

**What can a Community Radio contribute to Health Promotion in response to a health crisis/the HIV/AIDS epidemic in Africa?**

Submitted By

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For the award of Master of Arts

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I hereby certify that this material which I now submit for assessment of the programme of study leading to the Masters of Arts is entirely my own work and that I have exercised reasonable care to ensure that the work is original and does not to the best of my knowledge breach any law of copyright and has not been taken from the work of others save and to the extent that some work has been cited and acknowledged within the text of my work.

Signed

*Miba*

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## **Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
CBO	Community Based Organization
DCU	Dublin City University
MDHS	Malawi Demographic & Health Surveys
FBO	Faith-Based Organization
FGD	Focus Group Discussion
HBC	Home-Based Care
HBCV	Home-Based Care Volunteer
IMF	International Monetary Fund
MNSO	Malawi National Statistics Office
MTCT	Mother-To-Child Transmission
MBC	Malawi Broadcasting Corporation
NAC	National AIDS Commission
PLHA	Person Living With HIV/ AIDS
T/A	Traditional Authority
TB	Tuberculosis
UNAIDS	United Nations AIDS Office
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund

UNIMA      University of Malawi  
VCT        Voluntary Counseling and Testing  
ART        Antiretroviral Therapy

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## **Abstract**

This thesis argues that a community radio station can have a complementary role in encouraging people to go for health services in a community that is plagued by a health crisis. There is evidence that the Mzimba Radio Station has managed to encourage people to go for voluntary counseling and testing, condom use, antenatal clinics, among others, because of the utilization of the journalism of attachment.

A total of 600 people were interviewed from five different constituencies in the district to gauge the extent at which they use the health services. The interviews with people show that the Mzimba community radio has contributed to the increase in the number of people attending the health services.

Qualitative methods such as focus group discussions, interviews and questionnaires were used to get this information from people. In these interviews, it was revealed that people use the two flow model of communication in addition to the traditional one flow model of communication.

Of much interest is the fact that the Mzimba community has been using Bandura's Social Cognitive Theory for many generations and this is mirrored in interviews by people in the community in chapter five as people change behavior by observing what others are doing and later copying.

UNICEF estimates that one million people are living with the HIV/AIDS in Malawi, and 58 percent of them are girls and women, one of the highest in the world (UNICEF, 2015). In addition to this, World Bank figures indicate that over half of the population were living in poverty in 2010 and 2011 with one-quarter living in extreme poverty and hence unable to buy food making the HIV/AIDS crisis worse (World Bank, 2015).

## **Chapter One: (a) Introduction**

Research Question: What can a community radio contribute to health promotion in response to a health crisis/the AIDS epidemic in Africa?

Malawi is one of the unique countries in Africa because it has a diverse of people that have different beliefs and traditions. It has several tribes, but the Tumbuka and the Ngoni in the north, the Chewa and the Ngoni in the central region and the Yao in the South are bigger groups than other tribes (Lamba, 2010). The northern part of Malawi follows the patrilineal system and a woman moves to live with a man in marriage while the central and southern regions follow the matrilineal system whereby a man moves to the woman's village in a marriage (Banda, 2012). These systems have a direct and indirect bearing on violence against women and children.

The 2008 Malawi population census results showed that Malawi has 13,077,160 people with 6,718,227 females and 6,358,933 males. The North had a population of 1,708,930 the center with 5,510,195 and Southern Region of the country had 5,858,035 people (NSO, 2008).

The Ngoni of Malawi, Zambia and Tanzania have the same origins. They are both descendants of Zwangedaba, who run away from Tchaka in the present day South Africa (Stokes, Brown, 1966pp 302-305). After Zwangendaba's death in Ufipaland in Tanzania, his group divided up. Some went to Zambia; others remained in Tanzania and others went to Malawi. However, during the celebrations the three countries do it together. In Malawi, they have Umtheto (Nkhata, 2012). The same ceremony is called Nc'wala in Zambia (Chanda, 2014).

The Ngoni people of Malawi, Zambia, and Tanzania share some characteristics with some tribes in Southern Africa. They share the same linguistics features with the Swati of Swaziland, The Zulu of South Africa, the Xhosa of South Africa, and the Ndebele of Zimbabwe (Mithi, 1996 in Phiri and Ebner 1955 et. al). A combination of the Ngoni in all these countries mentioned makes them a great tribe.

This thesis is focusing on the Ngoni people found in Northern Malawi in a district called Mzimba. This Ngoni group has continued practicing their traditional beliefs and traditions. Some traditional beliefs are good while others are bad. While it is suggested that some traditional beliefs are useful and by any measure productive for promoting effective strategies for thinking

and behavior, by any measure others are effectively dangerous and act as a catalyst to HIV/AIDS. Good traditional beliefs include care for the orphans, being respectful and hard working, taking into account the responsibility to young men to protect girls, giving to others who do not have material wealth and also to strangers. There are also harmful traditional beliefs that include the custom of women inheritance, polygamy, early marriages for girls and a general lack of respect for women (Read, 1938, pp.4-20).

The Mzimba community radio station is advocating for the retention of what can be described as good traditional practices and removing the harmful traditional practices that are contributing to the spread of HIV/AIDS

The ‘journalism of attachment’ or ‘activism journalism’ is a tool that is used to deliver these health messages. It is like a vehicle carrying goods. In this case, activism journalism is like the vehicle carrying goods while health messages are the goods.

This study will look in detail at how the community is using the two-step flow model of communication, one step flow model of communication, health communication and Bandura Social Cognitive Theory in removing harmful cultural practices among the people and advocating for the retention of good traditional practices. It is also looking at how the community radio is using the journalism of attachment to encourage people to go for blood screening, antenatal services, and condom use, among others.

It is necessary to explain these terms because they will be used in most parts of this thesis. They play a pivotal role in the social change among the Mzimba community.

‘Journalism of Attachment’ is a type communication that regards journalists covering conflicts as participants out of morality and concern for other human beings (Ruigrok, 2005). It is a type of journalism that enables a reporter not only to be an observer in war but a player in it. Roy Greenslade describes Marie Colvin, one of the advocates of the journalism of attachment:

... Marie sometimes did more than merely write. In 1999, in East Timor, she was credited with saving the lives of 1,500 women and children besieged in a compound by Indonesian-backed forces. She refused to leave them, waving goodbye to 22 journalist colleagues as she stayed on with an unarmed UN force to help highlight their plight by reporting to the world, in her paper, and on global television. This publicity won the day when all women and children were set free (Greenslade, 2012 page 1).

A story of The Danish Cheminova debates in 1997 and again in 2006 in the Netherlands served as an example of how the journalism of attachment can save lives of people in a community (Olesen, 1997, 2006).

Many people saw this Cheminova documentary on television stations, and it started a moral debate. It was legal to export the pesticides from the Netherlands to Guatemala and Nicaragua, and there were no restrictions to that effect. However, the documentary sparked an intensive debate on the safety of human beings who had no proper knowledge about the pesticides and hence did not have protection. After this broadcast and with the coordination of the media, politicians, civil society organizations, among others, contributed to a heated public debate about the company and the responsibility for it. The company came up with some concessions (Olesen, 2006, p.246). The Journalism of Attachment won in the end.

Just like the Cheminova documentary above, the Mzimba community radio debates issues concerning women and children. It advocates for the independence of the women in the Mzimba community by encouraging them to look for loans to support themselves other than relying on men. In addition to engaging people in discussions, it also helps girls that went in prostitution and abandoned their education to go back to school. In the discussions that ensue, people advise girls that drop out to go to non-governmental organizations such as Plan Malawi and the Ministry of Social Welfare services.

This kind of journalism also gives prominent publicity to judgment of cases, especially convictions of people who abuse women and children to deter others intending to commit similar offenses.

However, O'Neill (2012) does not agree with this type of journalism at Mzimba community radio. He is of the opinion that journalists would be considered as combatants if they allow themselves to become moral fighters, or when they start crusading against evil and in danger of losing their 'impartiality' and 'objectivity'.

It should be pointed out that Martin Bell was frustrated by the killings of people in Bosnia and realized that it does not help to be neutral when people are dying. He called it a journalism that cares (Ruigrok, 2013).

In Mzimba community radio, it is taking the same approach. Its aim is to care for those that have been infected by HIV/AIDS as well as to protect those that have not been infected. The reports

are however somewhat one sided. They do not tell people the side -effects of antiviral drugs to avoid people shunning the services that would eventually lead to a higher death rate. Family planning methods too have side effects, but people are only encouraged to use family planning methods to maintain a constant population growth. Privacy in the screening of blood is also not guaranteed and not discussed. This type of reporting therefore qualifies to be a journalism of attachment because it is one sided. Journalism of Attachment or activism journalism with its criticisms is discussed more in the literature later.

Bandura Social Cognitive Theory, on the other hand, is a type of theory that demonstrates that social behavior is easily acquired by the use of observation as well as imitation (Bandura, 1961).

According to Macleod (2011, pages 1-4)

. ....the researchers pre-tested the children for how aggressive they were by observing the children in the nursery and judged their aggressive behavior on four 5 point rating scales. It was then possible to match the children in each group so that they had similar levels of aggression in their everyday behavior. Fifty-one children were rated by two observers independently and their ratings compared. These ratings showed a very high-reliability correlation( $r=0.89$  that suggested that observers had good agreement about the behavior of children.

This keen observation and listening- are very instrumental in some cultures as this is used to learn some cultural tasks practiced and passed from one generation to the other (Rogoff, 2013).

The Bandura social cognitive theory is privileged in this study because this theory is at the helm of the Ngoni people. The children study the way their parents spell some words. Children also observe how elders greet and later copy. There are some chores in the Ngoni culture which qualify someone to be an adult if they are done correctly. All these are learned through observation. These include how to make a hut, how to make a kraal, how to build a barn for storing crops, among others. Children observe the techniques used in making barns and copy them. Unless these chores are copied and done through observation, the boys cannot graduate into adulthood.

To sum it all, the war dance that is a symbol of the Ngoni culture called Ingoma is learned through observation. They observe how the elders dance, how they handle the assegai, how they handle the shield (commonly known as Chishango), how they move steps and how they shout. A true Ngoni is supposed to know this war dance because it was sung when soldiers were coming from war after defeating their enemies. Learning is therefore through observation and then copying.

The same applies to the girls. A number of chores are learned through observation and later copying. These include how to make clay pots, how to greet by bowing when they meet elders, how to cook various foods, and how to dance during various occasions. These activities are learned through observation before copying them (Read, 1938, pp4-20).

Bandura Social Cognitive Theory is therefore at the heart of the Ngoni people hence the privilege.

A detailed account of Bandura Social Cognitive Theory will be discussed in the literature review later.

UNICEF estimates that one million people are living with the HIV/AIDS in Malawi, and 58 percent of them are girls and women, one of the highest in the world (UNICEF, 2015). Malawi has been using a one-step flow model of communication that is from the public broadcaster, Malawi Broadcasting Corporation, to the audience. It may be one of the variables contributing to the HIV/IDS crisis because the survey results in chapter five show that people prefer the two step level of communication.

The one -step flow model of communication is the type of communication channel that sends messages directly to individuals where the opinion leaders are more likely to reinforce opinions other than to reframe them.

It is this type of communication that Malawi has been using for many years to relay HIV/AIDS messages. The presenters of HIV/AIDS messages were disseminating information to millions of Malawians assuming that they have understood the messages. It was a time when nobody questioned anything. If anyone else was seen or was heard warning people about the HIV/AIDS epidemic or was referring it to it as a community health threat, he or she faced the danger of ending up in prison and would stay there without any trial ( Muula, 2008).

However, as can be seen in the results of the study in chapter five, many people prefer the two-step flow model of communication. People do not trust the media because politicians used the media to oppress the people. This oppression is further explained later.

In the two-step flow model of communication, individuals may be influenced by each other more than from the media. In this communication channel, a small group of opinion leaders as

well as other people respected by the community act as intermediaries between the media and the community in general.

The results of the survey in chapter five show that people used the two-step flow model of communication (Lazarsfeld, Katz (1955) and Berelson, 1968) in addition to the one-step flow of communication. However, most people interviewed who were convinced to go for voluntary testing point to the two-step flow model of communication. In this two-step flow of communication, opinion leaders receive the news on HIV/AIDS and other life-threatening issues such as an outbreak of a disease in the area and pass it on to others. In other cases, an influential person in a village calls people for a meeting and informs others, in this case on HIV/AIDS issues and outbreak of life-threatening diseases reported by the Ministry of Health such as measles and cholera. In the one step flow of communication, they hear from the radio station and discuss via the community radio on issues affecting their lives. There is therefore interplay of these two models of communication, and they help each other. These two models are discussed later in chapter three.

In the Ngoni system in Mzimba where this study took place, the two-step flow model of communication is very vital. The Paramount Chief (known as Inkosi ya Makosi in Ngoni language) summons his chiefs and tells them the messages. These messages mainly target the community. They may include the outbreak of diseases, self-help work initiated by the Malawi Government, and other ceremonies such as the visit by the President of the country to the area. If messages come from the Paramount Chief, the messages have more impact and people take them seriously. It is because the chief gives instructions on what to do about the message. There is therefore power in the two model flow of communication in the area ((Read, 1971, p. 346-347).

Read (1936 p.463) writing in her book Tradition and Prestige among the Ngoni also wrote about the hierarchy of the Ngoni and these were her views:

They point out their ..... Political organization under the paramount chief with his hierarchy of a makosana(chiefs), abalumuzana( sub-chiefs), izinduna(advisers), amaxusa etc., the system of courts again with hierarchy, with the laws administered by them, their village organization that preserve the division into izigawa

The Chiefs, who are subordinates of the Paramount Chief, eventually summon sub-chiefs in turn and tell them the same messages that in turn summon village headmen and group village

headmen. The Chiefs tell the subjects why such messages are important and must be adhered to as they come from the Paramount Chief (Read, 1971, p. 346-347). This shows the power of the two-step flow model of communication in the Ngoni culture. After all, the Chiefs wield a lot of power because they control land, and they judge small cases at the village level. So people still give them respect. So when messages come from the community radio and are discussed at village level headed by Chiefs or village headmen and people hear from them, the messages are taken very seriously. The communication channels are discussed later in chapter three.

Broadcasting is, therefore, a life blood in this community because many people hear message within a short period. In Malawi, broadcasting is tainted with a past of oppression and intimidation right from the colonial days when the colonial office in Salisbury used the radio to disseminate colonial information in addition to messages on agriculture and health. This mistrust of the radio continued after independence because the first President of Malawi Dr. Kamuzu Banda used the radio to fight his opponents. There was no freedom of expression or speech, and many journalists were arrested during that time. Paul Sturges from Loughborough University describes this situation:

....The 1965 Public Security Regulations made it an offense, punishable by up to five years imprisonment to publish anything likely 'to undermine the authority of, or public confidence in, the government'. From 1973, life imprisonment was the penalty for sending 'false information' out of the country, and the president had personal powers to detain people without charge under the 1965 Regulations. The Censorship and Control of Entertainment Act of 1968 established a Censorship Board, which prohibited works on various grounds, including 'the interests of public safety or public order. Under this system, the press was strictly controlled, and journalists were regularly detained without charge for alleged offenses. There were only two newspapers published in the country, The Daily Times and Malawi News, both of which were government owned, as was the Malawi News Agency (MANA). Interestingly enough, the company through which Banda managed his financial dealings in Malawi was called Press Holdings. The radio service of the Malawi Broadcasting Corporation was likewise a channel for the government's version of information, and there was no television service (Sturges, 1998, pages 185-201).

Donald McNeil, a New York Times reporter, describes Dr. Banda as a dictator and someone that did not want any opposition at all concurring with Sturges above. This is how he describes him:

....many regarded him as the father of their nation, the former British Nyasaland, a Pennsylvania-sized splinter of land between Zambia and Mozambique. But after a revolt within his cabinet, he declared himself President for Life in 1971 and said his opponents would become "food for crocodiles." Hundreds were killed, tortured or forced into exile -- and yet Malawi, which describes itself in tourist brochures as "the warm heart of Africa," managed to keep its reputation among Africans as a pocket of gentle-spirited people (McNeil, 1997, page 1).

Broadcasting content and its nature, a local analysis of the region as well as ethnographic related to broadcasting is discussed more on page 47 in the literature review.



The research question is, what can a community radio contribute to health promotion in response to a health crisis/the AIDS epidemic in Africa? This question designed the type of methodology that was used. In this case, the qualitative method was used, and it included interviews, questionnaires and focus group discussions. This method was also used for the second research question (what type of communication channel is liked by the Mzimba community).

The study's third Research question is, what are the solutions people are trying to bring to combat HIV/AIDS in their areas? Voices of people can lead to the radical policy changes of the health sector to accommodate the needs and aspiration of the rural masses that do not have voice. The thesis will be online, and policy makers will be interested to read what people at grassroots are saying so that they accommodate them in the quarterly policy reviews. When people have contributed to solving a problem, they own the solution. In this way, they can voluntarily participate because they feel they are part of a solution (Devas and Grant, 2003 p.309). This methodology was used for the first, second and the third research question.

People have been interviewed to find out their views. These views are contained in the theme number two titled 'solution to the problem of HIV/AIDS'. Some people interviewed lamented that they are not consulted on the way forward in the HIV/AIDS campaign meetings.

Five constituencies that are near the community radio station were chosen. These are the constituencies where reception of the radio is good. In the five constituencies, five areas were selected, and each area represented 120 people. This means a total of 600 people were chosen for this survey representing approximately 30,000 people living in the five areas (MEC, 2014).

Figures were also taken from the Mzimba district hospital to establish if they reflected results of the survey, just to ascertain if people were influenced by the community radio as the study reveals. At The Mzimba District Hospital, the figures before the activism journalism in 2010 were recorded, and these were compared with the data in 2012, two years after this program started. Progress was shown because in 2012 more people visited the voluntary testing centers, more went for antiretroviral drugs, more went for antenatal clinics, and more went to get condoms, exactly the same way the interviews revealed. There is a detailed discussion on this one in chapter five of this thesis (the preliminary findings and analysis).

There is also the interplay between health communications, Bandura Social Cognitive Theory, the two-step flow model of the communication channel and the one step flow of communication channel. In Malawi, approximately one million people are living with the HIV/AIDS virus in a population of 13 million people (UNAIDS, 2013). In areas where there is the poor road network, people are unable to travel with chronically ill patients regularly to the hospitals, so the reliable source of information on health issues is the radio station. Community caregivers who are also known as home based care givers (HBCG), have enormous tasks in the communities where there are sick people and some of these tasks include nursing the sick, providing treatment, as well as monitoring that patients are taking the right doses (Masanjala and Kajumi, 2013). These volunteers then train family members how to care for the chronically HIV/AIDS patients, and they advise these guardians to observe how they (the volunteers) handle the patients so that it should be part of the tradition of good proper care. The community care givers demonstrate how to cook food for the patient, how to make the bed for the patient, how to clothe the sick person and what to do in any case of any signs in the home based care (HBC). When these volunteers go away, senior family members do the chores while other family members observe. It has therefore become a tradition of observing and doing (Bandura Social cognitive theory. As for the two flow model of communication, the volunteers hear from the radio and the Ministry of Health and advise guardians what to do. Even if they hear from the radio, some still wait to hear what the volunteer would say. Others rely on the radio, and they start doing what they are advised, especially those that do not have volunteers in their areas. Health communication on radio stations has therefore become the lifeblood of people in rural areas who stay very far from the hospitals.

People in Mzimba are Ngoni by tribe, and they originally came from South Africa (Kishindo, 2002). These teach and mentor their children by observation. The children observe what their elders do like their Ngoni dance, their greeting and how to do some household chores, how to welcome visitors and how to cook some foods (Read, 1938, pp.9-11). These have been passed on for generations. In this way, the Bandura Social cognitive theory is at the heart of the culture of the people where the survey took place.

The Bandura social cognitive theory has therefore been part of this tradition centuries and is used for mentoring children and training them to take responsibilities in life (Read, 1938, pp 9-11).

There is coordination in this thesis. Some concepts found in literature review are also found in the preliminary findings and discussions, the theoretical framework as well as in design and methodology.

Lastly, the results of this research will contribute to the growth of knowledge on journalism of attachment in the promotion of health issues in the University of Malawi and other institutions.

In the University of Malawi, other research students will study more on areas for further research. The research in libraries at the University of Malawi shows that only three researchers have so far done an extensive study on community radio. Hence, this study will add knowledge in addition to what they know about the operations of a community radio station.

In Malawi, the results of this research will be shared with members of the National Media Institute for Southern Africa. It will also be shared with Nyika media club in northern Malawi, Bwaila media club in central Malawi and Kabula media club in the southern Malawi.

Rhodes University in Grahamstown in South Africa has an annual event for journalists from all over the world. It is called High Way Africa. During this event, thousands of journalists gather to discuss issues affecting their jobs and share knowledge on any recent innovation in the media. I have started discussing with the coordinators of the event to find a way of sharing some knowledge, especially the two-level step of communication that I feel can also help communities around the world.

In addition to this, this thesis will be on DCU website and will be accessed by many scholars all over the world. Just like the Mzimba community radio in northern Malawi which is using activism that was used in a war in Bosnia, the knowledge of the operations of this radio can be used in another part of the world. In this way, this study will benefit another community in another part of the world.

Before discussing more on communication channels, there is the need to know the problem better. I will, therefore, explain why we have the HIV/AIDS crisis in Malawi through a project that was implemented and became failure.

## **1(b) Background of HIV/AIDS in Malawi**

This background gives a picture why there is the HIV/AIDS crisis. An earlier project in Malawi and Botswana has been used to illustrate this point. It also points out that the contributing factor to HIV/AIDS IN Malawi is as a result of using a one-step model of communication that could not entrench the opinion that HIV/AIDS is a dangerous disease.

As a way of reducing the high infection rate of HIV/AIDS in the 1990s, the Malawi Ministry of health came up with a communication strategy targeting the reduction in of sexual partners. It was also targeting better diagnosis, wooing people to use condoms, and informing people to visit hospitals if they contact STIS, among others (McAuliffe, Ntata 1994, Kalipeni 1996, p.5).

To this effect, The Malawi Government came up with a comprehensive social marketing tool to ensure more distribution of condoms. These marketing tools are documented in the Five Year Medium Term Plan for the Prevention and Control of AIDS in Malawi (1989–1993:3, Malawi National AIDS Control Program, and Medium Term Plan II (1994– 1998: 10).

The programs above were geared in the empowering the works of the Health Education Unit of the Ministry of Health. The activities in this ambitious programs included health communication programs, the creation of a band to sing health songs, the creation of a drama group that would be performing in meetings and teaching students in primary as well as secondary schools about HIV/AIDS (Malawi National AIDS Control Program 1989, 1994:3). Those deemed as high-risk groups such as bar girls, and truck drivers were followed and taught (Malawi National AIDS Control Program 1989, 1994p.3).

The research findings were alarming because the target audience showed they were knowledgeable about the pandemic. However, very few used condoms and among the reasons included lack of comfort when using condoms, shy to purchase as well as previous occasions when the condom was used did not result in sickness or ill health (McAuliffe, Ntata 1994, Kalipeni 1996, p.5).

This campaign could have been successful if the organization used the two-step flow model of communication in all the areas. This two-step flow model of communication with use of opinion leaders and village heads mentor and convinces others that the idea is a good one. The negative effects on condoms could have come out clearly within the project time giving the organizers enough time to implement feedback from the community.

In Botswana, at that time when HIV/AIDS was little known, the people found it very difficult to believe there was this pandemic. People did not believe in Botswana that there was HIV/AIDS. At that time, there was simply no evidence that there was this disease. The general population in Botswana started calling the disease 'a radio disease' because the radio was the only channel of communication used in spreading the messages, meaning that people were only hearing it from the radio station and not chiefs or opinion leaders. Because of this, many people started dying of this pandemic but that did not stop people calling it 'a radio disease' (Heald S., 2006, p.33).

The preliminary findings and discussion of this study in Chapter five also reveal the same pattern in Malawi. Some people used to call HIV/AIDS a 'government disease'(matenda gha boma in vernacular Tumbuka language used in the district) because people heard it from the public broadcaster, Malawi Broadcasting Corporation, and there was no one to explain to them about the disease.

As a result of the above factors, the HIV/AIDS pandemic claimed more lives as the prevalence rate rose to 30% in 1998 from the recorded 2.6% in 1986. To make things worse for Malawi, the national adult prevalence of people between 15years to 49 years was at 15%, which saw over 740,000 adults living with HIV/AIDS NAC (2001p. 11).

The civil service was the most affected as between 1990 and 2006 as it lost 1550 teachers (Ministries of Education) while the Ministry of Agriculture lost 2,275 officers. The Ministry of Health, which acted as a front office in dealing with the pandemic, lost 3,258 officers, and the Police service lost 2552 of its staff (NAF, 2010-2012, p. 12). The HIV/AIDS pandemic was a big blow to a third world country like Malawi, which struggled to train its civil servants.

The National Aids Commission (NAC) spent so much money but with fewer results during the same period. NAC spent more than MK40 billion (over \$222 million) since 2004 in the fight against HIV. MK5billion kwacha (\$28 million) was spent in 2010/2011 fiscal year, and almost

four billion kwacha (\$22million) was spent in the 2011/2012 fiscal year (NAC, 2012) but with not impressive results as the prevalence rate was still high (10.80%).

Although there have been efforts to contain the pandemic since 1985, the prevalence rate has been increasing at an alarming rate as more people have been infected (NAF, 2012, p.11) as NAF reports:

...Since then HIV prevalence increased significantly among persons aged 15-49 as it rose to 16.2% in 1999, before coming down and stabilizing at around 12% from 2005 onwards. HIV prevalence among sexually active adults is higher among females at (13%) than males (10%). These rates translate into 800,000 to 1,000,000 Malawians living with HIV, including 100,000 children of less than 15 years.

As stated above, it is now acknowledged through the study in chapter five that a two-step flow channel of communication has more impact on the society than the one model flow channel of communication. As the news of HIV/AIDS and other pandemic diseases passes through community leaders and opinion leaders, it becomes very powerful as stated above in the Ngoni culture of Mzimba.

It is therefore not surprising that activism journalism is succeeding in Mzimba society to encourage people to go for testing and counseling in clinics that have been opened by the Malawi Government as evidenced in the survey in chapter five.

Health communication has been at the centre of the fight against HIV/AIDS in a community radio as it helps people unable to have access to a medical doctor to get advice on health issues. The next chapter starts with health communication.

## **Chapter two: Literature Review**

HIV/AIDS has become a serious crisis as it threatens to wipe out decades of development gains in the world's poorer countries in the Sub-Saharan Africa. The average life expectancy that would have been 62 years without AIDS is now at 47 years (Campbell (2003 p.4).

In response to the escalating threat of HIV/AIDS, several large-scale campaigns have been launched in many parts of the world. However, Parker (2006) and Swanepoel (2005, cited in Uwa, 2013) describes this as a cause for concern because many of these health campaigns have proved unsuccessful in trying to address the desirable behavioral change required. But what is health communication? How can health communication change the health paradigm for the benefit of people with the use of activism journalism? The next chapter answers these questions.

### **2(a) Health Communication**

Health communication is the study of communication strategies that are used to inform as well as influence individual decisions that can enhance the health status of a person (CDC, 2011).

Kreps (2003) defines health communication as a valid tool that facilitates health messages (which include but not limited to prevention and awareness) for educational purposes with an aim of avoiding ill health.

In health promotion, communication has a pivotal role to ensure that people live healthy lives. However, this only comes to fruition when people start adhering to the advice of health professionals (Corcoran, 2012).

Communication is part of the human nature as it plays an integral role in relaying information as it signifies our symbolic capability. In addition to this, it also fulfils a ritualistic function, the one that reflects so much of the humans as members of a social grouping, among others. In this context, communication can be defined as the symbolic exchange of shared meaning (Rimal and Lapinski, 2009).

Health communication plays a crucial role in health literacy as it advises people what to do in times of some signs and symptoms in their bodies. Health communication is, therefore, crucial in countries where there are lacking enough health personnel.

Limited health literacy often results in less participation in health activities. This can lead to the lack of disease identification, habits that risk health such as such heavy smoking, more work accidents as a result of failure to adhere to precautionary measures. In addition to this it can also lead to the lack of proper management of chronic diseases in such diseases such as such as diabetes, HIV infection, asthma, among others (WHO, 2013).

The observation of Corcoran (2012) and findings of World Health Organization (2013) above agree with a study that was conducted in Brazil. The study showed that a community radio station can exert an educational impact in the community especially in warning of health risks in an efficient and democratic way. People through the community radio interact with the broadcaster, giving the message a new meaning based on experiences of local, social, cultural issues in the community (Neto and Pinheiro, 2013).

The aim of this study was to find out links between health professionals, listeners/users and popular communicators. The field of this study was a radio program about health, Bloco Mulher Saúde, broadcast by the Rádio Comunidade FM 104, 9 in Nova Friburgo, State of Rio de Janeiro

These findings were confirmed in another study which was done in Northern Region of Ghana, which established the achievement of Simli Radio in creating awareness and knowledge regarding solutions to the community problems. These ranged from good hygienic practices and sanitation, agriculture production as well as how best to govern, among others (Al-hassan S., Andani A., Malik A.A., 2011).

These two studies, however, do not reveal the communication channels the people were using to get convinced to use the methods the community radio station was advocating. Was it using the two-step model flow way model of communication or the one-step model of communication only? Communication channels used are very vital as other people in another part of the world copy and use the knowledge where there can be a similar problem.

Although the studies are not explicit on communication channels used, they, however, show that health science communication, whereby ‘activism journalism’ advocates for personal hygiene and give proper advice on medication, can save lives of so many people.



The study in Brazil is implemented in Malawi. On Malawi Broadcasting Corporation radio, there is a program called ' Dokotala WA pa wailesi (A radio Doctor) (MBC, 2015) which communicates health science and the target is normally those that look after patients under home based care. They normally invite an expert from any hospital in Malawi to talk about any area of health and later invite questions from the public. On some days, there are programs like good morning Malawi, a program that comes after they open the radio station at 6 a.m.

The only problem is accessibility because lines are always congested since the whole country of 13 million people listens and some phone the presenters. It is different from a community Radio station that has few people. These people can easily phone the doctor or just come in person.

In Tanzania, such activism program is called entertainment education. It means a way of designing as well as putting to use a program that is entertaining with a basic aim of improving the audience knowledge about problems in a society, create a better environment that would eventually facilitate a behavioral change of a community (Vaughan and Rodgers et al. (2000).

In Tanzania, an experiment was conducted to measure the effects of an educational program. This was done on a program which is commonly called Twende a Wakati in Swahili language (This means in English lets go with the times. It wanted to measure knowledge, attitudes, and adoption of human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). It showed that

.....there is a reduction in the number of sexual partners by both men and women and increased condom adoption. The radio soap opera influenced perception of risk of contracting HIV/AIDS, self-efficacy on preventing HIV/AIDS, interpersonal communication about HIV/AIDS, and identification, and role modeling of the primary characters in the radio soap opera (Vaughan W.P., Rodgers E.M. et al. (2000, pages 81-100).

This is enough testimony that a radio station can be able to achieve good results. This becomes better if it is a community radio station that is owned by the community and within reach of the community.

Just like in Tanzania, Mzimba community Radio Station health communication program is recording success as evidenced by a recent survey (found in chapter five). Of much interest is the music program that attracts a lot of young people. In most instances, health promotion is done at this time when most young people are listening to the music.

In this way, while the show is on, and people are enjoying the music, someone comes in or the presenter chips in HIV/AIDS messages. They normally focus on advising people to use condoms and that HIV/AIDS has no cure. They add that once they get the disease they will have to be in treatment the rest of their lives.

This is reflected in the survey that is documented in the preliminary findings and discussion of this thesis. Most young men that were interviewed mentioned that they heard the messages while enjoying music on the community radio.

It is in this context that talk shows, especially those that are seasoned with HIV/AIDS messages, have the bigger impact than just mere messages on HIV/AIDS as evidenced by the survey.

Radio program have shown an impact in Nigeria where a radio station invites a medical doctor to talk about HIV/AIDS and care. The radio producer/presenters would normally invite a respected local medical doctor and another community Volunteer in Public Health to answer questions and facilitate discussions related to HIV/AIDS and care for the patients, among others (Academia, 2015).

The radio can then be complemented by the two-step flow model of communication in the dissemination of information to people, especially those who live in areas that are impassable during the rainy season.

For Malawi where there is very few qualified health personnel for the high quality of delivery of health services, the importance of Health literacy through a community radio station is therefore very important.

An Irish researcher, Siobhán O'Connor (Siliconrepublic, 2014) deemed it necessary to train the staff working in rural clinics in Malawi after getting inspiration from Dr Joe Gallagher, an Irish doctor, had this to say about Malawi:

In Malawi, the HIV/AIDS prevalence is currently at 10.8 % (UNAIDS, 2013) which is one of the highest in the world. The problem is compounded by a lack of enough medical personnel as well as enough drugs as observed above.

In such a health crisis, a community radio station that can competently handle activism health communication is paramount as it can be able to train volunteer and other health service providers on how best to administer medication and care for the patients. Health experts can then be delivering these messages on scheduled visits to the community radio.

In a community like Mzimba, district health literacy is, therefore, a life blood as hospitals are far, and people only rely on health communication for prevention and control of diseases. Better program on the community radio should, therefore, be geared at ensuring that people are properly educated using activism journalism, commonly known as a journalism of attachment. But what is activism journalism and how does it fit in creating new culture in transforming a community in fighting diseases? The next chapter will answer these questions.

### **(b) 'Journalism of Attachment' or 'Activism Journalism'**

There are three metaphors of the media role. The first metaphor is the mirror where the community sees itself and corrects itself, secondly is the watchdog task which starts to bark to make noise when leaders in power become corrupt, and the last one is the marketplace of ideas where even the oppressed and the less privileged get a hearing (Craft and Davis, 2013).

In fulfilling these tasks above, the media has played a pivotal role in safeguarding the rights of individuals and at the same time exposing human rights violations. The media is a platform for different kind of views. For its credibility, the media has used neutrality (Council of Europe, 2011).

But Rosen (1999) urges that it does not make sense to advocate for neutrality that would translate into empty streets without people, ignoring the very people in times of need that make the newspapers survive.

For decades, the system of journalism has practiced fairness, balance as well as detachment as the foundations of benchmarks for any news organization, be it a radio station, newspaper, news that is web based or television station, among others (Meyer 1994). This has been the traditional work of the mass media in Western democracies as they safeguard freedoms of the people (Humphreys, 1996).

But are we going to be neutral when other people die with diseases human nature can ably prevent? Sharing the same thoughts Dewey (1927) cited in Rosen 1999, p.1) shared these thoughts and he said:

...the newspaper must see that its health is dependent on the health of dozens of other agencies that pull people out of their private worlds. Empty streets are bad for editors, despite the wealth of crime news they may generate. The emptier the streets, the emptier the newspaper, will seem to readers barricaded in their private homes....

Dewey, therefore, shares the ideals of activism journalism. In short, activism journalism tries to inform the public the other part of the untold story, a story that is different from what the traditional mass media presents. It is a type of journalism that always stands with the people and does not stand neutral while other people are suffering (Ruigrok, 2013, p. 86).

A story of The Danish Cheminova debates in 1997 and 2006 discussed in the introduction illustrate journalism of attachment can help fight a common cause (Olesen T., 1997, 2006, page 1)

Over the years with more people having access to the Internet, journalism of attachment has emerged and is changing journalism dimension of newspapers, television stations, and the web as well as radio stations. Columns in the newspapers have developed whereby people advocate for a common good. Activists have also been given platforms in the television and radio stations.

The journalism of attachment makes an effort to provide a side of a story that is disregarded or snubbed by the media, a story that is unusual but distinct from what the mass media presents in most instances. It is a type of journalism that mobilizes people to take an urgent action for an undertaking (Kawamoto, p.115).

This is the kind of journalism sometimes also called biased journalism. It is this type of journalism that takes care of other people (Martin, 1998 in Ruigrok, 2013, p.86). It is also a type of journalism that does not stand neutral in the event of a dangerous situation, a disaster, and outbreak of an ethnic war or when a community needs an immediate solution to any problem. In the war in Bosnia, some journalists practiced this type of journalism and rejected the aspect of neutrality, one of the cornerstones of journalism. This was done to save lives of people and property. It is a type of journalism that makes journalists get involved in any situation, and they stop just being observers (Ruigrok, 2013 p.86).

NikGowing (1997, pp. 25-26) urges that write ups from journalists in the Bosnian war showed that journalists sided with the Bosnian Muslims who were being killed during the civil war and demonized the Serbs as aggressors.

The activism of attachment was a lesson to other journalists. In Kosovo, for example, the media used the term 'ethnic cleansing,' a word that was used mostly in the Serbo-Croat military vocabulary. The same word was later on adopted by the western diplomats to give a picture of the brutal as well as barbaric acts of the Serbs against the Bosnian Muslims (Ruigrok, 2001 p. 86).

The war on terror is also structured on journalism of attachment. It demonizes the terrorists as causing havoc because of attacks that among others include suicide bombers. This war also looks at those who are fighting as justifiable, fighting a war to redeem the rights of humans from terrorists.

Surprisingly, The Islamic State of Iraq and Levant (ISIL), a terrorist group in Syria and Iraq, is also using activism journalism to recruit fighters as well as girls they want to marry. Most of the youths they have targeted have joined the terror organization. The terrorist organization writes very appealing stories in websites to entice the youth. Three girls from Britain are the latest victims (Hahn, 2015).

However, others have pointed out that journalism of attachment if abused can be disastrous as it waters down the journalism ethics. This ugly picture of the journalism of attachment is mirrored in the Rwandan Genocide.

The finding of the International Criminal Court, after hearing both sides of both the perpetrators and the victims of the Rwandan genocide that had its proceedings in Arusha, a town in Tanzania, in 2004 ruled that Radio Station Radio Milles Collines had contributed directly to the mass murder. The courts then found three managers of Radio Milles Collines guilty of genocide and hence were sentenced to lengthy incarceration ((Hoffman, Hawkins, 2015).

The Rwandan genocide was horrifying and traumatic because within 100 days an estimated 800 to one million Tutsis and moderate Hutus died in this genocide, and this radio was used to advocate the annihilation of the Tutsi tribe (SURF, 2011).

It is not therefore a surprise that Hume (1997: 4-8) calls journalists who practice this type of journalism as ‘combatants’ because they stop to be neutral and advocate for a cause, and in this Rwandan scenario, a bad cause.

However, Bell is adamant on this and calls neutral journalism as that type of journalism that makes journalists close their hearts to awful things happening and, therefore, has no pity (Ruigrok, 2013).

His sentiments agree with Rosen (1999) who urges that it does not make sense and hence does not help anybody to advocate for neutrality as well as the objectivity that would translate into empty streets without people.

The philosophy of Bell and Rosen has yielded fruits in Mzimba community. The results of the study in chapter five indicate that journalism of attachment has helped attendance in family planning clinics, and the number of people going for blood screening has increased. The hospital records also show more people opting for condoms.

There is the need, therefore, to know what qualifies this type of journalism in Mzimba to be a journalism of attachment. The next paragraphs explain more on this type of journalism.

### **Why it qualifies to be a journalism of attachment in Mzimba**

As stated above the community radio does not reveal the side effects of the antiretroviral drugs that HIV/AIDS positive people drink every day. Many HIV/AIDS patients cannot tolerate some of the toxic effects of the drugs. Failure to adhere to treatment instructions leads to resistance that needs a combination of new drugs. This is done to avoid discouraging people from going to the-the screening of blood (Harries, 2001).

In addition to this, some get medication and drink the full dosage but they still deteriorate and later die. Such type of information is not told to those who are on medication.

Some family planning methods too have so many side effects, but this is not emphasized. In addition to this, some clinics do not have enough rooms compromising the confidentiality of individuals. Confidentiality is therefore compromised, but the community radio never talks about it. What the community radio emphasizes much is the screening of blood and family planning. .

This compromises the ethics of journalism because people are just told to visit clinics without actually telling them that their privacy is not guaranteed. In other words, the reporting is not neutral hence called the journalism of attachment.

### **Criticism of Journalism of Attachment in Malawi**

Just like the criticisms above, the media in Malawi also criticizes this type of journalism as not following professional ethics. This type of journalism is mostly found in community radio stations as well as radio stations of religious organizations.

Malawi Communications Regulatory Authority (MACRA) has been warning radio stations to stick to these ethics or have their radios shut. In 2009 the Mzimba community, Radio was closed down by MACRA for violating broadcasting rules and regulations (MISA/IFEX, 2009).

Conscious that community radio reporters are volunteers, and some of them have not gone for formal training MACRA has been organizing training workshops to improve skills of these radio reporters and presenters from a community, religious as well as other radio stations (Tembo, 2014).

It is interesting to note that MACRA has never cautioned a radio station for advocating for good cause like advocating for blood screening and antiviral drugs even though the radio stations are not neutral in approach. This is because this type of journalism helps communities. David Pratt, (2014, page 1), Foreign Editor for the Herald Scotland had this to say about this:

.....the pertinent point is that emotive or "attached" reporting is fine provided it is for the right cause. The problem then is that the rights and wrongs of any cause differ among those audiences that consume news.

For the Journalism of Attachment to succeed, it uses the Bandura social learning theory. This Journalism of Attachment encourages observation and copying from people who have their blood screened or have visited family planning clinics.

The next chapter will, therefore, deal with Bandura's Social Cognitive Theory.

## **Bandura Social Cognitive Theory**

Bandura social learning theory states that children can learn social behavior through observation by watching the behavior of another person. Copying what other people are doing and later doing them is therefore at the helm of this theory (Bandura, 1977).

This is illustrated by the famous Bobo Doll experiment (Bandura, 1961, pages 1-4):

Individuals that are observed are called models. In society, children are surrounded by many influential models, such as parents within the family, characters on children's TV, friends within their peer group and teachers at school. These models provide examples of behavior to observe and imitate, e.g. masculine and feminine, pro and anti-social, etc.

Children pay attention to some of these people (models) and later encode their behavior. At a later time, they may imitate (i.e. copy) the behavior they have observed. They may do this regardless of whether the behavior is 'gender appropriate' or not, but there are some processes that make it more likely that a child will reproduce the behavior that its society deems.

Through this observation, the children start practicing what they have seen other people doing and, in the long run, it becomes part of their behavior. When they grow up and become adults and start working, observation forms part of skills transfer from people who start training them.

Observation learning, therefore, forms a major process in any job. People are asked to observe the way other people are doing tasks. They are later given an opportunity to practice the desired skills (Furnham, 2005).

However, some scholars have found out those children that have been exposed to television decreased violence than those who were not exposed at all. Feshback and Singer (1971, page 247) conducted a six-week study to find out violence among children. Juveniles were separated during this period, one group of adolescent boys' watched violent shows while another group watched non-violent shows. The results were contrary to those of Albert Bandura because they discovered that those juvenile boys that watched non-violent shows were more violent than those who watched violent shows.

This research also agrees with other studies by Schramm and Himmelweit who found out that television violence varies according to the personal and social characteristics of viewers. This means it is not automatic to be violent just because one has watched a violent film (Chandler, 2014).



Although Bandura has been criticized by other scholars, his observation fits so well with the learning process in Mzimba community. Right away from their origin home in South Africa before they run away from Tchaka king of the Zulus in the present day Durban( Thompson, 1981), the children n of the Ngonis learned through observation. This skills transfer through observation had been passed on from one generation to the other. This means before Bandura came up with this theory the Ngonis had already started learning through observation. This learning by observation is also mirrored in the results of the study in chapter five.

This theory is also in line with the journalism of attachment in Mzimba because the radio advocates for the observation of other people who have gone for the screening of their blood to know their status. The community radio asks people to copy by observing what television models, chiefs and prominent politicians are doing by ensuring that they screen their blood at clinics every few years or months (Chijioke Uwah, Ebewo, 2011, p.198).

Through such broadcasts, people can understand the importance of screening of blood and hence start doing it themselves.

Recently the Malawi Government launched the circumcision program to prevent HIV/AIDS. The World Bank last year funded Malawi's voluntary medical male circumcision program with an amount totaling to US 15 million ( Star, 2014) with an aim of enabling the Ministry of Health to roll out the program to some districts including Mzimba. The Ministry is using the media to reach out to people and in Mzimba it is using the Mzimba community radio. Through testimonies from those that have done circumcision, people are encouraged to go for these services.

It is important to discuss the work of community radio stations to appreciate what the people at Mzimba community radio are doing. The next chapter will therefore deal with the operations of the community radio stations.

### **(c) Community Radio Station**

Community Radio stations can be agents of change and can impact on the paradigm shift in the fight against HIV/AIDS as has been happening in India (UNESCO, India 2011, p.5).

What is a community radio station and how can journalist within it fight the HIV/AIDS pandemic for the community to be transformed? I shall first tackle the community radio station and later in the chapters the HIV/AIDS problem.

This study will, therefore, look at what research has found in the community radio as well as the study not conducted, what has worked and what has not worked.

However, there has to be a causal relationship between a community radio station(knowledge) and the people ( in this case, HIV/AIDS (Gerring 2001,ch 1-2) for a community radio to be seen as an embodiment of knowledge for the social as well as economic change (O'Brien and Gaynor 2012,p.1). This transformation only happens if a community works together.

UNESCO regards a community radio station in Africa as a hub that can empower the voiceless and a mouthpiece for those that are marginalized. It is an embodiment of democracy as it can ensure checks and balances of power in the community. The radio enables the voiceless to articulate facts on the community station (Fraser and Strada 2001, p. 6).

Myers (2000, p.90) describes a community radio station as type of broadcasting that is small in its scale but within reach of all people regardless of their status who participate in their programs and share the ownership of the community radio while Tabing (2002, p.11) describes it as a radio that is within reach of the community, intended to be used by the same people and tells the stories of the community.

In looking at a geographical area, it is also defined as a broadcasting facility that serves the interests of certain vicinity, broadcasting content that resonates with the aspirations of the people that may often be looked down by big media organizations such as the public radio or the commercial radio stations (Dwivedi, 2010, p.2).

Janwski (2003, p.8) thoroughly elaborates what a community radio is and what it does. He says;

....perhaps the most important characteristic is the overall objectives of these media: to provide news and information relevant to the needs of the community members, to engage these members in public discussion and to contribute to their social and political 'empowerment'. The ownership and control of community media are often shared by residents, municipal government and community-based organizations. The content is locally oriented and produced. The production of that content involves non-professionals and volunteers, distribution of the content may be via the ether, cable television infrastructures or electronic networks like the Internet. The audience of such media is predominantly situated within a relatively small, clearly defined geographic region, although some community networks attract largely and physically disperse audiences. Finally the financing of these media is essentially non-commercial, although the overall budget may involve corporate sponsorship, advertising and government subsidies.

However, findings in research in Ireland show that while in Ireland there are some agreements on some core functions of the community radio stations, some workers in some radio stations do not look at the community radios as areas where there is social as well as political empowerment. In addition to this, the outcome from the community radios is not recognized by the people as a benefit by the communities that are served by the stations. This is the case because, among others, of the;

.... policy framework, cultural traditions and training programs central to community radio in Ireland, the weakness of linkages between stations and community groups and the failure of the latter to understand the unique remit of the community (O'Brien and Niamh 2012 p. 2).

It should, however, be noted that these studies were conducted In Ireland and like many parts of Europe, people are more advanced technologically, and they rely on social media such as Face book and Twitter (Kemp, 2015) unlike in Africa where the social media is just developing.

However, O'Brien and Niamh(2012) agree with Janwski( 2003,p.8) above that a community radio has a different setting from a commercial or public radio in that it opens up the airwaves to all people in a community regardless of race, tribe, social class as well as dissenting views. It is also commonly owned by the community. In this way, it can democratize community public spheres by facilitating social economic as well as political change (O'Brien et al. 2012).

Another study that concurs with O'Brien findings was conducted by Rosemary Day in Ireland on community participation in 2003, nine years earlier than the other study above. The aim of the

research was to assess how the community radio stations try to build communities within their sphere as they promote the multi-flow of communication which eventually leads to participation (Day 2003, p. 1)

The research found out that facilitation of participation helped the implementation of the ideal aims of the radio stations. Among the findings was that the Irish community radio stations strive to unite and build their communities so that they can eventually adopt a development approach that resonates with the aspirations of the community and facilitate the human right to communicate (Day 2003, p.1).

One thing for sure is that a community radio station unites communities that become like one village because people are always talking to each other through it.

This unity was one of the findings in a study in Northern Japan established that a community radio communicates rapidly earthquake related information to the public warning them of life threatening situations (Kanayama, 2012, P.1)

These studies, however, did not establish the level of interaction between the radio station and communities around it. As Barlow (1998) and Coates (1997) in Vuuren, 2000, p.3) little study has been done on community radio stations.

These studies from Ireland and another one from Japan are in agreement and line with the Agenda setting theory. According to this theory,

...through participatory media a space of participation is opened for a community's marginal and less powerful members such as women, youth, ethnic groups, and immigrants (University of Twente, 2014,p.1).

Community radio stations articulate the grievances and the oppression of the public by ensuring that they have access to the media mostly ignored by the mainstream media. Also, they help the public to brainstorm on issues of common interest using the local media on how best to reform the health, education as well as agricultural structures, among others (Christian's et. al 2009, p.59).

The mainstream media are usually located in town hundreds or thousands of kilometers from listeners and can only access such radio by phone, unlike community radio stations that are

within the community. Through this access interaction among people is enhanced and words of the voiceless are well articulated.

This notion is also emphasized by The World Association of Community Radio Broadcasters (AMARC) which emphasizes this interpretation by saying that AMARC's goal is to alleviate poverty, prevent exclusion of people and facilitate the promotion of social justice among the communities people live. It also ensures there is sustainable and participatory human development among the people (AMARC, 2011, p.1).

The community radio station is developing a new culture of people giving them a hope for a better life. In its activism, the Mzimba community radio station condemns bad traditional cultures such as wife inheritance. It also advises people where they can get loans to get economically empowered, especially women who are sometimes forced into prostitution because of circumstances.

Journalism of Attachment has been explained in the broad context in the introduction. . This chapter will focus on journalism of attachment in Mzimba community radio. It will also explain the approach the community is taking in using the journalism of attachment in reaching out to the people.

To understand why community radio is trusted and loved other than the public radio, a local analysis of one part of Southern Africa in broadcasting where Malawi belonged in the colonial times is examined. It will give a clue why people up to now do not have trust in the public radio but rely on community radio.

### **Nature of the radio station**

The Mzimba community adopted a community type of radio station to open up participation for the marginalized and less powerful members of the community who have remained quiet about their oppression in the community (Christian's et.al 2009). The radio has empowered everybody in the community to speak up which include the poor, the immigrants, the women and girls. In Malawi context, the immigrants include people from Rwanda, Burundi, Somalia, Mozambique

and Democratic Republic of Congo, who have run away from wars in their countries. These marginalized and oppressed groups were unable to access the public radio that is over 500 kilometers away from them, located in the commercial city of Blantyre in Southern Malawi.

It is a radio station that is controlled by the people themselves. Those that have an interest in the community radio are trained locally by broadcasters that volunteer to teach others. In this way, radio presenters, radio announcers, as well as reporters, come from the community. The reporters and presenters come from the area, and they have the institutional memory, such as the knowledge of the area and the history of the area. These factors determine the news content of the community radio (Lauterer, 2006). In this way, the community radio has a local flavor of the area because the radio highlights problems as well as the opportunities the area has. Most of the radio presenters have the accent of the language people speak in the area. It is, therefore, necessary to discuss the contents of the community radio because it has a direct impact on the people.

### **Content of the radio station**

The community's emotional ownership of Mzimba radio station has in a way affected the content of the radio station. This psychological ownership is seen through the sentiments of the community expressed through telephones, letters and the Face book page of the radio station (Lauterer, 2006). The feedback from the community determines the content of the programs of the Mzimba community radio.

This ownership compares to the sentiments expressed by William Shaw, publisher of the community newspaper called The Republican newspaper, a sister newspaper to the Telegraph in Illinois in the United States of America, after hearing a woman exclaim '*there goes our Republican*'. The fire had engulfed the building. According to Shaw:

...If we are to be a healthy newspaper; we must hope our local citizens perceive that they own The Telegraph newspaper. It is their newspaper (Lauterer, 2006, page 59).

This emotional ownership has also been demonstrated by the tussle that took place in November 2014 when Chiefs from Mzimba, using their powers, shut down the radio station. Acting on

complaints from the community, who always look at the radio as their own, the chairperson of the committee of the radio station vetoed the chief's powers and told the chiefs that they have no powers to shut the radio station. The radio continued to be on air (The Nation, 2014) showing the power the community has over the radio station. When the people speak on what they want, the management responds. A good example of this is the introduction of Tumbuka language spoken by the people in the district as well as the Ngoni language that is becoming extinct. The people requested that the programs should be aired using these two languages and that listening clubs should be established. The program manager of the radio station said concerning the introduction of these languages and the listening clubs.

.....the establishment of radio listening clubs has enabled us as a station to reach out to many people across the district. We have recorded an increase in the level of interaction between the station and the community. We have now introduced a policy to ensure that 60% of our programming content is in the local Tumbuka and Ngoni languages. This has brought the communities closer to the station, and enabled the station to be at the centre of the cultural development of the district." Mr. Jere, programs manager, Mzimba Radio (Kasongo, 2015, page 1).

The contents are also dictated by the prevailing culture of oppression of women who are looked at as sex models, the culture of polygamy and wife inheritance, excessive beer drinking of locally brewed beer that is a recipe to HIV/AIDS, among others. The radio has made special programs targeting such issues, and they include kumazga nkhaza (stopping cruelty to women and children) which runs three times a week as well as Umoyo wakusangwa (healthy life) that also runs for three times a week.

However, the Ngoni of Mzimba, vehemently defend their culture even in the midst of adversity from the radio as well as the Church of Central African Presbyterian (CCAP), one of the biggest churches in Mzimba that was allowed to operate in the Ngoni region (Anderson, 1998). This is what the Paramount Chief of the Ngoni people said at the centenary celebrations of the CCAP church in 2004;

..... The earliest missionary Dr. Robert Laws signed an agreement with my grandfather that stipulated that we Ngonis can drink beer, marry several wives and still enjoy full church benefits (PANA, 2004, page 1).

Such is the attitude that the Mzimba Ngoni direct cousins, the Maseko Ngoni, also admit that rights of women are not respected and hence welcome the marriage act 2015. This is what the chairperson of the Maseko Ngoni said

... Most of our traditional customs are still old fashioned as most of them are harmful to both girls and women (Nyasa times, 2015, page 1).

On this part, the radio plays a reconciliatory role through the programs. They explain what the good parts of the culture are such as care for the orphans, circumcision that is now advocated by the National Aids Commission (Jung, 2012), care for the sick in the community by extended family or people living in the same neighborhood, self-help work in the community, They later condemn bad cultural practices that cause early marriages to girls, polygamy, wife inheritance and polygamy.

By balancing up during the program design, the good and bad cultural practices, many people appreciate the importance of these programs. Frank Tembo, a reporter at the Mzimba community radio said:

.... Since we started the HIV/AIDS programs, we are receiving so many feedbacks from the community, a sign that we are making progress in educating the community concerning the bad cultural practices that cause HIV/AIDS (Mzuzu [004 8.20]).

Even the new marriage act, 2015 needs dissemination using journalism of attachment to send the messages across the consequences of violation of women rights. Messages like ‘leave girls to go to school, rest our mothers, excessive beer drinking is a catalyst have been shaping the content through the feedback from the community.

Because of the impact the Mzimba community radio has had, the Malawi Police, as well as Government departments, are using the radio station in the dissemination of messages to curb violence against women and children (Nyasa Times, 2012).

There is the need to discuss the local cultural as well as the political analysis of the region because it has a strong bearing on the behavior people have in the community.

Knowing the culture of the Ngoni people will, therefore, help in appreciating the steps the Mzimba community radio is taking in its behavioral change strategies.

### **Ethnographic analysis of the Ngoni people**

The Ngoni is a local tribe now found in most countries in Southern Africa, and these countries include Zambia, South Africa, Malawi, Tanzania, Swaziland (Mithi, 1996). Linguistically, the



Ngoni tribe consists of some tribes in Southern Africa which include the Ndebele of Zimbabwe, the Swazi of Swaziland as well as the Zulu and the Xhosa of South Africa.

In Malawi, the Ngoni have settled in the Northern Region of the country in a district called Mzimba. It is the biggest district in the country (Kishindo, 2002).

They are governed by the Paramount Chief called Inkosi ya Makosi (King of Kings) Mmbelwa v. Under him are chiefs called Inkosi and commonly known as nkhosi. The Amakhosi control smaller chiefs who are called Inkosana, group village headmen and village headmen and later heads of family units (Kishindo, 2002).

They have maintained their cultural identity by marrying many wives and excessive beer drinking. Beer drinking among the Ngoni shows heritage and plays a part in ceremonial activities of the grouping.

There is a ceremony where beer is involved in remembering the dead and it is called Nkhwisulo among the Maseko Ngoni. During the event:

.....a calabash of beer is shared amongst the chiefs and the elderly after Sawathi ritually smears the traditional beer around the tombstone of Gomani Chikuse. It is a ceremony that attracts the Ngonis from various areas of the country as they remember their ancestors, a symbol of unity and hope for the coming generations of the Ngoni (Phiri T, 2015, page 1).

Drinking of beer among the Ngoni has caused gender-based violence. Catholic Commission for Justice and Peace in Malawi, reported that many girls in Ntcheu, a Ngoni district in Malawi, have fallen prey to violence as a result of excessive beer drinking (cup, 2013)..

There are numerous good things about the Ngoni like a proper judgment of cases in chief courts whereby the complainant and the accused are given a chance to speak, training of their youth to protect the entire households from abuse, training of women to be respectful to elders. Even the early missionaries saw these elements and in a conference in Belgium Dr. Donald Fraser, a missionary in the Ngonis of Mzimba said:

I fear the evangel that de-nationalizes, which refuses to recognize the power of the Gospel to purify what is not essentially wrong, and which preaches first through prohibitions, rather than by the attraction of what is positive.... we come not to destroy distinctive nationality, but to fulfill what men have searched after gropingly; and for the enrichment of the world to retain and purify all that is not evil (Thompson, 2002, page 10).

This is an area the community radio is making a distinction, preserving what is good and condemning what is bad in the Ngoni tradition. It is expected that the youth will be mentored and live a disciplined life through the messages from the Mzimba community radio.

Having discussed the ethnographic analysis of the Ngoni, it is important to know the history of broadcasting in Malawi. This will help in understanding why the public radio was not trusted hence affecting negatively the messages it was delivering.

### **Broadcasting in Africa**

The early missionaries in Sub-Saharan Africa and white settlers championed the establishment of the first ever radio stations in sub-Saharan Africa with the sole purpose of strengthening the colonization process. It is therefore not surprising that the first programs were in English and French. In addition to colonization, the radio was also used as a tool for the administration of the colonies, spreading better methods of agriculture as well as improving sanitation (Iboudo, 2013).

Among countries of Malawi, Zambia and Zimbabwe the first radio station was established in Southern Rhodesia in Salisbury now called Harare. In Northern Rhodesia, this was set up in Lusaka. These radio stations relayed information on colonization. This was the start of lack of trust for the radio, something that would continue in the newly independent states. (Kondowe, et. al, 2011)

It is important to explain that these three countries were British colonies and formed the Federation of Rhodesia and Nyasaland. Malawi was called Nyasaland and Zimbabwe was called Southern Rhodesia while Zambia was called Northern Rhodesia which was abolished in 1963. (Miller, 2007)

Because people in the three countries wanted independence, they hated this federation and hence abhorred Federation news. They, therefore, looked at the radio stations as a tool for oppression and tyranny, a tool they believed was used to prolong federation in the three countries (Victoria University students paper, 1963).

When Malawi became independent, the radio shifted from Northern Rhodesia in Lusaka to Malawi (Zomba). It is at this point that Dr. Kamuzu Banda; the first President of Malawi banned multiparty politics and imposed a culture of silence (XIX Article 19, 1999, p.1). Everyone who questioned him was put in prison. Media criticism was not allowed, and draconian laws that banned the independent newspapers and radio stations were introduced (Press reference, 2014).

It was only The Daily Times and Malawi News, newspaper of Dr. Banda that was allowed to operate. The public radio, Malawi Broadcasting Corporation, was authorized to broadcast praise songs of Dr. Banda. They were allowed to publish information that was highly edited (Academia.edu. 2011, page 6).

It is at this point that the local people lost trust in the public radio, and compared it with the broadcasting prevalent during the days of a federation and hence looked at the public radio as a tool for oppression (Victoria University of Wellington, 1963).

With the collapse of the Soviet Union in 1989, the Western Governments had now eyes on Africa. These Western countries included Britain, USA and Germany and others;

..... started withholding aid to the human governments of Malawi and Zambia to urge them to adopt liberalized political systems. Such external pressures helped to advance the demands of internal groups for the establishment of multiparty competition (Hwedie, 2007, page 3).

In 1992, Dr. Kamuzu Banda conceded to pressure by the opposition pressure groups for a national referendum to decide whether to adopt a multiparty system or the one party system. The majority voted for multiparty democracy in June 1993. The following year Dr. Banda lost the elections paving a way for the freedom of expression and speech (Chirambo, 2004).

When the country changed the constitution to adopt the multiparty system, the communications act was passed in Parliament in 1998. Because of the history of the control of a radio station, community radio stations were established which would be monitored by the community and would dictate the contents of the programs.

In this way, the country would do away with control of the public radio as people would still broadcast their news using the community radio stations although they would still be controlled by Malawi Government through an Act (MACRA, 1998).

Until today, the cheap and dominant medium of communication in Africa is the radio. It reaches out to more areas and has highest audiences in contrast to other mediums of communication such as the newspapers as well as television stations (Myers, 2008).

In Malawi, the radio bridges area with tough terrain to be reached and has proven to be a very powerful in helping governments in information dissemination especially in disaster times such as during an outbreak of a disease.

It is in this context that the radio has proven itself to be a partner in development as it relays vital information to thousands of people in a short time. In addition to this, the handsets for radios are cheap and easy to manage, something that resonates well with poverty levels in Africa (Myers, 2008).

The next chapter will, therefore, discuss more the role the community radio is playing in Mzimba in fighting harmful cultural practices.

#### **(d) Fighting bad cultural practices by the Mzimba community radio**

The aim of fighting evil cultural practices is to reach an ideal accepted norm in the community and by the church whereby a person has one wife, there is no wife inheritance, the girl child is not forced into marriage and women's rights are accepted.

A question may be asked why the bad cultural practice should be discussed. The answer is that journalism of attachment is not only for the people of Mzimba in Malawi. It is for the entire globe. It is, therefore, important to analyze both sides (the good as well as the bad) for activism to uproot bad elements of culture which are harmful to humanity.

Success in removing the dangerous elements of culture in Malawi by the journalism of attachment can be copied by another community anywhere in the world. In that way, the study in Mzimba can add knowledge and make the world a better place to stay.

The target of the community radio is the removing bad cultural practices and maintains what is good in the community.

The Ngonis of Mzimba is changing their culture by removing harmful cultural practices. This is not new because they have changed this culture to accommodate others in the past. Read (1936 p. 459), writing in her book, *Tradition and Prestige among the Ngoni* said of the Ngoni people;

....They brought with them a pattern of society from the south; they modified' it during their forty-odd years of wandering and warfare, and they moulded it finally when they settled in their present areas. Within this deliberately created social structure, the principles of centralization and rank were dominant. Based on these two principles the Ngoni set up, in an alien milieu, the institutions of chieftainship, of military training, of systematized law courts, of recognized ranks in society, patrilineal succession and inheritance, speaking among them a language foreign to the country. The resultant society, a compound of the Ngoni ruling aristocracy and the conquered indigenous people, formed the Ngoni state.

As one way of prevention HIV/AIDS through bad cultural practices, The Malawi Government has led this way by enacting the Gender Equality Bill into law (Khonje, 2013). Among others, the acts promote gender equality, and equal integration of men and women in all functions of society prohibits and provides redress for sex discrimination, harmful practices, sexual harassment and also provides public awareness and promotion of gender equality (United Nation Human Rights, 2014).

This new law makes wife inheritance illegal as it is a gender abuse and the community radio community radio has been enlightening people about the consequences of wife inheritance and polygamy that infringe on rights of women. It advocates a new culture of self-respect, equal rights between men and women, empowering women in the process who have been oppressed for a long time that they too are equal before the law.

The Government of Malawi is also enforcing the Deceased Estate (Wills, Inheritance and Protection Act 2011) to ensure that widows and children benefit from the deceased estate.

The Mzimba community radio has used its social and cultural communication in educating people about this act. Sometimes it uses entertainment (songs) to educate people about their rights and obligations, especially women and girls. It is also done by using the language learning development to enhance the relationship between the radio and the community to make it strong (Kasongo, 2014, p.1). Even the former Minister of Information Mosses Kunkuyu commended the Mzimba community radio for the efforts it was making in creating social awareness among the people and stimulating a sense of responsibility toward the environment by making available in its broadcasting much needed as well as relevant information on organic farming to reduce dependence on fertilizers , herbal plants which others use as medicine, in the local Tumbuka language that is spoken in the district (Mesina, 2013, p.1). Broadcasting in local language helps

many people to understand what is discussed. This is also reflected in the preliminary findings and discussion in chapter five of this thesis.

This survey also revealed that women are now able to stand against wife inheritance as well as other forms of oppression, evidence that the community radio is succeeding in developing this new culture among the people.

In attaining these goals of equality, the community radio has been advocating for more enrolment for the girl child and bringing back girls that left school as a result of pregnancy. This social, as well as cultural communication is bearing fruit as the community radio is now involved in live coverage of youth activities (Voice Africa's Future, 2013).

One of the tasks of a community radio is to change the cultural concept of people by advocating for safer sexual methods. They do this by, among others, educating the community on the proper practices others are doing in another part of the world or another part of the country

Since culture is shared, just like a community radio station, it makes a community radio station very powerful weapon in bridging the knowledge gap and behavioral change through activism journalism as a form of communication in creating strong linkages to the communities that are marginalized (Manyozo, 2010, p.3).

In trying to change this harmful culture, a training program targeting sex workers kicked off some years ago with an aim of empowering them. This was as a result of studies that revealed that sex workers are not able to take control of any aspects of their social lives, including their sexual health because of lack of finances (Campbell and Mzaidume, 2001). The media, including the community radio station, has been following up these events with coverage to change this type of culture.

This was as a result of a study in South Africa that revealed that sex workers do not use condoms although they know the consequences of having sex without a condom. This is as a result of poverty and in the context of communities where males have an upper hand in the social structure making women vulnerable and prey for men as they insist not to use condoms, a recipe for diseases.

There have been some training to change this discourse and one of them took place in Malawi. After one of such training programs, one sex worker stood up and said she would rather starve than die as a result of not using a condom. She was quoted only as Rose (Callaghan, 2011, page 1). This is what she was quoted as saying:

‘I better starve than receiving money with a coffin attached. If my partner insists on unprotected sex, I tell him to go to hell with your money.’

This change of behavior was collaborated in an earlier study. It was called the peer-education HIV/AIDS prevention program and took place in Malawi. It was targeting bar-based sex workers and their potential clients (long-distance truck drivers). The results of the study showed that in the districts where prostitution is high, and the districts are frequented by truck drivers, the presence of sex worker peer educators exceedingly led to increasing in the use of condoms with paying partners (Warden, Mwangulube and Nkhoma, 1998).

Such developments of a new culture are now being picked by the community radio station for others to copy the examples that are being displayed which would eventually help save lives and reduce the prevalence rate of HIV/AIDS.

For example in the Ngoni culture in Mzimba, culture is shared as children and the youth observe how people greet each other, what their attitude is towards others, how they communicate and relate to each other, what the people believe in, how food is prepared culturally and how they react in times of crisis, among others. The climax of it is learning and observing how to dance the war dance that is called income.

It is important to explain thoroughly the significance of this dance that is now being used in this new culture to transform the people. This traditional dance, much revered by the people as it is danced when installing a chief or king, during celebration or when a very important person in the society dies, was used when soldiers from the Ngoni were coming from war and hence it is called a war dance (Maluwaya, 2015) This is copied by children of the Ngoni as their fellow children (Nkhata, 2012) in other countries where the Ngonis have settled do the same. These other countries that still dance this traditional dance are Zambia formerly Northern Rhodesia (Chanda, 2014) Southern part of Tanzania, Mozambique, and Swaziland. The Ngoni culture is, therefore, a tradition that people see elders doing and is copied (Read, 1936, pp. 453-454).

The songs of Ingoma now mirror good cultural practices and encouraging people to go for VCT and preventing stigma and discrimination among the people. Some songs to show solidarity to one another in times of trouble have also been created.

These activities are learned and done through observations as this theory states, and this is later called culture. These activities are then passed from one generation to another.

In passing on the tradition, the youth observes what is being done, among others and start doing what they saw their parents or grandparents doing.

As stated above the community radio is at the forefront in advocating a new culture by among others encouraging what is good in the society.

The community radio is also advocating for care for sick people, care for orphans, self-help activities and condemning bad cultural practices that have contributed to the high HIV/AIDS prevalence rate. Among the Ngoni people, these include polygamy and wife inheritance.

In fighting for a new culture, the community radio is, in fact, fighting for communalism that encompasses the philosophy of working together, discussing issues together to find a solution using the community radio.

It is good to point out that communalism the Mzimba community radio is advocating is not tribal nor is it racial but a spirit of working together, by making sure each is a brother's keeper. It encompasses all religious groups, all races and all tribes in any community or locality. In this community people live for each other and focus is on the community in which an individual is an integral part and helps others who are in need (Egwutuorah, 2013).

In trying to shed light on communalism Steve Biko (1978, cited in Egwutuorah, 2013 p. 407), writes that;

...we regard our living together not as an unfortunate mishap warranting endless competition among us but as a deliberate act of God to make us a community of brothers and sisters jointly involved in the varied problems of life... Hence, all our action is usually joint community oriented action rather than the individualism.

Living together therefore in a community helps in times of need when few people have, and others do not. In the spirit of love, they share the little resources that are there as live goes on. In that way, it brings cohesion and togetherness.



It is for this reason that health communication that is advocating for the care of chronically sick people in villages is becoming a success. The reason is that the spirit of communalism is part of the Ngoni culture. In the past all families in a village used to eat together at a sangweni (Kraal). It is where issues of communalism were discussed and issues of how to care for sick people who were in the village.

It is this philosophy that the community radio is now advocating as well as other radio stations, because, as indicated, the prevalence rate of Malawi is now at 10.8%(UNAIDS, 2013). With the lack of enough medical staff and resources to help the sick as observed above, (Irish doctor quoted above) it is only proper to advocate for relations, friends and the community at large to care for it's sick in the homes.

The radio station is, therefore, the lifeblood of the community the absence of which has been felt in the community for a long time.

By discussing the harmful sides of culture openly, it is hoped people will appreciate the adverse effects and change their behavior.

Another interesting part is also is the one step model of communication as well as the two-step flow communication model that is being mirrored as people reveal how they get the messages in this part of Mzimba. These will be discussed more in the theoretical page of the literature review

In the approach to activism journalism, we have to be careful to scrutinize what is good as well as what is bad in our traditional beliefs. The focus, therefore, is to make an effort for the community to appreciate the evils culture has had and stop practicing them and uphold what is good. The good cultural practices can then be integrated into the traditional culture as Fallers, (2009, P.678) explains;

..... The Baganda have enthusiastically embraced Western education, Christianity, and a whole range of modern techniques and skills. They have, in fact, developed a deep ideological commitment to modernity. In order -to progress they have made these things part of their culture to such an extent that Western observers ever since the turn of the century have called them "the most progressive people in eastern Africa," "the Japanese of Africa," etc. At the same time, they have retained such a deep sense of cultural identity and integrity. The Baganda have replaced huge chunks of their traditional culture with Western elements and yet can feel that their present culture has unity and is essentially theirs.

Poverty too has been used as a conduit for HIV/AIDS. The next chapter will, therefore, look at how the community radio is helping to transform this new culture in fighting poverty.

#### **(d) Poverty and Migration**

This section will look at poverty and migration. It will look at how a community radio station is helping a community's self-reliance in transforming a population fighting HIV/AIDS by leaving a life of dependence.

Before looking at this aspect, the research that has so far been conducted in this area of poverty will be looked at as well as theories.

It is interesting to note that there are two schools of thought on this subject. Some studies support poverty and migration as one of the causes of HIV/AIDS crisis while others say it is not true and give their research as evidence.

However, to understand the poverty levels and some of its origins in brief in the context of HIV/AIDS crisis, it is necessary to look at some theories.

What is poverty? Irish Government's definition of poverty in its National Action Plan for Social Inclusion 2007-2016 (Combat Poverty, Ireland, 2009) states that;

... People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. As a result of inadequate income and other resources, people may be excluded and marginalized from participating in activities that are considered the norm for other people in society.

World Bank uses the GDP per capita in purchasing power as the most common method to determine the wealth of countries. Using this internationally accepted method, Out of the 184 countries of the world Malawi is number 177 which means Malawi is among eight most poor countries of the world (World Bank, 2013).The poorest country is the Democratic Republic of Congo while the richest country is Qatar.

In 2010 OXFAM classified Malawi as one of the poorest countries of the world with a per capita income of 911usd (OXFAM, 2015)

Ted (Bradshaw, 2005) in his paper titled 'theories of poverty and anti-poverty programs in community development' fits so well with the Malawi scenario as will be seen later, especially in line with the Bandura theory. He describes poverty as:

.. caused by cultural belief systems that support subcultures of poverty .Poverty is created by the transmission over generations of a set of beliefs, cultural values, and skills that are socially generated but individually held. Individuals are not necessarily to blame in this theory because they are victims of their dysfunctional subculture or culture (Bradshaw, 2005, page 8).

In Malawi the description of poverty by Ted Bradshaw above fits so well in this study and. It also mirrors the Bandura's Social Cognitive Theory. The Ngoni culture is passed on from one generation to the other through observation as discussed above. In Malawi, children inherit lands from their parents. By observation, they copy the farming system their parents were using. Some farmers still use varieties of maize inherited from their grandfathers although they are not high yielding because they believe the varieties are strong and cannot be destroyed by weevils. Through observation, they copy how to plant them and how to care for them and continue practicing this type of farming after the deaths of their grandparents.

People are caught up in a vicious circle as can be seen. The Bandura Social Theory is used in a negative way because they observed their parents making efforts but could not succeed and are doing the same things.

For example, their parents went to South Africa to work in the mines; they came back and became poor. Because they say their parents are going there, they too went to work, they came back and depleted their resources and became poor again (Masauli, 2014). It is a vicious circle they believe in which is inherited and makes them poor.

It is, therefore, this theory of poverty that is making them lag behind. As can be seen, it supports the Bandura theory (though here negatively) that has been discussed above whereby people see others doing something, and they do it. In this instance, it is the negative attitude. They had observed that their parents failed, and hence they will also fail to produce enough. They copied the techniques their parents taught them on how to cultivate, and they continue harvesting less and they feel what their grandparents taught them is the best for the lands. In the long run, they do not have enough yields for them to eat.

People also revealed in the focus group discussions that their men like drinking and hence fail to work in maize gardens, just like their parents and their grandparents who also drunk and they feel nothing can be done as it is part of a culture that has been passed on.

This is the type of attitude that the community radio station is intending to change by the use of social, cultural communication. This is done by the broadcast of case studies from other areas within the Ngoni culture where they have harvested more after following new agricultural methods. Sometimes when people are listening to music, they chip in an insert that advises people to follow new methods of agriculture to harvest more.

The community radio is making these efforts of trying to create a culture of yielding more crops because many people in Sub-Saharan Africa live below the poverty line of United Nations US\$ 1.25 per day ( Ravallion M., Chen S., Sngraula P.,2009, p.164. Both men and women are in dire need and hence look for money for basic needs.

Cohen (2000, page 1) puts a condition that poverty should be eliminated if progress is to be made in the fight to reduce HIV transmission. He also advocates for a training of people to have necessary skills so that they do not look for sex as a means of survival.

His observation concurs with Ulin (1992, page 64) who observes in his study that:

...poverty makes people vulnerable as they look for money to survive as women and men leave their rural homes in search of a better living condition in towns and their struggle for economic survival, and personal autonomy has led to many to form relationships with new sexual partners.

This is true for Mzimba in Northern Malawi where the study took place. Men normally leave their wives in rural areas and migrate to South Africa looking for jobs making both partners promiscuous and fuelling HIV/AIDS in the process. Every Child, a nongovernmental organization operating in the area recently asked Malawi Government to make legislation to control the flow of men to South Africa as it is fuelling HIV/AIDS in Mzimba District (MANA, 2014).

A study by Borne (2005, p.1) describes how the women and girls in Malawi survive in times of poverty by saying;

.... poor women in Malawi Endeavour to make a living by having sex with men in bars, rest houses, workplaces and communities, which exposes them to the risk of contracting HIV/AIDS.

It also describes structural violence, socioeconomic and gender inequalities, and influence of power in sexual relationships.

This shows how the HIV/AIDS pandemic has become so serious to the effect that women have become vulnerable to HIV/AIDS as they concentrate on getting money for immediate household needs for economic survival (Bryceson D.F., Fonseca J., and 2000,p.1654).

However, there is another research that counters this study that poverty is a direct cause of HIV/AIDS.

Mulwo(2009) and Kunda(2009) (cited in Govender (2010 p. 212) in their study found out that students who were studying at the University of Kwazulu Natal in South Africa were engaging in what they called 'transactional sex' because they wanted fancy cell phones, rides in BMW's and Levi jeans. To the two researchers, this was circumstantial evidence of intergenerational and transactional sex which, they said was extending beyond Maslow's (1943) the first level of physiological needs.

They urge that this alone is a signal that there is the need for an ongoing review of economic context as some researchers attribute poverty as one of the causes of HIV/AIDS.

Commenting on the same Govender (2010, p.220) contends that HIV/AIDS is not restricted to people of low status like poverty stricken women who look for money for their daily living as mentioned above by Cohen because high-ranking officers and celebrities who are regarded coming from an upper bracket of economic status have also been found with HIV/AIDS and have come out openly declaring their status. Govender in his paper includes names of South Africa's Supreme Court Judge Edwin Cameron, the well-known famous HIV/AIDS activist Zackie Achmat, Nelson Mandela's son Makgatho Mandela who is regarded as wealthy, iconic playwright Gibson Kente. All these are people that are highly regarded as coming from the upper class in South Africa

He, therefore, urges that economic factors may be one of the contextual factors emphasizing on the importance of holistic approach to the HIV/AIDS crisis.

There is need therefore for a discussion by the community on common problems they face to shift the paradigm on prevention of new infections to reduce the high prevalence rate of HIV/AIDS.

All these factors indicate poverty levels in African countries. According to the World Bank ranking (World Bank, 2010 p.21), some countries are much hit because they do not have enough money to buy antiretroviral drugs for sick citizens and cannot supplement their foods. This has compounded this problem of HIV/AIDS, making it more severe (McIntyre D., Thiede M., Dahlgren G., Whitehead M., 2006, p.1).

In countries like Malawi, HIV/AIDS is reported higher in urban than the rural areas. The rate of HIV/AIDS in urban areas is 17.4% compared to 8.9% in rural areas (Malawi DHS, 2010). Among the reasons is the migration of people (Akabiwa N, 2007). Many people leave rural areas to look for jobs in urban areas leaving their wives behind.

Malawi, which has a gross domestic product (GDP) of 3.8 on the World Bank Index (World Bank, 2010:21), is much hit with a prevalence rate of 10.8% which one of the highest UNAIDS, 2013) . Zambia has a gross domestic product of 5.9, Uganda 1.9 while Swaziland has 0.8 GDP World Bank (2010, p. 21). Equally Zambia has an HIV/AIDS prevalence of 12.7%, Uganda 7.2% while Swaziland has 26.5% CIA (2012).

It is therefore not surprising that these countries have been much hit by HIV/AIDS because they are low-income economies and cannot afford medication and other necessary foods for HIV/AIDS patients.

A community radio station in these difficult circumstances can become a very powerful weapon it can coordinate the efforts of poverty alleviation by engaging people in discussions.

The Mzimba community radio station is now coordinating all these efforts of poverty alleviation to create a culture of economic independence. It identifies small loan firms and advises women, especially those that are oppressed and are in prostitution as well as those men who offer sex services for a fee, to start income generating activities such as buying and selling bananas, buying and selling tomatoes as well as chicken rearing, among others.

These loans come from National Association of Business Women (NABW), Opportunity Bank of Malawi (OBM), Small Enterprise Development of Malawi (SEDOM), some community based organizations (CBO) and other lending institutions.

The community radio also lobbies the government to prevent prostitution by among others, engaging the communities in discussion to urge the Government to ban prostitution in Malawi as a way of fighting HIV/AIDS.

However, the community radio station has to partner with leaders who should play a significant role in identifying organizations that can render their services to the underprivileged. But do leaders help communities? Do they have their welfare of citizens? Do they only look after their interests once they are voted into their powerful positions? The next chapter will answer among others, yield a lot of power. It is these powers that they use to veto legislation or to declare a crisis and call for an emergency parliamentary session to respond to a crisis so that funding should be provided to avert a disaster.

### **Politics and HIV/AIDS**

When some of the first cases of HIV/AIDS were reported in Africa, many African Presidents pretended that it was not a problem, and this exacerbated this problem. They had their reasons.

For them to accept that HIV/AIDS existed in their countries was like committing suicide. They thought this could lead to loss of revenue in the hotel industry and hence to job losses for many citizens affecting the economies of the respective countries.

Some leaders feared that once they accept that there is HIV/ AIDS, tourists would be afraid to come, and this would negatively affect the gross domestic product of their communities that rely on tourism. Because of such fears, the then President of Kenya Daniel Arap Moi, denied for many years that there was no HIV/AIDS in his country. He always said the reports reporters were publishing showed they were enemies of his country bent to tarnish the good image his country has built over the years (Kalipeni and Mbugua 2004, p.3). To this extent, President Moi used to tell journalists that he would be forced to issue deportation order for any foreign journalist that had been found reporting on the presence of the HIV/AIDS disease in his country. The study also revealed that the President also instructed senior Kenyan Government officials from the Ministry of Health to reduce figures of the cases that have been established already by officials and also to say those found with the disease were foreigners (Kalipeni, Mbugua, 2004, p.3). It is therefore not a surprise to note that during the same period such sentiments were expressed the sero positivity rate of the commercial sex workers that were practicing their trade

in Nairobi, the capital of Kenya, rose from 7% to almost 100% by 1990 ( Kalipeni E, Mbugua N, 2004,p.3).

Such denials also happened in other Sub-Saharan countries, which include Malawi, Tanzania, Zambia, and South Africa, among others (Kalipeni and Mbugua, 2005, p.3).

Unlike other Presidents in Africa, Yoweri Museveni of Uganda accepted that HIV/AIDS has ravaged his country and from the start he started looking for solutions to the preventive problems.

Uganda's succeeded in the HIV/AIDS in the early years of this pandemic because of using the ABC approach to HIV/AIDS prevention, which are Abstain, Be faithful, and use Condoms. This method led to a sustenance reduction in the number of HIV/AIDS infection rate, and this continued up to the second half of the 1990s (Cohen,2003).

Govender, (2010 p. 210) also revealed in his report that studies conducted in 1988,1995, as well as 2000, showed a sustained reduction of the pandemic citing the integrated approach the country was using in combating the disease.

In the reaction to what was happening in Uganda, In the 1990s some African governments also started accepting that the disease was rapidly spreading widely throughout their countries. This acceptance came a bit too late to have an effective AIDS control program. It was difficult to reverse the situation as a lot of harms had already been done (Kalipeni and Mbugua, 2005, p.27).

Denial was the order of the day in Malawi too. In Malawi between 1964 and 1994 Dr. Banda ruled the country with no opposition. It was during this time that dozens of Malawians suspected of critical views were detained without charge and unfairly tried.

The Ministry responsible for advising the government was the Ministry of health and had a task of issuing reports about any health-related occurrence in the country, including HIV/AIDS. If anyone else was seen warning people about the epidemic or community health threat, he or she faced the danger of ending up in prison and would stay there without any trial. Warning people was a serious offence at that time because someone was charged with the crime of raise falsely raising public alarm thereby and disrupting public peace. However, it should be noted that this did not mean that there were no rumour mongering and adverse opinions; only that people



involved in spreading information were cautious (Muula, 2008).

According to Muula (2008, p.853);

.... The political and social environment prevailing in the 1985 Malawi colored the discourse and the response toward HIV in the country. Like in many other countries, the first cases of HIV infection emerged in the traditionally marginalized group. As such, blaming a marginalized group such as prostitutes was a convenient strategy in a sense that it supported the perception that “good” people needed not to pay attention to the HIV problem, as long as they were good. “Bad” people, on the other hand, deserved to be infected. For the rest of the community, the advice was that people needed to avoid malezala (razor blades) and zotsukira mmano (toothbrushes). Any admission that HIV was becoming a public health threat was met with the usual response of the time that such warnings were coming from government enemies (akapilikoni) aimed to “tarnish the good image of Malawi.”

Malawi started copying the Uganda formulae of abstaining, be faithful, use condoms, commonly known as ABC after it succeeded in Uganda. As stated in the background where the HIV/AIDS project failed miserably (McAuliffe, Ntata 1994, Kalipeni 1996, p.5), it had an uphill to be accepted. Although many started using the condoms, different churches advised their faithful only to use condoms in marriages. They condemned condom use outside marriage (Muula, 2011). This continues to be a big blow in the HIV/AIDS fight in Malawi.

In Zambia, it is the same trend. Reverend Japheth Ndlovu General Secretary of the Council of Churches in Zambia set the pace for the condom use by saying (Helguero, 2005, page 1):

....we believe that sex belongs to the covenant of marriage, and the church will always discourage sex out of wedlock and for the young people we always tell them to wait for the right time. There are marriage couples that have one positive. We can't tell them not to use condoms.

Although Uganda has succeeded in the fight against HIV/AIDS, there are still problems because President Yoweri Museveni, on June 11, 2005, at a Conference of Catholic Bishops called on them to drop their opposition to condom use. The trend has been the same in other countries because Pope Benedict XVI in 2005 told the Catholic Bishops from South Africa, Botswana, Swaziland, Namibia and Lesotho that abstinence was the only way to prevent HIV/AIDS (Helguero, 2005).

More on HIV/AIDS is discussed on stigma and discrimination.

#### **(d) Stigma and discrimination**

This chapter will explore ways the community radio is using in changing a culture of avoiding voluntary counseling and testing because of stigma and discrimination.

However, before that, the recent study on stigma and discrimination will be discussed to give the right direction to the culture the community radio is trying to construct in people.

As debated in the last chapter, governments found a scapegoat for HIV/AIDS. They put their blame on low-income groups.

This group felt rejected, and this was a recipe for stigma and discrimination.

Stigma and discrimination have been growing as more cases of HIV/AIDS were identified through testing. Over the years has made voluntary testing more difficult.

However, studies that have been conducted show that once people have known their fate, it lessens the stigma.

A study that was done in South Africa compared two types of people, individuals who had not been tested for HIV and those that had tested for HIV. The results showed that those who did not know their results as a result of fear of getting tested held significantly more negative testing attitudes than individuals who were tested, particularly people who knew their test results. Individuals who were not tested for HIV/AIDS demonstrated greater AIDS-related stigmas as well as attitudes of discrimination, and they ascribed greater shame, guilty, and had social disapproval of people living with the HIV/AIDS virus (Kalichman and Simbayi, 2003).

As can be seen in this study, it is those that have not been tested that show disapproval to people living with HIV/AIDS and quickly find fun to poke at them.

A study showed that women, who live with HIV/AIDS (WLWHA) experience many verbal attacks and are isolated from people, face discrimination in many forms such as being denied free input subsidies such as fertilizers and seeds, as well as microcredit loans facilities, among others. People look at those suffering from HIV/AIDS as useless, weak and already dead (Mqbako C., Fenrich J., Higgins T.E., 2014, p.5).

It is such discourse that discourages people from going for voluntary testing in clinics that the Government has built across the country. It is therefore not surprising that the fight against HIV/AIDS has not been won as evidenced by statistics on the reduction in HIV/AIDS from 11% in 2012 to 10.8% in 2014 which is statistically not significant and does not signify genuine changes in the population as this study shows (MDHS, 2010). One of the areas that Malawi Government must therefore seriously address is stigma and discrimination.

Another study took place in targeted six in Malawi and it based on social as well as the economic factor, religion where the respondents were coming from as well as social culture. The focus group discussions were done for all categories mentioned above and it included men, women, people living with HIV/AIDS, and the youth (Norwegian Church Aid, 2006, p.1).

Top on their findings was that the faith community, which include different churches, various Islamic groups, African traditional religion, among others, had not done much to create a public forum where issues could openly be discussed and among them, HIV/AIDS stigma and discrimination issues (Norwegian Church Aid, 2006,p .1).

The culture of encouraging one another not to go to VCT centers for fear of discrimination is a problem regarded as a thorn in the fight against HIV/AIDS. It is this developing culture that can be uprooted through activism journalism by the use of a community radio station, among others. People would then be encouraged to use the community radio as a forum where issues of stigma and discrimination could easily be tackled, and solutions found. In this way, a community radio station could be a reliable partner in the fight against stigma and discrimination in the community thereby contributing to the fight against HIV/AIDS.

The Mzimba community is trying to change this culture by featuring well-known personalities who have openly declared that they are HIV positive and are living healthy lives. This attracts many people to listen to what they say. They advise people that if they go for testing earlier on

and they are found with the HIV, they can be put on medication quickly by the hospital that are near to them. In that way, their lives would be prolonged compared to being discovered when the disease is in advanced stages hence difficult to be cured.

The community radio is also involving people of all age groups which include faith based organizations, The Malawi Government and all stakeholders to talk about this new culture of getting tested to have an HIV/AIDS-free nation. It is also encouraging women who are pregnant to go for HIV/AIDS testing early.

For activists to achieve their intended purpose of creating new culture, they use communication channels. This discussion will therefore not be complete without discussing the communication channels that are used in activism journalism. The next chapter will, therefore, deal with these communication channels.

### **Chapter Three: Theoretical framework**

Lewin (1952, p. 169) observed that there is the nothing more real way of doing things than having a good theory. A good theory guides a study by, among others, providing new ideas for a comprehensive way of knowing or conceptualizing a (problematic) situation which may suggest a new way of dealing with a complex issue.

It is through this process that good theory provides good options for solving a social problem that a study tries to address for the benefit of many people (Lens, 1987; Sarason, 1978).

The two-step flow models of communication, as well as the one step flow method of communication, were the two methods that were chosen and fit in this observation above.

The results of the survey revealed that people use both of these methods. Three-quarters of people interviewed mentioned both systems. More is discussed in the preliminary findings and discussion of the study.

In addition to this, the two-step flow model of communication operates within the context of Bandura's Social Cognitive Theory. It fits so well in the culture of the Ngoni tradition where this study took place. Children learn from what parents are doing. This can be in a form of folk tales, chores that are done traditionally, self-help cares for chronically ill people, the way they cook

things, the art of speaking, among others. The children then observe and do the stuff (Read, 1938 p.4).

### **Two step flow, model of communication**

The results show that the community has been using a two-step model of communication. It also shows that they have also been using the one step flow level of communication.

Lazarsfeld (1955), Katz (1955) and Berelson 1968) in a study define the two-step flow model of communication as different ways of making the decision that range from economic, political, social as well as personal in which individuals may be influenced by each other more than from the media. In this study, a small group of opinion leaders, as well as other people respected by the community, act as intermediaries between the media and the community in general.

This was collaborated by another study by Bo-Anderson and C.-O. Melén (1959), who revealed that there exist some mediators or agents who can intercept the messages from the mass media and pass it on to others. These people are better informed than others. Such people are called national or traditional leaders, opinion leaders as well as community or clan leaders.

What is interesting to note is that opinion leaders might not be leaders that occupy a post because of merit in the usual sense. They may even not head formal organizations. They make not even be public figures such as newspaper columnists, critics, or media personalities, whose influence is exerted indirectly via organized media or authority structures. They exercise this informal power from their general status by being highly informed than others, hearing things earlier than the media, sometimes (Watts D.J., Dodds P.S., 2007, page 2).

In an urban setting like in Mzimba, for example, these may be retired civil servants that are so much knowledgeable but live an ordinary life, like any other person in the urban area. They are sometimes people that have built integrity in the area as very honest people and are so much connected to the outside world. In this way, whatever they say is so much respected.

The study by Bo-Anderson and C.O. Melén (1959) fits so well again in the Mzimba community because some community leaders exert a lot of influence in villages where people live. These leaders are sometimes called village heads (Green, 2011 p.259) or heads of a unit (unit leaders

lead some households, and typically these people are related). As explained in the literature review under culture, culture connects people together, and the village heads and heads of households exert a lot of influence. They frequently call for meetings to advise people on the way they should conduct themselves in light of anything happening. For example, in times of hunger, the village head would encourage those that have some food to share with others or to share meals so that others should not die of starvation, and this is done. In times of sickness, the village head would call all the members to seek their views how best they can help the person who is admitted to the hospital. They would then divide the days so that every day the person is visited, and a report is often sought on the daily basis. In this way, they exert a lot of power as well as influence.

As for the messages from Mzimba community Radio station, the community heads would frequently share these words with their subjects in meetings or a get together. An interesting part of the community radio station is that of reviving the culture of the Ngoni people of Mzimba, who share their tradition with their distant Zulu cousins a, now located in Durban South Africa (Academia.edu.2013). The community takes a great interest, and elder people who can understand the language teach young ones this culture through the community radio and can convey the message in a broader perspective. In this way, a two-way system is enhanced and sustained. As part of this initiative to revive the Ngoni culture, Ngoni classes are also being run at Mzuzu museum in Northern Malawi by mentors (Kishindo, 2002 p.215).

The two-step flow model of communication can be very instrumental in stopping harmful cultural practices because people can easily be convinced because it is a two-way mode of communication. One speaks and another one answers back.

### **One step flows, model of communication**

The one -step flow model of communication involves the refined targeting of messages directly to individuals where the opinion leaders are more likely to reinforce ideas than to reframe them as is done in the two-step model of communication (Bennett and Manheim, 2006). In this

system, the media writes a story and transmits it directly to the individual. The assumption is that the person understands the message and acts on it.

It is a system that the media has been using for many years. It is also a system advertising companies use by placing the advert in the mass media such as the radio and the television station targeting a particular audience and trusting that they have been convinced by the message. Normally follow-up research is carried to gauge the perception of customers in this instance.

In Mzimba community, for example, the survey revealed that many people were convinced to go for services at the hospital such as voluntary counseling and testing, antenatal clinic as well as to use condoms because of the two flow model of communication, and not the one-step model of communication. Only a few people mentioned it.

However, in some instances people have been receiving messages from Mzimba community radio, Malawi Broadcasting Corporation as well as other media organizations and discussing the issues together to see the best approach to things. In other instances, people have waited for opinion leaders to say something about voluntary counseling before they can make a decision although they have heard from the radio, an evidence of the two flow model of communication whereby opinion leaders tell the people on issues important to them.

This shows that there is interplay of two-step flow of communication as well as one step flow of communication. All these theories work for the betterment of people in the health communication in the activism journalism in Mzimba.

Another medium of communication that is becoming popular is Face book. It is important to discuss it especially how it complements the two systems above

### **Social media in Africa and Malawi**

Social media is increasing its presence in Africa; especially face book, Whatsapp, as well as Twitter. Face book has made inroads in Africa as evidenced by 12 million monthly active Face

book users in South Africa alone and 15 million users in Nigeria within one year the organization opened its office in South Africa (Strydom, 2015).

Already Sixty percent of all Internet users in Africa have now started using Face book which has encouraged Face book to open up projects in Nigeria, South Africa, Sudan and Zimbabwe, among others (Strydom, 2015).

The statistics agree with statistics on the official Face book page that state that 100 million people in Africa are joining Face book every month since June 2015, evidence that Face book is making inroads in Africa (Face book, 2015).

In 2015 two mobile networks in Malawi Telekom Networks Malawi and Air tel Malawi have teamed up with Face book to provide basic free internet service, development that has enabled many people to have Face book accounts on their telephones.

According to Zuckerberg (Arce, 2015, page 1),

...giving people, free access are the right thing to do. We will keep connecting more people and more countries, and we won't stop until every person in the world can connect to the Internet.

This development has enabled many people in Malawi to open up Face book accounts taking advantage of the free service, and this development is making communication cheaper since it is expensive to make phone calls using the cell phones.

Even the Mzimba community radio station has now a Face book account, a situation that has enabled many people to communicate easily with the radio station.

Many news stories are now on Face book. Some family units communicate using Face book, development that is complementing the two channels of communication discussed above.

While many people are seen using WhatsApp and Twitter, there are no records to show the number of people using these social media facilities.



## **Chapter Four: Research Design and Methodology**

After showing the theoretical framework on how this will be carried out, it is necessary to discuss the tools used in this study.

This research has three components. The first part analyses the design of the study and the second part discusses the mapping of the areas. The final section finishes with some constraints and how they were overcome.

Qualitative analysis by nature deals with the concept of culture finding new things that can contribute to knowledge (Allassutari, 1995). This conviction of Allassutari, (1995) is mirrored in this study. This survey is bringing new knowledge and not the old truths of the journalism of attachment that Martin Bell practiced in Bosnia. The study is trying to uncover how the journalism of attachment is helping in encouraging people to screen their blood and go for family planning services. If these research tools succeed in revealing the successes and weaknesses of this type of journalism, it can be used in another part of the world. Journalism of attachment was used in Bosnia and Holland but is now employed in Northern Malawi.

### **Research methods**

In this study, there were some research methods that were used to provide a thorough investigation. When a full investigation has been made using different research methods as stated above, results are recorded, analyzed and interpreted with the confidence and reflect the actual situation on the ground because a complete investigation had been carried out in the survey undertaken. Another advantage of using different methods is that one weakness of one method is always compensated by the strength of a different method (Day, 2003).

This is exactly what has happened in this study as the weakness of one method has been compensated by the strength of another method. In this study questionnaires, focus group discussions, as well as face to face interviews, were chosen. Those who were busy to be in focus group discussions or were not comfortable to speak face to face accepted questionnaires. Those who were shy to talk in a group chose face to face interviews. In this way, the weakness of one method was compensated by the strength of another.

## **Questionnaires**

These were distributed to those people that did not want to speak in person or a group( focus group discussion). Questionnaires mostly catered for people who felt they were busy and hence could not have time to talk or were shy and could not speak to me. The samples of these questionnaires are found in the glossary. There is one for those who opted to answer in English and another one who chose to respond in the vernacular language that is spoken in the area that is called Tumbuka but mixed with Ngoni words.

These questionnaires were distributed to all age groups namely the youth (boys and girls), the men, the women as well as the elderly. I made a deliberate step to distribute it to various social groups.

A middle-class person is someone who is employed or has a sustainable business and can sustain himself while the rich are those that have farms, have a lot of cattle and a chain of houses in town for rent.

## **Focus Group Discussions (FGD)**

This formed the heart of the survey because the discussions revealed a lot of things. Another advantage was that it was easy to make follow up questions, unlike the questionnaires. People were free to explain more in any aspect of life, and this made the survey rich with a lot of information.

Another interesting part was that people consisted of various groups. Most of the people interviewed came from different areas. In most of these instances, I chose market days that draw people from all spheres of the constituency. In some cases, some in the focus group discussion were coming from both rural and urban places of the same constituency. In this case, some were coming from deep in the villages, some twenty or fifty kilometers away with no facilities such as a bank, hospital or clinic and other services (rural) while others were coming from the main trading centre where there all facilities like the bank, hospital, and other facilities (urban).

## **How focus groups were organized**

In the five constituencies chosen, there are markets days every month. On this day, many people come out of the villages to sell various products. They are normally many people coming from different villages converging at a particular place. Many people also come to buy the products. It is on this day that I was targeting people for focus group discussions. I was asking people for the interview, and I was honest to tell them that it is for academic purpose only. A deliberate effort was made to choose people from all the social groups as well as to balance as much as possible between men, women, girls and boys. The simple sampling method was used to choose the people. For example, in a group of sixteen individuals, I would choose number one and four, number seven, number nine, number twelve and number fourteen.

There were the same questions asked for all the focus group discussions. These were issued that are found in the glossary. They were the same type of issues that were found on the questionnaire. However, there were many follow-up questions that were asked depending on the type of answers I was receiving.

Because of the nature of the survey whereby people do not want to get identified, I had to travel on different days to the five areas mentioned above.

The time allocated for each focus group discussion was between 50-60 minutes. Most of them were busy people who wanted to buy or sell the products, and hence I tried as much as possible to stick to this time. One question would be answered by all people in a continuous manner (Elliot, 2005). However, there were some who were not comfortable to respond to some questions in the group. It is these people that I interviewed later on when all people had left. It was interesting to note that after the focus group discussion, some people confessed being more knowledgeable about the health services than before. Others pleaded for the debate to be aired on the Mzimba community radio. This was because people spoke more of the follow-up questions that increased debate on the various issues under discussion but related to voluntary counseling and testing, condom use, as well as antenatal care.

Because these were market days that attract many people from various areas, most persons in these groups were total strangers to each other and chances were they would not meet again shortly. This made people be free in discussions.

There were two focus group discussions in each area, and this means there were ten group discussions. The number in the focus group varied a lot. Some had five or six while in other fields they could reach up to nine or more people (Elliot, 2005)

### **Phone interviews**

Some people opted for this type of interview. These were mostly people who work in offices and did not want to answer the questionnaires. Telephone interviews, therefore, catered for those people who were unable to be available for focus group interviews.

This was a group that was very skeptical of the survey as most of them asked questions why the review was taking place and how the data collected would be used. A total of 45 people were interviewed using this type of research.

### **Face to face interviews**

This method catered for people who were free to talk face to face but was not comfortable in a group of people, especially in focus group discussion where there were four or more people. These were people who felt the issues discussed needed to be told in a camera.

Because they were face to face interviews in private or far away from people, many people talked with ease. Some even asked when the results of the survey would be out. A total of 50 people were interviewed using this process.

## **Areas of inquiry**

These were the areas of research. They were also the four themes of the study in the five constituencies the survey took place. These were:

- Voluntary counseling and testing
- Condom uses in the survey areas
- Antenatal clinic attendance by the people
- Feedback- What the community feels should be done to reduce HIV/AIDS prevalence in the field of the survey.

I had the following indicators for the themes in the study that I conducted:

1. The number of people who went for voluntary counseling and testing in 2012 as a result of the community radio station messages compared to the figures of 2010 on the same program when there was no community radio station.
2. The number of women who attended the antenatal clinics in 2010 and 2012.
3. The number of people that have been tested positive of HIV/AIDS and are on antiretroviral treatment and are taking the medication at Mzimba hospital or clinics. Figures taken are those of 2010 and 2012.
4. The prevalence rate of HIV/AIDS in 2010 compared to that one of 2012.
5. The number of condoms distributed at Mzimba District Hospital in 2010 compared to 2012.

The aim of getting these figures was to find out if there was a rise in attendance in these facilities (the Mzimba district hospital and clinics in various centers) as the community radio station was encouraging them to get tested or get services from the clinics and hospitals.

The rationale behind it is that it is necessary to verify the results of the survey with the attendance figures at the hospital before making any conclusions.

To identify the causal effect of the introduction of the community radio station on the services such as VCT, I have used people living in the community. These are the best people to judge whether the community radio has had an impact on their lives or not. Most of these interviewed had been living in the areas for some years and hence can gauge whether the community radio is having an impact on the people or not. Some of them had been listening to the Mzimba community radio station since it was established and have been following the events and can judge better the success or failure of the community radio station. Some of them live very near the radio and can visit it several times a month, as the research revealed. More are in the preliminary findings and discussion of the research.

### **Ages and classes of people**

This research is based on interviews with 300 people (75 boys and 75 girls, 70 men and 80 women) who took part in a survey for a prevention study for HIV/AIDS. This was conducted in five areas of the five constituencies mentioned above. The average age of the boys was 15 years, and the average age of the girls was the same, 15 years. The average age of both men and women was 35 years. The study targeted ages above 15 years and below 20 years for boys and girls and age above 30 years for men and women for eligibility to take part in the survey.

The survey made a deliberate effort to interview people from different social groups within the community and these included destitute people, poor, middle-class people, illiterates, semi-illiterates as well as literates.

## **Sampling method**

The simple sampling method was used to interview all respondents. The reason was to give a chance to everyone to participate. This helped to prevent bias. Another way of preventing bias was to interview a manageable number of people (600 in total and 120 in each area of the five areas). This means 60 people from Mzimba West, Mzimba Solola, Mzimba South East, Mzimba Southwest, and Mzimba East making a total of 300 people.

## **Rationale for sampling areas**

In each of the five constituencies, one area was chosen. These areas, Kafukule, Chikangawa, Mzimba Boma, Jenda and Embangweni, are huge parts of the constituency where many people live than other fields in each constituency. In addition to this, these are trading centres where people in each of the constituency go for shopping. Market days are always full in these areas because people come from all the areas of the constituency and converge.

For example, people would come from ten areas of Mzimba South East and converge at Jenda. In this way, the sample was representative of the area as many people were found on market days when they come from various areas of the constituency.

In each of these areas, the number of people living in each area is 6000 or less, according to Malawi Electoral Commission figures of (MEC, 2014).

## **Interviews**

I also used triangulation to get the data. I used the questionnaires, face to face interviews, telephone interviews as well as observation. In this way, the weakness of one method was compensated by the strength of another thereby improving confidence as stated above (Lambert, 2012).

The interview was designed to make it revealing. This was done to get easily the Ngoni beliefs as well as the attitudes of the people towards HIV/AIDS, especially those that live in areas that have communication problems and sometimes have no access to the mass media (Gubrium, 1995, page 55).

## **Observation**

A participant way of observation has been used in some studies. The primary aim of representation is to access information about people, their way of life, beliefs and traditions they believe in, the way they sustain themselves economically, among others (Kawulich, 2005). It is always ideal to make an observation several times to come up with proper conclusions.

This conviction was also shared by May who said;

....The research is the medium through which this takes place. By listening and experiencing, impressions are formed and theories considered, reflected upon, developed and modified. Participant observation is not an easy method to perform or to analyze, but despite the arguments of its critics it is a systematic and disciplined study which, if performed well greatly assists in understanding human actions and brings with it new ways of viewing the social world. (May, 1993, pp.130-131).

Observation in this project was able to uncover a lot of information. For example, the two-step flow model of communication, the as well as the way people care for their sick and how traditional customs are still being practiced were learned through observation.

## **Mapping of the area**

Five constituencies were sampled. The reason is that these are legally gazetted areas in the constitution of Malawi.

The areas I therefore mapped were Mzimba solola where the community radio station is located, Mzimba West, Mzimba East, Mzimba South East and Mzimba South West.



These are the areas where the reception of the Mzimba Community radio is clearer than other areas such as Mzimba North and Mzuzu city.

Main trading centres were then chosen from these constituencies, and these were as follows:

Mzimba Solola	Mzimba Boma
Mzimba East	Chikangawa
Mzimba West	Kafukule
Mzimba South East	Jenda
Mzimba South West	Embangweni

The justification is that these are the main trading areas of the constituency where you can quickly find people who come from the rural areas for shopping, selling their produce as well as to find a connecting bus to the regional headquarters in Mzuzu or the Capital of Malawi, Lilongwe.

### **Method setback and consideration**

In Malawi issues of HIV/AIDS are related to promiscuity and very few people can easily discuss these issues in public and let alone at a trading centre. Given the sensitive nature of this problem, respondents in the five areas that was covered by this survey would refuse to answer some questions, feign ignorance of some things done in the society, for example issue of condoms and voluntary testing (Lind of and Taylor,2002:171). To overcome this setback, most of the interviews were conducted at trading centers with people boarding minibuses as well as buses to the district headquarters of Mzimba as well as to Lilongwe, the capital city of Malawi. I did not know the people and even they did not know me. In this way, it was easy to convince some who were feigning ignorance or did not want to disclose some issues.

I used to walk on foot in the trading centers mentioned to meet people who had come from deep in the villages. At Jenda in Mzimba South East, I met people who had walked on foot for over 20 kilometres to board a bus to the capital city. They had come as far as Khosolo.

Some members of the group, especially at Jenda in Mzimba, withheld their thoughts and were not comfortable to talk in the public (Fern 2001:106). This is normally the norm when people speak in a group. Others become open while some are reserved. This was the reason I used the different interview techniques namely questionnaires, face to face meetings, as well as focus group discussion so that a weakness of one interview technique was compensated by the strength of another type of the interview method. Usually, I would speak with those who were not free to speak after others had gone.

Another interesting thing to note is that each interview was quite different as some were so much ready to explain more, unlike other people. Each area of the question was therefore fully explored for each type of interview that was conducted. Some were willing to discuss sensitive issues while others were reserved. It was also pleasing to note that most people said the questions were simple and straight forward. Because they were simple and straight forward, it was easy to ask to follow up issues and respondents would take a lot of time to explain as can be observed in the preliminary findings and discussion of this study.

## **Chapter five: Findings and Discussion of the study**

### **Themes**

As indicated in the Research Design and Methodology chapter, four issues were captured in this survey. These stemmed from the two research questions (Can activism journalism be used in crisis? what are the solutions people are trying to bring to combat HIV/AIDS in their areas?)

In response to question one to test the activism journalism and gauge its success, there were three themes aimed at finding out the success or failure of activism journalism (in other words, were they convinced to go for these services of VCT, condom use, etc. as a result of the community

radio?). Quotes from people in the community were recorded and had been presented in the verbatim form below. The three themes were:

1. Response from people to messages on the Mzimba community radio about voluntary counseling and testing.
2. Response from people to messages on the Mzimba community radio on condom use.
3. Response from people to messages on Mzimba community radio on antenatal clinic attendance.
4. For the research question, number two (what are the solutions people are trying to bring to combat HIV/AIDS in their areas?) people were asked what they think are the solutions for the HIV/AIDS pandemic. In other words, how can the prevalence rate be reduced in their view? (As explained in the introduction). All the messages were quoted and were presented below. I shall start with an explanation of voluntary counseling and testing.

### **1. Voluntary counseling and testing (VCT)**

Voluntary counseling and testing forms a huge component in the fight against HIV/AIDS .It is through this that the Malawi Government gauges the prevalence rate to see whether the fight against HIV/AIDS is being won or lost. It is also through this that sick people are identified and put on medication.

To this effect, the Government has established some voluntary counseling and testing centers in the district hospitals in Malawi as well as clinics and has also opened some centers in working places, especially in schools and institutions of higher learning ((Yoder and Matinga, 2004). Voluntary counseling and testing are therefore well-known words in Malawi because of building structures throughout Malawi.

In Malawi over ninety percent of people live in rural areas of the country (MDHS, 2010, p.2). Most of the people interviewed were coming from the rural areas.

Some of the texts have been interpreted in English as they were using Tumbuka, the local language spoken in the area. Gender, place and time have been mentioned in each text. For

example, Female Jenda 1[004 8.20]) means she is female and comes from Jenda which is Mzimba East constituency, and it took 4 minutes for the interview to be concluded. It also says the conversation started off at 8.20 a.m.

It is also important to note that some were comfortable to use pseudonyms as characters to replace their names. However, others did not want even the pseudonyms. Only a few people used their real names. In instances where people refused to be identified, I have used names where the interviews took place (For example, Jenda 1).

In the discussions, I asked which radio station they listen to and whether it helped them to make a decision to get tested. Follow-up questions were also asked in all these discussions.

These messages were received in different ways. These include direct' reception or one step flow model of communication, that is from the radio to the people, two-step flow of communication, that is from the radio station to opinion leaders or relations then to the people. These messages have therefore been grouped into the open reception that is one step flow model of communication, two-step model of communication and hostile response. I will start with the two-step flow model of communication.

### **Two step flow, model of communication**

The first interviewee had heard from her mother. Her mother in turn heard from the Mzimba community radio. The conversation reflects the two-step flow model of communication (Lazarsfeld (1955), Katz (1955) and Berelson 1968) discussed in the theoretical framework chapter above.

This is what a girl said:

My mother surprised me one day. She asked me if ever my partner and I have gone for HIV testing. She had heard from the Mzimba community radio about this testing. The presenter had stressed the need for someone who is getting married to know his or her status before marriage and my mum was worried. I am getting married in few months from now. She told me to go for the testing the following day at the clinic. I got the results, and they were negative. Oh, I was so happy because my partner is also HIV negative. I'm so happy; my future is now assured. The decision I made was a good one.

(Goga (Female) Jenda 1 [004 8.20]).

The community radio, in addition to activism on voluntary counseling and testing, has also empowered people to resist evil cultural practices which facilitate HIV/AIDS pandemic. This is evidence that activism journalism is taking root in the communities. This is what this woman said when asked about voluntary counseling and testing:

I went to test my blood after I was encouraged by my sister who in turn listened to the community radio in the night. This was after my husband passed away after suffering for many months, and I thought maybe he has died of HIV/AIDS.

However, I would like to thank the community radio for alerting people about the newly enacted gender law that makes it illegal for someone to be forced into marriage. In addition to advising me to go for voluntary counseling and testing, my sister also told me about this new law and she heard from the Mzimba community radio. I was advised to get married to the younger brother of my late husband, and I told them that it is illegal. I feel, this is a landmark because I know there are many that are forced into such marriages.

(Jalawe (Female) Jenda 2[003 8.26])

She said he had gone to the testing centre after getting advice from her cousin who in turn got information from the Mzimba community radio about the new law on gender which made wife inheritance illegal. Her husband died, and the family of her late husband wanted her to get married to the younger brother. This is what she said:

My cousin advised me to go for testing. This news just came in a good time when we had just buried my husband. The place has poor reception for other radios except Mzimba community because it is near. My late husband's family did not object. Then my cousin told me about the new law being aired by the community radio that makes wife inheritance illegal. I did go for the testing but never married this man. So we were saved. Thanks to the Mzimba community radio.

Chingaipe (man), Jenda [3 004.15.20])

Some people were very fast to go for testing of their blood because they had lost friends or people who are close to them. As this interview revealed, these interviewees were able to go for VCT because of the advice of other people after losing members of the family. People rely on others when such disasters occur. This is how the two-step flow of communication is mirrored:

HIV/AIDS is real and is killing so many people. I have lost so many friends who are infected with this disease. I got the message from the hospital. I asked a nurse, and she advised me that there is need to test my blood and to look at the way people are dying, I decided to go for testing. Messages are all over about testing but to make a decision it is not easy because they are consequences, especially if you have been found with the virus. You can die before your time knowing that there is no known cure.

Waphya (woman) Jenda 29 [003 14.22])

This woman interviewed was able to articulate issues correctly about voluntary counseling and testing in addition to identifying the communication flow that convinced her. The interview with the woman also showed that health communication is evaluated in line with the information broadcast on the radio, especially in home-based care. It also shows that activism journalism can help to fight this pandemic in answer to the first research question. This is what she said:

The person who enlightened me about voluntary testing was a retired school teacher. He advised me why it is important for me to go for testing although I am old and advanced in years. He told me there were good programs on Mzimba community radio.

However, we have problems with home-based care. We need specialists to come and explain on what to do if a patient displays some unusual symptoms. While, general information on care can help, I believe a specialist will be able to explain more on what should be done at any stage of illness. These should be done because hospitals are very far. For example, my home village is 70 kilometers from the nearest hospital and information on health care is very vital in caring for a sick person far from any hospital.

(Dobadoba (woman), Mzimba Solola 28[012 12.57])

In Africa, it is only Rwanda that has come up with a more secretive way of testing HIV and other diseases such as syphilis (Talbot, 2015). In this trial, a \$34 smart phone attachment can detect the presence of the HIV as well as syphilis antibodies. It is breakthroughs that will help many people know their HIV/AIDS status in private. In this way, the problem being faced by the interviewee (only identified as Dobadoba Mzimba Solola 28) will be overcome. However, the articulation of facts shows that the journalism of attachment is taking root in Mzimba, about the first research question.

Girls in the Ngoni society are close to grandmothers than their mothers because grandmothers mentor them ((Read, 1938, pp 9-11). In addition to the influence of the two-way flow model of communication, it also shows that family cohesion is critical in decision making in the Ngoni society. . It also shows that activism journalism is helping people to be enlightened about the first research question. This is what she said:

I went because I heard the message from my grandmother who heard from the community radio. These messages are also broadcast on Zodiac as well as Malawi Broadcasting Corporation. The Malawi Government publication that is called Boma Lathu carries the message, but the problem is that it is in the Chichewa language that is not much spoken in my area. The Mzimba Community Radio is preferred because it airs the message in the Chitumbuka language, and sometimes mixed with the Nguni language, and we like it. Senior citizens do not understand Chichewa broadcast on Malawi Broadcasting Corporation but can follow what is being aired on the community radio because it is in a language they speak. That is another reason this community radio is modern.

(Express (Girl) (Jenda 7 [003 10.44])

This boy was influenced by a girlfriend who had heard about it during the music show on Mzimba community radio. Just like Jenda one, she was also convinced to go for testing but insisted that she should go with the boyfriend who had promised to marry her. This shows peer pressure should be considered in the fight against HIV/AIDS. This is what he said:

What my friends have said is true but I personally went there because I was influenced by a girlfriend who insisted that if I do not go for testing for HIV/AIDS, she will leave me. She made that as a condition. Although I did not like going there, I had no option but to go for fear of losing my girl (then he laughs).

Boy, Jenda 9 (004 10.43)

Some people go for testing because they see others going. It has become a culture of seeing others doing and then observing what others are doing. In some instances, they receive information from friends, an evidence of a two-flow model of communication. Bandura social learning theory is being mirrored in this way. This is what the two women said:

Woman, Jenda 10[005 10.48]: These days you see what others are doing and then if it is right for you and your family, better copy it. I saw my neighbor and her husband going for voluntary testing, so I also told my husband, and he did not refuse. We asked them, and they said it is good. They heard from the community radio and other radio stations and made a decision we too went and got tested,

This was also expressed by another woman from Kafukule, who also said all her friends went for voluntary counseling and testing, and she decided to go as well. This is what she said:

Woman Kafukule 24[005 4.57]: I feel when you are copying good things from others that can help you, it is good. I saw that all women were going for HIV/AIDS testing. They had heard this from MBC and community radio. They wanted to know their status before getting pregnant. It is critical. I followed the same, and I do not regret at all because my husband congratulated me and the following day he also went to the hospital for voluntary counseling and testing. We are happy people now.

A group of six people, mixed genders, two men, three women, one girl and one boy were interviewed. I took advantage of a market day at Jenda. In a rural area, each area has a specific market day in a week or month where people from various areas meet and exchange the goods. The interview showed that people are fond of copying from their intimate friends or relations. They do things because others are doing them. Some of them follow the Bandura social learning theory as they observed others doing it. It is a culture of copying what others are doing. This is the culture the community radio is advocating. It is trying to support the maintenance of what is good in the culture of people by removing what is evil such as polygamy. These were interviewed at Jenda and were coming from the Eastern side of Jenda and were going for the

market day. They were over twenty in number and using simple sampling method I chose six of them. This is how the conversation went on:

Man, Jenda 11(003 13.21: I went for VCT testing because I saw my friend who we do business together going, so I decided to go too. My friend had heard from our radio (Mzimba community) He told me he liked the language they use when conveying the messages on the radio station. I carry the papers from the hospital with me. I can even show you.

Man Jenda 15 (002 1.50: I saw my wife. She had gone there, and she was found negative. I was encouraged because I felt that if my wife is negative the probability is that I am also negative, so I went there. She heard from the radio and was convinced by the hospital staff who stressed the importance of testing, according to her.

Woman Jenda 12(002 13.25: I went for VCT because I observed that all my fellow women go just soon after pregnancy, so I too went. They had been advised by many people that include their grandmothers and clan leaders.

Woman Jenda 13 (003 13.28: I followed my friend you have just interviewed. We got pregnant together as her husband and mine are friends so I think they agreed to impregnate us (she laughs).

Girl Jenda 14 ([002 13.32]) It was the hospital that influenced me. I went for malaria treatment, and I was advised to test for HIV/AIDS as well because I did not have enough blood, so i accepted.

(Boy, Jenda 23 [002 13. 37]) My colleagues listen to Mzimba community in the night. At school we were discussing and in our group, all of us decided to go. We went. No one was found positive.

### **Direct reception or one step flow, model of communication**

Some people still use the one flow model of communication that is from the radio direct to the people by passing opinion leaders. The people own the community radio and hence have trust in the messages, unlike the public broadcaster (MBC) which was used in the one-party system to oppress dissenting views and could not air out comments from the opposing side ( Cammack, 2000,p.1). It is important to mention here that decrees of Dr. Kamuzu Banda, the first President of Malawi, were broadcast by the Malawi Broadcasting Corporation (O Maille, 1999, p.105-106). Most of these decrees caused affliction to the people. For example in one instance he ordered that teachers should be teaching in their regions. This affected many teachers from the Northern Malawi, who were many and were teaching in Central and Southern Regions of the country. There were mass transfers of teachers. It is because of such reasons that people do not trust the public broadcaster because they remember the pain they went through before the multiparty system in Malawi (O Maille, 1999, p. 189)

Below are the examples:



Mzimba community radio is doing a good job. The reception is excellent because we live in a mountainous area. I heard these messages to go for HIV/AIDS voluntary counseling and testing when the radio announcer was presenting songs, and he just put in this message. I went for testing the following day. It went well there.

(Wabefu (boy), Jenda 5 [003 15.20]).

Another woman also said:

We used to call HIV/AIDS a government disease because the government was always advocating on the public broadcaster (MBC). If someone dies, we would say in whispers that he has died of the Government disease. But since the community radio here was established we now know the truth. I trust this radio

(Nabanda (woman) Kafukule 35[002 09.20]

This girl said she was haunted by the message on the community radio. She said the presenter was telling people to go for voluntary counseling and testing, an evidence of journalism of attachment (activism journalism) on the community radio. She said this was fortified by a testimony of someone with HIV/AIDS on the Malawi Television. This shows that activism can influence an individual if the message is well packaged. This is what she said:

The presenter from the community radio was putting songs, and as he was presenting, he was discussing with listeners why HIV/AIDS counseling and testing is critical for an individual, especially the youth. That captivated me and was looking at the day I would go. The following day I saw a well know TV personality declaring that he has the HIV. That entrenched my idea, and I went to the clinic the next day.

(Girl Jenda 8 [002 10. 48])

A man in his fifties said he was influenced by what he heard on the community radio. They were talking about some signs of HIV/AIDS. He said the one speaking on the radio advised people to go for testing because if the disease is detected quickly there are medications that can prolong a life of someone. He said he had the same symptoms and decided to go. This shows that health communication can bring people to testing centers if it is well presented. This is what he said:

I tuned to Mzimba community radio after I came back from harvesting in my maize farm. . The presenter started telling us about some symptoms of the disease and he advised those that have these symptoms to go to the hospital for testing. I had the symptoms, and I had no option but to go the following day.

Gadabu (Man) Jenda 23, [003 5.45])

## **Negative comments**

Community radio may still not be enough to persuade some people to get tested possibly indicating that a 'one-size fits all' approach may not be practical and that community radio may need to use other means as well. This includes the use of opinion leaders and village heads as well as family ties. As indicated above in voluntary counseling and testing, these wield a lot of power in influencing change in the communities,

This research also revealed that some people are afraid to go for testing even if they receive the messages because of stigma and discrimination as these interviews shows. This is an area that needs to be considered. It is also an answer to the second research question on feedback from the community. This is what this woman said, only identified by her nickname as salu (clothes in English):

I personally know some people who conduct the tests, and if they know my status, they would surely tell people, especially if results are positive, meaning I have HIV/AIDS virus. They will tell my husband, and he will surely divorce me. Divorce would be disastrous for me and bring shame to my family. While it is important to have an HIV/AIDS test, I fear the consequences.

(Salu (Woman), Jenda 27 [003 9.35])

Some girls expressed concern that they do not trust the syringes and equipment that are used in getting blood from people for testing. They fear that medical staff administering the testing could use one syringe for many people. The focus group discussion went on like this:

I do not understand why people rely so much on health personnel. They are human beings like you and me. How do I know? Maybe the equipment they are using has been used by another person? How do we know that they washed their hands before handling the equipment? Maybe they touched the blood of someone with HIV/AIDS? Who can know? I personally cannot go for testing.

(Chapitamo (girl) Chikangawa 1 [003 8.51])

His sentiments were also expressed by her friend who illustrated that there is witchcraft, and HIV/AIDS is a fake disease. She said;

Why does the Malawi Government waste a lot of money in informing people about HIV/AIDS? I wonder a lot and sometimes laugh. People are languishing in poverty, and all the Government just spends money on newspapers for

campaigns. Are you also sent by the Government and you are using allowances? This is the money the Government could have used to buy fertilizer for farmers, to upgrade roads and buy buses for transport. What do we hear? Messages are all over about the pandemic when, in fact, there is no HIV/AIDS. It is witchcraft that is killing people and not lies the radios are peddling about HIV/AIDS.

(Chikangawa 2 [007 9.00])

This shows that Journalism of attachment, as well as health communication, should be an ongoing process at the community radio so that all people are educated. This would eventually convince people to go for hospital services.

This girl named Chapima said she does not see any need to go for blood testing. This is what she said:

Messages on the Mzimba community radio enticed me. They were persuasive and went on over and over again so I went. But I am now asking myself, why did I go? I do not see any reason. If I was found to be HIV/AIDS positive, would they have given me any medication? I would have ended up dying in misery.

Chapima (girl), Chikangawa 3 [ 004 10.51].

**2 Solution to the problem of HIV/AIDS** (in response to the third research question in seeking solutions that come from the community)

It is said that decentralization brings decisions making closer to the people who are oppressed, and poor hence decentralization gives them voice to be heard (Devas and Grant, 2003 p.309. This theme is coming from this vision. People are free to talk about governance right away from a village level. The village head would invite people to give their opinions on any developments in their community at a meeting the village head calls. It is therefore not a surprise that people are free to give opinions on how to improve health services about HIV/AIDS.

In the new multiparty dispensation in Malawi people can talk freely and can give constructive criticism to ensure service providers develop unlike in the past when everyone was afraid to air out views for fear of arrest by police.

It should be noted that most of the quotes are representative of so many people who shared the same words.

Of much concern is lack of enough health personnel. Malawi, like most countries in Africa, lacks enough doctors and nurses (Siliconrepublic, 2014). The comments from the people show that the

impact of lack of health personnel is felt even at village level. This has also been discussed in the literature review,

I got views from a focus group discussion of three men. The two agreed that that HIV/AIDS advocates should be following them in their villages except the third person. This also shows that activism journalism is helping people to follow quickly developments on the community radio, and they compare it with other radio stations. This is what the first one said:

...., the big problem is that these people do not hear from us, we who stay in villages. They make messages for us. Of course, Mzimba community Radio is a bit different because we can visit them easily and tell them our views face to face. But what about these other radios stations that are very far from us? What about these advocates that put these messages? This HIV/AIDS fight is changing dimension every day.

(Chimwamowa (Man) Jenda 16 [010 841])

His friend expressed the same sentiments, but he added something for the Government to do, evidence that health communication and journalism of attachment is taking root in response to the first research question. This is what he said:

... If we could have special clinics for HIV/AIDS patients, it could be the best. Some will say it will increase stigma and discrimination as anyone going there would mean he or she has HIV/AIDS, but the good things are that we will have co-specialists in those clinics who can give proper advice. But all this can be done if these advocates or health officials visit us and hear from us.

(Jefuti (Man) Jenda 17 [05 8.53])

However a reporter who opted for anonymity working for the Mzimba community Radio said:

.... I feel the community radio should be empowered more. Because we are in an HIV/AIDS crisis, the Government should provide a medical doctor every week to speak about HV/AIDS and people can easily access him or her. We could have room where people around the community could easily meet the doctor right away here. I think the services can be user-friendly.

(Man Jenda 54 [04 9.30])

But the third respondent in the focus group discussion did not agree with this two friends opting to discuss what the community can contribute fellow members of the community. This shows that if people are well taught, they can rely on their own for any development in their area.

... If we rely on the Government to do all the things, we shall wait in vain. We must do things for ourselves. It is only a community that thinks of itself that can develop. One must ask himself or herself what he had done for the community. We must look at the real causes of HIV/AIDS at the community levels, why is there so much prostitution and what can we do as community? What can we do for people who are infected so that this other generation is HIV/AIDS free? T. I want to go to the community radio to tell them that they should put this under discussion. People should discuss these issues and come up with solutions. In that way, we can find a common solution to a problem.

(Mowa (woman) Jenda 18

[07 8.55]).

At Embangweni in the South East constituency two people, one man and one woman interviewed at different places said their villages have already started doing something in their areas. This is in reaction to what they see others doing and doing what they are taught. This is what they the first one said:

.... In our village, we have a committee which looks at the preventive ways of dealing with HIV/AIDS. The same committee also looks after orphans at the village level. What we want now is a listening club for the community radio which can help training our committee. Malawi Broadcasting Corporation used to have listening clubs. I feel Mzimba community should come and help in this matter.

HIV/AIDS has wrecked villages as many people have died and have left behind children. So the first task is to look after the children who are orphaned before we can start looking at ways of how to deal with this virus. But as for me the best way is mandatory testing for all people so that those who do not have should not be involved in prostitution. In that way, we can make progress but the way things are as of today, it is difficult to make progress.

(Woman Embangweni 1 [009 12.55])

The third woman proposed mentoring to breed culture anew by removing dangerous traditional customs and maintaining those that can benefit the youth. He said this could be done through the community radio and other communications as well as mentoring in villages. He said the best is mentoring to breed an old culture. In this culture, children are mentored by more aged people after the meals. They bring in new information, latest developments as well as the same advice they normally get from school, church and other sectors such as school. In the cultural teachings, they take away what is bad and maintain what is good, especially for their health. They also advise them to study other fellow youth they recommend and copy how they respect elders, help their parents, how they behave by keeping a distance from the girls and how they abstain from immorality.

This is what she said:

....In the past, we used to mentor children. All of them from the village would come together, and old men would speak to them and advise them to abstain. It was a form of a class, every day. Any latest news could be shared in light of the lessons to be learned that day. Today we look for news from the community radio and MBC, Zodiak, etc. but in the past we got them from the kraal (sangweni in vernacular) after eating. I feel those structures should be maintained.

It was happening. Some of the diseases were avoided in this way. But today with these human rights organizations they would take you to court. Things are changing from bad to worse.

(Woman Embangweni 2[010 16.45])

At Mzimba solola constituency, two girls proposed that there should be enough drugs in the hospitals and adequate health extension workers who would be visiting them often. This is what the first girls said:

....In most hospitals as well as clinics, we do not have enough drugs. Government hospitals are good because the clinicians are well trained. When they diagnose you, they will write some drugs that you have to buy at the pharmacies. But what is very painful is the fact that when you go to these government stores you will not find the drugs. What happens to an HIV/AIDS patient in the absence of necessary drugs? I feel this situation is very critical. The government must seriously address this problem, If the Malawi Government does not have money, they should ask donors.

(Girl, Mzimba Boma 1 [05 16.57])

What is interesting is the concern people have for the future. People want to have a free HIV/AIDS generation. A few quotes were chosen to represent many that spoke almost the same words.

One woman said there is need for forced testing of HIV/AIDS for all people in the country. This is what she said:

Everyone in the country should be tested. That means if someone needs necessary services, he or she must produce the document that he or she is tested or else these services should be denied. Prostitutes should be stamped if they are HIV/AIDS positive, I mean both men and women. I as a woman feel bad if I see young people dying. If everyone is tested, we are going to have an HIV/AIDS-free generation in the future.

Naziti (woman) Mzimba solola 3 [003 17.52])

One girl said things had changed for the worse as there are very few health extension workers who visit villages compared to the past. She said unless this is reversed, HIV/AIDS prevalence rate will remain high as people need guidance. This is what she said:

.... health workers used to visit homes and teach people how best to take care of themselves. Many people were coming to listen from these community health workers. During the outbreak of diseases such as cholera and measles, they used to visit people using motorcycles. Those people are no longer seen nowadays in the villages.

(Mbanthu (girl) Mzimba Boma 2 [05 17.05])

But the fourth person, who was a man, had a different opinion about the natural stand of the woman. This is what he said:

.....what I propose is mandatory teaching in all schools about HIV/AIDS, and this should be followed by programs in each village or area. In that way, it will raise awareness about this virus.

Secondly, we should give village heads and clan leaders much power to monitor their people. In that way, we are going to check the spread of this pandemic.

Haggai (Man), Mzimba solola 4[004 17.57

In Kafukule in a focus group discussion four people two men and two women spoke of difference approaches. This is was the view of one woman:

The community should be mobilized to ensure that there is no prostitution. Chiefs should be empowered to punish offenders to deter others and should not wait for the courts to decide on cases

Bulawula (woman) Kafukule 1 [003 8.50])

But the men had a different opinion. This is what one said:

I believe in mentoring. I feel if children can be mentored while young we can minimize prostitution

Man Kafukule 2 [003 8.55])

This is what another man said:

Villages should have guards. These should be empowered to pouch on all prostitutes and cleanse the area of immorality. There should be more interaction on the community radio.

(Man Kafukule 3[003 9.01])

But the last woman spoke of large campaigns that should cover large areas. She said these should target not only the youth but all age groups. This is what she said.

.... Politicians do massive campaigns during elections. Why can't they do the same with HIV/AIDS if the government feels the pandemic is killing a lot of people? Do they only need people to vote them in positions and forget them when they are in Parliament? No, that should not be the case. They should target all age groups in their messages. They can use the community as well as the public radio stations, going flat out on campaigns.

(Woman Kafukule 4[003 9.07])

The group I found at Chikangawa said a lot of what the country can do on stigma and discrimination. This is what one girl said:

....of much paramount importance is the negative publicity people who have HIV/AIDS get in the public. They are humiliated, and some say they are living corpses. I think that should stop if people are to go freely for testing for HIV/AIDS.

(Girl 1 Chikangawa [003 13.20])

Another girl added that radio stations should not use some words in the tone and words they use for people who have HIV/AIDS. She said:

They should be severe when they advise people about voluntary counseling and testing. Other people laugh as they deliver these messages. This is making people having the disease as being careless. Not all people got HIV/AIDS because of being careless.

(Girl Chikangawa 3 [003 13.27])

A man in the group advised Malawi Government to introduce initiatives to entice people to go for voluntary testing

... if Malawi Government can present monetary gifts to people who can come forward and get tested, a significant number of people would be going otherwise it is difficult for people to go for voluntary testing.

(Gona pa makes a (man) Chikangawa 4 [003 13.34])

All this feedback is about the second research question that seeks solutions that come from the community. Such issues are also discussed at the Mzimba community radio.

### **3 Condom use**

#### **Direct reception or one step flow of communication**

Condoms are associated with promiscuity and as such very few people opted to speak face to face, especially women. Most of them who accepted said they use them in family planning. This is what the few women that spoke stated in the focus group discussion:

(Woman Jenda 20 [003 9.21]) Condoms are used in marriages. Even churches advocate for condom use in marriages only. The Bible forbids to be used anyhow, and we use them sometimes with my husband. . But I got the message firstly from MBC.

The next woman, while accepting that he has heard messages on various radio stations, said the hospital convinced her to start using condoms with her family. This is what she said:

(Woman Jenda 21 [004 9.26]) I use the condoms, the right thing with condoms is that you can buy, even from shops. The only problem is that you feel shy to buy from someone that knows you. I got the message from the hospital, and I normally get condoms there for family use (meaning the hospital).

Woman 22 Jenda 22 [004 9.32] we use it for family planning, and we have been doing that for some time. We got these messages from the hospital. I discovered that many parents use these, so we started using them too.



## **Two-step flows of communication**

However, boys were very more open, and they accepted that they use them and for sometimes in a year. This is the group I found at Mzimba Solola, just one kilometer away from the Mzimba community radio. Because it is very near, Most listens to it. This is what they said in a focus group discussion at Mzimba Boma:

Boy, Mzimba Boma 20 [003 12.32]) you cannot do without condoms. Messages are all over. Parents frequently advise us over meals to abstain but if we can't.....condom is the alternative.

Boy Mzimba Boma 21 [005 12.38]). Chishango (a type of condom) should be used, and no one should lie to you, most boys use them, but they cannot be honest with you. In this area, the most popular radio is our very own...UMzimba (Mzimba) community) seconded by MBC, Zodiak and others. But I got this advice from my grandfather.

Boy, Mzimba 22[005 12.45]) I get the condoms from the hospital. This is life and once you mess up you die, so you have to be careful. I started using them so time back. It is not the radio that I got the messages from but from the hospital. The biggest problem we have in Malawi is that people pretend. They sleep with women using condoms, but they will never tell you. One rest house here in mzimba had its pipes blocked because of condoms. Who got there? It is people from here, but they will hide. I am always encouraged to use condoms by my family. It is life.

(Boy Mzimba Boma 23[007 12.53]) The media has done a lot of good work in transmitting messages on condoms and other services, and people are enticed to go for these services. But the radio, particularly our own (Mzimba community) must do more. There is a need to have interactive programs that will shape the thinking of the people. In addition to this, the politicians, and chiefs should not interfere with the running of the community radio station. It should have its independence in carrying out its duties.

## **Against condom use**

However, others feel that condoms are encouraging people to indulge in sex and asked the community radio to address the issue of prostitution. This is what they said at Chikangawa;

(Man (chikapu) Chikangawa 12[005 8.30] Many people listen to Mzimba community radio because it uses the vernacular language of Chitumbuka. My plea, therefore, to them is to adjust the words. While they advocate for the condoms, they should emphasize that they should be used in marriages and not just anyhow. We know the radio station is a secular one and not a religious radio but out of morality, I feel this should be taken into consideration. Our youth has taken advantage of this by using condoms anyhow. This is bad.

(Chigeta (man) Chikangawa 13 [005 8.37]) The community radio is popular because of the Ngoni language it uses sometimes. However, the youth should be trained to abstain and not to use condoms. In that way, our cultural discipline will be maintained.

As can be seen, only two people mentioned their nicknames. It is because condoms are associated with promiscuity.

#### **4 Antenatal services**

HIV prevalence continues to be high especially among women who are in their reproductive age in sub-Saharan Africa, and this necessitates the use of the nevirapine drug to prevent the Mother-to-child transmission (MTCT) of HIV/AIDS (Taha, 2010). Such mothers are advised to use exclusive breastfeeding only.

People in Malawi look at exclusive breastfeeding as an alien tradition and women start practice mixed feeding as early as 48 hours after the child is born. Grandmothers play a crucial role in the role of the upbringing of the child and hence are very authoritative. Often this advice comes from them (Østergaard and Bula, 2010). This acts as a conduit of HIV/AIDS.

However, it is a concern that when women in Malawi become pregnant, they are traumatized. One fear that comes is that once the clinic finds them HIV positive it would lead to divorce. This is what was revealed in an interview in another study in central Malawi in Lilongwe (Østergaard and Bula, 2010, p.216):

When I came to this antenatal clinic, I was tested for HIV and was found to be HIV positive. When I went home, I disclosed my status to my husband, and since he did not want me to have the test, immediately he started shouting at me as a prostitute who did not [respect him] ... then he left me (mother of two, 20 years old, separated).

Interviews conducted in Mzimba showed the same pattern of meetings. Women were so much worried when they were going to antenatal clinics because women in Malawi are tested for HIV/AIDS in the infancy of their pregnancy to prevent the mother to child transmission (Ministry of Health, 2012).

#### **One step flow model of communication ((Bennett and Manheim, 2006)**

The community radio station has been reminding the women and men the importance of elimination of HIV/AIDS in babies by making sure that women who are pregnant are encouraged to go to antenatal clinics. When they are found with HIV/AIDS, they should start taking the medication to avoid the unborn child getting the disease. They also advise men not to harass women if they have been found with HIV/AIDS. This is what the two women said:

(Woman Chikangawa 30 [00 11.40]) I am always worried when I am pregnant because you can't know how your husband has been behaving. He drinks a lot and sometimes sleeps with other women. I have heard that when some women have been found with HIV/AIDS during at the antenatal clinic, and they tell their husbands, their husbands chase them away forgetting that it is them that have been misbehaving. Luckily enough, I have always been found HIV negative, but he always asks if I am HIV/AIDS negative or positive after attending the antenatal clinic. Radio stations are doing an excellent job in educating men, especially our community radio as they broadcast in Tumbuka language.

But the other woman said civic education by radio stations and newspapers and the human rights organizations have done a lot of good work for men to accept the HIV/AIDS situation of their wife. She, however, said hospitals should do more than what they are doing presently by calling the spouse if the woman has been found with the virus so that they are counseled together. This is what she said:

For some years, radio stations have been advising women to go to clinics when they are pregnant. Even women Government ministers have joined this fight via the radio stations. Our radio (Mzimba) talks about it and it are so appealing to the young women because the messages reach them when they are enjoying songs. But the problem is our men. They do not accept. I cannot hide you; women are so much harassed when they are found with HIV/AIDS in these marriages as if it was them (the women) that brought the infection in the family. Men forget that they are very careless especially when they go for local beer parties (commonly known as mkontho).

Hospitals too should make a deliberate effort to call the man and woman if one has been found with HIV/AIDS and they should counsel them together. The laws of this country should change to accommodate the woman especially on HIV/AIDS counseling and testing. The law should give powers to the hospital to call the man. But the way these things are now, women are in big trouble.

(Woman Chikangawa (29 [010 11.50])

However, two men had different opinions about these views. They felt it is not all men that harass the women but only the misguided few. They also said the mass media should properly direct these messages by involving experts in these areas. They said should be invited to speak on these issues time and again. This is what one said:

(Man Kafukule 15 [007 3.30]) The meaning of Mzimba is the body. So this radio station (Mzimba community radio) represents the body, and that is why it is advocating the local language. The government should be sending experts who could be talking about gender violence on the radio spiced with interviews of men who have discovered that gender violence is evil. In that way, many people will refrain. Some laws are against gender violence. Those should come out openly.

Besides it is not all men that behave like that. I have three instances in my village whereby the women were found with HIV/AIDS. They are still staying together because the village head called the families and advised them to accept the situation. People with HIV/AIDS now live for many years because of the drugs that have been supplied to the hospitals (antiretroviral drugs).

However, the second person to speak cautioned that care must be taken in trying to address issues of gender violence. This is what he said:

(Man Kafukule 16 [ 010 3.40] Violence is entrenched in the culture of the people and the best way is for chiefs to speak through the community radio and other forums such as the Malawi Broadcasting Corporation and Zodiak radio. They should speak against it in strongest terms, and they should tell people in the face that those that continue harassing women are not real men but women.

However, women too have their problem. Some of them have lovers, and there is no smoke without fire. Those that cast doubt on their wives it means may be, they heard that they are moving with other men. There is no smoke without fire. If two or more people are alleging that your wife is immoral, you better check on her seriously.

Lastly, it is interesting to note that the Mzimba community radio station is changing the culture of the people. As more and more pregnant women attend the antenatal clinic, and they hear the results of their blood test, the radio station is now taking this message strongly to the men to go with their wives to the clinics so that they too should know their blood test. They do this by the use of ngoni songs, and sometimes using the ingoma songs.

It is hoped that this journalism of attachment the community radio station is advocating will address the social, economic as well as health issues within all the spheres of its influence. It will address issues of gender violence, girl child drops out in schools, mobilizing communities to go for VCT facilities as well as encouraging women to attend antenatal clinics when they are pregnant. The community radio also links women and men to lending institutions by advising them where they can get loans for small scale businesses.

### **Two step flow, model of communication**

In addition to directly hearing from the radio, some were encouraged to go to antenatal clinics by their families. This is what one woman said, and she never hid her name:

The grandmother of my husband has been very supporting. She encouraged me to go for antenatal clinics early in my pregnancy. That assisted a lot because I got so much advice from the clinic. She is a keen follower of the community radio because it is broadcast in the vernacular language, and she told me the radio encourages people to go for these facilities in clinics. She then followed up with me if I had ever gone to the hospital.

(Nomvula (Woman) Kafukule 13[007 13.20])

The sentiments were also expressed by another woman from the same area who said what the community radio is doing in broadcasting in the Tumbuka language is assisting people who are not able to hear other languages. She said they now learn about health communication issues, evidence that health communication using activism journalism is taking root in the community, answer to the first research question that wanted to find out if journalism of attachment can help in crisis. This is what she said:

My mother in law is very old (70 years) but a keen follower of the events on the community radio. Since most programs are in Tumbuka language, she listens attentively and in turn reminds me about the need to attend the antenatal clinic. I started these clinics early in my pregnancy. When I come back from the clinic, she asks me what clinicians are saying.

(Jesse (woman) Kafukule 21 [004 8.50])

All these comments show that Malawi has a long way to go in the development of a lot of health infrastructures. There is lack of a number of services and this is felt by people who are living in villages. In 2014, 84% of people in Malawi were living in rural areas in the villages (World Bank, 2014).

In addition to this, all these people interviewed come from the Ngoni area and share the same problems. These include lack of enough clinics, lack of drugs in hospitals, lack of enough health personnel, among others. They also have common culture which has good and bad things. Bad things include violence against women and early marriages and good cultural practice include sharing food with others and helping the sick and the old in the community.

There is therefore need for Malawi to address these issues with the help of the international community.

### **Overall results of the survey**

As stated in the introduction, a total of 600 people were interviewed. People were asked where they got the information that convinced them to go for health services. The aim was to gauge the extent of health promotion that uses 'journalism of attachment'. Mzimba community radio was compared with other sources of information. The results showed that 30.1% were convinced by Mzimba community radio to use health services, an indication that 'the journalism of attachment' is taking root. Below is, therefore, a summary of people interviewed. They include those that were interviewed face to face (individually), focus group discussions as well as questionnaires:

Table 1 Overall results of the survey

Activity	Mzimba Community Radio	MBC	Hospital	Other	Total	Percentage
Condom use	67	34	53	27	181	30.1666
VCT	55	48	31	15	149	24.83
Antenatal	41	43	40	24	145	24.166
ARV	30	28	26	41	125	20.833
Total Number of people				600		

The study wanted to find out if there were changes in attendance at the hospital because of the influence of the community radio station as stated by many people in the interviews, figures were also collected from the district hospital, and these are the results:

**Table 2- Figures from Mzimba District Hospital for 2010 and 2012**

Year	ARVs	Antenatal	Prevalence Rate	VCT	Condom use
2010	22,000	44067	10.6	58,000	95678
2012	3367	47472	10.2	81000	86678

Source: Mzimba District Hospital

These were the results of the models of communication that were used by the people interviewed

**Table 3: Communication channels utilized by the public interviewed**

Communication channel	Figure	Percentage
Two step flow model	240	40.0
One step flow model	183	30.5

Both	175	29.1667
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## Conclusions

The survey results have shown that the first question has been answered because Mzimba community radio has contributed to more voluntary counseling and testing than before , more condom use, more use of antenatal services and increase of people on antiretroviral drugs (What can a community radio contribute to health promotion in response to a health crisis/the AIDS epidemic in Africa?). It is possible that some variables contributed which enabled people to use the health facilities. The journalism of attachment at the Mzimba community radio could have been one of them as shown by the results of the survey (condom use 30.1667%), voluntary counseling and testing (24.83%), use of ARVs (20.833) as well as ante-natal clinic services (24.167%).

The study has also shown the best communication channel used by the person which is the two - step model of communication. This means the second research question has been answered (What is the communication channel that the Mzimba communities like most?). Those who use the two-step flow model of communication numbered 40.0% while those that use the one flow model of communication numbered 35.5%. The rest that use both numbered 29.1667.

An interesting factor is the inclusion of chiefs and village heads as opinion leaders in this context. These mostly use the two flow model of communication. These leaders stay in villages where over 84% of people live (World Bank, 2014). As indicated in the introduction, these leaders play a crucial role in mobilizing the public for a good cause. These good causes include self help work for the aged and the sick, care for the sick, distributing free coupons for buying fertilizers that the Malawi Government provides every year, assisting strangers who have come in the villages among others. Because of these good causes people respect them and most use their advice.

The survey has also answered the third research question because people have given a feed back on health services that Malawi Government is providing the people (what are the solutions people are trying to bring to combat HIV/AIDS in their areas).

The results of the study in Table 1 showed that more people are going for condoms (30.167) seconded by voluntary counseling and testing (24.83), and then antenatal services (24.167 and antiviral drugs ARVS (24.167%).

The figures at the hospital in Table 2 also show the same trend. More people are opting for condoms and voluntary counseling and testing. As for 2012 figures on condoms, it was only for those people took condoms from the hospital excluding those who bought in shops. Condoms are now sold in stores throughout Malawi than in the past. It means condom consumption was more than 86,678 in 2012.

More people went for voluntary counseling and testing in 2012(81, 0000 than in 2010 (58,000). More people went for voluntary counseling and testing in 2012 (47472) than in 2010(440The Mzimba district hospital administered the ARVs, but now people get them from clinics as well to avoid them walking for long distances. The figure for 2010 was for the District hospital only and did not include the clinics. That is the reason the number is small.

The results in Table 3 show the two-step flow model of communication is liked by people more (40.0%) than the one level step flow of communication (35.5).

Table 3 might explain why the fight against HIV/AIDS has lagged behind in Malawi. The Malawi Government has been using the public radio stations and messages have been going direct to the people without the involvement of opinion leaders, village chiefs and clan heads (direct reception or one step flow channel of communication). Already people have a mistrust of the public radio because before the multiparty democracy in Malawi was used to oppress people during the dictatorial system of the first President of Malawi Dr. Kamuzu Banda (Cammack 1999, p.1). People trust the community radio that is community owned.

Another very important aspect that the study has uncovered is the role of opinion leaders such as village headmen, clan leaders in convincing people to go for health services. They are trusted by the community and play a very pivotal role in persuading people to go for condom use, blood screening as well as the antenatal clinic.

The third research question has given a lot of insight on the way forward for HIV/AIDS fight. It showed that people want to be consulted on any decision or program the government or an



organization can undertake in their area. This has been shown from pages 110 to page 117. Many people were complaining that they were not consulted on any program before it was implemented.

This reason for this is because it has been the tradition of the Ngoni people to be consulted on any aspect. A village head would usually invite elders and other people on any decision he wants to make. People would debate and come up with a conclusion. It is therefore not a surprise that the people want to be consulted on any health services to be provided.

It explains why some people resent the services because they feel something has been forced on them. It shows that the bottom-up communication (from the people in the community to the government or an organization undertaking a program) can have a lasting impact because people own the program and can support it.

This research has also uncovered the lack of trust in the health services that are provided in the communities. In any community, there are those that will support a program and those that have misgivings. As explained above, many people do not trust the public radio owned by the Malawi Government because it was used to oppress people and could not air dissenting views that were against the Malawi Government. As it has been proved that the two-step flow level of communication is ideal in the community if used with a community radio owned by the people, these program should be intensified to instill confidence in the community on the safety of health services in their communities.

Another interesting point is the way the Bandura social theory is being mirrored in making decisions among the community. As can be seen, many people are doing what others are doing. Even the community radio is advocating the copying of sound and productive cultural practices.

As can be seen, a community radio station can be lifesaving if it can be used properly and if it can be able to target specific areas it wants to address. The survey findings have revealed that the community radio can have an enormous impact on the communities and address pressing issues confronting the community.

It is different from a public radio station that caters for an entire country. It is difficult to address needs of all the people in a nation of Malawi where people come from different tribes that have different types of beliefs and customs.

The community radio station is different because, it caters for the interests of an individual area. According to Dwivedi, (2010, p.2)

...broadcasting content that is popular to a local audience but which may often be overlooked by commercial or mass-media broadcasters

In Malawi, the Mzimba community radio caters mostly for the interest of the Ngoni people of Mzimba. It is advocating for the revival of the Ngoni language that is a cousin of the Zulu language in South Africa where the Ngonis came from (Kishindo, 2002, p. 206-209). It is also addressing problems peculiar to the area like women violence as well as wife inheritance and polygamy. It is now competing with Malawi Broadcasting Corporation which has been operating since independence (Malawi Communications Act, 1998).

One of the reasons is that people of the community can know the presenters, and as time passes, they can develop trust. This is very vital especially in the fight against HIV/AIDS because stigma and discrimination can be minimized. People will be able to open up, even to presenters and in that way a two-way communication can develop which can eventually help to convince people to go for voluntary testing in some clinics that have been opened in areas in Mzimba District.

The second reason is that a community radio station is easily accessible. Some who are near can just go in person and even speak to the community through the community radio station while others can phone cheaply.

These are some of the reasons why it is necessary to test the activism journalism that can be able to use social media such as Twitter, Face book, and other social media forms available

### **My Recommendations and observations**

Table 1 and Table 2 above show that people heard about the services and they acted on the messages. There is evidence because people have mentioned in the survey that they were encouraged to go for hospital services such as voluntary counseling and testing, condom use, antenatal clinic, as well as antiretroviral drugs because of the broadcasts of the community radio station. There was more demand for these services at Mzimba District Hospital in 2012.

Journalism of Attachment or Activism journalism is therefore helping the community to be aware of the services around them. As can be seen in the discussions, health communication has become a life-blood as people can articulate what the community radio is teaching them and also make proposals on what should be done to improve health communication delivered by the community radio station.

Bandura's Social Cognitive Theory is very useful in behavioral change communication. Of much interest is the observation and copying process in this behavioral change communication in this Mzimba community. The people have explained in their comments above that they saw others going for family planning and they did the same. They also saw people going for voluntary counseling and testing and they did the same. Through this observation and copying, people revealed that they do things because they see their friends or mentors doing them. For example, some women were encouraged to go to antenatal clinics after observing their friends going there. Others went for VCT because they saw others going there. As noted above, observation and copying is at the heart of Bandura's Social Cognitive Theory.

Another interesting part is the operation of the two-step flow of communication as well as the one step flow of communication. According to the survey, many people were convinced to go to the services at the hospital because they were advised by others. Others were told by their parents after hearing the message while others were told by village chiefs, village heads as well as peers. Others heard from the radio and straight away they went for the services.

My recommendation is that policy makers should fully utilize this two-way system, especially in the Ngoni belt in Malawi whereby it is traditionally accepted to act on the advice of an elderly person who mentors them as stated in chapter two. In trying to sell any idea that can benefit the community, policy makers could be using this system to their advantage as chiefs and other elderly people yield a lot of power.

The survey has also revealed the importance of health communication in a country where there is very few medical personnel. This communalism that enables sick people that are hospitalized in homes to be taken care by relations and friends can benefit so much from health communication being advocated by the journalism of attachment on the Mzimba community radio. The Medical personnel teach how to care for the patients and how to give doses to patients, among others.

They also announce the dates they would be visiting some health centers, and they advise patients to avail themselves so that they are examined and the right medication given. They tell them to come with guardians who care for them so that they are advised better. My recommendation on this one is that the community radio station should be inviting a variety of people to discuss critical health issues on the radio and later ask questions from the public. Such a process could be sustained for some time. In this way, many people who are not able to see a specialist doctor can be given an opportunity on how best to take care of themselves and the type of medication they can take in the short run as they wait to see a specialist for their ailment.

The survey has also revealed that social communication is taking root by the creation of a new culture conducive to the aspirations of the people. People are now able to take a stand against evil traditional customs such as wife inheritance and polygamy. The Mzimba community radio has empowered the women and girls with the knowledge to reckon the importance of school and to encourage the youth to remain in school. The community radio is also encouraging people to maintain the proper cultural tradition of helping each other in times of disasters such as sicknesses and taking care of orphan children, among others. I, therefore, recommend that this process of cultural communication should continue so that more people are educated to adopt a new culture where everyone is equal before the law and perpetrators of violence are brought before the courts.

People usually visit Mzimba District Hospital as well as health centers in their areas where they get various literature and information on the subject matters at hand. However, there is a need for people to discuss the literature they get from the hospitals further as some have questions to ask. I recommend the community radio station as the ideal forum for this type of discussion. Health officials would then try to explain the literature and people would phone to ask the questions. In this way, the questions people have about the literature they get would easily be understood mainly by people who live in villages far from the hospitals.

It was also revealed, especially in focus group discussions, that most people follow programmes at the Mzimba community radio station. They do so using Face book phone calls, letters by post and WhatsApp, among others. What is interesting is that other people just come in person if they have issues and have access to the radio station, a sign that the radio belongs to all people regardless of status, religion, race or tribe.

The study is also a pointer to a brighter future for the radio. Because of this impact of the community radio on the people, it shows that a well-defined activism journalism that can be sustained coupled with a two-step flow model of communication. In the long run, it can improve the standards of health in the community as people learn better skills to care for their sick and elderly people. Through the use of various health education programs as discussed in the literature review, many sick people would easily be cared through help tips on the community radio by the medical personnel .A better health for the community is crucial for economic development because it is only a health person that can contribute to the wealth of the nation.

### **The value added of my thesis**

This study of the Mzimba community radio station in than the journalism of attachment has not been considered before by any researcher, but reason applies for it to be studied.

The literature review has revealed that some studies have been conducted in the operation and administration of a community radio station, but none has been done on studies of activism in a community radio setting. These studies will, therefore, a signal a paradigm shift in tackling HIV/AIDS pandemic and hence a new chapter in this area of research has been established. This research is, therefore, adding knowledge to something has not been studied before in the academia, but there is the reason for it, mainly to save lives. Others researchers would carry on the candle by researching maiden areas related to this study that would enable people to know more about a community radio station. By studying in an inaugural area that has not been studied before, a new chapter is opened as other researchers will examine the best practices in the transmission of news and other categories of messages in a community radio station.

In addition to this, this research will add knowledge on how a community responds to the messages on HIV/AIDS. Another part of the world will undoubtedly benefit from the best way people can be convinced to adopt the services.

By knowing the channels of communication people usually use in Mzimba and understanding the impact activism can have, policy makers will be able to shift their strategy to tackle the

pandemic in a better professional manner as their communication strategies will be more focused. In the past, they sent messages to the community radio and assumed that people have understood the message. However, now they may decide to use opinion leaders to do the convincing work to individuals in the community for a positive behavioral change culture.

A shift in public policy will lead to better administration and better monitoring and evaluation of the activities of the radio stations. This is because policy makers will now know the attitude of people regarding some communication channels. For example, some women expressed concern for some pamphlets the Ministry of Health has been distributing and hence wanted more explanation.

Such shifts in policy will act as a case study for other radio stations since we now live in a global village. This study will help the radio stations across the world to re-evaluate themselves. They may even decide to make inquiries of this nature to gauge the perceptions of listeners.

This thesis will also contribute to the fight against HIV/AIDS in the whole world. HIV/AIDS is not only in Africa but the whole world. Recently a newspaper article reported about the outbreak of HIV/AIDS in the United States of America (Rudavsky, 2015). Such outbreaks show that HIV/AIDS is a global problem hence research in any part of the world is very vital as it would be used by people that need such type of information.

The study shows that there can be a new way of fighting the pandemic that can translate into behavioral change. This is as a result of the endorsement of the two flow level of communication that many people encourage in the community. People revealed that with this way of communication, there is intimacy and people are thus able to trust the source of information other than just from the radio to the people.

Another reason is that in a community radio setting people can ask questions where they do not understand. Some just come in person to ask, unlike a radio station that is hundreds or thousands of miles away hence making it convenient for people living in a community. This is what is lacking in the one way level of communication whereby people hear straight from the radio and make decisions depending on the message they have received. This two-way communication enables people to understand things correctly. Besides, most of the people, who are opinion leaders and village heads in Mzimba, are trusted and respected. It is thus easy for people to

understand better when it is coming from someone you can easily speak to and who can be able to explain. This is the reason a two level flow of communication has a practical approach in the fight against the HIV/AIDS pandemic.

Furthermore, this thesis will contribute to the training of journalists at the University of Malawi, Dublin City University and the Malawi Institute of Journalism. There is not much that has been written on community radio stations. Barlow (1998) and Coates (1997) in Vuuren, 2000, p.3) agree that little study has been done on community radio stations. Any research that discovers new information adds knowledge and can be used in another part of the world is certainly beneficial.

As for the Malawian context, it is important to mention that community radios started operations after the President of Malawi then Dr. Bakili Muluzi consented to the Communications Act of 1998( MACRA, 1998) . Preparations for the establishment of community radio stations started in the 2000s. This shows that it is a new area in Malawi, and any study is necessary for community radio operations.

### **(c) Areas for further research**

There is the need to do another research on the role of Journalists in the fight against HIV/AIDS, targeting those that work in community radio stations. Journalists are at the heart of sending messages and coordinating the operations of the stations, especially in Malawi.

In Tanzania, the journalists get most stories through their network, the National Media Institute for Southern Africa, Tanzanian chapter. Some use the association of journalists living with HIV/AIDS which is very active (AJAAT, 2007). In Malawi, journalists rely on study tours by the Department of Information while in Zambia journalists rely on coverage of events by the National HIV/IDS STI/TB Council (National HIV/AIDS/STI/TB Council, 2011). Questions relating to training of journalists to enhance knowledge are very crucial in the HIV/IDS fight.

Issues relating to monitoring and evaluation of a community radio station should also be tackled. The area of monitoring and evaluation is very vital because if no such activities are done by a community radio, it is difficult to judge the level of success as well as weaknesses of the

community radio station. This area of research is therefore very vital, and someone has to do it and measure the results.

As mentioned earlier HIV/AIDS fight in Malawi is very important because In Malawi approximately one million people are living with the HIV/AIDS virus in a population of 13 million people (UNAIDS, 2013). There is, therefore, the need for more research to be carried out on the training of journalists that can help the fight against HIV/AIDS because journalists will have more knowledge.

In this context, it can be a practical aspect. The journalists will first of all get trained for a number of months by specialists in the field of HIV/AIDS. After the training, the journalists would be deployed to some community radio stations where they would be monitored to ensure compliance of what they had been taught.

A survey would then be conducted in the area to find out from people in their perceptions of coverage on issues of HIV/AIDS on the community radio. In other words has the knowledge on HIV/AIDS and malaria, among others translated into more knowledge of the community?

Although HIV/AIDS kills many people, malaria, which is much easier to prevent and control than HIV/AIDS kills more people, especially children and pregnant mothers. In 2007, there were approximately 4.5million cases of malaria in Malawi in a population of 13 million people, meaning that almost thirty-five percent of people in the country suffered malaria in that year. It is unfortunate that this translated approximately into 7,000 deaths. Malaria accounts for 18 percent of all hospital deaths and 40% of outpatient hospital visits (Malawi Malaria Control Programs report, 2007, p.3).

Pregnant women that are found in malaria prone areas experience a variety of adverse consequences from malaria infection that among others include maternal anemia, placental accumulation of parasites, low birth weight (LBW) from prematurity and intrauterine growth retardation (Steketee et al. 2001), a situation that makes unborn babies vulnerable. Malaria has devastated the world with 40 percent of the world's population in over 107 countries being infected with the disease. Scientist says malaria is killing a child every 30 seconds with over 3 million people dying from the disease every year.



Malaria contributes to the very poor health indicators in Malawi. The maternal mortality rate is 807 per 100,000 live births, whereas infant and under-five mortality rates are 72 and 122 per 1000 live births respectively. In economic terms, malaria's direct and indirect costs borne by individuals, households and government are enormous.

The proposed research on malaria would generate results that would eventually enable journalists to disseminate messages that would help the country to deal effectively with this particular health problem.

The research would ultimately help guide journalists in developing messages that should be directed to people who are prone to malaria. Radio reaches more people than newspapers in Africa because it is cheap. It penetrates areas that are difficult to reach with vehicles because of the terrain. Research is thus needed to know how to develop relevant radio messages that can be able to save millions of lives.

It is so easy to gauge the success of this project because if there are fewer cases at the hospital and if interviews reveal that people are convinced with what they learn from the community radio about malaria control that means it has an impact. If the community thinks otherwise, then there would be the need for further research to contain the disease.

The same procedures could be undertaken such as training of journalists and volunteers at community radio stations, attach them in community radio stations and assess their performance after some time if they can deliver or not.

Alternatively, the communication strategies that were employed in this study can also be used in the fight against malaria. The results could then be measured within two years, the same way this study was done.

With the high rate of doctor to patient ration in Malawi, this program of training of journalists on how best to deliver health communication messages can be very vital because it would prevent deaths of so many young children by among others better prevention and control measures of malaria in the homes.

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### **Questionnaires**

A Have you been tested for HIV/AIDS

Yes

No

B (i) where did you hear the information and you got convinced to go for Counseling and testing?

1. Community Radio

2. MBC

3. Hospital/clinic

4. Other media organisations

(ii) Where did you hear the message on condoms?

1. Community Radio

2. MBC

3. Hospital/clinic

4. Other media organisations

(iii) Where did you hear the messages on antenatal clinic?

1. Community Radio

2. MBC

3. Hospital/clinic

4. Other media

(iv) Where did you hear the messages on antiretroviral drugs?

1. Community Radio

2. MBC

3. Hospital/clinic

4. Others

C Did you discuss? Your decision again with another person?

Yes

No

D. If yes, with whom?

E. Do you interact with the community radio?

Yes

No

If yes, is it by

1. Phone

2. Social media

3. Face to Face

4. Post Office letter

5. Other

F What do you think are solutions to HIV/AIDS in your community?

**Questionnaire in vernacular Tumbuka language**

A Kasi muli kuyezeska

- Enya
- Yayi

B (i) Kasi mukapulika vya kuyezga ndopa kufuma nkhuni?

- Wailesi ya Mzimba Community radio( Isingoma Radio)
- Wailesi ya MBC
- Chipatala/kliniki
- Vinyakhe

(ii) Kasi mukapulika vya ma condom nkhuni

- Wailesi ya Mzimba Community Radio
- Wailesi ya MBC
- Chipatala/klinik
- Vinyakhe

(iii) Kasi mukapulika nkhuni mankhwala ya HIV/AIDS nkhuni

1. Wailesi ya Mzimba Community Radio

2. Wailesi ya MBC
3. Chipatala/ klinik
4. Vinyakhe

(iv) Kasi mukapulika nkhuni vya uchembere uweni

- Wailesi ya Mzimba Community Radio (Isingoma Mzimba)
- Wailesi ya MBC
- Chipatala/klinik
- Vinyakhe

C Kasi mukadumbiskanaso na mnyakhei apo mukapulika mazgo ghakuti mulute ku kayezeska panyakhe ivi valembeka pachanya apa

1. Enya
2. Yayi

D Usange enya na njani?

E Kasi mukudumbiskana na Community Radio

Uange enya, uli?

- Phone
- Facebook,Whatsapp, Twitter
- Makalata gha positi
- Pa maso

F Kasi mukughanaghana kuti mungapanapo vichi ku HIV/AIDS yichepe panyakhe kuti yimalilethu mu chigawa chinu?



