

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.

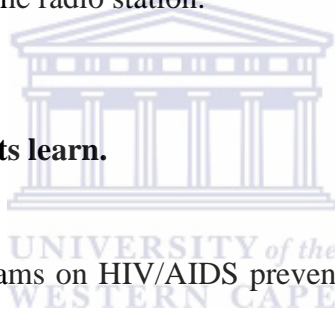
Polandos as a presenter of the radio programs did not have a radio program schedule to follow and she relied on being informed by the district level staff of the Department of Health, about her

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

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:

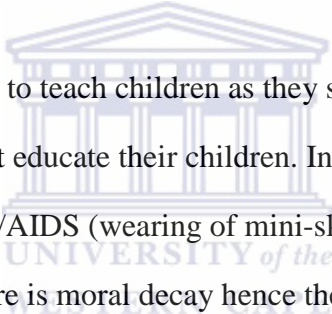
From my experience, cultural issues are in rural areas and it is still a boundary because sometimes people switch off radios when issues of sex are discussed.

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.

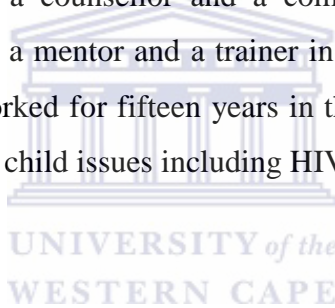
The first interviewee was Alfa who was the Acting District Medical Officer at the time of the interviews. He coordinates all the clinical work in the district. He is one of the senior counsellors in HIV/AIDS prevention and the main speaker during the radio programs in both English and Tonga. He has been 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:

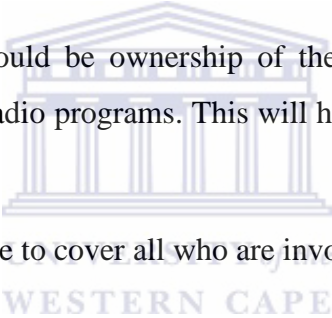
It is important to use the community and use people with real life experience to discuss issues on HIV/AIDS prevention on the radio. In addition, it will be better if the radio programs are well used as it can be good to talk to large groups of people and give messages at the same time.

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.

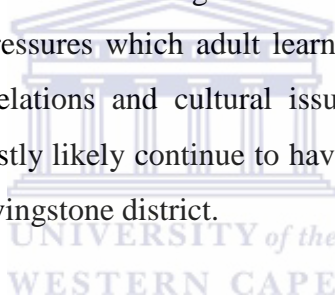
The majority of interviewees at community level felt that there was no needs assessment before coming up with the radio programs. For example, some of them said they were not consulted about the content, broadcasting schedule and talk time to facilitate feedback on issues that were not well understood. 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

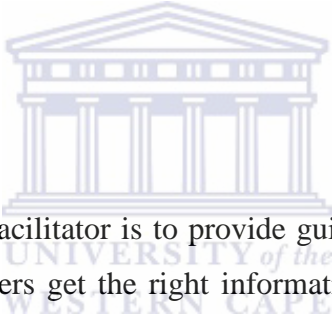
Zambia has 73 spoken languages in 10 Provinces. The major languages used in Livingstone are Tonga and Lozi. The majority of the interviewees at community level felt that the use of English rather than local languages which listeners were more familiar with affected their radio listenership. In addition 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.

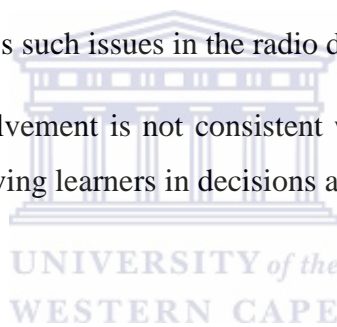
The DMO staff produced the programs and identified the presenters of various topics on HIV/AIDS prevention without consulting the stakeholders on what topics to include, how often they could meet, and discuss the program challenges, progress and community motivation. Some members of staff at district 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)

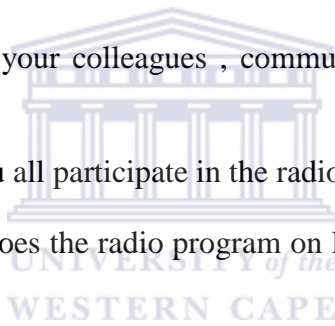


Participant's Signature ----- Date -----

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-----

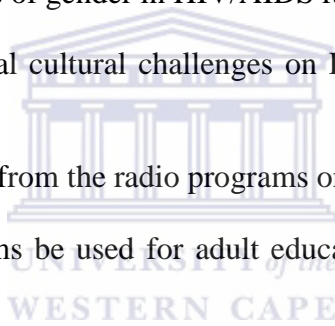
Education level-----

Number of years in service-----



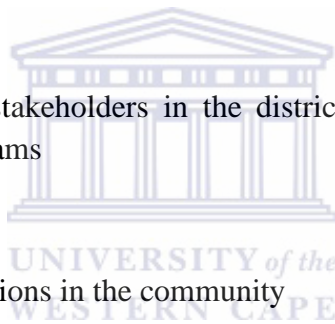
- What do you perceive as causes of HIV/AIDS in the district from the lessons learnt from the radio programs
- Do you have radio listening or support groups in the community, if yes explain why if no why
- What are some of the programs that are aired on HIV/AIDS prevention
- How far does the radio broadcast 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.

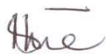
I am here by requesting for permission to carry out a research on the analysis of the efficacy of the radio programs as a strategy for adult education for HIV/AIDS awareness intervention in the Livingstone. The research will be carried out in Maramba catchment area which has the highest population in 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.....

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29/10/13



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.

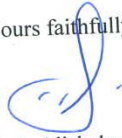
The aim of the study is to analyze the efficacy of using radio for educating adults on HIV/AIDS prevention and to identify factors that enable and constrain the use of radio for adult education of various groups of adults. She also aims to identify implications for delivery of radio educational programs 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