western Cape
E mail: raomar@uwc.ac.za

Appendix 2: Consent Form

I the undersigned have read and understood the information on the information sheet provided. I have understood that I will be taking part in the study by being interviewed

I have been given adequate time to consider my decision and I agree to take part in the study.

I understand that I can withdraw from the study any time and I will not be asked any questions about why I should or should not participate in this study.

Name of participant----- Date-----

Occupation-----

Sex (M) (F)

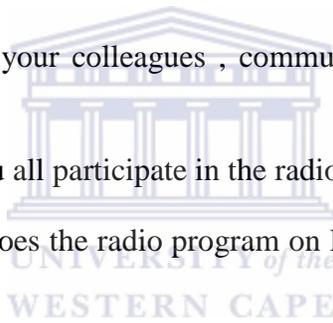


Participant's Signature ----- Date -----

Researchers Signature ----- Date -----

Appendix 3: Interview Guide for in depth interviews with community participants

- What do you perceive as causes of HIV/AIDS in the district from the lessons learnt from the radio programs
- Do you have radio listening or support groups in the community, if yes explain why if no why
- What motivates you to listen to and not to listen to the radio programs on HIV/AIDS prevention
- Which programs are you less interested to listen to and why
- How have you identified certain characters in the radio program which help you learn, if yes explain who and how
- How do you interact with your colleagues , community and spouses on issues of radio education on HIV/AIDS
- How do you ensure that you all participate in the radio programs
- In your own opinion how does the radio program on HIV/AIDS prevention have an effect on some ones behaviour
- Is the time the programs are broadcast favourable to you if yes or no explain
- what do you think is the best way to learn through radio program as adults
- What are some of the challenges that you have faced during the radio program sessions.
- What are some of the social cultural challenges on HIV/AIDS prevention that you have experienced during the radio discussions?
- What are some of the lessons that you have learnt in using the radio for community education
- How do you link up with your health centre staff and various community groups issues of radio education on HIV/AIDS prevention
- What do you think enables and constraints adult radio education programs?



- How can the radio programs be used for adult education on HIV/AIDS so that they are helpful and educative.
- What advice do you have to fellow community members in order to improve on participating in the radio programs

Appendix 4: Interview Schedule for key informants

(District, Health centre and radio stations program managers)

Date:

Sex (M /F)

Occupation-----

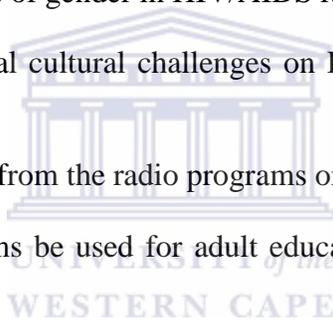
Education level-----

Number of years in service-----



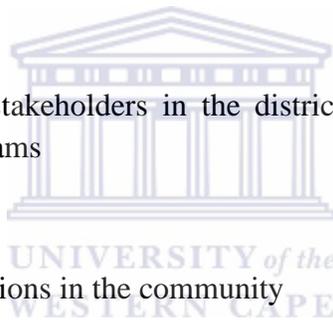
- What do you perceive as causes of HIV/AIDS in the district from the lessons learnt from the radio programs
- Do you have radio listening or support groups in the community, if yes explain why if no why
- What are some of the programs that are aired on HIV/AIDS prevention
- How far does the radio broadcast reach and who are your target audience on HIV/AIDS prevention activities
- How do you design the radio programs, explain how
- How has the design of the program taken into consideration on how adults learn
- How do you interact with various stakeholders in the district on radio programs on HIV/AIDS prevention education programs
- How often do you present the HIV/AIDS education programs

- How do you participate in the presentation of the radio program
- Who funds the programs and how often
- How do you monitor the radio discussions in the community, explain how
- What are some of the experiences and challenges on HIV/ADS programs that you have encountered with the community on the radio programs
- What do you think enables and constraints adult radio education programs?
- How does the radio programs have an impact on HIV/AIDS prevention
- What are some of the key issues that emanates from the radio discussions on HIV/AIDS prevention
- How do you consider issues of gender in HIV/AIDS radio education .kindly explain
- What are some of the social cultural challenges on HIV/AIDS prevention that you have experienced
- What are the lessons learnt from the radio programs on HIV/AIDS prevention
- How can the radio programs be used for adult education on HIV/AIDS so that they are helpful and educative.
- How best can the radio programs be improved in order to improve on adult education on HIV/AIDS prevention



Appendix 5: List of themes for Document /Report review

- Community perceptions of causes of HIV/AIDS in the district .
- Experiences of Radio listening or support groups in the community
- Programs aired on HIV/AIDS prevention – programme schedules
- Target audiences
- Design the radio programs
- Consideration on how adults learn
- Radio broadcast reach
- Audience participation
- Interactions with various stakeholders in the district on radio programs on HIV/AIDS prevention education programs
- Funding of programs
- Monitoring of radio discussions in the community
- Strengths and weaknesses of radio programs on HIV/AIDS programs
- Factors that enable and constrain adult radio education programs?
- Impact of radio programs on HIV/AIDS prevention
- Key issues that emanates from the radio discussions on HIV/AIDS prevention
- Social-cultural challenges on HIV/AIDS prevention
- Lessons learnt from the radio programs on HIV/AIDS prevention
- Possible improvements



Appendix 6

C/O Provincial Medical Office

P.O. Box 60206

Livingstone.

April 24th 2013

The Provincial Medical Officer,

P.O. Box 60206,

LIVINGSTONE

Dear Sir,

RE: REQUEST TO CONDUCT A RESEARCH

Reference is made to the above captioned subject.

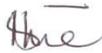
I am here by requesting for permission to carry out a research on the analysis of the efficacy of the radio programs as a strategy for adult education for HIV/AIDS awareness intervention in the Livingstone. The research will be carried out in Maramba catchment area which has the highest population in Livingstone district.

The aim of the study is to analyze the efficacy of using radio for educating adults on HIV/AIDS prevention and to identify factors that enable and constrain the use of radio for adult education of various groups of adults. I also aim to identify implications for delivery of radio educational programs on HIV /AIDS prevention and provide feedback to various stakeholders. The study will be qualitative through in-depth interviews and record review on radio programs on HIV/AIDS prevention. The study will be conducted from April 30th to 9th May 2013.

This research is a partial fulfilment of a Masters Degree in Adult Learning and Global Change at the University of the Western Cape and therefore it is academic.

I hope my request will be considered promptly

Yours faithfully,



Duffrine Chishala Chibwe

Senior Health Education Officer



APPENDIX 7.

All correspondence should be addressed
To the Provincial Health Director
Telephone 323516
Fax: 323391



REPUBLIC OF ZAMBIA

MINISTRY OF HEALTH

PROVINCIAL HEALTH OFFICE

P.O BOX 60206

LIVINGSTONE

No.....

Autographed
Musewe
Responed
Shing
S. C. S.
29/04/13



26th April 2013

The District Medical Officer,

LIVINGSTONE

RE: REQUEST TO CONDUCT A RESEARCH

Reference is made to the above captioned subject.

I am here by introducing Ms Duffrine C Chibwe (Mrs Nkatya) to your district who will be conducting a research on the efficacy of the radio programs as a strategy for adult education for HIV/AIDS awareness intervention in the Livingstone District. The research will be carried out in Maramba catchment area which has the highest population in Livingstone district.

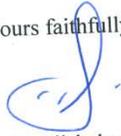
The aim of the study is to analyze the efficacy of using radio for educating adults on HIV/AIDS prevention and to identify factors that enable and constrain the use of radio for adult education of various groups of adults. She also aims to identify implications for delivery of radio educational programs on HIV /AIDS prevention and provide feedback to various stakeholders. The study will be qualitative through in-depth interviews and record review on radio programs on HIV/AIDS prevention. The sample size will comprise of 4 in depth interviews for district staff, 2 radio station program managers, 4 health centre staff and 8 community members representing different groups making a total of 18. The study will be conducted from April 30th to 9th May 2013.

This research is a partial fulfilment of a Masters Degree in Adult Learning and Global Change at the University of the Western Cape and therefore it is academic.

Appendix 7

Your assistance in this regard will be highly appreciated.

Yours faithfully,



Dr L Alisheke

Provincial Medical Officer



UNIVERSITY *of the*
WESTERN CAPE