

Effectiveness of Radio Information Campaigns on behaviour change in Swaziland

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Abstract

This research is an assessment of the effectiveness of HIV/AIDS information campaigns on radio in Swaziland. It is an attempt to explain why the number of HIV/AIDS infected persons increases by the day despite the dissemination of information on radio. Radio has been extensively used in the process of conscientising people about the disease and persuading them to change attitudes and behaviour. Moreover, it is a medium that most people have access to in Swaziland.

Semiotic and participatory approaches have been used as a theoretical framework for this research. Semiotics, provides an insight to how people come to make meaning out of text that has been encoded. The participatory approach explains that success in the fight against AIDS lies in the involvement of people in the planning, producing, management and evaluation of these messages.

In short, the paper attempts to discard the strategy presently employed by health professionals using the linear model of communication, top-down, to disseminate information on HIV/AIDS. This study comes up with recommendations and considerations to be taken in future in the formulation of messages on HIV/AIDS.

CHAPTER I

Background of the AIDS epidemic

Introduction

Like most African countries, Swaziland is faced with the problem of the Human Immune Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) epidemic. Since the first AIDS case was diagnosed in March 1986 (Maseko & Mthembu 1994a), there have been concerted efforts to create awareness and to stimulate behaviour change among the great majority of the Swazi populace. This has been done through interpersonal channels, "alternative" media, mass media and group discussions. The radio has been the most widely used mass medium in this fight against HIV/AIDS infection because of its reachability and accessibility to most Swazi citizens. A Swaziland National Listenership Survey (SNLS) report (1988) states that of the 2350 respondents who answered positively when asked whether they listened to radio, 96% said yes while 4% said they do listen to the Swaziland Broadcasting Station (SBS)(McLean 1988:11).

The campaign messages in this fight against AIDS, have been done through a variety of ways including radio spots, drama, quizzes, talk shows and Public Service Announcements (PSAs). Though initiatives have been taken to curb the spread of HIV/AIDS, little has been done to ascertain the impact of these messages in fostering behaviour change. The study therefore, will ascertain the impact of these radio information campaigns on HIV/AIDS awareness, attitudes and behaviour change. This

on how AIDS messages should be constructed in the
behaviour change.

Statistics from the Swaziland National AIDS Programme (SNAP), reflect that there was only one reported case in December 1987. As of 31st December 1994, there were a total of 533 reported AIDS cases in Swaziland. In the last quarter of 1994, 100 HIV positive cases were reported. This obviously was a dramatic increase in the number of people dying of AIDS and infected with HIV.

It therefore is of importance to find out the causal factors of this spread despite efforts to conscientise the public about dangers and threats posed by the virus. HIV/AIDS information campaigns were disseminated time and again on radio. It was therefore, necessary to try and find out how these messages were formulated and what factors were considered. Issues to be addressed include the content, the presentation and the presenters of such messages.

AIDS CASES AS OF JUNE 1995

Age Group	Males	Females	Unspecified	Total
0 to 4	44	37	1	82
5 to 14	0	1	0	1
15 to 19	5	34	0	39
20 to 29	68	146	0	214
30 to 39	66	85	0	151
40 to 49	40	21	0	61
50 to 59	14	3	0	17
60+	3	0	0	3
Unspecified	12	9	2	23
Total	252	336	3	591

Source: Swaziland National AIDS Programme

Historical developments on HIV/AIDS

Not only Swaziland is affected by the rise in HIV infection and AIDS related deaths. The World Health Organisation (WHO) estimates that by the year 2000, based on data as of June, 1991, there is likely to be a cumulative world total of 25-30 million adult HIV infections and 8-10 million adult cases: 5-10 million children with HIV infections and 4-8 million children with AIDS; 90% of these cases of infection will be in developing countries (Hubley 1993:4). In Africa, especially in Sub-Saharan Africa., the increase in HIV/AIDS cases is phenomenal.

A number of researchers have identified complex socio-economic and political factors that influence the transmission of HIV. Such factors include, political instability, rapid population growth, rapid urbanization, poverty, labour migration and squatting. Others include homelessness, unemployment, poor education, an inferior social position for women, national diversities in language and culture and under-resourced health and social services (Parker 1993:3). Some of these factors are relevant to the Swazi context, for instance, the high population growth, unemployment, labour migration and inferior social position for women. In a world where an estimated .250 million people a year acquire a Sexually Transmitted Disease (STD), it will be readily appreciated that there is ample opportunity for the spread HIV. Such diseases include gonorrhoea, syphilis, chancroid, genital warts (papilloma) and genital herpes. Sexual transmission accounts for 75% of all HIV infections worldwide (WHO 1994: 9).

In North America and Europe, transmission of HIV has been documented to occur through one or more of four modes. Transmission occurs through sexual contact, exposure to blood contaminated needles, administration of infected blood or blood products, and passage of the virus from infected mothers to their new born (Quinn et al. 1986:958). However, there one school of thought which

between the epidemiology of AIDS cases in Africa and the 'West'. Because of age and sex distribution in Africa, emphasis has been placed on the prevention of HIV. Factors thought to influence transmission include promiscuity, sexual practices associated with increased risk of transmission of the AIDS virus (homosexuality and anal intercourse) and cultural practices that are possibly connected to increased virus transmission (female circumcision and infibulation). Currently, promiscuity seems to be the overriding factor in the spread of HIV/AIDS in Africa (Hardy 1987).

AIDS is not, however, the leading cause for mortality in most of the developing nations. An analysis of selected causes of death for individuals of all ages in the developing world revealed, among others, that the following levels of mortality in 1988 in millions were recorded: respiratory disease (10), circulatory disease (8), diarrhoea (4.3), measles (2), injuries (2), malaria (1.5), tetanus (1.2), tuberculosis (0.9), hepatitis (0.8), Whooping Cough (0.6), typhoid (0.6), maternal mortality (0.5), meningitis (3.5), schistosomiasis (0.5), syphilis (0.2), and AIDS (0.2) (Sepulveda et al. 1992 - 326- Parker 1994:4-5).

A recent study carried out by the World Health Organisation's Global Programme on AIDS (GPA) in collaboration with the Rockefeller Foundation, states that, in 1995 alone, there were 333 million new cases of curable STDs. The study reveals that 12 million were new cases of syphilis, 62 million new cases of gonorrhoea, 89 million new cases of chlamydia and 170 million new cases of trichomonas. Though AIDS is amongst the least causal factors for mortality as per this data, the rise in the number of HIV infected persons and the rise in the number of AIDS related deaths, has resulted in more emphasis being placed on the prevention of this disease, especially since a cure has yet to be discovered. However, since efforts are made towards a cure, it is of importance to evaluate strategies used in trying to prevent the spread HIV/AIDS. This research hopes to evaluate, the impact of the information campaigns on radio.

The number of AIDS cases turns out to be a much less useful measure of the severity of the problem than the proportion of persons infected with HIV in the population. HIV has a long incubation period and therefore, may not appear until after years of infection with the HIV (Mann 1987:41).

Clinical aspects of HIV/AIDS

AIDS, is a medical diagnosis for a combination of illnesses which result from a specific weakness of the immune system. The immune system defends the body against infections and diseases. Therefore, AIDS is not a single disease but the end-stage of infection with HIV, characterized by a cluster of illnesses. Such illnesses include tuberculosis (TB), pneumonia etcetera.

There are two types of HIV, the most common, HIV-1, which appears to be slightly different in genetic make-up, and a more recently recognised virus called HIV-2. HIV-1 is found world wide yet HIV-2 is commonly found in West Africa. HIV-2 affects the immune system in the same way as HIV-1. But the difference is that people infected with HIV-2 progress more slowly towards AIDS. Body cells that are target for HIV are T-helper lymphocytes and monocytes, which when leaving the blood stream and enter a blood organ, become known as the macrophages. Macrophages defend the body by seeking out and eliminating foreign particles and dead or infected cells in a healthy immune system. The body also defends itself by manufacturing special proteins called anti-bodies to render foreign bodies useless, collectively known as Antigens (WI- IO 1994:6).

HIV interferes with these antibodies and monocytes/macrophages, gradually weakening the immune system. Cells that produce anti-bodies are a type of lymphocyte (white

These cells produce anti-bodies specific to the antigen they remember of the antigen they have encountered. This allows them to react swiftly in the event that the antigen reappears at a later stage. T cells are other important lymphocytes in the immune system. These circulate in the blood stream and concentrate at sites of invasion by a foreign body. T cells coordinate the Immune system's response to an antigen and switch the system off when danger is past. Some T cells also retain memory of antigens they have encountered (WHO 1994:6).

The T cell that coordinates and regulates other T cells is called the T helper cell. This cell is the main target of HIV. What the virus does is to break into the cells and throw the whole immune system into chaos by side-lining all other cells dependent on the T helper cell. (The T helper cell is known as the CD4+ T Lymphocyte but is commonly known as the CD4+ cell) Upon entering the body, HIV outwits the immune system by changing constantly and becoming unrecognisable to antibodies produced against it. Once inside, the CD4+ cell, HIV uses the host cell's machinery to reproduce rapidly and massively. The virus forms buds on the surface of the host cell before bursting in the blood stream to invade the other cells. A very low number of the CD4+ cells in the blood indicates an impaired immune system and means a person is unable to fight off diseases or infections that would pose little threat (WHO 1994:3).

HIV transmission

Research has proven that the size of the risk is affected by a number of factors including the presence of other STDs, sex and age of the infected partner, type of sexual act, stage of the illness of the infected partner, and the virulence of the HIV strain involved (WHO 1994). Other causal factors for infection include blood transfusion and unsterilised instruments. For instance, in countries where blood donors are systematically screened, where haemophiliacs use heated blood products, and where medical research instruments are used for several patients without sterilization, the risk of nosocomial HIV infection is nearly zero (Ancelle-Park & De Vincenzi 1993:101). However, primary infection worldwide is through heterosexual contact. In all forms of sex, the risk of HIV transmission is greater where there are abrasions of the skin or mucous membrane. Women, according to several studies, are the most vulnerable to HIV infection because a larger surface (the vagina and cervix) is exposed. Moreover, semen contains a far higher concentration of HIV than do vaginal and cervical fluids (WHO, 1994:9).

There are several factors which determine the spread of the virus. These include demographic, Behavioral, biological and probably political and economic factors (Ancelle-Park & De Vincenzi (1993). The rural-urban drift is one other contributing factor, so is prostitution, through which unemployed women find themselves engaging in as a result of unemployment, and therefore, as a means for survival become sex workers. In the process, sex workers become a group that is associated with the spread of the disease through their behaviour. Scholars Ancelle-Park & De Vincenzi (1993) postulate that:

General Sexual behaviour that involves contact with a small but highly infected core group are associated with the rapid spread of HIV (Ancelle-Park & De Vincenzi 1993:7).

Urban migration of the male workforce and attendant disruption of family units are factors that may facilitate heterosexual transmission of the disease in urban centres with subsequent spread to rural areas. Cultural patterns of sexual behaviour may also play a part but the mode of transmission seemed to be predominantly female to male at the outset (Lachman 1993:28).

... factors contributing to the spread of HIV. Alcohol can... proportion of people who indulge in alcohol, do agree... tend to be stimulated into having sex. As such, the... nearest convenient woman would be ideal to sleep with, without in some instances, taking the necessary precautions for safe sex. In Swaziland for instance, there is a seasonal brew called **Buganu** (Marula) which is said to give appetite not only for food but also for sex. A certain percentage intake of alcohol tends to lead some individuals into having sex. "The combination of drugs and or alcohol with sexual activity is associated with high-risk sex strongly and reliably across studies" (Coates et al. 1988: S 24 1).

A global strategic of WHO the prevention and control spread of the spread of HIV/AIDS was first drafted in 1985, reviewed and revised in May 1987. The three main objectives of the strategy are:

- To prevent HIV infections;
- To reduce the personal and social impact of HIV infections;
- To Mobilize and unify national and international efforts against AIDS.

The Swazi Context

In order to understand the spread of AIDS in Swaziland and the level of HIV infection it would be proper to first give an insight to the demographic characteristics of the Kingdom of Swaziland. Swaziland covers an area of 17 364km squared. The country is landlocked by Mozambique in the east and South Africa in the west, south and north. The total population of the country is estimated at 900 000. Of this total, 47% is under the age of 15 years as per the 1986 population census and 53% were women of whom 22% range between ages 15-49. Between 1976-1986, population growth was 3.2% a year. The urban population as per the 1976 population census was 23%.

Swaziland is a signatory to the Ama Alta declaration of the World Health Organisation goal of "Health for all by the Year 2000". "Health for All" means that health is to be brought within reach of everyone in a given country (Mahler 1981:5). Article 5 of the Ministry of Health's national policy, states that the main objective of the ministry of health is:

To improve on the health status of all the Swazi people by providing preventive, promotive and curative health services which are relevant and accessible to all (National Health Policy 1983: 67).

The threat posed by AIDS to the people of Swaziland, saw the establishment of the AIDS Prevention and Control Programme (APCP) in 1987. The APCP was developed in collaboration with the WHO and was formally launched in October 1987. The Programme called for the development and implementation of a series of AIDS prevention and control activities. The activities included epidemiological surveillance, research, education, training and improved laboratory diagnosis and improved management of persons affected by HIV infection and AIDS. A major component of that Programme was directed at raising public awareness and level of knowledge on HIV infection and AIDS, the modes of HIV transmission and the measures that could be taken to prevent HIV transmission (3 Year Plan 1988:9).

Efforts to increase awareness on the deadly effects of AIDS and to prevent the transmission of HIV have been conducted by the Ministry of Health and a number of non-governmental organisations (NGOs) under the coordination of SNAP. These include the Family Life Association of Swaziland (FLAS), The Salvation Army Clinic (Mbabane), Swaziland Hospice at Home, World Vision, Baphalali Swaziland Red Cross, The AIDS Support Centre (TASC) and the Swaziland Traditional Healers Association.

activities began with the development and Plan (STP) for the control and prevention of AIDS in Swaziland. The STP was intended to be implemented over a 12 month period under the direction of the National AIDS Committee (NAC). The activities of NAC were to be supported by the AIDS Task Force (ATF), a standing committee to advise the NAC on technical and policy matters. Following the evaluations of the STP, a Medium, - Term Plan (MTP) was initiated for prevention and control of AIDS. The overall objective of the MTP was to prevent and control the spread of HIV in Swaziland.

HIV/AIDS and behaviour change in Swaziland

Behaviour change is a subject that has been dealt with extensively, especially, pertaining the power of the mass media and its influence in society. However, debates on this concept are not over yet. Following these debates, there emerged a number of theories. These include the bullet theory, two-step flow theory, cognitive dissonance theory, uses and gratifications and other such theories (Curran et al. 1982). Dominating in these debates were arguments to the effect that the media could not manipulate an individual. Rather, the individual manipulated the media. However, this study places more emphasis on the content that is disseminated as to how it impacts on the individual. The argument is that there are certain factors in society that encourage the individual to change behaviour. Moreover, the I argument is that the information disseminated has to identify with and make meaning to the targeted the individual. This subject is discussed in detail in Chapter Three of this study.

Human behaviour, actions and practices play an important role in the prevention, control, treatment and rehabilitation of most health problems. Effective health education planning involves determining the factors which underlie a person's decision to perform or not to perform a behaviour. A person may intend to change a behaviour but still not do so. This is what Lawrence Green, a health educator, called enabling factors. The drive to change power is referred to as "enabling factors". Behaviour change is difficult to come by because of the influence of enabling factors such as the time, money equipment, skills, available services, etcetera (Hubley, 1988:135).

While women, for example, might be willing to alter their behaviour, men are the ones who dictate terms, often times without compromise. In the Swazi setting, a husband's decision is final. Though, it is subject to review by senior members of the family, whose verdict shall be binding to both parties. If for instance, a married woman suggests the use of any family planning methods such as a condom to his husband, conflict is likely to ensue between husband and wife as a result of this proposal. Therefore, no matter how much a woman can be conscientised on issues of safe sex, the husband has the authority to overrule such a decision. In traditional Swazi society, a man and his wife slept on separate mats and it was the male who decided as to when to have sex.

The issue of behaviour-change is not only an individuals task but rather it should involve partners in any given relationship and the society in which they live.

Cultural practices promoting HIV/AIDS

Customs and traditions are behaviours that have been carried out for a long time and have been handed down from parents to children. They will be more difficult to change than behaviours that have been recently acquired and held only by individuals (Hubley 1993:27).

The issue of polygamy is one area which has created problems in fostering behaviour-change in Swaziland. The view held by members of the male gender is that culture does

...ives as they please. This view has been inherited by ... mean that they too, can have as many girl lovers as ... s for a young man to have many girlfriends. Such an individual was glorified with the term **Inganwa** (one in love with many girls).

Social behaviour of the Swazi people did allow men to have affairs without any restrictions. A woman or young girl was not, however, allowed to have as many lovers as she wished. If she did she was referred to as a prostitute. It is in the minds of most men that culture permits them to have as many women as they wish. This is one area which should be the starting point in the fight against the AIDS epidemic because it promotes promiscuity. The biggest hurdle however, is how to change such behaviour overnight, without opposition from the great majority of people who still believe in this kind of practice. Another side effect of polygamy is that it has often times than not promoted illicit affairs for the wives whom the husband cannot satisfy. The husband in most instances, has a wife he likes most, where he spends most of his nights. The others will only be visited occasionally. The women are then tempted into illicit affairs to try and satisfy their sexual desire. Such a practise can lead to the spread of STDs and HIV.

The issue of HIV/AIDS infection is one that needs to be addressed from the traditional Swazi society's upbringing of children. In the past, Swazi children were counselled by elders in the family. This was a task performed in the evenings. Boys were counselled by elderly men at **Esangweni** (meeting place for men usually in the evenings). Girls were under the tutelage of women at **Egumeni** or **Edladleni** (equivalent of a kitchen). Topics at **Esangweni** ranged from war expeditions, behaviour, sex., cattle-rearing, and many others.

In the past, there were very few cases of teenage pregnancy and teenage sex. Only young men and girls ready for marriage were allowed to sleep with their lovers. Even then, they were not allowed to have penetrative sex, better known as **kucencuka** (Gama 1995). It was also during these meetings that girls were prepared for marriage. They were told what to eat and what not to eat after getting married. For instance, they were not supposed to eat eggs. In accordance

with Swazi tradition such foods increased her sex appetite. However, these traditional structures (meetings) have since been eroded.

A child is a member of society. Before s/he comes into contact with society, the child should have interacted with members of his family. Upon growing up, s/he interacts with other members of society upon whom he can exert some influence and who also exert influence on him (Ezewu 1983: 31). The main aims of African customary education may be identified as follows:

- To preserve cultural heritage of the extended family, the clan and tile tribe;
- To adapt members of the new generation to their physical environment and teach them how to control and use it, and
- To explain to them that their own futures and that of their community, depends on the understanding and perpetuation of the institutions, laws, language and values inherited from their past (Ezewu, 1983:23).

It is implied therefore, that any effort to curb the spread of HIV/AIDS through preventive measures, has to take cognisance of the vital role the family plays in educating young family members. Any such measures should have as its base the family. The starting point to conscientise children about HIV/ AIDS should be within the family structure. Teenagers interviewed by Swazi media have often times put the blame on their parents. Teenagers say their parents do not discuss sex-related issues with them when they reached puberty. Parents, as a result of the erosion of traditional structures and transculturation, have shifted the honours of educating their children on such issues to

also play a part in this exercise of educating the

Researchers have argued that in order for any HIV/AIDS campaign to be successful, approaches should complement each other starting from the media, clinics, schools etcetera. A survey carried out in two rural areas of Zambia shows that the wide-scale multi-approach education campaign may have had a positive impact on the knowledge of AIDS among rural population of Zambia (**AIDS Education and Information in Zambia 1988:6**).

In trying to control the spread of HIV/AIDS, several intervention programmes have been formulated to address the problem. It is worth mentioning that there is a correlation between HIV and STDs. However, for complete protection from STDs including HIV, sexual abstinence and faithfulness between uninfected partners should prevail. However, abstinence and lifelong fidelity to one uninfected partner are not the experience of millions of people (*Outlook 1994: 1*).

Condom use in fight against HIV/AIDS infection

In order to reduce the spread of HIV and other STDs, public health measures have intensified the promotion and use of condoms for men. Condoms are provided free of charge in most of the health centres in the country. Health practitioners have also advocated for the use of condoms since they reduce unwanted pregnancies. Condom use is not new. It was practised in the ancient days:

Ancient Egyptians used sheaths of animal membrane to prevent pregnancy, and in 16th Century Italy, the anatomist Falopius designed a linen sheath to protect against syphilis. The device itself derive its name from a Dr Condom who made sheaths for King Charles II of England in the 17th century (WHO 1994:83).

Laboratory studies show that sperm and disease-causing organisms cannot pass through an intact latex condom. Epidemiologic studies of condom users confirm that condoms can be very effective (Population Reports 1990:7). A review of 15 studies measuring the condom efficacy in protecting women against HIV transmission reported a consistently strong protective effect, ranging from relative risk 0.0% to 0.6% (Cates & Stone 1992; *Outlook 1994:2*).

A national survey, in Swaziland, on knowledge, attitudes, beliefs and practices (KABP) on AIDS in 1990, states that of the respondents, 86% had heard of condoms. However, 18% of all respondents have ever used condoms. Those with high risk behaviour are slightly more likely to have heard of condoms than those without risk behaviour. Other characteristics which correlat with a higher use of condoms are greater than education, being from an urban locality and being in the age range 10-39 (Perez 1991:14).

In developing countries only 4% of married couples use condoms, and in Sub-Saharan Africa the figure is often below 1% (WHO 1994:831). However; the promotion of condom use has been met with much criticism and scepticism from various sectors of Swaziland. This group, mainly comprised of Semi-skilled and unskilled workers. Their perception regarding condom use was strikingly similar to that found in a study of students at the University of Witwatersrand. The argument put fourth was that condoms made sex less enjoyable and were embarrassing to use (SAMJ 1991:73).

Religion, for instance, has played a part in condemning the use of condoms. The underlain claims are that condoms promote promiscuity even among unmarried couples. A denomination which has come out clear against condom use is the Roman Catholic

ence. This condemnation has been a major setback
stopping the spread of HIV. For instance, of the
AIDS, 30% agreed that condom use was against their
religion (Perez 1991:15).

There are other factors among the sexually active population that there is no enjoyment when a sheath is used but instead, prefer 'skin to skin'. Others have likened using a condom to eat a sweet with a wrapper. Most of such people are still not convinced that the use of a condom is for their own good and that of their partners.

An indicator to the above argument is the high incidence of STDs and high birth rate in Swaziland. The birth rate is estimated at 3.83 percent per annum (Swaziland Population Projections 1986-2016). Already there are concerns raised that there should be some form of regulation to curb the population explosion. For example, the Ministry of Education points out that one of the factors for dropouts in both primary and secondary schools is teenage pregnancy (Westage 1986; Maseko & Mthembu 1994a:6).

AIDS and STD education in schools

In an effort to improve the health status of Swazi citizens, especially among the great majority of the youth, there are efforts to curb the spread of infection. This is an effort to equip them with basic knowledge, skills and techniques to promote behaviour-change. A report on Knowledge Attitudes and Practices (KAP) on School Health Education in Swaziland, shows that the level of knowledge on HIV/AIDS in primary schools is very low. There were misconceptions and misinformation about the disease (Maseko & Mthembu 1994a:31).

The year 1989 saw the formation of the Schools HIV/AIDS and Population Education (SHAPE) which caters for secondary and high school students. This programme runs concurrently with the School Health Education (SHE) programme which addresses all elements of Primary Health Care (PHC) including STDs and HIV/AIDS (Maseko & Mthembu 1994b). The overall goals of SHAPE are:

- To enable Students to know the basic facts on STDs and HTWAIDS infections in order to make wise, informed health choices in behaviour modification;
- Improving knowledge, developing positive attitudes and beliefs that effectively prevent the pupils from early sexual indulgence;
- Developing and empowering the youth with skills which will enable them to negotiate safer sexual relationships with their partners and making relevant social support health services accessible and available.

SHAPE in some schools has formed anti-AIDS clubs in collaboration with SNAP. In 1993, 14 secondary schools and high schools were mobilized to form anti-AIDS clubs. These included 5 schools in the Lubombo region, 3 and 6 in the Hhohho and Manzini regions respectively. At the time, 5 clubs were to be established in the Shiselweni region. These schools are involved and participate in educating at least 5 schools in their areas and motivate pupils to form their Anti-AIDS clubs. According to Maseko and Mthembu (1994b):

The main aim is to reduce the incidence of sexually transmitted diseases, HIV infection and AIDS as well as teenage pregnancies through information education and communication about responsible sexual behaviour among the school age population (Maseko & Mthembu 1994b:8).

Control in Swaziland.

of the iceberg as they tell us of the infections that occurred five years ago or even earlier. We cannot therefore, afford to wait for a vaccine or effective antiviral treatment but must immediately take the necessary educational precautions to prevent further spread of the virus (Lachman 1990:42).

Likewise, in the absence of a cure or vaccine, the most important method available to prevent the spread of HIV and AIDS is to promote behaviour change in Swaziland. In this effort, an Information, Education and Communication (IEC) action group was formed as a sub-committee of the AIDS Task Force (ATF). The ATF is comprised of a membership inclusive of a number of ministries and NGOs. The objectives of ATF are:

- to strengthen the Health Education Unit (HEU) of the Ministry of Health
- to educate the public using mass media
- to mobilise public organisation to reach special groups who practice high risk behaviours
- to provide training material and control of AIDS for health workers at all levels
- to produce and distribute health learning material to health educators and the general public
- to develop a comprehensive programme of AIDS education in schools
- to develop an AIDS counselling division within key institutions
- promote the uptake and correct use of condoms
- to undertake research on knowledge, attitudes and practices regarding AIDS and HIV infection in the general public and special groups.

In this chapter, the issues that have been dealt with include the factors that have been used to try and contain the spread of HIV/AIDS including condom distribution, school education etcetera. The shift in the traditional setting of the Swazi in their everyday life as a result of urbanisation and behaviour change has also been discussed.

One of the objectives of the IEC is to educate the public, through the mass media. The mass media played both a positive and negative role in conscientizing the masses about HIV and AIDS. In the next chapter, emphasis shall be placed on how the media have played a part in the dissemination of information on HIV/AIDS and the impact of such information on the general public.

CHAPTER 2

The media and HIV/AIDS Coverage

The Swaziland National AIDS Programme (SNAP) in collaboration with a number of NGOs have tried to create awareness on HIV and AIDS. Moreover, SNAP tried to enhance behaviour change in a great majority of the AIDS risk groups through the use of the media. As mentioned in the previous chapter, these have taken various formats, using both the mass and alternative media as well as interpersonal communication. Radio has been widely used in AIDS communication. This is because a great majority of the Swazi population do not have access to other forms of media such as television and newspapers. In order to promote responsible reporting in the media, initiatives were taken to educate journalists on HIV/AIDS. For instance, in July 1995, a workshop was held for journalists at Pigg's Peak Protea Hotel Swaziland. This seminar was organised by the Family Life of Swaziland (FLAS).

Television is one other medium that has been used in educating people about the disease. However, its main disadvantage is that only a few people have access to it.

n and peri-urban centres. A 1988 Listenership Survey reviewed, only 18% (N =2171) indicated that they ever responded who gave opinions on Swazi television were in the urban areas (McLean 1988:310). The HIV/AIDS awareness exercise using television, has been conducted through Public Service Announcements (PSAs') drama, documentaries, adverts and news.

Swaziland only has two newspaper groups which are the *Times Of Swaziland* and *The Swazi Observer*. These have, in most instances, reported on HIV statistics in the country and elsewhere and issues raised in Parliament pertaining to the epidemic. Also, part of the coverage in these newspapers were feature articles on social, economic and political threats posed by the disease in the country. Other stories that have been run include efforts made towards finding a cure. The problem with this type of medium (newspapers) in Swaziland is that there is a high illiteracy rate. The total readership for both newspapers does not exceed 150 000 a day (no concrete statistics available). The readership is only a fraction of the total population estimated to be 900 000 (**Swaziland Population Projections Report** 1995). Another shortfall is that some people can only read newspapers in the locally spoken language, SiSwati. However, no newspaper caters for this readership, all the newspapers are written in English.

Swaziland's population is concentrated in the rural areas. This explains why this research focused on radio information campaigns instead of all the mass media. Most people use radio in their everyday lives. A national survey conducted in 1990 on the knowledge, attitudes, beliefs and practices on AIDS in Swaziland, states that the usual sources of information about general health matters, are firstly the radio and secondly, the clinic (Perez 1990: 10),

The alternative media have also been used in curbing the spread of HIV/AIDS. These include posters, leaflets and pamphlets. The Health Education Unit (HEU), a Department of the Ministry of Health, was responsible for producing most of these media. Other such material has been produced by SNAP, and NGOs. After production, these media are then distributed countrywide especially to clinics, hospitals and schools. Posters have been used more than any other medium.

The Press

The media coverage of AIDS has varied from society to society, culture and types of media. The reporting of AIDS has exposed fears and taboos related to sudden death associated to with sex (Williams 1992:9). In essence, the press has set the agenda informing people about the virus which seemed different to others such as influenza and smallpox. The press has played a part in conscientizing people about AIDS and the impact of the disease on the world economy. However, in other instances, the media have sensationalised the AIDS issue to significant proportions. The underlying assumption is that though the press created an AIDS awareness, in that process, the press refused to accept that AIDS was everybody's problem. Instead, it was only said to be a disease for homosexuals.

In 1987, Amanda Heggs (seropositive) was invited by a teacher to visit his school and talk about her experiences on HIV/AIDS. The teacher had difficulty convincing his pupils that heterosexuals could be affected by HIV (Heggs 1994:55). AIDS was at first something "out there" for most of the mass media, not part of the world of readers and viewers (Williams 1992:91). This misconception could be attributed to the fact that in the US, most of the AIDS cases reported were mainly of gay men.

There have been controversies about the reporting of African news by the western media. This is one of the reasons which led to the creation of the New World Information and

the 80s. The NWICO was a call for a broad and information opportunities and for cooperation from NWICO called upon transnational corporations to support self-reliant communication institutions in less developed countries. It was at the same time exercising self-restraint in exploiting the nearly one-way flow of information, advertising, political propaganda and mass media content (Sussan & Lent 1991:11)

Africa, like most of the so called 'Third World' countries, is not, and has never been newsworthy for Western media. Most disasters in the third world have gained wide coverage in the Western press. In fact, much coverage in the third world is done only when there are civil wars, clan fighting etcetera. One other observation noted by Williams (1992) was that the press tended to think that AIDS was not in their own backyard but rather a disease foreign to them. A study of the Zambian press coverage of the AIDS states that, in 1986, over two-thirds of the AIDS news stories were foreign stories, that is, AIDS stories in other parts of the world Williams (1992). The conclusion drawn to the study was that the Zambian press did not regard AIDS as an issue of importance.

The media avoided facing up to the threat of AIDS in the early years of the epidemic by clinging to the belief that science would provide a cure (Williams 1992:9). Cure and vaccine stories featured prominently in the press worldwide. In Zimbabwe, for instance, headlines such as 'New breakthrough against AIDS virus' appeared in *The Herald*. Few of these stories were about developments in Africa. Claims from several quarters in the African setting that traditional healers had a cure for the disease were featured but such claims were dismissed by medical practitioners.

Since the general belief was that AIDS was a disease for homosexuals, not heterosexuals, as soon as the press realised that everybody was vulnerable to infection, coverage increased considerably and fear became a more common characteristic of the reporting (Williams 1992: 10). However, in that process, the press blew the issue out of proportion, out of ignorance. In Zambia, *The Times of Zambia* reported that AIDS could be transmitted by sharing a toothbrush (29 June 1986) and by drinking from the same cup as an infected person (20 February 1986). *The Mail* on more than one occasion reported that AIDS could be transmitted by mosquitos and other insects (Kasoma 1990-91 Williams 1992. 10).

The media have sensationalised the AIDS issue to significant proportions. Worldwide, the mass media played the role of witch-hunting when the disease was first recognised. The press instead sought scapegoats who were 'responsible' for the spread of HIV/AIDS (Williams 1992: 10). This is the point at which the stigmatization of certain segments (homosexuals, CSWs) of our society began. Had the press played a better part in trying to acquire facts about HIV/AIDS and provide accurate information, most probably at this point in time, that endeavour would have created a solid foundation for quality education and information campaigns on this disease.

Some individuals put the blame on Africa as the continent where AIDS originated. Most of such people had the belief that AIDS originated in Central Africa and spread to other parts of the world. Such people include Dr Kevin de Cock (Chirimuuta & Chirimuuta (1987). De Kock postulates that the first Americans with AIDS acquired the condition in the early 1970s in Africa. "AIDS is being increasingly recognised in black Africans, and early African cases preceded the first American cases by several years..." (Chirimuuta & Chirimuuta 1987:35).

The Western media were also perpetrators of this smear campaign. In the eyes of the Western media, AIDS was a disease originally from Africa. However, Yinka Adeyemi, science and health correspondent for the Nigerian weekly, *Concord*, states that to the average European researcher in virus cancers, the notion that AIDS had its origin in

et, arguments by such scientists whose minds are
tion are replete with fundamental loopholes and
plausible (Chirimuuta & Chirimuuta 1987:35). The
argument put across by de Cock and some people who share the same sentiments lacks
empirical evidence and further nothing concrete has yet been found pertaining to the
origins of this disease.

The African press also came in the forefront when Africans were to be subjected to tests if they went to European countries and that no HIV infected Africans would be allowed entry into such countries. However, this was not to be the reverse for Europeans coming to Africa. The editorial of the April 2, 1987 issue of *The Herald* in Zimbabwe lashed out at such countries. *The Herald* argued that as a result of such tests some African countries withheld information on AIDS in fear of repercussions from European countries on whom some depend helplessly for financial and other assistance (Chirimuuta & Chirimuuta 1987:124).

Even though there seemed to be a war of words through the mass media, one should point out that within Africa, countries have blamed one another for the incidence of AIDS. *The Kenyan Times* (26, May 1987) accused Uganda, which then had the largest number of reported AIDS cases in Africa, of 'trying to pass the buck and bug' elsewhere. The paper's editorial chastised Ugandans for their lax sexual behaviour (Williams 1992: 10).

Radio

Radio has been used in educating and informing the population on HIV/AIDS. Radio has been used for drama, PSAs, talk shows, quizzes, advertisements, etcetera on HIV/AIDS campaign. There have been several radio drama series that were aired with the aim of conscientising people about HIV/AIDS. These were mainly produced by the Health Education Unit (HEU) and SNAP.

Radio has been the mass medium used most extensively in developing societies, as a cost-effective means of providing information and education to diverse target groups. Such groups include farmers, rural mothers, illiterates, primary school children, informal and non-formal education (McLean 1992:53). Since the Swazi populace is concentrated in rural areas, the only way of disseminating information at a go is through the use of radio. Prior to independence, people were required to pay radio licenses. However, after independence, the license system was abolished. Khumalo states that, "as an incentive to the nation, to listen to the radio and then respond to its messages to the nation, His Majesty King Sobhuza II abolished the radio license in Swaziland after independence (Khumalo 1988:80).

The use of radio as a development tool began in 1966, the same year the radio station was established, with the introduction of the first farm broadcast. This programme, originally produced by a driver from the Ministry of Agriculture, provided information to help the small farmer improve agricultural practices (Skhosana 1989; McLean 1992:54). From then on, most of the government ministries and NGOs made use of this opportunity and began disseminating development-oriented information to their target audiences. However, there was one unique problem with the professionals responsible for the dissemination of this information. They were not trained on how to produce programmes. In order for these professionals to distinguish themselves from the state broadcasters, they began to refer to themselves as "development programmes producers" (McLean 1992:56).

McLean (1992) postulates that the present constraints to communications include a number of factors. These are: inadequate production facilities for development communicators, inadequate production facilities for development bureaucracies, and the lack of sufficient planning in the use of communication media.

According to McLean (1992), this led to the formation of the National Association of Development Programme Producers (NADPP). Khumalo (1988) posits, in support of McLean (1992), that the present constraints to more effective development communicators include: insufficiently trained communicators, inadequate production facilities for development bureaucracies, and the lack of sufficient planning in the use of communication media by the various development ministries (Khumalo 1988: 82).

The NADPP was the first professional media organisation to be formed by non-broadcast personnel. This Organisation as per aimed at:

- informing and educating the nation
- organising and fostering training and development of the NADPP both locally and internationally, and
- encouraging members to work, plan and share ideas (NADPP, 1982; McLean 1992: 56).

McLean (1992) postulates that it was a general feeling within the organisation that previous in-country workshops in radio production, sponsored by the various donor agencies, did not sufficiently meet trials needs. Neither did the Ministry of Interior which the Swaziland Broadcasting Information Services (SBIS) fell under, have the capacity to train these professionals. This meant that the programme producers learned on-the-job. It was not until 1985 when a bilateral programme between the Swaziland Government and the United States Agency for International Development (USAID) that a training programme for these producers was initiated (Khumalo 1988; McLean 1992).

The Ministry of Health through the HEU, is one such Ministry which has used the radio to the maximum in creating awareness on various epidemics which have and are a threat to the Swazi nation. There were other promotions broadcast over radio such as breast feeding campaigns. The radio was also used as a tool for educating people about HIWAIDS. However, SNAP has since taken over in the dissemination of AIDS information campaigns and educating the general public. Presently, it is this office which disseminates the bulk of information on HIV/AIDS, including posters, leaflets, newsletters etcetera.

However, there are other NGOs which also discharge this function. These include the Baphalalli Swaziland Red Cross, Family Life Association of Swaziland, (FLAS) The AIDS Support Centre (TASC) and others. It is worth noting however, that any such messages before being disseminated to the general public, have to be approved by the Information and Education Communication (IEC). This pertains to radio drama, adverts, posters etcetera. The IEC is comprised of professionals from various sectors of Swazi society. The IEC was formed as a sub committee of the AIDS Task Force. This group has membership ranging from a wide range of ministries and NGO including the following:

Ministry of Health;
Ministry of Education;
Ministry of Home Affairs.
Occupational Health Services;
Swaziland Broadcasting Services/Development Communication Project.
Swaziland Television Services;
Farni1y Life Association of Swaziland;
Save the Children Fund;
Traditional Healers Association;



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the information campaigns shall be dealt with in depth

Television

Television came into being in Swaziland on February, 1978, two years after the South African Broadcasting Corporations' television service. The Swaziland Television Broadcasting Corporation (STBC) station, is mainly subsidised by the state. The Public Enterprise Unit (PEU) report released in July 1995, states that in the year ending in June 1995, the Swaziland Television Authority, which is responsible for STBC, spent about 3 million Emalangeni of the taxpayer's money. This is evidence enough that the station is failing to sustain itself through advertising revenue and license fees.

Television in Swaziland is still the medium for the upper and middle income class. There are however, a few lower class sectors who own TV sets. The great majority do not have access to any TV set. Therefore, concentration of television viewers is in the two major cities namely Manzini and Mbabane, as well as surrounding areas. Other areas of television viewers' concentration include company towns and peri-urban areas. This is not to say there are no TV sets in rural areas. There are only a few families which can afford to own them. It is implied therefore, that any form of information disseminated through this medium is aimed at the urban population of the Swazi society.

The station (STBC), plays the role of an advertising agency in that most of the adverts aired are produced by the station. There are other production companies that produce adverts such as Eye to Eye TV productions. Eye To Eye has produced adverts for SNAP. STBC also does some local production of programmes although the vast majority of the programmes are foreign.

Locally produced programmes include, among others, **Swazi View**, a documentary which addresses socio-political, economic and cultural issues. These are issues which impact greatly on Swazi society such as drought, epidemics etcetera. Talk shows are also featured through which subjects like AIDS are addressed. The STBC news crew does time and again feature stories on AIDS statistics. Other programmes produced locally include **Youth and AIDS**. Foreign produced programmes on HIV/AIDS are also screened. In short, there are efforts to conscientise the masses on the effects and preventive measures on HIV/AIDS. Access to a television set means access to such programming.

Having addressed the use of mass media in the fight against AIDS and HIV infection, it is wise to bring to light the differences these mediums have over each other. It is true for instance, that there are advantages which radio has over newspapers and there are advantages newspapers have over television. In the fight against AIDS, there should be an integrative approach, which combines all the media and other initiatives such as condom distribution. If emphasis will be on the use of one medium, then whole purpose will be an exercise in futility.

What is of significance is the fact that there is preference over the use of mediums. There are people who prefer to use radio, while others prefer TV and others newspapers for their information. However, individuals who use all the mass media are likely to be educated in that they can read newspapers and understand English language. English is the dominant language on television (STBC). However, it is worth noting that the majority of the Swazi population have little or no education at all therefore, the use of newspapers is restricted to a few, and so is understanding the content of television.

Most rural areas makes it difficult for people to own television sets. There are a few battery operated television sets. Some radios, on the other hand, have mushroomed all over the country such that most people do have access to this medium. Radio in Africa is recognised as the least expensive and most effective medium in reaching widely scattered rural Populations. Radio is seen as the most effective tool for national integration and development (George 1993: 5-8). However, its disadvantage is that it is dependent on sound alone, there is no visual element, which in effect means that gestures, facial expressions etcetera are not available.

Television shares some of its characteristics with radio. Like radio, its message is fleeting because it cannot be received at the convenience of the viewer. TV's advantage is that it makes use of audiovisuals and these make it powerful in changing attitudes. Newspapers are more in-depth. When writing a story on an issue, the advantage is that a reader can go over what he/she does not understand. Magazines and newspapers allow the reader to absorb material at his/her own pace. One disadvantage is that it is only for the literate segment of the population concentrated in the major cities and towns.

Posters

Posters are another form of media that have been used in an effort to educate people about the dangers of HIV/AIDS. Posters were seen as a major part of the gay-oriented protest group, ACT UP, which emerged in the late 1980s in the United States of America as a mechanism for vociferously articulating the interests of that sector. Many of these posters combined simple graphics with lucid powerful images and slogans that were action oriented (Parker 1994:28). Posters have been used worldwide in a wide variety of endeavours. In South Africa, posters emerged originally within a range of political and economic struggles - notably the labour movement in the 1980s (Parker 1994).

In Swaziland, posters have been used by the Ministry of Health in a number of campaigns. These were developed by the Health Education Unit (HEU). The posters are then distributed countrywide especially to clinics, surgeries and hospitals. Posters in the past have been developed for diseases such as cholera, diarrhoea, measles, small pox, STDs etcetera. Posters have been used a great deal by the Ministry in creating an awareness of certain diseases and precautions people could take until they got help from health centres.

The problem however, is that the posters are produced by a graphic artist at HEU. Together with other health professionals, they decide the format a poster should take and make all the decisions without consulting with the people who are meant to benefit by 'reading' the poster. There are posters as a result of this centralised approach in their production that have been confusing to the general public. One such poster was designed by SNAP. This poster had a No Entry sign on it and this sign tended to lie a lot. The public thought they were barred from entering that area in the vicinity of the poster. This is evidence enough that people for whom the message is meant for should be involved in the process of developing whatever message intended for them. The audience must be integrated into message development, and that utilisation of media products must be contextualised within supplementary and complementary social services and processes (Parker 1994:34).

Other material

...e been produced by HEU and SNAP in preventing the
...e books, brochures, newsletters and T shirts. These
...r. However, as to how effective these are in
...concentising the people is not known in that no study conducted to evaluate the
effectiveness of such campaigns.

Interpersonal communication

Interpersonal communication strategies have also been used in prevention campaigns. One way, which has been recommended when disseminating information is face-to-face communication (Hubley 1993). He posits that the one-to-one situation is important in health education. Situations where one-to-one communication takes place include meetings between doctors and patients, home visits in the community, and discussions with individuals in the communities. Such visits cater most1y for those who are already infected with the virus and those dying of AIDS. The Salvation Army, for instance, is responsible for AIDS care management through community-based support for people living with HIV/AIDS.

Hospice at Home is responsible for case management of the terminally ill.

Media Network

No single media channel is diverse enough to reach and convince every element of the audience. As indicated earlier, dozens of studies were conducted in the 1950s and 60s to determine which was better, radio, TV, print or extentionists. The answer is now clear that "which is better?" is the wrong to ask. The right question is "which is better for what purpose'?" Some broad answers are emerging:

- Broadcast media is better at reaching a lot of people quickly with fairly simple ideas;
- Print media is best at providing a timely reminder of information we cannot expect people to remember themselves;
- Interpersonal communication including extentionists, group meetings, community organisations, demonstrations, is clearly the best way to teach, develop audience acceptance mobilise behaviour change (**Academy for Educational Development** 1988: 38).

Causal factors for contracting HIV/AIDS

I remember one client who came to be tested at the clinic, lie was HIV negative. After he got his result back he said " I have AIDS:, I replied that he did not because of the results. However, he pointed his figure to his head and said , "I have it up here... in my mind," I replied he was right. Because of this crisis, everyone has AIDS. It is not an individual problem; it is a community problem (Norton 1990: 773).

Indeed, the AIDS epidemic is everybody's problem. AIDS affects both young and old, children will be left orphaned, the old will have no-one to look after them in the event that bread winners *die of* the disease. Production in the industrial sector will be greatly affected as skilled labour perishes due to HIV AIDS related diseases. The only solution to the problem will come from medical science, but the effects of the disease will be felt by individuals, communities and societies for years to come.

, millions of people will die as a result of infection. Africa is that on this continent, the disease is spreading communities which depend on human labour for survival. In such communities, levels of national poverty are already so great that the resources for dealing with the care for the sick and the orphans are already extremely scarce (Barnett & Blaikie 1992).

Migration

The need to leave home and migrate to faraway places in search for employment is one factor which has contributed to the increase and spread of HIV transmission. Men have to migrate to far away areas, far away from their families. They are forced to have new sexual partners and be more vulnerable to infection. Men and women try to construct their lives far from home, taking new sex partners during their long absences (WHO 1994:49). When these workers return home, they put their wives at risk in that they might have contracted the virus from their illicit affairs. Likewise, women left behind, in the absence of their husbands, are likely to have sexual encounters with strangers and as such put themselves at risk of contracting the virus. One other area which seems to be an outcome of these migrations is that often times, men find themselves having affairs with other males, which act, put them at risk of infection. This is the case for instance, in mines and prisons. In Swaziland, most men leave rural areas in search for work in cities, towns and industrial areas. They mainly go back to their homesteads during month-ends. In their work areas, they start relationships with other women. This is a common practice with men in the Swazi society.

Poverty and wealth

The rural-urban drift is, a result of poverty in most instances. There is a link between poverty and migration, which factors, place people at risk of HIV infection. It does not however, mean that the poor are the only ones vulnerable to HIV/AIDS. The rich too can be infected. "Paradoxically, AIDS in some of the least developed countries is as much a disease of the rich as it is of the poor" (WHO 1994:51).

Studies conducted in Rwanda, Malawi and Tanzania prove that the spread of the disease also had to do with having money. This is because people who have money in their pockets can more easily afford to travel, visit bars and pay for sex than others. In short, the poor easily succumb to the advances of the rich in order to survive. Poverty not only imposes on people patterns of living which increase their risk of exposure to HIV, but it often robs them of the means to protect themselves. At a popular night spot in the Ezulwini Valley in Swaziland, CSWs say that they charge a lesser fee for customers who use condoms but for a sexual encounter without a condom, the fee is extremely higher. Such an encounter therefore, exposes such workers to HIV infection.

School children

School children are not immune to contracting the HIV/AIDS virus. Children are easily lured by people who have money and drive expensive cars into having sex with them. Elderly people who have affairs with school-going children are referred to as "Sugar daddies" or "Sugar mamas". Most of the "Sugar daddies" are married men and have several extra marital affairs. However in the case of women, most of them are not married, but are independent and live alone. They lure young boys into having sex with

sions. Similar observations have been noted in Zaire
Schoepf 1988 and Ulin 1992 that:

Observers have noted at least an unfortunate and unintended consequence of AIDS information campaigns in Zaire, namely that some men are beginning to leave the older sex workers in favour of young school girls who, they reason, are unlikely to be infected with HIV (Bledsore 1989; Schoepf 1988; Ulin 1992:6).

Many young people have fallen prey to these "Sugar daddies" and "Sugar mamas". Quite a number of children, of school-going age, drop out each year as a result of falling pregnant and quite a sizeable number undergo back-street abortions as a result. Though this is no proof that it is only such affairs with elderly people that contribute to the high rate of teenage pregnancies, it is a reflection of how teenagers do not insist on their partners to use condoms during sex.

A survey on Swazi Secondary and High School students on sexual behaviour, attitudes and communication habits states that when respondents were all asked, "What do girls expect from a boyfriend? the major expectation cited by both males and females was "sponsor/money". Meaning that the major reason for falling in love was for the sake of money. Such information is an indication that there is a general belief among the great majority of the youth that in a relationship, there has to be exchange of money. Therefore, one is drawn to the conclusion that if an individual has money, he has the power to make advances and succeed.

Out of school youths

Out of school Youths, facing a problem of unemployment, are also at risk to infection. They are often conned by their would-be employers to have sex with them in order to secure jobs. Females are the ones who usually encounter such experiences. The argument is substantiated by a WHO (1994) publication which states that:

For many girls and women round the world, sex is the currency in which they are expected to Pay for every opportunity in life, from gaining admission to the overcrowded classes in school, to Passing exams, Securing employment, being granted a trading licence in the local market place, keeping a job as a domestic servant, or even crossing a national border (WHO 1994:61)

It is evident therefore that socio-political, economic and cultural factors contribute to the high incidence of HIV/AIDS infection. Individuals are susceptible to infection as a result of these factors. There is need to address the factors in that if left unchecked, HIV/AIDS infection is likely to be on the increase. In the next chapter focus is placed on the theoretical framework employed in this study. This analytical framework of the study uses semiotics and the democratic model of communication involving participation.

CHAPTER 3

Theoretical framework

Top-down approach

Africa in the 1990s, has experienced the 'winds of change' that have transformed nations. One-party states have embraced democracy. The vanguard in the liberation of Africa were beginning to realise after two decades in power that there was need for change.

Malawi, Tanzania, Mozambique, Kenya, Zambia and

the dismantling of apartheid South Africa to a new democratic South Africa. However, this is a lesson that has come about as a result of pressure from the rest of the world and the intensification of the struggle from within South Africa. At last people in most parts of Africa have had to decide on their leadership by casting their votes. Indeed this is the dawning of a new era.

Likewise, in the communication era, there have been moves towards active participation of the people in shaping their societies. There have been shifts from the top-down approach of communication to a more participatory approach. Initially, projects were initiated and planned by the so-called professionals in their offices without consulting with the people at the ground.

The top-down approach led to the mushrooming of schools, clinics and other projects which were decided upon by these professionals. Most of such facilities meant for the population were left idle by the people for whom they were intended. Health educators have also been such professionals. They have initiated various health campaigns without consulting with target audiences. Radio programmes, posters and other health promotions have adopted the top-down approach. It might as well be concluded that the people who have formulated, produced, and disseminated information on health related subjects in Swaziland have been health officials behalf of the people. Parker (1994) does lend weight to the argument by stating that:

Generally speaking, the predominant method for the production of health education materials incorporates a somewhat top-down approach where health professionals, in collaboration with media professionals develop media products (Parker 1994:64).

Health professionals have erred by setting the agenda themselves without the consent of the people for whom the messages were intended. Most health professionals even today are still making use of the old approaches to communication. The top-down approach to communication and development can be traced back to Harold Lasswell as well as Shannon and Weaver. These are better known as the communicator-message-receiver models of communication (C-M-R). According to Lasswell, communication can be described as a set of answers to the following questions:

Who:

Says what;

In which channel;

To whom;

With what effect.

The disadvantage with this model is that the communicator is seen as having the power to influence the recipients or receiver of a message. It further operates from the premise that communication is a persuasive process. Its shortfall is that there is no feedback, communication is from the sender to the receiver and is therefore, a one-way process. Moreover, the audience cannot ask questions on whatever subject under discussion?

Another model which surfaced in 1949 was the Mathematical Theory of Communication by Shannon and Weaver. Under this model, the information source produces the message which is then communicated to the intended audience. The message is then conveyed into a signal by the transmitter. The channel is the medium which transmits

receiver and the destination is the person the message is sent to that:

Such models easily engender popular credence, for, on the surface, they offer a logical appeal to what is surely a Popularly held view - that communication is about how effectively communicator transfers messages to a receiver (Parker 1994:38).

Shanon and Weaver's linear source-transmitter-channel-receiver-destination model, eclipsed the earlier. More organic, psychological and sociological approaches. Lasswell, Hofland, Schramm, Westley and MacLean, Berlo and others each devised a model of communication as they conceived it. This profusion of communication models may be attributed to these reasons:

Firstly, because they identified communication as the transfer of information (the stimulus), they they were amenable to empirical methodology, thus establishing the basis for communication as distinct and legitimate science. Secondly, the theorists focused on the efficiency or effects of communication (the response), thereby holding vast promise for manipulation or control of message 'receivers' by vested interests or the 'sources'. Finally, the communication models fitted neatly into the nature and the mechanics of mass or mediated communication, an emergent and powerful force at that time. These models have received much criticism from scholars such as Fiske (1982).

Semiotics

Semiotics is a study of how meaning occurs in language, pictures, performance and other forms of expression. The method incorporates not only how things come to mean, but how prevailing meanings are encounters between individuals, groups and classes and their respective cosmologies and conditions of existence (Tomaselli 1991).

The GM-R models view communication as the transfer of a message from point A to point B. However, semiotics sees communication not as a process but rather as the generation of meaning. Communication takes place after the creation of a message using signs Fiske (1982). A sign could be a word, picture, gesture etcetera. If a message is sent from person A to B, person B will try to create meaning from the message which meaning, was intended by person A. However, for this to be possible, the two have share the same codes and use the same sign systems. The meanings of A and B will more or less approximate.

Codes are the stringing together of signs to make meaning and these develop through social usage. If therefore, a message is constructed by a professional to a non-professional, the likelihood is that the codes s/he uses are different from those of the recipients of the message. This could arise from the fact the professional might not be aware of certain codes which identify with that particular group (audience). The youth for instance, have particular codes which differ from those of their parents.

This study therefore, seeks to explain that radio information campaigns are structured in a linear fashion, meaning that there is a transfer of messages from source to receiver. The message could in the process be affected by noise. Noise could be anything which affects the message from the source to receiver. The linear type of communication has been the most dominant in radio information campaigns in Swaziland. Therefore, if change is to be achieved, there is need to rethink formulation of these messages using the linear mode of communication.

The making of meanings or messages is known as encoding. The interpretation of these messages is known as decoding. Encoded messages could be encoded into writing,

is produced through the decoding is called the text or

The interpretant is the meaning generated in the mind of the person/viewer/listener/reader who decodes that sign or message ... the text in this semiotic sense is the mental reconstruction of the idea, the thought, the association, the image mentally generated, by the act of reading, decoding or interpreting (Tomaselli 1994:20).

It is implied therefore, that when HIV/AIDS information campaigns are disseminated through radio intended for particular audiences, they are likely to produce different meanings to those intended by the encoder. "The meaning decoded from a inactive text is not necessarily the meaning which the creator self-consciously encoded" (Tomaselli 1994:21). Tomaselli (1994) states that the produced text, is itself, a battle ground for contestation for meaning between the producers and the readers of the text as well as between the groups and individual readers. Semiotics, places emphasis on the text. There is a distinction between the C-M-R models and semiotics. The message in C-M-R models is not of significance but just like any other stage in the communication process. Yet, semiotics places emphasis on the text. In semiotics, the receiver or reader of the message is not passive but rather involved in the production of meaning.

Semiotics, prefers the term 'reader' to viewer, listener and others, even to a photograph or a painting than receiver. It implies a greater degree of activity and also that reading is something we learn to do; it is thus determined by the cultural experience of the reader. The reader helps to create the meaning of the text by bringing to it his experience, attitudes and emotions (Fiske 1982:43).

Peirce saw the relationship as triangular. To him the sign stands to somebody for something in some respect or capacity. When a sign is received by the person to whom it is addressing, it either creates or generates an equivalent sign or a more developed sign, that which is referred to as the interpretant of that sign. The sign could be standing for its object. Therefore, when a message is encoded on radio, it is meant for particular individuals and in that process creates an interpretant (Fiske 1982; Tomaselli 1994). The interpretant of the word AIDS or condom, on radio would be the result of an experience of that word, the mental concept. Such an interpretant, may vary from person to person depending on experience. For example, to some people, AIDS is a form of birth control and not a disease which is threatening the community. However, de Saussure, placed more attention on the sign. For him. the sign consisted of the signifier and the signified. The signifier, is the image of the sign and the mental concept to which it refers is the signified (Fiske 1 982:470).

What semiotics does is that it sees communication as the generation of meaning. The encoder and the decoder play an active role in this generation. Fiske (1990), has described meaning as the result of the dynamic interaction between the sign, interpretant and object. What he says is that, meaning is historically located and may well change with time. Tomaselli and Shepperson (1991), attempt to make semiotics significant, using the historical realism paradigm. They, have used an historical nature of the sign to empower the oppressed within the contexts of this global reality to devise programmes of action that are relevant to their specific reality. Such empowerment, is to enable the oppressed to manage the transition of their communities into a developing reality based on democratic interaction on a global scale between all free communities. The programme takes into account the historical nature of the signifying subject applying Vygotsky's (1986) developmental psychology for its understanding that people in real cultural contexts tend not to accept new ways of life as a matter.

Participation

ed with politics only in most countries. It is often "the people by the people". Democracy varies from country to country. Democracy in South Africa is different from that of Zambia or Zimbabwe for instance. Little emphasis has been placed on applying the concept of democracy apart from politics in other areas such as communication, development etcetera. However, there is need to apply this concept to other areas in order to empower the people. White (1994) give his conception of democracy:

Democracy implies a participatory decision making process. Yet in actuality, the possibility of participation demands a broad equalization of influence, within a decision making process, which, in turn rests upon an equalization of the basis of the social power in a particular society (White 1991:144).

Before going much into the functions of democratic communication, it would be wise to briefly describe the emergence of radio as a tool for development communication:

Development communication in Swaziland is the systematic planned use of the media to support development efforts. By development efforts, it is meant any systematic, planned endeavour undertaking that aims to help improve the status of their lives in such areas as health, agriculture, private enterprise, education, commerce, family life and Culture (Khumalo 1988:82).

McLean (I 992), postulates that the success of short-term radio campaigns on immunization and oral rehydration therapy conducted in 1983 and 1984, led to the proliferation of development programmes. What is worth noting is that the development programmes were produced by non-broadcast professionals from both the governmental and non-governmental organisations. Such programmes according to McLean (1992) were aimed at informing and educating members of the Swazi community in rural areas.

Consequent to that, in 1982, according to McLean (I 992), all the non-professional broadcasters joined hands and founded the National Association of Development Programme Producers (NADPP) which was the first ever such organisation in Africa to be formed by non-media professionals. The aims of the NADPP were:

- informing and educating the nation;
- organising and fostering training and development of the NADPP both locally and internationally;
- encouraging members to work, plan and share ideas (NADPP, 1982; McLean 1992).

Members of this group did benefit in 1985 under a bilateral programme between the United States for International Development (USAID) and the government of Swaziland. The association received training in various areas. According to McLean(1992), programmes are produced weekly by professionals and directed to specific target groups. The way these programmes are formatted vary and these are meant to be instructional and educational. However, the problem with these programmes is that they follow a straight informational format delivering a particular message. There are at times soap-opera style dramas. According to Khumalo (1988), the development effort must provide a delivery system which the knowledge and the information about the resource can be given to the appropriate people at the appropriate time in the appropriate fashion. Part of this delivery system is called communication.

Analyzing the definition given by Khumalo pertaining to the use of radio for development programmes, one can therefore conclude that, that is where the problem begins. His

of the C-M-R models which are not in anyway financed, received training on how the media are used to public. Most of their programmes do not in anyway show signs of participation by the people for whom these messages are intended. All the programmes have a presenter of the programme, either hosting a guest in the studio, to talk on a subject in which that individual is a specialist. For example, the presenter of the health programme **Ayihlome Maswati**, might invite someone from SNAP to talk about HIV/AIDS in the programme. This is also evident in other programmes such as **Sebenta** (Adult literacy programme). This kind of set up has dominated developmental programmes as Megwa (1994) states that:

What has dominated intervention programmes in population control particularly in the developing nations, is an approach that has tended to view recipients of population as the information campaign as people incapable of recognizing and solving problems. Hence, this viewpoint assumed erroneously that recipients need to be talked to and not talked with (Megwa 1994:104).

The argument put forth by Megwa could be linked to Paulo Freire's critic of the banking concept of education, where he questions the type of education which sees students as depositories. Freire (1972) states that:

The more students work at storing the deposit entrusted to them, the less they develop the critical consciousness which would result from their intervention in the world as transformers of that world. The more completely they accept the passive role imposed on them, the more they tend simply to adapt to the world as it is and to the fragmented view of reality deposited in them (Freire 1972:47).

The system prevailing in Swaziland should not view the audience as depositories of information. This does not make them develop critical consciousness that Freire (1972) refers to. In order for people to be part of the information campaigns on AIDS, there is need for the target audience to be involved in the formulation of the AIDS information campaigns. Therefore, there is need to democratize communication. White (1991) sees the solution to this problem only coming about through, the changing of social structures in order to afford more equal opportunities for the use of information.

Information campaigns on HIV/AIDS are formulated by individuals mainly health professionals and then pretested on the target. After pretesting, these messages are then modified before being aired. However, these information campaigns have to receive approval of the IEC. In an interview with Rejoice Nxumalo Counselling and Support Services Coordinator of SNAP, she did mention that radio information campaigns for AIDS were formulated by the IEC coordinator. The coordinator was the one who wrote the scripts and produced the campaigns.

IEC Coordinator, Mrs Beatrice Dlamini, in an interview, did state that the information campaigns do involve the target audience when formulated. However, involvement of the audience is only during the pretesting of the messages whose content has already been decided upon by the professionals. Respondents of this research however, did not identify with the messages. If the target audience was involved in these messages it would mean that those interviewed in the construction of these messages agreed with these messages for the sake of it.

Megwa (1994) posits that the concept of involving those intended recipients of population information campaign in problem determination calls for the campaign organisers to listen more to the audiences and vice versa.

The Drama series on AIDS, used as a tool to inform the majority of the people about HIV/AIDS, was written by a person whose plays have featured in the local radio station, Swaziland Broadcasting Service (SBS). Some of these plays were not well received by

impact to the audience.

Fiske (1982), postulates that the broadcast codes share many characteristics which are simple in nature and easy to understand and as such they are community oriented, appealing to what people have in common and tending to link them to their society. Fiske (1982) gives three solutions broadcast messages should take, even though these were directed to television programmes, they seem relevant to radio.

- Broadcast message must deal with matters of general concern. Content is not just the subject matter of the message but it is also the way that subject matter is handled. "There are patterns of feelings, attitudes, values within a culture that are presented in its broadcast messages. These messages then re-enter the culture from the which they originated, cultivating this pattern of thought and feeling" (Fiske 1982:78-79).
- The second aspect of audience as source is the way in which the audience determines the form of the message. This form is an encoded message: it is composed of the units of television behaviour combined according to conventional syntagmatic practice. It is broadcast code, it is a restricted code: and the cultural experience of the audience is the source of the message.
- Broadcasting is an institutional activity and institutions are a product of their present society. Audience members negotiate their response with reference to their own particular circumstances old by so doing situate themselves in their culture.

Democratic communication

Before addressing the issue of how messages are constructed, by experts using the vertical approach, it would be proper to explain the concept, vertical communication. This approach refers to communication which is one-way, from the sender to the recipients. The sender plans and disseminates information on his own without consultation with the intended audience. It would be in the interest of this paper to try and define the concept of democratic communication. White (1991) postulates that there are 6 major dimensions of the problem of development communication. These are: access to information, Information input, access to control of information, sectors of the population should contribute to the information, public philosophy of communication. Access to controls of channels of communication, decision-making in all aspects of policy and administration and public communication sectors of the population.

White (1991), argues that many people do not have equitable access to the information necessary for their basic human needs of health, educational, and personal development, occupations and for significant participation at local and national public decisions. He further states that in most instances the information is available but it is not related to the needs of the people on the ground. What White (1991) recommends is that there should be a radical change in social conceptions of communication, away from source-oriented definitions of communicators.

.According to White (1991), communication is the preserve of a few individuals, that is, the professional elite and is largely unidirectional in nature. Communication systems should be reorganised to permit all the sectors of a population to contribute to the pool of information that provides the basis for the allocation of resources in society. What White

sectors of the community should be given the chance to express their traditional cultures that define their social values. In addition, they should have access to the tools of production. Audiences should have the opportunity to collectively criticise, analyze and participate in the communication process (Reyes 1981, White 1991).

A better alternative could be broad, consensual decision making and permanent coordinating councils representing all sectors of the population including minorities. Such representatives would be involved in questions of general policy, organisation and management of media decisions on programming orientation, and the evaluation of the programming as well as other aspects of performance.

White (1991) postulates that access and control is a social good and equal right of every individual and therefore, these qualities cannot be taken as merchandise or the privilege of an enlightened elite. The public also has a right to demand accountability in the use of the power of information. This can be done through representative decision making structures described above and representative property structures. Structures for control need to go beyond simple dichotomy of private commercial or state ownership. There should also be the development of new concepts of public law governing information and communication systems.

.According to White (1991), public philosophy of communication based on 19th century liberal social ideas and libertarian principles is seen as increasingly inadequate. He therefore proposes a new philosophy of communication definition of communication. A new public philosophy is proposed based which provides a better understanding of information and communication in human and social development and which defines access to information channels and public participation (International Commission, Many Voices One World, 1980:1721-17 : White 1991: 144). Education for more responsible use of media and for more participation in public communication should become an integral part of basic education.

Community Involvement

Freire in Sussman and Lent (1991) calls for a revolutionary humanist educational approach to development based on:

- a) faith in people's ability to learn, to change and liberate themselves from oppressive conditions of ignorance, poverty and exploitation;
- b) direct involvement of the oppressed with their own reality and its problem analysis of the constraints imposed on them by social structure and official ideology
- c) breaking down the cognitive differentiation between the educator and the those being educated inasmuch as they are students of one another;
- d) free and open dialogue;
- e) participation in liberating action; leading to a recreation of their social environment.

It is evident that in order for messages to make meaning, to the intended audience, consideration should be made to the effect that individual behaviour is bound by society. Tomaselli & Shepperson (1991) cite Vygostky (1986) to substantiate the argument that a language user can and predominantly does have proficiency in several discourses. Language users in turn, develop within the a practical normative community that constitutes the discourse(s) within which the user can become

communication is fundamentally interactive constituting
level of a community" (Tomaselli & Shepperson 1991).

Megwa (1994) postulates that communities as agents of the dominant culture, and as systems of exchange and influence, establish opportunities for people to act in specific ways. Emphasis therefore, for any intervention of HIV/AIDS infection should not target an individual per se but rather should consider an individual as part of the community which community plays a part in encouraging behavioral choices.

The community should have support for any such intervention initiatives. If however, there is no support from society, there is no way that people can be expected to change from high risk behaviours. At the moment, it seems like the fight against AIDS is likely to face an uphill task as Megwa (1994) postulates that community support is essential in trying to enhance behaviour change:

An informational campaign designed to stimulate behavioral change in the Swazi community should elicit the support of the Swazi communities and traditional institutions to act as change agents to achieve the desired outcomes (Megwa 1994:98).

Likewise, any efforts to curb the spread of HIV/AIDS should involve the community. The community should join hands in the fight, and together with health professionals will yield better results.

Having gone through the theoretical framework, in the next chapter, emphasis is on the interviews and the information that was gathered during the interviews. Also included is the methodology which was qualitative in nature.

CHAPTER 4

Methodology: Focus group discussions

Below, I apply the focus group methodology which is more participatory in nature compared to the quantitative approach, making use of a questionnaire. Questionnaires, limit the answers of the interviewee:

A major contrast between the two approaches is that while the aim of the quantitative research is to analyze people's situations and behaviour from an outsider's objective perspective, the aim of the qualitative research is to understand those situations and behaviours from the insider's subjective perspective. The fundamental characteristic of qualitative research is that it seeks to understand the values, beliefs, actions, norms etcetera through the eyes of those who are being studied (Aube 1994:4).

Therefore, this approach was ideal especially since I wanted to solicit the views of various segments of the Swazi population in trying to assess the impact of radio information campaigns on HIV/AIDS. The discussion in focus groups, tends to stimulate others to contribute in the process:

Focus group responses are often more complete and less inhibited than those from individual interviews. One respondent's remarks tend to stimulate others to pursue lines of thinking that might not have been brought out an individual situation (Wimmer & Dominick 1991:146).

advantage in that interviewees are not viewed as social
behave the way they do mainly because they live with
society. Krueger (1994) postulates that the focus group
interview works because it taps into human tendencies, attitudes and relates to concepts,
products and services. Programmes are developed in part by interacting with other
people.

In the African setting, therefore, in which group norms and behaviours are still in
existence, it is ideal to use this type of methodology. It has been argued that the
Swazi are still tied to their traditional way of life, clan gatherings wedding negotiations,
cleansing ceremonies, family disputes, the calling of the nation and the people's
parliament are but a few examples of group method behaviours. In addition, the Swazi
are non-confrontational and in an effort to please respondents often answer "yes" to
survey questions (McLean 1990:2). Therefore, the use of surveys appear to be
culturally inappropriate and can yield deceiving results. It was therefore, as a result
of the above reasons, that I then settled for this methodological approach when
undertaking this study.

Group selection

When trying to select groups for interviews, one of the considerations to be made is that
the group should be homogenous. Other factors taken to consideration in my study,
included demographic factors such as sex, age bracket etcetera. The study consisted of 6
focus groups each with 10 interviewees. These groups were:

- Umbutfo Swaziland Defence Force (USDF);
- High school students;
- The Youth Brigad;
- Female Prison inmates;
- Sexually transmitted disease infected Persons;
- Pregnant women;
- (Factory workers).

Prison inmates

It proved impossible to interview female prison inmates basically because I was refused
permission by the Commissioner of Prisons, Mnguni Simelane, for no apparent reason. In
fact, one should point out that there is a belief by those in the higher echelons of the
Prison service that prisons are immune from HIV/AIDS infection. To substantiate this
accusation. former Commissioner of Prisons now commissioner of Police, Mr Edgar Hillary,
refused to acknowledge that there were sexual encounters between inmates in prisons.
He refused to grant members of the AIDS Task Force (ATF) permission to educate prison
inmates on how best to protect themselves from contracting HIV. In short, they refused
to accept there are homosexual practices in prisons among inmates. Phiri et al (1995),
do lend weight to the above argument stating that, "..... The general lack of consensus
on HIV/AIDS policies in Prisons throughout the world underscores the fact that in most
countries prisoners are more vulnerable to HIV infection than the rest of the population"
(Phiri et al. 1995).

The reason for choosing the female inmates stemmed from the conviction that there are
such practices and to therefore, find out as to whether there is any knowledge of
preventive measures that the prison inmates can undertake in curbing the spread of
HIV/AIDS infection. Moreover, females are the ones most at risk of infection as such, if
they are not sensitized about the dangers posed by the disease, especially through the
radio, are likely to fall prey to infection. Considering the fact that most of those serving

from a lower socio-economic status. Such a status is
behaviours culminating to HIV infection after serving their
in Swaziland are from disadvantaged communities.

Prisoners are no different from people who spend most of their time away from their loved ones and as such, they engage in practices such as homosexuality and drug. One other reason for choosing this group was that since they are allowed to listen to the radio at certain times a day, do such times correspond with the dissemination of information on AIDS. It should be noted that prisoners are not allowed to have their own radio sets but rather they listen to one set which is switched on at particular times as required by the law governing prisons.

STD infected persons

STD infected persons were difficult to mobilize for purposes of this study. Such people are sensitive to their nature of infection. They do not want it known that they are infected with any STD. Swazis are sensitive people and if there is anything that affects their lives, they are less likely to divulge any information. As such, it was difficult to mobilize this group.

I therefore felt obliged to look for an alternative group to interview and these were factory workers. These are workers from Swazi Can, a factory that processes citrus fruits and pineapples in Swaziland. Since citrus fruits are seasonal, most of the workers are employed on a temporary basis during harvest time for citrus fruits. Swazi Can is about 30 kilometres from Manzini, the second largest city in Swaziland. There is a high incidence of STDs and most of those infected, according to a nurse at the factory clinic, are men. One other factor to note is that most of the seasonal workers are women from almost every part of the country.

The reason for selecting this group was basically because a person infected with venereal disease is highly likely to contract HIV. A counsellor on HIV/AIDS based at the Salvation Army church Mbabane, did state that most of the people they counsel on STD related infections when referred to test for the HI virus, are likely to turn HIV positive (Dvuba 1995).

Most of the people who are infected with an STD often do not go for treatment at a clinic but rather seek help from friends who usually prescribe their own medication which is usually, tablets called '500' or '250'. Without proper medication from a medical practitioner, such is unlikely to heal, yet the infected might assume that the 'treatment' s/he has undergone has been effective. This therefore is likely to spread the disease even further.

High school students

Students at high school are likely have reached puberty stage. They emulate certain lifestyles which appeal to them. Some of these are from people they see in their neighbourhoods. Some are movie stars, music stars etcetera. When the AIDS epidemic was first reported on, in Swaziland, especially in the late 80s, most of the adult population said they would rather have affairs with school children whom they believed were AIDS free. These young kids were either referred to as 'Sweet sixteens' or '16 Vs'. Basically, the main reason for choosing this group was to find out how the youth responded to media messages on HIV/AIDS.

Youth Brigade

less similar demographic factors with high school of the youth from various areas in the country who have just completed high school education. Others included in this group are young people who dropped out of school due to a number of factors such as poverty.

The advantage of working with this group was that due to the limited nature of this survey, some members of the group were from other parts of the country and as such would be in a position to articulate their views and would give me a picture of how they felt about the radio information campaigns on HIV/AIDS and how these have impacted on them.

Pregnant women

In many instances, their male partners are unfaithful to them. It often happens that when a woman falls pregnant or in the 7th month of pregnancy his partner does not have sex with her. During such times, some men establish relationships with other women to fulfil the desire for sex. To substantiate this argument, it is worth mentioning that men do start relationships even when their lovers are not pregnant therefore, nothing can stop them from initiating such affairs when their wives/lovers are pregnant. Though one should state that this is not true for all men, there are those who are faithful to their partners even at such times.

Pregnant women during pregnancy need to be taken good care of especially after being diagnosed HIV positive. Should a pregnant woman test HIV positive, the likelihood is that the mother will infect the unborn child with the virus. Dlamini (1995) states that the HIV positive mother's biggest responsibility is to look after her health.

This means safer sex, to avoid re-infection, a balanced diet (which does not necessarily mean expensive meals but include a vitamin supplement that includes zinc and manganese), and getting treatment early for minor illnesses (Dlamini 1995:7).

Another factor for choosing this group was to find out how much they knew about the disease. That is what happens in the event they discover that they are HIV positive. Worldwide, 5-10% of all children who were diagnosed as HIV positive in 1993, are thought to have acquired the disease through mother to child infection (WHO 1994:11).

Umbutfo Swaziland Defence Force (USDF)

Members of this group, are for the better part of the year at their bases. Meaning that, most of the time they are away from their wives, for the married ones and lovers for those who are single. Army laws do not permit an individual to live with their families in the barracks. Members of the army are permitted to make regular visits to their loved ones when they are off or on leave. The set up is not arranged such that a USDF member is posted near his home area but this could happen by coincidence.

Such a set up puts members of this group at risk in that they are likely to have partners near their workplaces. This is evident by judging that interviewees from Phocweni Army Barracks were from different places. For instance, four were from relatively far away areas and the other five were from the areas that were from within the Manzini region where the barracks is located. Only one was from Mbabane (Nkoyoyo) which is about 55 kilometres away from Manzini.

indulge in alcohol and I have referred to alcohol in this
such they are likely to have sex with members of the
near their barracks.

Formulating discussion questions:

There were fourteen questions that I decided would be ideal in eliciting answers which would give a clearer picture on the impact of AIDS information campaigns on radio. The questions were straight to the point in that they were formulated to assess the effectiveness of the radio information campaigns. Moreover, the aim was to get to know more about what the risk groups wanted included in these messages and, more importantly, whether they were comfortable with the way they were presented, structured and the presenters of such spots.

To all the groups, the following questions were asked:

- 1) What do you understand about AIDS?
- 2) What don't you understand about AIDS?
- 3) What kind of people do you think are most likely to get AIDS?
- 4) What effect does AIDS have on the economy?
- 5) Where do you get news/information on HIV/AIDS?
- 6) Where and from whom would you prefer to hear messages on AIDS related matters?
- 7) Which messages appeal to you most and why?
- 8) What do you think is the most appropriate time for the dissemination of these messages? Why is that the most appropriate time?
- 9) After hearing these messages have you changed behaviour?
- 10) How long should an AIDS message take before being removed?
- 11) Are there any barrier to receptivity of these messages on AIDS?
- 12) Do you prefer listening to these messages on radio or on TV?
- 13) Do you think there is something lacking in these messages?

However, before the start of each interview, I should point out that there were seven radio spots that were played to each group. This was done in order to enable interviewees to know what messages we were in fact referring to in our interview. They listened attentively to the messages until the last message was played. These information campaigns take the format of advertisements, ranging between 30 seconds and one minute.

Interview with high school students

The first group that I set out to interview, were high school students. These were students from Manzini Central High School situated in the hub of Swaziland. Manzini is the focal point of all the towns in Swaziland. Manzini Central, accommodates members of both sexes. Participants in this group were chosen randomly by the deputy headmaster of the school after I had informed him to balance the numbers according to gender. There were, in fact, five female and five male students. There were two female and three male students from Form Five. In Form Four, there were two males and three females.

Before the interview, I had set out to arrange the room in which we were to conduct the interview, putting everything in order. The moderator introduced us to the students and explained our mission before the interview. This exercise was followed by an introduction on the part of the Interviewees. Soon thereafter, the interview commenced.

as interesting in the sense the they were more than
in fact, they were more open and more relaxed.

- ❖ During the interview, it was obvious that there was an awareness on HIV/AIDS. There seems to be no distinction from HIV and full blown AIDS. The fact that there was an answer to the effect that, "no one is immune from infection, the young and old," proves that there is an awareness on dangers posed by this disease and the fact that AIDS is a problem for all human kind.
- ❖ On the question of the economy, mention was made to the effect that the economy will be greatly affected by AIDS since most of those infected/will be infected, are the young members of the community, especially the workforce.
- ❖ A seropositive person, teachers and AIDS youth clubs were chosen by the group to be in the forefront in disseminating information on AIDS related diseases.
- ❖ There was a strong criticism of AIDS messages in that they were said to be too funny and as such did not have a serious impact, "The only thing these messages do is to make us laugh,".

Worth noting is the fact that in other countries especially in the West, humour has been extensively used in HIV/AIDS information campaigns. Humorous campaigns on HIV/AIDS have been well received. This is in sharp contrast with the views of the high school respondents. It shows the effectiveness of the focus group methodology used for purposes of this research. Through the methodology one has an insight of what the students advocate for in HIV/AIDS messages.

- ❖ Information campaigns on AIDS were said to be placing too much emphasis on the use of condoms and there are no messages for young people still not sexually active.
"Messages do not promote abstinence. Promoting the use of condoms among the youth is in fact promoting promiscuity."
- ❖ There was also a suggestion that the youth should be involved in the production of messages. Involvement, claws back to the participatory model of communication. What the students are saying is that communication should be democratised and not centralised as explained in Chapter 3.
- ❖ Suggested times for disseminating AIDS information campaigns, were mornings and evenings before the news. There was also a feeling that these messages should be broadcast everyday, especially on weekends since most students spend most of their weekends at home.
- ❖ However, no message was singled out as effective by this group. Instead they did mention that the messages were more problematic in that they were one-way.
"The problem with these messages is that one cannot be in a position to ask questions in case there is a query, therefore, I would prefer interpersonal communication instead, since it is the one that I can be in a position to ask questions on something I do not understand about the disease".
- ❖ Another suggestion made was that AIDS messages should at be aired for at least one month before removal or replacement.
- ❖ Barrier to receptivity was studying in the evenings. During the day, they said they were at school and as such do not have access to the radio.
- ❖ Both radio and television were said to be ideal for the dissemination of AIDS related messages. There was a general feeling that indeed TV was preferred to radio, but since most households do not have access to such a medium therefore, preference would be on radio because nearly all households do have access to one. The advantage was that TV used both audio and visual effects.

change one should point out that there were others who since changed behaviour after hearing these messages. Others did point out that they were not yet involved in any sexual engagements and as such these messages were not relevant to them.

Interview with USDF members.

These were off-duty members of the army who had been granted permission to take part in this interview by the Army Commander, Brigadier Fonono Dvuba and Captain Mkhathwa. They had left one, Lieutenant Charles Dlamini, to arrange everything for me. The session was conducted in an office at Phocweni Army Barracks' clinic/hospital. Though I thought this group would not be that much cooperative, they were I believe disciplined, after Lieutenant Dlamini had told them to behave themselves. Up until the end of the interview, I did not encounter any problems.

This then made me conclude that indeed the Shannon and Weaver model was most effective in the form of one-way communication when soldiers have to carry out the orders. They are trained in fact to toe the line without any 'IFs' and 'BUTs'. Tomaselli and Shapperson (1991) do make mention of the fact that the model came to life during World War II and in fact was used by these scholars to draw conclusions that indeed communication was a one-way process in the army set up.

After having introduced one another and getting to know them and them, getting to know us (moderator and myself), we then set out to ask the questions. This group did know that there was a beast called AIDS but, I was not convinced that they were well versed about the disease. One could tell that they were blank by the look on their faces. There was little they knew pertaining to infection and prevention of infection. What made me reach that conclusion stemmed from the fact that there were more questions they asked pertaining to this disease.

- ❖ On what they understood about AIDS, this group did state that AIDS was transmitted heterosexually and that there were other forms of infection such as contaminated needles, or razor blades used on different people. This could happen if one of those using the razor or needle is infected with the virus. Mention was made to the effect that most of the information they heard about AIDS was through the media, friends and a nurse who had once visited the barracks and informed them about this disease. Questions asked included the following:

"Can one get AIDS by attending to an injured HIV positive person?"

"Why don't mosquitos transmit AIDS?"

"What does AIDS stand for?"

- ❖ However, the group did state that people at risk of infection are those who do not practise safe sex. For instance, those who do not use condoms.
- ❖ On the economic repercussions of AIDS, the interviewees said that AIDS was going to greatly affect the economy, especially the workforce. There was another view though which stated that the country will benefit tremendously in that:
- ❖ At the present moment, there are calls for the legalizing abortion since the birth rate is high. Therefore, AIDS will reduce the population, thus people will get employment in the process and thus those in search for work will be greatly reduced."

ge, as a result of these messages, they did state that
aviour to a limited extent. Most of them did state that
to use condoms. They are discouraged by the fact
that by the time they ejaculate, the condom would be in the process of coming
off. This made them more reluctant to use a condom because they were better
off without it.

“The problem with these condoms is that they are of the same size such that by the
time one is through with the act, the condom is already half-way off”.

- ❖ The group said radio personality, Percy Simelane was the right person to present
HIV/AIDS messages and that somebody in authority such as the Minister of
Health should time and again talk about the disease.
- ❖ The spots used at the moment were said to be okay but these messages should
also cater for traditional healers. That is, messages that cater for this group
should also be made available. Mention was also made to the effect that the
messages should not only relate to issues of to condom use but should also cater
for others who do not use such devices.
- ❖ Time selected for airing these messages was the evenings just before the news
and after the 7.15pm radio drama series. A point was raised that ordinary
citizens should also be part of the production of these messages.
“We should also be given a chance to write on these messages so that there could
be a lot of them”. What members of the army are advocating for is participation in
the formulation of these messages. Through participation, they shall have the
power to decide on the language they want used in these rmessages. Participation
draws us to the semiotic approach. Whereby people shall be responsible for
encoding meanings that they will easily identify with.
- ❖ Television and radio, were said to be ideal for delivering messages related to
AIDS. However, a complaint was registered that TV does not carry much news
on AIDS yet they want to see more of these spots on television.
- ❖ Barriers to receptivity included spending most of the time at work, either during
the day or at night.

Interview with pregnant women

This is one group that one really encountered problems with. These respondents were at
King Sobhuza II Clinic in Manzini. Most of them were teenagers who had fallen pregnant,
and as a result, they were ashamed of themselves and subdued when answering
questions.

This interview session was conducted in an office at the health centre. The office was
granted to us by Sister Simelane who is in charge of the centre. On the day of the
interview, ten pregnant women were recruited among the clinic attendants. The purpose
of the interviews was mentioned to them and they also were given the opportunity to
introduce themselves in the process. This they did and then the interview commenced.
The seven radio spots were played to them and in the process of the play back, they
were also smiling which expression proved that they had heard of the messages before.

- ❖ Even though they were regular attendants of the clinic, they were not well versed
with some issues pertaining to the disease, in that the only thing they said was
that AIDS kills and it was not curable. One of interviewees did mention that
transmission was as a result of sexual activity. Issues such as preventive
measures were not mentioned, neither were precautions one can take to avoid

...y were pregnant, they did not say that infection can
ild.

- ❖ Sources of information mentioned were the Family Life Association of Swaziland (FLAS), Radio, The AIDS Support Centre (TASC), newspapers, clinics and posters.
- ❖ There is a woman who is very much involved in the production of Radio drama series at SBS who in one of the messages is referred to as **Mgobodzi's** mother, whom the interviewees preferred to be included in these messages. The most appealing message to them was **Qagela Ngiphetseni**, mainly because of its emphasis on condom use. **Mgobodzi** (message) was also preferred in that it gave assurance that AIDS cannot be contracted through casual contact.
- ❖ Behaviour change was not easy to come by since most of them expressed difficulty in understanding the messages. They did state that the messages were humorous in nature and instead of changing their lives they made them laugh.
- ❖ Lacking in these messages was that they were not directed to men who were partly responsible for the high incidence of HIV infection.

"Men are more promiscuous and these messages should be directed to them".

They said messages should be directed at the male gender so that men could alter their behaviour.

- ❖ This group preferred that messages on AIDS should be aired in the evenings especially after the drama series, after the news.
- ❖ They preferred messages to run for a week before being replaced.
- ❖ There were no problems to receptivity. This could be attributed to the fact that most of them were unemployed, therefore, most of their time was spent at home and as such listen to the radio.
- ❖ On the question of preference of radio or TV, one did state that, "Most of us do not have television sets at home and therefore, radio is okay". However, the general feeling was that though there was no access to television, television was better than radio in that:

"One is in a better position to see a person infected with the disease, yet with radio, such is not possible."

Interview with Youth Brigade

This is one group that showed interest in the interview. The Youth Brigade is one group that operates more or less like Lord Baden Powell's Boy Scouts. This is an organisation that started as a boys troop, but later opened up to allow girls to join. The Youth Brigade's members are mainly in the Manzini and Shiselweni regions. It caters for the unemployed youth and those who are still at school. The interview with this group was made possible by its leader, Reverend John du Pont. They were recruited while camping at Fairview in Manzini where they had attended a camping session.

- ❖ This group was well conversant about HIV/AIDS infection. This is evident in that the only method of infection that was not mentioned was the mother-to-child.

tion were also discussed and there is still no cure for

- ❖ The economy was indeed going to be affected in the process and that the disease had an impact on the youth.
- ❖ This group wanted the youth to be involved in the dissemination of AIDS information campaigns and said elderly people should play an advisory role in the production of these messages. Mention was also made to the effect that people who know more about the disease should also be involved in the dissemination of any such information especially those who are already infected with the virus.

- ❖ Messages were said to be too funny

"Instead of taking the advice, these messages provide, we make fun of the whole thing and as such do not benefit anything. The messages should be dignified in nature so that they could be accepted by their intended audience. **Mgobodzi** was the message that they appreciated most in that it taught individuals not to shun those already infected, they said.

- ❖ On behaviour change, they did state that the messages have changed behaviour. The behaviour change was that of using a condom during intercourse especially the males.

- ❖ However, there was a feeling that there was something lacking in these messages that needed to be included. For instance, they felt that the messages put more emphasis on the prevention of HIV infection and not on how seropositive individuals should behave themselves in society.

"These messages do not say as to how these people who are HIV positive should be cared for in society so that we can make them feel at home."

There was also the view that girls are promiscuous, and as such, focus should be on messages designed for them.

Interpersonal communication was thought to be the most effective among this group as a means of emphasis especially in schools.

- ❖ Recommended times for the dissemination of these messages, were between 6-7 pm in that during that time, they prepare for supper and that is the only time they listen to the radio much. The lunch hour was also recommended (1-2 pm).
- ❖ Barriers to receptivity included herding cattle, studying and attending training sessions in the evenings for those who play soccer.
- ❖ Both TV and radio were preferred for these messages but as in the other groups the issue of television not readily available was also raised.
- ❖ A point of concern raised was that most people do not understand the dangers and threats posed by AIDS especially in the rural areas therefore it would be proper to visit rural areas and clinics educating people so that they might get first hand information.

Interview with factory workers

The interview with this group was held at the Swazi Can Clinic in Malkerns, about thirty kilometres from Manzini. The workers were selected from various departments in the factory. Like in all the other groups, the purpose of the visit was discussed and introductions were made. As soon as they were informed of the aim and purpose of the interview, they began to talk about the disease and its dangers in society. However, they

part after they had listened to the spots. After playing then asked.

- ❖ There was a knowledge and awareness of HIV/AIDS. They were well conversant on issues of transmission and the fact that heterosexual transmission was the main factor behind the spread of this disease. However, mention was not made to mother-to-child infection.
- ❖ Knowledge however, seemed to be lacking on the issue of whether transmission is possible through casual contact, kissing, using the same toilet sit etcetera.
- ❖ The age range between 15-35 was said to be the group at high risk. Men and women blamed one another for the high incidence of HIV transmission.
- ❖ AIDS was also said to be one way through which the country will benefit in that presently there is a call for birth control in the country, therefore, AIDS will reduce the population thus bolstering the economy.
- ❖ Radio personality, Percy Simelane was again chosen as the person who should transmit these messages. There was also the belief that a person who has expertise in this field should disseminate these messages. "We want someone who knows more about AIDS because newspapers are not likely to answer questions which we might have about the disease."
Elderly people like granny's should be involved in the production of these messages.
- ❖ The radio was again quoted as being the source of information on HIV/AIDS.
- ❖ Messages appealing to this group were that of **Mgobodzi** because of its assurance that a person infected with AIDS should not be isolated from society.
- ❖ On the issue of behaviour change, there was a problem, in that the messages were said to be contradictory. "Reports on one day state that infection rate is 50% the next time it is reflected as 15%, this then creates the impression that such information is to instil fear, therefore, change is highly unlikely."
- ❖ There were problems when a partner in a couple raised the issue of using the sheath when having sex in that it raises suspicion on the part of the other partner as to whether his/her mate is faithful or not. In fact, conflicts arise when the issue of condom use is raised.
- ❖ The issue of the messages having too much humour was raised during the interview. ' There was a point raised that foreign people infected with the virus or dying of AIDS from other countries are not what they want to see but rather locals. This, according to them, is interpreted as meaning that AIDS is a foreign disease and affects only foreigners.

Surprisingly however, when the issue of a seropositive Swazi male who is conscientising the public about AIDS was raised, they simply dismissed him, saying he is after money and nothing else.

- ❖ Again, the time suggested for the presentation of these messages was after the 7.00 pm news and during the live soccer commentaries. Most people are said to listen to the radio during that time.
- ❖ A barrier to receptivity was that during the day they were at work and as such they were in no position to listen to the radio.

be easier.

were said to be effective. Therefore, they should all communication should be used when introducing a parties would be there and its (condom) adoption would

- ❖ There was a general feeling that AIDS talk is concentrated in and around Manzini and Mbabane, there is little that is done in rural areas. "That is why, people in the rural areas think that AIDS has always been there and it was known as **Ligola**.

The above discussions therefore give an insight about the position of the AIDS information campaigns in Swaziland. That is to say, how the general population views the messages. In the final chapter therefore, I try to give my conclusions into the whole issue of the AIDS information campaigns and how they can be improved from what they are at present. If there is to be a move towards behaviour change as a result of these messages, then there is need to change strategy and find a way more ideal for these messages.

CHAPTER 5

Discussion and researcher's conclusion

The fight against HIV/AIDS infections in Swaziland, using the radio has undoubtedly created an awareness on this scourge to human kind this century. Most people, in Swaziland, are now aware that the epidemic is indeed a reality and that unless urgent steps are taken, a great majority of the nation will perish as a result. Indeed those to suffer most are within the 15-49 years age range. Most of these are the core to the survival of the Swazi economy.

A report by the External Review of the Swaziland National AIDS Programme released in July, 1995 states that the IEC, was the most frequent example given by respondents as an area of great achievement by SNAP. Among the specific achievements, mentioned, were a high level of general awareness of HIV/AIDS education materials and messages like posters, newsletters, radio programmes, plays etcetera.

However, I beg to differ from the External Review report in that though information has been disseminated to the general public, there are still a lot of people who have questions about the disease. This is mainly because the information that has been disseminated has provoked questions which have been left unanswered to many people. Therefore, there is need to sensitize people further so that they could be well versed with the disease. Some of the interviewees during the sessions still do not know whether one can get infected using the same toilet with an HIV infected person. This therefore, creates a problem in that there is a likelihood that such ignorant people might have a negative attitude about people who are seropositive and those dying of AIDS in the various societies. Moreover, if there could be a person who has access to radio and meets people at work everyday in her workplace, school and in other social settings then how much more with an individual who is in the rural areas where such contacts won't be there in comparisons?

Secondly, I differ in that the people interviewed by the external review Committee were professionals who only addressed the issue of dissemination of the information. What is of uppermost importance is that how much impact did these messages have on the audience. Though, efforts of the IEC should be commended on their part in disseminating information on HIV/AIDS, the IEC should have looked beyond that scope and addressed the issue of impact on the part of these messages.

method or research, I was convinced that indeed there was a need for such a program. Any form of education on radio should cater for the needs of the audience and its tastes. The media have done enough in conscientizing the population about HIV/AIDS. However, even though the media has played a part in creating an awareness, damage has already been done. There were a lot of issues that were raised in these interviews which prove beyond reasonable doubt that the dissemination of information has been misconceived by the audience. For instance, there has been confusion between HIV/AIDS. To most people, there is no distinction between the two. There is still a need to educate people on matters relating to HIV/AIDS.

Awareness should not be confused with knowledge. It was evident that those who seemed knowledgeable about the disease were those who had at least acquired information from AIDS clubs or workshops on HIV/AIDS. These were conversant about the disease and the implications of infection especially students who confessed to being members of Anti-AIDS Clubs in their schools and those who had attended workshops on HIV/AIDS.

The coverage of HIV/AIDS cases in the media has indeed done some damage to the population especially people dying of AIDS. People have drawn conclusions that those infected with HIV or dying of AIDS, can only be identified as thin. This is the "symptom" identified with this disease. If an individual physically was fat and all of a sudden, because of other factors loses weight, conclusions will be drawn that he has AIDS. Anybody who loses weight is linked to the disease. This has had an impact more so because most of the first AIDS cases were screened on television and shown on newspapers, had lost weight, and this led to wrong conclusions by the populace.

Therefore, when health professionals realised that there was a misconception about the disease, they turned to introducing an HIV, positive person who was normal like any other. There seemed to be little effect or no impact at all. This is what, I believe, led to the Swazi Can interviewees ridicule Honey Dlamini by saying that he is after money. Dlamini is the first seropositive individual in Swaziland to come out and announce that he is HIV positive. He is now educating people about the effects of HIV/AIDS. This shows that already damage has been done. Therefore, education should also focus on changing people's misconceptions about the disease. A person like Dlamini will, however, be effective in disseminating information to the youth and women. These are groups that are likely to take advice from such a person.

Moreover, there is a general belief among the great majority of the population, that the dissemination of information on HIV/AIDS is a move to encourage the use of condoms in order to prevent a population explosion. This they feel, is propaganda by the health professionals in trying to restrict them from having children as they so wish. Most people believe that AIDS is not a reality but rather a ploy by the health professionals to curb population growth. A large family in Africa is associated with wealth, honour and prestige. Hence a child is regarded as a good investment (Pratt 1986: Megwa 1994:101). This arises from the fact that there has been a far cry that the birth-rate has reached an alarming rate such that Swazis should take it upon themselves to reduce it. One such person who has expressed concern is the United States Ambassador to Swaziland, Dr John Sprott (July 1995). Others include ministers and officials from the various NGOs. It would prove difficult to change people's behaviour as a result.

However, there are some individuals who have come out strongly against the use of devices such as the condom. For instance, the role model of Swazi culture, Mr Jim Gama, in his radio programme, **Khalamdumbadumbane**. Mr Gama has voiced his dissatisfaction about the call to use condoms ever since the campaign for condom use was initiated. His argument is that nowhere the Bible does it state that people should

methods. Instead, he advocates for the traditional way
, non penetrative sex.

Mr Garna wields power, mainly because he uses radio to propagate his ideas. He sports a large following, especially among men. According to the McLean (1988), the most favourite programmes in order of importance were the **Khalamdumbadumbane**, **Tindzaba** (news). **Ngishayele Lucingo** (dedications' phone in programme) etcetera. This shows how important the programme is and how much following it has in Swaziland.

Even though promotion of condom use is facing challenges from the religious sector and the traditionalists on the other, there are signs of condom use among the sexually active sectors of the population. However, my conclusions on this issue are that there seems to be inadequate knowledge on how to use condoms. It is evident that if a person still asks whether there can be any infection in the event of an overflow of semen from a condom, then there is still a lot of work to be done on educating people. On the one hand it shows that the person is ignorant about condom use in that if properly used, or rather instructions for its use are strictly adhered to, there could be no overflow of any kind. If people are not educated on the use of the sheath, they will in the near future be discouraged to use condoms.

Through my interaction with the interviewees, I concluded that a lot still, needs to be done educating the people both through the media and interpersonal communication. Even though the youth did state that there is nothing wrong with the use of the media, they did emphasize that they were more comfortable with interpersonal communication from members of their own age-group or a seropositive individual. Radio personality and Government Public Relations Officer, Mr Percy Simelane was also considered ideal for the dissemination of messages on HIV/AIDS. He seemed to be appealing to the youth and the adults. This however, could be attributed to the fact that he has been involved in the dissemination of other radio spots on AIDS and has taken part in a number of drama series. Another character who was recommended was woman actor. **Make wa Mgobodzi.**

Use of television in the dissemination of information was also one point that was seemingly raised by all the focus groups. They are interested in seeing local people who are already dying of AIDS or AIDS related diseases. The use of foreign people in documentaries, news and other TV programmes seem to create another meaning in the ordinary person. People want to identify with the disease. If foreigners are used, the impression created is that AIDS has nothing to do with them but rather it is a foreign disease or a disease "out there" . Any such programming using foreign people should be discouraged but rather local productions should be encouraged to which people can relate to.

The use of humour in these information campaigns seems to be having a side effect in that the groups interviewed felt that they were lacking in encouraging them to reconsider their sexual lives and change for the better. Therefore, action should be taken in the near future to ensure that such messages do lend weight to the issue of HIV/AIDS and alter behaviour. It is pathetic, to hear people making fun of HIV/AIDS prevention messages in pubs and drinking sessions. Message content needs to be pre-tested before being disseminated to the general public.

From the above we can deduce that the messages were pre-tested after they had been formulated. That in itself is the wrong approach to communication. Semiotics places emphasis on the reader. The readers should be involved in the formulation of AIDS information campaigns. Their involvement would make the text have relevance to their own life situations. Health professionals have their own experiences with the disease and as such they are likely to encode meanings that have come about as a result of

sease. Furthermore, there is no evaluation of any of
the objectives have been achieved.

The formulation of these messages has been top-down in nature. That is to say there was no consultation with the intended audience. Members of the USDF and High school students did state that they should be involved in the formulation of these messages. This shows that unless there is some form of democratic practices in the formulation of these messages, there is a likelihood that the current fight against HIV/AIDS infection in Swaziland is an exercise in futility. If pretesting, of these messages had been done, the problems raised could have been identified and attended to prior to dissemination. For instance, there is a general belief among the youth that these messages are promoting promiscuity and focusing on condom use. There is therefore, need to rethink the strategy employed in the dissemination of these messages to cater for all the sections of the society at risk. The points raised, are of significance. For instance, no messages cater for sex workers, youth not yet sexually active and traditional healers.

On the issue of when should messages be disseminated, all the groups interviewed were for the idea that most radio listening is done between 6.00-7.00 pm. Weekends were also cited as ideal for these messages. There should therefore, be an initiative to air these messages before and after 6.00 pm as well as before and after 7.00 pm news.

During live soccer commentaries, there should be such messages because a great number of people do listen to these games over radio. Even though the question of language preference was not asked, preference would be in the use of SiSwati for such messages. Findings of the 1988 listenership survey state that 89.4% of the respondents preferred radio programmes in SiSwati McLean (1988).

Information campaigns should be specifically targeted at particular groups and not be general in nature. If this is not urgently addressed, then surely, positive results should not be expected. When listening to these messages, one is convinced that they are general in nature, they do not in anyway target specific audiences. This is evident for instance in that Commercial Sex Workers are not at all for instance catered for. Likewise, the External Review report, did state that out of school youths, street children, Commercial Sex Workers, were most catered for in the current AIDS programmes. Therefore, any messages on AIDS should accommodate the various segments of the society. However, such risk groups should be enhanced. Take for instance, CSWs who in the evening are not at all in their homes but rather at work and spend the better part of the day sleeping. How does such a group get informed through radio information campaigns on this subject. These are some of the questions that need to be addressed by in any intervention strategies.

In order to curb the spread of the disease, some of the intervention programmes, should focus on the socioeconomic and political factors that contribute to the spread of the epidemic. Undoubtedly, women are most vulnerable to infection than men due to a number of factors some of which have been addressed in chapters two and three. Fieudenberg (1990) states that to enhance behaviour change people should be provided with the means to change behaviour.

To create high quality AIDS education programmes, without providing the people with the means to change their behaviour, is like building a house with no foundation: it will inevitably collapse (Fieudenberg, 1990:594).

The plight of the unemployed should be addressed. The hardships faced by school children from disadvantaged families who would rather use their bodies in order to get money for transport and food at school need to be taken care of. CSWs who would sleep with anyone in order to get the money to survive and feed their children need to be addressed. At the moment, the Swazi economy is on the verge of collapsing, meaning

all these factors.

The above factors can only be addressed by parliament. Therefore, there is need that the Minister of Health is made aware of these socio-economic, cultural and political factors which are drawing back any efforts to fight the spread of the disease, who in turn will put pressure to bear for laws which will be formulated to help curb the spread of the disease. With the prevailing status quo, it is highly unlikely that behaviour change can be attained by those at high risk as a result of these radio messages.

Several studies have been conducted world-wide which posit that radio messages do not at all change behaviour. However, there could be a problem with such studies in that they are in fact confirming that communication is a one-way process and not an interactive process. These studies I am convinced employed the linear models of communication (C-M-R) as their theoretical framework. This is in sharp contrast with the semiotic approach which advocates for a shift from communicator to reader. I am of the opinion that behaviour change is likely to take place with the use of the horizontal approach to communication. What has to be considered is that the media can alter behaviour depending on what the individual brings to the media. That is to say, there are various reasons why people use the radio. Some simply want to be entertained others, to be educated and informed. If some people do not alter behaviour as a consequence of these messages, other forms of communication should complement the radio information campaigns. For instance, interpersonal or group channels. Other considerations to be made include taking into considerations the culture and traditions of a people.

In designing intervention strategies in the area of population control in Swaziland, therefore, Swazi culture and traditions need to be taken into account. In addition, Swazi traditional institutions -for example, the Royal family- Tinkhudla (local administration should be taken into account when planning and executing information campaigns to change the reproductive behaviours of Swazis (Megwa, 1994:98).

Respondents, state that after hearing the AIDS information campaigns did change behaviour. Behaviour change from the mathematical theories, is difficult to attain in that the audience feel they have nothing to do with the messages. If the target audience, is not party to any form of information dissemination, they are likely to revolt and not engage in any form of introspection.

Towards a solution

'Culture' as both the meanings and values which arise amongst the distinctive social groups and classes, on the basis of their given historical conditions and relationships, through which they 'handle' and respond to the conditions of existence, as the lived traditions and practices, through which those 'understandings' are expressed and in which they are embodied (Hall, 1986:39).

Within each social group, there are different social ways of life, of understanding situations and of interpreting things even though the Swazi more or less share the same language, there should be qualitative research in the form of focus group discussions. These would encompass different groups which are homogenous in nature or rather share the same demographic characteristics.

would be to solicit views on how these messages g gathered the views from the various groups, it would be then that the messages are formulated as the groups had advocated for. Thereafter, these messages should be taken back to the people who advocated for that format to find out whether the messages meet their requirements. Again, is the people who would decide who to air these messages. It would only be after the approval of these groups that the messages can then be aired for their target audiences. These would be for each group at high risk. For instance, the youth, young men and women, school children, rural and urban dwellers alike etcetera as documented by Freimuth et al. (1990) that:

The most consistent advise for developing effective health messages is to target messages to specific groups in the audience rather than attempting to create messages appropriate for a diffuse general audience (Freimuth et al. 1990:776).

The above statement substantiates the argument that life experiences are not the same. Different classes and groups from the same cultural background, have different experiences which internalise into 'common sense'. As a result, they thus tend to 'see' life differently, though not always Tomaselli (1994). There are certain factors that need to be taken into consideration when formulating messages. For instance within a group, there are those who are educated and those who are not. Messages, especially in the rural areas, should also be disseminated through involve face-to-face communication because people in such areas are I believe more comfortable with this form of communication.

Content of information campaigns is of prime importance. Even though content has to be decided upon by the participants involved in the formulation, Freimuth et al. (1990) posits that this has come about as a result of the not having messages deal which address the issue as it is, that is explicit in nature. One problem though is the position advocated for by the traditionalists/conservatives. They would argue that there are certain subject matters and language that cannot be used on radio. Such therefore, will tend to restrict producers of these messages. This point is not however trying to advocate for the use of vulgar language on radio. The argument put forth is that there should be at least information campaigns that will hide the truth from the public.

The production of these messages by health practitioners has affected the interpretation by the target audience. This lends weight to semiotics that encoded meaning, is likely to produce a discrepant text. I therefore advocate for a shift in the production of the information campaigns. They should not only concentrate on the awareness stage but should also advocate for behaviour change. Messages should touch on how a condom is used for instance, and also promote abstinence. Again the issue of alcohol intake cannot be left unchecked especially among the youth.

In the Swazi context, Maseko & Mthembu (1994a), postulate that the level of knowledge on what causes transmission and prevention on AIDS is very low. Therefore, they recommended that the school health education should address these areas to equip pupils with knowledge on HIV/AIDS, "It is increasingly becoming evident that for AIDS education programmes to be effective, they must have schools as their locus and school children as their focus" (Jameson & Glover 1993:675).

This system should complement AIDS information campaigns on radio. While the radio could be effective on the one hand, there should be school education on HIV/AIDS. In Uganda, this arrangement has proven to be successful. AIDS education programmes should address a number of obstacles such as:

- I) the belief held by many that it cannot happen to me;
- II) resistance to change in patterns of behaviour;

hing (both literary and figuratively) the target

little time.

Indeed, school children, if the necessary precautions are not taken earnest are born to suffer as a consequence. Therefore, it is imperative that they are equipped with the necessary precautions to counter infection. Reports do state that there are a number of HIV positive students in schools and this number is increasing by the day. During the session with school children from Manzini Central High, the students did state that one of their problems with these messages was that they were formulated for sexually active people. I am sure that education in schools could help balance the problem and also empower the students.

The dissemination of information on radio by various organisations that are involved in trying to control the spread of the AIDS epidemic, seems to be confusing to most people. In construction of these messages, there is the Family Life Association of Swaziland, The AIDS Support Centre, HEU and SNAP. The professionals involved in the dissemination of these information campaigns, that is in the process of encoding, bring along their own meanings which are likely to have diverse interpretations by the audience. Whilst diversity is appreciated, there should in this case be some form of control at a particular point in the formulation and production of these messages. That being not the case, there is likelihood that the messages might produce various meanings to the different segments of the population.

There should be a rethinking of the composition of the IEC. This group is comprised of professionals. Professionals on have their discourse. The problem arises in that the coordinator of the IEC also responsible for the production of these messages therefore after having produced these messages, which still need approval of the IEC. I believe that the IEC should play a role of facilitator and the population decide what is ideal. The role of the IEC should be revisited as soon as the democratic mode of formulating these messages is adopted. The role played by the IEC therefore should change from that being approver of the messages and let the people be the approvers of their own messages.

The cultural negotiation, paradigm could be the most ideal in trying to solve the current problems regarding the dissemination of information on HIV/AIDS. What health professionals have to understand is that there is conflict between new culture they are advocating for and the way of life of the Swazi. Therefore, there has to be some form of negotiation between the health professionals and the people in society. 'Culture' and 'negotiation' are the foundation stones of discourse for systematically resolving civil conflicts (White 1994:6).

The dissemination of information on AIDS should be such that traditionalists, moderates and health professionals come together and form symbols that they shall all identify with. If there is no consensus then there is a likelihood that AIDS information campaigns will be disseminated now and again but the number of people infected will continue to be on the increase. What should be noted is that when people communicate, there is a likelihood that there is conflict, or cooperation or both (White 1994).

Conclusion

This paper was an attempt to try and find a solution to the problem of AIDS information campaigns on radio having no impact on the target audience. In the first chapter, emphasis was placed on a broad overview on AIDS worldwide and in particular, with

in trying to curb the spread of AIDS in Swaziland have initiative includes the use of the mass media to and thus reduce the risk of infection. Radio is the mass medium extensively used in conscientising people about HIV/AIDS.

In Chapter One therefore, the study also focused on factors that contribute to the spread of HIV/AIDS in Swaziland. Again, strategies for control are discussed including educating school children about HIV/AIDS, condom use promotion etcetera. Generally in the first chapter, the argument is that despite the efforts that have been initiated by SNAP in collaboration with NGOs to conscientise the public about HIV/AIDS, the epidemic is still on the increase. This argument takes into account the fact that some of the infections might have occurred prior to the mobilisation of the mass media.

The role that has been played by the media in conscientising the masses has also been dealt with. In Chapter Two, focus was placed on the role played by the mass media. The media at first blew the issue out of proportion and somersaulting thereafter, playing the role of educator. Information disseminated by the mass media following the discovery of the disease, led to the stigmatisation of certain groups in society such as homosexuals, CSWs etcetera.

The theoretical framework of the study is based on implicit semiotic and explicit participatory approaches. The argument is that the present system of disseminating HIV/AIDS information campaigns is outdated and cannot yield the desired results. Therefore, there should be a shift towards the participatory model of communication where people will be involved in the formulation of their own messages which they will identify with. Involvement, will ensure that the audience develop its own codes which will be encoded and decoded by them. In such a set up there are less chances of discrepant readings. Information encoded will be the life experiences of the target audience. Therefore, this paper sees the empowerment of the people at risk of infection.

The methodology applied was qualitative in nature, involving focus groups. Using this methodology was to try and have an insight into the problems that the people have with the present messages through the discussions. In this section, I deliberated upon the proceedings of the study and how the groups went about discussing the impact of the messages on them. In the last and final chapter, I assess the impact of these messages on the general public and how they should be formulated in the near future to enhance behaviour change.

All in all, my argument was that there should be a change in the formulation of the HIV/AIDS information campaigns. Participation is the key. Any intervention in future, should include the people in the planning, production and evaluation of these messages.

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