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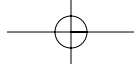
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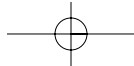
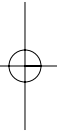
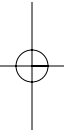
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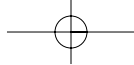




Radio Broadcasting for Health: An Issues Paper

July 2004

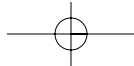
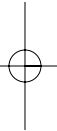
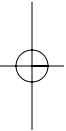




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Contents

page number	content
5-7	Executive summary
8-11	1. Introduction
12-17	2. Research and evaluation, health messages and formats
18-21	3. Community radio: opportunities and constraints
22-25	4. Public and international radio: opportunities and constraints
26-27	5. Radio for social mobilisation
28-33	6. Building links for better health broadcasting
34-35	7. Conclusion
37-39	Appendix 1: Radio checklists
40-43	Appendix 2: Popular radio formats
44	Appendix 3: E-sources
45-48	Appendix 4: References

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome	KCRIP	Kothmale Community Radio Internet Project
AMARC	World Association of Community Radio Broadcasters	MBC	Malawi Broadcasting Corporation
BBC	British Broadcasting Corporation	MCH	Mother and Child Health
BBC AEP	BBC Afghan Education Projects	MTC	Media Training Centre
BBC WST	BBC World Service Trust	NGO	Non-government Organisation
BDO	Building Digital Opportunities	NPPHCN	National Progressive Primary Health Care Network
CATIA	Catalysing Access to ICTs in Africa	PLWHA	People Living With HIV/AIDS
CBO	Community Based Organisation	RFD	Radio for Development
CDC	Centre for Disease Control	SABC	South African Broadcasting Corporation
CSO	Civil Society Organisation	SCR	Soweto Community Radio
DBU	Development Broadcast Unit	SW	Short Wave
DFID	Department for International Development	UDHR	Universal Declaration of Human Rights
DRC	Democratic Republic of Congo	UN	United Nations
DTR	Development Through Radio	UNAIDS	Joint UN Programme on HIV/AIDS
FAO	Food and Agriculture Organisation	UNDP	UN Development Programme
FHI	Family Health International	UNESCO	UN Educational Scientific and Cultural Organisation
FM	Frequency Modulation	UNHCR	UN High Commission for Refugees
HDN	Health and Development Networks	UNICEF	UN International Children's Fund
HIV	Human Immunodeficiency Virus	UNIFEM	UN Development Fund for Women
ICD	Information and Communication for Development	UNOCHA	UN Office Coordination of Humanitarian Assistance
ICRC	International Committee of the Red Cross	UNOPS	UN Office of Project Services
ICT	Information Communication Technologies	WHO	World Health Organisation

Executive summary

This paper provides an overview of the role radio broadcasting can play in promoting better health for poor people. It has been conceptualised within the context of global efforts to reduce the burden of disease and ill health on poor people and advocates a people-centred and rights-based approach to health communications that emphasises:

- working with poor communities to gain an understanding of the full range of epidemiological, behavioural and risk taking factors that drive disease and ill health;
- designing communication initiatives that build on such interactions and which integrate social assessment data into communication outputs at all levels;
- multi-method approaches, i.e. a mix of interpersonal (peer education, counselling, etc.) and advocacy-based approaches combined with mass and community-based media interventions;
- community driven and led interventions that help the 'vulnerable' and 'at risk' to access useful and useable health information and build knowledge for social and behavioural change;
- poor people's rights to information, freedom of expression and access to health services and education;

DFID supports the creation of enabling environments in which radio - especially at community and national level - can flourish. It recognises the importance and popularity of technologies such as radio and supports the production of broadcast material relating to health and human development more broadly (Myers 1998; Slater et al 2002)

Radio broadcasting at community, national and international level contributes to improved health outcomes for poor people in a number of ways. Through:

- the stimulation of community dialogue and national debate;
- the provision of public information and specialised training about health risks and disease prevention;
- stimulating positive social and behavioural change, increasing community tolerance and decreasing levels of stigmatisation and discrimination;

Further, this paper contextualises the relevance of radio as a strategic tool of human development and poverty reduction and examines its use by poor people. It addresses a range of issues from the role of formative research and evaluation, the development of health messages, to a range of format options widely used in health broadcasting. It also examines the community, public and international radio sectors and in the process highlights a range of opportunities and constraints that these sectors face;

Likewise, it highlights key synergies and linkages that could be enhanced to improve access to health information for radio producers, the poor, the 'at risk' and the vulnerable. In doing so, this paper raises a number of critical questions. For example:

- how can ministries of health, non-government organisations (NGOs) and community-based organisations (CBOs) be supported to become better providers of health information to, amongst others, radio broadcasters?

- what capacity needs to be built, especially at community and national levels, to enhance health broadcasting? For example, do broadcasters feel confident in adapting the health information that they acquire from a range of diverse sources for broadcast?
- how can radio be used to mobilise communities towards social action? For example, to claim their rights to relevant health services and voice their needs?
- is the community radio sector the most appropriate mechanism for strengthening both community voice and dialogue on health? What opportunities and constraints face the sector?
- what role does national public broadcasting play in contributing to better health for poor people? Can it maintain a public service ethic in the face of competition from community and commercial broadcasters? How can it best be supported to fulfil a public service role?
- what are the opportunities and implications for the radio sector of the broader availability of new information communication technologies? How can Internet and e-mail best be used to support better health broadcasting? Will radio, as a medium of the poor, remain relevant in the South?

In Rwanda, for every 1 television there are 101 radio sets

1

Introduction

1.1 Donors have a role to play in building broadcasting sectors that are both sustainable and dedicated to improving the health of poor people. Donor interest in the social and developmental role of radio is strong and is grounded in the recognition of the ubiquity of radio as the dominant communications technology that is used by poor people (UNAIDS 1999). In this respect, Buckley observes that:

"Radio is a technology with low production costs, with low infrastructure costs and with marginal costs of distribution close to zero. As an aural medium, it does not exclude those who are unable to read or write and it is ideally suited to conveying content in vernacular languages. For these reasons it is perhaps unsurprising that radio has become an intimate and pervasive presence throughout the developed world and, at the same time, has penetrated into the remotest areas of the poorest countries." (2000: 3)

A significant expansion of radio-based interventions for health at international, national and community levels has occurred in recent years (see Dagon 2001). In part, this is due to the deregulation of the airwaves that has occurred in many developing countries and recognition that radio is a cheap and effective means of communicating issues relating to health, policy and health service delivery.¹

1.2 Radio, as a sector, can be broken down into a number of sub-sectors such as community,

national or public, commercial and international. These can be defined in the following terms:

- **Community radio** refers to radio stations that are situated within the community, which serve the community and which are staffed by a broad cross-section of community members. Such stations tend to have a strong commitment to local participation, social inclusion and social or community development; (AMARC 2000)
- **Public radio** refers to radio that serves the public interest and which may be state owned and run, or state funded and independent (i.e. the BBC model). Within this sector broadcasting at both national and local level occurs, with local public broadcasting charged with reflecting issues of local relevance. Many state run and/or controlled public radio networks in the South are overtly propagandist and are socially exclusive, rather than inclusive, i.e. they may actively favour certain discrete ethnic, religious, political or language groups;
- **Commercial radio** at national and local level tends to have little or no public service commitment and stations are generally run for profit, carry advertising and often broadcast substantial amounts of popular music. Though not a principal focus of this paper, opportunities do exist within the commercial radio sector, through ensuring public service commitments as a requirement of licensing, for enhancing the health information environment;

- **International radio** services, often broadcast in multiple languages, fulfil a role that is part public service (often with a national or regional focus), news service and entertainment focused. Many international services are overtly propagandist and often reflect the foreign policy concerns of the countries from which they are broadcast.

- 1.3** The radio sector constitutes one of the many fields from which poor people gain information relevant to their own health and wellbeing.² However, focusing upon radio affords us an opportunity to examine how donor funds can support better practice in health broadcasting and radio-based health advocacy. It also provides an opportunity to examine how a specific communication sector within a wider range of communication channels and initiatives helps to contribute to improved human development outcomes.

Radio and the poor

- 1.4** The recent UNESCO World Culture Report (2000) reveals that levels of radio ownership in the South are significant and in certain contexts radio represents a critical information lifeline for poor men, women and children. Comparative analysis of the density of radio and television ownership shows that in extremely poor countries such as Rwanda, for every television set owned there are 101 radio sets. Similarly, in Nepal there are 7.1 radios owned per television set, in Sierra Leone and Ethiopia this figure stands at 20.8 and 43.9 radios per television respectively.

- 1.5** The UN ICT task force (2002) adds weight to this assessment, noting that of the 816 million people living in Africa in 2001, 1 in 4 have a radio (205 million people), 1 in 13 own a television (62 million people), 1 in 40 have a terrestrial telephone line (20 million people) and 1 in 160 use the Internet (5 million people). They identify that:

“Radio is still by far the most dominant mass medium in Africa with ownership of radio sets being far higher than any other electronic device... It is estimated that over 60 percent of the population of the sub-continent are reached by existing radio transmitter networks while national television coverage is largely confined to major towns.” (UN ICT Task Force 2002: 5)

- 1.6** Such evidence highlights the relevance of radio to the poor and its potential as a tool for health broadcasting. However, media ownership is not equally distributed amongst the rich and poor and whilst television ownership is burgeoning within certain countries (i.e. China and parts of Central Asia), television remains largely beyond the reach of the poorest.

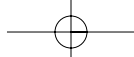
- 1.7** Whilst radio is a less costly medium and is more evenly distributed amongst the poor, the very poorest often find it hard to afford both radio sets and the regular purchase of batteries. Nonetheless, ownership statistics tend to belie the significant amount of group or social radio listening that occurs in the South i.e. a village shop may have a radio set to entice listeners and

BOX 1

The Cost of ICT Access

In extremely poor countries, such as Afghanistan or Rwanda owning and running ICTs represent a significant one-off and recurrent expense. For example, a cheap FM/SW radio set will cost from US\$10 upwards, with replacement batteries costing approximately US\$0.50-1.00 per month. For the extremely poor living on \$1 per day or less, such expense is significant, but tends to be justified in terms of technologies such as radio constituting an essential information channel. Access to traditional media such as radio and television is critical if broader information inclusion is to occur. In the delivery of health and education especially, the significance of terrestrial technologies remains highly relevant to the poor.

(Myers et al. 2000)



Douentza, MALI.
Dogon women listening to the radio as
they work.

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customers, or a radio listening club may be formed to improve community access to information. Further, access to radio and other ICTs may be highly gendered within certain contexts, leading to marked disparities in health information equality.

1.8 Equally important is the extent to which radio provides a focus for community discussion and dialogue. Through everyday social communication practices, gossip, debate, chat, etc. health information may be passed from radio listeners to non-listeners, and in the process the boundaries between targeted risk groups, audiences and wider societal impacts become blurred. For example, few existing studies of radio and public health make the link between broadcasting and the passage of information within communities as social communication.

1.9 Little qualitative data exists on the active strategies poor people employ to obtain health information, be it from health professionals, friends, neighbours or ICTs.³ Though strong evidence exists regarding gender, poverty and information inequality (Marcelle 2000), there are gaps in our understanding of the strategies that women, for instance whose public mobility may be constrained due to cultural norms, use to gather or access information concerning health. However, we do know that throughout the South women and children tend to have lower access to communications technologies than men, and the dynamics of

this trend requires further investigation since inequality in access to information can result in serious inequalities in access to health services, despite the often explicit targeting of health services at women and children in the South (UNDP 2001).

1.10 Addressing the health information needs of the poorest requires a multi-stranded approach to building infrastructural capacity, institutional capacity and providing content. We do need to increase access to new technologies for poor people, but we must also be practical and cost effective and recognise that the 'traditional' technologies that poor people use to obtain information, as well as entertainment, have a strategic role to play in realising better health outcomes for the poorest.

Footnotes

- 1** The cost of the equipment necessary to set up a community radio station can vary from between US\$3,500-10,000. The Commonwealth of Learning have pioneered low cost 'suitcase' radio stations that contain the broadcast and transmitting equipment capable of broadcasting within a 50 km radius. The kit uses commonly available components and is cheap to maintain and run (Commonwealth of Learning). The cost of licences, for example for community radio stations, varies widely and is context specific, i.e. from US\$25 in Canada to US\$625 in Nepal per annum (Nepal Media).
- 2** Social communications (discussion, debate, gossip, etc.) and participatory communications (theatre, dance, song, etc.) for development are dealt with in detail in Burke, A. 1999. *Communications and Development: a Practical Guide*, Social Development Department, DFID, UK. Access to and use of other information communication technologies (ICTs) such as printed media, video, Internet, e-mail, television and film can enhance the chances that both individuals and communities will act on health information and put that information into practice as disease prevention or risk reduction knowledge.
- 3** This is compounded by a general lack of health data in priority countries which is reflected in recognition of the need to build statistical, but also behavioural, research capacity in the South (UNDP 2003).

2

Research and evaluation, health messages and formats

2.1 This section examines the role of research and evaluation in health broadcasting. It examines how they inform the development of context specific and community relevant health messages, the identification of risk groups and identification of media uses and format preferences.

2.2 A long standing criticism of mass media has been that they are 'one-way' channels, that can, for example, tell people about health, human rights or small enterprise development, but cannot allow the audience to talk back or get involved. Community media are increasingly being seen as a solution to this very particular problem, namely, the issue of the social and cultural distance of media producers from their audiences.

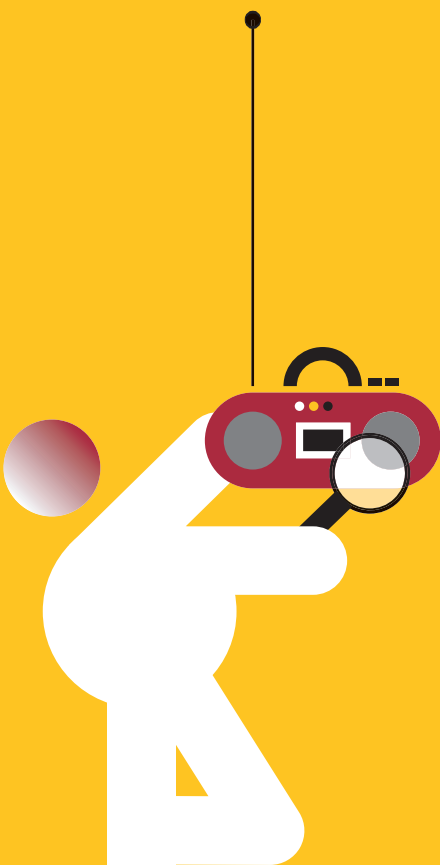
2.3 Formative research and evaluation have become critical components of health broadcasting in the South. This is especially so for larger and better-funded initiatives, such as the multi-media outputs of Soul City, South Africa, which provide information in a range of formats on issues as diverse as HIV/AIDS and hypertension (Tufté 2001). For community radio stations, which are usually run with a minimum of financial support, formative and systematic impact evaluation remains largely out of reach. However, Fordred and Lloyd (1998), Porrás (1998) and Skuse (1998) all highlight mechanisms, from simple evaluation strategies, to developing listener feedback groups that enhance health broadcasting through locally derived contextual information.

BOX 2

The role of research and evaluation

Specific research and impact evaluation regimes are now routinely established within communication initiatives and are used to enhance their quality and relevance in a number of specific ways:

- through formative or baseline research in participation with communities that examines issues such as risk taking, health seeking behaviour, routine hygiene and sanitation practices, information needs, media access, use and preferences, and which guides the production of health broadcasts in terms of both message content and style. This process can also help decision makers to assess whether radio is the most appropriate medium for addressing the health issue at hand or for reaching a specific risk group;
- by undertaking a desk review of existing secondary information concerning the given health issue. This helps reduce the amount of duplication of research;
- through the definition of qualitative and quantitative indicators that are relevant, targeted, measurable and achievable;
- through the identification and definition of key audiences and risk groups for health broadcasting;
- through the testing of outputs and health messages with audiences;
- through evaluation of the impact of health broadcasting with audiences;
- through adaptation of outputs so that broadcasting remains responsive to the shifting health information needs of poor men, women and children.



The findings of this work suggest that:

- community stations and national radio interventions for health that have small budgets should not be burdened with unrealistic formative and evaluative research components. Despite this, efforts should be made to establish audience feedback mechanisms (simple evaluation, listeners' letters, phone-ins, competitions) that are in line with the scale of the intervention, i.e. 10% of the overall project budget could be set aside;
- formative research and evaluation skills are low within the public and community sectors and (this applies equally to international broadcasters) an emphasis has been placed on identifying general audience share, rather than on understanding health behaviour or the qualitative impact of health broadcasting;
- capacity needs to be built at local and national levels through training in formative research and evaluation skills that are practical and useable.

2.4 Often, communication interventions for health have been perceived as 'magic bullets', with the power of media alone capable of delivering health behaviour changes and risk reduction, regardless of the complexity of the health issue. HIV/AIDS and long donor, NGO and CBO involvement in awareness and education campaigns have taught us that behaviour change and risk

reduction requires holistic interventions, of which radio and communication more generally, represent one component. Recent papers such as The Panos Institute's (2002) guidance on HIV/AIDS and communication echo this stance and suggest a shift away from 'difficult to achieve' short term goals relating to individual behaviour change towards the more realistic objective of raising community dialogue and public debate concerning health.

2.5 If raising community dialogue and subsequently social, rather than individual, behavioural change are perceived as the ultimate goals of broadcast interventions for health, then this refocusing places a premium on the quality and relevance of health messages and the need for accurate and useable health information within radio stations. It also entails a shift in emphasis in impact evaluation, from quantitative data concerning mortality and abstract measures of knowledge acquisition to qualitative assessment about the community dialogue that each intervention stirs and a more subtle understanding of poor people's health information needs.

BOX 3

Evaluating the Programme Effects of a Radio Drama about AIDS in Zambia

Focusing on a Zambian radio drama, *Nshilakamona*, a study was undertaken to assess the effectiveness of methods used to analyse the impact of radio drama on people's behaviour and knowledge in relation to HIV/AIDS. The results of surveys undertaken immediately before and after the programme was aired in 1991 found that while Zambia's population as a whole had improved its knowledge regarding AIDS, and to an extent reduced risky behaviour, such changes could not be attributed directly to the drama itself. This conclusion was drawn because groups with high access to radios and groups with low access both increased their awareness levels at the same rate. The fact that no changes could be directly attributed to the drama may be due to the method of evaluation and does not imply that radio dramas are ineffective. At the time that the radio drama was aired, many other sources of information regarding AIDS were available, making it problematic to attribute changes over time to one single programme. Also, due to the short time frame of the evaluation process, long-term changes were unable to be detected. This highlights the need for rigour in evaluation processes and recognition that attributing complex behavioural changes to mass media, without accounting for other structural factors which affect health, is extremely difficult.

(Yoder et al. 1996)



Burkina Faso.

Live debate on football and witchcraft on Radio Vive le Paysan, based at Sapone, 40km south of the capital Ouagadougou. This debate is the equivalent of a phone-in except that no-one has a phone so participants cycle in from the surrounding area and gather in the studio. Some, hearing the broadcast at home, turn up during the programme wanting to take part in the debate. The station gives a voice to the surrounding villages, broadcasts are in the local language.

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Health messages

- 2.6** Formative research and ongoing evaluation help producers to identify what is important to communicate and how it should be communicated. The health information contained within radio broadcasting is usually referred to as health messages. Health messages if well researched and carefully produced can and do contribute to better health for poor people (CDC 1999).
- 2.7** Didactic health message-giving or fear-based messages relating to health and risk should be avoided. Such messages tend to reinforce prejudice, self and social stigma and are generally counter-productive (Singhal and Rogers 2003). Early examples of public information campaigns in the West typify this approach, the slogan promoted in the UK 'AIDS: don't die of ignorance' provided no positive message, no information that could be acted upon and labelled people living with HIV/AIDS (PLWHA) as 'ignorant'.
- 2.8** Effective communication can help individuals and communities to engage in healthy and health-seeking behaviour. This can be achieved by positively influencing variables such as self-efficacy (the confidence in one's own ability to perform a behaviour), outcome expectations (the expected result of performing a behaviour), knowledge, perceived risk and social norms, whilst locating this individual behaviour change in the wider socio-economic and cultural environment (Galavotti et al. 2001)

BOX 4 Social change communication indicators

Example indicators relevant to health broadcasting include:

- expanded public and private dialogue and debate;
- increased accuracy of the information that people share in the dialogue and debate;
- the means available that enable people and communities to feed their voices into debate and dialogue;
- increased leadership and agenda setting role by disadvantaged people on issues of concern resonates with the major issues of interest to people's everyday interests;
- linked people and groups with similar interests who might otherwise not be in contact.

BOX 5 The Impact of Multimedia Family Planning on the Contraceptive Behaviour of Women in Tanzania

A multimedia family planning promotion campaign conducted in Tanzania between 1991 and 1994 aimed to increase contraceptive use. Evaluation found a strong link between exposure to family planning messages in the mass media and contraceptive use. It found that the more types of media that women were exposed to, the more likely they were to practice contraception. Among the different media used in the campaign (radio, television, print materials and a promotional logo), radio was found to be the most popular source of family planning information, reaching 49% of survey respondents. 9 out of 10 respondents who recalled hearing family planning messages in the media cited radio as one of their main sources. A radio drama dealing with family planning messages, *Zinduka!* ("Wake Up!"), was assessed independently and found to have been especially successful. Women who recalled the drama were more likely than others to talk about family planning with their spouses, to visit health facilities and to use contraceptives. Though radio was the most popular source of information, the study led to the conclusion that multiple media sources appear to be complementary rather than duplicative, as the more media avenues that people were exposed to, the more their attitudes and behaviour were likely to change. It is also recommended that regular reinforcement of messages is needed if continued use of contraceptives is to be made. Attitudinal and behavioural change is a long-term process, and scattered family planning messages and short-term campaigns are unlikely to provide adequate support to current or prospective contraceptive users.

(Jato et al. 1999)

BOX 6

Principles of message design

Messages should be:

- well researched and evaluated;
- non-technical and non-didactic;
- non-judgemental and inclusive;
- gender sensitive;
- accurate and useable;
- culturally appropriate;
- sensitive to local needs;
- carefully worded to aid clarity and understanding;
- reinforced through multiple broadcasts.

2.9 Simulating dialogue on health issues requires that the information exchanged within it is accurate and useable. In turn, this places special emphasis on the relevance of the health messages that lie at the heart of health broadcasting. Many examples exist of poorly targeted, confusing or even detrimental messages. Key message issues include:

- **Sensitivity.** For example, messages regarding safe sex and family planning may be opposed in certain cultural contexts;
- **Credible content.** For example, health messages must be understandable and provide a message that a listener can reasonably implement in behaviour, i.e. if advocating condom use in poor communities, condoms should be locally available and cheap;
- **Conflicting messages.** For example, radio stations with different perspectives on health issues such as family planning may broadcast messages that actively oppose each other leading to confusion amongst listeners;
- **Gender equity.** For examples health issues are gendered and addressing an issue such as family planning or birth spacing only from the perspective of women is inadequate, the roles and responsibilities of men must also be addressed.

2.10 Given the widely accepted need for detailed formative research and ongoing evaluation of impact, the predefinition of health messages in radio interventions should be viewed with suspicion, especially when the intention exists to work with vulnerable communities and specific risk groups. This suggests assumptions have been made about what constitutes appropriate and relevant health information. Examination of research and evaluation structures, as well as the goals defined within project documentation will help desk officers assess whether the intervention is:

- a) taking an iterative approach to community information needs and dialogue building or;
- b) a more didactic and less rigorous alternative.

Radio formats

2.11 Identifying and understanding the media uses and preferences of groups at risk from disease and wider radio audiences is critical to producing health broadcasting that has the ability to create an impact that contributes to the realisation of the Millennium, Development Goals and Targets. Knowing what is popular, be it soap operas, comedy, phone-ins, factual programmes and so on, enable project planners and producers to design health communication strategies that target a number of strategic audiences, such as:

- policymakers, politicians or legislators;
- general public;
- specific risk groups and communities.

2.12 A broad range of radio formats are used to address an equally broad range of health issues. Though it is widely agreed that the most effective health communications are those that raise community dialogue, i.e. through soap operas, magazine formats, mini-dramas, and radio phone-ins, less target-specific formats, such as routine news, short spots (a simple message conveyed quickly) and slogans, can also reinforce or highlight key health messages for the general public.

2.13 The impact that specific formats have from country-to-country varies according to the nature of the media environment, i.e. media complexity and density of radio access and use, as well as localised tastes and format preferences (Skuse 2002). This diversity places a critical emphasis on understanding the needs, in terms of both health information and entertainment, of radio audiences and upon formative research to guide intervention design. The principal radio formats used in health broadcasting are elaborated in Appendix 2, along with relevant examples.

Which format?

2.14 Though each format example provided in Appendix 2 has been used to good effect to address a range of health issues, their choice and subsequent use by international, public and community broadcasters depends on a number of key factors:

- Who the broadcaster intends to target. For example, certain formats may be used to provide specific information to specific audiences. Here, advocacy efforts that target policymakers and legislators may require a very different approach to that of disease prevention within specific risk groups;
- Available financial resources, technical and creative capacity can limit the scope of interventions. For example, the cost of producing a spot on local or national radio may be minimal,

though this may be increased through the charging of airtime fees to external agencies;

- The cost, complexity and skill required to produce a radio soap opera generally places it out of the reach of smaller community stations and firmly locates it within larger, often multi-method, interventions;
- Availability of useful and useable health information can also be a factor in the choice of radio formats by certain stations. For example, community radio presenters may not feel confident enough, given that most have no formal training in health broadcasting, to address a complex health issue such as HIV/AIDS beyond providing simple messages regarding safe sex and condom use.

3

Community radio: opportunities and constraints

- 3.1** The important role that community radio plays in giving a voice to community issues is reflected in the increasing focus of donors on strengthening the sector (Gerster and Zimmermann 2003). The deregulation of radio has resulted in the flourishing of empowered and critical voices in places such as South Africa, Nepal and Bolivia. Furthermore, community radio plays a fundamental role in raising and addressing community health issues. As such, it is placed at the vanguard of efforts to address diseases such as HIV/AIDS, TB and Malaria.
- 3.2** Community radio is community-based and is run for the benefit of the community. It differs from local radio in as much as it is independent from larger state broadcasting networks, their content and perspective, and adheres to licensing requirements concerning community participation and service. The focus on local concerns is reflected in the 'typical' mission statement of Radio Zibonele in Cape Town, South Africa, which reveals both the level of community ownership and commitment to local development:
- "We are a group of volunteers with diverse skills, who have formed a Community Radio Station owned, managed and programmed by the community of Khayelitsha. Our concern is to enhance the quality of life through improving the health standards of our people. All those we serve are affected by poor health and poor environmental conditions. Radio Zibonele is committed to sharing skills and information through honest process, in the way empowering the community of Khayelitsha to have a better life."* (AMARC 2000: 26)
- 3.3** Community radio resonates to local concerns and needs, it broadcasts in local languages that are often ignored by public broadcasters and is run by community members. It can be established to serve specific groups, as does Radio Mineras (miners' radio) in Bolivia, or it can address specific themes, as does Radio Sagarmatha which has a focus on environmental sustainability (Dagron 2001).
- 3.4** Community radio is recognised by many donors and developing country governments as a tool for advocacy, civil society strengthening, better governance and accountability (Rodriguez 2001, cited in Tacchi 2002). As such, community radio can be thought of as a lever for the realisation of poor peoples' rights. Typically, poor people are exposed to greater health risks than the non-poor by virtue of their relative poverty, disempowerment and inability to realise their rights in a number of areas, such as workers rights, rights to health services and rights to education. Fundamental to each of these rights-related fields is that of the human right to freedom of information enshrined within the 1948 Universal Declaration of Human Rights (UDHR) that states:
- "Everyone has the right to freedom of opinion and expression: this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers."* (Quoted in Linden 1999: 419)



3.5 Though non-binding, and perhaps because of this, Linden (1999) identifies that information-related rights are 'violated widely'. This is evidenced by widespread violations against the press and the fact that only 22% of the world's population have access to independent media, in spite of over 50% of this population living in countries who describe themselves as 'democratic'. Control of national media by Southern governments and elite vested interests represents a critical problem that can potentially be addressed through the development of 'robust policy on people's [basic] right to communication' (Linden 1999: 421).

3.6 The emergence of the community radio sector in parts of Africa, Latin America and Asia has enhanced poor people's 'right to communication' and can be thought of as an expression and indicator of broader political change and democratisation (see Dagron 2001). From this perspective, we can think of community or citizen radio as a means through which communities are able to stake their right to a range of services and engage local and national government in dialogue about their own needs and constraints.

3.7 From a democratising perspective, community or citizen radio represents a key mechanism for monitoring community services such as health service delivery. Communities who are empowered with a voice are able to critically question issues such as health

BOX 7 The Expansion of the Community Radio Sector in South Africa

Prior to the transition to a one-person-one-vote democratic system in 1994, the Independent Broadcasting Authority Act of 1993 had already laid the foundations for community radio broadcasting. The aim of the act was to develop localised media in poor rural and urban areas that served previously disenfranchised South Africans. The act made provision for four-year licences to be granted, with one-year interim licences being suggested whilst the bill was implemented. However, the framework was not fully defined until 1997, after which further delays in implementing the act and the large number of licence applications received further slowed the process. The relative failure of the South African regulatory structures to adequately cope with the demand for community radio licences left many having to re-apply each year for renewal licences, placing further strain upon an already congested system. The long and costly process involved in renewal resulted in many stations going off-air. The National Community Radio Forum of South Africa identifies that up to half of its 100 strong membership is off-air at any one time.

(Tacchi 2002)

BOX 8 Soweto Community Radio (SCR), Gauteng, South Africa

SCR broadcasts from the heart of Soweto and was established in the early 1990s to fill a community information deficit for the huge township population who were previously serviced by the South African Broadcasting Corporation (SABC). In 1998 it was estimated that the listenership of the station was as high as 115,000 people. SCR is committed to health broadcasting and takes a range of externally produced radio programmes, as well as producing its own. The station regularly uses material produced by the Media and Training Centre (MTC), which is affiliated to the National Progressive Primary Health Care Network (NPPHCN), both of whom provide support to South African community radio broadcasters. Externally produced MTC material addresses a wide range of health issues, from HIV/AIDS awareness to child health and much MTC material is integrated into the day to day broadcasting of SCR. In terms of self-produced broadcasts, SCR produces the popular 'Lovers Plus Talkback Show', an interview, discussion and phone-in based format, that fills the mid morning 'chit-chit' slot every Wednesday. The show has run continuously on SCR since it first began broadcasting and today each show receives around 2,000 calls concerning HIV/AIDS, family planning and gender issues. The production costs are extremely low at around US\$3,000 for six months of broadcasting and the station feel that impact is high, based on informal discussions with local listeners. This is due, in part, to the appeal of the show's host and its ability to raise community issues relating to sexual behaviour that had not previously been openly discussed in Soweto.

(Fordred and Lloyd 1998)



Botswana.
Community radio for school children.
© Giacomo Pirozzi / Panos Pictures

service standards and equity of access. With support and training the community radio sector has the potential to become an increasingly powerful advocate for poor people's rights to health services. Nonetheless, we should be mindful of the potential for community radio to be captured by those with vested interests, i.e. for political purposes, religious or status reasons. Community stations can become more overtly music oriented as the interests of popular young presenters come to dominate station organisation.

3.8 Community radio has expanded rapidly in the South in the past decade as deregulation has moved forward. Significant donor investment in the sector has occurred in recent years via multi-institutional programmes such as DFID's Building Digital Opportunities (BDO) and the new Catalysing Access to ICTs in Africa (CATIA) initiative, both of which recognise convergence of new technologies (such as the Internet) with existing technologies (such as radio) as a key opportunity to bring the information revolution associated with globalisation to the poor.

3.9 The community radio sector is broadly perceived as a tool of local empowerment that is participatory and which is set up with the purpose of responding to or giving voice to local needs and concerns, health included (AMARC 2000). As Slater, Tacchi and Lewis note, local events tend to be 'treated as primary, and the range of media are understood and experienced largely in relation to

the local community' (2002: 25). From this perspective, we can identify both the potential popularity of local media and its corresponding potential to provide public health information that has a true local flavour and impact (cf. Myers 1998 on community engagement with local media in Mali).

3.10 Despite the participatory approach advocated in numerous community radio charters, with regard to the South African community radio sector, Fordred and Lloyd (1998) identify that stations are often characterised by:

- poor internal communications;
- status conflicts between paid and unpaid staff;
- gender inequality;
- understaffing and overwork;
- little or no crisis or conflict;
- management capacity.

Moreover, community radio may:

- be subject to politicisation and polarisation;
- divisive if it ignores the certain ethnic and linguistic groups it is mandated to serve;
- be subject to capture by specific interest groups.

3.11 Whilst community radio stations may be severely constrained by lack of funding, which in turn can impact upon their ability to produce more sophisticated health programming such as soap operas or drama, they are nonetheless capable of producing exciting broadcasting (eg. live talk-shows, vox-pop and interviews) that is cost effective, that is capable of

tackling sensitive health issues and which is often hugely popular locally. This is because:

- community radio stations broadcast in local languages and accents, lending credence to their local authenticity;
- staff are embedded within the communities they serve and are usually fully aware of the critical health issues and their social ramifications, such as HIV/AIDS. However, there is also the risk that they may reflect the biases, misconceptions, and inequalities that exist within the same community;
- local staff provide a continual community dialogue that allows stations to respond quickly to community needs.

4

Public and international radio: opportunities and constraints

Public broadcasting

- 4.1** The effects of deregulation of the radio sector can result in pressure being brought to bear on the sustainability of national and local public (state) broadcasting systems. This affects rural populations more than urban or peri-urban populations who are increasingly served with community and commercial radio alternatives. The resultant increases in information inequality compound the increasing urban-rural human development divide that the UNDP identify (2003: 49-50). Though donors and NGOs are often reluctant to engage with national broadcasters, examples do exist where strategic support to national public broadcasters has been offered and accepted.
- 4.2** Supporting national broadcasters to become better health broadcasters represents a long-term commitment that has significant funding implications for donors. In poor countries where innovation and production skills may be lacking, low levels of technical infrastructure also exist. Furthermore, the production of better quality health broadcasting may be compounded by weak transmitter capacity and poor quality recording equipment.
- 4.3** Whilst major technical infrastructural overhaul of national broadcast systems is unlikely in the context of health sector work, considerable progress has been made with skills building. In Malawi, the Malawi Broadcasting Corporation (MBC) and UK-based Radio for Development have

worked together to create a specialist-broadcasting unit called the Development Broadcasting Unit that sits within MBC, rather than in the national health ministry. The unit produces a range of programme material relating to health, to service delivery, and broader development issues (DFID 2000a). Further, as national broadcasters come under funding pressures, the national and local public airwaves are increasingly being opened up to NGOs and CBOs supporting better health.

- 4.4** Health promotion and broadcasting units, where they have been established, often sit within Ministries of Health or specialist health education institutes, as is the case in China (Skuse, Slavin and Adam 2002). Such units tend to have a poor record when it comes to producing entertaining, yet informative, radio programmes. This is because such units are often removed from mainstream broadcasters, such as public or community radio stations, are removed from the associated national and local broadcast talent and because health specialists rarely make lively broadcasters.
- 4.5** Nonetheless, the need still exists for dialogue between broadcasters and health specialists to the mutual benefit of the listener, because regardless of how health information is packaged, it is essential that health messages are accurate. Health Unlimited has successfully worked to integrate Ministries of Health in media projects in Nicaragua, Rwanda, Somalia, Cambodia and China. By including representatives from the



Ministries in the design process, the radio content, be it soap operas or phone in programmes, can be inclusive of government efforts and inclusive of topical campaigns and national issues. In China and Cambodia, Health Unlimited trains public health extension workers to engage in participatory audience focus groups at village level and feed back findings into policy and programming.

- 4.6** Increasingly, public broadcasters are looking for partnerships with donors and the NGO/CBO sector. This is in response to reductions in state funding for radio and the expansion of the more innovative commercial and community radio sectors. Airtime fees are levied for such broadcast work and though fees are often modest and significantly less than commercial advertising rates, they do represent a constraint for smaller organisations.
- 4.7** Donors can play a key role in supporting national and local public broadcast systems to become more sustainable, better skilled, innovative and equitable, especially in their approach to smaller community development organisations. Support for the development of commercialisation policies and strategies could help public broadcasters become more responsive to NGOs and CBOs and the health programmes that they seek to promote. Furthermore, the sustainability of public service radio is critical to the rural poor for many of whom it still constitutes an informational lifeline.

BOX 9**Haka-Haki Radio (Radio Face-to-Face), Radio Nepal.**

Radio Nepal no longer receives state subsidies and over the past few years has been forced to adopt a commercial approach to its broadcasting through the sale of air time to commercial interests, advertisers and the NGO sector. Though it already broadcasts a considerable amount of health-related programmes, it is willing to sell airtime to NGOs who provide tailored programmes on various health issues that are produced in the commercial sector. Increasingly, Radio Nepal is working with the NGO and commercial sectors as a means of increasing broadcast quality and gaining specialist inputs on development and health-related topics. One such collaboration is between the NGO The Centre for Development Communication and the media producer Communication Corner, who produce the broad-based development programme Radio Haka-Haki (Radio Face to Face) for Radio Nepal. Radio Haka-Haki is a magazine-style programme broadcast on Radio Nepal three times per week within the 8.30 p.m. 'prime-time' slot. Haka-Haki covers four issues in each broadcast and addresses a wide range of development themes such as water rights, hygiene, bonded labour, street children, and violence against women and so on. The programme is popular throughout Nepal and though no concrete evaluation has been undertaken, Haka-Haki has inspired 143 radio listening clubs to form and receives over 1,300 letters each month from listeners. The radio listening clubs are an interesting point of community organisation and there is evidence that these clubs are taking the information contained within the broadcasts to produce wall newspapers for their villages. Each broadcast contains at least one field-based report, which further increases its attractiveness to audiences.

(Centre for Development 2000)

BOX 10**Radio in China, an unfulfilled potential**

Confusion as to what constitutes effective health broadcasting is often evident amongst broadcasters, many of whom have no formal training in development communications, but have a public service remit to broadcast on health-related topics. High levels of radio penetration are offset by top-down content developed without reference to audience need, understanding or participation. Recent evidence from China shows that at the local level radio is often used to promote private clinics that offer untested clinical treatments for diseases as diverse as Hepatitis and TB. Similarly, large pharmaceutical companies are able to buy radio and television slots to advertise medicines and tonics that make bold health claims, but which poor people can ill-afford. Aggressive advertising of this nature may increase the incidence of polypharmacy (taking multiple courses of medicine to treat the same illness) and the health risks that go with it. Such broadcasting is supplemented by very didactic national-level programming that features technical responses to specific disease related-questions. Unfortunately, financial resources in the radio sector in China are very limited, yet radio remains the information mainstay for many of the extremely poor and especially for ethnic minorities, who often find it difficult to access health services due to both discrimination and geographical remoteness.

(Skuse, Slavin and Adam 2002)

International broadcasting

- 4.8** Like public radio, international health broadcasting plays an often critical role in reaching rural and remote populations, as well as populations experiencing some form of social dislocation. International broadcasters such as the BBC World Service, Voice of America or Radio Netherlands have a long history of involvement in health broadcasting targeting developing countries. Outputs such as the BBC's multi-language Sexwise series examine a range of sexual health issues in detail, whilst an array of other English and non-English language programmes and programme material similarly address health issues from within formats as varied as news and soap opera.
- 4.9** Continuing with the example of the BBC World Service, each of their language services, such as Hindi, Swahili, Mandarin or Persian broadcasts health-related content that is generally of high quality, in both technical and informational terms, but which is broadcast in substantially different media environments. Taking China as an example, television represents the dominant medium and the Chinese media environment is also extremely dense, therefore international health broadcasting such as that broadcast by the BBC may not achieve a significant audience and is therefore unlikely to have the desired impact on poor people's health in China.
- 4.10** Compare this with Afghanistan and a very different picture emerges. With the complete breakdown of national media infrastructure during the 1990s, the BBC World Service emerged as the dominant broadcaster in the Persian and Pashtu languages, and had, through various health-related broadcast formats a significant impact on health, risk avoidance and health seeking behaviour (Skuse 2002a).
- 4.11** International broadcasting, especially when working with local counterparts, can often play a vanguard role in addressing sensitive issues such as HIV or birth control, especially where local taboos and conservative or unhelpful broadcasting conventions constrain the public information environment. For example, Health Unlimited's project Urunana has built the capacity of a local production team to make international standard local language radio soap operas in Rwanda. The production focuses on sexual reproductive health, is broadcast on the BBC World Service's Great Lakes Lifeline Service (GLLS) and studies identified it as one of the most popular edutainment programmes in Rwanda. This is despite its very sensitive content and the direct approach that it uses to raise issues affecting youth and women.
- 4.12** It is easy to dismiss international broadcasting as politically driven, overtly propagandist, foreign policy driven or of little practical use to Southern national capacity building efforts within the media sector. However, international broadcasters are starting to engage in capacity building and skills transference work with national public broadcasting counterparts. The BBC World Service Trust (BBC WST) and BBC Afghan Education Projects (BBC AEP) represent two extremely positive examples of the way in which skills and capacity can be built in the South for health broadcasting. The BBC WST, a charitable trust run within the BBC World Service, specialises in developing the broadcast skills of developing world counterparts and is actively engaged in a number of 'cutting edge' multi-media health promotion campaigns in contexts such as India, Nepal and Cambodia.
- 4.13** Likewise, the BBC AEP has taken the issue of production and skills development directly to the area in which it works, namely Pakistan and Afghanistan. Drawing on the talent of local broadcasters, the locally sited production unit is cost effective, works in partnership with local NGOs and engages more effectively with local audiences through systematic research and evaluation work.
- 4.14** Such capacity building projects, where they link to local broadcasters and partner with the local community of civil society organisations and international NGO's can result in significant

production capacity being built within a number of different radio sectors (community, public, commercial). A potential exception to such an approach resides with international radio-based health interventions that target countries experiencing conflict or humanitarian crisis. Here, health broadcasting produced by the likes of the BBC World Service or VOA can play an important role in maintaining a focus on health, livelihoods and rights when national and community broadcasting has collapsed or is used for negative purposes to fuel conflict and ethnic animosity.⁴

- 4.15** For example, large concentrations of people combined with chronic malnutrition tend to lead to significant increases in disease vectors and a corresponding increase in mortality rates. Given this, radio is being used widely to address public health issues in areas undergoing conflict or crisis for populations who remain in their villages and towns or who are displaced and are forced into refugee or feeding camps.
- 4.16** Conflict and non-conflict emergencies can overwhelm existing health services, they can lead to the rapid breakdown of such services and in areas experiencing chronic emergencies health services and government structures may be entirely absent. This places a critical emphasis upon radio as a means of reaching populations who are beyond the remit of routine aid delivery mechanisms, due either to the intensity of the conflict, the

exacerbation of conflict with famine or as a result of geographical remoteness.

4.17 During conflict and crisis radio can:

- provide a humanitarian and information lifeline;
- address issues of basic disease prevention, hygiene and sanitation;
- address more complex medical issues in areas where high mortality rates exist, such as mother and child health (MCH), TB, Cholera, etc.
- provide a means of raising awareness of harmful or hazardous materials, land mines and unexploded ordnance;
- provide information concerning the harmful effects of certain lay-treatments, the risks of misprescription and polypharmacy (the harmful combination of drugs to treat the same illness);
- provide a means of working through issues relating to mental health or trauma;
- provide a means for addressing livelihood concerns, income generation and the maximisation of nutritional status.

BOX 11

**Radio in Afghanistan:
a humanitarian lifeline**

In Afghanistan, the aforementioned BBC AEP *New Home, New Life* radio soap opera has provided an information lifeline for millions of Afghans cut off from aid during the 1990s. Issues such as neo-natal tetanus and safer birthing are mixed with more prosaic concerns such as basic hygiene and sanitation. Within this context, diarrhoea is a major driver of under-5 mortality and oral rehydration salts (ORS) are routinely promoted within the drama as a simple and effective way of maintaining fluids in young children. Similarly, a focus on major trauma injuries resulting from land mine explosions is evident in storylines that seek to raise awareness of heavily mined areas and reduce risk-taking, especially by young people.

(Skuse 1999)

Footnotes

- 4** See DFID (2000b), Working with Media in Conflicts and Other Emergencies for a more detailed examination of the role of radio broadcasting in humanitarian interventions.

‘Thanks to the radio, we’ve found out that there are many things that can change and that we can make them change ourselves by relying on our own abilities.’

5

Radio for social mobilisation

5.1 The ability of radio at all levels to mobilise communities towards social action is of concern to both funders and radio producers. The simple broadcast of specific health-related material without corresponding efforts to ensure that it articulates with risk groups or the most vulnerable has been recognised as potentially inadequate. In this regard participatory mechanisms such as radio listening clubs aimed at empowering the most marginal members of society become a priority. As the UNDP note:

“... pro-poor priorities – such as basic health and education – receive little political attention. The more unequal a society, the less likely it is to generate sustained political support for the Goals, because political power is usually concentrated and overlaps with economic wealth and social dominance.” (2003: 133)

Increasingly, radio projects are piloting the concept of the ‘listening club’ to ensure that community audiences access information, discuss it and if appropriate, try to take action based on such discussion. From the perspective of the Millennium Development Goals and Targets we can think of how such mechanisms could usefully build constituencies that advocate for their achievement.

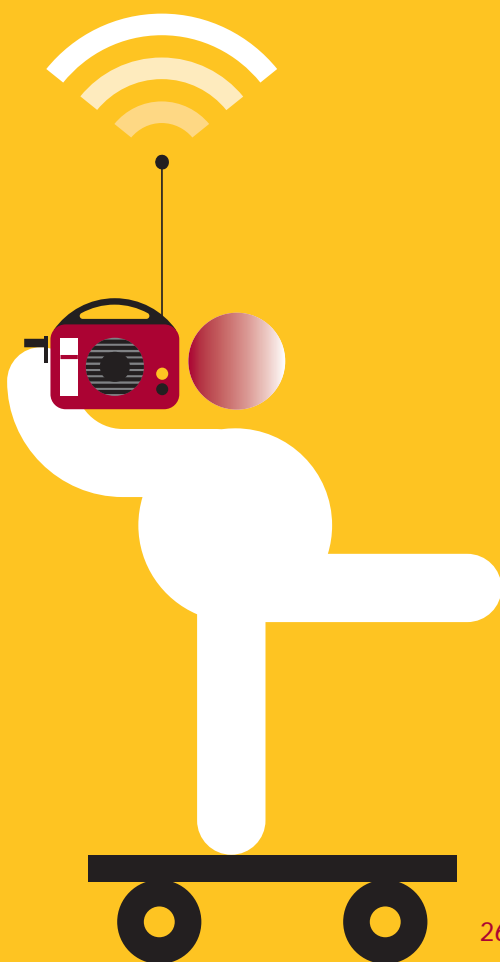
5.2 The Malawi-based *Ndizathuzomwe* (It’s all ours, so let’s protect it) project has used radio listening clubs as a mechanism through which communities can secure rights and access to local services. Working with the MBC, Radio for Development (RfD) and a host of village-based radio listening clubs, the project provides basic recording

equipment that allows clubs to document their attempts to engage local government and service providers to assist in areas as diverse as crop irrigation, bridge building and the establishment of village-based orphanages for children whose parents have been lost to AIDS (DFID 2000). The material developed by the listening clubs is broadcast in a thirty-minute programme that highlights the clubs’ experiences with service providers and which provides broad information and features on a range of development issues.

5.3 The use of radio listening clubs in Central and Southern Africa is at the forefront of the concept of Development Through Radio (DTR), which is promoted by, amongst others, Panos Southern Africa, the MBC and the Federation of African Media Women. DTR uses radio as a tool of empowerment, as a means for the identification of needs and the claiming of rights and services. Once empowered with information, club participants engage in a process that is more akin to peer education, using their knowledge to problematise relevant local concerns over issues such as HIV/AIDS and child spacing.

5.4 Working in Zambia with the Zambia National Broadcasting Corporation, a Panos Southern Africa evaluation of the clubs highlighted how radio becomes a more intimate and potentially powerful medium when listening groups are organised. A club member from Mununga, Zambia, reveals that:

“When the health workers were going round the villages trying to educate people, a lot of people



were not interested, they didn't think it was important, but when it started coming from their fellow women, from the clubs, a lot of people have got interested." (<http://www.comminit.com>)

Panos Southern Africa work to four specific objectives when approaching DTR, chiefly:

- enable clubs to develop their own communities;
- empower women;
- raise the voice of rural women in national debates concerning development;
- stimulate debate.

- 5.5** Working principally with national public service broadcasters, DTR-oriented projects have been successful in achieving such objectives. Their ability to get the often dissenting and critical voices of the rural poor on national radio where service providers such as local clinics and hospitals can be held up to local scrutiny represents an important accountability mechanism contributing to better governance.
- 5.6** A number of issues of concern can be identified with regard to radio listening clubs. Though meant to be participatory, clubs that are established with very broad aims, as opposed to those that are more discreet in composition, i.e. poor rural women or children, can be captured by village-based self-interest groups and used to their own advantage, thus perpetuating inequality and marginalisation. Further, evidence of the example clubs set for other communities wishing to emulate their role remains unclear and

requires further examination. If radio listening clubs are to be scaled up significantly on a national basis and support structures strengthened, then such evaluation represents a priority concern for donors.

- 5.7** Despite such concerns, encouraging the development of radio listening clubs through support to CSOs and CBOs deemed representative of poor men, women and children may be a useful and cost effective mechanism for community-based social mobilisation around key health issues.
- 5.8** Equally, mobilising listening clubs and providing radios that can be located in public places such as schools, clinics, shops, local government offices, etc., may lead to greater ICT access for poor people (providing the technology is used appropriately and not captured by elites). By association, this may lead to increased levels of public information and increased levels of community dialogue concerning relevant health issues.
- 5.9** The cost of providing equipment to listening clubs is low. Radio sets typically cost between \$5-10 and maintenance is cheap and widely available. The only significant recurrent expense associated with radio is that of batteries, though to an extent, this cost can be offset by the use of solar powered radio and clockwork radio sets, though clockwork radios remain initially expensive (\$50+). A cheap alternative is solar conversion kits, which, at around \$3.00 per conversion also represent a potential avenue for small business development.

BOX 12 Lessons from a Little Known Experience: Radio Candip, Zaire (DRC)

Operating with the belief that listeners identify with localised examples given by their peers in their own language Zaire's Radio Candip broadcasts in seven languages and gets local people involved through innovative radio listening clubs. A radio club is a group of people who come together to listen to the radio, to discuss the issues raised on the programme and to respond actively by providing feedback to the station and using the information they have received to implement community projects. Radio listening clubs found to be operating successfully are given a cassette recorder with which to record voice pieces in a range of formats, for broadcast on the radio. Although the success of some radio listening clubs has been limited due to the indirect nature of their access to the studio, and due to the undertaking of unrealistic community projects, on the whole the station has been successful in transforming passive listening into dialogue and communication. As one elderly man has said: 'we used to think that we lived in an unchangeable situation. Thanks to the radio, we've found out that there are many things that can change and that we can make them change ourselves by relying on our own abilities'.

(Aw,W 1992a)

6 | Building links for better health broadcasting

6.1 For health broadcasting to have an appropriate impact - and ICD initiatives more broadly - it is essential that the information contained within the wide variety of formats and approaches available to producers is both accurate and useable. Assessment of the information needs, existing knowledge, risk taking and health seeking behaviour of target audiences also represents a critical priority and essential element of health communications intervention planning and design.

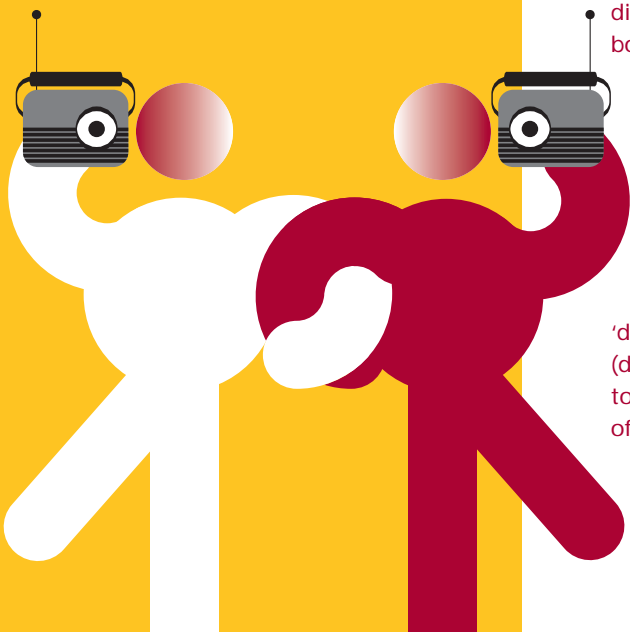
6.2 The quality and accuracy of health information accessed by radio staff during production impacts directly upon health broadcast outputs. This is illustrated above with regard to detrimental rumours surrounding health issues, which radio can both knowingly and inadvertently exacerbate. Rumours concerning the perceived detrimental health effects of certain medical procedures, treatments, vaccinations and so on, are as commonplace as the rumours, stigma and discrimination that are socially constructed about diseases and the people that are both known or suspected of having them. For example, Lupton (1994: 16-18) reveals that in the late 1980s in the West, media coverage of HIV/AIDS focused almost exclusively on homosexual men and female sex workers as 'vectors of HIV'. This focus on so-called 'dangerous social categories' (despite epidemiological evidence to the contrary) was at the expense of 'at risk' people engaging in unprotected heterosexual sex.

BOX 13

Combating anti-vaccination rumours: lessons learnt from East Africa

A study recently undertaken in East Africa examined the extent to which anti-vaccination rumours concerning potential side effects affected levels of vaccination coverage, and the impact of strategies to combat the rumours. For example, in Uganda, Greater Afrikan Radio was one of several radio broadcasters that have been attributed to causing a decline in polio immunisation of children. The study found that it was a lack of good health information within the radio stations themselves that resulted in rumours being broadcast and that rumours needed to be countered through all available channels, including radio, film vans, television and newspapers. However, it is important to first assess whether or not the rumours have in fact impacted on behaviour, before overreacting and risking raising the profile of the rumours and rumourmongers further. It may also be useful to make available a place to register rumours, such as a toll-free rumour hotline, or a rumour call-in radio programme.

(UNICEF 2002)



6.3 Much of the developing world, Africa in particular, is stereotyped as overly promiscuous within western national and international media (Lupton 1994: 18). However, such media coverage tends to ignore: (i) the socio-economic dimensions of the disease; (ii) the inability of many poor people to have STIs treated, due to lack of health services or their cost; (iii) the relatively low levels of public information available to the poor; and (iv) the broad range of contextual drivers of the disease, such as the disempowering and endemic levels of violence against women that occurs in Southern Africa or the significant volume of economic migration that occurs in the region (UNIFEM 2000).

6.4 Importantly, radio can help to counter negative and harmful stereotypes and promote positive community dialogue concerning health. However, with respect to HIV/AIDS many countries still have a long way to go in coming to terms with its social, economic and political implications. In China, for example, denial of the scale of the HIV/AIDS problem has resulted in a weak national response and paucity of targeted health promotion activities. In such contexts the public radio response tends to be moralistic, didactic and over-technical, leading to concerns regarding the usefulness of such broadcasting for the poor (Skuse, Slavin and Adam 2002).

6.5 The example cited above indicates the need to work closely with risk groups and the need to enhance health information flows to key information providers such as radio stations. It also highlights the need for simple, but sound, formative research amongst the target audience prior to broadcasting. Adam and Harford (1999), with reference to HIV/AIDS broadcasting, suggest that broadcasting should primarily respond to the critical health information needs of the poor. They identify a number of areas relevant to the strengthening of health broadcasting.

6.6 Obtaining a flow of accurate, useful and useable health-related information and support material, combined with a community-led approach, remains the cornerstones of better health broadcasting and here, governments have a clear role to play. Rather than seeing the non-state radio sector as a critic and competitor there is clear scope to work in partnership with the expanding community and commercial sectors for the benefit of public health. Increasingly, project partnerships are drawing broadcasters into close cooperation with NGOs in particular.

BOX 14

Countering negative stereotypes - Sathi Sanga Maka Kura (Chatting with My Best Friend) Radio Nepal

'Chatting with My Best Friend' is a magazine format radio programme, broadcast nationally, that is focused on youth and seeks to inspire interaction and communication regarding HIV/AIDS. UNICEF and FHI Nepal identified young people under the age of 15 as being at especially high risk from HIV and therefore sought to support a lively and entertaining programme that would capture the attention of young radio listeners. Young people were involved throughout the design and implementation of the project, from research phase to production. The aim of the programme is to enhance life skills, reduce stigma and strengthen prevention. In Nepal self and social-stigma regarding HIV/AIDS is widespread and the programme, which designs discussion points and stories drawn from real life scenarios, aims to bring HIV/AIDS in to the public arena for discussion, and to openly address issues relating to sex, peer pressure, stigma, relationships and discrimination. The hour-long programme features drama, music and chat and a listeners' letters slot. Up to 500 listeners' letters are received each week. The programme's stance is non-judgemental, supportive and positive.

(<http://www.unicef.org>)

6.7 For increased donor support to flow to the radio sector it is important that strong linkages and clear developmental outcomes are identified for poor communities that flow from their engagement with radio, i.e. increases in the levels of public information available or increases in the accuracy of information shared in social communication. Whilst the argument that community radio in its own right is critical to community empowerment and voice is valid (Aw 1992b; David 1992), strategic attention needs to be paid to linkages with health information providers, with government ministries and with local information providers, such as health clinics and NGOs. This will serve to increase the flow of accurate health information to radio producers, which ultimately is of benefit to listeners. Ministries of information also have a vital role to play in helping build media environments conducive to better health, through the inclusion of public service commitments for commercial station in licence agreements.

6.8 Community radio stations represent a key local channel for health information and their local popularity and potential has not escaped the notice of donors and NGOs seeking to strengthen the sector. Increasingly, health content is being syndicated to national networks of community stations through a number of means, principally on CD, tape or via the Internet. Also, Internet has been trailed, albeit with partial success, to respond to listeners' information requests through a format called radio browsing.

BOX 15
Building information support for radio professionals

Radio professionals need:

- information about health issues to ensure that the information being broadcast is accurate, relevant and up-to-date;
- information about the target audience; their knowledge, perceptions and risk taking and health seeking behaviour;
- information concerning radio listenership patterns, data on radio ownership and access, preferred programme formats, listening times and quality of reception;
- information about other organisations providing health education and services in the area.

BOX 16
BBC World Service's New Home, New Life radio soap opera: ensuring quality health messages for Afghanistan through agency co-ordination and partnership

The BBC's soap opera for Afghanistan, *New Home, New Life*, relies upon a broad network of funders and specialist NGOs to provide technical input in to its script development process. The project's funders are numerous (including FAO, DFID, ICRC UNICEF, UNESCO, UNHCR, UNOCHA, UNOPS, WHO) and all bring with them certain requirements, in terms of the broad social development themes, that they wish to raise through the soap opera. For example, UNICEF themes include 'clean births' and 'safe motherhood', whilst WHO themes include the 'rational use of drugs' and mother and child health (MCH). The production must choose from a list of around 25 themes, much health related, for incorporation in to the script. The necessary technical input occurs through a process that exposes funders and specialist contributors to script development ideas, through the circulation of a synopsis of forthcoming themes and dramatic content, and a follow up meeting called to discuss the technical content.

(Skuse 1999)

6.9 Despite the problems associated with the use of new ICTs in the South, i.e. slow download times, the cost of computer technology and the need for skills training, health information content syndication through e-mail and Internet, as well as through routine Internet web-surfing, represent key areas for capacity development within the sector.

6.10 Increasingly, content is being syndicated to community radio stations through international Internet-based content (audio and text) sites such as the OneWorld Radio HIV/AIDS resource and InterWorld Radio run by Panos UK, and through regional and national sites such as AMARC's Pulsar News Service in Latin America. Pulsar has been specifically set up to serve the community radio sector with audio and text-based news related items. Within such sites, a key focus is on health and the provision of detailed case studies and national and regional information regarding diseases such as HIV/AIDS, TB or Malaria.

6.11 Important national health information sites are also beginning to emerge. In South Africa the online health news service called Health-e provides a range of health information and audio features to a wide range of organisations. The website allows users to download audio news features, for example, on living with HIV/AIDS and provides statistical data and information resources for journalists. The website allows users to freely access the service and represents a

potentially important information channel for the community radio sector, although the use of such services remains relatively under-examined. There is also the potential problem of these generic 'features' lacking cultural specificity, which may lessen their impact in terms of behaviour change within discrete communities and risk groups.

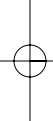
6.12 Enhancing useful and useable information flows and supporting links to radio stations represents a priority for donor support, as does broader skills and capacity building support for the community and public sectors in particular. However, it is important to stress the general principle that stand alone interventions for health, be they radio-based or otherwise, tend to be less effective than multi-method or channel approaches. In part, this reflects the recognition that behaviour change is a process that is reliant upon multiple factors and influences (i.e. gender, availability of commodities such as condoms, access to credible public information and so on) rather than health communications or education components alone.

BOX 17

Radio and new technology: Kothmale Community Radio, Sri Lanka

A recent study by Slater, Tacchi and Lewis (2002) of the Kothmale Community Radio Internet Project in Sri Lanka (see also KCRIP) found that poor people valued information highly, especially that relating to livelihoods and health. Despite near universal radio ownership, local information resources were found to be poor and national media was generally not perceived as trustworthy due to its politicised nature. Because of this, local people tended to prioritise local media and local concerns. The Kothmale project began as an experiment that sought to combine the Internet with community radio in innovative ways. Initially, the mechanism of 'radio browsing' – where the broadcaster would search for answers to listeners' questions delivered by phone, post or in person in 'real broadcast time' was employed. However, the study found that radio-browsing programmes were not especially popular and that using the Internet in this way was cumbersome and inefficient. Subsequently, it has been integrated into day to day broadcasting in more mundane ways, with Internet being used as a mainstream resource, with the information derived from it being incorporated into broadcast content without listeners being explicitly aware of it. The Internet component of such broadcasts has since been replaced by station staff referring to an electronic encyclopaedia on CD-ROM in order to answer listeners' questions.

(Slater, Tacchi and Lewis 2002: 24)



Zimbabwe.
Villagers gathered around listening to the
radio outside a hut adorned with an
AIDS emblem.

© Chris Sattlberger / Panos Pictures



6.13 Though single media interventions and single formats occasionally have a significant impact on health their success is often driven by context specific factors, such as conflict, poverty or the simplicity of the media environment, rather than the format itself (cf. Skuse 2002a). Despite the fact that radio is a relatively cheap medium to both establish and broadcast, it is now widely recognised that exposure to multiple messages with the involvement of the ministries, serves to reinforce the overall impact of health campaigning. Single radio-based interventions that are not linked to other communication (i.e. TV, video, theatre) and education efforts (i.e. peer, life skills), services (i.e. counselling, vaccination) or commodity provision (i.e. condoms) are unlikely to have a significant impact.

BOX 18 Radio broadcasting and new technologies

Convergence and new ICTs:

- expand the inter-connectivity between different media, for example allowing for the convergence between radio and Internet, which in turn opens up new broadcast and linkage opportunities;
- can help radio reach people to whom it has previously been difficult to broadcast, for example, the Worldspace initiative is using satellite technology to broadcast radio programmes and material to listeners and receiving stations across Africa. The potential to tap this resource for improved health information flows is significant, though whether the initiative will be either sustainable or affordable in the long-term remains in question;
- can improve information flows to stations in the form of completed and packaged health programmes on given issues, or materials that can be easily adapted and 'localised' for community broadcast;
- represent a channel and means of learning from each other and a mechanism for the networking of stations with similar concerns over community health issues.

BOX 19 Healthworks: Internet and radio-based training for health workers

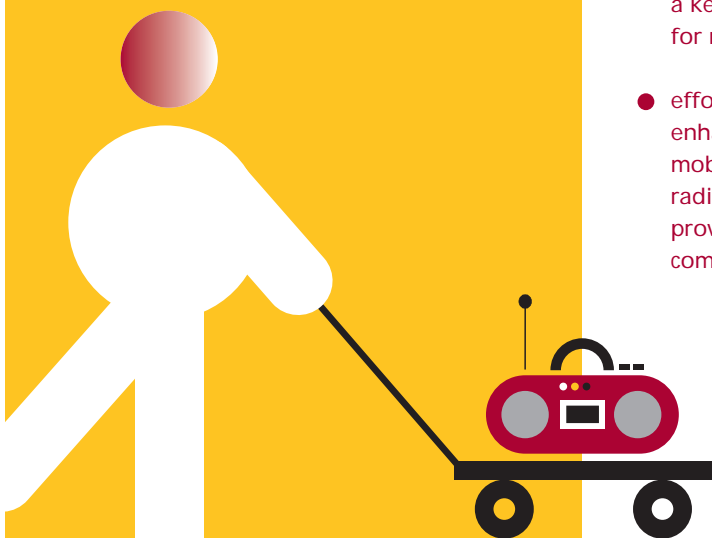
The Australian based institutions Health Communication Resources and Curtin University of Technology have worked together to produce a 13 part radio series that helps health and social development practitioners to develop their health promotion, needs assessment and evaluation skills through this distance education method. Those taking the course of work, complete a companion workbook. The programmes are syndicated to local radio stations that also supply workbooks to those listening. Healthworks has joined forces with OneWorld Radio to aid dissemination of the resource and the training course is available to download online.

7 |

Conclusion

7.1 This paper has provided a broad overview of health broadcasting at multiple levels. It has highlighted, through case study material and analysis, the different qualities and approaches of community, public and international radio stations to health broadcasting and investigated a range of linkage and mobilisation issues that could help to strengthen health broadcasting and access to health information for the poor more broadly. The key conclusions to emerge from the discussion include:

- radio interventions work best when integrated into long-term and multi-media health promotion campaigns that address a broad spectrum of constraints, issues and spheres (socio-cultural, political, economic, policy);
- radio formats that support and create community dialogue, such as soap operas and mini-dramas, are especially relevant to addressing complex health issues and should be broadly supported;
- support for community radio should not disadvantage national public service radio, which remains a key health information lifeline for rural populations in particular;
- efforts should be made to enhance access to radio and social mobilisation, through support of radio listening clubs and the provision of radio sets for communal listening;
- efforts should be made to enhance health information flows to radio stations at national and community levels to ensure that health broadcasts are built upon accurate and useable information;
- coordination efforts need to be enhanced so that the radio sector is drawn in to partnership with specialist health NGOs, CBOs, UN bodies and government ministries who can provide the specialist information they need in an accessible form. In this respect, work undertaken at ministry level to enhance the usability of their health information outputs is critically important;
- new technology has provided a means of providing such information flows and the integration of new technologies into the radio sector should be expanded;
- support for the establishment and maintenance of national and local health information 'clearinghouses' or 'content banks' for health broadcasting/mass media that can be accessed through Internet or CD-ROM and which contain information, scripts, audio clips and radio production guidance for health broadcasting, the development of new formats and techniques (e.g. 'Health-e' in S. Africa);
- radio staff require training in broadcasting for health and in formative research and impact evaluation that is in line with the scale of their programme initiatives. There is the corresponding need to build



capacity within organisations, academic, non-governmental and commercial sectors, to carry out social communications research and evaluation to complement training for broadcast organisations;

- donors should support the provision of such training and the publication of evaluation guidelines to assist stations in undertaking such work;
- further long-term research is required in health broadcasting generally, and the synergies between health broadcasting and routine social communication practices more specifically.

Knowledge gaps and research priorities

7.2 A number of research gaps and priorities emerge from this paper relevant to enhancing a broader understanding of the role that radio plays in supporting better health outcomes for the poor:

- a clearer picture is required of the synergies evident between the various media and participatory communications efforts used in multi-method or integrated health promotion campaigns (Steckler et al. 1995). Multi-method campaigns may operate at different levels; community to national, and the way in which they interact to reinforce health messages is an understudied field. Concentration on single media within integrated campaigns tends to occur to the detriment of a broader focus that could explore links evident between radio, social

communication practices, other electronic media, as well as social and economic policy and so on;

- the extent to which radio listening clubs lead to effective social mobilisation for better health outcomes requires further investigation. How and to whom benefits accrue within the community remains a critical question that is largely unanswered in existing literature;
- community, public and international radio broadcasting are very different entities that have different objectives and different audiences. In health terms, all can play a significant role in raising awareness of health issues within any given country or community, though how they reinforce each other's health-oriented material or how they can work together and support each other to enhance the well-being of the poor more broadly requires investigation;
- further research needs to be undertaken on the mapping of health information flows within communities, so that radio's role and its importance, relevant to other information flows, may be better contextualised and assessed;
- similarly, further thought and investigation needs to be given to the accuracy and usability of health information within radio stations and other media channels, with linkages and support structures being fully explored in geographical context.



Appendix 1 | Radio checklists

Community radio checklist

Opportunities

Community radio stations:

- are Local;
- address community issues;
- broadcast in local and minority languages;
- serve community, specific interest and occupational groups;
- encourage community participation;
- understand community information needs;
- broadcast accessible and often innovative material such as simple spots, phone-ins, chat shows and testimony;
- reflect local news;
- increasingly link to content providers and are engaging in broader health promotion campaigns by broadcasting spots and material produced elsewhere;
- represent an independent voice;
- can be a powerful community health and political advocate.

Constraints

Community radio stations may have:

- little capacity to produce more complex programme formats such as soap opera;
- budget constraints which similarly impact on the type of programming they can realistically produce and upon station sustainability overall;
- little capacity and experience of taking complex health information and transforming it into innovative and accessible programming;
- problems accessing or affording technology that would enhance their access to health information and to networking opportunities with other stations;
- difficulty in obtaining broadcasting licences and maintaining their community service ethic;
- difficulty in monitoring or evaluating impact due to weak capacity;
- difficulty sustaining their output in times of political and financial pressure.

Public radio checklist

Opportunities

Public radio stations are:

- able to broadcast to mass audiences and are usually popular, therefore lending itself to the broad dissemination of general health messages, such as spots and slogans;
- able to produce programmes that reach multiple audiences, such as policy makers, government officials and employees and poor people;
- better equipped and often well funded and are able to produce programming of a more technical and complex nature, such as national news, ongoing soap operas or magazine-format programmes;
- able to work in partnership with relevant ministries and NGOs to gain access to expert opinion and advice;
- often the only source of health information, news and entertainment at the local and national broadcast levels for the rural poor, due to the relative absence of community stations in such areas;
- usually able to undertake basic audience evaluation as limited research and evaluation capacity often exists within public broadcasters;
- increasingly able to link to national and international health content providers.

Constraints

Public radio stations may have:

- an overt political stance and broadcast propagandist or inflammatory material that reduces the willingness of donors to get involved in supporting radio sector
- strengthening at this level; funding crises that impact upon the quality of its health broadcasting, the quantity of
- such broadcasting and its ability to maintain essential production and transmission equipment;
- difficulties engaging with NGOs and CBOs and may have a tradition of producing
- didactic and unengaging health programming;
- research and evaluation units that are often chronically under funded;
- difficulty retaining their most innovative and creative staff as the commercial and community sectors start to develop; staff that want to be more creative and innovative, but who require training in health broadcasting, message development and creative formats.

International radio checklist

Opportunities

International radio stations are:

- able to broadcast to contexts undergoing conflict, as such they can become a humanitarian lifeline for the poor;
- able to use their capacity to help build the capacity of national and community broadcast structures;
- technically advanced and are able to produce programmes of high technical quality and complex formats, such as investigative journalism, magazine-style programmes and soap operas;
- able to challenge negative broadcasting where liberal broadcast regimes currently do not exist;
- able to raise sensitive health issues such as HIV/AIDS because they are not produced nationally, but internationally.

Constraints

International radio stations may have:

- difficulty reflecting local concerns or even national concerns as many of the languages in which they broadcast cut across discrete nation states, for example, as does Arabic;
- to resort to addressing health issues from a very general perspective in order to overcome their social distance from their audiences;
- difficulty in holding and maintaining a significant audience share in countries with diverse media environments.

Appendix 2 | Popular radio formats

Spots and slogans

Spots and slogans are short simple messages of between 30 seconds and two minutes that can feature a short dialogue, announcement or interview. Spots commonly air on national and community radio and television (often as a result of material being syndicated), and are designed to address broad health issues that are relatively simple to convey. They may be disease specific or may be used to promote specific health service availability, free or subsidised health treatments.

Mini-dialogues and dramas

Mini-dialogues and short dramas are used to convey one or two key health messages and are usually short in duration (i.e. between 2-5 minutes). They may comprise a single dialogue/drama with the health issue and resolution contained within the same broadcast or a short mini-series, in which an initial drama positions the listener into a dilemma and another resolves the issue.

For example, many young women face acute pressure from their partners to have unprotected sex for a number of reasons, many of them cultural. From this perspective a dialogue can be structured between two young women focusing on the decision that one of them has to take, i.e. whether to use a condom and risk being accused of not trusting her partner or to engage in unsafe sex.

The following box highlights how the BBC World Service Trust (BBC WST) has used the 'dilemma' and mini-drama format to good effect in both India and Nepal to address leprosy and blinding trachoma. In this instance, the use of free airtime, donated by the national broadcaster, has

BOX 1

Using Spots in Diarrhoea Education

The following radio spot script used an interview clip and announcer to get across the message that it is important to help children to eat whilst they are suffering from diarrhoea.

Announcer: Children need to be encouraged to eat when they have diarrhoea. Feed your child small portions of food at least six times a day, so he won't lose weight when he has diarrhoea. Listen to the voice of experience.

Real mother [interview excerpt]: I thought I was going to have to bury that child because of her diarrhoea. She didn't want to eat a thing. She was listless and really skinny. I was getting really worried. So I began feeding her little portions of food every couple of hours. At first she'd only eat a few bites. Then each day she would eat a little more and finally her appetite came back (laughing). Now look at her, that child eats and eats.

Sound effect: child laughing

Announcer: Listen to the voice of experience. When your child has diarrhoea and doesn't want to eat, feed him small portions of food at least six times a day. Little by little [their] appetite will return.

(Adam & Harford 1998: 46)

allowed programmes to be aired and repeated frequently which in turn has resulted in an increased social impact.

Soap Operas and serials

Radio has been well documented in terms of its ability to engage the imagination and here, the connection between innovative radio formats and the creation of positive community dialogue emerges strongly (Crisell 1986; Skuse 2002b). For example, radio soap opera is broadly accepted as one of the best mechanisms for broaching complex and socially sensitive health-related issues, such as HIV/AIDS (Adam and Harford 1999). Galavotti et al. (2001) suggest some of the most effective behavioural interventions have been linked to existing social and cultural contexts through 'edutainment' formats such as soap opera. These formats articulate with community dialogue on health and use existing cultural narratives and resources to both humanise and destigmatise disease.

Soap operas and serials are used extensively to promote aspects of human development. Productions are typically broadcast between 1 and 5 times each week and are generally between 10 and 30 minutes in duration. Soap operas tend to be open-ended or continuous, whereas serials have a defined run of episodes (i.e. 10-20 episodes). Radio soap operas usually have 4 or 5 scenes within each episode; and each will address a certain storyline that unfolds over the course of time. Edutainment-type soap operas

tend to focus on a broad range of development issues, though health naturally constitutes a major focus. Evidence suggests that sensitive health topics, cultural constraints and norms affecting health are best approached through formats that ground such issues in familiar contexts and which use believable characters (de Fossard 1997; Galavotti et al. 2001). The episodic nature of soap operas allows time for listeners to mull-over the diverse range of positive and negative outcomes that are embedded in the dramatic storylines (Rigbey 1993). Typically, a radio soap opera will employ a format that features characters that are for and against a health issue or practice and another that wavers between both options, but who ultimately chooses the more positive course of action. Because radio soap operas and serials are fictional, they are able to open a neutral and recrimination free social space in which public debate can occur about sensitive health related issues and choices such as discrimination, rights and stigma.

Though popular with funders and listeners, soap operas can be expensive to produce, require extensive organisational and creative capacity and require significant research and evaluation structures. A thrice-weekly national radio soap opera can cost as much as US\$500,000 to run annually and increasingly producers of initiatives such as Soul City in South Africa, are engaging with the commercial sector to secure funding and long term sustainability (Tufté 2001). Soap operas are often funding-dependent and represent an ongoing commitment for donors.

BOX 2

BBC World Service Trust (WST) India Leprosy project

In 1999 the BBC World Service Trust, working with Indian national radio and television, launched a 12-month campaign in 5 states of India, to raise awareness of Leprosy and the availability of treatment. The volumes of production were unprecedented in the campaign, with 27 TV spots and 146 radio spots being produced in a total of 20 languages, as well as 13 TV dramas and 53 radio dramas. In total, during 2 campaign phases, these outputs were broadcast 808 times on TV and 5,545 times on radio. For 'media-dark' areas, 2,175 song and drama performances and 5,455 'video van' screenings were conducted. No airtime payments were made to the media institutions involved. During and immediately after the campaign, some 186,000 patients were diagnosed and treated by the Ministry of Health. Also, evaluation found a dramatic impact on attitudes towards leprosy occurred:

- the % of the total population believing leprosy is hereditary fell from 56% to 19% during the project. This means 172m people changed their attitudes on this issue;
- the percentage of people believing leprosy is transmitted by touch fell from 52% to 37% to 27% (i.e. 117 million people potentially changed their minds);
- the percentage of people that claimed they would not sit next to a leprosy patient fell from 44% to 33% to 27% (i.e. 93 million people changed their minds).

(Adapted from Eastwood et al. 2001: 46)

The cost of soap operas makes them largely unfeasible as a community-based intervention.

Stories and testimony

Stories and testimony are used widely to promote better health as a means of contextualising and 'humanising' disease. Testimony, often a monologue from a person affected by a specific disease, i.e. people living with HIV/AIDS, tends to be short in duration, but high in impact. Stories and comedy monologues can be entertaining if well written and presented. Control over the quality and accuracy of the health information presented, like other formats is critical. Careful selection of oral testimony segments must occur to ensure that incorrect or unhelpful health messages are not broadcast. For example, testimony that details a negative experience, such as discrimination, may not send a very helpful message. Similarly, storytellers must make every effort to engage experts in the specific diseases they choose to write about, as the broadcast of incorrect information is counterproductive.

Magazines, talk shows, phone-ins

Magazines, talk shows, and phone-ins are mainstays of radio broadcasting, health broadcasting included. Magazine formats provide an often-eclectic mix of features, interviews, competitions, music and drama and are designed to be pacy and topical. Health related talk shows come in a number of guises, but most use studio based interviews as a means of addressing relevant health issues in detail.

Often such formats can be overly didactic, especially if doctors are used to provide over-complex epidemiological information on a given disease. Of perhaps more relevance is engagement with CSO, NGO and CBO staff working with people who are at risk or who are ill. Interviewing people with diseases around which high levels of self-stigma, social stigma and discrimination are created can be a first step towards their social acceptance (HDN 2001).

A related format is that of the phone-in, which uses a studio based presenter, as well as professionals working in the field (doctors, nurses, NGO, CSO, CBO fieldworkers), to answer questions from people that have phoned-in direct to the studio. This approach, one favoured by community radio stations, often uses a local 'agony aunt' or 'agony uncle' character to give instant responses to callers. Despite their popularity, their impact, in terms of the quality of the information that they provide has yet to be sufficiently examined and risks are evident.

BOX 3

Twende Na Wakati (Let's Go with the Times), Tanzania

In July 1993 a radio drama began broadcasting on Radio Tanzania aimed at promoting family planning, which at the time, was considered a sensitive issue. The twice-weekly broadcasts were educational and entertaining and addressed a wide range of health issues including HIV/AIDS and were found to substantially raise local dialogue concerning health. The drama targeted rural audiences, who had low access to television, but high access to radio, which was perceived by project planners as the cheapest and most effective means of reaching large numbers of rural people. The long running drama, which has to date broadcast over 1,000 episodes, has been continuously evaluated:

- 88% of people who listened to the drama suggested that they had learned about family planning and 86% suggested that they had also learned about HIV/AIDS;
- 23% of the audience reported that they adopted family planning in direct response to listening to the drama;
- 55% of listeners revealed that they talked to a friend about the issues raised.

(<http://www.comminit.com>)

With regard to health related interviews, Fordred and Lloyd (1998), in discussion of the community sector in South Africa, reveal that radio presenters often feel they should be able to answer every question asked of them and that a very real risk lies with the provision of 'misinformation' resulting from a presenter being out of his or her depth. From this perspective:

- training of community and national radio staff in health information gathering and adaptation for broadcast represents an urgent need;
- similarly, supporting networks that provide informational and training support for health broadcasting more broadly could help to raise the quality and accuracy of health information contained in radio broadcasting.

News, documentary and health journalism

News, from short items regarding health to documentary and investigative radio journalism regarding topics from discrimination, to national policy to service delivery, represents a mainstay of radio broadcasting at all levels. Regular exposure to news – frequently the most popular of radio formats in the South - about diseases such as HIV/AIDS or TB is important because it can help hold the issue in the public eye. Also, news and short documentaries items can be used to provide positive health features relating to the overcoming of disease-associated stigma or the provision of free health services.

Investigative radio journalism can also bring issues of corruption to light, highlight poor service standards, the withholding of services for the sick, issues of discrimination and also highlight inadequacies in national policy. As such, radio news represents an important advocacy tool with which to target policymakers and legislators and an important accountability mechanism. The key challenge is to work with reporters not to oversimplify and sensationalise health issues that require sensitive handling. The importance of obtaining a good story for the journalist will often outweigh any educational objectives. Therefore, health journalism capacity needs to be built throughout the radio sector.

BOX 4

Capital Doctor, Uganda

Capital Doctor is one of the best known and most successful of the phone-in type formats to address health issues. The hour-long evening show began in 1994 on Capital Radio FM in Uganda and is broadcast once a week. DJs and doctors field the calls (up to 25 each broadcast) from young people (the target audience is 15-28 year olds) on a number of health topics, most of which relate to sexual health, HIV/AIDS and risk avoidance, family planning, as well as diseases such as cholera. The direct approach to these sensitive issues has created a significant impact amongst its target audience. In part, this is due to the insistence of producers' over the accuracy of information and consistency of messages provided by 'on-air' health workers. A survey undertaken in 1996 found that of 200 clients using an STI clinic in Mulago, 70% listened to Capital Doctor and 57% were able to cite the day and time of the broadcast. 71% of people who reported that they always used a condom were found to be listeners and that non-listeners were less likely to use a condom, thus increasing their exposure to risk.

(<http://www.comminit.com>)

Appendix 3 | E-sources

- AMARC**
www.amarc.org
A site dedicated to community radio that features useful references, addresses a range of project interventions, connects to Internet-based audio features and news items, as well as listing member radio stations from around the world.
- BBC World Service Trust**
www.bbc.co.uk/worldservice/us/trust
A site highlighting the work of the Trust across a range of sectors, civil society, training and health, that also provides details of its current project activities.
- Biodesign**
www.biodesign.org.uk
A site examining cheap solar panels used to convert radios into more affordable commodities for poor people.
- Commonwealth of Learning**
www.col.org
A site that examines the use of radio in education with a focus on community radio and empowerment. Also details of the COL 'suitcase radios' are provided.
- Communication Initiative**
www.comminit.com
A communication for development-dedicated site that covers mass and participatory media, social change and planning models and has a separate themed section on radio.
- Digital Opportunity Channel**
www.digitalopportunity.org
A site examining the role of new communication technologies and convergence issues in development, with useful research reports and features.
- Freeplay Foundation**
www.freeplayfoundation.org
A site dedicated to promoting 'clockwork' radios, which have been used extensively in humanitarian relief efforts to increase information flows to displaced people.
- OneWorld Radio**
http://radio.oneworld.net
A site focusing explicitly on radio, deregulation, research and containing downloadable audio features.
- Panos Institute**
http://panos.org
A site featuring policy and research papers contained within a themed section on HIV/AIDS. Other relevant sections include ICT and oral testimony.
- Rockefeller Foundation**
www.rockfound.org
A site featuring useful publications relating to the Foundation's work in communications for social change.
- Soul City**
www.soulcity.org.za
A site tracing the history and activities of the Soul City multi-media health education vehicle used extensively in Southern Africa to address a range of health and community issues from HIV/AIDS to domestic violence.
- UNAIDS**
www.unaids.org
The site of the joint UN programme on HIV/AIDS which features numerous publications on every aspect of HIV/AIDS, from social dimensions to specific publications on formal education, peer education and mass media.
- UNDP**
www.undp.org
The site for the UN Development Programme with specific subsections on the Millennium Development Goals and Targets and the 2003 Human Development Report.
- UNESCO**
www.unesco.org
A site that features a wealth of publications relating to all aspects of communication for development, both formal and informal.
- World Radio Network**
www.wrn.org
A site that focuses exclusively on radio and which contains downloadable audio material from over 200 radio public radio stations spread throughout the globe.

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Rapid reference guide for decision makers





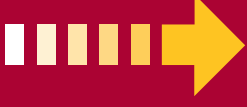

This paper sets out, analyses and discusses a number of key issues that DFID decision makers may face when considering support for radio based health information initiatives.

Radio interventions are now a common facet of health sector programmes, such as HIV/AIDS, TB and Malaria prevention, in most of the partner countries in which DFID works. Radio constitutes just one of many different electronic and social fields through which information may be obtained. Therefore, decision makers need to first ask themselves if radio is the most appropriate and effective communication option to build community involvement in health issues or to reach the specific risk groups.

Sections 1.3, Box 2 and Footnote 2 point the reader to a wider range of Information and Communication for Development (ICD) options, both mass and interpersonal media, that may be employed in the health context. Radio provides a very useful example and the selection, assessment, and evaluation criteria that are applied to this popular medium can broadly be applied to other ICD interventions and initiatives.

Rapid reference guide

Decision makers seldom have direct experience of such specialist media areas. Therefore this paper aims to highlight and answer a range of critical questions that programme managers and planners might be expected to ask. For example, how should proposals be assessed and what criteria should be used?

Which broadcast level – community, public or international – is most appropriate to the proposal?		Appendix 1 Page 37
Which radio format (soap opera, spots, talk shows, etc.) is best suited to addressing the issue?		Appendix 2 Page 40
What is the role of research and evaluation in building radio initiatives that address real information needs?		Box 2 Page 12
What indicators relevant to social change and communication can I expect to see in proposals?		Box 4 Page 15
How should the health messages contained within radio broadcasting be developed?		Box 6 Page 16
What possibilities emerge for health broadcasting as a result of the emergence of new technologies?		Boxes 15 & 18 Pages 30 & 33