UNAIDS

Media Action International

THE *ESSENTIAL* HANDBOOK

Radio and HIV/AIDS: Making a Difference

A guide for radio practitioners, health workers and donors

by Gordon Adam and Nicola Harford

THE *ESSENTIAL* HANDBOOK

Radio and HIV/AIDS: Making a Difference

A guide for radio practitioners, health workers and donors

by

Gordon Adam and Nicola Harford

Media Action International
Publication

UNAIDS
Best Practice Collection Key Material

© Joint United Nations Programme on HIV/AIDS (UNAIDS) and Media Action International (1999).

All rights reserved.

This publication may be freely reviewed, quoted, reproduced or translated, in part or in full, provided the source is acknowledged. The document may not be sold or used in conjunction with commercial purposes without prior written approval from UNAIDS (contact UNAIDS Information Centre).

This handbook is also available in French and Spanish.
A copy of any other translated version should be sent to UNAIDS for information,
for the attention of the Information Manager, UNAIDS, 20 Avenue Appia, CH 1211 Geneva 27, Switzerland
Tel: (+41 22) 791 4651, Fax: (+41 22) 791 4165, email: unaids@unaids.org - Internet: http://www.unaids.org

The views expressed in documents by named authors are solely the responsibility of those authors.

The designations employed and the presentation of the material in this work do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by UNAIDS in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

ISBN 2-9700176-0-1

Designed and typeset by The Electronic Cottage, Glenstrathfarrar, Scotland

Printed and bound by Highland Printers, Inverness, Scotland

CONTENTS

The Authors

Authors Note

Preface

Introduction 1

Section 1 - Initial research 7

Section 2 - Selecting issues 23

Section 3 - Programme formats 39

Section 4 - Making radio interactive 51

Section 5 - Pretesting 59

Section 6 - Scheduling 69

Section 7 - Campaign planning 73

Section 8 - Partnerships 79

Section 9 - Monitoring and evaluation 89

Section 10 - Training and sustainability 105

Glossary 117

Further Reading 119

THE AUTHORS

Gordon Adam is co-director of Media Action International. Previously, he was a BBC radio journalist, spending much of his career with the World Service where he headed the Pashto language service broadcasting to Afghanistan. He has also worked as a consultant for UNESCO, the UN Drugs Agency (UNDCP), and the World Bank, and was a member of UK Department for International Development's working group on health communications. He has written and broadcast extensively for the BBC and the print media. Publications include *The Media in Complex Emergencies*, in *Brassey's Defence Yearbook 1999* (forthcoming) and *Health on Air* (with Nicola Harford, London, 1998).

Nicola Harford is a social development and communications consultant based in Harare, Zimbabwe. She is a former Research Fellow of the University of Reading, UK and consultant and trainer to media projects in Africa and Asia. Her interests include participatory research methods and gender issues. She worked in Pakistan for four years on education, health and water and sanitation projects. She is co-author of two handbooks on using radio for health and HIV/AIDS campaigns and a book on visual aids for development.

Media Action International is a Geneva-based Foundation which researches and manages mass media projects in areas of conflict and humanitarian crisis. Current projects include REACH (Radio Education for Afghan Children); Project SPEAR (Support Programming for Emergency Assistance by Radio) in Albania, Macedonia and Kosovo, a book of best practice in respect of the media's role in peace-building, as well as the production of *Radio and HIV/AIDS: Making a Difference.*

Media Action International
Villa de Grand Montfleury
Versoix
Geneva 1290
Switzerland
Telephone: (+41 22) 950 0750
Fax: (+41 22) 950 0752
email: info@mediaaction.org

AUTHORS' NOTE

Radio and HIV/AIDS: Making a Difference has been written with two premises in mind: that even in this age of digital communications radio remains a powerful force to confront the health and social challenges posed by HIV/AIDS, but that there is much scope for improving programming. In addition, it is our conviction that improvement in HIV/AIDS mass communications can only be brought about by the local media, and this handbook is an attempt to offer some practical guidance on how to use it as effectively as possible.

Exactly how many radio receivers there are in developing countries is a matter of debate, but international agencies seem to agree on one statistic: in the least developed countries, there are ten times as many radios as televisions. Radio is not a medium that health educators can afford to ignore, or regard as marginal. They need to use it as a vital resource, but with a professional approach which we have tried to outline in the following pages.

The authors have drawn on examples of how radio has been used successfully in this field, to develop a series of guidelines which should apply to HIV/AIDS broadcasting in most countries. The use of other mass media is also covered, as is the particular responsibilities of reporting on HIV/AIDS, whether on radio, TV or in print. Some case studies are referred to on a number of occasions: the explanation for this is that we felt more confident about citing examples which we know about from personal experience.

Radio and HIV/AIDS: Making a Difference is principally written with radio broadcasters in mind, but HIV/AIDS workers will hopefully also find the contents of interest, as will media managers and policy makers in the information and education fields. It is intended to offer advice which is as practical as possible. HIV can be avoided, and so can much of the prejudice against people living with HIV/AIDS which is based on misconceptions. If radio can be used to help give early warning of high risk behaviour and to put the record straight on living with HIV/AIDS in the community, much suffering will be avoided.

Gordon Adam and Nicola Harford
Media Action International
January 1999

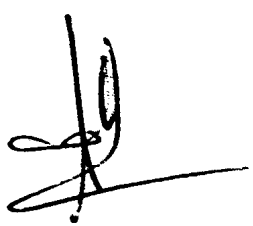
PREFACE

Throughout the world, radio continues to be one of the most popular mediums by which to transmit information and engage large numbers of people from many parts of society. In recognition of this, governments, elements of civil society, and the United Nations system have used radio as a powerful tool to achieve a broad range of goals. This has been particularly evident in recent years in situations of national crisis, such as in Cambodia, Bosnia, Rwanda, Liberia, Angola and Kosovo.

Efforts have included radio communication in many forms, such as educational messages, information exchange, and call-in shows, which have dealt with such diverse matters as health, family reunion, community support and resources, conflict resolution, peace-building, governance and human rights issues. When radio programming is relevant, entertaining and informative, listeners tend to remember ideas and facts, and to discuss them with their friends and family. This can be the beginning of a complex process involving increased awareness and behaviour change which enables individuals and families to cope better with the essential challenges in their lives.

In many parts of the world, HIV/AIDS continues to be a subject of serious misconception, misunderstanding, ignorance and fear. There is an urgent and ongoing need to present facts about HIV clearly, unambiguously, to reduce the fear, stigma and discrimination associated with HIV, and to provide practical advice on how to minimise the risk of being infected and how to provide care and support to infected and affected people. Radio has a vital role to play in this educational and 'life-saving' challenge.

Radio and HIV/AIDS: Making a Difference is therefore a very timely book. It illustrates that journalism by itself is not enough. What is needed is a mix of journalism, research, and creativity to make the kind of radio programmes which will indeed make a difference in the highly complex area of HIV/AIDS. In a clear and informative way, *Radio and HIV/AIDS: Making a Difference* presents both the norms and skills used by media professionals, as well as those used by health educators, resulting in what may be referred to as a tool kit for 'media health educators'. It also provides a number of useful examples of the great work that has been already been accomplished in many parts of the world. The result is a concrete and practical inspiration to radio, health and community professionals to use radio as a vitally important tool in the fight against HIV/AIDS.



Dr Awa Marie Coll-Seck
Director, Department of Policy, Strategy and Research
Joint United Nations Programme on HIV/AIDS (UNAIDS)
Geneva

HIV/AIDS programme-making in Mali (photograph by Mary Myers)

This handbook contains practical guidelines for planning, researching, designing, producing and evaluating HIV/AIDS programmes on the radio. Its focus is on the practical issues and approaches involved but does not attempt to cover the technicalities of radio production.

Who is this handbook for?

Radio and HIV/AIDS: Making a Difference may be of special interest for the following groups of people

- radio practitioners (managers, editors, reporters and producers), involved at present or in the future in HIV/AIDS and other health media campaigns
- journalists involved in covering HIV/AIDS related issues
- managers and communications personnel in HIV/AIDS organisations, Non-Government Organisations (NGOs) and government departments
- aid agencies funding health projects and/or development communications projects

Successful HIV/AIDS communications depends on a combination of skills and resources. It is therefore likely that all the categories of reader listed will be able to learn something new from this handbook. The handbook has been designed so that it can be photocopied easily and shared as widely as possible with all those interested and involved in radio and health education. If sections are reprinted, the authors would appreciate acknowledgement.

How to use this handbook

The book is divided into ten sections which cover the main issues to consider when using radio as a health communications tool. Readers who work in radio but have little or no experience of making programmes with a health education focus or who work in a health organisation but have not used radio before, may wish to start at the beginning and work through each section consecutively. Alternatively, if you are looking for information on a specific topic you can turn straight to the relevant section. Throughout the handbook examples to illustrate techniques, approaches and issues are drawn from the experiences of HIV/AIDS and other health education radio projects around the world. At the end of each section there is a list

of references and useful contacts. At the end of the handbook there is a glossary of key words and terms used as well as a selected reading list.

Section 1 – Initial research (see page 7)

This section explains what needs assessment means in the context of radio programming and why and how to carry out initial research for effective programming. Drawing on actual case studies, it shows some of the different approaches and methods that can be used, and discusses their benefits and disadvantages. Guidelines on procedures to follow in the design, implementation and analysis of research are also provided.

Section 2 - Selecting issues (see page 23)

This section explains why you need to select material for inclusion in a radio programme carefully and suggests ways of selecting information that it is unambiguous and has maximum impact.

Section 3 - Programme formats (see page 39)

This section describes the range of different radio programme formats available to programme makers and suggests how they can be used creatively to best effect.

Section 4 - Making radio interactive (see page 51)

The use of radio and television is often limited by a perception that they are one-way channels of communication. This section demonstrates some ways of meeting the challenge of involving your target audience throughout the programming process, focusing on the potential of community radio as an interactive medium to promote HIV/AIDS education.

Section 5 - Pretesting (see page 59)

Before broadcasting a completed programme it is important to test its impact with a group of people representative of your target audience and with technical experts. The reasons for this and methods and procedures for carrying out pretesting are discussed in this section.

Section 6 – Scheduling (see page 69)

However good a radio programme, it is of no use unless people can hear it. This section gives tips on how to decide when to schedule and how to ensure that your radio programme is broadcast at a time when it will have greatest impact.

Section 7 - Campaign planning (see page 73)

A radio HIV/AIDS campaign may be a stand-alone initiative or part of a longer-term project. In either case careful planning is required and this section presents a step by step approach to formulating and implementing a successful radio education campaign.

Section 8 – Partnerships (see page 79)

HIV/AIDS awareness raising is usually more effective if multiple communication channels are used. It is also desirable and often necessary to work closely with other organisations which can provide funding, complementary support services, specialised knowledge or technical skills. This section explains how partnerships with media and other organisations can be facilitated and put into operation.

Section 9 - Monitoring and evaluation (see page 89)

This section discusses why and how to research the progress and impact of your HIV/AIDS education radio programme or campaign with suggestions for how to tailor the research to the requirements of your budget, audience and funders.

Section 10 - Training and sustainability (see page 105)

This section shows how both broadcasters and health organisations can work towards sustainable and effective HIV/AIDS radio broadcasting, and gives examples of the structure and content of a radio focused Information, Education and Communication (IEC) workshop.

Why use radio for to promote HIV/AIDS communication?

Radio reaches a wider audience than any other medium: for example there are an estimated 94 radios per thousand people in the least developed countries, ten times the number of televisions or copies of daily newspapers available. In West Africa, the number of community radio stations has jumped from five to 72 between 1991 and 1998

- radio can motivate people by building on aural/oral traditions and stimulate the imagination better than video or television
- radio programmes are cheap, quick and easy to make
- radio receivers are widely available, cheap and easily portable; this makes them convenient for listeners

HINT

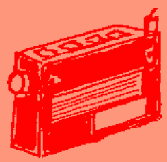
If the broadcaster plans programmes imaginatively the limitation of radio being a transitory medium can be partially overcome. Radio station deregulation has broken down the one-way medium by opening up a dialogue with listeners: the phone-in programme has transformed radio programming in the North, and it is becoming increasingly popular in the South amongst deregulated radio stations revelling in their new freedom to broadcast.

- radio can reach people who are isolated by language, geography, conflict, illiteracy and poverty
- radio can reach those who do not come to health facilities because of cost, distance or embarrassment: it can convey insights gained by health workers on the ground to a wide audience
- radio can help inform people and raise awareness about a new idea, product or service that is available
- radio can help create a demand for services, eg 'If you are concerned that you might have a sexually transmitted disease (STD), you can go to an STD clinic where you will be treated in total confidentiality by the doctors and nurses'
- radio can give additional credibility to multi-media communications HIV/AIDS campaigns on the ground
- often radio listening is a group activity which encourages discussion of educational issues after the broadcast. This is an important stage in the process of behaviour change

But what are the drawbacks to using radio?

- radio is a transitory medium: information may not be retained by listeners who cannot ask for the information to be repeated or clarified
- radio is a one-way medium: unlike face-to-face communication radio offers no immediate opportunity to ask people questions about what they know or to check if people have understood what they heard. Nor can listeners respond instantly and ask questions to clarify issues
- many people lack access to electricity and batteries are expensive and can be difficult to obtain
- in the wrong hands radio can heighten people's fears and prejudices inciting conflict and hatred rather than resolving it. This was the case in Nazi Germany, and has been seen recently in Rwanda and former Yugoslavia where broadcast propaganda fuelled the mass killings and expulsions
- it is not yet fully understood how precisely increased awareness of public health issues is most likely to lead to significant behaviour change and

NEW TECHNOLOGY



Two recent technological developments may overcome the drawbacks of power and battery-operated radios. Firstly the BayGen clockwork radio: after winding up this provides 30-60 minutes listening time. It is currently produced in South Africa and is being distributed by aid organisations. Two evaluations carried out in Afghanistan and Eritrea suggest that, despite some design faults, maintenance problems and the high cost which is prohibitive for individual owners, there is potential for using clockwork radios, especially in group listening situations such as schools.

Solar-powered radios: conversion kits for conventional radios are being developed which would enable listeners to continue using their existing sets for free.

S Siddiqui and S Sultan (1997); M Myers (1996)

improved health. But it does seem that targeted information can lead to an increase in knowledge and raising awareness. This in turn can lead to the issue being discussed and debated and a change in behaviour gradually occurring. There are a number of innovative research projects which are currently investigating how audiences interpret broadcast messages and the influence they have on their subsequent lives. The projects challenging the accepted wisdom that radio on its own cannot have an educational impact (**see Section 9 - Monitoring and evaluation**)

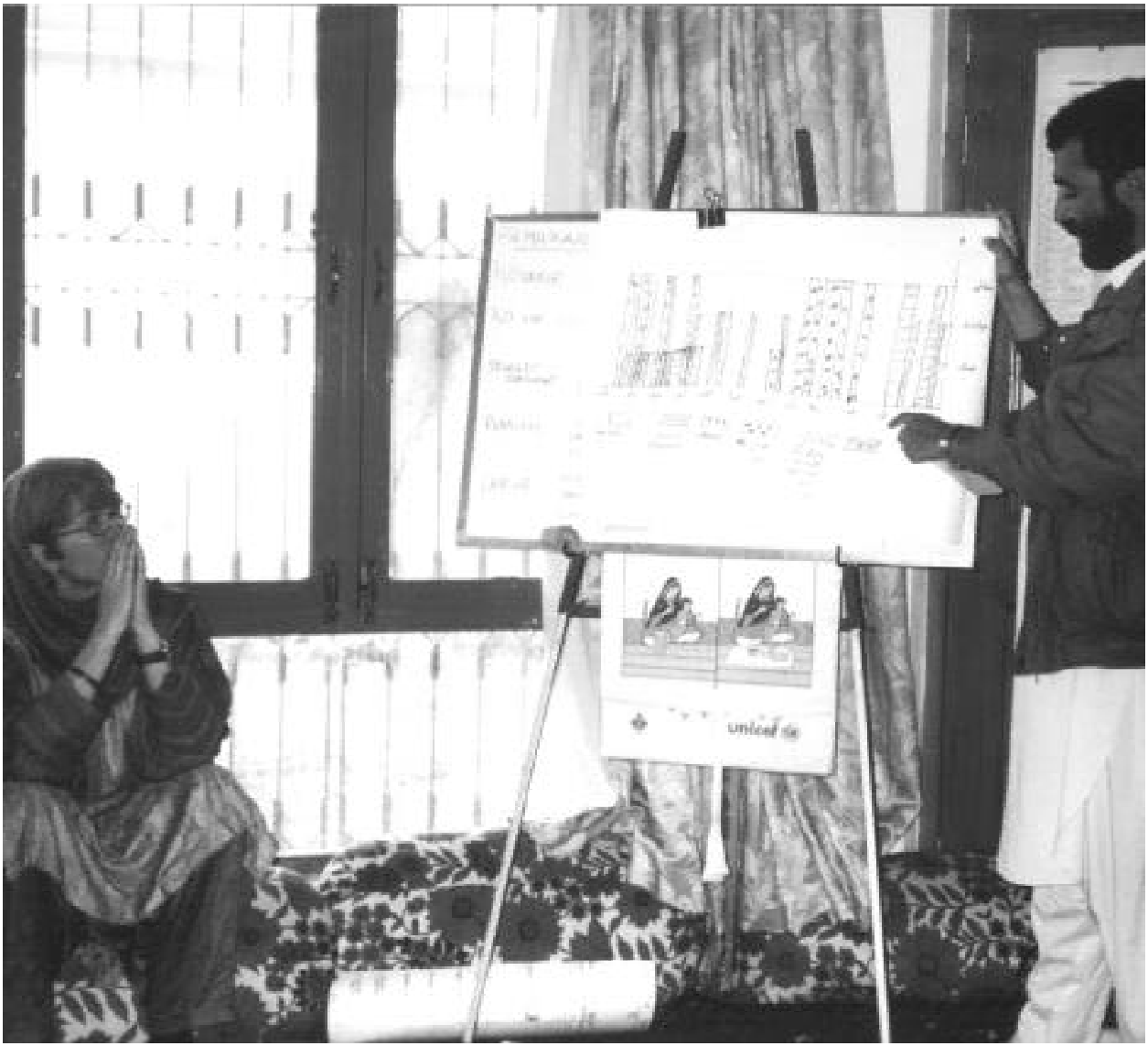
Why was this handbook written?

The underlying rationale for this book is the belief that radio is a cost-effective tool for HIV/AIDS education which should be exploited much more. It also aims

- to encourage building closer links between HIV/AIDS and media organisations, which is essential for effective health mass information programmes
- to show how participation by local broadcasters and HIV/AIDS workers, as well as the target audience can contribute to HIV/AIDS radio education making a greater impact
- to help local broadcasters and HIV/AIDS workers make the best use of radio to communicate information, ideas, concepts, attitudes and skills relevant to coping with HIV/AIDS and limiting its spread

HINT

By taking certain precautions you can compensate for the deficiency of radio being a one-way medium. Initial research and pretesting can help to ensure that the content is relevant and culturally appropriate. Careful scheduling and repetition will help maximise listenership and programmers can use a variety of formats and presentation styles to hold listeners' interest.



Assessing health needs for radio programming in Afghanistan (photograph by Gordon Adam)

What is initial research?

Initial research for radio programming means gathering, organising and analysing information of different kinds before you start planning and producing your programme. For example, you should research the incidence and impact of HIV/AIDS in your country or specific locality. Find out what the target audience currently knows and believes about HIV and AIDS, what practices they engage in that put them at risk and also what their attitudes are concerning these practices. It is also important to find out what the audience's reactions are to persons with HIV/AIDS (PWAs) and persons living with HIV/AIDS (PLWAs). They are the family and friends of the PWAs. You need to find out what information health workers think the audience needs to know and what they need to do to protect themselves against HIV and other STDs, and to support positively PLWAs. In this way you can start to identify the information gap that exists, and that the radio broadcasts will attempt to fill.

Ideally, you should gather information at different stages of your project or campaign (**see Section 5 - Pretesting and Section 9 - Monitoring and evaluation**). So if possible build research into the planned activities and budget of your HIV/AIDS programme (**see Section 8 - Partnerships, page 83-86 for information on funding**). Your audience may participate in the research and programming process by giving informal feedback (**see Section 4 - Making radio interactive**) as well as through the more formal methods described later in this section.

Why do initial research?

HIV/AIDS communication aims to provide information and raise awareness of issues that will bring about positive changes in attitudes and behaviour. As such it responds to the needs of the target audience. But because broadcasters don't know exactly what these are, they have to be researched. In news broadcasting you should make sure that the facts are accurate by carrying out research. Health education broadcasting imposes a special responsibility on broadcasters because you are providing information that people may act on to improve their health. If the information is incorrect the consequences could be serious or fatal.

HINT to broadcasters

Your station may be committed to devoting part of its airtime to development, social and health issues. In this case you will want to start by finding out what aspects of HIV/AIDS (and other related health problems, such as STDs) your listeners (or groups of them) face. You may not even be sure who your listeners are so you could find out this at the same time. There's no point in designing a programme on HIV/AIDS and sexuality for young people if your main audience is aged over 30, unless you intend to change your listenership profile too. Once you know what health problems you want to focus on and who your target audience is you can go on to the next stages of identifying and prioritising information on the issue(s), setting communications objectives and designing appropriate educational messages.

With HIV/AIDS education the emphasis is on cause and prevention, with treatment rarely an affordable option. HIV/AIDS are subject to socially and culturally determined perceptions and unless you understand local attitudes and base your broadcasts on them, there is a danger that the audience will regard any education and advice as irrelevant.

Before designing the programme format and selecting key messages you should assess the HIV/AIDS situation so that the target audience's information needs and preferences are reflected. Radio and other media-supported initiatives are more likely to have a positive impact if they are well-informed, up-to-date and realistic.

What information is needed?

- information about HIV/AIDS: facts and figures
- information about the target audience, especially their knowledge, perceptions and behaviour concerning HIV/AIDS
- information about listenership and broadcasting: who listens to what and when
- information about the target audience's preferences for programming style and treatment: this can vary substantially between women, men and youth, and will often reflect where they live (in the town or the country) and their level of education
- information about other organisations providing HIV/AIDS education and related products and services

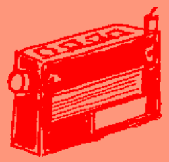
Information about the HIV/AIDS issue

Try to get

- information on the causes, symptoms and prevention measures. It should be up-to-date and accurate but be aware of competing or contradictory views and interests
- statistical data on the incidence of HIV/AIDS by socio-economic factors. For example, geographical location, gender, age, ethnicity, occupation and language

GETTING INFORMATION ACROSS

In Cambodia recently, the United Nations International Children's Emergency Fund (UNICEF) and the Ministry of Health ran a TV and leaflet campaign with the slogan 'Don't bring AIDS back home'. This ran just before the launch by the World Health Organisation (WHO), the Ministry of Health and a number of NGOs of a campaign on 'Home and Community Care for People with HIV/AIDS'.



- material on past and current local campaigns: make sure that government or donor policy does not conflict with the messages promoted by your campaign; make sure that all relevant agencies are aware of your campaign and its objectives
- information on the use of services or purchase of goods (eg attendance at STD clinics, figures for sales of condoms). This information can be used as a baseline against which to measure changes brought about by your campaign or project (impact)

Information on your target audience

Research into the knowledge, attitudes and practices (KAP) of your target audience will help reveal

- gaps in knowledge which the radio programme will aim to fill including facts people themselves feel they lack or need reminding of
- positive attitudes relating to HIV/AIDS issues which programming can build on
- misconceptions, taboos, fears and prejudices associated with HIV/AIDS and sex which programming can address
- current behaviour and the extent to which it matches accepted good practice
- factors (including the opinions of others) that influence people's decisions to take action on a particular problem
- barriers that prevent people from acting on information and health education: financial, gender, religious, cultural, practical, the availability, accessibility, acceptability of health services and the attitudes of health workers

HINT to broadcasters and health workers

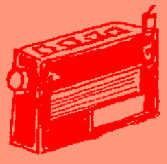
This is a good time to examine your own attitudes towards HIV/AIDS and Persons with HIV/AIDS (PWAs). Do your own views, knowledge and behaviour reflect the current advice given? Do you bring bias or prejudice to your interpretation of the problem? Find out what sensitive and positive language to use to avoid stigmatising. Get the best up-to-date and local information from specialists.

KAP STUDY ON ATTITUDES TOWARDS HIV/AIDS AMONGST CAMBODIAN WOMEN

A KAP survey of women in Kampot province, Cambodia, revealed that the more they heard about HIV/AIDS, the more afraid they became, and the less tolerant they were towards people living with the disease. For the HIV/AIDS communicators, the lesson learned was the importance of monitoring HIV/AIDS campaigns for unintended consequences and thereby identifying listeners' concerns that needed to be addressed in follow up broadcasts.

Alfred, Health Unlimited (1996)

- competing claims people have on their time, money, workload and what priority they give to solving or preventing the problem you have identified
- if non-target audience or target audience members might be disadvantaged in ways that could affect the success of the project, for example by creating social tensions between groups or isolating those who come forward and acknowledge they are HIV positive
- the objectives of the programme and indicators of change. These are selected items for measuring impact eg knowledge of causes and transmission routes of HIV infection, extent of compassion displayed towards PWA etc. They can provide a basis for assessing what changes in KAP have arisen between the beginning and the end of the campaign, as a result of the broadcasts (**see Section 9 - Monitoring and evaluation** for further information)



RESULTS OF KAP SURVEYS

Commercial sex workers in Cambodia (and many other countries) say they know all about using condoms to prevent AIDS, but many of their customers are soldiers who refuse to use them. Others are drunk and sometimes violent. So what can the sex worker do?

In other instances husbands know they are at risk because they have slept with commercial sex workers but they are reluctant to use condoms with their wives because this would amount to them confessing they had been unfaithful.

A third situation arises when a wife wants to use condoms for her own protection, and her husband refuses. In many societies, the woman lacks the power to insist on safer sex.

Radio listenership patterns and the media

A radio programme is only going to have impact if people are able to hear it: if possible try to devote some time, and possibly money, to collecting information on

- radio ownership including the geographical distribution of, control over and access to, radios among target audience
- listenership: collect information on the gender, age, social, ethnic and income/ wealth group of listeners and non-listeners
- listening patterns: what are the target audience's preferred programmes, programme formats and times of listening
- transmission: number and type of stations on air, frequencies, time of transmission
- reception: what is the range and quality of reception, what factors influence reception
- media ownership: who owns and controls the station(s) and how are they financed
- extent of press freedom in the area/country; credibility of stations with the target audience

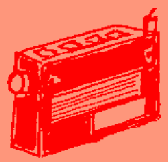
Presentation and treatment

Try to collect information that will guide the content and construction of the drama, spot or other programme format. Build on what is familiar and acceptable and locate health problems and health-seeking behaviour within their social context. This is particularly important for drama programming because you want listeners to identify with the situation and empathise with characters if they are to absorb and act on the messages or issues raised. Find out about

- people in the community who are role models or opinion formers and are liked and trusted. This might include religious leaders, traditional birth attendants (TBAs), chiefs, community leaders (male and female), traders, teachers etc. Also find out who they dislike or mistrust

HINT to radio broadcasters

Be careful not to make assumptions about people's needs. Even if you have the same cultural background as your audience (and many radio practitioners do not) there may be many differences between you and your target audience. Do you still live in the village or in the same community as your target audience, or have you moved to the city? Do they have the same level of education? Differences in knowledge, perceptions and behaviour can occur for many reasons: gender, age, or a combination of the two, status within the household (eg mother-in-law, daughter-in-law, hierarchy among wives in a polygamous marriage), social background and ethnicity, and educational background.



ASSESSMENT

Assessing knowledge, attitudes and practices relating to HIV/AIDS would require the following questions to be asked

What do you think are the causes of HIV/AIDS? In some places people believe that HIV/AIDS is spread by mosquitoes, or by eating certain foods, or that it mainly spreads from women to men. Advice given to prevent HIV/AIDS by using condoms or staying faithful to one partner known to be uninfected.

How do you know if you have HIV? Are there any signs or symptoms that would enable you to identify a person with HIV? One aim of health education is to teach people there are no signs or symptoms and that a person with HIV may look healthy and attractive.

How do you/can you prevent HIV? Are the transmission routes understood? Are condoms available? Are disposable syringes and needles available? Can poor people afford them? Do women have the right to insist on condom use?

How would you relate to a person with HIV? How would you feel if a friend or relative told you he/she had HIV? How could you help them? What problems might they face?

HINT for aid organisations

Examine the audience's perception of radio, and of the station you plan to use in particular. For example it may be associated with one or other ethnic group or political party and be unacceptable to some, or all, of your target audience.

- sources of information commonly used such as community meetings, market-places, mosques, churches, newspapers etc. The kind of stories and characters people like
- the target audience's opinion of radio as a source of health information
- local views on the subject to be broadcast as well as vocabulary and idiom used to describe/talk about it, and appropriate anecdotes for inclusion in the programme
- popular recreation activities, meeting places, events and opportunities that could be included or replicated in programming
- music listening preferences to guide choice of signature or theme tune and incidental music
- non-local figures (footballers, film stars, etc) who are popular with the target audience; either for reference within the programme to make characters' conversations topical or to enlist in support of the HIV/AIDS campaign

How do you do research?

There are no hard and fast rules governing research for educational radio: instead a number of different disciplines and techniques can be drawn on, depending on your requirements and constraints of time and money. Health professionals and social scientists have developed numerous approaches and tools for collecting information on people's ideas, beliefs, knowledge and actions concerning health issues. Some of these are outlined below with case studies showing how they have been used in the field.

HINT for radio stations or health organisations

By documenting how important radio is in people's lives you may strengthen your proposal in the eyes of potential donors.

Methods and tools

Quantitative methods

The KAP survey is based on a questionnaire in which only multiple choice or Yes/No answers are possible. It is administered to a statistically representative sample of the target audience. Often it is repeated during and after a health project to measure changes in the target audience's KAP. Target group KAP surveys are a standard tool in designing health education interventions, and with minimal adaptation (to include research into listenership, media, presentation and treatment) can be used in the context of radio programming.

Advantages (if carried out properly)

- confidence in the findings because they are statistically representative
- the same questions are asked irrespective of who is doing the questioning so the results are unbiased and comparable over time and place
- establishes a baseline for future comparison

Drawbacks

- little contextual information is obtained
- difficult to gauge perceptions with closed answer questions
- the audience has little opportunity to guide the agenda
- often time-consuming
- expensive if designed and implemented from scratch

HINT to donor organisations

Weigh up carefully the need for a quantitative survey. They do not always provide the information you need to establish needs and impact. If you go ahead and commission a market research firm to carry out a survey make sure the radio producers are closely involved in writing the terms of reference.

- requires statistical analysis and associated skills
- difficult to obtain statistically representative samples in areas of conflict where there is little baseline information

Ways of overcoming the disadvantages and doing it more cheaply and/or more quickly

- use existing research and secondary documentation where possible
- add questions to an existing household survey
- call in specialist advice to design questionnaires and perform analysis
- design short questionnaires to generate information on, say, listenership, using simple calculations
- combine with qualitative methods

Whilst carrying out a KAP survey it should be possible to add some questions about listenership and reception to the questionnaire used, so avoiding the need for separate research. Factual information about the media and transmission can be obtained from the broadcasters, but remember what they say is happening may not actually be happening on the air so cross-check with listeners.

Qualitative methods

Partly due to the disadvantages of quantitative methods, research to guide health interventions often uses qualitative methods. Qualitative research gathers information about feelings and impressions from a small sample of respondents who tend to be purposively, rather than randomly, selected. Cross-checking (triangulation) of information through using a variety of methods, sources and researchers can help ensure that the data is trustworthy. The data gathered cannot usually be quantified in numerical terms and manipulated statistically: caution should be exercised in making generalisations from the results.

Advantages

- can be used in a rapid assessment exercise

- can tell you what people really feel rather than simply give a structured reaction to questions
- many qualitative methods combine the double function of generating both data and dialogue with participants
- can feed information on specific topics into the design of quantitative surveys and make them more effective

MIXING METHODS: THE CASE OF NDINGA NACIO

In Kenya, the Agricultural Information Centre carried out needs assessments in seven villages in Meru and Tharaka Nithi Districts prior to developing an agricultural soap opera (later named Ndinga Nacio). A mixture of qualitative and quantitative methods were used. The exercise took nearly three months and included a fortnight's training for local agricultural technical assistants in data collection techniques and listening skills (they were not specialised researchers but knew the area they worked in and were accustomed to communicating with the target audience).

Firstly they devised a short listenership questionnaire which they asked 20 people, randomly sampled, in each village to answer. The results were added up to find out, for example, how many people owned radios according to gender, age and wealth. The teams also used qualitative methods to gain greater insight into people's preferences for programme content, presentation and style. These included techniques such as seasonal calendars, resource mapping and ranking (some of which are explained below) to explore the context and priority concerns of the target audience and focus group discussions. The latter were held with different groups (men, women, young, old and poor) using a checklist of questions.

The mix of methods ensured that crucial information relating to listenership, programming format and content was revealed causing the production team to seriously rethink some of their initial assumptions

- the quantitative survey showed that poor farmers in the area were unlikely to benefit from the planned programmes since only 35% had a radio in their house, and 30% had no access to any radio. Reaching women was a project priority but because in 80% of households men controlled the radio it was recommended that men were targeted as the secondary audience
- the qualitative survey suggested strongly that participants in the discussions wanted information on a variety of topics other than farming, including family planning, primary health care, AIDS, gender issues and market prices
- in addition, the responses indicated that the soap opera should be dedicated to raising issues which could then be followed up in a magazine programme offering factual messages and further information

K Lloyd-Morgan (1995)

Drawbacks

- requires strong interpersonal skills and good teamwork
- can be lengthy to prepare, carry out and analyse
- interpreting qualitative information can be difficult
- can be harder to convince others of the results than with quantitative findings

Below are listed five categories of qualitative methods and tools to use in gathering information: they are by no means exhaustive but are intended to guide the reader to some of the more accessible research techniques that have been or could be used in the context of radio programming. They include consultation; secondary source review; direct observation; case histories; and focus group discussions.

Consultation with interested parties (stakeholders)

Discussions or workshops with relevant organisations

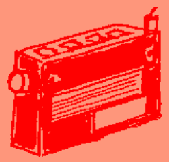
- information providers (government, NGO, United Nations (UN) media etc)
- campaigning organisations
- providers of goods and services (NGOs, government, commercial interests)
- potential funders (donor agencies, NGOs, commercial companies)

Consultation and dialogue with potential or actual partners in health education can be a good starting point and in this way you can build on the knowledge and experience of others. One aim of doing this is to ensure consistency of message or information. Also, by reviewing other initiatives dealing the with same topic or target audience, you can build links, create synergy and reinforce impact. This kind of interaction should be structured with clear aims and objectives.

Discussions or interviews with key informants

Key informants are people who know the audience and/or aspects of the health problems well and are in a position to give often unique insights and an historical perspective. They might include community leaders, medical anthropologists,

EDUCATIONAL THEMES



The BBC's educational soap opera for Afghanistan ***New Home, New Life***, holds monthly consultative committee meetings with funders and aid organisations with specialist knowledge of specific educational themes. These storylines have been outlined by the writing team in ***Script Development Notes*** and circulated in advance to those attending the meeting. A typical agenda (from a meeting in February 1997) discussed: inappropriate remedies for malaria, immunisation campaigns, de-worming of livestock, rehabilitation of the disabled, hygiene in everyday life, and circumcision. Following the discussion, the drama scripts are written in detail. A recent improvement has been to select one or two of the forthcoming storylines, ask members of the target audience about these issues in focus group discussions, and have a report on their comments circulated to those attending the meeting. That way, the audience's perceptions are taken into account before the soap scripts are written.

health workers, other community level workers and alternative medical practitioners in the community (including TBAs, witchdoctors, faith healers, religious leaders, pharmacists). In addition it is often worth investigating the interaction between certain categories of key informant (eg traditional healers and modern doctors). And finally informing them: their approval of the campaign or project activities may be critical to its success (eg religious leaders).

If you are planning a nationwide campaign it will be necessary to hold consultations with national level organisations, and selected regional or district level agencies. For a small-scale project covering say, a district only, many of your contacts will operate within the target area. In all cases consultation should be on-going throughout the programme's lifetime.

The ways of establishing dialogue with your listeners are explored in greater depth elsewhere in this handbook but it is ultimately part of the consultation process.

Secondary sources review

This involves collecting, reviewing and analysing written, visual, audio and audio-visual materials. Often NGOs, UN, research institutions or government bodies have produced very useful reports on attitudes to HIV/AIDS and related issues, as well as factual and statistical evidence of the incidence and trends. You can probably borrow them or get them free of charge. Secondary sources could include

HINT

Minimise the impact of the presence of researchers by walking into a village or neighbourhood rather than driving. Vehicles tend to pull crowds and may give the impression that you have come to give money or tangible resources. Dress respectfully but not flashily. Researchers need to be sensitive and unobtrusive.

- national programme policy guidelines
- household survey results
- Health Centre survey reports
- KAP survey results
- qualitative or ethnographic study reports on HIV/AIDS and sexuality, drug use or on the target audience
- radio listenership surveys
- broadcast schedules
- audio-visual materials from previous campaigns
- observation (visual, aural): observation consists of watching and recording what people do. For HIV/AIDS it can help establish the general context in which unsafe sexual practices occur. It can help inform the presentation and treatment of the subject rather than providing a record of specific practices as would be the case with other health issues. The use of certain tools, such as a checklist, and procedures can help systematise the process of observation

HINT

You will need to build up rapport with the respondent to elicit meaningful narrative. Also respect the confidentiality and desire for anonymity of interviewees; provide privacy for interviewing especially people with HIV where social stigma is attached to the condition.

Listening surveys

Health workers, stringers and reporters can carry these out as part of the process of gathering information. It involves writing down or recording conversations that they hear in their places of work or on a field trip, with the aim of discovering which issues concern villagers on a day-to-day level and what they talk about. Also, how they talk about it can feed into programme production. It is particularly important when the language of the broadcast is not one in common usage by the staff of the media and health organisations involved. This might involve eavesdropping at the well, market place, bus stop, workplaces etc.

Case studies, stories, life histories, oral or written, told by key informants or members of the target audience, can provide in-depth information on issues and attitude-changing, thought-provoking material for inclusion in programming. Illness narratives are similar to oral testimonies (**see Section 3 - Programme formats**) but can guide research if generalisations are made carefully.

Illness narratives

These are where you invite a member of the target audience to explain in his or her own words and language his or her own experience of the issues in question (eg someone who is HIV positive, someone caring for a relative who has AIDS). They can give insights into attitudes and reasons for certain harmful practices.

Focus group discussions

A moderator or facilitator guides a number of small groups (six-ten people) who each share similar characteristics (age, sex, level of education, rural, urban etc) through a discussion of a selected topic allowing them to talk freely and spontaneously. The groups may be members of the target audience or different types of key informants such as health workers. This method is frequently used in social marketing campaigns and provides in-depth qualitative information.

Ranking (or prioritising)

This is an activity in which people identify main problems. For instance, what do village women perceive as being the main reason for their husbands having sex outside marriage. The groups suggests problems (eg working away from home, drunkenness, peer pressure etc) and then list them in order of priority. This process can help reveal underlying factors affecting people's behaviour and attitudes.

Who does the initial research?

- radio personnel: reporters, producers and script-writers
- professional researchers or evaluators: academic and research organisations or market research firms
- health workers and communications personnel in health organisations
- community and extension workers

HINT
A checklist can be the basic tool for guiding discussion: use What? How? When? Who? and Where? questions to get full and detailed responses - use Why? sparingly to probe as it can be intrusive.

HINT
Good facilitation is essential to making focus group discussions work: you will need to consider whether to employ the services of trained facilitators or if you can afford to invest in training for inexperienced staff. The pay off is that you can build up in-house capacity to do this kind of research at different times during the project.

HINT

A minimum basic research process

- read secondary sources (reports produced on the HIV/AIDS profile of the target audience)
- visit organisations with HIV/AIDS programmes in the field
- consult with opinion leaders (of the target audience) and health providers (to the target audience) using focus group discussions and in-depth interviews

With more time and money you could then add a short sample survey on listenership patterns and KAP on HIV/AIDS issues.

Additions could be made to the basic research until you have a needs assessment covering all aspects mentioned at the beginning of the section.

But what if there is insufficient time or money to carry out research?

Funders may need persuading to pay for initial research. Although they are usually interested in the results of end of project evaluation, you do need to write it into your project proposal and include research and monitoring and evaluation budget lines. A ballpark figure might be in the region of 10-15% of the total budget.

Even though research should not be thought of as an add-on, not every project will have the resources to carry out lengthy preliminary research. Depending on the scale of the project or campaign and the importance of the radio programme, research can be tailored to your budget and need not be very expensive. Some tips on how to decide carrying out research relatively quickly and cheaply are given below

- scale of the project: is yours a small-scale low budget project or a nationwide campaign? Will there be sustained programming over a long period of time or is it a short-term series?
- target audience: how close is it to the radio station, how large and diverse is it, how sophisticated and complex is its sources of information?
- type of radio: local, independent, community, commercial, state-sponsored, national, international?
- resources available: how much money, time, staff, transport can you make available?

Research procedure and practice

However basic your intended research there are certain steps to follow

- designing the research: this includes defining the purpose of the research, the target audience and the methods to use
- employing and training or briefing researchers as necessary
- pretesting (trying out) data collection tool(s) especially if you are investing a lot of time and money in a questionnaire survey or you have not used the methods before

- planning the data collection: when and where it will take place, who needs to be informed in advance and how you will travel
- conducting the research, remembering that ideally this is only the beginning of a continuous process

References and Further Reading

Alfred, C (1996) **Workshop Report: using radio and TV for HIV/AIDS awareness**, Health Unlimited, Phnom Penh

Almedom, A et al (1997) **Hygiene Evaluation Procedures: methods and tools for assessing water/sanitation-related hygiene practices**, London: London School of Hygiene and Tropical Medicine

Chambers, R (1997) **Whose Reality Counts?** London: IT Publications

Mikkelsen, B (1995) **Methods for Development and Research**, London, Delhi: Sage Publications

Mody, B (1991) **Designing Messages for Development Communication: An Audience Participation-based Approach**, Delhi, London: Sage Publications

Nichols, P (1991) **Social Survey Methods: A Fieldguide for Development Workers**, Development Guidelines No.6. Oxford: Oxfam

HINT

Allow sufficient time for the whole exercise in case of unexpected delays, and for each survey site, so that interviews are not rushed

- processing and interpreting or analysing the findings
- presenting them to relevant people, eg production team - script-writers, editors, reporters etc and other stakeholders
- starting the production process

Choosing what to include in HIV/AIDS radio programming for Cambodia (photograph by Gordon Adam)

What do you mean by selecting issues?

Simply, what topics within the framework of HIV/AIDS you decide to focus on in your broadcasts and what information you use for each topic, as opposed to what you decide to leave out of the broadcasts.

What's so special about that? This is a decision every radio journalist has to make every day

Yes, but HIV/AIDS education is different from journalism in one important respect: you are trying to convey essential information that can be acted upon by the audience, not just information that the audience might find interesting. You need to select key messages so listeners are not confused by too much unnecessary detail. An additional challenge is that safe sex is often a very unwelcome message, which requires skill and imagination to convince people that this is an essential step to protect themselves.

That sounds like propaganda

Not necessarily, all broadcasters select information, it depends on the criteria you use. What we are talking about is not a news agenda, but a needs agenda, meaning the needs of your target audience who are at risk from HIV/AIDS. A good guide for broadcasters is that they should not tell people what to do but they should provide listeners with sufficient information to make informed choices themselves. A good guide as to whether a programme or spot on HIV/AIDS has made an impact is whether it has motivated people to talk about the point it raises amongst themselves after the broadcast. Ultimately it may be peer pressure which causes people to change behaviour, but the broadcast may have fulfilled a key role by stimulating the discussion which put the HIV/AIDS issue on the social agenda.

How do I decide what the key messages are?

First ask the specialists, the national HIV/AIDS office or NGOs who have HIV/AIDS related programmes: they should know what the most important facts are, as they are doing their own IEC (Information, Education and Communication) campaigns.

Secondly, ask the people you will be broadcasting to. This is what needs assessment is all about (**see Section 1 - Initial research**).

Isn't it sufficient just to ask the specialists?

No, they may know lots about disease, but not much about people's perceptions towards the disease, which is particularly vital in the case of HIV/AIDS. In the words of Richard Manoff, the father of social marketing, 'The only reality is the perception of the people, so that's something you had better deal with!' The problem is that people may have a complete misconception about HIV/AIDS: for instance surveys have shown in countries as far apart as Zambia and Cambodia that many people believe mosquitoes spread HIV/AIDS. You have to convince listeners that these are misconceptions at the outset, or the health education campaign will fall on deaf ears.

Another point is that you - the broadcaster - also need to examine your own understanding of HIV/AIDS. Ask yourself or your colleagues a couple of simple questions: who should a HIV/AIDS programme be aimed at? Who are the people at greatest risk from being infected with HIV? If the answer is bar-girls, prostitutes or truck drivers, then you have some more thinking to do. After all, who is it that

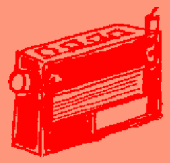
DENIAL IN CAMBODIA

Sometimes the message has to be geared simply towards combating denial - a refusal to believe that HIV/AIDS exists and is incurable. Two anecdotes from Cambodia illustrate this.

A traditional healer interviewed in a commune had a medicine which he claimed cured AIDS. The medicine had alleviated the symptoms of several male patients. The problem is that the patients remained infectious, but believing themselves cured, took no precautions and so spread the disease to others. And the existence of the medicine is of course very reassuring to other men in the area, for whom AIDS no longer appears to be as worrying as before.

The General in charge of a military base told a health worker that he did not want condoms distributed to his soldiers because he did not believe AIDS existed in Cambodia. He said he had been assured by doctors in Phnom Penh that the HIV/AIDS scare was a story invented by condom manufacturers to boost their sales, and that symptoms already seen were not AIDS but an advanced form of syphilis.

HOW MUCH DO YOU KNOW ABOUT HIV/AIDS? TRY THIS SIMPLE QUIZ



1 **You can always tell by looking at someone whether they are HIV positive**
True/False

2 **If someone has had an HIV test in the last three months which was negative they are guaranteed free from the virus**
True/False

3 **A pregnant HIV positive woman is likely to have an HIV positive child in what percentage of cases?**
(a) 30 - 50%
(b) 50 - 70%
(c) 70 - 100%

4 **Which of these methods gives a high degree of protection against HIV infection?**
(a) Washing well before and after sex
(b) Using a condom in the correct way
(c) Withdrawal before ejaculation
(d) Abstinence

5 **Which are high risk behaviours?**
(a) Sharing food with an HIV positive person
(b) Sharing toilet facilities with HIV positive people
(c) Sharing a needle/syringe with an HIV positive person
(d) Sharing a razor with an HIV positive person

6 **HIV positive people should be**
(a) Treated with care and affection
(b) Reported to the police
(c) Segregated from the rest of society

7 **HIV positive people and those suffering from AIDS have the responsibility to**
(a) Inform their sexual partners
(b) Inform their immediate family
(c) Withdraw from the rest of society
(d) Educate themselves about HIV/AIDS

Answers on page 37

visits prostitutes? Men as a rule, in many societies they do so on a regular basis. So they could become infected. And who is then at greatest risk of HIV/AIDS? Their wives and unborn children. All this has to be born in mind when considering target audiences: it is essential that broadcasters have a realistic, unprejudiced view of HIV/AIDS in order to mount an effective information campaign.

Another particularly important issue with HIV/AIDS education is the language used: try and be straightforward and non-judgmental: this is not as easy as it may seem - look at these examples of acceptable and not so acceptable usage.

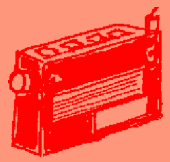
Try to say

- HIV positive
- to have AIDS (Persons with AIDS - PWAs)
- to be living with AIDS (Persons living with AIDS - PLWAs)
- to become infected with HIV/AIDS

Try not to say

- AIDS sufferers: many people living with HIV are healthy and happy, and people living with AIDS can have periods of relatively good health. They may object to being portrayed as suffering
- AIDS victims/innocent victims: people with AIDS are not victims. this implies powerlessness. The use of the word 'innocent' to children who have become infected is discriminatory because it implies that others are 'guilty'
- catching AIDS: people become infected with HIV (the virus that can lead to AIDS), they don't catch AIDS. AIDS cannot be caught or transmitted
- to die of AIDS: people do not die of AIDS; they die of a disease such as tuberculosis (TB) or bronchitis from their damaged immune system as a result of the AIDS infection. It is more accurate to report that someone has died of an AIDS related illness

EXAMPLE 1 - RADIO SPOT FROM CAMBODIA



Music - five seconds

FX:	***Car and motorbike***
Brothel owner:	Please come in. I've just got some new girls.
Customer 1:	Oh, very nice.
Customer 2:	Let's go inside.
FX:	***Bottles, glasses, drinking***
Customer 1:	Hey, my friend, which one do you fancy? I like the one in the red blouse.
Customer 2:	OK. Here's a condom.
Customer 1:	Huh, no need for a condom. They've just arrived – they only had sex one or two times at most.
Customer 2:	No! My friend, you can get AIDS even from having sex just one or two times. And anyway, they may be newcomers for us but old comers for other people.
Customer 1:	Who cares about AIDS! They look healthy and pretty.
Customer 2:	You're confused. You should know we can't tell from a person's appearance who has HIV. Only a blood test can tell.
Customer 1:	Oh, my friend, you obviously understand a lot about AIDS. So, OK, give me that condom.

Is there a danger that the audience will interpret a radio programme about HIV/AIDS in a way which the broadcaster didn't intend?

This is a constant danger with any form of educational broadcasting. The listener decodes what he or she hears, and understands it in the light of their own experience. So a PLWA may react very differently to a programme on HIV/AIDS awareness than someone who believes that he will never be infested with HIV. Example 1 above illustrates how a well-intended programme can unintentionally convey a hidden message.

This spot aims to promote condom use in commercial sex. This is an important short-term aim. But the spot also carries several implications, or hidden messages: that the commercial sexual exploitation of young women is acceptable, that the only important issue for men is to protect their own health, that new young sex workers are preferable to older ones (which in turn promotes the trafficking of

young women) and that sex workers are objects to be critically assessed rather than human beings deserving courtesy and respect.

So although the spot may promote condom use, it does nothing to address the more basic causes of the AIDS epidemic in poor communities, such as the vulnerability of women and their lack of power to insist on safer sex. Indeed, it is arguable that radio spots which treat women as objects in the way this spot does may actually do more harm than good in the long-term, because they further weaken women's power to negotiate equally with men.

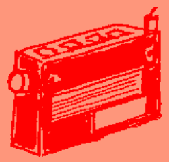
In communities where the low status of women is a key factor in the spread of AIDS, it is vital to avoid further erosion of women's status in our radio programming.

It is quite possible to write effective material to achieve short-term aims without compromising on more basic issues, but it takes more thought and more critical reflection. However, it is definitely worth the effort. Unintended hidden messages can often be avoided by showing the draft script to other people and pretesting the spot - including if possible people with HIV, and always including both women and men (**see Radio spot from Cambodia - Example 2, page 29**).

Let's get back to selecting information – how do you decide what to emphasise?

This will depend on the objectives of the campaign and it will have to be discussed with the HIV/AIDS workers, preferably after a needs assessment survey. Every situation will have different HIV/AIDS needs: in Cambodia, for instance, it is raising awareness of its dangers although it is less of a hidden problem than three years ago. Whereas in Thailand, its danger is fully understood, and information campaigns are concentrating on the compassion message - co-existing in a friendly and helpful way with people living with HIV/AIDS. In Uganda, there is widespread awareness of HIV/AIDS, but a survey in 1996 pinpointed teenage rural girls who spoke little English as a high risk group who needed more information. A radio campaign with them in mind was prepared by the staff of Radio Uganda (**see Focusing an issue for a radio campaign: HIV/AIDS in Uganda, page 30**).

EXAMPLE 2 - RADIO SPOT FROM CAMBODIA



FX:	***Bottles, glasses, drinking***
1st Man:	Wow, aren't these women gorgeous! Which one do you like? I fancy the one with the tight black jeans and the white blouse. Over there in the corner. She's looking at me! She's got amazing eyes! Do you think she fancies me?
2nd Man:	Probably. You've got some money, haven't you?
1st Man:	Yes, of course.
2nd Man:	Then she'll like you. And even if she doesn't, I'm sure she'll be polite and pretend to. Have you got a condom? Take one of mine if you haven't.
1st Man:	Eh! No need for a condom with her. She's beautiful! Not a single blemish! Not even a pimple! You can see she's perfectly healthy.
2nd Man:	That's probably what her last customer thought. And the one before. And the one before that. And the six last night…
1st Man:	All right, all right. Stop spoiling it. We came here to enjoy ourselves.
2nd Man:	Exactly. To enjoy ourselves, not to get AIDS. You know nearly half the girls in these places have HIV, don't you?
1st Man (surprised):	Really? How awful. Poor girls.
2nd Man:	Yes, it is awful. And you know how they get it, don't you?
1st Man:	How?
2nd Man:	From idiots like you who don't use condoms because they think if a girl is beautiful she can't have HIV.
1st Man:	Hmm. I suppose you're right. Give me that condom, then.
2nd Man:	That's better. Now you're talking sense.
1st Man:	Thanks. She's got wonderful eyes, hasn't she?

There are three risks with radio health information campaigns, and all apply particularly to HIV/AIDS

- that too much information is included, confusing the listener
- that the information is too general, and does not offer specific practical advice to a target audience
- that the information is not well organised

FOCUSING AN ISSUE FOR A RADIO CAMPAIGN: HIV/AIDS IN UGANDA

A major survey showed that a high risk group of people to HIV/AIDS infection are teenage girls in the Ugandan countryside, many of whom had little education and knew no English. Significantly, their knowledge of HIV/AIDS was very sketchy. The problem facing the health programme producers from Radio Uganda was to decide which were the priority HIV/AIDS messages for this target audience. Their initial suggestions were to concentrate on the dangers posed by AIDS and the safe sex message. This was fine in itself, but after a field trip to speak to village girls, the producers realised that the situation was more complicated.

It was apparent that a number of factors contributed to the girls' vulnerability: first, the lack of dialogue between children and the parents on sexual matters; secondly the dangers of girls getting married too young; and thirdly, the fact that girls are often uneducated, have low self esteem, and little ability to negotiate safe sex, or just say 'no'. These conditions made young village women vulnerable to the unwanted attentions of young males in the village, which could result in rape; also to the sugar-daddy phenomenon, in which village girls are lured into having sex with richer men after being flattered and given presents. It was clear that many of these young women had no real understanding of the mortal danger they exposed themselves to through casual, unprotected sexual contact. The problem was compounded by the lack of family planning or HIV/AIDS advice on the ground.

Prioritising these key risk factors was not easy but having done so, the radio producers applied their skills to compiling spots, some of them consisting of personal testimony from girls who were aware of the risks of HIV/AIDS and could talk about how to avoid compromising situations at discos etc. The producers also wrote fictional dialogues illustrating other dangerous situations. The resulting spots were lively, used music and sound effects effectively, and were often amusing - a good example of combining education with entertainment.

Programmes need to be well-constructed and use humour, drama and personal experiences to emphasise key points. This is where the skill of the radio producer becomes very important.

But all this takes time and money

Clear thinking is not expensive, neither is most imaginative programming. It is critical that the producer has a clear idea of what he or she wants to say to the audience and to be imaginative in putting it across through the medium of radio. If you need extra funds, you may be able to find them from offices of aid organisations or embassies which are running health projects in your country (**see Section 8 - Partnerships, writing a project proposal, page 85**).

BBC CREDIBILITY IN KABUL

In 1993, there was a cholera outbreak in the Afghan capital Kabul. At least that was what the Ministry of Public Health believed. The office of the Afghan President put about a different story - hinting strongly that the illness was caused by the poisoning of melons by the Hazaras, an ethnic minority with whom the government was in dispute at the time. This was reported by Radio Kabul. The problem for the BBC correspondent at the time was that if she reported the allegations of a Hazara plot, the BBC would be running a strong risk of promoting ethnic conflict, something the government was tacitly encouraging. She decided only to report the Health Ministry version, and the Pashto and Persian services of the BBC quickly prepared programmes of advice about boiling water and other precautions to minimise the risk of the cholera spreading. The people in Kabul listened to both the BBC and Radio Kabul, but apparently believed the BBC, which had great authority for its impartial reporting of the Afghan war against the Soviet Union. There were no attacks on the Hazaras.

But having gone through all these steps and produced wonderful programmes, will it make any difference if the radio station is perceived to be a propaganda mouthpiece for a government or a political faction?

This is certainly a barrier which has to be overcome: a credible radio station can carry enormous influence, even in health programming (**see BBC credibility in Kabul in the box above**). But well made, relevant educational programmes can have an impact despite the editorial tone of the station. There is a lot of evidence that listeners to radio stations are far more discerning than broadcasters (and politicians) often give them credit for. They are used to listening to radio stations and are well aware that they are often the mouthpieces for government of political factions they may have little sympathy with. But they listen - and judge - each programme on its merits: thus, they can listen to the news and laugh at it when they spot the obvious bias, but at the same time they will carefully listen to a health education programme which follows the news, if the message is relevant to their lives.

But what about reporting HIV/AIDS issues in the news?

Listeners are not going to be impressed if the programme material is helpful, but the news coverage of the AIDS epidemic is relentlessly depressing. HIV/AIDS is much more of a news issue than many other health topics, for several reasons

- it's a relatively new issue (at least as a topic of open discussion in many societies)
- it involves extremely controversial issues
- there is a lot of public curiosity about it, and also a lot of fear
- the epidemic has wide-ranging economic and social implications

In many countries, much early journalistic reporting of the epidemic has been sensationalist and alarmist. Such bad quality reporting has led to negative stereotypes of people with HIV/AIDS. They have often become associated in the popular imagination with prostitutes and/or drug addicts, and are perceived as victims, as a danger to society and so on.

The facts, of course, are very different. The majority of people with HIV, especially in poor communities, are ordinary men, women and children. Most women become infected by their husbands. Even sex workers are most often infected as the result of customers' refusal to use condoms, and they can only spread the virus to other men if those men don't use condoms. As for men, their failure to use condoms is often due to ignorance of the danger.

Most people with HIV face enormous difficulties with great courage and very little support from the wider society. It is important that journalists report these aspects of the epidemic. By showing how HIV affects ordinary people, journalists can help the public realise the reality of the situation, and in this way contribute to limiting its further spread.

There are two contrasting ways in which HIV/AIDS can be reported.

The sensationalist approach

This approach make people aware of the HIV/AIDS problem by shocking them with horrific stories of disease and death or by raising hopes with unsound stories of false cures. But what are the results?

- most people respond to horror stories by convincing themselves that such stories only happen to other people, and could never happen to them

- by recklessly raising false expectations of cure, and then dashing these hopes, you are running the risk of losing your credibility as a journalist
- the negative and hostile social attitudes that result from this approach makes it much more difficult for people with HIV to admit the fact to their partners. So the epidemic continues to spread unseen
- negative social attitudes also make people afraid to have their blood tested for HIV. If there is nothing you can do and nobody you can share the problem with, it's easier not to know

So for all these reasons, sensational or negative journalistic reporting of HIV/AIDS can actually make the problem worse.

The socially responsible approach

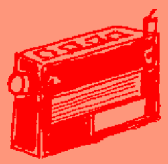
This approach can make a significant contribution to limiting the spread of the epidemic and also to helping society cope with its social consequences. It can

- normalise rather than marginalise the issue - in other words, present the epidemic and people with HIV/AIDS as an aspect of mainstream society rather than as some strange and frightening group on the fringes of society
- cover the wide-ranging economic and social implications of the epidemic, so that all sections of the population treat it more seriously
- include in reports both people infected with HIV and people affected by HIV - ie partners, parents and carers of HIV positive people. The term Persons Living With HIV/AIDS (PLWAs) is sometimes used to cover both these categories
- include simple basic prevention messages in journalistic reports eg a report of the latest HIV prevalence statistics, or an interview with a health economist about the costs of the epidemic, could both include a reminder of how the virus can be avoided by using condoms

With HIV/AIDS, journalists need to be very careful that their reporting is both accurate and sensitive - ie that it does not cause unnecessary offence to people living with HIV, or create prejudices or reinforce inaccurate stereotypes. It is in

HINT

Remember HIV/AIDS is a fact of life, not an occasional horror story. Regular, responsible journalism can be just as important as occasional big information campaigns in dispelling misconceptions and providing accurate information about the epidemic.



NAMKANG

Five-year-old Namkang was orphaned when her father Nu died of AIDS, followed by her mother six months later. Now, Namkang is cared for by her brother, Boonruam, 23, and his wife. They live in a shabby one-storey house in Roi Et province.

Namkang, who was infected with HIV before birth, used to be a happy and talkative child, but since her friends at school were told by their parents not to talk to her, she has become withdrawn and dejected.

Mrs Yanee Sompakdi, Namkang's class teacher, says that before her parents died, Namkang loved school. But when villagers learned why Namkang's parents died, they told their children not to talk or to play with her for fear of catching the disease. 'I've often seen parents beat their children after finding them playing with Namkang.'

Now Namkang is very quiet and lonely.

Some parents have asked Namkang's teacher to forbid her from going to school, but Mrs Yanee believes that asking the girl to stop going to school would be too much for her since she is now suffering both physically and mentally. 'I once told her she need not come to school if she did not feel good about it. She turned to me without saying anything, but her eyes, full of pain, were asking the reason.'

Mrs Yanee has tried to explain to the villagers exactly how AIDS is contracted, and that Namkang will not give it to them, but she says they refuse to understand.

Believing villagers would have far more faith in the word of a doctor, the teacher asked the Provincial Public Health official to tell villagers about the disease. But so far Mrs Yanee's request has gone unheeded.

According to Mrs Yanee, this is the first time in her ten years of teaching that there have been AIDS cases. She expects the number of AIDS patients in the village will increase in the next three to four years when young people here who left to work in Bangkok and other provinces return home with HIV.

Bangkok Post

practice very difficult to detect prejudice or stereotyping in one's own work, and the only effective way to monitor one's own writing is to ask someone else to read it and comment. In reporting HIV/AIDS, the most effective method is to ask a person with HIV to read material and comment. If this is impossible, the next best method is to ask someone who works with HIV positive people to read the material.

So is HIV/AIDS more than just a health story?

Absolutely. HIV/AIDS has profound social, economic and psychological consequences.

Here are some of the topics that HIV/AIDS radio communication needs to cover - there are, of course, many others.

Some of the topics in the list are more relevant to specific target audiences; others are for the general public

- how people get HIV
- the connection between HIV and AIDS
- why there is no risk in ordinary social contact with HIV positive people, nor in caring for people with HIV or AIDS (provided some basic precautions are observed)
- basic precautions to observe when caring for a person with HIV or AIDS
- what it feels like to be HIV positive
- the role of volunteers in caring for people with HIV or AIDS
- the economic costs of HIV - at the family level (medicines, loss of earnings) and to the national economy (hospital care, loss of skilled manpower, loss of production, care of orphans etc)
- the implications of HIV for families - children, grandparents: the psychological and economic consequences of losing their parents, or their sons and daughters
- HIV prevention - condoms
- HIV prevention - oral medicines *versus* injections; disposable needles and syringes; dangers of intravenous drips administered outside hospitals (and why they are so often used unnecessarily)
- why young women are especially vulnerable to HIV infection (there are a range of reasons - biological, cultural, social and economic)
- current statistics on HIV and AIDS, and predicted future trends
- rights of women to negotiate safer sex, and what safer sex means

HINT

A major problem with communication on HIV/AIDS is that highlighting the subject can lead to an irrational fear of people with HIV rather than behaviour which can lead to HIV infection. It is vital to emphasise that HIV is spread by specific unsafe behaviours, and not by any particular type of person. Sex with an infected partner is as dangerous in a private bedroom as in a brothel.Consider which of the following is at greater risk of getting HIV: a wife whose husband visits brothels without using a condom, or a man who visits prostitutes but always uses a condom? It's the behaviour which carries the risk, not the relative respectability of the people involved.

- end of life care for people with incurable illnesses - which includes not only people with AIDS, but also many people with a range of other illnesses. This also includes the whole hospice movement
- issues concerning the children of people with HIV or AIDS - discrimination, orphans, the role of grandparents and the extended family
- HIV/AIDS and the military and police
- HIV/AIDS and commercial sex: the role of the sex industry in spreading the epidemic; how trafficking and abuse of young girls leads to the infection of all involved - brothel keepers, sex workers and customers
- vulnerability of wives and children
- HIV/AIDS support groups - how people with HIV/AIDS themselves are working to address their own problems
- AIDS medicines, and their costs
- HIV/AIDS, justice and human rights
- role of employers, teachers, religious and community leaders in addressing the social consequences of the HIV/AIDS epidemic

It must also be emphasised that there is no reason to fear ordinary social contact with a person who has HIV. The virus spreads only through sex or contact with infected blood.

There are no outward signs or symptoms of HIV for the first few years of infection. Therefore it is impossible to detect a person's HIV status from their appearance. It is estimated that the large majority of people with HIV - perhaps as many as 90% - do not find out until they have already been infected for several years. This means that, for most people, almost any of their acquaintances could have the virus. Since it is impossible to know who has it, there is absolutely no sense in discriminating against the small minority who are known to have it.

References and Further Reading

Facts for Life: agreed by the major international health and education agencies as the key messages that people should know about eleven of the world's most serious health problems. Note: this is general information, which may need adapting for your target audience. Available from UNICEF, WHO or United Educational, Scientific & Cultural Organisation (UNESCO) offices

Radio Against Aids: Published by AMARC, 15 Paternoster Row, Sheffield S1 2BX, UK

ANSWERS TO QUIZ ON PAGE 25

1	False
2	False
3	(a)
4	(b), (d)
5	(c), (d)
6	(a)
7	(a), (d)

Recording an HIV/AIDS radio drama in Phnom Penh, Cambodia (photograph by Gordon Adam)

The most common programme formats are the cheapest to produce: straight reads, interviews, and music and chat. Broadcasters with few resources and a huge programme workload are hard pressed to fill their allotted airtime with even the most mundane programming. Many are paid poorly and have no incentive to be creative. But at the same time, given the opportunity, most broadcasters are keen to use their imaginations to produce the kind of programmes which make people listen and remember. This may mean making extra resources available, but they are modest in terms of the health education impact which a well produced and targeted series of programmes can make.

Some of the most successful formats for health programmes are

Spots: 30 seconds to two minutes

- one simple message only, clearly stated
- script, dialogue, or interview clip, tightly packaged with a music jingle
- an announcer reinforces the message at the end

Mini-dialogues: one minute to three minutes

- more lively way of conveying information than reading from a script
- usually two voices are good for repeating key information

Mini-dramas: one minute to three minutes

- one main message, one secondary one
- scripted sketch, maybe comedy, for two or three characters
- different from mini-dialogues in that it tells a story in addition to conveying information
- has to be well written and acted
- be careful not to include too much information - remember this is meant to be broadcast a number of times, like a radio advertisement, and it relies on entertainment to remain interesting and make an impact

HINT for broadcasters
Money is often available from NGOs and the UN (**see Section 8 - Partnerships** for advice on how to access it).

Songs: two minutes to five minutes

- main message and one or two secondary ones
- catchy tune and lyrics in popular idiom essential
- commission popular song-writer, musicians and singers
- give the singers a detailed brief of key messages and stress that they should be repeated
- listen to the final version carefully for unintended distortion of the key messages; this can easily happen
- know your market - what will sell or be played frequently on local radio

HINT for health NGOs
Radio stations would like to accept your money for broadcasting on health issues, but they will often need guidance, preferably from media professionals, about effective heath education programming (**see Section 8 - Partnerships** on how best to proceed).

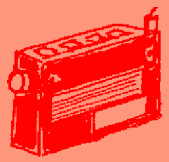
Interviews: two minutes to five minutes

- choose a good speaker who knows the subject and who is credible
- go through the questions with the interviewee in advance
- be clear in both your minds what the key messages are you want to convey - a maximum of two or three
- repeat the key messages at the end of the interview to remind listeners what it is important they remember
- don't try and catch the interviewee out - the idea is to convey information clearly, not to make a fool of him/her (he/she is not a politician!)

Slogans: 30 seconds (packaged with a music jingle)

- make sure it is clearly understandable to the target audience: a good slogan can sell an idea, but a bad one can damage a campaign
- consult with other organisations taking part in the campaign, so they agree with it and will reinforce its impact by using it on posters, banners etc
- choose the jingle carefully: it has to create the right mood and also catch the attention of listeners
- check the final version with the Ministry of Health

SPOT: Condom message



FX:	***Drumming at male initiation ceremony***
Ratipana (old man):	We are proud of you, you are men now. We have taught you many things but we have taught you not to be stupid.
Young man:	Hey! Here's Ratipana!
Ratipana:	If our traditions are to stay alive, we need you to stay alive. You can have sex now, but there are many dangers. You get AIDS through sex. You can die from AIDS. I want you to use these.
Young man:	Ratipana is giving us condoms!

An example of a birth-spacing slogan which proved popular in Cambodia is *Children by choice, not by chance* (**see Section 7 - Campaign planning, page 74**).

Magazine: ten minutes to 20 minutes

- a varied factual programme including interviews and features (interviews linked with script)
- could also include spots and songs
- can work well if the magazine reinforces a sister programme, maybe a health based soap opera, so that it can refer to recent storylines and explain the key messages further
- often works best if different health subjects, not just one, are featured
- try and make the programmes topical by featuring health issues which have recently been in the news, or immunisation campaigns which are about to begin

Stories: five minutes to 15 minutes

- very effective on radio if well written and professionally read
- writer needs to be well briefed, and to be told that the story is what matters: if it is well written, the message will be clear to listeners

MINI-DIALOGUE: Birth spacing

Health Worker: We have four methods available for spacing births.

Client: Four methods?

Health Worker: Yes, three methods are used by women themselves, and the fourth is used by the husband.

Client: I see. Can you tell me about the methods which a woman can use herself?

Health Worker: Yes, of course. First, there's the pill. You have to take one pill every day. It's important not to forget.

Client: One pill every day?

Health Worker: Yes. That's one method. Another method is to have an injection.

Client: What - every day?

Health Worker: No! The injection lasts for three months.

Client: I see. So I could take a pill every day, or have an injection every three months?

Health Worker: Exactly. Or you could have an IUD fitted, and that would fast for several years.

Client: I see. So those are the three birth spacing methods for women, are they? A pill every day, or an injection every three months, or an IUD that lasts several years?

Health Worker: Exactly. You've understood perfectly.

Client: Good. And can I choose whichever method I prefer?

Health Worker: To some extent, yes. But for some methods a medical check is needed first, so I would need to ask you some more questions before giving you advice on which method is best for you.

Client: I see - a medical check before I can make a definite choice?

Health Worker: Yes, that's very important, to make sure you choose the method that's most suitable for you.

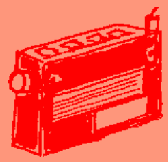
Client: Of course. But what about the fourth method - the one my husband can use. What's that?

Health Worker: That method is for him to use a condom. And that method is suitable for anyone to use and there's no need for any medical examination before using condoms.

- avoid obvious propaganda stories: listeners can generally spot them easily and will lose interest

A good example is the story of Namkang, originally appearing in print, but which could be adapted for radio (**see Section 2 - Selecting issues, page 34**).

MINI-DRAMA: HIV/AIDS awareness campaign



Overall Message:	Be faithful to one partner, or use a condom
Secondary Message:	Be compassionate towards people living with HIV/AIDS
FX:	Signature Tune... fade...
Husband:(SADLY)	When I first realised I had got AIDS, I wondered who to tell first. I thought that people would get angry with me, throw me out, disown me, never want to see me again. But I was lucky - I had you, seeing me like this but standing by me.
Wife:	At first I was angry with you. But after speaking to a HIV/AIDS counsellor, I came to realise that you need the support of your wife, your children and of your friends. We shouldn't look down on you. You won't give us AIDS, even if we live with you.
Husband:(SIGHS)	I'm very sorry for not being a good husband, a good father like the others.
Wife:	I was disappointed in you because you were unfaithful to me. (UPSET) I feel sorry because I am going to lose you, my husband whom I care for, our children are going to lose their respected father. Look at them - they are playing happily. They don't know why their mother is crying. They don't know that soon, they may not have a father to call to anymore.
FX:	Signature Tune... fade...
Slogan:	Be faithful to your partner, or use a condom.
FX:	Fade up Signature Tune... hold for 4 seconds... fade....

Health Unlimited Media Project, Cambodia

Oral testimony: two minutes to four minutes

Someone's real life experience can make powerful broadcasting; for instance someone living with AIDS, a sex worker telling of her dilemma in negotiating for safe sex, a mother whose child's life was saved by oral rehydration salts etc. Sensitive interviewing and editing is needed. This can be recorded in or near the subject's home. Also effective if edited and packaged into spots and repeatedly broadcast (**see Spots on page 39**).

Phone-ins: 15 minutes to 60 minutes

- effective at establishing dialogue with listeners
- good at creating interactivity (**see Section 4 - Making radio interactive**)

ORAL TESTIMONY IN BOLIVIA

This example of oral testimony was recorded for a child survival programme run by the US organisation Basic Support for Instituionalising Child Survival (BASICS) in Bolivia. The key message was to draw attention to the danger of neglecting diarrhoea in children and applying unproven home remedies.

The life and death of Blademir

My son Blademir began to get sick around the end of last November with diarrhoea. I gave him home remedies. He got better but he wasn't growing. He had cold hands and feet.

I had to do out and sell to get food for my children, that is why I had to leave my son with my little brother. When I was selling, I wondered about my sick child. He didn't grow. He didn't talk. He must have got sick when I was pregnant, and I saw some dead animals or people. I washed him with graveyard dirt to make him better.

Later, before the Carnival, my mother died. I was very sad. Because of my sorrow, I forgot about my son. His condition worsened. We wrapped him in a black cloth with herb leaves covering his whole body. My son talked to me and it seemed he was getting better. I didn't understand what my son was telling me. We gave him tea in a spoon, and went out of the room to tell my sister he was better; she told me to have faith in the Lord. I went back to see him and he was already dead.

SONGS IN MALI

In Mali, Save the Children (SCF) UK have commissioned songs on practical self help and prevention in HIV/AIDS, guinea worm, immunisation of mothers and children and birth spacing. A popular folk music band was chosen, and the cassettes were marketed at well below the local price of good quality music cassettes. SCF gave the singers a detailed brief on health content. The cassettes were given free to about 12 local radio stations, and airtime was bought to ensure the songs were played frequently. The songs proved to be very popular and there is evidence that the cassettes were widely pirated.

Impact: A study on HIV/AIDS in 1994 showed that of the 2000 people interviewed, 47% of people had heard about AIDS through the radio, 24% from neighbours and only 5.7% from the health services. But the most impressive evidence comes from the incidence of guinea worm infestation: before the SCF cassettes were made (1993) there were 760 cases reported in Douentza. By 1996, this had fallen to 104 cases. The reasons, according to SCF and health workers, is the radio campaign combined with health workers' awareness raising efforts, and support to local craftsmen who made cheap sieves for filtering infested water.

Soap Operas

Soap opera is a drama which has no beginning and no end
John Butt, BBC Afghan Education Drama.

A radio soap opera is a long running drama serial in which a number of plots develop simultaneously.

Advantages

- the audience learns to identify with characters
- it can carry a number of separate educational themes involving health or other relevant issues
- it can repeat key messages over a long period of time without boring the audience
- as it reflects the everyday lives of the target audience, the listeners are more likely to identify with the soap's educational messages, discuss them, and perhaps act on them
- a radio soap opera can depict virtually any situation and stimulates the imagination of the listener
- soap operas can be culturally sensitive, are entertaining and can have long-term appeal to a mass audience over a wide age range

Disadvantages

- cost: expensive by radio production standards, particularly if top actors and writers are used
- time needed for development and implementation means it is unsuitable for messages requiring immediate dissemination
- can be inflexible if all episodes are prerecorded; it is better to have a rolling production process with recording a few weeks in advance of broadcasting, then measure audience reaction and amend accordingly, but this adds to the cost
- effectiveness depends on the talents of script-writers and actors

HINT

Don't overlook the print media. In Uganda, one of the most popular FM radio stations Capital FM has a regular phone-in programme called ***Capital Doctor*** in which a doctor answers callers' questions on sexual health and related matters. This is supported by a weekly four-page news magazine for youth called ***Straight Talk***, which deals with sexuality and related topics of interest to young people. ***Straight Talk*** is also distributed to schools and youth organisations, and is distributed as a regular insert in the leading national newspaper ***New Vision***, which also publishes a regular question and answer column on HIV/AIDS.

In Cambodia, the World Vision agency writes a weekly question and answer column which is published in the country's leading daily newspaper, ***Rasmey Kampuchea.*** Other agencies including Health Unlimited and Population Services International (PSI) use radio soap operas and talk shows to raise HIV/AIDs awareness.

In short, a soap opera is probably the most effective means of bringing about social change, particularly if it is backed up with targeted publications and interpersonal communications (from health workers, for instance).

The ingredients of a successful educational soap opera

- know who your target audience is and be clear what you want to say to them
- a realistic budget for research/development and operating costs
- substantial long-term funding commitment from donors or commercial sponsorship
- talented staff required: script-writers, producers, actors, sound technicians
- on-going training of staff to develop skills
- on-going close consultation with health professionals working in the target area
- ability to reinforce key health messages through factual radio programmes and different media such as print, TV or inter-personal communication
- monitoring and evaluation capacity

To mount a successful soap opera you need to create

- a group of believable characters with whom the audience can identify
- a fictional but realistic meeting place - an office, hospital, school, market-place, shop - somewhere which ties the whole soap opera together
- entertaining storylines which must not be overwhelmed by educational messages

A DEFINITION...

Soap opera depends on story-telling: 'Every human being, no matter how intelligent, responds to a good story - it is an impulse that we all share in that we want to know what happens next. You intend your audience to switch on tomorrow - and the next day - and the next. You do this by making them want to find out what happens next.'

Liz Rigbey, ***Basic Guide to Starting and Making a Soap Opera*** (1993)

CHOOSING A TITLE

New Home, New Life is the name of a soap opera aimed at Afghan refugees returning to their homes after a long war. The name was chosen during a meeting with local aid workers to explain the purpose of the soap opera. A number were suggested such as ***Our Own Home***, ***Prosperity, House and House Building***, but none were suitable. One person who did not speak during the meeting came up to me afterwards and said quietly, 'The name of your soap opera should be ***New Home, New Life'***. This translated well into Pashto and Persian and was soon to be a name on the lips of almost every Afghan.

John Butt (1997)

- the ability to interpret educational messages in an entertaining way with which the target audience identifies
- a dominant educational issue or issues, for instance HIV/AIDS, but it has to be presented in the context of everyday village or urban life; single issues do not make credible soap operas as they do not reflect real life
- a cliffhanger end to each episode to keep the audience in suspense until the next episode of the soap

Some steps to consider in creating a radio soap opera

- choose a name for the soap opera that captures the mood you are trying to communicate and is short and easy to remember
- choose a signature tune: the mood of the tune should be in keeping with the topic and setting of the soap opera and should appeal to the target audience. A catchy signature tune will also signal that the programme is starting to the casual listener, or when listeners are tuning into the correct frequency on their radio

Script-writing process

- language must reflect the target audience's dialect and idiom: listeners are very quick to spot linguistic inconsistencies such as an accent from outside the local area. This has implications for the actors and script editing
- script-writers need to brainstorm ideas based on sound research of health issues in the target area which explores the target audience KAP (knowledge, attitudes, and practices)

- script-writers produce a synopsis of projected storylines
- the synopsis is considered by a steering group of health professionals and the programme producers
- script-writing of scenes and episodes: each scene to last between two and three minutes, therefore five scenes per 15 minute episode
- write for two or three characters per scene; about seven or eight characters per 15 minute episode
- script edit both for entertainment content and to check the accuracy of health education storylines. This is critical as inaccuracies in health storylines can be dangerously misleading. The script editor therefore needs to have been involved in the earlier consultation with the health specialists
- rewriting: this is never popular, but is an essential part of any soap opera production since the writing needs to be consistent. The aim is to get different script-writers' styles to conform to a house style
- type scripts on computers which can easily cope with text changes
- distribute scripts to actors and technical team in advance of studio recording

One model for educational soap operas contain three sets of characters: those who support the values being promoted and therefore act as positive role models; those who reject the values and act as negative role models; and those who are in a state of doubt and who are to be rewarded or punished according to which side they veer

STORYLINE CONSULTATIONS

In the BBC Afghan Education Drama Project ***New Home, New Life***, priority storylines are initiated every three months by the project team: they can be issues previously identified by the Project Evaluation Team, by health workers, or by topical event - for instance the health implications of the Taliban's ban in 1996 on women working and girls going to school. The storylines are then researched by the evaluation team who get feedback from focus groups held amongst the target audience. A report is compiled and presented to the regular consultative committee of aid workers and other technical specialists who discuss the synopses (written in English and Persian) of the projected storylines and check for accuracy and realism. The amended synopses are then developed into full scripts in Pashto and Persian; they are checked by the script editor, rewritten where necessary, typed and distributed to the actors and technical staff in advance of the studio recording.

towards. Rewards go to the positive role model or doubter who performs a socially desirable behaviour; punishments to negative role model or doubter who performs a social act negative to the value that is being promoted.

HINT
Keep a master copy of all tapes for future reference and possible re-broadcast.

Rehearsal and recording

- rehearsal: a chance for director and actors to work together and discuss characters and possible cuts
- prepare and record necessary sound effects in advance: these can be used to set scenes and lend an additional air of reality to soap opera action
- record final version
- add opening announcement if required, to briefly bring audience up-to-date with the story so far
- edit tapes to required length

Transmission of final programmes

- know when your target audience is most likely to be listening and schedule accordingly
- consider repeating the soap opera episodes at a different time the same or the following day; it is an expensive (for radio) investment, and you want to make sure the maximum number of people have the opportunity of listening

References and Further Reading

de Fossard, E (1997) **How to write a Radio Serial Drama for Social Development: A Script-writer's Manual**, Center for Communications Programs, Johns Hopkins University School of Public Health

Myers, M, Adam, G and Lalanne, L (1995) **The effective use of Radio for mitigation of drought in the Sahel**, Cranfield Disaster Preparedness Centre, RMCS Shrivenham, Swindon, UK

Wolfheim, C (1994) **A Guide to using Radio Spots in National Control of Diarrhoeal Disease Programmes**, World Health Organisation, Geneva

A Ugandan doctor prepares to answer listeners' questions in ***Capital Doctor***, Kampala (photograph by Gordon Adam)

The biggest disadvantage to radio as an educational medium is that it is one-way. As a rule it does not allow listeners to ask questions to clarify what they heard. If the listener is distracted, the message can be lost.

The radio broadcaster can tackle this problem in two ways, first through careful research and secondly, through making programmes interactive.

Participatory research

- audience feedforward: through the needs assessment process the broadcaster knows the educational topics are being addressed in a way the target audience will find familiar and relevant. With the taboos surrounding sex practices in many cultures, finding out what is, and what is not, acceptable is particularly important for HIV/AIDS broadcasts
- audience feedback: at programme pretesting and monitoring stages, the programmes will be tried out on members of the target audience, and will be revised if they find the content misleading, confusing, embarrassing or simply incomprehensible

(**See Section 1 - Initial research, Section 5 - Pretesting and Section 9 - Monitoring and evaluation.**)

Make radio interactive

Encourage a dialogue between the broadcasters and their listeners on health education topics. This can be done in a number of ways.

Competitions

Radio listeners often like a challenge, particularly if there is a prize; it doesn't have to be anything big - a radio station T-shirt can be greatly valued. Or simply to have their name read out on the radio is sufficient incentive for many people. So why not test their understanding of an HIV/AIDS theme which has been featured on your radio station recently?

COMPETITIONS

One successful competition was held for listeners to the BBC Afghan drama ***New Home, New Life***. Listeners were asked for the three reasons why a leading character in the drama had given up fighting. Two thousand people replied and 90% of them got all three reasons correct: his best friend was killed in battle, his younger brother was wounded by a mine, and his mother needed looking after.

Record requests

A simple way to encourage listeners to call into the radio station, or phone or write letters, is to allow them to dedicate records to their friends or family, or to request that specific records are played. This can break down the them and us attitude which can exist between radio broadcasters and the community. To be educationally effective, a radio station has to be perceived as being part of the community and responsive to the concerns of listeners.

Phone-in programmes

These are increasingly popular, as access to telephones spreads. Listeners take notice of advice on health problems which they believe might be relevant to them Although phone-in programmes discriminate against people in rural areas where there are few phones, and the poor who can't afford the phone calls, there is increasing evidence that this is an effective learning methodology for all listeners (**see box, page 54**). Phone-ins can be used in several ways

- a popular phone-in host or DJ (disc jockey) can encourage listeners to share their health problems with others: this often works best with emotional problems or sex-related issues, where (in some cultures) listeners compete with each other to reveal all. Although this can be entertaining, it is valuable more for its encouragement of dialogue than for providing targeted advice to listeners. The DJ is simply not equipped for this role
- it is often better to ask a relevant health specialist to come to the studio as a guest of the DJ and answer questions phoned in live from the listeners. That way, the advice is professional though the guest has to be a good broadcaster able to think quickly on his/her feet

- phone-in programmes can also provide off-air counselling to listeners who want confidential advice. The DJ announces that there are counsellors in the studio and gives the telephone numbers. This can best be done with a partner organisation which specialises in HIV/AIDS and STDs. This is an especially valuable service when the health problem is a socially embarrassing one (such as HIV and STDs) which deters people from visiting health workers or doctors

Road Shows

Road shows imply taking the shows out of the studio to focus on the issues which a community finds important; if the community is typical, then the issues will be seen as relevant by many radio listeners living in similar circumstances. Establishing a dialogue with listeners is the key to the success for road shows. The use of this type of programme for rural development, involving public games (*jeu public*) was pioneered by Francois Querre in Francophone Africa 20 years ago. These programmes are often too expensive for the slender budgets of rural radio nowadays, but there are recent models which build on Querre's work (**see Radio Gune-Yi in the box, page 55**).

Community Radio

The most interactive format of all is community radio. When it is working well, community radio is run by the community for its benefit. It is in touch with the concerns of the listeners, and it is the focal point for contributions and debates on those concerns. It is seen as relevant to the lives of the community and is therefore required listening. It is as participatory as it is possible for radio to be, as it is physically accessible to many listeners.

Its relevance to HIV/AIDS awareness is that the community radio need not be geographic – it could be set up by PLWAs to give mutual support to people who find themselves in a similar situation. A community radio station run by PLWAs for PLWAs would help normalise rather than marginalise this group of people – listeners without HIV would listen in casually, and would learn much about the concerns of PLWAs.

HINT

An alternative is to put questions to the health specialist which have been sent by letter to the radio station in advance. This has a number of advantages

- the questions can be selected for general interest and variety
- the health specialist can think about what to say in advance, and possibly give better advice than if they have to think of an answer in response to a 'live' phone-in question
- the DJ or show host can be prepared in advance with relevant follow up questions to clarify the issue further.
- using listeners' letters spreads the net wider than to just those who have access to telephones. People living in rural areas are the biggest beneficiaries. But be aware that letter writers are literate, educated, often better-off and - in many societies - often male, so not necessarily representative of all your listeners

CREATING A DIALOGUE WITH LISTENERS

Capital Doctor is a weekly hour-long programme broadcast on a commercial radio station, ***Capital Radio,*** broadcasting from Kampala, Uganda. The format is music based, with a presenter reading letters from listeners on issues of sexuality and HIV/AIDS (and occasionally other health problems); the points raised are answered by a guest counsellor, who is usually a specialist in sexually transmitted diseases. Up to 40 people write letters and 25 people phone-in each week. The station broadcasts to a mainly urban audience of some five million people, and research has shown that about three quarters of all 15-19 year olds in Kampala listen at least once a month. The reason? One is that people - particularly young people coming to terms with a situation where unprotected sex could easily mean death - desperately need information on sexual matters, and ***Capital Doctor*** can be very frank, 'Hello James, thanks for writing. Congratulations on staying a virgin until the age of 20. Now, your friends are telling you to have unprotected sex to cure your pimples? OK, let's discuss this'. The programme is backed up by a monthly newspaper ***Straight Talk,*** with circulation of 100,000 and an estimated readership amongst teenagers of one to two million, which contains news related to sexually transmitted diseases and answers lots more readers' questions.

Cathy Watson (1996)

Friends Help Friends is a radio production house in Bangkok, Thailand which makes an impact through sheer volume of phone-in broadcast material. Run by Tanchan, a charismatic young Buddhist monk, who broadcasts about eight hours a day for radio stations throughout Thailand. In fact he contributes to a total of 21 stations each a week, some of them linked to his makeshift office/studio by landline. For others, he records and distributes programmes on cassette. Most of his audience are the poorer members of the community, who listen on AM.

Friends Help Friends programming is based on phone-ins and responding to listeners' letters. The programme is wildly popular with about 50 phone calls a day, about ten of which are on HIV/AIDS related issues. He also receives a large number of letters, including some from neighbouring Laos and Cambodia. Counselling people with social problems is what has made Tanchan a household name. According to a colleague he has a poetic way of speaking which appeals to people from four to 90 years old, he inspires trust and activates 'energy' in the form of drawing on people's Buddhist faith. At the same time he offers practical help in the form of funds from the Ministry of Health and the Bangkok Municipality to help people living with HIV/AIDS. His messages concentrate on preventative behaviour and help in the last stages of illness such as hospice care and calling for support from relatives. From time to time his programme goes on the road, helped by 50 volunteers and a grant from the Bangkok Municipal Authority. Tanchan believes radio's strength is its reach, its independence from mains electricity, its portability and its ability to stimulate the imagination. Tanchan's success as a radio counsellor stems from his faith, but also by being close and caring for the people he is trying to help.

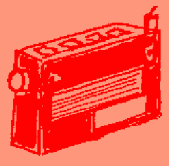
Gordon Adam (1997)

Community radio's biggest drawbacks are usually financial: in rural areas there is little money to be made from public notices, advertising or sponsorship. Interesting programming is a specialised and creative skill, and many community radios fail because their programmes have lost touch with the people and are dull. But bearing in mind the potential impact of community radio on HIV/AIDS as well as education and the environment, this is a medium which deserves much more support from aid organisations than it currently receives.

Each community radio finds its own way of interacting with its audience, but there are some fundamental principles which apply to most situations

- encourage lively programming, particularly music
- invest in local news gathering; that's why people listen - they want to know what's going on
- recruit presenters from the community, but choose them for their broadcasting

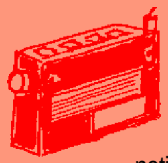
CHILD TO CHILD PROGRAMMES



In Senegal, Radio Gune-Yi produces a 50 minute long weekly programme broadcast by children for children. Its ***raison d'etre*** is that while 60% of the population are children, only 15% of programmes on the radio are child oriented. The programme is recorded in villages around the country; its format includes news, a guest of the week, ***What do you want to know?*** feature; ***Grandma tell me a story***, ***Young Reporter*** feature with a child reporting on his or her village; ***Did you Know*** describing issues affecting young people including health and the rights of the child; ***Listen, I've got something to say*** a young person's message addressed to parents, teachers or politicians; ***Have you read?*** suggestions on African and other authors. Also exchanges between young people in Senegal and abroad, debates on controversial issues such as girls' education and child labour, recipes, and everyday tips - how to remove stains from clothes etc, and jokes.

The programme intends to educate by example, through a process of self-discovery and confidence building for children. Promotion of the child is done subliminally, through always having girl as well as boy presenters. A female sociologist goes to each venue before the recording and does a socio-economic and cultural survey of the area, helped by the station's sponsor Plan International, to identify the pertinent issues effecting young people; they also identify good child presenters for the forthcoming show. Indications that about 500,000 children and as many adults listen every week. The production team see increasing confidence amongst girls, school attendance has increased, and some listeners' clubs have formed spontaneously.

Mary Myers (1997)



COMMUNITY RADIO IN ACTION ...

RADIO PENC-MI - meaning meeting place - is Senegal's first rural radio station; it is the creation of three Peasants Associations in and around the town of Fissel, and has been on the air for a year. Its programmes are strongly development orientated with an emphasis on traditional music. Funds are raised from community notices including weddings and funerals, appeals from farmers about lost livestock, vaccination campaigns and school sports days. There are discussions on development topics, phone ins and competitions, regular slots for the Peasants Association, local churches and NGOs, with weekly programmes on HIV/AIDS (**see Section 3 - Programme formats**) human rights, children's programmes and interviews with local notables. Anecdotal evidence and listeners' letters are overwhelmingly positive. The most impressive statistic is that girls' enrolment in schools increased by a massive 40% following a radio campaign on girls' education over several months.

Myers (1997)

RADIO ZIBONELE serves over a million slum dwellers near Cape Town, South Africa. Few houses have water or electricity, between half and three quarters of the population are illiterate and an estimated 60% of them are unemployed. The radio station was put on the air by a group of health workers in 1989, after five days training. Health programming remains a core activity: the door of the studio (a 40-foot lorry container, situated next to the health clinic) remains open to everyone; a TB sufferer describes how he has been alienated by the community and lost his job. Others come and role play, dramatising health issues, reciting poetry and singing songs. There is also a full range of programming, including music. In the words of Station Manager Namonde Tshikila, 'Everyone wants to be on the radio. People are now using the clinic because there is something next to the clinic attracting them - the radio'.

Maclennan (1996)

A very different model of community radio is the highly commercial GREEN WAVE RADIO in downtown Bangkok, Thailand. One of four stations run by the Time Media corporation in new purpose build accommodation with state of the art studio equipment, its target audience are aged 18 to 35, and it is allegedly the most popular station in the city. This is an achievement, because Green Wave Radio has a strong public service broadcasting commitment ranging from sponsored clean-ups of the city's canal towpaths to HIV/AIDS related issues. Each month there is an HIV/AIDS message - often relating to compassion - produced in three or four versions and broadcast about ten times daily with no airtime charge. This is highly exceptional in the competitive FM radio environment of Bangkok. Green Wave also sponsors an annual concert, the profits of which are given to a monk running an HIV/AIDS hospice, and has plans to sponsor a fun run in which HIV positive people will also compete. The station runs daily phone-in programmes on topics on social concern, and mounts special programmes for World Aids Day. Green Wave's head, Pongnarin Ulice, is committed to using the station's influence to change attitudes towards people living with HIV/AIDS, which he believes is a major unresolved problem in Thailand.

Adam (1997)

skills not their political or commercial importance (this may require sensitive handling!)

- give plenty of opportunities for listeners to debate local issues, but be careful about dominant individuals monopolising the airwaves and becoming boring
- team up with local organisations and local government on health campaigns - national immunisation days, World AIDS day etc
- rise to the occasion in providing information in local crises - floods, epidemics, civil unrest, drought. This is where listeners will depend on you (community radio) the most
- ensure that editorial control of the station is representative of the community as a whole, and is not hijacked by a particular faction or interest group

HINT
Provide a service to listeners by encouraging them to post notices of births, weddings and deaths, plus any other family or community news. Making a small charge for this service can also be a way of earning money for the community radio station.

References and Further Reading

Adam, G (1997) Personal Observation from a research trip to Thailand

Maclennan, H (1996) **Radio for Health Education in South Africa**, Commonwealth Relations Trust, London

Myers, M (1997) **Media Monitoring Visit to Senegal and Mali**, ICHR Radio Partnership, Geneva, contact 4122 920 1676 e-mail: ichr@aol.com

Watson, C (1996) **Turn On, Tune In, Find Out (Capital Radio, Kampala)**, Nursing Times

Playing a pilot programme to Ugandan villagers (photograph by Gordon Adam)

What is pretesting?

Pretesting means trying out ideas, messages and pilot programmes with colleagues and a representative sample of the target audiences before the programmes are in a completed form and broadcast. Pretesting can be done at various levels of sophistication with different costs.

Why do it?

To find out if the HIV/AIDS messages have been conveyed the way they were intended and whether the audience liked them or not. Good pretesting should

- ensure that the audience understands the key messages
- reveal potential problems in advance eg acceptability of character names and places
- save time and money by defining and solving problems at an early stage in the production process
- increase the odds of a successful campaign which could ultimately save lives
- guide the construction of future programmes

Pretesting can also

- involve local people in the programme making process
- help alert (some of) your target audience to the forthcoming programme

What do you need to find out?

Pretesting aims to ensure that programmes are

- understandable: do listeners understand and remember your programmes/ messages, and do they think the messages are practical, affordable and socially feasible? Do they understand the story and the language used?
- acceptable: is there anything that the listeners find offensive in the programme (characters' behaviour or language used)?

HINT

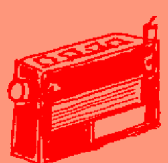
If your initial research is adequate and effective it is more likely that revisions indicated by pretesting will be kept to a minimum

- relevant: do the listeners feel that the programme is designed for people like them and do they empathise with the characters?
- attractive: do the listeners want to hear the programme again or others like it, and why?
- persuasive: will listeners feel convinced enough by the broadcast to act on the information they receive?

How do you pretest?

- start by consulting colleagues in your own organisation. Their feedback will help you identify any major problems
- next show your scripts to experts in other organisations working on HIV/AIDS. Some scripts may need the comments of medical experts, others may need the comments of social workers or human rights activists
- if the script-writer is a man, it is absolutely essential to get some feedback from women at this stage. Conversely, if the script-writer is a woman, she should seek some feedback from men. HIV/AIDS is a topic that is extremely gender sensitive
- show your scripts, or play rough recordings, to people directly affected by HIV/AIDS. They are the real experts, and their comments will help you avoid giving offence or even making straight factual errors

Testing techniques will depend on the type of programme format(s) and the resources you have available for pretesting, for instance

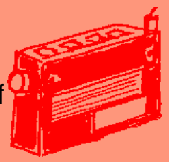


PRETESTING IN PAKISTAN

For example two television spots devised in Pakistan used Imran Khan, the famous Pakistani cricketer, to deliver immunisation messages. Pretesting, however, found that 72% of rural respondents did not know him. Of those who recognised him, many commented - and quite rightly - that as he was unmarried, he could not have firsthand knowledge of infant health problems.

Hafeez-ur-Rehman (1990)

CASE STUDY FROM ERITREA



A group of radio broadcasters in Eritrea made a programme which included the message that HIV was the result of having multiple sexual partners. The producer played a rough recording to two young men who had HIV. One of them objected strongly, because his own story contradicted the message. He had been out celebrating the first anniversary of his country's independence, had got drunk, and went with a prostitute. It was his first ever sexual experience - and it left him with HIV. He felt the radio program was both unjust in implying that he was sexually promiscuous, and also dangerously inaccurate because it implied that a single sexual adventure did not carry any risk.

As a result of this young man's comments, the producer was able to rewrite and rerecord the programme to make it both more accurate and more sensitive.

- a common way is to duplicate radio jingles, spots or mini-dramas onto cassettes and play them to target respondents
- you might even broadcast a pilot episode of, for example, a soap opera or a magazine programme before producing a whole series - this could be played in a public place like a market and a survey of listeners carried out on the spot
- focus group discussions can be used to explore themes and generate responses to music, characters and ideas
- after pretesting your script and/or rough recording with colleagues, professional experts and people living with HIV/AIDS, you are ready to pretest it with the target audience

HINT

Try employing someone who has not been involved in the production process to do the pretesting. It is often very difficult for the creators of a programme to remain objective and detached in the face of criticism. And in many cultures people will not say what they really think if they believe it will give offence. However the person pretesting must be thoroughly briefed and must make his/her independence clear.

Group or individual interviews using written questionnaires are a standard method of conducting pretests

- produce two versions of a spot with the same message. Pretesting can help determine which one will be most effective. Produce them as professionally as possible so they fully resemble a final version
- record the two versions on a cassette
- using a portable tape player, play the spots to a total sample of 35-50 people drawn from your target audience. This can be done in small groups of between

PRETESTING IN ACTION

In 1995, the Ghana Social Marketing Foundation (GSMF) adopted a social marketing strategy, originally with a family planning focus but now encompassing HIV/AIDS issues to sell condoms. They drew on previous baseline surveys which revealed that regular condom use had remained static for men (at 19%) although it had increased for women (from 2% to 6%). Previous campaigns had dealt with the issues of breakage, size and interference with pleasure, so GSMF shifted from a health oriented to a lifestyle approach with the underlying message that it is 'cool to wear a condom'. Ideas for possible concepts and slogans were generated in-house to a large extent, and then pretested heavily using focus groups. They were facilitated carefully to encourage discussion of lifestyle aspirations of identified target audience segments, and resulted in the creation of three distinct brands each with their own slogan, jingle, packaging and printed advertising material.

PANTHER:	'Pick your pack of three. PANTHER for longer lasting pleasure' aimed at young people (18-24) who frequent clubs and who need convincing that condom use can enhance sexual pleasure.
PROTECTOR PLUS:	'For those Happy Magical Moments' are aimed at slightly older couples, especially women. GSMF found evidence from pretesting that women do have the power to insist on condom use within casual sexual relationships.
CHAMPION:	'No Challenger' uses an image of two men arm wrestling implying a fight with STD/AIDS. These are aimed primarily at men engaging in casual encounters with an emphasis on the machismo.

four and eight people. Play one version and ask a series of open-ended questions – What did you learn from this spot? What did you think of the male/female character? What was the educational message? Was this short drama true to life or was it unrealistic? Would it convince your son/daughter? etc. The answers will help you to make a judgement about whether the spot is understandable, acceptable, relevant, attractive and persuasive

- then play the other version and repeat the questions. Finally play both versions again and ask the respondent to say which one he or she prefers and why. You need to rotate the order in which the spots are played with different groups since people tend to select the last version they hear if they are unsure of their preference
- before pretesting, the spots must be produced and recorded and duplicated, the questionnaire designed and researchers trained

How do I go about designing checklists or questionnaires

Depending on the type of programme the pretest questions may have to be more or less detailed: for example if you are trying out pilot episodes of a radio drama you may want to conduct lengthier pretests than for a spot because it is more complex, with more characters, and also more expensive to put right if mistakes are made. Examples are given at the end of the section.

Who does the pretesting?

- use local people as active participants, counsellors and critics for the process of pretesting: students and teachers can often be employed to carry out research
- professional evaluators
- writers
- producers/animators
- stringers/reporters

Where does it take place?

Depending on the type of pretesting you are doing, and your target audience, it could take place in the

- household
- work place
- market place
- studio
- school
- health clinic

HINT

The key principle in designing all pretesting is to try and create situations in which people will feel free to offer genuine criticism, comments and suggestions. The purpose of pretesting is to improve a script or tape, not simply to rubber-stamp it and avoid further work.

HINT

The reason it is important to pretest with people of the opposite gender and also with PWAs/carers is because they are more likely to pick up prejudices, misconceptions and unintended hidden messages than the actual target audience (most of whom will probably share the same prejudices and misconceptions as the script-writer).

How do you analyse the data?

There are a number of ways to measure effectiveness: one way is to assess whether the programmes are understandable, acceptable, relevant, attractive and persuasive. As a general rule if less than 50% of respondents understand and like the pilot programme then you should seriously reconsider your ideas.

Results of pretests should be tabulated and interpreted by the evaluators who should then share them with the writers and other members of the review team. The programme manager, review team and writer then use the findings to decide how to improve scripts, where necessary.

Most often pilot scripts for a serial drama (soap opera) or a magazine programme are written especially for testing purposes and not part of the finished serial. It is not necessary to rewrite and retest them unless they reveal serious problems. Here changes and recommendations that arise during pilot tests should be used as guidelines for future scripting. However with mini-dramas, spots and jingles which will be aired several times in their final format, rewriting and retesting is crucial. Revise your programmes based on the comments and suggestions made during the pretest.

Checklist for pretesting a soap opera

Courtesy of Johns Hopkins Center for Communications Programs (JCCP): de Fossard, Esta (1997)

Does the audience accept the programme?

- who do you think this programme is about? (people who live in a community like yours or is it about strangers?)
- who would it be most suitable for?
- what age group do you think would enjoy this serial? People of your own age or people of a different age?
- do any of the characters in the story remind you of anyone you know? Who?
- did any of the characters in the story say or do anything that you think would offend or upset any of your friends or relatives? What was it?

Does the audience understand the story and the message?

- what are the names of some of the characters and what are they like?
- what is happening in the story so far?
- what do you think is likely to happen next in the story?
- what do you think might eventually happen?
- talk about any part of the story that seemed foolish or unbelievable to you or anything that you did not understand
- in one episode of the story, the people of the community will be faced with a friend who develops HIV/AIDS (substitute leprosy or other disease as appropriate) - how do you think these characters (name one or more characters) will react to that news?
- what words or phrases used by any of the characters did you not understand?
- did you feel uncomfortable with the language used by any of the characters? What was it?
- was there any information in the drama that might be useful for you or your friends? What was it?
- what main points of the information do you recall? (This question will help the writer determine if the pacing of the teaching is correct)
- was the amount of information given too little, too much or just right?

Does the audience trust the programme?

- who were the people in the story that you felt you could trust if you knew them personally?
- who were the people you would not trust?
- was there anything discussed in the story that you do not believe? If so, what was it?
- do you think that characters in a story can be relied upon to give good advice? Why or why not?

- do you trust the source of information in the story?
- is there someone else you would rather turn to for advice? Who?

Is the audience attracted to the story?

- which of the following words would you use to describe this story?

boring	emotional
exciting	interesting
funny	suspenseful
ordinary	embarrassing
realistic	offensive

- tell me about any of the characters that particularly attracted your attention? Tell me why this person attracted your attention?
- if you had the choice of listening once a week at the same time to this programme, a music programme, or a magazine programme, which would you choose and why?
- do you believe that this story could happen in real life? Why or why not?

Does the audience appreciate the programme?

- do you think people would be likely to listen to this programme on a regular basis? Why or why not?
- tell me why you think this drama is or is not an interesting way to learn some valuable lessons in life?
- do you prefer to learn important matters through a drama like this or by listening to an expert give a talk?
- why would you recommend or not recommend the drama to your friends and family?

References and Further Reading

de Fossard, Esta (1997) **How to write a Radio Serial Drama for Social Development: A Script-Writer's Manual**, Johns Hopkins University School of Public Health, Center for Communication Programs, Baltimore, Maryland, USA (pp150-151)

Radio listening in a village in Western Afghanistan (photograph by Gordon Adam)

Why is scheduling important?

The first rule of broadcasting is to make sure your target audience can hear your programme. This means

- checking audibility: are the transmitters powerful enough to reach the target audience?
- making sure your programmes broadcast at a time when your target audience is likely to listen to them. You should be able to find out when your audience is most likely to listen to the radio during preliminary research (**see Section 1 - Initial research**)
- bearing in mind differences between women and men's listening patterns: for health education, it is often a priority that women listen since they are usually the ones who look after children. But early morning or early evening, which might be prime listening time for men, may be useless for women, since they are busy preparing meals

But how can I be sure that people will listen to HIV/AIDS programmes?

People everywhere are interested in their health, so the subject is relevant. The problem can be in convincing audiences that unsafe sex can be extremely dangerous. For many, it is not a welcome message. This makes it all the more important that the programmes are presented in an entertaining, but at the same time sensitive, way (s**ee Section 3 - Programme formats and Section 4 - Making radio interactive**). The use of acceptable words for sexual activities needs to be researched in advance. Key messages need to be repeated in different programme formats so they do not bore the audience. And the audience must also not feel they are being preached to otherwise they will tend to perceive the programme as patronising.

Well-produced radio spots can be repeated a number of times without boring listeners, but make sure you vary the time of day, and days of the week, so that you reach the maximum number of listeners.

PRIME TIME LISTENING 1

Women in Kenya when interviewed said that they had no time to listen to radio programmes in the early morning when they were preparing food, or later because they would be working the field and their husbands took the radio with them. The best time was after the evening meal between 7pm and 9pm before they went to bed and it was dark so they were in the house. The only problem was that children would be around and they didn't want embarrassing topics such as HIV/AIDS on the radio. They didn't want to, or weren't allowed to, leave the compound at night.

AIC Research, Meru, Kenya (1995)

If you are developing a special programme, eg a drama, be sure to tell people in advance when it is due to be broadcast. This means producing short announcements to be run at a time when many people are listening to the radio, for instance immediately before and after the news.

My organisation can't afford to buy a lot of airtime

Airtime costs will often limit the number of times you can repeat a spot or other educational message and can seriously affect the educational impact of a health campaign. Producing short, snappy spots makes the best use of expensive airtime. It is much more likely that people will hear a few of the spots rather than one 30 or 60 minute discussion programme on HIV/AIDS (**see Section 7 - Campaign planning**).

PRIME TIME LISTENING 2

In Afghanistan, the BBC ***Village Voice*** programme on health and development issues was broadcast over a two year period after lunch on Fridays, a time men were praying in the mosque and women were left alone in the houses. All the audience research indications, including listeners' letters, implied that this was not a popular listening time and that the programme was drawing a poor audience. As a result ***Village Voice*** was rescheduled to the evening. It was not until later that the BBC discovered through focus group research with Afghan women that the Friday afternoon slot had been greatly appreciated by them, since they were free to listen to the radio in their husbands' absence. Conventional audience research had failed to pick this up because Afghan women in purdah are difficult to access, and very few of them write, so no letters containing feedback were sent to the BBC.

BBC Eastern Service records (1993)

But it is little use broadcasting important health information free or at discounted rates if the scheduling by the radio station is erratic or at times of low listening. It is worth coming to some kind of agreement - even a formal contract - between programme sponsors and the radio stations to make sure that the spots are broadcast at prime time; that is when people will hear them and they stand the best chance of making an impact.

Aid and government organisations are sometimes reluctant to pay for airtime. This is a reasonable objection, since health education by radio depends on repetition and the costs can be heavy. But in the increasingly deregulated world of broadcasting, commercial radio stations are facing tough competition and often they have to charge in order to survive. It may be possible to negotiate an equipment/training package to offset charges, if that is more acceptable to the aid agency.

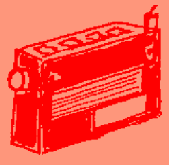
HINT for health organisations

If a contract is involved, agree precise times of broadcasts for each spot in advance, over the required period. Monitor the radio output, and challenge the radio station if it is failing to broadcast the spots at agreed times. If there is a gentlemen's agreement to broadcast health education material, time needs to be spent with broadcasters to persuade them of the influential role they can play in promoting better health, and how important it is for the spots to be aired at prime listening times.

References and Further Reading

Myers M, Adam G and Lalanne L (1995) **The effective use of Radio for mitigation of Drought in the Sahel**, Cranfield Disaster Preparedness Centre, RMCS Shrivenham, UK

LACK OF MONITORING



In one West African country, a pilot project ran into problems over scheduling. Despite involving a rural radio station in making spots on deforestation, which had also been produced with the close participation of local villagers, it was clear from the evaluation that few people had heard them being broadcast. After further enquiries, it transpired that the programmes had hardly been aired at all, and certainly not as frequently over a three month period as had been agreed. The reasons were to do with staff demotivation, lack of finance for the radio station and - crucially - lack of monitoring at the time. Had monitors and a system of reporting been in place, it would have been possible to detect what was going wrong much earlier.

Myers et al (1995)

A radio roadshow in northern Burkina Faso (photograph by Gordon Adam)

Health education issues can often be publicised effectively in the form of an information campaign. It is a technique used by the advertising industry, and has become known as social marketing in the non-profit sector. A campaign is a linked series of events around a central topic or theme.

Why run a campaign rather than produce a steady output of HIV/AIDS information on the radio?

People eventually get bored with the same old radio spots and other promotional programming unless it is something entertaining like a long-running soap opera.

Something new, imaginative and unusual captures people's interest and is more likely to lead to increased awareness and possibly behaviour change. The message is reinforced when it is coming from different sources.

How else can you capture the public's interest?

It is best if you have a reason for the timing for the campaign which people feel is significant; for instance, it could be

- International Aids Day
- Valentine's Day (where it is celebrated)

People react to campaigns in fairly predictable ways

- if they feel that they are at risk they are more likely to take notice
- if a campaign is too alarmist (like some HIV/AIDS campaigns), people may feel there is no hope and resign themselves to their fate

The golden rule for every campaign is that there must be a positive message - people need to feel that they are able to take action and by taking action they can improve their lives and the lives of their families.

How can radio best contribute to a successful HIV/AIDS awareness campaign?

Develop close cooperation between the media and the health organisations preventing and coping with HIV/AIDS, and

- agree on the key educational points: a campaign with conflicting or confusing messages will not make an impact
- make sure everyone knows who will provide what services such as condom distribution and HIV/AIDS health teams on the ground
- be sure the sponsoring health or commercial organisations are aware of the airtime costs involved, and they have the budget to pay for the media coverage they are planning on. Airtime charges for spots are usually inevitable, but they can often be discounted. For discussions, phone-in programmes and competitions, airtime charges can sometimes be avoided if other incentives, such as prizes, are contributed

Know your target population

- which radio and TV channels reach them
- which newspapers, radio and TV stations are most popular
- what kind of programmes/media personalities they enjoy most
- at what times of day do they listen/watch (**see Section 1 - Initial research**)

Try and involve more than one medium: in addition to radio, consider TV, video parlours, print and street/village theatre groups.

THE IMPACT OF SLOGANS

In Cambodia there have been examples of good and bad slogans: the first, for an HIV/AIDS campaign was, in English, ***Stick to a one-to-one relationship, or use a condom*** In Khmer it sounded very catchy, but subsequent research revealed its meaning was unclear. Lesson: it should have been pretested. A subsequent birth spacing campaign learned the lesson and adopted the slogan ***Children by choice, not by chance***. This was well received by powerful political figures as well as by ordinary people, and helped bring about official support for the birth spacing drive.

Health Unlimited Media Project Report (1996)

Create a slogan which sums up the key educational theme

- slogans must be pretested thoroughly to have wide appeal and not offend - test them on PLWAs (**see Section 3 - Pretesting**)
- they need to be visible, as well as heard on radio
- they can be made more memorable if packaged in popular music
- associate the slogan with a star, or well-known personality who is influential with the target audience. Political figures are best avoided since they often divide opinion. A widely respected Head of State can be very effective

Develop partnerships with other interested organisations. They can support the media campaign with fun events on the ground, mobilising school children, HIV/AIDS workers Red Cross/Red Crescent personnel etc. Organisations such as UNICEF have a lot of experience in social mobilisation activities of this kind, and can provide good ideas.

USE OF PERSONALITIES 1

In Thailand, a landmark event in the long running campaign to encourage compassion for people living with HIV/AIDS was when the Crown Princess was filmed receiving HIV positive people at a palace, shaking their hands and chatting with them. The messages to emerge strongly were: these people look normal and the Crown Princess is not afraid to meet them. Maybe she is setting an example I should follow?

HIV/AIDS Education Video, Population and Community Development Association, Bangkok

USE OF PERSONALITIES 2

The Sri Lankan UNICEF funded leprosy awareness campaign in 1988 got off to the worst possible start as the hero of a popular TV drama committed suicide after 'catching' leprosy. However, the advertising agency cleverly turned this to their advantage by running a series of TV spots which depicted the popular actor who played the suicide victim stripping off his unsightly leper's make up, and explaining that the reality of leprosy was something very different. Research showed the spot made a huge impact and contributed towards the surge of people coming forward for treatment for leprosy.

UNICEF, Sri Lanka (1988)

HINT

Try and delegate all campaign radio programming to one broadcaster so that person is the point of contact for all non-broadcast activities. This should maximise cooperation, and minimise the risk of confusion.

What kind of radio programmes are best suited to campaigns?

Depending on funding, mount a variety of programmes. Variety is the key since to be effective, repetition of a simple message is essential and to avoid boring the audience, variety is important. Say the same thing but in different and entertaining ways

- spots: lasting between 30 seconds and two minutes. They can be in the form of a scripted dialogue or a snatch of interview, or a song or jingle
- phone-in programmes: on the theme of the campaign
- competitions: tied in with phone-in programmes, or short story or poetry competitions on the theme of the campaign, with the winners being interviewed if possible, the winning contributions being read on air, and prizes being offered by partner organisations involved in the campaign
- interviews with HIV/AIDS specialists, prominent personalities who are supporting the campaign
- vox-pops (a number of people's responses to a single question, edited together): with people who have heard about the campaign (ask them a question such as why is it important?) and with those who have not (**see Section 3 - Programme formats**)

How long should a campaign last?

Often the events on the ground will only last a day or two: this is far too short a time span for a media communications campaign. Use the event to launch the media campaign, but keep it going for at least three or four weeks

- broadcast spots on radio several times a day
- if possible support them with longer programmes (phone-ins, interviews, discussions) several times a week
- keep the interest up by running competitions on the campaign theme
- if possible, try and return to the campaign theme after four to six months; use the same spots over a week or ten days on the radio, and mount a discussion or phone-in programme to update people on the progress of the health campaign

Aspects to consider in planning a campaign

- duration: how long should it last?
- scheduling: how often should items be broadcast, and at what times?
- dates: at what time of year should the campaign take place? Should it be linked to a particular season or to other special events? How many times a year should a campaign be run?
- audience: who are the programmes for? The whole population? One target group? Several target groups?
- key messages: what are the main points our audience need to know, understand, believe, remember?
- creative, persuasive strategy: how can we make our programmes entertaining, clear, convincing and memorable?
- format: what kinds of programmes, for which messages, for which target groups?
- coordination: how can the efforts of all the participating agencies be organised so that they all support and reinforce one another?
- resources: what resources will we need?
  - human: writers, producers, presenters, actors/actresses, technicians etc
  - technical: portable tape recorders, studios, editing, sound effects, tape
  - transport: for needs assessment, field testing, monitoring
  - time: studio time and (most important!) airtime

References and Further Reading

Mody, B (1991) **Designing Messages for Development Communications: An Audience Participation-based Approach**, Sage Publications (London and Delhi)

NGO sponsoring youth radio in Senegal (photograph by Mary Myers)

Partnerships with other media

It is a basic rule of development communications that two media are better than one for conveying information in an accurate and memorable way. Where circumstances and money allow, you are likely to make more impact if you join up with other media to promote a health issue.

How do you decide which other media to use in addition to radio?

Look to your target audience. What does your research tell you about their other sources of information and whose opinions they respect?

- what is the level of literacy, especially amongst women? What do they read regularly?
- do they have TVs or access to TVs or to videos/video parlours?
- what traditional forms of communication can be used eg puppets, street theatre, popular teenage magazine, films

Armed with this information, approach other media which are popular with your target audience. Often (with TV especially) the cost of airtime will be a major constraint. But newspapers and magazines can often appreciate well-written articles on HIV/AIDS: people are concerned about their health, and they can make popular reading. Remember the newspaper story of Namkang in Thailand (**see Section 2 - Selecting issues, page 34**) which conveyed a very poignant message about the social consequences of HIV.

Using two or more media is possible even in an area of conflict, for example Afghanistan, and will present few problems in a country such as South Africa where the media infrastructure is highly developed.

Partnerships with other organisations

Aid organisations know what they want to say but often don't know how to say it: the media knows how to say it, but don't always know much about the issue.

HINT

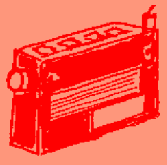
Try and place a series of linked articles in newspapers or magazines - they make much more of an impact than a one-off article.

It is often a paradox that NGOs spend much effort in marketing themselves but very little time on using the media to support their relief and development programmes.

HIV/AIDS broadcasting initiatives require partnerships for

- funding: but donors first need convincing that radio is a useful development tool
- official blessing: a health education initiative has to be in line with government policy, so the Ministry of Health or the national AIDS office needs to know what is planned; they may well be able to offer advice and support
- expert advice: health above all cannot be broadcast without consulting public health specialists who know about the target audience
- reinforcement of HIV/AIDS messages: health workers are the obvious people to reinforce impact, but they need to know about what the key messages are in advance and to be given briefings and/or print support
- if the campaign involves providing services, such as condoms, then the organisations distributing these services need to be part of the campaign, and they need to be confident they can distribute enough supplies to satisfy expected demand

Remember: many organisations may be sceptical about developing a working relationship with the media to support a health education initiative.



***SOUL CITY:* A MULTI-MEDIA TREND-SETTER**

Few health education projects have used the media so comprehensively as South Africa's ***Soul City***, a primary health care initiative involving linked TV and radio soap operas in a total of nine languages, a newspaper supplement serialised during the thirteen week run of the radio and TV series, a public relations campaign involving competitions and articles on radio, TV and the newspapers, and a multi media educational package aimed at heath and community workers. Not surprisingly, the impact of ***Soul City*** has been remarkable: the TV series was the most popular show on South African television and over 50% of black South Africans saw or heard the series. Even more remarkable, the project has attracted major commercial sponsorship and is set for a secure future.

Japhet, Goldstein (1997)

TWO MEDIA TOGETHER

The BBC soap opera ***New Home, New Life*** is supported by a UNESCO-funded monthly cartoon magazine which carries a pictorial version of the soap opera action, with the major educational messages highlighted in the text. The magazine is very popular and a prized possession of listeners, especially children: this is despite a 70% illiteracy rate and an on-going war which makes distribution difficult. Reasons for its popularity are the simple language it uses and the fact that it depicts the characters of the highly popular ***New Home, New Life***. The major problem is funding: Afghans can't afford to buy it, so the market is NGOs involved in education and health. Meanwhile UNESCO continues to subsidise its production.

A commonly held view is that

- the media are unreliable: they will quote inaccurately or out of context
- tangling with the media means publicity; that could mean risking embarrassment, problems with the boss, or difficulties with the government
- fear that the media will misrepresent HIV/AIDS information for the sake of a creating a sellable (but inaccurate) story

So how can a radio station build confidence with a potential partner?

- get the facts you broadcast right consistently. Consult organisations involved with HIV/AIDS education to check
- don't extract money from aid agencies in return for the basic minimum of airtime - show you are a public service broadcaster and are interested in health issues because they are important to your listeners. A receptive radio station is soon in demand amongst aid organisations

INTER-AGENCY COOPERATION

Cambodia has the fastest growing AIDS epidemic in the Asia-Pacific region. NGOs have formed the HIV/AIDS Coordination Committee (HACC). One member agency, PSI, runs a radio soap opera, supported by a phone-in programme. Both are broadcast on one of the most popular FM stations. Another, World Vision, supplies articles to a popular youth magazine, and a third, Health Unlimited, runs training workshops on how to use the media for HIV/AIDS awareness in addition to producing a regular talks show on FM radio.

- give discounted airtime charges to health education and other non-profit causes
- if you need equipment such as cassette recorders, you could be in luck: many aid organisations find it easier to provide equipment and even training, rather than pay for airtime
- create your own regular health education programmes - you can find sponsors from pharmaceutical companies or condom distributors (but beware of unsuitable sponsors such as tobacco or drink companies). Take advice if you are not sure about a clash of interest between sponsors and programming
- fulfil your contracts with aid organisations and government departments: broadcast the agreed schedule of health information spots at the times agreed. Prime time slots are what matters in making an impact
- offer programming time to discuss HIV/AIDS issues in phone-ins and other discussion programmes
- HIV/AIDS issues are often newsworthy, so carry it in the news

Remember that well produced health programmes are popular with listeners - they can boost your radio station's ratings.

ALL AGAINST AIDS: ZAMBIA'S COPPERBELT

Well informed, objective and responsible reporting can help foster a climate of public opinion in which AIDS is addressed in a spirit of openness and honesty. On the other hand, inaccurate, sensationalist or misleading reporting of AIDS-related issues can foster fear, prejudice and panic amongst the general public ***All Against Aids*** has made a major effort to provide Zambian journalists with information about AIDS: one day workshops and seminars are organised several times a year for groups of 15 - 35 people; occasional talks on issues such as breastfeeding and AIDS are given at the Press Club; invitations are sent to journalists to attend events such as the launch of new HIV/AIDS booklets, poster competitions or World Aids Day; ***All Against Aids*** also makes a point of making staff available to respond to spontaneous queries from journalists.

As a result, ***All Against Aids*** believes that mutual respect and good will has built up between the organisation and journalists in Zambia's copperbelt. This is because the journalists know that they are not regarded as simply a way of getting free publicity but as equal partners in a vitally important task.

Abstract from Mouli (1992)

One of the reasons why basic education campaigns have in the past often had little success is that the information was poorly researched, and was perceived by (often rural) listeners to be fantasy solutions of the educated townspeople who had no idea of the real problems of the countryside. To establish credibility, the audience has to believe it has a stake in the information that is being broadcast, that they have been consulted and that their views are being reflected. That way, the chances are they will take notice of the health programmes (**see Section 1 - Initial research**).

How can I find the money I need to put on a special series for HIV/AIDS programmes?

Find out the most likely source of funding for this kind of project: international organisations such as UNAIDS through their partners UNICEF and UNFPA (United Nations Fund for Population Activities) have funds for HIV/AIDS activities which can be accessed through country offices. Many embassies also have funds for development projects - ask the Information Department. International NGOs such as CARE, Oxfam and Save the Children Fund (UK) (SCF), may have modest funding available so it is worth trying them too.

Before submitting a project proposal, speak to the relevant official and confirm that the organisation (a) has funds and (b) would be interested in considering your proposal. If you can't meet the right person, find out who he or she is and write a brief concept note (no longer than two pages), laid out like this

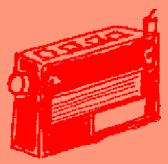
- name of radio station: address, name of contact person
- profile of listeners: numbers, sex, age group (support with research data or other evidence such as numbers of listeners' letters)
- geographic area reached by your broadcasts
- project objectives: what you hope your broadcasts will achieve
- project activities: a brief description of the programmes, what kind of format
- project partners
- budget: an estimated overall cost is sufficient at this stage

HINTS for broadcasters

Don't be tempted to broadcast advice

- that the audience already knows
- which is inappropriate, and which the audience knows is of no value to them
- that relies on non-existent or very expensive services, such as special combination drug therapy, which is unlikely to be available to the target audience. Don't raise false expectations

If you do - it will badly dent the credibility of your radio station.



NGO INVOLVEMENT IN MEDIA INITIATIVES

Health Unlimited, a small British NGO specialising in training health workers in areas of conflict, had worked for five years in Cambodia before they decided to use their knowledge of health conditions in the country to help make radio and TV programmes which could reach most of the population of eight million. Training local radio producers and health workers in educational programming is a key part of the project: in fact, the local staff have produced programmes for two HIV/AIDS campaigns and one birth spacing campaign with the help of international media specialists. Project trainees are now producing a weekly phone-in health education programme, supported by a column in a popular Khmer teenage magazine. Health Unlimited, who also hosted the ***Creative Radio for Development*** conference in May 1996, has appointed a media programme manager on to its staff, and is about to embark on radio-led health education projects in Somalia and the Great Lakes Region of Africa.

In Vietnam, CARE International has obtained European Union funding to recruit actors, producers, and technicians to produce the country's first ever TV soap opera. The title is ***Wind blows through dark and light,*** and the subject is HIV/AIDS which is spreading rapidly in South-East Asia. There are 30 half hour episodes and CARE hopes that up to 15 million will tune in to the drama which will deal with subjects as varied as love, feuds, car crashes and smuggling. CARE's idea is also to promote the sexual assertiveness of women to encourage their partners to adopt safer sexual practices, and also to promote compassion for those in the community living with HIV/AIDS.

In Thailand, a community based HIV/AIDS support organisation called ACCESS has chosen a different route to tackle the information challenge. It has built its own small radio studio on a shoestring budget, and runs it with three staff, only one of whom is adequately qualified. Nonetheless, it produces five and a half hours programming a week for stations in Bangkok, and Changrai in the north of the country. These programmes are specifically aimed at people living with HIV/AIDS and their families, and they provide a mass information dimension to the face to face counselling, health home-care support, training and peer education activities which are ACCESS's major activities.

According to ACCESS's Director, Jon Ungphakorn, his major difficulties with the radio programmes are negotiating prime time slots at reasonable prices. Airtime charges in Thailand have got up twenty-fold in the past four years. There have been so many changes of stations and frequencies carrying his programmes that he believes most people hear them by chance. There have also been problems with programme quality - his part-time production team finds coming up with fresh ideas is difficult, and an attempt to have AIDS support groups produce their own programmes failed because of insufficient time and skills. Still, he believes radio is a vital medium and ACCESS programmes are valued, particularly in Changrai. He thinks that public information has made it no longer acceptable to voice hostility openly towards people living with HIV/AIDS, but the prejudice still exists - only now it is hidden.

Gordon Adam (1997)

If you receive a favourable response, you will probably be asked to submit a project proposal. Some organisations have special formats for project proposals, so you should ask for guidelines. If they have no specific guidelines, then the following format may be helpful

- name of radio station; address, phone number, contact person
- summary: write this last but it comes first
- what you propose to do
- why it is worthwhile
- how much will it cost
- this should be half a page, maximum
- profile of listeners to your station: numbers, sex, age group (support with research data or other evidence such as numbers of listeners' letters)
- geographic area reached by your broadcasts
- project objectives: what you hope your broadcasts will achieve. Just a few sentences, but think carefully about what the most important objectives are, for example, 'to reduce the risk of HIV/AIDS infection amongst rural teenage girls through providing well researched and targeted information by lively radio programming'
- project activities: a brief description of the programmes, what kind of format? What extra work will be involved by staff in order to put the programmes together? Details of any travel they might have to undertake to assess the needs of the target audience, and to record interviews. Not too much detail. These activities should be related to the budget lines (**see budget, see page 86**)
- outputs: how many programmes, how long each are, over how many weeks will they be broadcast
- beneficiaries: who are your target audience for the broadcasts. If they are women, vulnerable people or marginalised groups, emphasise this. Many aid organisations make a point of encouraging people to help themselves, and information is an important part of this process

HINTS for NGOs/ donars/governments

Be aware that the local media, professionally implemented, can be of great assistance in promoting health issues. Choose your radio station with care: criteria include

- wide listenership amongst your target audience
- a record of fair and responsible reporting and respect for facts
- an interest in community issues
- be sparing with crediting your organisation as the programme sponsor: the objective is to convey health information rather than heighten an aid agency's profile
- make sure you use radio professionally - employ a respected radio producer and discuss the campaign in detail (**see Section 7 - Campaign planning**)
- throwing money and some scripts at a radio station then walking away will not produce health education programmes which will make a difference

HINT for radio stations

If possible, avoid charging airtime costs in project proposals. Funders want to see a contribution from organisations receiving grants, and the cost of putting health education material on the air is likely to be seen as the minimum contribution a radio station should make.

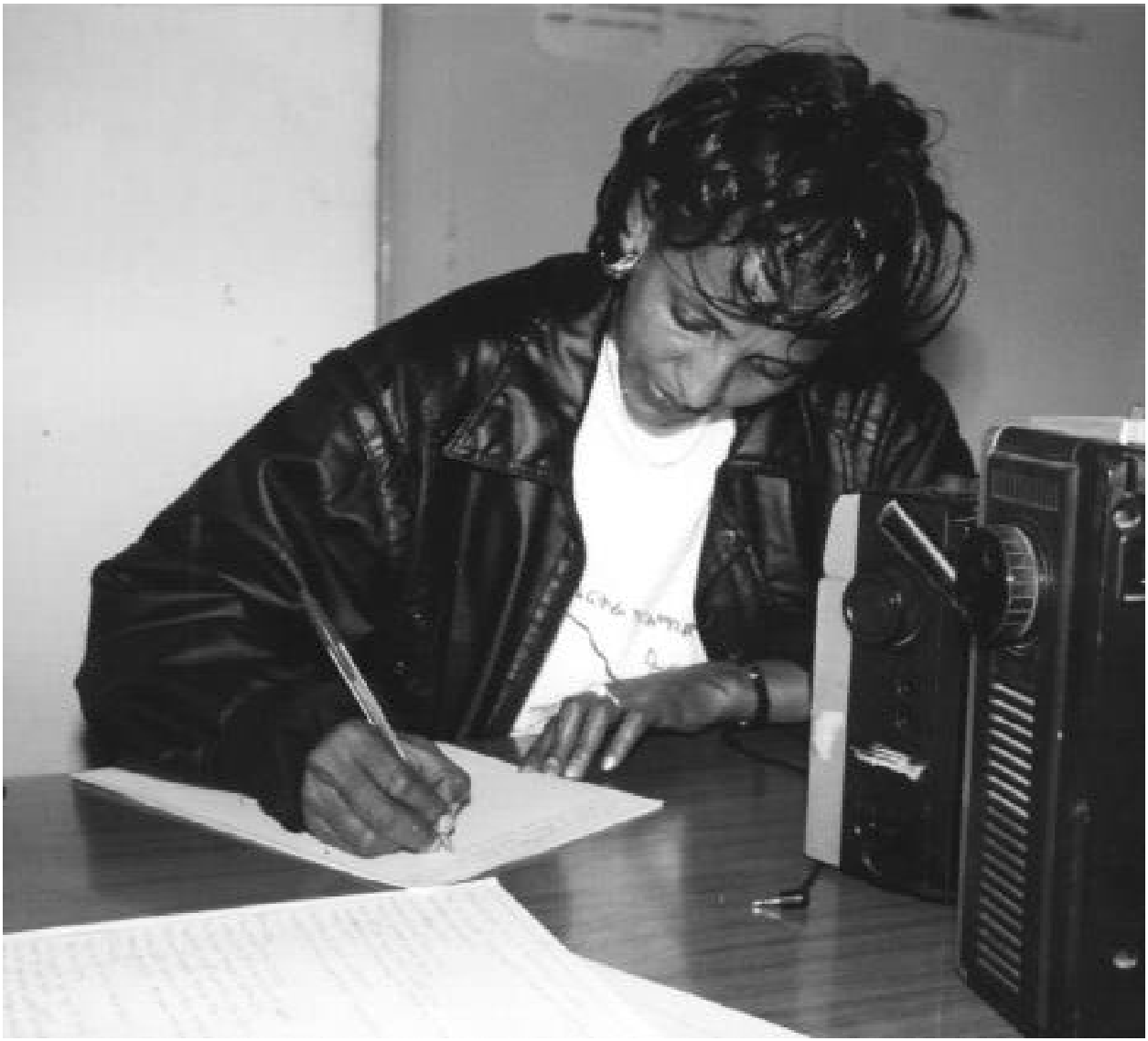
- partners: who will your partners be in this project, where will you find your HIV/AIDS education expertise; are any organisations backing up the broadcasts with activities on the ground, reinforcing the HIV/AIDS key messages to people at risk? It is important to mention them
- sustainability: how will the project funding help your radio station improve the quality of its health education broadcasting after the end of the funding period? Improved staff skills and increased awareness of the health needs of the target audience are the kind of outcomes which funders would be interested in
- monitoring and evaluation: how will you assess their impact; details of audience research (**see Section 9 - Monitoring and evaluation, focus group discussions etc**)
- budget: this has to be an accurate and detailed breakdown of the extra costs you would be incurring in mounting the project (**see project activities, page 85**). Budget line items include
  - personnel: how many days work for how many people at how much per day, for all the work involved
  - equipment: tape recorders, cassettes, batteries etc
  - travel: where to, how many trips, round trip cost; also cost of meals and lodging for nights away (remember to include costs of evaluators in this)
  - management support: number of days, cost per day
  - estimated cost of telephones calls, faxes, stationery
  - contingencies: unexpected costs - allow 5% of the overall budget

References and Further Reading

Adam, G (March 1997) **Report on research visit to Thailand**

Chandra Mouli, V (1992) **All Against AIDS: The Copperbelt Health Education Project, Zambia**, Action Aid, Strategies for Hope No 7, Hamlyn House, Archway, London N19 5PG

Japhet, G and Goldstein, S (May 1997) **Education for Social Change**, Abstract of presentation given in the University of Ohio at the JHCC Programs 2nd Conference of Entertainment



Monitoring educational radio programmes in Eritrea (photograph by Mary Myers)

What is monitoring and why do it?

Monitoring means assessing the progress and appeal of a programme or campaign during its lifetime. During the broadcasting period you will need to monitor the audience's awareness of your radio programme on a regular basis to check that people are listening to and remain interested in the programmes. You also need to check that your materials or programmes are being broadcast as scheduled and that the reception quality is good enough for the target audience to be able listen easily. Monitoring will help establish who is listening and when, and what they think of the programmes. It can provide feedback on the production process, and feedforward your audience's reactions and ideas into future programme-making (**see Section 4 - Making radio interactive**).

Monitoring a soap opera can help you determine which characters are popular and why. Depending on the production schedule, you may be able to tailor future plotlines and character developments accordingly so that the messages and information can be broadcast to maximum effect.

You can also monitor the issue itself - in this case HIV/AIDS and related topics - and update the content of your programming. Keep it contemporary and topical by reacting to news and developments that are of interest to your audience and will hold their attention. You will need to keep track of the changing status of HIV/AIDS and recommended practices. Monitoring can help day-to-day decision making to help bring about changes which are necessary: there is no point in only knowing about the impact of a programme once it is over, when the information cannot be used to improve it.

How do you do it?

There are a variety of methods for monitoring, many of which cost very little. They include

- listeners' letters: these can be a rich source of qualitative and anecdotal evidence of listeners' views on the content, timing and reception quality of programmes, the characters in a drama series, even about radio presenters. Broadcasters can provide incentives for listeners to write in by running quizzes and competitions. Unprompted opinions are just as valuable. Remember

MONITORING A SOAP OPERA

In ***New Home, New Life,*** the BBC radio soap opera from Afghanistan, the writers created a character called Shukria to act as a vehicle for the symptoms of psycho-social trauma and how to deal with them. Shukria turned out to be a strong, finely acted character. But it transpired in one focus group discussion that people were put off by this character. This was disturbing news, since one of the main objectives in the storyline relating to Shukria was to encourage sympathy towards the war-traumatised. If the central character in this was not eliciting sympathy, the storyline would be unlikely to have the desired effect. So the writers toned down the side of her personality which was causing offence such as the hysterical outbursts and the strident tone of voice. The consequences of war trauma were still apparent, but portrayed in a way which the audience could identify with, and learn from.

BBC AED (1997)

though that this method favours the literate, although it can be suggested that non-literate people ask someone else - a school child for instance - to write on their behalf. This might not always be appropriate for sensitive subjects relating to sex and HIV/AIDS

- listening panels and focus groups: these are groups of people who meet regularly with a facilitator to discuss openly their reactions to the programmes - this method can provide fairly immediate feedback and feedforward that a more formal survey could not provide, and could contribute to a continuous research process. For example, if numbers tuning in (ratings) are falling, focus group discussions can be conducted to find out why
- audience listenership survey: in the initial phase of your campaign or programme this research should be carried out as a random sample survey to find out who is listening to your programme, and whether in fact you are reaching your intended audience and in what numbers. Later on you could simplify the process to monitor members of the target audience only and find out whether ratings are stable, falling or rising
- broadcast monitoring: (for programme producers, health organisations or funders who have contracted a radio station to broadcast your programme). This is to ensure that your programme is being aired at the times agreed and as regularly as you have agreed with a radio station and is particularly useful

for tracking radio spots which require frequent airing. Ask people with access to a radio to monitor the radio programmes: give them a monitoring sheet with a list of times at which they should hear your spots. Ask them to tick the number of times they hear them. These can be collected in on regular basis and reviewed. If your programme is not being broadcast as agreed you have evidence to prove it and should talk to the radio staff to find out what the problem is. If all is going to plan then you could thank those responsible!

It may be possible to obtain other information from the same monitors, on issues such as audibility and signal clarity

- on the street interviews or vox pops: these can be carried out in a systematic way asking the same questions of a range of people, or of attendants at a clinic or other health facility, for example, to gain quick impressions of people's awareness of and reactions to your programme and the issues involved

HINT

If you are an NGO and want to check the scheduling of spots, you may be able to record the output of radio stations most conveniently on a video tape – this gives you six or eight hours broadcast time per tape and records the entire output of a radio station quite conveniently. You will need a video recorder and an appropriate cable connected to the output socket of the radio.

Who does the monitoring?

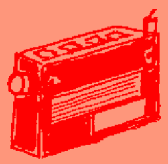
Ordinary members of the community can be asked to be monitors. For example, you could ask individual members of the target audience to keep a diary of their radio listening, or get groups to form listening panels.

Extension and health workers can be involved in collecting information at their place of work or during the course of visits to farms and households; ideally monitoring should be a routine activity rather than a one-off event.

Production staff can also take responsibility by logging phone calls and letters received at the station, and going out into the community to find out if their audience is enjoying their programmes.

What is evaluation?

Evaluation means measuring or assessing change in a systematic way in order to improve decision-making and future practice. In the context of radio it means two things: firstly, assessing the effectiveness of your radio programmes (audience evaluation) and secondly, learning about the radio production process (internal evaluation).



AUDIENCE FEEDBACK

Monitoring in the Health Unlimited Media Health Education Project in Cambodia used vox pops to follow up a formal KAP survey. The latter had shown that fear of AIDS and PWAs had increased markedly amongst women after a major TV and radio campaign. The purpose of the vox pops was to determine why some people were increasingly afraid of AIDS and Persons With AIDS.

Respondents aged between 15 and 35 were chosen to correspond with the KAP survey sample group. Interviews were conducted in a town and district adjacent to the one where the KAP survey had been carried out, in the market place and the street. Before asking questions the interviewers (a Public Health consultant, a local doctor and a member of the provincial AIDS Committee) explained the purpose of the interview and requested a few minutes of the person's time. Fifty-one people were interviewed in one day. People were asked the following questions after recording their gender, age and occupation

- have you heard of AIDS?
- where did you hear about it?
- do you believe it exists?
- how do you feel about AIDS? Why?
- how do you feel about Persons with AIDS? Why?
- how can you best learn more about AIDS?
- what do you want to know?

The vox pops revealed that people were confused about AIDS and unsure of what to do about PWAs. The information campaign has increased awareness and therefore increased concern but had failed to allay irrational fears and consequent prejudices. The results suggested a need for greater interpersonal contact and education, as well as longer-term media coverage.

Catherine O'Brien (1996)

Audience evaluation

This means measuring or assessing changes in the target audience's knowledge, attitudes and behaviour that come about as a result of a health education radio programme or campaign. Evaluation therefore measures the impact of the programmes on the target audience's lives. Evaluation has the potential to identify both positive and negative outcomes of a programme, and both expected and unexpected impact (**see box on page 93**).

CAMPAIGN TO INCREASE CONDOM USE BY LONG-DISTANCE LORRY DRIVERS

	Expected Impact	Unexpected Impact
Positive Impact	What is planned for and looked for in evaluation: eg target audience increase their use of condoms (reported and sales outlet information)	Hoped for outcomes which maybe identified in evaluation but not always systematically assessed eg other male listeners apart from lorry drivers report increased condom use
Negative Impact	Sometimes identified as possible outcomes but not always evaluated: eg listeners report less compassion for PWAs after the campaign	Need to minimise these, may be identified but rarely systematically assessed: eg target audience think condoms not necessary for regular relationships

Internal evaluation

This means learning about yourselves and your work. This requires you to ask questions about the organisation and operations of your station or project. Are principles such as participation, democracy and equality matched by practice and if not, why not? Evaluation of this kind can help identify problems and their solutions which will ultimately contribute to better programme making. An internal evaluation might review technical, personnel, managerial and financial issues.

Why do we do it?

- to find out whether our campaign or radio programme is working effectively - is the health education content making a positive difference to people's lives?
- to improve the way our project or radio station functions
- to improve communication and relationships between radio project or station personnel and between programme-makers and audience
- to share our experience with others
- to demonstrate value for money
- to report to donors and seek on-going funding

EVALUATION IN ACTION

In the Zimbabwe Male Motivation Project, the radio drama series ***You Reap What You Sow*** ran twice a week for six months. It cost $92,000 to produce and reached 41% of men aged 18 to 55 according to a post-project survey of 900 men. Projections from the survey sample to the national population of men aged 18 to 55, who numbered some two million in total, indicated that over 80,000 started to use a family planning method as a result of the radio drama. The cost was US$0.11 per man reached and $1.12 per new family planning user.

Kuseka and Silberman (1990)

HINT

It is easier and more efficient to evaluate your programme or campaign if its objectives and indicators are well-defined from the outset and a basis for future evaluation established when carrying out initial research.

What do you want to evaluate?

As with initial research it is essential to assess audience knowledge, attitudes and practices. Behaviour change is a key indicator but measuring changes in knowledge and attitude is also important since these may lead to behavioural changes.

Evaluations are done to find out about the target audience's

- recall of a specific radio programme (spontaneously by the listener and after prompting by the interviewer)
- detailed recall of message, jingle, slogan
- greater knowledge of specific messages
- understanding of specific information and attitude-changing messages (the latter can be harder to gauge than facts eg assessing attitudes towards PWAs
- change in attitude
- desire for further information
- change in behaviour: indicators of this could include reported and observed practices, purchase of goods (eg condoms) and use of services (eg attendance at STD clinics)
- possible negative and unexpected impact on the target audience and other listeners

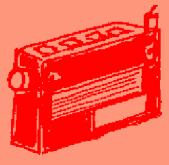
Internal evaluation assesses

- decision-making processes: are they transparent, inclusive, democratic?
- funding sources: are they sustainable, responsive, separated from the message?
- creativity and innovation: are a variety of programme formats being used?
- involvement of audience in programme design: are you meeting expressed needs?
- awareness of health and related issues (eg gender) among production personnel: are they prepared to admit ignorance and prejudice and seek advice?
- nature of relationships with partner organisations: donors, programme providers, material providers, research organisations etc

How is evaluation carried out?

Many of the techniques used in initial research are also appropriate for evaluation at the end or midway through a project (**see Section 1 - Initial research**). A mixture of quantitative and qualitative methods can be used depending on the objectives of the campaign or programme, the indicators you are trying to measure and the time and resources available.

SMALL-SCALE SURVEYS



It doesn't have to be a large-scale survey. For example in Mali an impact evaluation of a series of tailor-made programmes on the theme of natural regeneration of trees was done with a sample of just 35 respondents.

After the broadcasts a high proportion of respondents within the area reached by Radio Douentza showed increased awareness of how to mark (or visualise) the young tree (2/35 before and 15/35 afterwards), and furthermore were putting the advice into practice by marking the shots with old cups or calabashes as the programme recommended. There was a jump in the numbers of those aware of the correct spacing required between trees in fields (9/35 before and 28/35 after) and also an increased awareness that pruning permits do not need to be paid for. Overall 60% of the sample demonstrated that they had heard our programmes and remembered them in some detail.

Myers et al (1995)

HINT

You many be able to add questions onto an official or NGO survey, for example, about people's knowledge, attitudes and practices regarding HIV/AIDS, where the relative influence of the radio can be explored. Don't forget to pretest your evaluation questionnaire to avoid ambiguous wording and iron out other problems.

The Mali example demonstrates the use of having baseline data on the before programme situation against which to measure the after situation. However the problem still remains that the observed or reported changes might have taken place without the campaign, or were caused by other events. In the case cited above the best results were often obtained from villages where a local NGO working on the same issues was not present: 'This shows that in some cases it was the radio alone which was popularising the recommended techniques, as there are no other significant sources of information in these villages other than word of mouth, and these villagers did not have direct contact with the Near Eastern Foundation (NEF) workers.' This small survey tells us that behaviour did change in the villages visited by the evaluator, and an assumption can be made that similar behaviour change took place in other villages reached by the broadcasts. We don't know this is the case, but it is a reasonable assumption based on this survey result.

If a baseline survey is not feasible (your programme has already started) then you may be able to compare respondents with exposure to the broadcasts to those not able to receive the broadcasts in your survey (this is known as a control group). In this way, your evaluation can avoid wrongly attributing change to the radio programme by finding out what would have happened anyway. Data collected previously, for instance on the rate of contraceptive use, can be analysed to see what the trend over time was before the campaign and whether there was any increase after the campaign.

Quantitative methods

KAP surveys are often an important part of evaluations and you may well want to be able to extrapolate (generalise) the results to the whole population served by the communication intervention by carrying out a sample survey. In this case certain techniques have been developed which reduce the sample size, and therefore the cost, of carrying out quantitative data collection. Cluster surveys (these require specialist training and analytical skills which may be offered by UN agencies such as UNICEF and WHO) can provide generalisable results by selecting representative sites for research. A minimum of 300 people have to be surveyed to obtain reliable results that can apply to the whole population. However such data

does not often examine why people do or do not change their knowledge attitudes, or behaviour, and because the questionnaires are structured with Yes/No or a limited choice of answers, they cannot reveal or probe unexpected outcomes.

Rolling evaluations can be done at specified intervals. For example, a sample of the audience might complete a written questionnaire or take part in a structured interview based on information and messages to be broadcast over the following three months. A similar audience sample (not the same people) then completes the same questionnaire after the broadcast to show what they have learned.

HINT
Avoid bias by performing survey work without crowds, preferably in private houses or courtyards, so that the answers given by one respondent do not influence those of the next person, and people do not compete to come up with answers.

Qualitative methods

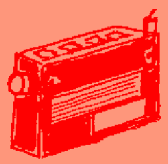
In-depth interviews

A small well chosen number of people may provide information that is just as meaningful as a large statistical survey, especially once you have established your listenership figures are acceptable and steady or rising. Checklists of issues and topics can guide the interview, and unexpected or negative impacts can be probed to gain greater insight into why they have occurred.

Listener diaries

Diary packs can be distributed to representative members of a target audience, and can help overcome gaps left by other forms of evaluation - such as collecting information on women or those living in remote areas. Listeners are asked to record their reactions to radio programmes, what information they felt was most or least useful, and whether they put into practice any of the advice they heard. This can be time consuming, and it is often appropriate to offer modest incentives to the diarists. Literacy is a prerequisite, and non-literate listeners will still have to be accessed face to face. A holistic approach using a combination of data collection methods can be revised as a project team gains experience.

It is always problematic to assess whether knowledge is actually being translated into practice but this can be measured by figures on the use of services (attendance at clinics), purchase of products (condoms), reduction in cases of a certain disease etc, demonstrating that people are engaged in health seeking behaviour. Proxy (substitute) measures of audience interest and change in attitude can be used, such as evidence that listeners are seeking further information by writing and



DISCOVERING EVALUATION INDICATORS

The Youth Variety Show (YVS) in Kenya , a radio phone-in show for young people on the subject of sexuality and sexual behaviour, was guided by intensive research. This included a national baseline survey of youth and parents - Kenya Youth Needs Assessment (6300 interviews), focus group discussions with more than 350 adolescents and parents in five districts, in-depth interviews among opinion formers and opinion leaders, review of legislation and policy environment, content analysis of newspaper coverage of youth issues and, once the programme started, content analysis of letters from youth. During the broadcast of the radio programme, monitoring was carried out: a panel of youth and a separate panel of parents listened to the show. Their critiques were used to improve the content of the next programme. Evaluation was done through a follow up household survey conducted among adults and adolescents to assess audience exposure to the YVS, conducted by Research International, a market research firm that conducts omnibus surveys for the commercial sector several times a year. Johns Hopkins University/Population Communication Services bought some questions as part of this on-going survey. Results showed that 38% of respondents listened to YVS but of 15-24 year olds 53% listened. Surveys at clinics showed that increasing numbers of youth attending the clinics had listened to YVS and, along with friends, YVS was the most important source of referral. Content analysis of letters and radio listener panel studies corroborated this finding.

The cost of research and evaluation was $37,330 of a total budget of $97,170 or nearly 40% of the total cost of making the programme. Limitations encountered included the rudimentary nature of clinic data management; expense and labour intensity of data collection; service providers trying to provide good results; the sensitivity of sexual issues and the intrusive nature of data collection. However the use of a variety of methods, especially in the initial research and, through pretesting and monitoring, is likely to have provided a firm footing for the impact results.

Roberts (1996)

In Mali an informal indicator of the success of two cassettes of health messages, several concerning HIV and AIDS, recorded in the form of traditional songs by folk singers, was the number of pirated copies believed to have been made and sold-on by private individuals. Staff at Radio Douentza which regularly aired the songs estimated that about 50% more cassettes were pirated over and above the 3,500 distributed officially.

The success of Radio Gune Yi, a youth programme in Senegal, has led not only to supportive press reports and letters and calls from listeners but to requests from radio stations elsewhere in Africa to buy and broadcast the programme.

Mary Myers (1997)

phoning in. Sometimes evidence of the popularity of a programme is manifested in ways you might never have thought of.

Who should evaluate?

The decision to evaluate is usually a joint one made by a programme and its participants, together with a ministry, department, organisation or funding agency. The objectives and expectations need to be clearly agreed by all those concerned.

DIFFERENT FORMS OF EVALUATION

Evaluations of the Afghan radio serial drama ***New Home, New Life*** have taken various forms over its lifetime, and together present a much fuller picture of the impact of the programme than any one method could achieve.

For example anecdotal evidence from interviews revealed personal feelings about the programme: 'I can't go to sleep without hearing ***New Home, New Life***'. Quantitative surveys on listenership (10,000 interviews) revealed that regular listeners were only half as likely as non-listeners to be injured or killed in landmine accidents as they were more aware of the dangers. A competition was run in which listeners had to write in with the answers to ten educational points featured in the drama, eg 'What was the basic cause of the spread of cholera in Lower Village?' There were over two thousand entries, 90% of whom got eight or more of the ten questions correct.

A before and after survey of 300 families in three Afghan provinces used a random cluster sampling technique which asked 12 key questions on key messages due to be featured in broadcasts over the following three months. After the broadcasts the same questions were asked of different people from similar areas. The numbers giving the correct answers after the broadcasts rose from 45% to 80%.

Two examples: 'At what age does a child need extra food in addition to mother's milk?' Before the programmes, the correct answer was given by about one third of men and women listeners but after the programmes this rose to two thirds. 'What should you do with cow's colostrum?' In Afghanistan there is a strong tradition that farmers drink this rather than give it to newborn calves, resulting in heavy mortality among calves. But after the broadcasts some five times more men and four times more women responded with the correct answer. Significantly it was radio alone that conveyed these messages and the chances of them being reinforced by any other source on the ground during the broadcasts was so remote it could be discounted.

Gordon Adam (1995)

HINT

Pharmacists and other suppliers of HIV related products eg condoms, can be enlisted in data collection as well as providing reinforcement information to their clients. Sophisticated systems for condom distribution such as those used by PSI in the Ivory Coast and Ghana Social Marketing Foundation in Ghana enable them to evaluate condom sales and keep track of where demand is rising and how quickly.

In-house evaluators

Project or radio station staff will bring an in-depth knowledge of the programme and to some extent the target audience. If they have learnt research skills these can be gradually refined and expanded over time. However unless there are funds to employ researchers or evaluators on a full-time basis production personnel may be too busy to be able to allot sufficient time to a full evaluation process, and unable or unwilling to be critical of the programme.

Externally commissioned evaluators

International consultants can bring a certain degree of impartiality, highly specialised expertise and have a broad range of experience to apply. The disadvantages are that they are expensive to hire (fees, per diems and travel), often have to rely on translators and will not always be aware of the difficulties and limitations faced by the programme and its staff. Local consultants on the other hand are on the spot and understand the context. They will probably, though not necessarily, speak the appropriate language(s); they are usually cheaper than international consultants and there is a greater possibility of future involvement in future evaluations thereby providing some continuity. Occasionally there may be a problem with bias.

Market research firms

By using recognised professional techniques these companies usually carry out national sample surveys and focus group discussions to a high standard. However they can be expensive and may need careful briefing on how to treat the subject matter, especially the nuances of language and the sensitivities of the respondents involved.

Donor evaluation team

This may be required by the donors. It can contribute to the dissemination of experience and to improving their programmes elsewhere: care is needed to explain the purpose and methods of the evaluation so the staff do not feel that they are being tested or criticised. As with any externally commissioned evaluators, terms of reference should be discussed and negotiated with the programme team so they are involved in the process from the outset.

Health facilities

Data can be collected from specialist clinics (eg mother and child, family planning or STD) or other health facilities. This requires effective collaboration with the health authorities at local, provincial and national level. Qualitative data can also be collected at clinics and other target institutions such as schools, but will require the services of programme staff or commissioned evaluators. In this case health workers and teachers, for example, may be key informants.

Listeners

Through recording their impressions of programmes and campaigns in diaries (**see Qualitative Methods, page 97**).

Communicating and using research results

Evaluation reports should be kept short and simple, containing practical recommendations for future programming decisions. Researchers should use language appropriate to the readership who will include production personnel, donors and partnership organisations. For both needs assessment and evaluations, it can be worth being creative in presentations, using visual techniques and samples of audio material. Bring reports alive with photographs and quotations from listeners and others involved. State clearly the implications of initial research for the timing and content and style of the programme without being overly prescriptive. Be careful about making assumptions that changes in behaviour are caused only by the existence of the programme or campaign, or that a small-scale evaluation applies to wider group of people.

Training for evaluation

Training is often a major cost in collecting data. Training clinic staff to keep records or training interviewers to conduct household surveys, for example. It is generally cheaper to train a smaller number of evaluators to do 20 or more interviews than to train a large number to carry out ten or less. Also the interviewers become more skilled as they conduct more interviews. Use research

and academic institutions within the country concerned: students can make willing survey enumerators. Consultants should focus efforts on training local people and building creative capacity: this requires follow up support and supervision. It takes time and practice to learn the skills and attitudes required to carry out good quality research. Training alone will not produce good research without resources like salaries, transport, fuel and above all time, to get researchers out talking, listening and observing (**see Section 10 - Training and sustainability**).

References and Further Reading

Adam, G (1995) Article in COMBROAD, September 1995

Almedom, A, Blumenthal, U and Manderson, L (1997) **Hygiene Evaluation Procedures: Approaches and Methods for Assessing Water- and Sanitation-Related Hygiene Practices**, International Nutrition Foundation for Developing Countries (INDFC), PO Box 500, Charles Street Station, Boston, MA 01224-0500, USA. Available from London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, UK

de Fossard, E (1997) **How to write a Radio Serial Drama for Social Development: A Script-Writer's Manual**, Johns Hopkins University School of Public Health, Center for Communication Programs, Baltimore, MD

Feuerstein, M-T (1986) **Partners in Evaluation: evaluating development and community programmes with participants**, Macmillan, London. Distributors: Macmillan and TALC (Teaching Aids at Low Cost), PO Box 49, St Albans, Hertfordshire AL1 4AX

Health Unlimited (1996) **Creative Radio for Development: Workshop and Conference Report**, London: Health Unlimited, Prince Consort House, 27-29 Albert Embankment, London SE1 7TS Tel: +44 171 5999 Fax: +44 171 582 5900. e-mail: ae161@dial.pipex.com

Institute of Development Studies (IDS) (undated) **Participatory Rural Appraisal Topic Packs on Health, and Sexual and Reproductive Health,**

Institute of Development Studies, The University of Sussex, Brighton, BN1 9RE, UK. e-mail: qdfe@sussex.ac.uk

IIED (various) **Participatory Learning and Action (PLA) Notes** (previously RRA Notes). Special issues include No 16 on Health and No 31 on Participatory Monitoring and Evaluation. Distributor: Sustainable Agriculture Programme, International Institute for Environment and Development (IIED), 3 Endsleigh Street, London WC1H 0DD, UK. e-mail: iiedpla@gn.apc.org

Kuseka, I and Silberman, T (1990) **Male motivation impact evaluation survey**, Harare: Zimbabwe National Family Planning Council

Mikkelsen, B (1995) **Methods for Development and Research**, Sage, New Delhi. Distributor: Sage Publications, 32 M-Block Market, Greater Kailash-I, New Delhi 110048, India; 6 Bonhill Street, London EC2A 4PU, UK; 2455 Teller Road, Thousand Oaks, California 91320, USA

Mody, B (1991) **Designing Messages for Development Communication**, Delhi: Sage Publications

Myers, M, Adam, G and Lalanne, L (1995) **The Effective Use of Radio for Mitigation of Drought in the Sahel**, Cranfield Disaster Preparedness Centre, RMCS Shrivenham, Swindon , UK

Myers, M (1997) **Media Monitoring Visit to Senegal and Mali**, ICHR Radio Partnership, Geneva. Distributor. ICHR Radio Partnership, Villa de Grand Montfleury, 1290 Geneva, Switzerland

Nichols, P (1991) **Social Survey Methods: A Fieldguide for Development Workers**, Development Guidelines No.6. OXFAM, Oxford. Distributor: OXFAM, 274 Banbury Road, Oxford OX2 7DZ, UK

O'Brien, C (1996) **Pilot Project on Grassroots Reinforcement of Broadcast AIDS messages in Two Districts of Kampot Province**, Cambodia: Health Unlimited

Roberts, P (1996) Abstract from presentation by Johns Hopkins University Center for Communication Programs to the Creative Radio for Development Conference, Birmingham, UK, May 1996

Role play in an HIV/AIDS radio programming workshop in Cambodia (photograph by Gordon Adam)

The key to local sustainability in development communication is to train radio broadcasters in the skills required for bringing about attitude and behavioural change. This handbook can be used as a guide for trainers: much of it has been written in the light of experience gained from running heath education and HIV/AIDS training courses for broadcasters and health workers in Sri Lanka, Eritrea, Burkina Faso, Mali, Uganda, Cambodia and Pakistan. Every training course is different, but we have found one broad approach has worked well in all these countries, and for that reason we are sharing it with you in this section.

This training methodology involves researching, pretesting, producing and editing programmes *for actual broadcast*. Innovative broadcasting techniques, such as the use of dramatised dialogues, are introduced. Careful research and analysis is needed to determine the key messages for the target audience. It is a strain for participants and facilitators alike, some would argue too much of a strain. But in our experience, it is a model that works, and the lessons appear to remain in the minds of participants, which is a good indication of sustainability.

The advantages of this approach can be summarised as follows

- there is a defined purpose to the workshop and a deadline which concentrates the minds of facilitators and participants alike
- producing programmes for real, and having the programmes evaluated, gives participants and facilitators a genuine indication of how effective they are as health education broadcasters
- having a product in the form of finished radio programmes gives the opportunity to stage a presentation at the end of the workshop. An influential audience of donors, NGO managers, government ministers and officials can be invited and samples of the programmes are heard and viewed, and the role of the media in health education is reinforced

The disadvantages are

- there can be great pressure on getting the programmes produced on time, which can lead to the training element of the workshop being subordinated to production schedules

- there is too much to learn in three - four weeks for inexperienced participants: research, planning, script-writing, interviewing, recording techniques, editing and scheduling; the danger is that this can leave them feeling inadequate and confused about the many skills required

The best solution is to split activities into several shorter, but linked, workshops, for instance one on theory and planning on broadcasting for social change, another on script-writing and the third on production (radio) and if required TV. These should take place in the three months leading up to a health education campaign, and allows a more phased build up to the broadcast deadline; it also means that programmes can be adequately pretested. A good deal of care needs to be taken in organising the participants into activities which build on their individual strengths, and this implies adequate supervision. Sometimes there are problems with

- lack of sufficiently experienced local trainers
- difficulty in having participants seconded from their jobs for several short periods (usually a week each) in a three month period

For a moduled three-part training course, running over three intensive weeks, the timetable can be seen at the end of this section.

Sustainability

The objectives of training are

- to create a cadre of professionals in broadcasting and HIV/AIDS education who understand how radio can be most effectively used to enhance HIV/AIDS communication
- to give decision makers an insight into the use of the media in HIV/AIDS education, which they take back with them to their respective organisations and government departments

Whether this deployment of the mass media can be sustained without expatriate help, in the form of money and expertise, is uncertain. Health education programmes on radio and TV are more expensive to produce than conventional programming: research and pretesting is needed, and a high standard of final

product if it is going to make a difference. On the other hand, if health education by radio is effective, it is highly cost effective bearing in mind the savings in health care provision.

There is a strong argument that initial in-country workshops should involve drafting a strategy of HIV/AIDS communications in consultation with government and HIV support organisations. This would require on-going commitments from

- local organisation(s): to monitor the HIV/AIDS awareness activities and output of the broadcasters, and provide modest assistance to broadcasters (money to travel to target areas, cassettes, batteries etc if required)
- radio trainers: to provide follow up refresher workshops after nine months and 18 months to review the impact of subsequent campaigns, and tackle any problems which have emerged

After this process, the culture of health education broadcasting stands a much better chance of taking root amongst local broadcasters, whose traditional training in news and entertainment is very different. Once this stage is reached, there should be little need for further specialist expatriate input. Further funding will often be required to support local HIV/AIDS and other health local education programming in many least developed countries. Providing the project oversight mechanism is in place, this should give good value for money.

RADIO HEALTH EDUCATION WORKSHOP

MODULE 1: THEORY AND CAMPAIGN PLANNING

MONDAY

Morning	Opening address
	Welcome and Introductions
	Objectives, Methodology and Workshop Agenda
	The Process of Learning and Behaviour Change
	Learning through Radio
Afternoon	Audience Awareness - Identifying the Target Audience (Exercise)
	Analysing a Radio Spot (Exercise)

TUESDAY

Morning	Review of Previous Day
	Message Design - Accuracy, Consistency and Clarity
	Effective and Ineffective Messages (Exercise)
	Hidden Messages (Exercise and Discussion)
Afternoon	Key Messages for HIV/AIDS Campaign

WEDNESDAY

Morning	Review of Previous Day
	Health Education and Health Journalism
	Concept of Health Education: Promotion or Propaganda?
	Stages of a Campaign; Setting Clear Objectives
	Analysing radio and TV Spots
Afternoon	Analysing radio and TV Spots (Continued)

THURSDAY

Morning	Review of Previous Day
	Planning A Media Health Education Campaign 1: Basic Principles
	Different Programme Formats
Afternoon	Planning A Media Health Education - Campaign 2: Scheduling
	Script-writing: Basic Principles

FRIDAY

Morning	Review Of Workshop So Far
	Group Work 1: Key Messages For HIV/AIDS Campaign
	Group Work 2: Planning The Campaign Structure
Afternoon	Group Work 3: Finalise Planning, Start Developing Script Ideas
	Group Work 4: Prepare Group Presentations

SATURDAY

Morning	Finalising Group Presentations
	Sharing and Review of Programme Ideas and Plans
	Evaluation
	Presentation of Certificates
	Close: End Of Module 1

Four weeks later……

WORKSHOP MODULE 2: SCRIPT-WRITING

MONDAY

Morning	Welcome back
	Review of main theory points from Module 1
	Objectives for Modules 2 and 3
	Review results of field-test of basic messages
	Outline campaign schedule and content
Afternoon	Continue work on schedule and content for HIV/AIDS campaign
	Finalise work on campaign schedule and content, and decide on main characters to be used in programmes

TUESDAY

Morning	Getting to know the recording equipment
	How to give structure to creative ideas
	Production limitations
	Exercises
	Brainstorm to share ideas on formats and spots
	Script-writing Theory: How to Write (Exercises)

Afternoon	Writing for the ear
	From an idea to a scenario
	Drafts of scenarios for spots
	Begin script-writing process
WEDNESDAY	
Morning	Continue script-writing
Afternoon	Combined session: Guest speaker talking about the production of AIDS spots
THURSDAY	
Morning	Interviewing skills for HIV/AIDS awareness programming
	Vox pops
	Formulating questions
Afternoon	Production possibilities (music, and writing)
	Begin interviews, vox pops
FRIDAY	
Morning	Revision as required
	Continue production
	Production research, arrange interviews, transport, etc
Afternoon	Participants report to each other on progress so far

MODULE 3: PRODUCTION

To follow immediately after Module 2, and to concentrate on production, field testing, post production (editing etc), negotiating scheduling with radio stations, liaison with other non-broadcast participants in the final planning of the health campaign.

A useful final session of the production workshop is to hold a half day advocacy workshop, inviting the Ministers of Health and Information, senior civil servants, radio and television station managers, journalists, International aid organisations and local NGOs. The focus will be on viewing and hearing a selection of the radio and possibly video material produced during the workshop, with participants explaining how they were made, pretested, revised etc, what their key message is and how they are intended to appeal to the target audience.

This can be an effective way of bringing these innovative uses of the mass media in health education to the notice of those who have the power to release funds and airtime, and to give political support to public service broadcasting of this kind.

Sample Training Exercises

The following exercises are not definitive, and they will undoubtedly be revised in time. But they are an attempt to produce practical exercises for participants in key areas of best practices in using radio for health education. They were assembled - and many of them created - by Colin Alfred, a health education specialist of many years standing. Three of them were produced from workshop participants' own group discussions.

Five Key Issues

Issue 1: The Basics of Broadcasting for HIV/AIDS Health Promotion

Issue 2: How To Make A Campaign More Effective

Issue 3: Information Intended to Lead to Behaviour Change

Issue 4 : The Message We Send, and the Message a Listener Receives

Issue 5: Some Questions to Consider in Script Planning

Issue 1: The Basics of Broadcasting for HIV/AIDS Health Promotion

For a radio or TV message to be effective in promoting the kind of learning that leads people to change their behaviour, it is necessary that the people in the target audience

- hear the message
- understand the message
- believe the message
- like the message
- feel the relevance of the message to their needs and their lives
- remember the message
- be able to act on the message
- want to act on the message
- discuss the message with other people

Hearing the message
This implies finding out when people listen/watch, to which stations, and with what expectations.

Understanding the message
Implies clear language, manageable amount of information, logical organisation and sequencing, good matching of text and visuals.

Believing the message
This requires giving clear and convincing reasons, which must therefore be related to existing beliefs.

Liking the message
This depends not only on the message but also on the way it is presented, and especially the characters used.

Feeling the relevance of the message
This implies a need for thorough research to ensure appropriate messages; also appropriate language, and visual images for TV.

Remembering the message
Repetition and reinforcement are vital here, by recycling the same message in different contexts and different media.

Being able to act on the message
Implies making sure that services are available and affordable, and that people are informed where/when to find them.

Wanting to act on the message
If the rest is achieved, this should follow!

Discussing the message with other people
This is important partly to reach a wider audience but also because face-to-face discussion with peers is always more effective in motivating behaviour change than a one-way broadcast message.

- effective broadcasting requires: the right message, in the right way, at the right time
- this entails analysing clearly and precisely our purpose, and our assumptions

Issue 2: How To Make A Campaign More Effective (Feedback from Group Discussions)

- find out when people listen to radio
- use everyday language
- explain the reasons for the message; make the programmes more truly educational
- repeat the message twice a day (instead of just twice a week)
- trail (ie advertise) programmes in advance, to arouse people's interest
- make sure the target audience understands what illness is being discussed and what the signs or symptoms are
- make the programmes entertaining

Issue 3: What is the best way to inform listeners of vital information which is intended to lead to behaviour change?

We are trying to give people sufficient information, in a memorable way, which will empower them to make informed choices. We can do this by means of

- informing
- educating
- entertaining

What is the difference between informing and educating?

Informing is merely conveying information. Education implies using a system to make the information understandable and memorable so people can make informed choices.

What is the right balance between information/education and entertainment?

The test of a successful educational radio programme is whether the listener's interest has been aroused: is she/he able to recall the message accurately? Has the message been sufficiently repeated (reinforced)? Have the messages been selected thoroughly enough? Have you followed these basic guidelines?

- make sure the information is accurate
- make sure the source of the information is reliable
- keep the message simple
- do not mix messages - one or two main messages per programme item, or per spot
- one medium of communication is good, but two or more are better

Issue 4: The Message We Send and the Message a Listener Receives

Ideally, the message we send and the message the listener receives should both be the same. But sometimes they are not.

There are two aspects to a message

- the intended, or explicit, or overt, message
- the unintended, or implicit, or covert, or hidden message

Usually, the intended message is transmitted by what we say; the unintended or hidden message is transmitted by how we say it.

UNINTENDED MESSAGES...

A TV spot shows a middle-class mother in smart clean clothes with a healthy happy baby, and a poor woman in old clothes, outside a poor slum house in a muddy street with no sanitation, holding a sick baby.

The overt, intended message being sent is: 'Dirt spreads disease'.

But the covert, hidden message is that poor people are dirty and inferior.

So the likely consequences of such a message would be that rich people will feel no need to improve their hygiene standards, poor people will feel insulted, and social tensions between rich and poor will be made worse - with no improvement in hygiene or health for anyone.

Two points to note

- unintended hidden messages can sometimes be discovered through careful field-testing - but not always, because they reflect people's existing preconceptions and prejudices. So people see them as quite normal
- hidden messages can sometimes be used deliberately to achieve a positive effect

For example, a TV spot showing a father taking a child to a clinic for vaccination. The overt message was 'Vaccinate your children', but the spot also conveys the valuable hidden message that 'Fathers should also be involved in looking after their children's health'.

So, in conclusion, we should aim to try and send positive hidden messages like this, and check our scripts carefully to avoid accidentally sending negative hidden messages.

HINT
Remember for educational broadcasting

- not too many messages
- female voices when appropriate
- summarise at end
- use anecdotes if possible to capture interest of listener
- write for the voice not for print

Issue 5: Some Questions to Consider in Script Planning for Health Education through the Mass Media

- who are our programmes aimed at (who is our target audience)?
- what kind of programmes do they like?
- what are their existing beliefs about the issues we wish to address?
- what particular words do they use to discuss these issues?
- who do they most readily accept advice from in their everyday lives?
- how can we relate our message(s) to their existing beliefs and concepts?
- is the advice in our messages practicable?
- is the advice affordable?
- how can we put our ideas on to their agenda for discussion and action? (ie how we make our messages seem interesting, relevant, and important?)

Finally, let us remember to check our script plans for any possible unintended hidden messages; in particular, let's ensure that gender issues are covered adequately and appropriately.

A QUIZ !

CAN YOU FIND THE HIDDEN MESSAGES THAT A VIEWER OR LISTENER MIGHT RECEIVE IN THE FOLLOWING EXAMPLES, AND THE UNFORTUNATE CONSEQUENCES THAT MIGHT RESULT ?

1 A TV campaign aimed at preventing AIDS shows pictures of local people dancing and drinking etc with tourists, accompanied by a message warning about the danger of sexual relations with strangers. It is broadcast during the tourist season.

Intended message: Unprotected sex with foreigners can lead to AIDS

What is the hidden message that is likely to be received?

What is the likely consequence of such a message?

2 A radio spot starts with sounds of boys laughing, shouting, and playing football. Then we hear the sound of someone limping, with crutches. We hear the boys talking about the boy who is limping, saying he can't play with them because he's had polio.

Intended message: Immunise all children against polio

Unintended hidden message(s):

Possible consequences:

3 A TV spot shows a farmer visiting a brothel, then a smartly dressed city office worker buying condoms.

Intended message: It's smart to use condoms

Unintended hidden message(s):

Possible consequences:

GLOSSARY

ACCESS A Thai NGO offering counselling to people affected by HIV/AIDS

Animators Radio programme presenters

Baseline Survey undertaken at the beginning or before broadcasting begins

BASICS Basic Support for Institutionalising Child Survival

CARE Care International, a large international NGO

Closed answer questions Questions requiring a yes or no answer

Focus groups Small groups (six-ten people) who each share similar characteristics (age, sex level of education, rural, urban etc)

FX Sound effects

GSMF Ghana Social Marketing Foundation

HIV/AIDS Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

JCCP Johns Hopkins Center for Communications Programs

IEC Information, Education and Communication

KAP Knowledge, Attitude and Practices

NEF Near Eastern Foundation

NGOs Non-Government Organisations

PWAs Persons With AIDS

PWLAs Persons Living with AIDS - the friends and family of PWAs

PSI Population Services International

Ranking Prioritising main problems

Ratings Numbers tuning in to radio programmes

Respondents People who answer the questions

SCF Save the Children Fund (UK)

Soap opera Serial drama with many simultaneous storylines

Social marketing Information campaign linked to services or products eg condoms

Spots One simple message (lasting 30 seconds to two minutes)

Stakeholders Relevant organisations and interested parties

Stringers Part-time reporters

STD Sexually Transmitted Disease

TBAs Traditional Birth Attendants

The World Bank

Trail Advertise

Triangulation Cross-checking of information

UN United Nations

UNAIDS United Nations Programme on HIV/AIDS

UNDCP United Nations International Drug Control Programme

UNDP United Nations Development Programme

UNESCO United Nations Education, Science and Cultural Organisation

UNFPA United Nations Fund for Population Activities

UNICEF United Nations International Children's Emergency Fund

WHO World Health Organisation

Further Reading

Almedom, A, Blumenthal, U and Manderson, L (1997) **Hygiene Evaluation Approaches and Methods for assessing Water and Sanitation-related Hygiene Practices,** London: London School of Hygiene and Tropical Medicine, Keppel St, London WC1E 7HT, UK

Chambers, R (1997) **Whose Reality Counts?** London: IT Publications

Chandra Mouli, V (1992) **All Against AIDS: The Copperbelt Health Education Project, Zambia**, Action Aid, Strategies for Hope No 7, Hamlyn House, Archway, London N19 5PG

Feuerstein, M-T (1986) **Partners in Evaluation: evaluating development and community programmes with participants**, Macmillan, London. Distributors: Macmillan and TALC (Teaching Aids at Low Cost), PO Box 49, St. Albans, Hertfordshire AL1 4AX

de Fossard, E (1997) **How to write a Radio Serial Drama for Social Development: A Script-Writers Manual**, Baltimore, MD: Johns Hopkins University School of Public Health, Center for Communication Programs

Mikkelsen, B (1995) **Methods for Development and Research**, Delhi, London: Sage Publications

Mody, B (1991) **Designing Messages for Development Communication: An Audience Participation-based Approach**, Delhi, London: Sage Publications

Myers, M, Adam, G and Lalanne, L (1995) **The effective use of Radio for mitigation of drought in the Sahel**, Cranfield Disaster Preparedness Centre, RMCS Shrivenham, Swindon, UK

Nichols, P (1991) **Social Survey Methods: A Fieldguide for Development Workers**, Development Guidelines No.6. Oxford: OXFAM

Facts for Life: agreed by the major international health and education agencies as the key messages that people should know about eleven of the world's most serious health problems. Note: this is general information, which may need adapting for your target audience. Available from UNICEF, WHO or UNESCO offices

RADIO AND HIV/AIDS: MAKING A DIFFERENCE

is a practical guide to producing the kind of radio programmes which will make listeners stop and think about HIV/AIDS and how they can help reduce the risk of infection. In 1998 AIDS killed 1.4 million people and left 6 million orphans in Eastern and Southern Africa alone. Lack of information is a key reason behind the spread of the disease. RADIO AND HIV/AIDS is an attempt to make a difference by providing a practical and inexpensive communications methodology for media and HIV/AIDS workers. It is illustrated with examples of successful HIV/AIDS radio programming from many parts of the world.

The handbook will also be of interest to NGO managers, policy makers and communications advisors in the field of HIV/AIDS prevention and health education in general. RADIO AND HIV/AIDS: MAKING A DIFFERENCE uses a step by step approach, and includes sections on planning, researching, designing, producing and evaluating radio programmes. It also has a section on training in the use of mass media for awareness raising, and includes advice on how to approach funders for small grants. It advocates a participatory approach to communications, in which the listeners can voice their needs in the initial research stage, take an important part in the programmes and finally have an input into their evaluation.

Published by Media Action International, and funded by UNAIDS.

ISBN XXXXXXXXXXXXX

Media Action International works with journalists and broadcasters in humanitarian crises and conflicts zones facilitate broadcasting programmes which address the urgent needs of listeners.

BAR CODE HERE
OR DELETE BOX