

Public understanding of malaria in pregnancy: Selected Dar es Salaam audiences' reception of the health education film *Chumo*

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ABSTRACT

This study examines the impact of a health education film, *Chumo*, in Dar es Salaam on knowledge about malaria in pregnancy. Specifically, the study examines the meanings that the selected audiences make after watching the film. Drawing on the tradition of ‘reception studies’, the data for this study was generated through focus group discussions. These discussions were preceded by thematic analysis of the film and its script.

An analysis of the audiences’ responses reveals that *Chumo*, mostly, successfully conveyed new knowledge about malaria in pregnancy, and reinforced existing knowledge bases about the disease. The audiences were able to ‘decipher’ most of the preferred meanings (of the producers) with regard to the disease, particularly in relation to the transmission of the disease and its prevention in pregnant woman. For example, the analysis indicates that both women and men become more aware of the importance of attending antenatal care sessions at local clinics (hereafter ANC). An interesting finding is that men, mostly, expressed a reluctance to attend ANC with their wives because they fear having to undergo HIV/AIDS testing. Men also expressed the sentiment that attending ANC is a women’s responsibility. The discussion groups also raised issues about the use of insecticide-treated nets - some people believe that using them will affect their health because of the chemicals used to treat the nets.

From the reception analysis, various other meanings and themes, relating to the choice of storylines and gender stereotypes used in the story, were raised in discussion. The study attempted to assess whether the storyline was advantageous in conveying the core educational messages, or if some elements of the storyline either ‘got in the way’ or reinforced gender roles in ways that may or may not be helpful in terms of combatting malaria in pregnancy.

The study also found that *Chumo* stimulated interpersonal communication, which may trigger behaviour change. It can be demonstrated, at least for the participants in these focus groups, that the film motivated positive attitudes towards behaviour change, i.e. created at least some intention to change. However, interpersonal communication and attitude to change are not, of course, actual change of behaviour: these elements only indicate the possibility of behaviour change in the future. Further study needs to be undertaken to explore whether the actual change took place and whether the change is a result of the exposure to *Chumo*.

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DEDICATION

This thesis is dedicated to my mother, Etropia Ngonyani, who died two days before I had to come to Grahamstown to complete it. I had to cancel my air ticket and attend her burial services. I also dedicate it to all pregnant women who lost their lives or their babies because of malaria.

ACRONYMS AND ABBREVIATIONS

ANC	Antenatal care
AVI	Audiovisual
BBC	The British Broadcasting Corporation
BCC	Behaviour Change Communication
BEKE	Bantu Education Kinema Experiment
CFU	Colonial Film Unit
COMMIT	Communication and Malaria Initiative in Tanzania
DCC	Dar es Salaam City Council
DDT	Dichlorodiphenyltrichloroethane
DSTV	Digital Satellite Television
DVDS	Digital Versatile Discs
E-E	Entertainment-Education
FHI	Family Health International
GDP	Gross Domestic Product
HBM	Health Belief Model
HIV/AIDS	Human Immunodeficiency Virus infection/acquired immunodeficiency syndrome
IEC	Information, Education and Communication
IPTP	Intermittent preventive treatment in pregnancy
ITNs	Insecticide Treated Nets
LLT	Long-Lasting-Treated Nets
MoH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare
NBS	National Bureau of Statistics
NMCP	National Malaria Control Programme
PMI	President's Malaria Initiative
PSI	Population Services International
RBM	Roll Back Malaria
SCT	Social Cognitive Theory

TACAIDS	Tanzania Commission for AIDS
TFC	Tanzania Film Company
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
URT	United Republic of Tanzania
USAID	United States Agency for International Development
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.0. Introduction

This study investigates the meanings made by selected audiences in Dar es Salaam of a health education film that focuses on malaria, *Chumo*¹. Using reception analysis and drawing from theoretical and methodological traditions within cultural studies, this study also seeks to explore how meanings may or may not evolve into (reported) actions, i.e. whether *Chumo* ‘worked’ as intended as a behaviour change communication (BCC) vehicle. The study, overall, explores the storylines and their resonance with the target audiences.

1.1. Health context: Malaria

Malaria is a perilous illness in Tanzania (TACAIDS et al., 2013; NMCP, 2010; MoH, 2003; MoH, 2007; Montez, 2011). It is the chief cause of morbidity and mortality in the country (NMCP, 2010; TACAIDS et al., 2013; MoH, 2007; Montez, 2011). According to USAID (2011:11), 93 per cent of people in mainland Tanzania live in malaria risk areas, i.e. almost the entire population is at risk of being infected with malaria (NMCP, 2010; USAID, 2011; USAID, 2014; TACAIDS et al., 2013). The disease ranks number one in both in-patient and out-patient records (MoHSW, 2007:11). Furthermore, clinical statistics indicate that, approximately, there are 10-12 million malaria cases per year on mainland Tanzania alone (USAID, 2014:11) – out of a population of about 43,625,345. (URT, 2013). According to the National Malaria Control Programme, about 60,000 to 80,000 people of all ages die because of malaria each year in Tanzania (USAID, 2014:11).

Although, malaria is very dangerous to everyone, pregnant women and children under five years old are more prone to the disease than any other group (TACAIDS et al., 2013; NMCP, 2010; MoH, 2003; MoH, 2007). The disease is caused by parasites transmitted by female mosquitoes (Anopheles) (TACAIDS et al., 2013; WHO, 2013) who are attracted to the carbon dioxide exhaled by people in the normal process of breathing. Because pregnancy causes women to exhale more than non-pregnant women, the anopheles mosquitoes are able more frequently to attack pregnant women (Lindsay et al., 2000; BBC, 2000). Furthermore,

¹ *Chumo* is a Swahili word which means ‘produce’. It is a name of an entertainment-education film that was produce in 2011 to educate the public about malaria in pregnancy in Tanzania.

pregnant women's skin temperatures are higher than non-pregnant women and this also enables mosquitoes to more easily detect them (BBC, 2000). Additionally, pregnant women are also less able to fight the disease once infected, due to pregnancy's effect on their immune systems². To complicate matters further, pregnant women who do contract malaria may show fewer or no symptoms (TACAIDS et al., 2013: 140), allowing the disease to progress and cause various health complications³ such as maternal anaemia and spontaneous abortion (TACAIDS et al., 2013:140).

In a country such as Tanzania which, like most African countries, faces significant shortages of health workers (O'Shea et al., 2009), health education and promotion activities such as *Chumo* have the potential to fill an important gap in knowledge provision and risk reduction motivation for the public about malaria (MoH, 2007; MoH, 2003). Montez (2011) and TACAIDS et al. (2013) report that many individual Tanzanians do receive information about malaria from the media, but many report wanting yet further information. According to Montez, this may be the case because of either, 'ineffective framing of the health issue or the use of inappropriate communications media and the need for improved message testing' (2011:2). Montez's argument resonates with Tanzania's health offices (MoH 2003:11) who argue that although a lot of people are informed about communicable diseases 'their behaviour and the environment in which the communities live have not changed significantly'.

Both Montez (2011) and TACAIDS et al. (2013) mainly focused on the number of people who receive information about malaria from the media. They did not attempt to analyse how audiences of malaria health education messages interpret and act on their interpretations. This study attempts to bridge this gap.

1.2. History and social context: A brief history of malaria in Tanzania

Malaria is one of the oldest diseases on earth (Cox, 2010). However, it is unknown exactly when the disease started to manifest in Tanzania. The available literature just indicates that struggles to prevent and control the disease date back to at least the colonial period in the 1890s. (NMCP et al., 2013). These efforts are divided into three historical

² Pregnancy lowers a woman's immunity and impacts on the body's ability to respond to the disease (URT, 2008; MoHSW, 2007).

³ Malaria causes about 15 percent of anaemia in pregnant women in Tanzania (MoHSW, 2009; URT, 2008; MoHSW, 2007). Other diseases which lead to maternal mortality are hypertensive disorders, haemorrhages, and obstructed labours. These diseases are more exacerbated by malaria (MoHSW, 2007).

periods: malaria control under the German administration: 1890-1914; British colonial malaria control, malaria control post the First World War to independence: 1919 to 1961 and post-independence malaria control to the launch of Roll Back Malaria (RBM) (NMCP et al., 2013). In brief, during German rule the focus was on controlling larval mosquito primarily in areas settled by Europeans in Dar es Salaam. It involved oiling, swamp drainage and general sanitation. Nevertheless, it was realized later that these methods were unproductive due to the existence of many swamp areas. These efforts were also very expensive. As such, control efforts shifted to malaria parasite control through quinine administration (NMCP et al., 2013). Likewise, after 1919, the British colonial administration used oiling and drainage construction to control mosquitoes in white settled areas in towns such as Kigoma, Morogoro, Lindi, Bukoba, Tanga, Moshi, Dar es Salaam, Mwanza and Tabora. To carry out the operations, British colonial authorities recruited a group of people who came over time to be nicknamed 'Mosquito boys' (NMCP et al., 2013:28). Being mosquito boys involved checking each part of a town to identify and destroy mosquito-breeding sites through oiling⁴.

In the post Second World War period, up until independence in 1964, much use was made of dichlorodiphenyltrichloroethane (DDT) and dieldrin, especially for indoor residual house-spraying (IRS). As it was during German and British rule, these house spraying efforts were chiefly undertaken in urban areas. Additionally, environment management was used alongside the introduction of chloquine and paludrine (NMCP et al., 2013).

Post-independence, malaria control, except in few areas such as Dar es Salaam, declined until recently, as is explored below.

1.3. Media Context

1.3.1. Film and educational initiatives in Tanzania: A brief history

Tanzania has long history in the production of educational films like *Chumo*. During the colonial era, Tanzania (Tanganyika), was a place where many pioneering experiments in films production were carried out for African audiences. This was because the country in 1930 was nominated as the site for the International Missionary Council's Bantu Education Kinema Experiment (BEKE) (Nyariki et al., 2012:68; Smyth, 1989:389). According to Smyth

⁴ Oiling refers to the application of oil like kerosene into open water bodies such as ponds of stagnant water to kill mosquito larvae (Castro et al., 2004).

(1989: 389), the nomination was a tribute to the British confidence in the ability of film as a mechanism to increase the literacy levels of Africans. The BEKE's film production employed the use of a story and narrative similar to that used in Chumo today. The BEKE's educational director believed that traditional stories in Africa were good for producing entertainment films. Therefore, some of the films could be made from African heroic stories. Some films discouraged rural urban migration by showing the evils of town life (Smyth, 1989).

The World War II was a stimulant in educational film production; the British rulers recognised the power of film for not only entertaining its troops but also as a means for propaganda for illiterate receivers. So, the Ministry of Information (MOI), in 1939, established the Colonial Film Unit (CFU) on the foundation laid by the BEKE. CFU produced propaganda films that were shown in rural areas as a way of keeping up the morale of African soldiers. It also used the story format to produce its educational films. To illustrate, *Cattle Thieves* was among the films that were produced by the CFU during 1949-1950. The film was imbedded with the story line 'crime does not pay' (Smyth, 1989:389). It was intended to deliver a message to cattle thieves. It had a hero who was a police officer in the Tanganyika Police Force. The hero succeeded in arresting *Masai* cattle thieves. The film's images showed Masai people dancing, a cattle auction, and a market as well as partying at a beer hall. These films were distributed in rural Africa through MOI's mobile cinema vans (Smyth, 1989:389). Thus, Chumo which uses a romantic story is reminiscent of BEKE and CFU films.

The colonial office took over responsibility for the CFU after the war and its focus switched to production of instructional films. These films were produced by units in London and then sent to West Africa and East Africa. According to Smyth (1989) one of the units worked in Tanzania (Smyth, 1989:389).

The Governor of Tanganyika, Sir Edward Twining, also made a notable contribution to the genealogy of film production in Tanzania. After the war, the Governor requested the African Film Production Company of Johannesburg to establish a base for the production of feature films in Swahili in Tanganyika. More than ten films were made using local actors by 1953. Films produced during this period included *Chalo* which has come back (Chalo Amerudi), *Good Guest* (Wageni Wema) and *The Love Potion* (Dawa ya Mapenzi). Script writers used ideas from African office and welfare workers. However, the Twining ambition

in film production in Tanganyika did not succeed because of unrest linked to struggles for independence as well as lack of internal markets for the films (Smyth, 1989).

Besides producing films locally in Tanzania, foreign film started to penetrate in 1920. However, after the independence the penetration of foreign films was halted. The former President Julius Nyerere who exercised socialism ideology controlled the penetration of foreign films on the grounds that they were not important for national development. On the other hand, socialism encouraged the production of indigenous feature films which were also unsuccessful.

The Colonial Film Unit paved the way for the establishment of the Tanzania Film Company (TFC) in 1968. Among other things, TFC was established with a mandate to control the importation of foreign films. Later, the Audiovisual (AVI), which was formed in 1974, replaced TFC. Among other things, AVI was involved in the production of documentaries that were used by educational organizations (Nyariki et al., 2012).

Film, as a means of educating people in Tanzania, has a long pedigree. Apart from the *Chumo* film that is the subject of this study, Tanzania has used film in other health campaigns; for instance *AIDS: The Hidden Enemy* (see Brown et al., 2005). With the advent of TV in Tanzania in 1994, these educational initiatives increased. *Chumo* was broadcasted by some television stations, but, as will be explored below, of equal significance, it was also released as a DVD and sold to the public.

1.3.2. Television in Tanzania: A brief history

Unlike film, Tanzania mainland was without television broadcasting for many years after TV was established in other African countries, as the government considered it a luxury medium. It was also thought that TV could accelerate the gap between the poor and the rich in the country. Perhaps, too, the government feared freer flows of information. As such, the importation of television sets and computers was banned in 1974 (Shila in Lwoga and Matovelo, 2005; Development Associates, 2005). In contrast, Zanzibar has had TV broadcasting since 1972 (URT in Lwoga and Matovelo, 2005). However, the adoption of more liberal policies in the early 1990s opened the door for TV broadcastings. Independent Television (ITV) which is owned by the IPP Media group was the first TV to be broadcast in 1994 in mainland Tanzania (URT in Lwoga and Matovelo, 2005).

Television ranks just after radio in Tanzania as a source of news as well as health

information (TACAIDS et al., 2013; Montez, 2011). However, Montez argues that TV is more dominant and an important source of information in urban areas where viewership per week is double that of the national average. Newspapers are ranked the third and are the least popular mass media in the country (NBS, 2011; Montez, 2011; TACAIDS et al., 2013). Which media is a source of health information and in particular malaria prevention information in Tanzania is further explored in chapter two.

1.4. Social-cultural and economic context

To understand the genesis of *Chumo*, and to explore its interpretation and impact, some social-cultural and economic context is necessary (Jensen, 1988; Hall, 1980), particularly for Dar es Salaam, the capital city of Tanzania, the site of the fieldwork for this study.

1.4.1. Dar es Salaam city: History, population, settlement and language

Dar es Salaam is the largest city in Tanzania; it is located on the shores of the Indian Ocean. The city was founded in 1862 as a port and a centre for trading activities that linked the coast and the interior (UN-HABITAT, 2009). According to UN-HABITAT, in 1891 it became the national capital whilst in 1949 Dar es Salaam became a municipality. In 1961 it changed its status to a city municipality. Nevertheless, it lost its capital city status to Dodoma in 1974 because of its geographical position. Dodoma is in the middle of the country. Thus, the aim of shifting the capital city to Dodoma was to make sure that government offices were located closer to the citizens by building the capital city in the middle of the country (Yoon, 2011).

However, despite not being the formal capital any longer, Dar es Salaam has remained the hub of the national administrative activities, much of the country's economy, and the capital for the surrounding regions such as Coast, Morogoro and Tanga (UN-HABITAT, 2009). Although, the city, administratively, is under one body, it is divided into three municipalities: Kinondoni, Ilala and Temeke (UN-HABITAT, 2009).

Besides being an administrative centre, Dar es Salaam has the highest population in the country. According to the 2012 population and housing census, it has a population of 4,364,541 people, making it the highest populated region and biggest city in Tanzania. It has the highest population growth rate of 5.6% which is well above the national average population growth rate of 2.7% (URT, 2013). It has also the highest number of women of

reproductive age (15-49 years) in Tanzania. Out of 10, 905,117 (women of reproductive age) 61.9 per cent are in Dar es Salaam (URT, 2013). Furthermore, the region has the highest number of youth (15-35 years); one person in four people is under 35 (URT, 2013). The rapid growth of population in Dar es Salaam is a result of both high birth rates and rural to urban migration (Masaburi, 2011).

Many people in Dar es Salaam, who are the subjects of this study, live in unplanned settlements (Masaburi, 2011, UN-HABITAT, 2009). The number of unplanned settlements has increased from 5000 units in 1960 to 1,696,500 in 2002. According to UN-HABITAT (2010), 68% of the city population live in unplanned and 'informal' settlements. Temeke municipality has the highest number of people (78%) living in unplanned settlements, followed by Kinondoni (70%) and Ilala 52%. The increase of unplanned settlements is a result of the inability of the government to cope with the increasing number of people in the city (UN-HABITAT, 2010). Those who live and work on informal land lack services like safe water, sanitation and sufficient housing (UN-HABITAT, 2009).

Living in unplanned settlements in Dar es Salaam doesn't necessarily reflect the income levels of the population. It is common for both rich and poor to live together in unplanned settlements in Tanzania (UN-HABITAT, 2010).

Although there has been a great deal of inward migration for all over the country, and vernacular languages and dialects are spoken in Dar es Salaam, no one vernacular language is dominant (Petzell, 2012). Swahili is the only language that is somewhat dominant in Dar es Salaam and the entire country. As the official national language, 'it has deeply penetrated Tanzanian society' (Petzell, 2012:139) as a language of business and every day transactions. It is also the language used in all public premises (Petzell, 2012), and on the various public stages as the 'language of politics'. Local vernacular languages are more frequently used in the homes. For instance, in public places, tribal languages are not usually spoken. Nor are they used in educational settings, or in political campaigns (Petzell, 2012). The use of minority languages is discouraged because they are considered to be a risk to national unity (Petzell, 2012). Apart from Swahili, English is used primarily as a medium of instruction in higher education, in the High Court and in international trade. However, it is not used as a medium of communication among Tanzanians in preference to Swahili (Petzell, 2012).

1.4.2. Economic Activities in Dar es Salaam

Dar es Salaam is the economic engine of Tanzania. It contributes more than 70% of the country's Gross Domestic Product (GDP) (UN-Habitat, 2009). Its location attracts traders from neighbouring countries such as Uganda, Rwanda, Democratic Republic of Congo (DRC) and Zambia. These countries use the Dar es Salaam harbour to import goods from overseas and export locally produced goods from their countries to various nations outside Africa (DCC, 2004). Some of the economic activities include fishing, construction, finance and insurance, transportation and communication, and tourism and hotels. These activities employ a considerable number of people. The city also has a total of 110,850 hectares suitable for agricultural activities. Thus, some city dwellers are engaged in agricultural activities and they supply their produce to several open markets in the city centre (DCC, 2004). The city has also the highest number of higher education institutions in the country which admit both local and international students and offer job opportunities to many people.

1.4.3. The cultural context of viewing: gender

As is further explored below, gender influences how audiences make meanings from text they read. Gender refers to the role and responsibilities that men and women respectively assume in their society and family (Zaman and Underwood in Schiavo, 2007:78). In other words, it refers to cultural values that come to be associated with a given biological sex (Schiavo, 2007:78) and, as such, the content of what gender means differs from society to society and over time. In terms of gender roles, in Tanzania men are regarded as wielding power in families even though women do the majority of the domestic work around home (UN-Habitat, 2009). Although women play a major role in taking care of children, they have little say about reproductive matters, particularly when it comes to deciding the number of children (URT, 2013). A study conducted in Temeke District in Dar es Salaam, Mwanza and Mbeya regions reveals that men are considered to have the main and final decision in family matters. They are responsible for every decision while women are expected to agree and respect whatever is suggested by their husbands. Disagreeing with her husband's decision is construed to mean that the woman is disrespectful (Schuler et al., 2011). According to Schuler et al. (2011) men are also responsible for 'providing' everything for the family such as food, clothes, money for health care and children's education. They argue that gender roles can 'impede the healthy timing and spacing of pregnancies' (2011:102).

Furthermore, a woman is regarded as a supporter of her husband who looks after the family and is able to give birth (Schuler et al., 2011:103). Schuler et al. (2011) report that a

woman who is unable to give birth is not considered as a real woman in Tanzanian society; their study participants regarded her as a human being but not a real woman. Marriage is about creating a family, which includes having children. Moreover, they also found that men expressed that women should be faithful to their husbands unless the man does not provide the basic requirements for his wife such as financial, emotional and physical support (Schuler et al., 2011:103).

Although women are seen as more responsible in family care as highlighted above, gender roles are now changing as women take on a more central role in the economy and have become better educated. (Schuler et al., 2011). In their study, Schuler et al. (2011) found that respondents had more liberal views with regard to women's role in the family as well as in society than was the case before. Their participants expressed that, while in the past women had almost always remained at home and relied on their husbands for money, food and clothing, these patterns were now changing. It is increasingly acceptable for a woman to work so that she can also contribute monetarily to the family (Schuler et al., 2011:103; UN-Habitat, 2009). Similarly, Brennan and Burton (2007) state that there is a change in peoples' cultural attitudes towards gender relations in Dar es Salaam because of the interactions of people from different tribes and nationalities - and partly, perhaps, because of the city council's efforts to promote gender equality (DCC, 2004).

Though, Dar es Salaam has the highest number of people who are exposed to all forms of mass media (television, newspapers and radio), it has also the highest gender disparities in media exposure (TACAIDS, et al., 20013). According to a TACAIDS et al. survey, 66% and 18% of men and women respectively are exposed to mass media in Dar es Salaam compared to, for example, 44% and 15% of men and women correspondingly in urban areas in the country.

This gendered nature of media exposure/consumption is also found throughout the country. The same survey found that 25% of male and 12% of women respondents read newspapers at least once per week. It was also found that 34% and 22% of men and women respectively watch television at least once per week. The gap between men and women is higher in radio listening: 74% and 49% of men and women respectively listen to the radio at least once per week.

Furthermore, there are also disparities in mobile phone ownership between men and women in both urban and rural areas (TACAIDS et al., 2013). In urban areas, 74% and 65%

of men and women respectively own a mobile phone while in rural areas statistics indicate that 25% and 46% of women and men respectively, own a mobile phone.

1.5. The *Chumo* film

*Chumo*⁵ was produced in Dar es Salaam, Tanzania, by Media for Development International (MFDI) with the direction and funding from Johns Hopkins University and the USAID (chumofilm.com). It was launched in Dar es Salaam as an educational film by the Ministry of Health and Social welfare (*The Guardian Reporter*, 2011) where it is estimated that 5 000 people watched it (Riber, 2013). The film was aired on several national channels such as Independent Television and DSTv BongoMovies.

Although it was launched like an educational film, it is estimated that 25,000 DVDs were sold and it is still in the market like any other feature film.

The film has received several international awards: in the USA, at the Pan African Film Festival, *Chumo* was awarded Best Short Narrative and Best of Projections (Best Film) and at the International Film Festival in Zanzibar, its director was awarded Best Director, while its main female actress, Amina (Jokate Mwegelo), won Best Actress in 2011 (Riber, 2013).

Participants of this study were not told that they were watching an explicitly educational film. As discussed in chapter three, it was done purposely so as to avoid influencing the study findings.

Describing the story in the film

The film is centred on five main characters: Juma, Amina, Yustus, Ali (Amina's dad) and Yasini (Yustus's helper). Initially, Juma, a poor fisherman, had a secret love affair with Amina. Juma uses sub-standard fishing gear in the Indian Ocean and is not rich, but he is a good storyteller; and because of this he attracts Amina who is interested in listening to his tales. In contrast, Yustus is far better off than Juma economically. He has an engine-operated

⁵ The *Chumo* film (with English subtitles) can be accessed at the following address: <https://www.youtube.com/watch?v=0zSkKwytELE>

boat which allows him to go far out to sea to fish with modern and expensive equipment. Other people like Yasini, his helper, also assist Yustus. But regardless of his better economic status, (and possibly the cause of his wealth), he uses illegal fishing methods such as knocking the fish out with dynamite⁶.

Whatever amount of fish the characters get from the sea is bought and sold at the village by Ali, who happens to be Amina's father. Ali acts as a middleman – buying from the boats and selling to the villagers. Yustus is always able to come back from the sea with a good catch (fish) and this convinces Amina's dad that Yustus is the right person to marry his daughter. However, Amina is already in love with Juma and, although he is poor, she is more interested in marrying him. Yustus uses his larger hauls of fish (and their larger size per fish) to convince Amina's dad, hoping that he can influence his daughter to accept his marriage proposal. Furthermore, Ali does not buy fish from Juma because the fish are too small in size.

Juma and Amina realize that Yustus and Ali are trying to influence Amina. Ali does not give his consent to Juma to marry Amina because he has no engine-operated boat like that of Yustus. Juma decides to work very hard to convince Amina's father – who was reluctant to accept him because of his inability to fish successfully.

Later, Amina realizes that she is pregnant; she informs Juma, who takes the news happily. She tells Juma that she is supposed to attend antenatal care (ANC) at the village but she is shy because the village is too small. She tries to convince Juma that they should leave the village. However, Juma does not accept the idea of leaving. At night, Amina feels too hot and she decides to remove the mosquito net from the ceiling where it was fixed, and she sleeps without the mosquito net. Later, she falls ill and she collapses. Her dad quickly takes her to the hospital and she is hospitalized. A nurse realizes that Amina was pregnant but because of malaria she has lost her baby.

Meanwhile, in order to resolve the conflict between the two men, Juma proposes a fishing competition between him and Yustus. The competition will decide who will marry Amina. They agree that the one bringing back the largest fish from the sea may marry Amina. After a fierce fishing competition, Juma managed to catch a very big fish. After realizing that he might lose, Yustus attempts to kill Juma by throwing a stick of dynamite at him, but

⁶ Dynamite fishing refers to the use of explosives, which are homemade, to kill fish. It has adverse effects on coral reefs as well as the cause of the decline in fish species (Fox & Caldwell in England, 2014).

Yasini betrays his employer and tries to stop him. Finally, despite being forced to use a rudimentary fishing line, Juma emerges the winner after bringing back a very big fish. Thus, he is able to convince Amina's father. Ali tells Juma to visit Amina at the hospital where she was admitted.

Amina is very happy to see Juma but she has tragic news: they have lost their unborn baby because of malaria. Juma is sad to hear that, because he was prepared to have a baby and start a family with her. The film ends with an epilogue in which Amina is asked what she learnt; she says that she should have visited the ANC as soon as she realized that she was pregnant. Health workers could have advised her to use insecticide treated nets (ITNs) and she could have received antimalarial drugs that prevent pregnant women from being infected with malaria.

1.6 Media for Development International (MFDI) in brief

MFDI is a not for profit media organization which was founded in Zimbabwe in 1989. It has recently opened an office in Dar es Salaam, Tanzania, and the head office is in the United States. The [organization](#) has been in front line in producing educational films such as *Chumo* for social change in Africa (chumofilm.com).

Furthermore, the organization aims at stimulating development through media programming in Africa. It produces videos, music, radio, film, television as well radio serials in Tanzania. In Tanzania, MFDI operates with schools, hospitals, faith-based organizations, the government and development agencies (mfditanzania.com).

1.7. Goals and research questions

This study investigates public understanding of malaria in pregnancy, the use of entertainment-education and the decoding of messages by the selected Dar es Salaam audiences of the health education film *Chumo*. It asks whether the film 'works' in terms of message transmission. Specifically, the study seeks to answer three questions: What meanings do the public make after watching *Chumo*? How do gender roles and power relations depicted in the film influence the audience of the film to change their behaviour against malaria in pregnancy? And, How do relationships between parents and children, and generational power, hinder or help efforts to contain malaria in pregnancy?

1.8. Methods of the study

This is a reception study which employs a qualitative approach to explore meaning making and gender roles and power relations, in particular, as depicted in the film by selected audiences in Dar es Salaam. As described in chapter three the study adopted a two-stage design of data collection methods: thematic content analysis and focus group discussions. Thematic content analysis of *Chumo* and its script was conducted to familiarise the author with the content of the film and tease out the nuances of the production before the field study was carried out in January 2014. Then, one pilot focus group discussion was done with six married and unmarried women working as cleaners at the University of Dar es Salaam. Five further focus group discussions were then conducted on different streets in the city. Each discussion started immediately after watching the entire film. Thematic analysis using NVivo 7 was used to analyse data from the focus group discussions. Nvivo7 is a computer software package for qualitative data analysis. The software allows the researcher to accurately and rapidly analyse data by coding data into different nodes and refining the coded data as well as looking for patterns (University of Durham, 2011).

1.9. Structure of the study

This study comprises of five chapters. Chapter one, *Introduction*, details the health context focusing on malaria, media context (film and television) and the context of media consumption. It also outlines what the study investigates.

Chapter two, a *Review of the Theoretical Literature*, reviews the both the media theories which underpin reception analysis and behaviour change communication (BCC) and looks at some of the behaviour change theories that inform data analysis in chapter four.

Chapter three, *Research Methodology*, details the research approach, methods, and the reasons for the choice of each method. It also delineates how data collection and analysis were carried out.

Chapter four, *Presentation and Discussion of Findings*, presents and discusses findings of the study from the two methods: thematic content analysis and the focus group discussions.

Chapter five, *Conclusion*, concludes the study by highlighting the findings of the research and provides suggestions for further investigations.

CHAPTER 2

LITERATURE REVIEW

2.0. Introduction

The previous chapter detailed the context of the study. It elucidated the context related to malaria, media consumption and research methods, and it briefly sketched the structure of the thesis. In this chapter I examine several theories, literature and concepts which are significant for this study.

Maxwell (2013:48) defines a theory as ‘a set of concepts and ideas and the proposed relationships among these, a structure that is intended to capture or model something about the world.’ Solid theoretical grounding is crucial for social science research. Theories can be seen as ‘lenses’ or ‘spotlights’ that help to illuminate the data generated by the study, and help frame the gathering of that data (Maxwell, 2013; Fowler, 2006; Bettis & Mills, 2006; Reeves et al., 2008). They equip researchers with lenses that help them to make sense of what they ‘see’ (Maxwell, 2013; Fowler, 2006; Bettis & Mills, 2006; Reeves et al., 2008). In other words, theories facilitate interpretations of the research results (Maxwell, 2013; Fowler, 2006; Bettis & Mills, 2006; Reeves et al., 2008). Strauss in Maxwell (2013:49) further adds that a major task of a theory is to provide a model that helps to explain ‘why the world is the way it is’.

However, it is impossible to have a single theory that will accommodate every detail of the study (Maxwell, 2013; Fowler, 2006; Bettis & Mills, 2006; Reeves et al., 2008). Maxwell (2013:50) further notes that ‘a theory that brightly illuminates one area will leave other areas in darkness; no theory can illuminate everything’. It is because of the above arguments and the nature of the study that I draw on reception analysis, the behaviour change communication (BCC) concept, social cognitive theory and the health belief model.

Entertainment-education (E-E) (see section 2.3) programmes such as *Chumo* are viewed in the social context where people watch them in a group setting (Moyer-Guse', 2008). Nevertheless, studies that evaluate BCC programmes including E-E have often not focussed strongly enough on the context of media consumption. Many of them use positivist perspectives that rely on surveys (Singhal and Rogers, 2002). This approach tends to satisfy sponsors' and policy makers' demands for percentages of individuals who have changed their behaviours after being exposed to the storylines (Sood et al., 2004). Nonetheless, it is

important to interrogate the context of reception and examine how E-E messages are decoded by audiences (Moyer-Guse', 2008; Sood et al., 2004). Therefore, as noted above, the present study employs reception analysis to interrogate the meanings audiences make after watching *Chumo*.

2.1. Reception analysis

Reception studies are the empirical investigation of the social production of meanings in people's encounters with cultural artefacts such as television, radio programmes and newspapers as well as films (Schröder et al., 2003). The research interrogates audiences in order to understand the meanings they make in their engagement with media content in the context of everyday lives. How audiences make meanings from the media texts is influenced by the social contexts in which they live (Seiter, 2004). This is what this study interrogates; it investigates what meanings audiences make after watching *Chumo* in Dar es Salaam, Tanzania, and how these meanings help them to change their behaviours against malaria in pregnancy. This study partly explores gender and power relations and the place of family in the society as they are depicted in the film and how they help individuals to protect themselves against malaria.

Reception studies draw their origins mainly from the following audience research traditions: effects studies, two-step-flow of communication model, uses and gratifications studies and cultural studies. They are explored further in order to locate this study within a theoretical framework as well as provide some context for how current reception analysis builds on previous insights into the historical trend of reception analysis.

2.1.1. Effects theory

So-called 'Effects theory' was the earliest attempt to understand the relationship between mass media messages like *Chumo* and its audiences (Morley, 1992; Strelitz, 2000; Bennett, 1982, Brooker & Jermyn, 2003). It emerged in the 19th century as a result of the growth in industries, urbanization and the modern mass media in Europe. These developments were considered to result in the rise of mass society in which there was a decline in organic communities and the rise of mass culture (Morley, 1992; Strelitz, 2000; Bennett, 1982, Brooker & Jermyn, 2003). According to Bennett (1982) the mass society was characterised by social atomization of people who, it was then believed, were relatively easily manipulated and controlled. However, Bennett argues that there was no evidence to support the claim of weakening of traditional values, as it was impossible to identify where the

'organic community' ended and where the mass and more modern society began. Yet, the mass society thesis had significant impact on how mass media were viewed and how audience studies were conducted.

The mass society thesis resulted in the rise of the effects tradition model of the mass media (Morley, 1992; Strelitz, 2000; Bennett, 1982, Brooker & Jermyn, 2003) that is based on what has been called the "hypodermic model of media influence" (Morley, 1992:44; Strelitz, 2000:37). In the effects tradition model, mass media messages such as *Chumo* were assumed to be like stimuli which could unproblematically trigger a change of behaviour in an individual receiver (Morley, 1992; Strelitz, 2000; Bennett, 1982; Brooker & Jermyn, 2003). So, audience studies under this approach interrogated media impacts on what it saw as individual receivers (Bertrand & Hughes, 2005; Brooker & Jermyn, 2003). However, Strelitz (2000) argues that there were two different perspectives: those who focused on short-term behavioural changes and those who looked at longer-term cultural and ideological changes. Strelitz shows that though they differed in the stated areas of enquiry, both agreed that media were powerful social organizations with the ability to directly affect audiences' behaviour.

In the effects model, audiences were largely regarded as passive. Here they were seen as largely unable to 'resist' messages from the mass media (Livingstone, 1998; Morley, 1992 Brooker & Jermyn, 2003). Strelitz (2000) argues that audience studies stressed only the power of the media texts to influence receivers' perceptions rather than the ability of the recipients to mediate the texts. Similarly, Morley (1992:17) uses the word 'zombies' to describe the extent to which the audiences were perceived.

The so-called Frankfurt School (Theodor Adorno, Herbert Marcuse as well as Max Horkheimer) played a significant role in the emergence of the effects model (Morley, 1992; Bennett, 2003; Strelitz, 2000). They had a pessimistic view of the modern mass media, which was largely influenced by Marx and Engels' concepts of the media and ideology (Bennett, 1982) and factors that impeded radical social and economic revolution in Europe (Strelitz, 2000). Furthermore, some theorists were former members of the Communist Party. Strelitz (2000:37) notes that the Frankfurt School began to pay attention to the role of the cultural industries as 'ideological state tools'. Mass media were then seen as empowering the ruling group who used the media to control and manipulate the thinking of the members of the society. In addition, the press was considered to be hindering the efforts of creating a socialist political awareness among the working class (Bennett, 1982). Theorists in the school thought

that mass media were used to fuel what they, in Marxist fashion, saw as a ‘false consciousness’ in the society. Thus, theorists argued that the power of the media was to be studied in the way in which it conditioned people’s “intellectual gestalt” (Bennett, 1982:44).

However, the Frankfurt School’s key ideas were challenged by (mostly) American scholars who disagreed with key tenets of effects theory (Morley, 1992; Strelitz, 2000; Bennett, 1982). American scholars argued that, though the mass media have influence on the society, their impact has to be interrogated (Morley, 1992) and how the influence was achieved was less linear and unproblematic than previously thought.

Robert Merton was one of the first American scholars to critique the effects tradition after interrogating mass persuasion of the Kate Smith war bond broadcasting in America (Morley, 1992; Bennett, 1982). Merton examined both media messages and the response of the receivers to find out which was effective. However, his criticism did not have impact on the way media content was examined but it opened a door for a more “exclusive preoccupation with receivers and reception situation” (Morley, 1992:43).

2.1.2. Two-Step-Flow of communication model

As briefly explained above, Merton’s work was very important as it established a link between media messages and the lived culture of ordinary people, a connection which was ignored in the effects tradition. He argued that, though a message played an important role in stimulating a response to an individual receiver, other factors such as “influentials”, and “reference groups” and the cultural context in which the message is received are also important in the nature of the response of the receivers. Furthermore, he did not accept the idea that there was a direct influence (from media to individual audience) (Morley, 1992:48).

This notion of indirect influence was further explored by Elihu Katz and Paul Lazarsfeld who also recognized the significance of the context in interpreting media messages. In their study, *Personal Influence*, Katz and Lazarsfeld (1955) developed a two-step-flow communication model in which messages are not directly disseminated to individual receivers; less active individuals receive the messages via opinion leaders who filter and shape the information (in Brooker & Jermyn, 2003). In addition, Katz and Lazarsfeld reported that it is not just top down flow of information from the media; opinion leaders are everywhere in communities and play crucial roles in how messages are received. They act both horizontally and vertically.

Katz and Lazarsfeld (1955) showed the complex nature of social relations in which individual receivers engage rather than depicting the alienated nature of individuals conceptualized in the effects tradition.

2.1.3. Uses and gratifications: Active audience

The so-called ‘uses and gratifications model’ emerged from liberal pluralist conceptions (Strelitz, 2000; Seiter, 2004) and it was a reaction to the effects model (Corner, 1999). Halloran (in Morley; 1992:51; see also Jensen, 1991:137) urged scholars to refrain from asking “What do media do to people?” and focus on asking and answering “What do people do with the media?” The model is rooted in the social and psychological needs of the receivers of the information (Corner, 1999; Strelitz, 2000). Corner argues that social and psychological needs produce expectations that drive people’s exposure to mass media to gratify these needs. Thus, the central argument of the model is that individuals expose themselves to media texts for different reasons to satisfy their personal needs. Hence, the same media texts can be used and interpreted differently by different audiences (Morley, 1992:51; Corner, 1999; Seiter, 2004, Brooker & Jermyn, 2003).

According to Morley (1992) and Brooker and Jermyn (2003), the meaning people make from the texts may be different from that of the producers of the texts and it may also be different from one individual receiver to another receiver of the same texts. It follows that one cannot assume and be confident that the text will have one meaning and one use; rather, people will interpret and use the texts differently to meet their own wants (Brooker & Jermyn, 2003).

Unlike the effects tradition, Seiter (2004) suggests that the uses and gratifications model provides a more optimistic view of the relationship between media texts and their receivers. Audiences are considered more active in engaging with the texts (Seiter, 2004; Brooker and Jermyn, 2003).

However, the uses and gratifications model has several limitations (Strelitz, 2000; Morley, 1992; Seiter, 2004). For example, Morley (1992) argues that uses and gratifications does not take into account the wider social and historical context of the receivers of the texts enough; it focuses more on mental states, the needs of the individual audiences and their ability to interpret messages differently (Morley, 1992; Strelitz, 2000) and, therefore, to some

degree it shares with the mass tradition which also emphasized the individual impact of the messages. Morley further argues that:

We need to break fundamentally with the uses and gratifications approach, its psychological problematic and its emphasis on individual differences of interpretation...there will always be individual, private readings but we need to investigate the extent to which these individual readings are patterned into cultural structures and clusters. We need to see how the different sub-cultural structures and formations within the audience, and the sharing of different cultural codes and competences among different groups and classes, determine the decoding of the messages for different section of the audience (1992:54).

Hall cited in Morley (1992:52) provides another critique of the uses and gratifications approach. Hall argues that the approach puts more emphasis on the openness of the media texts in which receivers are believed to produce different meanings. He further argues that media texts are not fully open as they are 'structured in dominance with varying degrees of dominance.' The approach is also criticized for neglecting the issues of power relations which determine audiences and the forms of media production (Seiter, 2004). Reception analysis addresses these challenges; it is explored in the next section.

2.1.4. Cultural studies: Reception analysis

Previous audience study traditions (effects model) concentrated on the textual power to influence its receivers while uses and gratifications stressed the freedom of individual receivers in choosing media contents to gratify their needs and make individual meanings out of these texts (Ang, 2006). Under textual determinism, Ang (2006) notes that the analysis of textual structures was assumed to be enough to understand how audiences make sense from the texts they encounter. Thus, the enthusiasm for the emergence of reception analysis in the 1980s and 1990s within cultural studies was the outcome of these limitations of textual determinism interpretations and the inability to take into account the social context of receivers, as well as the tendency of researchers just to infer effects from the content (Ang, 1995; Livingstone, 1998). For example, Ang (2006:176-177) notes that David Morley's study of the *Nationalwide* was motivated by a desire to overcome the textualism of screen theory discourse.

Reception analysis draws from several research traditions such as uses and gratifications (in its emphasis on active audience) and textual analysis, particularly semiotics, as well as discourse analysis (Jensen, 1988) and on the earlier effects traditions. It interrogates how receivers construct meanings from the media products (Ang, 1995). The meaning of media artefacts is not fixed within the texts themselves; rather texts acquire meanings at the 'moment of reception' (Ang, 1995:214). Therefore, they are more concerned

with the social meanings of the media texts (Ang, 1995). This notion is also referred to as interpretive communities (Ang, 1995:214; Jensen, 1988; Jensen, 1984). This is in line with the goal of this study: to understand what meanings people in Dar es Salaam make after watching *Chumo*.

Historically, many of the key currents in modern reception analysis can be traced to the UK, and developments there from the 1960s onwards. The Centre for Contemporary Cultural Studies (CCCS) at the University of Birmingham was key to the emergence of the reception analysis (O'Shaughnessy and Stadler, 2002; Seiter, 2004; Corner, 1999; Kellner & Durham, 2006; Ang, 2006). The Centre was influenced by factors such as the Marxist conception of ideology and power (Seiter, 2004), a drawing on semiotics which addresses signification and power (Corner, 1999) and Gramsci's theory of hegemony.

So, unlike the uses and gratifications approach where issues of power were ignored, the Centre brought on board issues of power in audience studies (Seiter, 2004) as well as the notion of 'active audience' that was also ignored by the Frankfurt School (Kellner and Durham, 2006). The literature also shows that scholars from the centre studied the effects of media contents such as newspapers, radio and film on audiences. They also studied how receivers interpreted and deployed media culture in different ways and contexts (Kellner and Durham, 2006).

The works of two scholars from British Cultural studies, Stuart Hall and David Morley, are worth mentioning in particular in terms of the emergence of reception analysis. Stuart Hall's work encoding/decoding conceptualises and explores how messages are placed between two contexts of meanings (encoding by producers of media products and the meanings produced by receivers at the point of reception). David Morley was the first media researcher who applied the encoding/decoding model to a significant body of data. This study draws significantly on Hall's encoding/decoding model to understand the meanings people make at the point of the reception of *Chumo*; the model is further explored below.

2.1.4. 1. Encoding/decoding model

Hall's encoding/decoding model is useful in explaining the relationship between media texts like *Chumo* and their audiences (Turner, 1998). It puts the audiences and their social-historical contexts at the centre in meaning making (Morley, 1992). The meanings audiences make after meeting cultural artefacts are influenced by their cultural backgrounds that, according to Morley (1992:88), acts as a conceptual/cultural framework that provides

the resources and the boundary within which audiences can decode the film. The production of media texts, on the other hand, is a complex process that involves the interactions of both institutional structures and professional skills and ideologies (Hall, 1980; Jensen, 1984). According to Hall, it is during the production process where ideologies (in this particular case, these would be ideas and knowledge about malaria in pregnancy) are framed drawing from several topics, agendas, images as well as plots to be included in the film from the wider social context. In order to complete the production phase of the media texts, codes and conventions are employed to construct the meanings and turn the contents into a discursive form (Hall, 1980; Morley, 1992; Jensen; 1988). According to Hall it is in discursive form that the media contents become part of the communicative process.

However, how media texts like *Chumo* are decoded is a central issue in Hall's encoding/decoding model because the film will have an intended impact on malaria in pregnancy interventions only if its audiences will be able to usefully decode the messages about the disease. As Hall argues, to "have an effect, satisfy a need or put to use, the message must first be appropriated as *meaningful*" (1980:165; see also Jensen 1991:135 my emphasis). Hall further contends that media texts will have an impact, such as influencing receivers, persuading them to change their behaviours against malaria in pregnancy, and entertaining as well as instructing audiences, only if the film is 'decoded'.

Thus, this study aimed at exploring the meanings (malaria and partly power issues in the family as portrayed in the film) which different groups make as they are exposed to the film, particularly those from interpretive communities.

But scholars such as Hall (1980), Morley (1992), Fiske (1987) and Turner (1998) argue that there is no guarantee that the meanings from these interpretive communities will be symmetrical to the meanings of the producers of the film. Hall's model provides three possible decoding modes or outcomes, i.e. different 'readings' which are also appropriate in the current study: dominant or preferred reading, a negotiated reading or an oppositional decoding.

The essence of dominant or preferred reading is that the meanings of the audience of *Chumo* or any other media product is hundred per cent the same as those of the encoders (Hall, 1980; Morley, 1992; Fiske, 1987; Turner, 1998; Hart, 1991; Seiter, 2004; O'Sullivan et al., 1994). This is what Hall (1980:171) calls 'viewer is operating inside the dominant code' (Hall, 1980:171). In dominant reading, Morley (1992:89) argues that receivers will accept,

for instance, messages about malaria in pregnancy without rejecting anything and they will make use of this knowledge in their own life and, consequently, change any risky health behaviour about malaria in pregnancy.

But the concept of 'preferred reading' has received several criticisms (see, Schrøder, 2000). For example, O'Sullivan et al. (1994:164) ask, "Who decides what the preferred meaning is? Is it the property of the text or is it what is agreed by most members of the audience?"

Similarly, Turner (1998:145) states: "I still find the preferred reading a useful concept"; however, "the text is still seen as the ultimate dictator of its readings." In this study, therefore, meanings from participants are explored and compared to the themes about malaria in pregnancy to see whether they are symmetrical. On the other hand, negotiated decoding is when the receivers of *Chumo* 'accept' some of the messages and reject others (Hall, 1980; Morley, 1992; Fiske, 1987; Turner, 1998; Hart, 1991; Seiter, 2004; O'Sullivan et al., 1994). In negotiated decoding, Morley (1992) argues that receivers adapt the meanings they derive from the film based on their own experiences in their communities. In this study, therefore, meanings about malaria are explored to see how receivers adjust to fit their own interests and situations.

Oppositional decoding is the third way in which media artefacts are decoded by their audiences; it occurs when receivers of the film understand messages about malaria in pregnancy but they reconstruct the messages based on other alternatives, often hostile to the intent of the producers (Hall, 1980; Morley, 1992; Fiske, 1987; Turner, 1998; Hart, 1991; Seiter, 2004; O'Sullivan et al., 1994). O'Sullivan et al (1994:164) and Hart (1991) suggest that there is also a possibility of the receivers not accepting any of the messages about malaria in the film. Thus, they have coined a fourth possible reading – what they describe as 'aberrant decoding'.

Although there are some criticisms against Hall's model (see Fiske, 1987; Morley, 1992), it has remained the basis for modern reception analysis. The model has widely been used to explore meanings people make in both news programmes (David Morley, 1980) and in soap operas such as *Dallas* (Ang, 1985).

Hall's model is used to explore meaning making processes by *Chumo* audiences as described in chapter four. In analysing data from focus group discussions, I draw on the three possible readings: preferred, negotiated and oppositional. Audiences' meanings are examined

and compared with themes about malaria in pregnancy portrayed by the film. This helps to understand whether audience's meanings fit into any of the three readings. This is in line with Jensen's (1991:139) argument that reception analysis involves comparing textual analysis of cultural products and audiences' discourses. I also draw on Hall's model to see whether the social-cultural context discussed in chapter one had any significant influence on meaning making. This is also in line with Jensen's (1991:139) remarks that reception study's findings are 'interpreted with emphatic reference to context'.

2.1.4. 2. The kernel of reception studies: A brief summary

As highlighted in the previous sections, both encoding and decoding of media texts rely on the social and historical context of the producers and receivers respectively (Hall, 1980; Morley, 1992; Fiske, 1987; Turner, 1998; Hart, 1991; Seiter, 2004; O'Sullivan et al., 1994). Encoders draw on the wider social context to produce media programmes and how receivers decode these programmes is highly influenced by the socio-historical context at the point of the reception of the texts (Morley, 1992; 1988). Morley asserts that there must be sharing of codes between those of the receivers and those of the encoded texts. Thus, reception analysis is crucial as it provides an interactive connection between the messages, audiences and the context of reception (Jensen, 1988; 1984; 1991). Furthermore, Jensen (1991:135) proposes that both texts and their receivers are important parts of the reception analysis as they complement each other when it comes to empirical audience inquiry. The next section draws on behaviour change communication to explore whether or not meanings audiences make after watching *Chumo* help them to change their behaviours against malaria in pregnancy.

2.2. Behaviour change communication (BCC) in health campaign

In this section, I provide an overview of the concept of BCC as *Chumo* was conceptualised as a BCC intervention to improve both public understanding *and* change behaviour in terms of malaria in pregnancy. The section explores key theoretical concepts that underpin BCC approaches as they have developed over the past few decades, and some critique of BCC as an approach. In particular, Entertainment-Education (E-E) as an effective strategy within a broader BCC campaign is explored. I also discuss BCC approaches to the malaria campaign in Tanzania and assess whether or not these broader activities have been effective.

2.2.1. The need for BCC in changing risky behaviours

Some behaviours can increase the possibilities of an individual or members of a particular community becoming vulnerable to diseases like malaria (USAID, 2012; Fetus and Himont, 2010). Thus, health campaigns aim to provide knowledge and inspire a change of behaviour (Fetus and Himont, 2010). The latter does not necessarily follow from the former. Changing behaviour is a complex process which is stimulated by several issues such as awareness, knowing the benefits of change, individual's belief that he/she is able to change as well as a person's confidence in sustaining a change of behaviour (USAID, 2012:22).

Behaviour change is not a linear process and it can take a great deal of time to achieve. (USAID, 2012; Piotrow et al., 1997; FHI, 2002; Chen, 2006). Health programmes such as malaria prevention and control often use BCC to encourage people to change their behaviour or maintain healthy behaviours (John Hopkins Bloomberg School of Public Health, 2008; Chen, 2006). Unlike so-called Information, Education and Communication (IEC) approaches, which largely only improve health knowledge (USAID, 2012:22; GoI, 2008:9), BCC focuses on both antecedents to behaviour approaches that enable individuals to develop necessary skills to maintain the newly adapted behaviour (USAID, 2012; Chen, 2006).

Health intervention organizations and professionals such as John Hopkins Bloomberg School of Health (2008); USAID (2012); Piotrow et al. (1997); GoI (2008); FHI (2002); Chen, (2006) argue that BCC, to be effective, needs to be participatory in nature. It requires the involvement of a range of stakeholders – including, most critically, the target community, in the design and its implementation. Their involvement is crucial in the identification of the nuances of the behaviours that need to be changed and the assessment of the obstacles to that change. In addition, this participation helps to assess the availability of the services that are needed during the implementation of BCC. This study argues that the participation of the target group in the design and implementation does indeed make a significant difference, as it can make them feel that they part of finding solutions for the problems in their communities.

2.2.2. The significance of BCC in Malaria

BCC can help to increase public awareness and knowledge about malaria (Roll back Malaria, 2012; PMI, 2008). Through the use of BCC, health professionals can sensitise the community that pregnant women are the most affected people with malaria (Roll back Malaria, 2012; PMI, 2008). It can further help to inform the public on the available treatments and prevention strategies (Roll back Malaria, 2012; PMI, 2008). Moreover,

according to Roll back Malaria (2012), BCC is also vital in increasing people's knowledge about the disease. To illustrate, it can help to tell people that malaria is transmitted by mosquitoes that bite at night. As such using insecticide treated nets (ITNs) can help prevent malaria (Roll back Malaria, 2012; PMI, 2008). Furthermore, it is important in helping people understand that fever should be tested as well as treated immediately (Roll back Malaria, 2012). Additionally, BCC can help people to understand that two doses of IPTp can protect the pregnant woman and her unborn baby from malaria (Roll back Malaria, 2012; PMI, 2008).

Furthermore, BCC can help to reduce negative attitudes in using insecticide treated nets. For instance, some people believe that insecticide treated mosquito nets are dangerous to human beings because chemicals used in treating these nets can also affect people. Therefore, they avoid using them at night. A BCC campaign in malaria can, further, boost the need for products such as ITNs and the demand for services (Roll back Malaria, 2012; PMI, 2008). According to Roll back Malaria (2012) and PMI (2008), BCC activities can promote the use of ITNs and thus increase the number of people using them within the households. In addition, through BCC, members of the households can willingly allow net hanger demonstrators to get into their rooms to demonstrate how mosquito nets can be hanged (Roll back Malaria, 2012; PMI, 2008). It can also help sensitize the pregnant women to attend ANC as soon as they realize that they are pregnant (Roll back Malaria, 2012). In addition, they can motivate husbands to support and remind their wives to take the second dose⁷ of IPTp (Roll back Malaria, 2012: 13).

BCC activities can help to build the capacity of health workers in providing clear information about IPTp to pregnant women and the advantages and correct use of insecticide treated nets (Roll back Malaria, 2012; PMI, 2008).

However, all of the above shifts in knowledge do not guarantee any necessary change in actual practices and behaviours. BCC has several limitations that may hinder a change of behaviour to take place. Some people may not understand the message or may consider

⁷ According to NMCP guidelines, pregnant women in Tanzania are required to take two doses of IPTp (SP/Fansider). The first dose is required to be taken at the start of the second trimester of the pregnancy while the second dose at the beginning of the third trimester (TACAIDS et al., 2013:143).

themselves not vulnerable to malaria. Furthermore, individuals may also believe that malaria is a common illness; thus, it is not a serious disease. While other people may have the feeling that the benefit of the current behaviour (short-term) outweighs the long-term risks (Jhpiego, 2013).

2.2.3. Approaches in BCC

USAID (2012) describes three common approaches used in BCC: individual approaches, group approaches and population/community approaches. An individual approach, as the name suggests, is a one-to-one strategy aimed at getting individuals to change their behaviours. According to USAID, this form of BCC uses patient education, risk assessment and counselling as methods in the individual approach. These can take place in hospitals or in the communities. Though the approach has several advantages such as personalizing to individuals, it requires many workers and is time intensive.

In contrast, group-focussed approaches can be more 'didactic' using tools like conferences, lectures and workshops and experiential tools such as role play (USAID, 2012). This approach can assist people to acquire knowledge and encourage them to change their attitudes and behaviour and help other members in the community to be able to solve their health problems.

A bigger broader, community approach aims at a wider effect on the society. It involves individuals and members of families as well as the entire community so as to create a favourable environment for behaviour change to take place. This approach almost always involves mass media, and raises environmental and organizational issues (USAID, 2012). Mass media are the focus of this study and their role in BCC is explored below.

2.2.4. The role of mass media in BCC

Mass media are crucial in the success of a large-scale community-focussed BCC programme. They provide a basis for a change of behaviour (Fetus & Himont, 2010). Effective BCC programmes, as stated above, incorporate behaviour change theories which begin with trying to stimulate awareness or recognition of a health concern on the part of the individuals (Parana et al., 2010) and change levels of basic knowledge. Scholars such as Parana et al. (2010); Matamoros (2011); Farhana & Ahmed (2008) suggest that individuals' awareness, at least, about a health problem like malaria can be effectively achieved through the use of mass media (radio, television, newspapers and information and communication

technologies). Mass media have the potential for transmitting health educational messages which may influence a person's perception and provoke thoughts and emotions to the public in a short period. They can also be useful in facilitating policy change which will create a conducive environment for a behaviour change (Mosque et al., 2008; Fetus & Himont, 2010 and Wakefield et al., 2010).

Of course, mass media can disseminate health-related information to a large number of people at a much lower cost than the use of field workers. In addition, once these messages are created, they can be disseminated by mass media cheaply and regularly over a long period of time (Wakefield et al., 2010).

However, Wakefield et al. (2010) point out several challenges of using mass media in BCC. They argue that mass media are more passive and they rely only on unintentional exposure to the media by individuals in the community. They do not really demand active participation of the receivers in which they, for example, could ask for certain information about health. Therefore, campaigns that use mass media might not yield the intended goals as exposure to messages is incidental (Wakefield et al., 2010). Additionally, if the messages are poorly designed, they might be boring or unsuitable for the target audiences. Messages designed for specific groups (homogeneous receivers) might not have the capacity to persuade a heterogeneous group (Wakefield et al., 2010).

The media landscape in which these messages are conveyed is also fractured. There are several mass media like television channels and radio stations which all compete for the same audiences (Wakefield et al., 2010). So the possibility of disseminating messages to many people may be reduced as mass media fragments total available audiences. Therefore, to be effective, health campaigns, using mass media, often require multiple strategies in which messages will be delivered across several channels. However, this has implications on financing; it requires more funds to support the use of several channels. Also, health campaigns have to be supported by the necessary resources to support individuals to change the behaviours encouraged by mass media campaigns (Wakefield et al., 2010; FHI, 2002). It is no use provoking change, and not having the infrastructure and support to sustain that change.

2.2.5. BCC activities in malaria in Tanzania

This section elucidates BCC activities in malaria in Tanzania within which *Chumo* was produced. *Chumo* is the focus of this study.

Despite of having a high burden of malaria as noted in chapter one, the country had no integrated BCC activities (Shaw et al., 2012). In other words, various stakeholders had their own BCC activities in malaria (MoHSW, 2012). Thus, the National Malaria Control Programme (NMCP), which was established in 1995, used its National Malaria Communication strategy 2008-2013 to bring together all partners dealing with malaria interventions (MoHSW, 2012:45-6).

This resulted in the establishment of a partnership called the Communication and Malaria Initiative in Tanzania (COMMIT). COMMIT involves local and international organizations, 65 local non-governmental organizations and 1,200 Community Change Agents (CCA) (MoHSW, 2012). Hence, the country embarked on a massive effort to prevent and control the disease. The endeavour included improvement of malaria treatment, prevention of malaria in pregnancy and boosting the use of ITNs. To achieve its mission, a BCC was comprehensively deployed (MoHSW, 2012).

The integration of different partners allowed the use of the same identity in various BCC items. For example, a popular logo and slogan, which were previously used by the Population Service International (PSI), were adopted for all BCC activities such as radio spots and posters regardless of which organization produced them. The logo and the slogan: a map of the country covered by a mosquito net and Malaria *Haikubaliki* (Malaria is unacceptable) respectively were thought to be in line with the National Malaria Control Programme goals. Thus, under the umbrella of the Malaria Haikubaliki campaign (Malaria is not acceptable; Together let's kick it out) the project used the Pathways model⁸. BCC activities included visiting households, schools and group discussions to stimulate positive healthy behaviours against malaria (MoHSW, 2012). They also involved interpersonal communication trainings for health workers as well as the use of mass media (*Patapata* (Get it)⁹ in radio, Two Minutes Wisdom¹⁰ in radio and television and *Chumo* (MoHSW, 2012).

The NMCP's national malaria communication strategy 2008-2013 identifies many malaria priority problems that were addressed by the coordinated BCC activities. However, only three are explained below as they relate to malaria in pregnancy which is the focus of

⁸ The Pathways model 'gives an overall framework to consider interventions at the environmental, service delivery, community and individual levels' (GoI, 10).

⁹ Patapata (Get it) a 10-minute children's weekly radio programme which intends to empower kids to be change agents in malaria prevention in their families as well as communities (MoHSW, 2011:46).

¹⁰ Two Minutes of Wisdom on radio and television, uses popular Tanzanian people like the former President Ali Hassan Mwinyi expressing their experiences on malaria (MoHSW, 2011:46).

this study. They are also depicted in *Chumo*. Firstly, the strategy identifies the ‘importance of pregnant mothers reporting early to health facilities to get quality malaria management when they feel sick...’ Under this priority problem, it is noted that ‘pregnant women are reporting late to health facilities when they identify signs and symptoms of malaria. They think it is part of the pregnancy and are diagnosed late’ (NMCP, 2008:30).

The desired behaviour which the BCC activities should achieve is that ‘pregnant women should report to the health facility as soon as they recognize sign and symptoms of malaria’ (NMCP, 2008:30).

Secondly, there is an issue of ‘awareness of importance and benefits of IPTp for pregnant women’. According to the NMCP’s strategy, there is low level of knowledge among pregnant mothers and their partners on the significance and advantages of a full course of IPTp which is two times during pregnancy. Therefore, the desired behaviour is to be certain that a pregnant mother receives two doses of SP and attends ANC early in her pregnancy as well as other ANC appointments.

Thirdly, the strategy highlights that there is a need to address the existing misconceptions about the use of ITNs. Some individuals are reluctant to use ITNs because they believe that they are harmful to human beings too. Additionally, some believe that mosquito nets should be used only during the rain seasons. The desired goal is to boost the use of ITNs in areas with negative beliefs (NMCP, 2008:30).

As discussed earlier, there are, of course, a variety of modalities that can be used in BCC; one of the most successful, in recent years, has been an approach that focuses on telling emotional and dramatic stories. This has come to be known as Entertainment Education (E-E).

2.3. Entertainment-Education as a BCC strategy

2.3.1. Why E-E in BCC

Scholars in health communication suggest that Entertainment-Education¹¹ (E-E) is a powerful approach in conveying health or pro-social messages to educate, influence and eventually change individuals’ unhealthy behaviours (John Hopkins Bloomberg School of

¹¹ E-E refers to the process of producing and executing a media message which simultaneously entertain and educate individuals so that they can increase their knowledge regarding a social issue, promote positive attitudes and enable them change risk behaviours (Singhal and Rogers 1999).

Public Health, 2008; Papa et al., 2000; Piotrow & Fossard, 2004; Singhal et al., 2006; Murphy et al., 2008; Rogers et al., 1999; Refera, 2004). It is effective in directing audiences to a desired behaviour (Singhal et al., 2006 and Papa et al., 2000). By watching or listening to the programme, individuals may realize the need for taking actions (Piotrow and Fossard, 2004; Singhal et al., 2004). Unlike other ways of communicating health messages such as Public Service Announcements (PSAs) in which the message is straightforward to the audience (Singhal & Roggers, 2001; Smith, 2010; Murphy et al., 2003), in E-E the message is mostly 'hidden' or embedded in an entertaining media programme (Smith, 2010; Murphy et al., 2008) such as a soap opera on television, radio or a film (Piotrow et al., 1997; Piotrow & Fossard, 2004; Brown et al., 2003).

Murphy et al., (2008) argue that E-E programmes attempt to attract large audiences by design; the motto seems to be: "First you have to get their attention, then you can teach them something" (Rogers in Singhal et al., 2006:200). Thus, through the use of these programmes like *Chumo*, health messages become more appealing and they can attract bigger audiences (Smith, 2010; Refera, 2004).

Though scholars in health communication, donors and media experts seem to be enthusiastic about the potential of E-E programmes in health campaigns like stimulating individuals' behaviour change (Rogers et al., 1999; Singhal et al., 2004; Refera, 2004), some authors (Yoder, Chirwa & Hornik, 1996) argue that the enthusiasm is not always supported by the evidence of the effectiveness of the approach. Their primary concern is that some of the studies, which claim to link E-E programmes and a change of behaviour, lack enough proof to support the claim. These authors, further, assert that audiences' exposure to soap opera storylines and message recall do not necessary make them change their risky habits because message recall is just an initial step in the process. For example, in rural Uganda, Mitchell et al. (2001) found that villagers could recall educational messages from the drama and videos three month later. However, they argue that being able to remember messages from the drama and the video which attracted many villagers does not mean that messages were understood and it is not proof that people changed their behaviour.

2.3.2. Design and format of E-E programmes: Sabido method

Behaviour change, as discussed above, is a complex process; it requires an individual to be aware of the risk associated with the negative behaviour and the benefits of changing the habit (USAID, 2012:22). Thus, an E-E programme needs to portray both disadvantages of

unhealthy behaviour and what individuals will gain after adopting positive behaviours. To achieve this, some E-E approaches draw on the so-called ‘Sabido method’ which uses three sets of characters in the fictional dramas: positive, negative and transitional (Rogers et al., 1999; Singhal et al., 2004; Refera, 2004). Positive characters depict healthy behaviours who later are rewarded in the script. Negative characters depict bad as well as risky behaviours and because of these risk habits, they face serious health problems and they are usually punished dramatically.

Transitional characters begin as negative role models but, as time goes by, they struggle to change from negative to positive behaviours (Singhal and Rogers, 2001). Singhal and Rogers argue that these shifts in characters’ behaviour from ‘bad’ to socially desirable can be key in terms of encouraging the audience to change their behaviours.

This approach draws on everyday stories and known characters who demonstrate good behaviours in their everyday lives, and scholars suggest the environment should be similar to that which the E-E programme is produced to address (Rogers et al., 1999; Refera, 2004). The ‘theory’ is that audiences learn as they observe role models (positive, negative and transitional) in the media as they tell stories based on everyday life of which audience can make sense.

However, Piotrow and Fossard (2004) and UNFPA (2002) warn that if care is not taken to balance entertainment and educational messages this may result in failure to deliver the health-related information. According to Piotrow and Fossard (2004), if entertainment is over-dominant, this may hinder the audience from getting the intended messages and if there are many educational issues this can also cause people to ignore the programme. They also insist that care must be taken in choosing role models, plots or dialogue. Role models who are not trusted by the target audience may affect the effectiveness of the programme particularly in stimulating them to change their behaviours (2004).

2.4. Evaluating BCC activities in malaria in Tanzania

Drawing from several studies, this part explores whether the COMMIT BCC activities discussed in section 2.2.5 were effective or not. After studying BCC activities in Tanzania, Steadman/Synovate Omnibus (2010), Boulay in Shaw et al. (2012), Shaw et al. and TACAIDS et al. (2013) found that many people were exposed to malaria educational messages such as prevention, control and case management through different channels. Radio

was seen as the most effective channel in disseminating health information (Steadman/Synovate Omnibus, 2010; Boulay in Shaw et al., 2012; Shaw et al., 2012; TACAIDS et al., 2013).

However, Shaw et al. argue that it is not easy to single out which channel was more effective than the other in BCC campaigns because intervention campaigns normally use several channels that enhance each other to create a synergy. Nevertheless, Shaw et al. agree that many of their participants cited radio, CCAs events as well as mobile vans as the most effective channels. But their findings and those of Boulay which shows that 19 per cent of participants received home visits contradicted a recent survey by TACAIDS et al. (2013) which found that respondents who were visited by health workers and volunteers constituted only six per cent women and five per cent men. Shaw et al. note that BCC in Tanzania produced many communication materials; however, they further argue that it is unknown whether all of them were significant and stimulated people to change their behaviours.

Many Tanzanians are now more knowledgeable about malaria prevention, control and treatment (Shaw et al., 2012; TACAIDS et al., 2013; Steadman/Synovate Omnibus, 2010, Boulay in Shaw et al., 2012). However, a TACAIDS et al. survey showed that their level of knowledge is very low and limited particularly regarding the use of ITNs. The survey found that 98 percent of respondents said sleeping under ITNs can prevent malaria infections but the knowledge of other ways of preventing the deadly disease, such as cleaning one's house surroundings, removing stagnant water and the use of IPTP, was very low (see TACAIDS et al., 2013: 165-167). Nevertheless, the survey could not clearly establish a link between malaria knowledge which people mentioned and the BCC activities.

The survey, for example, just asked "men and women if there are ways to avoid getting malaria and if so they were asked to cite them" (TACAIDS et al., 2013:166). This study argues that it is possible that not all respondents who mentioned ways of preventing malaria recalled them from BCC activities because malaria knowledge is also taught in secondary schools and to some degree in primary schools.

This challenge confirms the problems of using surveys (Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), Demographic and Health Surveys (DHS)) intended for other purposes to evaluate the impact of BCC activities in Tanzania. In their final evaluation report of the COMMIT BCC project, Shaw et al. (2012:vii) emphasized that those surveys are not designed to assess the impact of behaviour change activities.

There is contradiction and disagreement between the four studies (Steadman/Synovate Omnibus (2010), Boulay in Shaw et al. (2012), Shaw et al. and TACAIDS et al. (2013) that evaluated the effectiveness of the BCC activities about whether the messages motivated people to change their behaviour. Steadman/Synovate Omnibus (2010); Boulay in Shaw et al. (2012) and TACAIDS et al (2013) showed that people changed their behaviour, attitudes and actions after being exposed to various malaria education messages via various channels such as radio, *Chumo* and CCAs. They reported several acts and attitudes which signify behaviour change. For example, many people interviewed by Steadman/Synovate Omnibus (2010) and TACAIDS et al. (2013), said they ensure their children sleep under treated mosquito nets and others said they will fix a net on the ceiling so that their babies can be protected from malaria.

Similarly, Steadman/Synovate Omnibus (2010) also found that respondents would immediately go for a malaria test if they realized malaria symptoms in their children or themselves. Furthermore, the survey reported that a children's radio programme, *Patapa*, was found to have significant influence on behaviour change on children. Children asked their parents also to listen to the programme, purchase insecticide treated nets, and repair hanged mosquito nets in case they have holes that allow mosquitoes to pass through.

However, Shaw et al. (2012) could not find a link between BCC activities and a change of behaviour. They noted that even though surveys by COMMIT and others indicate that there was a change of behaviour, the methodologies used in these studies make their findings unhelpful to draw a conclusive link between the BCC activities and behaviour change. They pointed out two major concerns: the way these studies were implemented and the questions used. Thus, Shaw and his fellows who evaluated the project could not make use of the findings of the surveys to suggest that there was a change of behaviour. Yet, based on the interviews, testimony from several individuals and monitoring and evaluation studies, Shaw et al. proposed that the BCC activities motivated many Tanzanians to change their behaviours.

BCC activities did not always trigger much interpersonal communication. Scholars such as Papa et al. (2000), Rogers et al. (1999) and Singhal et al. (2004) suggest that it is not the exposure to the educational messages which stimulates behaviour change; a change of behaviour is encouraged by interpersonal communication which occurs after individuals have been exposed to mass media. According to Steadman/Synovate Omnibus (2010), only 8 percent of the respondents reported to discuss with their peers and family members about the

advantages of sleeping under the mosquito nets every night. They also found that after being exposed to *Patapata*, children talked with their parents and urged other members in the family to use nets.

The impact of BCC activities on malaria morbidity and mortality in Tanzania is unknown. Although the literature on malaria in Tanzania indicates that there is an increase in the number of people who use long-lasting-treated nets (LLTs), an increase in the availability of artemisinin combination therapy (ACT), the literature does not help to make a conclusive statement that these successes were as a result of the communication activities implemented under BCC programmes (Shaw et al. 2012). According to Shaw et al. (2012) and TACAIDS et al. (2013) there is also less progress in the use of IPTPs as a preventive measure against malaria in pregnancy. However, Shaw et al. (2012) note that this may be a result of misreporting of ANC statistics by health workers who sometimes may record the second visit intake of IPTPs by a pregnant woman as the first intake.

More in-depth analysis was required to clearly identify and understand behaviours to be changed and single out barriers to behaviour change. According to Shaw et al. (2012), lack of the analysis resulted in lack of strategic decisions in knowing which communication materials should contain which malaria messages at which event. It further had implications in knowing to allocate messages in different media.

As noted earlier, behaviour change is a complex process; as such BCC strategies use theories to create messages that can stimulate a change of behaviour. There are many behaviour change theories (see Sood et al., 2004). However, I discuss only Bandura's social cognitive theory and health belief model below. They form part of my theoretical framework that help to illuminate my findings.

2.5. Social cognitive theory (SCT)

Bandura's Social Cognitive Theory (SCT) is based on the principle of causation (Bandura, 1996; Stajkovic & Luthans, 2003). According to Bandura (1996:5513) "human adaptation and change can be explained in terms of triadic reciprocal causation." In this model of causation, Bandura (1996) argues that environmental aspects, behaviour as well as biological and other personal factors, function interactively. In other words, they influence one another (Bandura, 1996; Stajkovic & Luthans, 2003). However, Stajkovic and Luthans (2003) argue that, although the three factors (person, environment and behaviour) reciprocally alter each other, it doesn't mean that they have equal strength. Indeed, human

agency and human capabilities are vital in Bandura's theory (Bandura, 2002, 2001, 1996; Pajeres et al., 2009; Stajkovic & Luthans, 2003).

As it has already been highlighted above, human agency and human capability are the cornerstones of SCT (Bandura, 2002, 2001, 1996; Pajeres et al., 2009; Stajkovic & Luthans, 2003). The former refers to the cognitive capacity of a human being which is crucial in acquiring and retaining behaviours (Bandura, 1977, 2002). Bandura (2002:270; 2006:164) asserts that "to be an agent is to influence intentionally one's functioning and life circumstances." Undeniably, through agentic capacity, human beings invent new means of coping with different environmental circumstances (Bandura, 2002). The latter refers to various capacities of an individual within the triadic reciprocal framework. Human capacities include: symbolizing, forethought, self-regulating, self-reflection and vicarious learning, (see Bandura, 1996, Pajeres et al., 2009; Stajkovic & Luthans, 2003). In brief, symbolization is a unique capacity of human beings; it provides them with a tool to understand their environment in which they live (Bandura, 1996; Pajeres et al., 2009; Stajkovic & Luthans, 2003). Through the use of symbols such as *Chumo*, an individual is able to process and alter visual experiences into cognitive models that direct human reasoning and action (Bandura, 1996; Stajkovic & Luthans, 2003). Forethought refers to the ability of a human being to plan for the future. This includes setting objectives and courses of action to realize them. According to Bandura, though forethought involves anticipating the future, it may influence the current behaviour of the person.

Furthermore, according to Bandura's theory, the self-regulating capacity of a human refers to the ability of individuals to set personal standards to self-control their actions and behaviours. It also includes human beings' ability to assess their achievements by comparing their own standards and the actual performances (Bandura, 2001, 1996; Stajkovic & Luthans, 2003; Pajeres et al., 2009). On the other hand, self-reflective capability refers to the capacity of an individual to reflect back on his or her actions (Stajkovic & Luthans, 2003). They argue that self-reflection allows a person to reason and evaluate his or her experiences and thought processes.

Humans have developed the ability to learn by observing that allows them to broaden their skills and knowledge rapidly by messages delivered through modelling influences (Bandura, 2002, 1996). As such, according to social cognitive theory, nearly all types of learning can take place vicariously, in that individuals observe the behaviour of others and their impacts on them (Bandura, 2006, 1996, 1977; Stajkovic & Luthans, 2003).

The ability of people such as *Chumo* audiences to learn vicariously enables them acquire tactics to deal with malaria without trial-and-error learning which is boring and risky (Bandura, 1996, 1977; Stajkovic & Luthans, 2003). Vicarious learning is governed by cognitive sub-processes: attention, retention, production and motivation (Bandura, 1996; Ormrod, 2012; Pajares et al., 2009; Moyer-Guse, 2008). Attention refers to the act of listening to or observing or thinking about something carefully (Pajares et al., 2009). It can be enhanced by the characteristics of the model; for example, viewers pay more attention if the model is attractive, prestigious, or seems to be competent (Ormrod, 2012; Pajares et al., 2009).

Retention means the ability of the film's audience to remember the observed behaviour like how to hang a mosquito net or repair it (Bandura, 1996; Ormrod, 2012). Ormrod argues that remembered behaviour serves as a guide for the viewers in enacting the behaviour in future.

Production, which is also called 'motor reproduction', is the ability of the observers to actually replicate the modelled behaviour. It refers to putting what *Chumo's* audiences have observed into action (Moyer-Guse, 2008). Besides, motivation explains the reasons for viewers not engaging in all behaviour they learn. As such, an audience of *Chumo* has to be motivated to enact the behaviour (Moyer-Guse, 2008). Outcome expectancies and self-efficacy play a role in influencing peoples' motivation. Outcome expectancies refer to *Chumo* audiences' insights (positives and/or negative) that may occur as a result of enacting a behaviour (Moyer-Guse, 2008:412). The behaviour can be positively reinforced in the viewers' mind after observing the model being rewarded by enacting it. In contrast, the behaviour will be negatively reinforced if receivers observe that the model is punished by enacting it (Bandura, 2004).

The instructive role is one of the core functions of social modelling (see Bandura, 2004). Bandura argues that in the instructive role, characters like Amina and Juma in *Chumo* act as transmitters of knowledge of malaria in pregnancy, like how one can prevent the illness, values, cognitive skills and new behaviours such as sleeping under ITNs every day. Additionally, audiences may learn to fear behaviours that caused harm or injuries to the characters; as such viewers may hate them. In contrast, observers may like behaviours that gratify role models.

Moreover, Ormrod (2012) contends that there are a number of features for an effective model: competency, prestige, status and power, behaving in a stereotypical ways and behaving in ways relevant to the viewers. Role models who are perceived by observers to be *competent* are likely to be imitated by them. *Prestige, status and power* of a particular person in a community can be the reasons for other members to imitate his or her behaviours. Leaper and Friedman (in Ormrod, 2012) note that behaving in a stereotypical ways is crucial for observers to imitate the role model.

They clarify that women role models are likely to model behaviours which resonate with traditional female behaviours while men role models are likely to model behaviours that reflect male stereotypes. To be effective, characters have to model behaviours that appear to be relevant to viewers' situation. As such, audiences of the film are likely to imitate behaviours that they feel that are similar to them.

Learning and understanding a behaviour is not a guarantee that the observer will put it into practice (Bandura, 2004b). As such E-E developers take into account that viewers will adopt new behaviours like attending antenatal care (Bandura, 2004b). Therefore, self-efficacy is important for the observers to enact a behaviour (Bandura, 2004b; Moyer-Guse, 2008; Pajares et al., 2009). It refers to a viewer's feelings that he/she is able to enact the modelled behaviour (Bandura, 2004b, 1998, 1977, 1996; Stajkovic & Luthans, 2003; Moyer-Guse, 2008). It influences motivation to emulate modelled behaviour. By watching a similar media model such as those employed in *Chumo* can influence an audience's sense of self-efficacy. Additionally, the level of self-efficacy is increased by observing models succeeding to enact a challenging health behaviour (Bandura, 2004b).

According to SCT, media content such as *Chumo* has the potential of influencing self-efficacy as well as outcome expectancies. This happens when successful characters with whom audiences identify are used in media messages; viewers may perceive that the characters are similar to them (Bandura, 2004). In chapter four, I draw on the social cognitive theory to illuminate my data from focus group discussions. This helps to examine if the film inspired change of attitudes, knowledge and self-efficacy against malaria in pregnancy. It is used to explore role modelling and identification with characters and scrutinize whether role modelling had any relation with malaria storylines.

2.7. Conclusion

As a research tradition, reception analysis is very important in this study as it enabled the researcher to explore what meanings people made after watching *Chumo* in Dar es Salaam in Tanzania. To illuminate whether people changed their attitudes and knowledge, the chapter also explored BCC and Bandura's Social Cognitive Theory.. The chapter also detailed BCC activities in Tanzania and reviewed studies of these activities. The next chapter discusses methodologies and research procedures used in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.0. Introduction

The preceding chapter discussed and mapped reception analysis and its theoretical underpinning as well as the core behaviour change theories which form the basis for the analysis of data in chapter four. This chapter discusses research methodology and procedures used in this study. It delineates the qualitative approach that, in most instances, forms the basis of reception study. A two-layer structure of data collection methods is explained below; that is, thematic content analysis and focus group discussions. Towards the end of the chapter, sampling and data analysis procedures and an overview of some of the problems encountered in the field are explored.

3.1. Research design and procedure

3.1.1. Methodology: qualitative research

As noted earlier, this study is a reception analysis, which is principally grounded in qualitative methodology (Jensen, 1988:4-5; Morley, 1992; Ang, 1995; see also Morley & Silverstone, 1991). The view that meaning is socially constructed by subjects as they interact with their world is a main theme which underpins qualitative studies (Babbie & Mouton, 2001:28; Merriam & Associates, 2002:3-4). According to Babbie and Mouton (2001:28) qualitative researchers assume that there are many constructions and interpretations of reality which change over time. Furthermore, qualitative research is a naturalistic and an interpretive approach to its subject matter (Denzin & Lincoln, 1994:2; Babbie & Mouton, 2001:29). Therefore, qualitative researchers usually interrogate audiences of media products such as *Chumo* in the social context in which the film is viewed (Morley, 1992:185). Researchers try to understand the world from the perspectives of the subjects in their natural social context (Neuman, 2011:74; Denzin & Lincoln, 1994:2).

Given the aims of this study, the qualitative research strategy was more appropriate for this particular study. As such, it deals with the natural settings in which media products are consumed and influenced by the lived experiences of the viewers. Ang (1995:214) asserts that:

Audiences are seen as producers of meaning, not just consumers of media content: They decode or interpret media texts in ways that are related to their social and cultural circumstances and to the ways in which they subjectively experience those circumstances.

Thus, qualitative researchers ‘make sense of or interpret phenomena in terms of the meanings people bring to them’ (Denzin & Lincoln, 1998:2). This approach allowed the researcher to interact and discuss at length with *Chumo* audiences, and the researcher encouraged the participants to express not just their views and perspectives after being exposed to the film, but also their feelings. Through qualitative methods, which will be discussed in the subsequent sections, the researcher was in a position to explore the meanings audiences made at the point of the reception with the film.

3.1.2. Philosophical and methodological considerations

3.1.2.1. Philosophies guiding the choice of research methodology

The previous section delineated the qualitative strategy as the approach used in this study. It is important to explore this choice of methodology and approach. Decisions as to which methodology and actual methods to use in any study are informed by two philosophical concepts: ontology and epistemology (Neuman, 2011). The former refers to the nature of a problem or a matter under investigation. In other words, it is a state of the reality in which the study will be carried out (Neuman, 2011:92; Durkheim & Blanche, 1999:2; Gray, 2004:16).

To illustrate, the current study interrogated the meanings audiences formed after being exposed to *Chumo* in Dar es Salaam, Tanzania. Ontology informs the researcher what is ‘out there’ (Durkheim & Blanche, 1999:3). Therefore, it plays an important role in making decisions about which methodology and methods to use in a particular inquiry, such as exploring the meanings people make of the text they read (Gray, 2004:6; Durkheim and Blanche, 1999:3). According to Neuman (2011:92), there are two strands in ontology: realist and nominalist. ‘Realists see the world as being out there; the world is organized into pre-existing categories just waiting for us to discover’ (2011:92).

Within the realist strand, there is a sub-strand which has taken the name ‘critical realist’. This strand suggests it is difficult to interrogate reality directly. Thus, investigations into reality are likely to be distorted because of our personal ideas, values and beliefs. Because of that, critical realists take precautions to avoid affecting the quality of the findings of an inquiry. In contrast, nominalists believe that ‘humans never directly experience a reality out there; our experience with the real world is always occurring through a lens of

interpretations and inner subjectivity' (Neuman, 2011:93). Thus, our beliefs as well as cultural values have an impact on what people observe and how they experience reality.

Conversely, epistemology is about how we come to know about the meanings audiences make after being exposed to media products - such as *Chumo*. It is concerned with the relationship between the investigator and what can be known (Durkheim and Blanche, 2002:6). Furthermore, epistemology is a branch of philosophy which involves the creation of knowledge.

Epistemology focuses on how we know, what we know or what the valid ways to reach the truth are. It includes what we need to do to produce knowledge and what scientific knowledge looks like once we have produced it (Neuman, 2011:93).

There are two main epistemological positions: positivism and phenomenology/interpretivism. The former is connected with quantitative research methodology. Positivism assumes that the 'social world exists externally and that its properties should be measured through objective methods rather than being inferred subjectively through sensation, reflection or intuition' (Thorpe et al., 2008:52; Gray, 2004:18). According to Gray (2004) reality comprises of what researchers can sense. This is to say that reality is about what can be observed, smelt as well as touched. In this case, therefore, Gray argues that investigations should be conducted by using scientific methods as opposed to philosophical speculations. Therefore, Neuman (2011:93-94) notes that early social scholars thought that we could investigate the social world by employing similar methods and procedures used in natural science such as physics. Deacon et al. (1999:3) state that researchers in positivism tend to be objective and detached in data collection processes to avoid the findings being contaminated with their own personal views.

In contrast, phenomenology/interpretivism is linked with qualitative methodology that informs the current study. It assumes that 'reality and meanings do not exist in some external world but are created by the subject's interactions with the world' (Gray, 2004:17). Thus, meanings are created not discovered; so individuals like *Chumo* audiences construct their own meanings. Whilst positivists are 'looking for consistencies in the data in order to deduce laws, the social sciences often deal with the actions of the individuals' (Gray, 2004:20). It assumes that any effort to know social reality, such as the meanings audiences make from *Chumo*, has to be based on people's experiences of social reality.

Therefore, phenomenological research entails studying audiences or individual experiences of the world (Tech cited in Gray, 2004:22). Bryman (2004:13) notes that

phenomenologists believe that the subject matter of the social sciences is different from that of the natural sciences. Thus, researching the social world needs a different logic of research procedure which echoes the uniqueness of humans as opposed to the natural order. In phenomenology, researchers gather thick ‘description of data as the basis for inductive generation of an understanding of what is going on or how things work’ (Locke et al., 2004:150). This, however, raises various questions about the reliability and validity of qualitative research; this is explored in the next section.

3.1.2.2. Methodological issues

The previous section underscored philosophical issues which informed the choice of research methodology of this study. In brief, this part examines the debate surrounding reliability and validity in qualitative research. Phenomenology, which underpins qualitative studies, as highlighted in the previous section, raises concerns for reliability¹² and validity¹³ of its findings (Neuman, 2011; Bryman, 2004; Babbie, 2010). Some scholars argue that reliability and validity are grounded in positivism and, thus, they are more linked to quantitative studies than qualitative research (Bryman, 2004:28; Neuman, 2011:214).

For example, Bryman (2004) illustrates that external validity might be crucial to qualitative researchers. However, he argues that since the concept is based on the representativeness of the sample this makes it more applicable in quantitative studies. Because of that, Bryman notes that there is a debate between researchers whether qualitative studies should be evaluated using these concepts. Lincoln and Guba (1985) suggest trustworthiness as an alternative term and a way of evaluating qualitative studies (in Bryman, 2004). Trustworthiness¹⁴ consists of several concepts such as credibility¹⁵ which matches with internal validity, transferability¹⁶ which matches with external validity, dependability¹⁷ which matches with reliability, and conformability¹⁸ which corresponds with objectivity (Bryman, 2004).

¹² ‘Reliability means dependability or consistency. It suggests that the same thing is repeated or recurs under identical or very similar conditions’ (Neuman, 2011, 2014).

¹³ Validity is concerned with integrity of the conclusions that are generated from a piece of research (Bryman, 2004:29)

¹⁴ Trustworthiness is a criterion for judging the quality of qualitative study (Bryman, 2004: 273-6)

¹⁵ Credibility is about how believable are the findings (Bryman, 2004: 273-6)

¹⁶ Transferability means do the findings apply to other contexts? (Bryman, 2004: 273-6)

¹⁷ Dependability means that findings apply at other times (Bryman, 2004: 273-6)

¹⁸ Conformability asks if the has researcher allowed his or her values to influence the research to a high degree? (Bryman, 2004: 273-6)

Conversely, Neuman (2011) and Babbie (2010) articulate that reliability and validity are useful in gauging the quality of qualitative study findings. However, Babbie (2010) argues that in qualitative research, reliability is ‘more elusive’ due to the fact that researchers observe subjects which are always changing and the act of interrogating these subjects might affect them. As Neuman (2011:2014) asserts, ‘we often study processes that are unstable over time. We emphasize the value of changing or developing interaction between us as researchers and the people we study.’ As such, the goal of qualitative studies is not to generalise its findings but to provide an understanding of the meaning which ‘one or two people’, like *Chumo* audiences, ‘attribute to a certain event’ (Babbie, 2001:274).

This argument is in line with the current study’s purpose - to understand what meanings the selected audiences in Dar es Salaam make after being exposed to the film. The study did not intend to generalise its findings to the wider population. Nonetheless, the study argues that the results might be applicable in a larger area of the population with similar characteristics to those in Dar es Salaam in Tanzania. Furthermore, its results have an ecological validity. Ecological validity is about whether the findings of the study are applicable to people’s everyday lives and natural social settings (Bryman, 2004). This is clearly evident in thick excerpts presented in several sections of chapter four

Moreover, triangulation¹⁹ was used as a technique to achieve reliability and validity of this study. It uses two methods: thematic content analysis and focus group discussions. Triangulation is one of the best ways of ensuring validity and reliability in a qualitative research (Babbie & Mouton, 2001; Bryman, 2004; see also Spicer, 2004:294). The next section discusses research methods and sampling procedures employed in this study.

3.2. Research methods and sampling procedures

The study used a two-stage design, inspired by the greater rigour that triangulation offers. Firstly, thematic content analysis of *Chumo* and its script was carried out before going to the field and, secondly, focus group discussions were conducted with the selected audiences of the film in Dar es Salaam. The approach enabled the validation of data through these different methods.

¹⁹ ‘Triangulation entails using more than one method or source of data in the study of social phenomena’ (Bryman, 2004:275).

3.2.1. Qualitative thematic/content analysis of *Chumo* film

Reception research partly involves a comparison between textual analysis of cultural products like *Chumo* and the film's audience discourses (Jensen, 1991). Thus, thematic content analysis of the film was carried out between October and November, 2013. The analysis specifically explored themes related to malaria in pregnancy and partly it examined issues related to gender and marriages as they are depicted in the text (*Chumo*). By definition 'content analysis is a technique for gathering and analysing the content of text' such as newspapers, movies and books (Neuman, 2007:272-3). Unlike quantitative content analysis, which involves counting words in a text (Neuman, 2007), thematic analysis demands 'involvement and interpretation from the researcher' (2012:10). As noted earlier, 'codes' related to malaria, gender and marriages were developed to guide the analysis process of the film. *Chumo* was my unit of analysis; therefore, there was no sampling as the analysis was carried out on the entire film.

However, this exercise was not a detailed thematic analysis of the film. The analysis was carried out before going to the field to equip myself with the issues about malaria in pregnancy and gender embedded in the film. This was in line with Schroder's (in Mbatha, 2011:57) suggestion that researchers should refrain from conducting in-depth content analysis of media products, so as to avoid meeting participants of reception study with 'a preconceived and expedient depth-analysis that would impede a truly phenomenological exploration of the informant's life world-based experience'.

Moreover, after familiarizing myself with the key issues related to malaria implanted in *Chumo*, I then conducted focus group discussions with the selected audiences of the film in Dar es Salaam. Focus groups allowed me to explore the meaning viewers made after being exposed to the film. How focus group discussions were conducted is explored in the next sections.

3.2.2. Focus group discussion

Focus group discussion²⁰, as a method, has demonstrated its usefulness in examining the meaning audiences make from the cultural products they consume (such as *Chumo*) (Jensen, 1988; Lunt and Livingston, 1996; Ruddock, 2001; Schroder et al., 2003; Ang, 1995; Deacon et al., 2007:57). For example, David Morley pioneered the intensive use of this

²⁰ The focus group method involves bringing together a group to discuss their experience of a media in the presence of a moderator (Lunt & Livingstone, 1996:157).

method to study audiences of television programmes in the UK. Elihu Katz and Tamar Liebes in 1990 studied *Dallas* while Philo and Henderson in 1999 studied *Pulp Fiction* in other well-known examples of focus group work. The method is considered to be a simulation of everyday conversations and gatherings in which audiences come together to watch television programmes as well as movies (Lunt & Livingstone, 1996:162; Ruddock, 2001; Ang, 1995). As such, it is during this gathering that the meanings of a text like the said film are negotiated (Carey in Ruddock, 2001). Thus, the technique is employed in qualitative studies to analyse everyday ways in which individuals make sense of media contents (Lunt & Livingstone, 1996:162). Furthermore, it provides qualitative researchers with a mechanism of replicating these everyday social interactions (Burgess et al. in Lunt & Livingstone, 1996: 163). Carey in (Lunt & Livingstone, 1996: 163) argues that ‘culture definition of communication suggests that meaning is a collective process’.

However, focus groups as a method have been criticized for bringing together different individuals in which some may be more talkative than others and consequently sway and control the views of those less talkative. Yet, Philo (in Lunt & Livingstone, 1996) argues that this echoes what is happening in everyday conversations where meaning is negotiated rather than intrinsic, and influenced by our insights and other individuals’ views.

Moreover, some media scholars propose that the quality of results in a focus group depends on the number of people in a group and the context in which the discussion is conducted (Lunt & Livingstone, 1996; Hansen et al., 1998). However, these scholars differ on the size of a focus group. For instance, to Lunt & Livingstone, six to ten people in a group works better whilst Deacon *et al.* (2007: 58) suggest as few as five participants can produce good results. Other scholars such as Schroder *et al.* (2003) argue that because of the manageability participants should be between three and four in a group discussion. They argue that this allows the moderator to manage the group. However, it seems that there is no rule that a group should contain a certain number of participants.

For example, in his study of *Nationwide*, a television programme, David Morley’s focus groups consisted of between three and thirteen participants (Lunt & Livingstone, 1996:161). This study used Lunt and Livingstone’s proposal of between five and ten respondents in a group. The availability of resources influenced the number of focus groups to be conducted (Lunt & Livingstone, 1996:168; Ruddock, 2001:133). However, they recommend that the number of focus groups should be determined by the repeating stories.

This is to say that one should continue conducting discussions until s/he experiences that there are no new insights from the participants. That is, respondents repeat what was said in the previous groups (1996: 160).

Therefore, in line with the above arguments, I conducted five focus group interviews which comprised of four to seven participants. Two focus groups were conducted at Ubungo Rombo, one focus group was conducted at Kinondoni and the remaining two were carried out at Chanika outside the city centre. The choice of these areas was more or less based on the availability and the willingness of people to participate in the study.

The first group was conducted on 2 January 2014 at Ubungo; six women – married and unmarried - were invited but only four married women attended. Two focus groups were conducted on 3 January 2014 at Chanika where six married women attended the first group. In the second group, seven married and unmarried women and men participated. However, one man left before the discussion ended. The fourth focus group was conducted on 12 January 2014 in which four people (one married and two unmarried women and unmarried man) participated. In the last group which was conducted on 14 January 2014, there were similar stories to those with the previous groups. It was attended by four men (three married men and an unmarried man).

The venues in which focus groups are conducted are very important in reception studies. The discussions are required to be conducted in an informal environment similar to the natural context in which viewing of television programmes and films happens (Lunt & Livingstone, 1996; Ruddock, 2001). Thus, focus groups for this study were conducted in the areas in which they were convenient for both the researcher and participants. Other criteria included the availability of TV sets and electricity.

Four focus groups were conducted in the recreational centres close to the homes of the participants because married women could not attend the discussion far away from their homes, as some of them had babies. The discussions were conducted in the morning because the venues are free and there are no interruptions and noises. One focus group was conducted in the family house of one of the participants and I used their facilities such as the TV set and electricity. These areas were conducive as most respondents – particularly men – usually spent time in these places to watch football games.

I introduced myself and explained that the goal of my study was for academic purposes only. I avoided telling my participants that I was investigating issues related to

malaria in pregnancy from the film (*Chumo*), as doing so could affect the viewing and their subsequent feedback. This was also purposely done to create a natural viewing environment similar to a domestic context in which viewers are not told the goals of an entertainment-education programme. The introduction plus the discussions were conducted in Swahili which is the national language in Tanzania (and in which I am fluent). Then, study participants were given consent forms to sign if they agreed to participate. However, the consent form did not include the topic under investigation; it highlighted that I am a student and the research was part of my studies. The researcher took this time also to set them at ease and establish rapport so that they could feel free to contribute. Before the discussion started, the participants and I spent 45 minutes watching the entire *Chumo* film (Lunt & Livingstone, 1996).

The 45 minutes of viewing the film helped them to feel more comfortable as most of them engaged in talks as they continued watching *Chumo*. This created an environment similar to that of the home context in which reception of media products happens. Therefore, the discussion started soon after watching the film. My role as a moderator was to guide the discussion and I made sure that it was focused on my research objectives (Lunt & Livingstone, 1996). The discussions were recorded using two devices: a laptop computer and a digital tape recorder. The longest discussion took two hours and thirteen minutes and the shortest was about one hour and thirty minutes. To put them at ease with the equipment, I assured them that the recordings were only for the purpose of this study.

3.2.3. Pilot focus group discussion

A pilot focus group discussion was conducted with six women working as cleaners at the University of Dar es Salaam in Tanzania. The six women were selected for the pilot because of their readiness to participate in the study. The aim of piloting was not only to try out my interview guide but also to experience the procedures of organising focus groups, such as recruiting participants and testing equipment to be used, for example, a tape recorder and projector. According to Deacon et al. (2007:70) piloting helps researchers to develop interviewing skills, while Seidman (1991:38) asserts that a pilot study enables the researchers to experience practical issues when conducting interviews.

The pilot focus group was recorded and it was reviewed afterwards. This was in line with Deacon et al.'s (2007) suggestion that pilot interviews should be recorded and listened to later to note how the researcher asked questions and thus enabling him/her to improve the

way questions are asked. It was from this pilot focus group that the researcher learned the best arrangement of participants in the focus group so that the tape recording could work well. I also realized that there was a need to have two tape recorders; and the preferred type of table to be used was a round table, which worked better than a square table. Further, it was planned earlier to use a projector for displaying the film to the participants before the discussion began, but I noticed from the pilot study that the projector would not work properly in certain venues. I therefore borrowed a Digital Versatile/Video Disc (DVD) player.

3.2.4. Sampling procedures

As qualitative studies aim to examine the meaning of a phenomenon from the views of the subjects, it is vital to choose a sample from which researchers can explore and gain an insight from them (Merriam and Associates, 2002:12). Neuman (2011:242) argues that most cases studies in the qualitative approach employ non-probability sampling to select participants. In this study, a snowball sampling procedure was used to recruit the participants. In snowball sampling, researchers establish the first contact(s) who is/are suitable for a particular study. This contact(s) then links the researcher with other subjects who may also suggest other people. Thus, the number of study participants increases as more people are suggested by the initial subjects who participated in previous focus group discussions (Bryman, 2004:100; Deacon et al., 2007:55; Neuman, 2011:242).

In this study I had two initial contacts: at Ubungo-Rombo and at Chanika. They are my relatives but they did not participate in the study. I avoided this as it may have influenced my discussion (see Neuman, 2011:459). However, it was easy for them to identify people in their areas and the subjects felt more comfortable to participate because they were contacted by individuals familiar to them. This helped to create a natural environment for the discussion to take place. As Burgess et al. in Lunt & Livingstone (1996) state, the researcher avoided meeting with unfamiliar participants because it might have made the discussion more formal and hence controlled by the moderators. A participant at Ubungo-Rombo linked me with other subjects at Kinondoni, Kigogo and Mwananyamala; the venue was at Kinondoni. Similarly, a subject who attended the first group at Chanika linked me to other subjects for the second group.

Twenty-five subjects participated in the study in five focus group discussions in which members per group ranged between four and seven people. Thirteen participants were

married women, four were single women, three were married men, and three other men were single. There was also a divorced man and a separated woman. Many married women and men had children. At the end of the focus group discussions each participant received 10,000Tsh/ (6.25USD) for attending the discussion. However, participants were not told beforehand that they would be paid because this could possibly influence the discussion. Additionally, a total of 40,000Tshs (32.25 USD) were also spent on paying for the venues and drinks. Drinks were served during the 45 minutes of watching *Chumo*. This further helped to ease tensions and create an environment similar to the domestic context in which people watch television while attending to other issues at home.

3.3. Data analysis procedures

As noted earlier, focus group discussions were my main method of data collection. The method generated many hours of audio recordings which were then transcribed and later translated from Swahili into English. During the process of transcribing and translating, I noted emerging themes and concepts which were further used in analysing and making sense of the data. David and Sutton (2004:99) state that transcribing helps the researcher to get close to the data. They further argue that knowing every word used in the discussion has an advantage to the researcher when it comes to analysing qualitative data. Jensen (1988:5) writes that ‘audience interviews constitute another text to be decoded’. Thereafter, the thematic analysis technique was used to analyse participants’ accounts; this involves assigning of raw materials into codes and later into themes (Jensen, 1982:247).

Computer software (Nvivo 7) was used to carry out some additional analysis. The software allowed the researcher to carefully and thoroughly organise, examine and integrate data into various codes. By using Nvivo, it was easy to check and re-check each piece of raw data assigned to a particular code and ‘uncode’ any data which was perhaps accidentally assigned to a particular code. In each code, data was further refined and sorted. This resulted in refinement of the codes and consequently created themes and sub-themes. In order to make meanings from the data, the search query feature of the software allowed me to search for words, looking for patterns and relationships of various themes (see Neuman, 2011).

3.4 Limitation of the study and problems in the field

The major challenge was to locate a venue with the required facilities such as a Digital Versatile/Video Disc (DVD) player and a television set for playing back the film. I had to carry my own DVD player to every venue. If the venue had no DVD player or it was

not working properly, my own machine was used to play *Chumo*. In connection with this challenge, electricity was also a problem. Frequent power blackouts affected focus group discussions because participants had to watch the film first before the discussion began. So, it was not possible to watch the film without electricity. Therefore, one focus group discussion had to be cancelled and re-scheduled because of a power blackout. On the other hand, as highlighted earlier, some participants did not show up for the discussion and one male respondent left before the discussion ended as he had to attend to other responsibilities.

3.5. Conclusion

This chapter mapped and discussed the research methodology and procedures used in carrying out this research. It discussed the qualitative approach which underpins reception studies and the methods of data collection used: thematic content analysis of the film (*Chumo*) and focus group discussions with the selected audiences of the film in Dar es Salaam. The two methods formed a two-layered ‘triangulation’ design structure for the study. The chapter also delineated sampling and data analysis procedures and problems encountered during data collection. The next chapter presents and discusses the findings of the study using these methods and drawing on the theories discussed in chapter two.

CHAPTER 4

DATA ANALYSIS AND PRESENTATION

4.0 Introduction

The previous chapter discussed methodological issues as well as methods used in this research. Drawing on the literature review and theoretical framework delineated in chapter two, this chapter presents and discusses the findings of the study regarding how *Chumo* aided the public understanding of malaria in pregnancy. The chapter also looks at the use of entertainment-education as a medium and the decoding of messages by the selected Dar es Salaam audiences of the health education film *Chumo*. It asks if the film ‘works’ in terms of message dissemination. Specifically, the study seeks to answer three questions:

- What meanings do the public make after watching *Chumo*?
- How do gender roles and power relations depicted in the film influence the audiences of the film and, in particular, how do they impact on their knowledge and intention to change behaviour against malaria in pregnancy?
- How do parent-child relationships hinder/encourage efforts against malaria in pregnancy?

This chapter presents findings collected using thematic content analysis of both *Chumo* and its script and draws on focus group discussions of the selected audiences of the film in Dar es Salaam, Tanzania. Thematic content analysis was carried out between October and November 2013 before focus group interviews were conducted in January 2014. It begins by presenting data from the thematic content analysis followed by data from focus group discussions. Findings from focus group discussions are presented and interpreted in collaboration with excerpts from the viewers of the film.

4.1. Thematic content analysis of the *Chumo* film and its script

4.1.2. An overview of themes in the film

The film (*Chumo*) (which literally means *Produce*) carries several themes which portray the reality of everyday life in rural settings along the shore of the Indian Ocean in Tanzania. It depicts traditions and cultural values which include the Islamic religion, marriage and power relations in the families, gender roles and fishing activities. The storyline also carries themes depicting the prevalence of malaria in pregnancy in the Tanzanian context at large. However, my main concern in this thematic content analysis was to explore qualitative themes about malaria in pregnancy in order to acquaint myself with the nuances of these before going to the field for data collection. But I also partly examined the issues of

marriage, gender roles and power relations in the families and how they enhance or hinder the behaviour against malaria in pregnancy. The following key themes emerged from the film and examination of the script.

4.1.3. Malaria in pregnancy

In this theme, six major issues about malaria in pregnancy were identified in the film and its script: early signs of pregnancy, malaria transmission and symptoms, treatment and prevention of malaria in pregnancy, antenatal care (ANC) visits and the effect of malaria in pregnancy. They are further explored below:

4.1.3.1 The portrayal of early signs of pregnancy

Understanding early signs of pregnancy is portrayed as very important for the efforts against malaria prevention in pregnant women. This is because such signs alert the women that they need to begin attending health clinics and taking precautions regarding malaria. In the film, these signs were conveyed to the public through its main actress, Amina, and the depiction of images of women with large stomachs in maternity dresses (*dera*) signifying that they are pregnant. Amina realizes that she is pregnant after missing her period for several weeks and recognizes that she has a swollen face. Early signs of pregnancy were also depicted through sounds which indicated that Amina was vomiting, sweating at night and the indication of frequent urination.

4.1.3.2 Malaria transmission and symptoms

Malaria, which is caused by plasmodium parasites, is transmitted from one person to another by a female mosquito called anopheles (Cox, 2010; Matthews, 2011). In the film, the message on how malaria is transmitted is conveyed through the use of the images. The failure to use mosquito nets exposes a character to mosquito bites at night. There is a depiction of mosquito buzzing sounds and hot weather at night that portrays a cause for pregnant women and others not using mosquito nets. A character is shown in bed sweating and struggling, and eventually her mosquito net falls down; she decides to remove it. Mosquitoes bite her while she is shown using her hands to repel them. However, the character is infected with malaria. Malaria symptoms are portrayed through shivering which signifies malaria fever and fainting of the main actress of the film.

4.1.3.3. Prevention of malaria

Throughout the film mosquito nets are depicted as one of the ways through which people, including children and pregnant women, can defend themselves against malaria

infections. Male characters are shown using mosquito nets at night. Messages about malaria prevention are also conveyed through a poster on the wall at the health clinic showing the proper use of the net. The poster is accompanied by a picture and words which explain how pregnant women and children can prevent malaria through the use of insecticide treated nets (ITNs). Amina, who is pregnant, is seen passing close to the poster and keenly looks at the poster. The main logic of Amina posing and reading the poster is to draw audiences' attention to malaria prevention messages. The poster is written in white and red on a blue background.

The word 'Malaria' and *Malaria Haikubaliki* (Malaria is unacceptable) are in red to signify that malaria is dangerous and is a graphic design tool to show contrast in a document. On top of the poster, there are Swahili words in white "*Walinde Wajawazito Dhidi ya Malaria*" (Protect pregnant women and children from malaria). Below the image which shows a woman and a kid sleeping under a mosquito net, there are other words: "*Matumizi ya chandarua chenye dawa kila siku kwa wajawazito na watoto chini ya miaka mitano yataokoa maisha yao*" (the daily use of ITNs by pregnant women and children under five years will save their lives).

4.1.3.4. Antenatal care (ANC) and treatment of malaria in pregnancy

The film is concerned to convey the message that women should attend antenatal care (ANC) as soon as they realize they are pregnant. In the film several storylines are encoded with messages that encourage women to attend ANC. After losing her unborn baby, Amina realizes that she could have saved her baby if she attended a health clinic immediately after realizing she was pregnant. The importance of pregnant women attending ANC is also emphasized in an epilogue at the end of the film where Amina responds to several questions posed to her by a disembodied male voice. Pregnant women are advised to attend ANC where they receive advice about sleeping under mosquito treated nets which can prevent mosquito bites and malaria. In addition, the film portrays the significance of pregnant women getting access to Intermittent Preventive Treatment in Pregnancy (IPTp) which is sulfadoxine/pyrimethamine (SP) to prevent them and the unborn baby from getting malaria infections. They are also given encouragement to go back to the clinic whenever they feel sick or they notice any sign of illness.

4.1.3.5 The effect of malaria in pregnancy

Though malaria has many effects in pregnant women (TACAIDS et al., 2013; MoHSW, 2009), the death of the pregnant woman and the unborn baby and pregnancy loss are, of course, the more serious consequences. The film focuses on this. The unnamed character who died with her unborn baby and the central character, Amina, who loses her unborn child, are used to convey educational messages about the potentially serious impact of malaria on pregnant women. Women are seen in the video discussing the death of their fellow and they noted that malaria is a serious disease.

4.1.4. Gender roles and power relations in the family

On gender roles and power relations, I partly identified the following themes: decision making, parent-relations, and marriage which is further divided in three themes: parents' role in marriage, income, and the role of children in marriage. Key to the film's story is the patriarchal power that Amina's father has in 'choosing' her prospective husband. All these are explored in the next section which also examines their implications in this authentic representation of gender and generational power in a film that seeks to invoke behaviour change against malaria in pregnancy.

4.1.4.1. Decision-making in relationships: Boyfriend/husband versus girlfriend/wife

The film reveals gender roles in decision-making among partners. Even if a woman is more knowledgeable about her reproductive health and malaria in pregnancy in particular, the decision to attend ANC is influenced by the husband/boyfriend. But these men seem to pay little attention to the women's health until things become worse. Apart from paying little attention to the health of their partners, men are portrayed as unable to identify early signs of pregnancy. To illustrate, although Amina had a swollen face and has morning sickness, Juma and Ali (Amina's father) did not realize that she was pregnant. In fact the father character, Ali, was unaware that his daughter was pregnant until he was told by a nursing officer that his daughter had lost her unborn baby because of malaria.

4.1.4.2 Parent-child relations

The film explores the fraught relationship between fathers and their daughters within this society, and within the cultural norms it explores. It portrays that it is difficult for girls to talk about their reproductive health problems to their fathers. In the film, Amina finds herself in a very difficult situation after being pregnant. The film just portrays that Amina lives with

her dad; it does not say anything about her mother. She feels that she can't tell her father that she is pregnant. So the situation of not being open to her father had implications for her health because she had to continue hiding her pregnancy. Though at some point Ali asked her whether she was sick, Amina could not admit this until she was in a serious condition and was later rushed to the hospital. This is because she was in a love affair with Juma who was not accepted by her father. Thus, revealing that she was pregnant could anger her dad who wanted his daughter to marry Yustus.

4.1.4. 3. Marriage: The role of parents, income and children in marriage

Chumo also depicts parents' roles in the marriage of their children. Indeed, it explores how the father may be influenced by the economic position of the man who wants to marry the daughter. Ali, Amina's dad, wanted his daughter to be married to Yustus just because the man is well off economically. Ali tries to connect Yustus with his daughter by telling her to escort him. On the way Yustus tries to kiss Amina by force. Yustus tells Amina that he has received all blessings from her dad. Furthermore, Ali accepts Yustus to marry Amina on the grounds that Yustus has an engine-operated boat that enables him to fish more effectively, compared to his love rival, Juma. Ali also receives free fish as a gift from Yustus as a demonstration by Yustus of his economic wherewithal. Also, Yustus's mom wants Amina to be married to her son; she calls Amina her daughter-in-law. The mother also tells people that Amina is her choice who will give birth to her first grandchild. This talk is done in Amina's presence.

In the context of war against malaria in pregnancy, these struggles seem to curtail Amina's desire to attend antenatal care after realizing that she is pregnant. She was initially depicted as shy to attend clinic because the town is very small and soon people could realize that she is pregnant. Thus, attending ANC means exposing herself to the public. Yet, she realized that it is not possible to hide her pregnancy; so the solution for her was to go somewhere else, away from her village. But Juma does not agree with the idea of leaving. Though Amina later is seen outside the health clinic reading information about malaria in pregnancy, she does not go inside to seek health service. Eventually, she is taken to the clinic when it is too late and, finally, she loses her unborn child.

How these themes play out and what the audience made of them is the focus of the next section which draws on the focus group discussions.

4.2. Findings from the focus group discussions with *Chumo* audiences

The previous section presented findings from the thematic content analysis of both the film as well as its script. In this section, findings from focus group discussions with the film audiences are presented and discussed in different sections which answer the research questions of the study and take into account theories elucidated in chapter two. The section starts by exploring identification with characters and the likeability of the main actress of the film. Since it is a qualitative study, audiences' responses are quoted in some detail to illustrate the reception of the film and the reception of its intended messages.

4.2.1. Audience identification with characters of *Chumo*

Why do audiences identify with that particular character? What behaviour is an audience intending to imitate after viewing the film and how do these relate to what the characters do in the film? Drawing on Bandura, as outlined in chapter two, it is clear that identification with the characters is a key step towards receiving and decoding of several themes of the film, and in being open to new behaviours around malaria. As Hall's encoding/decoding (1980) argues, the production process of media products like *Chumo* involves drawing on the wider social context where the characters of the film who convey messages are situated. Thus, drawing on the concept of 'identification' enabled the researcher to see how audiences of the film associated with these characters. This is also in line with Bandura's social cognitive theory that audiences are likely to imitate behaviours from role models with whom observers identify (Bandura, 1996).

One of the earliest attempts to define identification was done by Freud in 1922; to him it referred to the 'earliest expression of an emotional tie with another person' (Freud in Brown & Fraser, 2004:101). Identification occurs when a person shares the interests of another person. In other words, the person believes that he/she shares the interests of another individual. Furthermore, identification is a way in which an audience member can say to a communicator, 'I am like you' or 'I have the same interests as you' (Cheney in Brown & Fraser 2004:101). According to Brown and Fraser (2004:102-103) there are two ways of identification: classical identification and reciprocal role identification. They argue that in classical identification audiences may attempt to be like or actually be the other person. For instance, during the focus group discussions some audiences felt that they were like Juma, a key male character in *Chumo*. On the other hand, in reciprocal role identification an individual is empathetic in terms of the other person's expectations, feelings or needs

(Kelman in Brown & Fraser 2004:102-103). Thus, the section below explores role models as well as likeability of the main actress.

4.2.1.1. Audiences' role models

Identification in this study links the audiences of *Chumo* and characters who may become as the role models to them. According to Bandura's social cognitive theory, role models have an instructive function. In other words, they may provide audiences with solutions to a particular problem such as malaria in pregnancy and teach receivers how to prevent the disease and the likely impacts of the illness (Bandura, 2006; Brown & Fraser 2004). Thus, characters are significant in delivering and understanding the intended health message like malaria in pregnancy by the audiences which may trigger a change of risky behaviours or maintain healthy habits by receivers of the programme (Bandura, 2006; UNFP, 2002; Papa et al., 2000).

During the focus group discussions audiences expressed varied views about who is a role model. These preferences are influenced by factors such as how hardworking the audience perceives a character to be and the levels of tolerance of a character, true love, generosity and malaria in pregnancy.

To illustrate, Juma is a role model to many audiences because he struggled hard in fishing activities by using legally acceptable tools (i.e. not the illegal 'dynamite' methods that Yusus uses). In addition, despite his poor fishing gear, he worked so hard to achieve his dreams. By just using poor fishing tools, Juma was confident that he would win a fishing competition between him and Yustus which determined who would marry Amina. This is clearly articulated in the following excerpts:

Msafiri (Married man): ... Juma has impressed me, he has impressed me and what I want to imitate from him is the spirit of not being discouraged... Though, he had no modern working tools he worked so hard with his poor fishing gears... He was not discouraged even after agreeing to compete in fishing. He believed that he will manage though his canoe does not use an engine like that of his competitor. He used his efforts and energy and won the competition. Therefore, I am so impressed with Juma's life.

This view is also accepted by other film audiences:

Issa (unmarried man): I am impressed with Juma. He is a strong man; he struggled a lot... I love him because I have learned a lot. He struggled a lot using various techniques. His canoe was weak but he used several strategies to make it floating in the sea.

Phagegrory (married waman): I like Juma, I like Juma because he is a hardworking man. He was discouraged but he did not give up. You remember he was told by Yustus that I will give you money so that I (Yustus) can be with Amina. Juma said no, I am ready to work so that I can be with her.

Kayela (unmarried man): Juma is my role model. He impressed me because he was determined, tolerant and he was not using illegal ways to be rich. ...My role model is Juma because he has shown to be very tolerant until he succeeded.

These responses indicate consensus in reasons why audiences chose Juma as their role model. For example, Msafiri and Kayela (see above) are impressed by a spirit of not giving up which Juma depicted and by his use of legal ways of fishing. Similarly, two entrepreneurs, Issa a motorbike driver known as *bodaboda* in Swahili and Phagegrory, a dealer in wedding decorations, were impressed with Juma's hardworking nature. Furthermore, in Hall's encoding/decoding these responses reflect the social-cultural and economic context at the point of reception which has great implications for how people make meanings of the texts they read. They reflect their everyday struggles for life as youth in Dar es Salaam in Tanzania.

Some audiences identify directly with characters of the film. One study participant expressed that he is like Juma; he shares similar traits like those Juma portrayed in *Chumo*. As discussed earlier, this resonates with the concept of classical identification with the character. Juma, a male character, depicted himself to be very tolerant and a man who does not use illegal means of earning an income which attracted Zahoro, a driver and resident from Ubungo:

Zahoro (married man): I like Juma, you know why I like Juma, I am also very tolerant.. I like Juma because I am also like him, I am tolerant.

Another member of the film audience concurred with Zahoro:

Suzan (Unmarried woman): I was impressed with Juma. Though he had low income he was not discouraged he is real tolerant. What I learned from him is that I should not be discouraged.

These responses above indicate the resonance of the film with the lived situations of the audiences. They are also in line with the Fiske's assertion that cultural artefacts like *Chumo* may encourage change if the product resonates with the lived experiences of its core audiences (1987). Thus, what was more appealing to them was the issues of economic struggles that echoed with their lived experiences (Morley, 1992).

To other participants, the preference of a role model was influenced by the true love Juma showed to Amina. Despite death threats he refused to give up; for example, Haisha (married woman), a resident of Chanika, expressed that 'I was impressed with Juma as he was ready to die because of Amina. He loved her'. The same was expressed by Rehema, a married woman from Ubungo:

Rehema (married woman): I love Juma, I love Juma because he showed true love to Amina. He was not discouraged though Ali was discouraging him but he did not give up. That is what I have learned, if you love someone be strong and defend your feelings.

Similarly, this view was also expressed by other *Chumo* viewers:

Magrethi (married woman): I like Juma because he was very strong. Though he was intimidated and discouraged he did not give up. He struggled by all means, he then succeeded to marry Amina.

Mary (separated woman): I was impressed by Juma. He was strong and committed to Amina... Juma was not discouraged by Amina's father; he continued to work hard and succeeded to marry Amina.

Mwanaheri (married woman): I was also impressed by Juma. He had true love. It would be nice if other young men could be like him. Even if he was discouraged he was strong. I am so impressed by him.

Amina's faithfulness to her boyfriend was also a reason for some study participants to choose her as their role model. They said that though Juma was poor she loved him. Some expressed the view that it is not easy to find a woman like her who will reject a rich person and agree to be with a poor person like Juma. For instance, Hadija (unmarried woman), a resident from Chanika, expressed that 'I was impressed by Amina because she loved Juma although he was poor and his room was in bad condition'. So she accepted Juma regardless of his economic situation. This was also evident in the following excerpts:

Hassan (unmarried man): Amina is the main actress in this film. I love her; she is like the engine of the film because in today's life nobody does not want money. She is one of the few girls who can reject to marry a rich person and accept to marry a poor man. So, she has a strong message to me than any other character...

This view was also supported by other participants:

Malina (married woman): Amina is my role model. What I would like to imitate from her is being strong. She was strong and had true love to Juma. If she would not be strong, she could love a man who had money but she had true love to Juma...

Emmy (married woman): I love Amina; she was faithful and committed to her boyfriend Juma though he was not accepted by her father. She showed that she had true love to him though Juma was unable to bring many fish to Amina's father.

Luthy (married woman): I love Amina, she impressed me she had true love to Juma. Though her father discouraged him because of his income Amina did not change her mind. I think her pregnancy was like a defence to herself so that she could marry Juma...I can advise my relatives, young people that they need to have true love.

From the above audiences' views, it clearly reveals that Amina is their role model because she was faithful and portrayed true love to Juma. The views also may reflect the context of the reception in which love affairs seem to be strong and dominate everyday life. Hence, they influence how receivers make meanings from cultural artefacts like *Chumo*.

Generosity is another factor which influenced the choice of role models by receivers of *Chumo*. Even though Ali (Amina's dad) was impeding the love relationship between Amina and Juma, the act of taking his daughter to the hospital impressed some audiences. To illustrate, Muhando, a divorced and a father of two children, decodes it as an expression of kindness, caring and a quick response to problems of children. He also considered Amina's dad to be a main character of the film. He was able to change his position about the love relationship of his daughter and Juma. The following quote is revealing:

Muhando (divorced man): The main character in this film was Amina's father. I love him because at the end he realized his mistakes. He also took a quick decision to rush her daughter to the hospital after falling with a bucket of water. Other elders could have taken her to Sangoma. He took a quick decision to take his daughter to the health centre. Though, Amina lost her pregnancy but her life was saved because she was also in danger...

Similarly, this view was also supported by a female member of the audience:

Catherine (married woman): I was impressed by Amina's father. He was ready to rush Amina to the hospital to rescue her life. I have learned that even us if our children face such problems we should help them and not discourage them.

The views above reflect the social context in which media products such as *Chumo* are consumed. As you can see above, Muhando thought that other parents could have taken Amina to Sangomas instead of rushing her to the hospital as Amina's father did which could lead to the death of both the unborn baby and the mother. Thus, to Muhando Amina's father was his role model as he managed to take his daughter to the hospital to save her life.

For some, the core issue of malaria in pregnancy is a reason for the choice of a role model. One study respondent articulated that Amina and Juma impressed her. However, the respondent was unhappy with them because they did not attend ANC when Amina was pregnant. The audience said there is a need for men to accompany their wives/girlfriends to the clinic when they are pregnant (it is explored further in the next sections). This is expressed in the following response:

Zainabu (married woman): I was impressed with Juma and Amina, however, they did one mistake; they didn't go to the clinic. If you are a woman and you are pregnant which is not yet known to your parents, tell the man (boyfriend) that you are pregnant and he should accompany you to the clinic. If the man is refusing to take you to the hospital, a women should go herself and explain to clinic officers so that they can advise you. ...This will protect the woman from losing her pregnancy.

4.2.1.2 Audiences' likeability of a main actress

Likeability of a character also helps audiences to learn from that particular character about the key issues portrayed by him or her (Piotrow et al., 1997); in this case it is malaria in pregnancy. In *Chumo*, Amina is the main actress who, among other things, portrays themes

about malaria in pregnancy. Audiences articulated varied views about her. However, unanimously, they said they loved her because she is a strong and a faithful actress who was not lured by the income of a man. To illuminate, the following extracts from focus group discussions express these views:

Hassan (unmarried man): I think I love Amina so much and if she was looking for a man to marry, I will be the first man to show up. She is very strong, respectful and humble; that is how a fiancée should behave. She decided to tolerate as she knew that things will be alright one day. I need fiancée with similar traits, if I was Juma I was ready to wait Amina even for six years.

Asia (married woman): I love Amina because she is strong, she loves only one person. She is not lured by a man who has money. So, she loves Juma though he was not better economically.

Nevertheless, other viewers echoed that they love Amina but they were unhappy with some of her actions because she knew that she was pregnant but she did not attend ANC. This view is articulated in the following interview excerpts:

Kayela (unmarried man): I love Amina just because she was strong; but I can also say that I don't love her because she didn't attend antenatal care. I can say she was not strong because she was fearful, since she did not attend ANC because she worried to be seen.

Biana (unmarried woman): Amina was both a weak and a strong character. She was strong in love affairs; she loved Juma regardless of his income and was not lured by a man who was economically strong. On the other side, Amina was weak because she failed to inform her father about her long love relationship with Juma. She finally realised that she was pregnant but she lost her pregnancy. So she was weak, if she could inform her father she could know how to protect herself from malaria.

These views were echoed by other participants:

Hadija (unmarried woman): I first say that I love her because she had true love to Juma. Secondly, I did not like the way she was hiding her pregnancy. Once a girl is pregnant should inform her elders instead of hiding while lacking the knowledge about pregnancy. ...You can get problems; this is what happened to Amina...

Suzan (unmarried woman): Amina was a strong actress only when she showed her firm decision to be with one boyfriend. However, she was a weak actress because she knew that she was pregnant but she did not attend health clinic.

The above responses reveal that many liked Amina because of the true love she portrayed; for example, Biana (see above). However, some both liked her and disliked her (or her actions) at the same time. For instance, Suzan expressed that Amina was a strong actress on the ground that she was faithful. On the other hand, Suzan said Amina was a weak character because she did not attend antenatal care. This view is also shared by Hadija.

The next part explores more malaria in pregnancy issues that emerged during the focus group discussions with *Chumo* audiences.

4.3. Malaria in pregnancy: findings from the audiences

The previous section discussed the two concepts, role model and likeability of the main actress. In this part, findings about malaria in pregnancy are further explored from the point of view of the lived experiences of film receivers. The next part starts by elucidating early signs of pregnancy as depicted in the film.

4.3.1. 'I believe her father saw her vomiting at night...'

Knowing early signs of pregnancy can help a woman and her husband to immediately begin attending ANC where they will be advised on several health issues including prevention and treatment of malaria in pregnancy (TACAIDS et al., 2013). So it is important for both the woman and her boyfriend/husband that they are aware of these early signs.

From focus group discussions with *Chumo* audiences it was revealed that when a woman is pregnant she may have the following signs: a feeling of fatigue, spiting, eating sour foods, vomiting and wearing long and big gowns popularly known as *dera* (pregnant dress) in Dar es Salaam. Audiences also said that Amina's condition changed after she became pregnant; she was always feeling tired and bad. The frequency of spiting and eating sour foods increased - previously Amina didn't like them. The film also makes it clear that she missed her period. This is affirmed below:

Hassan (unmarried man): Amina's condition changed; she first started feeling bad. She began feeling weak. We saw her frequently spiting. Those are the signs that showed her that she is pregnant... Another sign of pregnancy is missing a period. If she misses her period she will know that she is pregnant.

Issa (unmarried man): ... her health was weak. She started spiting and as we saw her she was vomiting. We saw her at night, she was trying to wait her father is asleep so that she could get out...She was hiding, she did not want her father to realize. She was always wearing dresses that people will not realize that she is pregnant. I believe her father saw her vomiting at night because she went outside to vomit.

Msafiri (married man): ...apart from spiting and showing a sign of tiredness, after watching the film, there is a shot where Amina was sleeping with Juma. Then, she woke up; Juma told Amina you look beautiful, Amina said I feel bad. Juma touched Amina's tummy as a sign that Amina was pregnant. ... So in this film you will notice that Amina was pregnant, she was feeling tired...

Moreover, the above statements from men about early pregnancy concurred with those of women:

Biana (unmarried woman): She was feeling dizzy. We saw her at the well and then when she was going back home she was feeling very dizzy and fell down.

Haisha (married woman): The early signs of pregnancy was to miss her period because when you are pregnant you don't get your period and you feel bad. Therefore, you will know that you are pregnant.

These responses clearly indicate that audiences were aware of the signs of pregnancy and had good prior knowledge of these signs. For instance, Issa (see above) recalled from the film that Amina was vomiting (it is depicted in the film as a sign of pregnancy) at night and she was hiding from her dad. However, this study argues that being able to know these signs doesn't mean that all audiences knew these just after watching *Chumo*. They might have known them before especially for women participants because some of them are married and have children. So they have experienced most of these signs when they were pregnant. For example, this is indicated in the following response by a married woman and a mother of four children:

Mwanaheri (married woman): A woman feels bad; others may feel uncomfortable even to cover themselves with a cloth when she is pregnant...

This finds resonance in Morley's (1992:88) assertion that the meanings audiences make after meeting cultural products are influenced by their cultural background and their lived experiences. This also indicates the idea of character identification; the audiences feel attached to the character who may be relating their own experiences during pregnancy and that of the actress, as discussed in chapter two.

4.3.2. Transmission and prevention of malaria

Being conversant with how malaria is transmitted and prevented can stimulate behaviour change against the disease. The section below begins by discussing how malaria is transmitted.

4.3.2 .1 'I have learned that ... a single mosquito can cause malaria'

From the focus group discussions with audiences, it was clearly revealed that viewers are aware that malaria is a most deadly disease which is transmitted by a female mosquito (anopheles). However, this awareness is not only a result of viewing *Chumo*; audiences had some prior knowledge about malaria. Dirty areas, stagnant water and glasses surrounding one's house are the most common breeding sites of mosquitoes. This is shown in the following quotes:

Biana (unmarried woman): Malaria is transmitted by anopheles, female mosquitoes, they are normally found in dirty areas, stagnant water and glasses around the buildings.

Latifa (unmarried woman): I have learned that ... a single mosquito can cause malaria.

Msafiri (married man): I have learned from this film that malaria is dangerous....We know that it is transmitted by mosquitoes.

However, some participants revealed that there is varied information about *when* the mosquito which cause malaria bites people. A respondent said:

Hassan (unmarried man): Malaria is transmitted by a mosquito and we have been receiving different information from doctors. Some doctors say mosquito which cause malaria bites people at night....What I know is that malaria is transmitted by mosquitoes.

This view concurs with Luthy, a woman and a resident in Chanika, who expressed the view that 'Malaria is transmitted by mosquito which bites at night.' However, Issa from Ubungo felt that though mosquitoes which transmit malaria bite at night, he thought that they can also have an effect if they bite before midnight. This is evident in the following excerpt:

Issa (unmarried man): It doesn't matter when mosquitoes bite you..... If they bite you at 6pm, they are still mosquitoes. However, mosquitoes that cause malaria bite people at night. They are known as anopheles if they bite you once or twice is enough to infect you.

From these responses it can be said that audiences of *Chumo* are not passive; they are active and the responses confirm the argument that the meanings of the media products are not fixed but they acquire meanings at the point of reception (Ang, 1995:214).

4.3.2.2...if you don't use mosquito nets you may get malaria

Mosquito nets are fine gauze nets which are normally hung around a bed to keep insects such as mosquitoes away (WHO, 2007). According to WHO (2007), nets work as a fence which prevent access by mosquitoes, thus protecting an individual from malaria infections. They may be treated with insecticides which kills mosquitoes as they come into contact with the net. As such they are much better at preventing malaria than untreated mosquito nets. From the focus group discussions with the audiences, it was revealed that there were several methods of preventing malaria. Unanimously, audiences expressed that sleeping under insecticide treated nets (ITNs) can prevent a pregnant woman and other people from mosquito bites and, therefore, avoid malaria. Receivers said that pregnant women and other people are urged to use ITNs to prevent mosquito bites. Some audience members recalled that Amina in the film was infected with malaria after she removed her ITN from the ceiling where it was fixed. This is clearly said in the following excerpt:

Kayela (unmarried man): I have learned the use of mosquito nets. It seems that if you don't use mosquito nets you will get malaria. We have seen Amina, she was sleeping under mosquito net but she removed it and put aside. She continued to sleep without mosquito net and she was bitten by mosquitoes; it is when she was infected with malaria. I think the increase in using mosquito nets can be one way of preventing malaria.

This view is also accepted by the following *Chumo* audience members:

Biana (unmarried woman): We have to take precaution before things are worse. We have seen Juma and his girlfriend; they will now be very careful because of what happened to them. It is unacceptable; we are required to learn how to prevent malaria before we are infected like sleeping under treated mosquito nets.

Msafiri (married man): As a father of two kids, I will make sure that I remind my wife that we make sure that our kids sleep under mosquito treated nets to prevent malaria infection because malaria is dangerous...

Hilida (married woman): I will tell my neighbour that I went there, we have seen that malaria is dangerous. She is pregnant but she is not using mosquito net. Although, she is spraying insecticide but its strength may be weak at midnight. Therefore, mosquito net is important than the insecticide she is using. I will tell her that because of her condition she has to sleep under mosquito net. I will tell her like what happened to Amina.

However, some study participants thought that ITNs are not the right methods because people sleep too late (will be explained below). Therefore, more efforts should be done to destroy mosquito-breeding areas than the use of ITNs, while others think that ITNs should be used together with other methods. This is articulated clearly in the following extracts:

Hassan (unmarried man): They have taught us something but I don't agree with them directly. They are telling us the use of mosquito nets to prevent malaria. Mosquito nets are only used when we sleep; they forget that you can go to sleep at 10pm or 11pm but mosquitoes can bite a person before that time. They have taught something but they did not tell the truth about malaria prevention. We need to destroy mosquito breeding sites rather than just preventing mosquito bites. When you destroy breeding sites you destroy them completely.

Other viewers concur:

Zaharo (married man): I know malaria since long time ago and I protect from mosquitoes. But people involved in malaria prevention are just giving us mosquito nets instead of destroying mosquito breeding areas. In some streets in Dar es Saalam they spray insecticide into stagnant water but in our areas called *Uswahilini* (township) spraying is not done. Therefore, there are many mosquitoes. We buy mosquito nets but destroying their breeding sites is very important. Spraying insecticide into ponds will help to reduce mosquitoes....So I request them, they should look at the sources of mosquitoes and destroy them. Using mosquito nets just for three hours at night is not enough.

Phagegrory (married woman): I still emphasise that malaria kills because if we don't take action to destroy mosquito breeding areas the possibility of being infected with malaria is high. Therefore, malaria is dangerous for human health. It is better if we destroy mosquito breeding areas even by using insecticides.

Magreti (married woman): When we are at home, we should make sure that our environments are clean; we need to cover all ponds around our houses, spraying insecticide into stagnant water to prevent mosquito breeding. Also, toilets are mosquitoes' breeding areas particularly in our latrines. If there is an insecticide you can put into the latrine to prevent mosquitoes.

In addition to destroying mosquito-breeding sites, *Chumo* audiences expressed the view that there is a need for having family efforts to control mosquitoes. For example, each family should properly arrange various items such as baskets of clothes, boxes and other containers in their houses and remove unwanted ones. As Magrethi said, mosquitoes tend to hide in various items if they are not kept properly in the house. Furthermore, study respondents suggested that instead of only relying on ITNs, it is important for family

members to make sure that things like windows and doors close properly and that ceiling boards in the house are well fixed to prevent mosquitoes from entering the house. Viewers of *Chumo* also proposed that doors and windows have to be closed early in the evening. This is clearly articulated in the following excerpts:

Hassan (unmarried man): You need to take care of yourself in preventing malaria. ... Do your windows have mosquito wire? Do your doors close well? Are your ceiling boards well fixed? If you get money like 5000Tshs (2.5USD) you can buy insect killers and spray in your house. ...Nobody will take care of your health except yourself.

Phagegrory (married woman): ...removing unwanted items in the house which attract mosquitoes like cans where mosquitoes can hide and make sure your surroundings are clean.

Magreti (married woman): ...Mosquitoes will also hide inside the house if you put your clothes haphazardly and in the evening you will see them flying and they will bit your children if they are inside sleeping.

Study participants were also sceptical about using ITNs to prevent mosquitoes from biting people. They argued that, although ITNs can prevent malaria, these nets are treated with chemicals which kill mosquitoes. Therefore, these substances can also be harmful to a human being who is using those ITNs. A respondent said that chemicals from ITNs can slowly affect people's health because something which can kill insects might also be dangerous to human beings. The following response from Hassan, a resident from Ubungu, clearly articulates this:

Hassan (unmarried man): We are told that these are insecticide treated nets; but you can't treat mosquito nets. It means that it is poisonous and I am using it. Where does the poison go when I breathe at night? The poison goes in my body....

This response which indicate suspicion towards the use of treated nets confirms what Shaw et al. (2012) revealed in their study. They found that men in some parts of Tanzania were reluctant to spray their houses with chemicals to kill mosquitoes because they feared that chemicals would decrease the performance of the male sex organs.

As briefly highlighted above, ITNs are perceived to be an inappropriate method of controlling mosquitoes because they are used only when a person is sleeping at night. But audience members thought that anopheles can bite a pregnant woman before she is asleep. They expressed the view that mosquitoes can bite a woman in the kitchen when she is cooking or mosquitoes can also bite her husband when he is watching a football game at night at the nearby bar. They believe that the husband should also be protected from mosquito bites because if the man is sick definitely he will fail to take care of the pregnant woman. This is asserted in the following extracts:

Hassan (unmarried man): Mosquito nets are used inside the house when one is sleeping but mosquitoes can bite a pregnant lady while she is walking at night, she is in the kitchen cooking at night. Even our children and ourselves as men because it is not women alone, we can also be infected with malaria and we can fail to take care of the pregnant women and our kids.

Zahoro (married man): It is okay to sleep under mosquito nets but normally we engage in social conversations till mid nights in various bars. There are also mosquitoes there. So malaria will still be there because we sleep under mosquito treated nets at midnight while we have already bitten by mosquitoes.

These findings also confirm earlier studies that evaluated BCC in malaria in Tanzania. They found that many people are knowledgeable about malaria prevention, control and treatment (Shaw et al., 2012; TACAIDS et al., 2013; Steadman/Synovate Omnibus, 2010) (see chapter two). Conversely, the results of this study contradict the findings of the TACAIDS et al. survey which found that people are only knowledgeable about the use of ITNs; but they are not knowledgeable about other ways of preventing malaria. This could be attributed to the differences in the study design. This study used focus group discussions where people expressed their views in more detail than they usually do in surveys.

4.3.3. Antenatal care (ANC) and treatment of malaria in pregnancy

The previous section explored methods of preventing malaria. This section delineates the importance of both pregnant women and their husbands attending ANC as early as possible after recognizing that the woman is pregnant. The section also discusses treatment of malaria in pregnancy from the viewpoint of the receivers of *Chumo*. The contestations between wives versus husbands or girlfriends versus boyfriends in attending ANC are also explored in the subsequent sections.

4.3.3.1 The importance of attending ANC

It is very important for both a pregnant woman and her husband to begin attending ANC soon when they notice that the woman is pregnant. From the focus group discussions it was agreed that attending ANC early provides a chance for the woman to receive a medical examination and advice on several health issues including malaria in pregnancy. The advice helps the woman to be aware of her health and that of her unborn baby. The general impression was that those who do not attend ANC are likely to face health problems such as malaria. In admitting this, for instance, *Chumo* audiences recalled what happened to Amina in the film as is clearly revealed in the following responses:

Haisha (married woman): I have received a message from Amina after she was pregnant because I am also married and I will still give birth. I have one kid now but in my first pregnancy I didn't attend antenatal care early. So I have learned that once I become pregnant again I will need to attend antenatal care early. I can also share this with my husband and my friends.

Mary (separated woman): She didn't attend antenatal care early...If she could attend clinic early she could have received advice about malaria...she could also receive antimalarial medicines.

Rehema (married woman): ... her mother didn't attend antenatal care...if you are pregnant ... you are required to take medication to prevent the unborn baby. The woman didn't attend health clinic where she could also receive advice.

Zainabu (married woman): We receive medical examination if we are pregnant; there is also injection. Because she didn't receive any vaccination; ...she knew that she is pregnant and she was confident that she will deliver safely.

At the ANC, pregnant women receive antimalarial medications (Intermittent Preventive Treatment in Pregnancy (IPTp)). Msafiri, a married man, for instance, expressed that it doesn't matter whether the woman is sick or not she will still receive SP to prevent her and the unborn baby from getting malaria. Yet, *Chumo* audiences varied on how many times a pregnant woman receives SP during her pregnancy and others were unsure.

Malina (married woman): I have understood that pregnant women should attend ANC soon after knowing that they are pregnant to prevent themselves from malaria. At the clinic, they receive medicines (SP); they receive SP three times during the pregnancy. SP helps to protect a pregnant woman and the baby from malaria.

Msafiri (married man): She didn't attend ANC early because at the clinic they give pregnant women advice and they receive medication; I think twice, something like that. If she was diagnosed with malaria she could have received treatment for malaria. So the baby could be safe ...

The above responses indicate that receivers realise the danger of malaria in pregnancy and their susceptibility to being infected. They also suggest that viewers are aware about the use of Intermittent Preventive Treatment in Pregnancy (IPTp) (SP/Fansidar). Yet, these findings contradict with the TACAIDS et al. (2012) results which found that many respondents were unaware of IPTp. As it was argued earlier, the methodology used may have contributed to this difference in findings. This study uses the interpretivism approach where the researcher interrogated the views and perceptions from the audiences in their own contexts using focus group discussions, while surveys are based on the positivism approach which is carried out in artificial environments and gives little chance for respondents to express what they feel (Deacon et al., 1999).

Malaria is also very dangerous to children between 0-5 years old. A viewer of the *Chumo* film stated that if a child was diagnosed with malaria and he/she was treated, it is important to test for malaria again after the child has completed his/her dose after two or three months. This is echoed in the following response:

Luthy (married woman): ... if your child was on malaria medication it is better to take the kid for check -up again after two or three months because it is not only pregnant women who die because of malaria, children 0-5 years are also affected by malaria.

Luthy, a married woman and a mother of three sons, decoded the film by drawing on her experience as a mother who takes care of her babies. Further, the extract also indicates that the receiver is aware of the danger of malaria and the most affected groups (pregnant women and children below the age of five years) and the actions to be taken. These findings also support the earlier studies that found that many people in Tanzania are more knowledgeable about malaria (Shaw et al., 2012; TACAIDS et al., 2013; Steadman/Synovate Omnibus, 2010). However, it is argued in chapter two that being knowledgeable is not an indication that people have changed their risky behaviours which put the person at risk of contracting malaria.

Audiences said inadequate ANC education, lack of advice to women with their first pregnancy, negligence and lack of income for some women are some of the reasons why some pregnant women do not attend ANC early. *Chumo* viewers felt that both men and women lack education. Thus, they don't realize the need for attending ANC. A study participant argued that those who are dealing with educating people have done little to educate women about attending ANC. The general assumption was that during the first pregnancy women know nothing about ANC and they find themselves with the risk of losing their babies because of malaria. Audience members recalled from *Chumo* that Amina knew that she was pregnant and she also informed Juma but all of them did not know what to do.

Latifa (unmarried woman): ...Everything will be fine if people will understand. They need to educate people... If that was done it would be easy for Amina to attend ANC. Amina was scared even to go to the clinic.... She told Juma but he didn't know anything about maternal health. Everything could be fine if they could attend ANC.

Hassan (unmarried man): ... people, who are dealing with malaria control and prevention, have not succeeded to sensitize the public that pregnant women should attend ANC early so that they can get advice.

Mwanaheri (married woman): During her second pregnancy, she will go early to the clinic because she now knows... Many women don't attend ANC early during their first pregnancy; they do wait until the pregnancy is at its higher stage...

From these responses it can be said that the audience felt that little has been done to educate the public about the importance of attending ANC. For example, Latifa (see above) claims that if Amina had ANC education she could have attended. Hassan (see above) feels that people who are dealing with educating the public about ANC are not doing their job well.

Furthermore, many felt that young women also lack advice about ANC from the families especially if the mother is not there like what happened to Amina. This is expressed in the following quote by Hadija (married woman) from Chanika.

Hadija: It is very difficult for a young woman to tell her father that she is pregnant... at least if it was your mom you can tell her. A mom can understand but if you tell your father can even chase you with a panga that is why Amina failed to tell her father.

Moreover, economic issues also emerged as a reason for pregnant women's failure to attend ANC. This is echoed in the following extract:

Luthy (married woman): If Amina had money she could have attended ANC. Even if Juma could not accompany her she could go to the hospital after realizing that her health is not okay. She could go to the hospital and explain that she missed her period; they could have attended her....but the girl had nothing... If she had a bus fare she could go to the clinic to be advised.

In view of the above response, one can argue that Luthy, a married woman and an entrepreneur (tailor), decodes the message based on her career as a tailor. The tailor's argument is that it is easier for women who generate income to attend ANC than those who rely on their husbands. She argued that Amina failed to attend a health clinic because she was a goalkeeper (a woman who depended on her husband).

Furthermore, pregnant women should also check their health regularly; this will help to identify any health problem as early as possible. This is echoed in the following responses:

Zahoro (married man): It seems Amina had malaria for long time but because she was not doing medical check-up she didn't know.

Another participant also concurred:

Kayela (unmarried man): If you are pregnant you need to check your health frequently to prevent the loss of the pregnancy or the death of the mother because of malaria. We have seen how malaria affected Amina's unborn baby. An important message is that if a girl is pregnant she has to check her health frequently to prevent health complications during pregnancy.

4.3.3.2 The influence of gender in attending ANC

'Gender refers to the role and responsibilities that men and women respectively assume in their society and family' (Zaman & Underwood in Schiavo, 2007:78). In other words, gender refers to cultural values which are associated with a given sex (Schiavo, 2007:78). The section first begins discussing the influence of husbands/wives' relations in attending ANC.

4.3.3.2.1 '...I am not going, it is you who is pregnant.'

It is crucial for both husbands and wives to attend ANC together. By attending ANC with their wives, husbands can learn antenatal care issues and be ready to provide assistance

to their wives when they are at home. Magrethi, a married woman, expressed that a pregnant woman has to be close to her husband and both should attend ANC. In addition, husbands can take the trouble to remind their wives to complete their doses of antimalarial medicines and when their wives are expected to attend the next ANC. There is also a need for both wives and husbands to undergo a medical examination and, if something is wrong, they can be advised immediately. This is clearly explained below:

Magrethi (married woman): I have learned that if you are pregnant you have to be close with your husband. You are also required to attend ANC with him so that he can know what problems you are facing so that he can help you. If you have anaemia there are several foods; they will tell you to eat vegetables....

This view is also supported by other *Chumo* audience members:

Msafari (married man): If your wife is pregnant you are required to go with her at the ANC so that you can observe the treatment she is receiving. As the husband, doctors will give you advice. You also have to know the date for her to finish the dose so that you can remind her if she forgets. This will help to protect the woman and her unborn baby from malaria.

Latifa (unmarried woman)... Amina told Juma that she is pregnant but he didn't know anything about ANC. Everything could be fine if they could attend ANC.

Mary (separated woman):... If you go with your husband it is very easy because they advise what the woman should eat and what the man is supposed to do for his wife. This helps the man to understand but if you are alone, the man does not even ask what they told you at the clinic unless you explain to him. But if he was there, he could know issues related to pregnancy and malaria. It's like that women attend ANC alone without their husbands, very rarely men attend ANC.

In contrast, men not only seem to know nothing about ANC as indicated in the responses above but they are also reluctant to attend ANC with their wives. This is attributed to several reasons such as men consider themselves as the heads of the families, lack of education, economic factors, fear of testing HIV positive, the use of good language and negative attitudes. These reasons are further explored below.

Husbands consider themselves as the heads of the families and endowed with the power of making decisions. It can be argued that they have a veto power because the husbands will make final decisions whether or not to attend ANC with their wives. Married women viewers unanimously said that even if a pregnant woman tries to convince her husband to attend ANC, at the end of the day the man will not go. Yet, women audiences felt that men escape attending a health clinic by giving irrelevant reasons as articulated in the following responses:

Malina (married woman): Do you know why? Men consider themselves as the heads of the family so whatever they say, women have to agree.

Mary (separated woman): ...So it becomes like a contestation. A man will tell you just go alone, I will go with you next time. But even the day which he promised that he will accompany you he will not make it. You will find attending ANC yourself until you deliver.

Asia (married woman): When it comes to attending ANC, men are very reluctant. Many of them don't like to go with their wives. Although doctors and nurses say a pregnant woman should attend antenatal care with her husband but if you tell your husband he tells you that I am not going, it is you who is pregnant.

In studying gender norms and family planning decision-making in Tanzania, Schuler (2011:103) found that 'a man is a sole decision maker and it doesn't matter whether the woman has her views or not she has to wait for the man to give the last word' (see chapter one). However, some *Chumo* viewers said that men are reluctant to attend ANC because women do not use good and convincing language that would influence their husbands to attend a health clinic. This is clearly indicated in the following excerpt:

Hassan (unmarried man)... The person who is sending the message must be like a counsellor who can't just tell you to test HIV without counselling. The person has to take time to explain to you like in a counselling session. Therefore, even the woman can come to her husband like a counsellor because of the education she has received there. She can explain to her husband that there is this and that for our benefit and for the benefit of our unborn baby. Therefore, try as much as possible to allocate a day so that we can attend antenatal care.

This view is also supported by a female respondent:

Latifa (unmarried woman): ...Having kids is an achievement in marriage; you need to plan how many children you want with your husband. Then, tell him about ANC but if he does not understand, you will know from what he says. But if he agrees then you can conceive and once you conceive you need to tell him. You're not supposed to force him (*mwanaume hatakiwi kupelekwa ile spidi*). You have to talk with him very carefully, use good language to explain to him; it is like you are requesting him because if you say that we have to attend ANC. He will tell you that will you eat your clinic?

In agreement with the above responses, Msafiri, a married man and a father of two children, expressed his experience on how he was convinced by his wife to attend ANC. Msafiri admitted that initially he was very reluctant but the language that his wife used convinced him to begin going to the health clinic. He asserted:

Msafiri (married man): ... My wife saw other men with their wives at the ANC; she was so impressed. She asked me, why when you are at home and I tell you that I am going to the clinic you don't feel like going with me; it is like you are ignoring me. I felt guilty, I decided to attend ANC with her. I said I will remain outside so that I can observe what is going on at the clinic. I met people whom I know at the clinic; I met one of my friend with his wife and on the way I met another friend of mine; they were going back home with his wife too...I realised that it is something normal. So, I attend ANC with my wife. I carry her handbag...If there are tests we do together. If they are specifically for her I wait my wife outside...

Furthermore, study participants also said that there is insufficient antenatal services awareness which also contributes to males' reluctance to attend ANC with their wives. Awareness and education could help them realize the need for attending the clinic. Some study respondents recalled Juma, a male character in *Chumo*. They felt that Juma was

supposed to be the first person to help Amina when she realised that she was pregnant but he did not do so. Therefore, viewers expressed the opinion that health education is crucial to increase men's awareness that will help them reduce resistance to attending ANC as highlighted in the following excerpts:

Biana (unmarried woman): I will first educate the man, I will educate him about the importance of attending ANC. Perhaps, he doesn't know the necessity of both of us to attend antenatal care. I will tell him that we have to go to the health clinic for health check-up... I will convince him so that we go to the hospital together.

Hassan (unmarried man): I think we differ in understanding....Therefore, education is needed to the target group not everyone is just telling you this and that, no! ...I think education is important but it is not well delivered....

Muhando (divorced): I think if Juma had health education he could advise his partner to attend antenatal care...

In addition to lack of antenatal service awareness, some male study participants felt that attending ANC is a woman's responsibility - because it has been like that in the past. It was only women who attended health clinics, thus men feel that they are not obliged to accompany their wives. Men said they felt that they are more responsible in making sure that there is food to eat at home. Thus, attending ANC takes away their time for work. Additionally, male members of the audiences expressed the view that women normally complain to their husbands if there is no food to eat at home. This is evident in the following response:

Hassan (unmarried man): You wake up with 1000Tshs (less than a USD) and you have left it for breakfast at home. If you attend ANC when you come back, you start looking each other. Your wife has convinced you to go to the hospital; but once you come back and there is nothing to eat, she will change and ask you what we are eating for lunch, the baby is crying. Now, the woman is against you but she convinced you to attend ANC ...

This view is also supported by other *Chumo* viewers:

Issa (unmarried man):...others are employed in companies. They sleep very late at 2 am and they wake up very early in the morning at 4am. So they hardly sleep for two hours or one hour. If the woman is supposed to attend ANC at that day, you tell her that, you know my wife I wake up very early at 4 am so that I can go to work. The office is very far; it is not here at Ubungu... Some women understand, but others think that you are ignoring them. When you come back you find her very unhappy with you and she will use very abusive language (*anakuchamba kwishakazi*) ...but if you don't leave something at home it is also a problem.

Muhando (divorced man): We are all supposed to attend ANC but because of the life style you can't cancel working because of going to the clinic with your wife. You feel like you are wasting time to look for money. But it is not true that many men are not ready; many men know that they will learn a lot if they attend ANC but they don't have time to attend health clinic.

These responses support the earlier study by Schuler et al. (2011:103) who found that husbands in Tanzania are responsible for providing money for food, clothing, children's

education and health care. Yet, some married men and women audience members had different views. They agreed that some husbands cannot attend ANC because of their work but other men used this reason to escape attending the health clinic with their wives. This is clearly expressed in the following excerpts:

Msafiri (married man): If I am around and it is the date for my wife to attend ANC I will try to escape. Even if I can ask permission from my employer to attend clinic I will not do that and will try to provide a lot of reasons to my wife, so that I can avoid going with her to the clinic. I would tell my wife if I go there I will miss something or I am receiving money today so if I go there the whole week we will face financial problems. It was just a way to escape attending ANC with my wife. Sometimes, I just go somewhere with my friends. If I know that now is a time for my wife to come back from the clinic, I go back home.

Kayela (unmarried man): ... Many of us lack confidence that is why you find a man is giving reasons which are not genuine. It is true that some men are working and they cannot attend ANC but to others is just a tricky to escape attending ANC.

In addition to the above responses from men, married women also opposed the view that men fail to attend ANC with them because they are working and looking for money to buy food but it is because they want to escape a medical examination like HIV testing (it will be further explored below). To married women, it is not true that the family will not eat because the husband did not work for one day. This is explained in the following extract:

Mwanaheri (married woman): I have never attended ANC with my husband. Men are reluctant and the reason they give is the same; they are going to work to get money to use at home. But it is not true, you are looking for money just for one day? Nowadays, at the clinic they begin attending pregnant women who went there with their husbands so that the husband can continue with his economic issues. But the reason they give is the same; If I go with you what are you going to eat? But it is not true (*Kumbe hakuna lolote*). Are we not going to eat just because of one day?

This view is also shared by another film viewer:

Mary (separated woman): Some men are very reluctant; when you begin talking about attending ANC, he will tell you ooh! If we go to the clinic together what will you eat or you don't want to eat when you come back from the antenatal care.

Yet, another study respondent defended her husband that he cannot attend ANC with her because he is busy working as an operator and the employer cannot give him permission.

Hilida (married woman): I defend my husband for that because of his job. Since my first and second baby I attend ANC alone. I understand him because of his job. He cannot attend ANC while they are waiting for him. He is a technician and if he does not go what will happen to those machines?

These responses indicate a contestation about men attending ANC with their wives. Also respondents expressed their experiences that help to make meaning from the film. However, one could argue that Hilida's views (see above) resonate with the message in *Chumo* which depicts Juma to be very busy with economic activities (fishing) and he did not have time to attend to his girlfriend until he was told that Amina was admitted at the hospital.

HIV counselling and testing is another reason that revealed itself in terms of men (husbands) attending ANC with their wives. *Chumo* audiences expressed the opinion that at the ANC pregnant women undergo medical examinations including HIV counselling and testing. Thus, a husband of a pregnant woman is also required to test HIV. Once they know that you are HIV positive, doctors will advise the woman on how to prevent the unborn baby from being infected with HIV from the mother. But women said that their husbands think that if the woman is tested HIV negative, her husband will also be negative which is not true. This is affirmed in the quote below:

Malina (married woman): Many men are very scared to attend ANC; the most difficult issue for them is HIV testing. You must test for HIV to check whether you are positive or negative so that they can know how they will handle you. If you tell your husband that I have been told that we should go together to the clinic, he doesn't go.

Other respondents further echoed that:

Rehema (married woman): We are needed at the ANC (men and women) because of testing HIV so that it can be known whether we are all negative or positive. This helps to understand how you are going to prevent the baby from HIV in case you are positive.

Mary (separated woman):... Perhaps, if he goes there he will be told about his wife that he is positive or the woman is negative. To test HIV is the biggest problem that men fear. The problem begins when they tell you that you have to go with your husband for HIV testing; men become very reluctant (*wanakuwa watata*)... Nowadays, there is a campaign when you go with your husband they will quickly help you but if you go alone you stay there for a long time to be helped...

The above views are also accepted by men participants that some husbands escape attending ANC because they fear HIV testing, particularly those who sleep with other women outside their marriage. This view is clearly said below by Msafiri, a married man and a father of two children:

Msafiri (married man): It is true because even myself during the first pregnancy, I feared to test HIV although I don't cheat to my wife. I had the feeling that once my wife tests for HIV and if she is negative I am also negative. If I am around and it is the date for my wife to attend ANC, I will try to escape...

This view is also accepted by Issa, a 'motorbike' driver popularly known as '*Bodaboda*' in *Swahili* who claimed that:

Issa (unmarried man): ... We will go to the clinic and do the required check-up. But when it comes to HIV testing and if I always date with other women I will be scared...

However, Msafiri now attends ANC with her wife. He said:

Msafiri (married man): I didn't attend when my wife had her first pregnancy but I attended in her second pregnancy. My job involves travelling a lot to various regions and other places but if I am around and my wife is attending health clinic I ask permission from my employer and if it is Sunday I go with my wife to the clinic. If she checks malaria I also check malaria; if it is HIV we all test for

HIV to check if I am safe and she is also safe. If anything happens we can know how we protect the unborn baby...

Further, some husbands seem to feel ashamed to attend ANC with their wives because at the clinic there are many women. Therefore, men think that there is no space for them where they can even sit. Men in the focus group expressed the view that women have the tendency of gossiping with each other at the clinic, which not only embarrasses men but also affects women, too, regarding attending ANC. Some women also do not attend antenatal care because of gossip. This view is clearly echoed in the following excerpts:

Zahoro (married man): You know, we used to go to the clinic with our moms. At the clinic you will find only women. Where are you going to sit? ...But you find that everywhere is full; you see only women and women gossip each other. If the woman is dirty or the baby is looking thin, they gossip about her. If your baby is looking fat other women will look happy at the baby. Even some of the women do not attend health clinic because they feel shame due to the conditions of their babies...

Issa (unmarried man): ... But if you go to the clinic carrying her handbag she will tell her friends that my husband carried my handbag today. We attended ANC. So the other ladies will say my wife has given me traditional medicine to make me docile (*yule wapembeni atasema tayari kasha mweka chini, kasha mpa mizizi*).

However, married women participants had different views; they expressed the view that men have negative attitudes which cause them to feel that they are controlled by their wives if they attend antenatal care with them. This view is seen in the following responses:

Mary (married woman): ...But many men do not understand, they think that if they go with their wives other people will laugh at them; it will look like you are controlling your husband. So they are scared...

Rehema (married woman)...others who have negative attitudes if you tell them that we have to attend antenatal care, they will tell you eeh! You are copying habits from outside our marriage and you bring them to me. At the end of the day, he tells you that may be if you have witched me.

4.3.3.2 The influence of boyfriend-girlfriend relations in attending ANC

From focus group discussions, audience members said that the love relationship portrayed in *Chumo* was an obstacle for Amina to begin attending ANC. Viewers expressed that the relationship was not open. Juma and Amina were hiding so that nobody could recognize that they were in a love relationship. Thus, it caused Amina to continue hiding her pregnancy by not attending ANC because doing so could expose her to the public as well as to her father. This view is affirmed below:

Zahoro (married man): The love relationship among the three people was the reason for Amina not attending ANC because if you go to the clinic; clinic cards must show the name of the father of the unborn baby. So where will Amina keep that card because she is still at her father's house? Do you remember when Amina's father found Juma's necklace in Amina's room? Thus, if Amina could go to the clinic she could use her room to keep her documents. It could be easy for her father to see Amina's clinic card. I think it contributed for Amina's failure to attend ANC.

Malina (married woman): ...Juma got his girlfriend pregnant. The girl's father was unaware if her daughter is pregnant. Thus, it was a secret between Juma and Amina. Amina was then infected with malaria while her pregnancy was growing; but her father was unaware until Amina was taken to the hospital where he was told that the girl lost her pregnancy because of malaria.

Biana (unmarried woman): I have learned that you are not supposed to hide your love relationship because it is dangerous. Juma and Amina were hiding their relationship and they were not prepared to have a baby.

Moreover, another participant echoed that the love relationship was not a marriage. It was only an informal and unrecognised love relationship because the parents were not aware. Juma was not legally known as Amina's boyfriend; so, it was impossible for him to openly take Amina to the health clinic. This is asserted in the quotation below:

Luthy (married): Juma did not marry Amina so they were just in love. It was not possible to involve Juma about antenatal care issues. It is was not possible for Juma to take Amina to the hospital because Amina's father did not accept Juma...

However, some viewers felt that the love relationship had no impact on attending ANC but it was Amina's father who hindered his daughter from going to the health clinic. Yet, there were also varied views on this; for example, Hassan, an unmarried man, said that Amina did not attend ANC because she respected and feared her father. Thus, the love relationship was not a problem because Amina was strong. This is indicated in the following statements from the audiences:

Hassan (unmarried man): I don't think that the relationship was a barrier for Amina to attend ANC. I don't think so because Amina did not fear Yustus; she feared her dad that is why in some places we saw that although Yustus was there, Amina went to Juma because she did not fear Yustus. This is because Amina was very strong; she did not fear Yustus. So I think this could not be the cause for Amina to worry attending antenatal care.

Issa (unmarried man): It is not true that Amina did not attend antenatal care because of the love relationship but her father was an obstacle for Amina to go to the clinic.

Additionally, it was observed that fear was based on the two men who were competing for her. Thus, she feared to tell her father that she loved Juma since he was not her father's choice. This is conveyed in the following responses:

Emmy (married woman): Amina was confused because her father wanted her to marry Yustus while Amina was in love with Juma who gave her pregnancy.

Mary (separated woman): ... Amina feared to tell her father because there were two men competing for her. So Amina thought what will happen to her relationship with Juma because she knew that her father did not like Juma. So, she feared to tell her father...

Furthermore, negligence on the side of the boyfriend (Juma) was another reason for Amina not attending ANC. Although Amina told Juma that she was pregnant and was supposed to

attend ANC, Juma did not respond. In addition, there was no any other person who could advise her about her pregnancy. She had no friends or relatives who she could tell them about her pregnancy so that they could help her.

Hilida (married woman): It was Juma's fault, Amina told him about attending ANC but he neglected. He was scared, what will happen if her father knows and Amina's father was interested with Yustus who had money. So what will happen if he goes with her at the clinic, her father will know...

Biana (unmarried girl): ...because they were hiding, Amina was unable to find the right person to inform him or her about the pregnancy so that she could be helped and attend the hospital. We saw Amina at the dispensary and she saw an advert and she read it but she left after the doctor came out...

These views are also supported by other *Chumo* audiences:

Suzan (unmarried woman): ... she had no friends or relatives who she could tell them that she is pregnant. .. She decided to go at the clinic where she found an advert and she started reading it, but when a nurse appeared she decided to leave.

Zainabu (married woman): Amina had love affairs with Juma; however Juma did not advise her to go to the hospital for medical check-up because she was pregnant. They didn't seek advice from the father.

4.3.3.4. 'I heard that a woman and a baby died...'

The previous section elucidated the influence of gender on attending ANC; this part discusses the effects of malaria on pregnancy. Malaria has many effects on pregnant women (see chapter one). However, this part explores the impact of malaria from the point of view of the audiences after watching *Chumo*. These include: loss of pregnancy/unborn baby, the death of both the mother and the unborn baby, anaemia and the cost of treating malaria. They are further explored below.

From the focus group discussions with *Chumo* audiences, it was unanimously revealed that malaria can lead to the loss of pregnancy if the woman does not attend ANC as early as she realises that she is pregnant. This is clearly articulated in the following quotes:

Masanja (married man): Bad enough, the girl was infected with malaria; she was rushed to the hospital but she lost the unborn baby because of malaria. ... Malaria is dangerous; it was the cause of the girl to lose her baby.

Emmy (married woman): Amina was infected with malaria when she was pregnant which caused the death of the baby.

Haisha (married woman): She lost her baby because of malaria.

Mwanaheri (married): She was infected with malaria which caused the death of the baby.

However, very few viewers noticed from the film that malaria is more dangerous to women with their first pregnancy. Some thought that malaria is dangerous in the first pregnancy because women don't have experience with being pregnant. This is affirmed below:

Luthy (married woman): ...We are just blaming Amina; were are told that it was her first pregnancy. How could she know that she is pregnant while she had nobody to advise her?

In contrast, the literature suggests that malaria is dangerous for first pregnancy not because the pregnant women lack experience but the women lack immunity to malaria. After the first pregnancy, the women develop immunity to malaria (see chapter one).

Furthermore, malaria also can cause the death of a pregnant woman and her unborn baby. Although audiences showed understanding of the danger of malaria to the mother, many of them did not notice from *Chumo* if an unnamed woman and her unborn baby died because of malaria and it was her first pregnancy. This is clearly evident in the following excerpts:

Hassan (unmarried man): The actual death in this film is the loss of Amina's pregnancy. It was shown that Amina lost her pregnancy because she did not attend ANC early; she was infected with malaria. ...

Kayela (unmarried man): I remember the death of Amina's unborn baby which was due to malaria... That is what I remember...

Msafiri (married man): I remember the death of Amina's baby... That is the death which I saw...

Rehema (married woman): The cause of the death? In this film? Who! Who! Who died?

Mwajuma (married): The death of a woman and a baby. If you are pregnant and you recognize that you are pregnant you have to attend ANC.

Rehema (married woman): It is the baby who died; the mother did not die. Is there a death in this film? Ehee!

Haisha (married woman): In this film? Can you repeat? I don't remember.

However, another person expressed the view that a woman died with her unborn baby because of malaria. This is indicated in the following response:

Magreti (married woman): I didn't get it well but I heard that a woman and a baby died because they did not go to the hospital. They died because of malaria. Thus, if she could go to the hospital early she could not lose the baby.

This view is also supported by the following audience members:

Luthy (married woman): They were talking about the death of a woman, she never attended ANC ...She had anaemia and malaria that is why both the baby and the mother died.

Phagegrory (married woman): The death was caused by malaria because the mother did not attend early antenatal care and she was delayed to be taken to the hospital so both the baby and the mother died because of malaria...

Malaria can also lead to anaemia in pregnant women. For example, Magrethi, a resident from Chanika, asserted that 'it is possible that Amina had anaemia.' Besides having direct effects

on human health, other participants revealed that the treatment of malaria is very expensive. Because of this, they do take precautions to prevent it before they are infected with it.

Msafiri (married): Malaria is dangerous; you can lose your life or you can lose your money for treatment.

Zahoro (married): In general I do get problems with malaria I use a lot of money for treating it...I know malaria treatment is very expensive. So it is good to prevent it.

The above responses indicate clearly that part of the film which portrayed the death of the pregnant woman and her unborn baby was not fully decoded by many audiences. This is because the woman who died was not shown in the film. Only a few audience members noticed the death of the pregnant woman. For instance, Magrethi (see above) expressed the opinion that she did not get it well but she heard that a pregnant woman died while Rehema said, 'It is the baby who died; the mother did not die'.

4.3.3.5 '...It is very hard, you need to think twice...'

From the focus group discussions with *Chumo* audiences, it was clearly expressed that there are several challenges which inhibit young women's ability to discuss reproductive health issues such as pregnancy with their fathers. These challenges include: respect, fear, culture, and lack of interaction between young women and their fathers. Audiences proposed that these challenges could be overcome if young women became courageous and had mentoring sessions with their families. Both challenges and their proposed solutions are further elucidated below.

Viewers said that young women feel more obliged to respect their dads in the family. In doing so, they are forced to do whatever they are told by their dads because rejecting them implies disobedience. Audiences recalled that though Amina in *Chumo* didn't love Yustus, she was indirectly forced to be with him several times by her father and she could not refuse. This is clearly evident in the following quote:

Msafiri (married man): Amina showed respect to her father; she was not rejecting when her father was trying to connect her and Yustus. She was not refusing to her father but she went to Yustus however she was not accepting what Yustus was telling her.

This view is echoed by others:

Latifa (unmarried woman): Amina did not reject to escort Yustus when she was told by her father. If it was another lady she could have rejected or she could question her father which could be disrespectful because the person agreed with your father.

Hassan (unmarried man): ...even if you don't accept his position you have to respect him. So Amina was strong but she was respecting her father that is why we saw her dad was telling her to escort Yustus, she just went because she was respecting her father but Amina did not accept Yustus...

However, it seems that being obedient to their fathers deprives young women of opportunities to express their reproductive health problems with their fathers. So even if girls face problems they will tend to hide them. This is expressed in the following extract:

Rehema (married woman): ... how will she tell her father that she is in love with Juma while her father liked Yustus ? Thus, she had to remain quite because she was respecting her father, she loves him and respect him...

On the other side, fathers seem to be less friendly to their daughters than to their moms. Thus, young women feel freer to share their reproductive health problems with their mothers. Therefore, in cases where the mother is not in the family, girls are likely to hide their problems related to reproductive health. This is clearly evident in the following statement:

Hilida (married woman): It is true that ladies are scared to tell their fathers issues like pregnancy. She was scared if she tells him he will beat her or he will chase her away from his house, so it is difficult to tell him... But if her mom was there it could be easier to tell her...

This view is also echoed by others:

Hadija (married woman): ... It is very difficult for a girl to tell her father that she is pregnant. It is very hard you need to think twice. I think it does not sound, at least if it was your mom you can tell her. The mother can understand but if you tell your father can even chase you with a panga that is why Amina failed to tell her father.

Mary (separated woman): ... Amina was unable to tell her father about her pregnancy because you cannot tell your father. You cannot tell him about your pregnancy while you are not married; it is very difficult to tell him directly that dad I am pregnant. Many fathers are very fearful nowadays, a lady cannot even have a habit of sitting close to him; you fear him...

Phagegroy (married woman): ...Amina feared to tell her father many things and her father did not give Amina a chance to talk to him.

Furthermore, culture was also seen to be an obstacle for girls to talk with their dads. Study participants recalled that Amina was not able to inform her father that she was pregnant because in coastal societies where the film was produced it is not acceptable for girls to talk about sex issues with their fathers. This is articulated in the following responses:

Msafiri (married man): ...According to cultural values in coast societies it is a bit difficult. However it has happened; it was supposed to be open so that people can know.

Mwanaheri (married woman): ... in our African culture, it is not easy for a lady to tell her father, that dad I am pregnant. Honestly, it is not possible...

Viewers expressed the opinion that there is also a need for mentoring sessions for children in the families. Mentoring programmes would help girls to be familiar with reproductive health issues. In the family, parents are urged to be close with their young women and listen to them

as well as help them in case they have problems. This is clearly evident in the follow response:

Phagegrory (married woman): ...when you openly talk with your daughters it becomes easy to tell them how to live and avoid problems they may likely meet. They did not have time to talk as a family, father and his daughter... I think as a family, they were supposed to talk about reproductive health and how young people should live.

Other interviewees concurred:

Hassan (unmarried man): Amina had a lot to tell her father but she could not. This also happens in many families that a child has something to say to his or her father, may be about academic or business but he or she can't because a child knows that the parent will not accept.

Latifa (unmarried woman): ... She was not used to talk with her father... It is difficult to tell him but to a lady who stays with her father even for five minutes, you chat with him; it is easy to tell him...

Moreover, being courageous will also help young women to express openly their reproductive health problems to anybody so that they can be helped as early as possible. It was revealed that though dads are fearful they also love their daughters and understand if you openly tell them. This is expressed in the following excerpts:

Malina (married woman): ... We should not hide like Amina ...she was hiding but later she got problems; her baby died... So it is better to involve people when we face problems like mom. Like dad, sister so that if anything happens we can be helped by them.

Biana (unmarried woman): ...he loved her daughter because we saw that Amina told her father, I am sorry I didn't tell you. Her dad forgave her without asking her why. So we see that Amina was just scared to tell him but he could forgive her if she told him.

The above views are also supported by the following quotes:

Emmy (married woman): If I was Amina I could have told him, I could have told him the truth that I am pregnant and it is Juma who had me pregnant. I love him, I don't love the one you have chosen for me.

Asia (married woman): If I was Amina I could have told my dad that I am pregnant and it is Juma who had me pregnant. I know my father will panic but at the end of the day I would have attended ANC to rescue the life of my baby.

Lastly, there was also the feeling from the audiences of the film that Amina could have used other people like neighbours and her relatives to inform her father that she was pregnant. The use of these opinion leaders could in one way or another have helped to reduce the father's anger towards his daughter. This is expressed in the following responses:

Hilida (married woman): It was not possible for her to inform her father because it was difficult. She was supposed to find a woman who could tell her husband, then the husband could inform him that Amina is scared to tell you but she is pregnant.

Hadija (unmarried woman): ... If her aunts were not there, Amina could go to inform them or her neighbours... She could go to a neighbour who could hide her issues; she could tell the person so that the person could inform her father that she is pregnant but Amina did not do that she kept quiet.

Mary (separated): I couldn't tell him but if I was alone with him and my mom is not there I could inform my aunts. My aunts could tell him about my situation and my father could understand my condition.

From these responses, one can argue that meanings female respondents make after watching the film are influenced by their personal experiences as young women and married women in their families (Hall, 1980, Morley, 1992). It is impractical for a young woman to tell her father that she is pregnant (see Mary above).

4.3.3.6 Parents and girls' roles in marriage

In this section, parents' and girls' roles in marriage are discussed. From the focus group discussions, it was stated that parents should let their daughters make decisions about engaging in marriages. By doing so, daughters will openly express their feelings and choose their husbands without being interfered with by their dads. *Chumo* audiences said that it is now unacceptable for dads to choose men for their daughters. It was a past practice but nowadays daughters decide who will be their future husbands. The following excerpt highlight this:

Suzan (unmarried woman): Ladies should be free to express their feelings to their parents. So, a dad or mom should not find husbands for their daughters. Yes, they can find a man for a daughter, but perhaps she may not love him. So she will not have a happy life but if they give freedom to their daughter to express her feelings she can state to their parents who is the man of her choice.

This view is also supported by the following *Chumo* audience members:

Kayela (unmarried man): A girl should have the right to decide who her husband to be is. She has to be able to choose the man she loves. I think that will help the lady to have a peaceful life in future rather than someone else choosing a husband for her and make decision on her behalf.

Mwanaheri (married woman): It is not like in the past, now a girl is free to choose a husband she wants. It is fine if she loves a poor person or a rich person so long they love each other.

Freedom to choose the husband can also help to minimize reproductive health problems for a girl by attending ANC early. Audiences recalled that in *Chumo* Amina was not free to choose a husband of her choice. At the end of the day, she was pregnant from a man who her father didn't like. So when she became pregnant she could not attend antenatal care because she feared that her father would realize this. This is stated below:

Luthy (married woman): ...Amina's decision in marriage was good but she faced health problems because of her father. He wanted the daughter to marry a rich person...

Phagegrory (married woman): Amina was brave to choose a man of her choice and she was firm on her decision.

Moreover, giving a woman freedom to choose her husband will minimize complaints if a problem emerges in her marriage. Study participants said that a woman will find a solution to

the problem if she decided herself to engage in marriage with the man but she will always lament to her father if the father chooses the man for her. This is evident in the following quote:

Malina (married woman): If you choose a husband for her, she will complain to you as a parent in case she will face any problem. She will tell you that I am facing these problems because of you. I was in love with a certain person or my dad, a man of my choice was so and so but you forced me to marry another person. But if she is given a chance to choose herself, she will blame herself in case she faces problems.

This view is also in agreement with following *Chumo* audience members:

Biana (unmarried woman): A girl should have freedom to decide herself what she wants in love affairs because you cannot force someone to marry someone while she doesn't love him...Even if she gets problems she will know how to solve them. It is different when you choose a husband for her. If she faces problems in her marriage she will complain to you.

Hilida (married woman): ... you can choose for her but if there is conflict in her marriage she will complain to you. Look, you chose this man for me, but look at what I am facing now. So she will always blame you.

From the focus group discussions with viewers, it was expressed that women are also expected to have true love for their boyfriends or husbands regardless of their income. Once a woman is engaged in a love relationship or she is married, she should be tolerant and avoid being lured by other men. Viewers recalled that Amina was not lured by income because Juma was her choice. This is affirmed below:

Mwajuma (married woman): A girl should be strong and firm to her partner. When you get a boyfriend, when you are in love relationship with anybody you have to be tolerant and avoid a habit of lusting because you can be lured by rich men.

The following statements are also in agreement with the above excerpt:

Emmy (married woman): I have learned that if a girl is expecting to be married she has to stick to one man and should not have too many men at the same time.

Asia (married woman): If a girl is engaged in a love relationship and she is happy with the man she should be faithful. She should not be lured by other men because of income...

Rehema (married woman): Once you are married be satisfied with your husband; whether he has money or not you have to be with the same person because you chose him.

Drawing on Hall's encoding/decoding model, media products such as *Chumo* are structured or produced in such a way that they promote or favour certain meanings and close off others (Hall, 1993; Fiske, 1987; Morley 1989; Davis, 2004; Schrøder, 2000). Media organizations have the power to determine the meanings of their media outputs (Hall, 1993; Fiske, 1987; Morley, 1989). As such, in *Chumo* the dominant hegemonic position in terms of

malaria in pregnancy would be the use of insecticide treated nets and attending antenatal care as early as a woman recognises that she is pregnant. At the antenatal care, the woman will receive several treatments/prevention against malaria like IPTPs. These preferred meanings are emphasised both in NMCP's communication strategy as discussed in chapter two and in an epilogue at the end of *Chumo*. In an E-E programme, epilogues function as the highlighter of the main points of the story to the audiences (Singhal & Rogers in Slater & Rouner, 2002). In line with Hall's model, the epilogues close off other meanings and directs the viewers to the preferred hegemonic meanings of the film.

However, applying the model to the findings discussed above, the selected film's audiences in Dar es Salaam expressed a negotiated reading of the hegemonic meaning. To reiterate, the essence of negotiated reading is that *Chumo* audiences do accept the dominant hegemonic position of malaria in pregnancy but they adjust some of the elements to fit their own environments (Fiske, 1987, Morley, 1992).

Furthermore, according to Schrøder (2000) it also refers to an ambivalent reading of the film. This is to say that they accept some meanings and reject others. This is evident in the following response from Hassan: "They have taught us something but I don't agree with them directly. They are telling us the use of mosquito nets to prevent malaria. Mosquito nets are only used when we sleep...."

On the one hand, Zainabu, a married woman and a mother of four children, adapts the meaning from the film based on her experience as the mother. Likewise, as presented in the findings above, other audiences' meanings are also influenced by their daily life experiences such as entrepreneurs, married women and unmarried women and are adapted to suit their needs. Although there is a possibility of distorting the dominant hegemonic position, it is likely that with negotiated decoding audiences of *Chumo* will make use of the embedded health messages. Thus, Bandura's social cognitive theory will further illuminate to see whether the negotiated reading has helped to change audiences' behaviour.

It is clear that Bandura's concept of negative reinforcement worked well with *Chumo* audiences. Findings above show that, on the one hand, observers seemed to identify and were inspired by Amina and Juma, while, on the other hand, they also disliked them for enacting behaviours that caused Amina to lose her baby because of malaria. Audience members, for example, said Amina is a strong character but she is also a weak character because she did not reveal that she was pregnant and did not attend antenatal care. According to Bandura

(2004, 1996, 1997), observers such as *Chumo* viewers are unlikely to imitate a behaviour that caused injuries to a role model like what happened to Amina. Hadija, for example, expressed that 'I first say that I love her... Secondly, I did not like the way she was hiding her pregnancy.' Similarly, Haisha (a married woman) said she did not attend early antenatal care during her first pregnancy but, after observing what happened to Amina, she will visit antenatal care immediately in her next pregnancy.

Self-efficacy is a key component in SCT; it refers to the audiences' perception that they can enact the modelled behaviour (Bandura, 2004, 1996). Therefore, drawing on the self-efficacy concept, the results above indicate that viewers expressed that they can enact behaviours such as attending antenatal care and using ITNs at night. Bandura (2004) argues that role models such as Amina in *Chumo* transmit knowledge and strategies to prevent malaria to the audiences. Indeed, *Chumo* audiences vicariously learned that Amina was infected with malaria because she was bitten by mosquitoes as she slept without covering herself with an insecticide treated net. Observers noticed that it was because she removed the net from the ceiling where it was fixed that she contracted malaria. As highlighted earlier, in social cognitive theory, this is a negative reinforcement of behaviour. The role model was punished by being infected with malaria and then losing her unborn baby.

As highlighted in chapter two, interpersonal communication is vital in changing behaviours after being exposed to the E-E like *Chumo*. Thus, drawing on the literature in E-E as discussed in previous chapters, these findings suggest that the film has likely promoted interpersonal communication. In the findings presented above, Hilida, a married woman, expressed that she would tell her neighbour who was pregnant to use an insecticide treated net at night. Hilda also said that she would tell her what happened to Amina. Similarly, Msafiri, a married man, said that he would always remind his wife to make sure that their children sleep under mosquito nets. As briefly noted above, in line with the health belief model findings also suggest that malaria is a fearful disease. Observers expressed fear of being infected with malaria during pregnancy. Hence, according to the model likely the fear can stimulate behaviour change like sleeping under mosquito nets and attending antenatal care.

Competency and similarity are some of the characteristics of an effective role model that can motivate observers to imitate the modelled behaviour (Bandura, 2004; Ormrod,

2012). These features also worked with *Chumo*. As noted in the findings above, study participants chose Juma as their role model because he was competent and another participant said Juma is his role model because he is like him.

CHAPTER 5

CONCLUSION

5.1. Summary of the study

The main goal of this reception study was to probe the meanings that selected audiences made as they encountered *Chumo* in Dar es Salaam, Tanzania. The film has received several awards and it was broadcasted on television and its DVD was sold, as discussed in chapter one. The study targeted married and unmarried women and men. Through its characters, the film conveys storylines about the danger of malaria in pregnancy, the role of the family and gender issues. The main concern of this study was to understand how effective the film was in terms of the transmission of malaria education to its audiences, and whether it helps the audience members to think differently about malaria (and particularly malaria in pregnancy), and whether it started/encouraged some changes in preventative behaviour in relation to malaria.

Chapter one, the introduction, discussed the background of the study: the overall health and media context of the audiences, and context of their viewing. It also described the film (*Chumo*) which was the focal point of the study and presented the goal of the study, its approach and the methods used. Also, the chapter explored the socio-cultural and economic situation of Dar es Salaam and finally provided an overview of the study.

Chapter two discussed various media theories that help to understand the relationship between texts and audiences, BCC and behaviour change theories. BCC is an important concept in health campaigns because the film was part of the BCC activities in the country. The chapter also highlighted why BCC is important in changing individuals' risky behaviours. Additionally, entertainment-education as an effective strategy in BCC was explored. Further, BCC activities in the malaria campaign in Tanzania were delineated by highlighting whether these activities were effective or not. Also, the behaviour change theory and social cognitive theory were explained.

In conducting this research, the researcher employed the reception analysis approach which principally relies on qualitative methodologies. Therefore, chapter three delineated the research methodology and procedures used in this study. It also gave the reasons for the choice of the qualitative approach that underpins this research. A two-design strategy of data

collection procedures was elucidated: thematic content analysis and focus group discussions. In addition, how participants were recruited and data analysis procedures were explained. The major research questions and their key findings are briefly discussed in the next sections.

5.2. Audiences' decoding of *Chumo*

The audiences' decoding of the film was explored by the first specific research question: What meanings do the public make after watching *Chumo*? However, as pointed out earlier, the study specifically investigated malaria in pregnancy and various health and BCC issues pertaining to that. The results of this research question were presented and analysed in detail in chapter four (section 5.3-5.3.3.1). Findings show that study participants were able to decipher many issues related to malaria in pregnancy embedded in the film such as how the disease is transmitted, prevented, treated, and, critically, the importance of attending ANC to mitigate the impact of malaria in pregnancy. Findings also unpacked how audiences drew from their everyday context to interpret *Chumo* using pre-existing knowledge and drawing on previous experiences with health care workers and health educational materials. The study has demonstrated, for example, that married women respondents showed more understanding of malaria in pregnancy than unmarried women because more of them have been attending ANC than unmarried women. Thus, the meanings 'co-created' by the audiences were a reflection of their lived experiences and differed depending on gender, social status (married or unmarried) and, partly, by age.

5.3. Gender roles, power relations and behaviour change

The second research question was a consideration of how gender roles and power relations depicted in the film influence the audience of the film to think about and change behaviour regarding malaria in pregnancy? The results are presented and discussed in chapter four under section 5.3.3.2 and 5.3.3.3. The results show that gender roles and power relations in the family have a strong influence in the war against malaria in pregnancy particularly regarding attending antenatal care. Findings reveal that men consider themselves more responsible for economic activities and supporting their families as the main 'breadwinner' and, therefore, by their rationalisation, attending antenatal care clinics is primarily a woman's responsibility. Additionally, men in Tanzania in general, and this was exemplified by the men in this study, still have the 'final say' in terms of major family decisions, and women cannot easily oppose or suggest otherwise in many issues - including going to the clinic and in other ways accessing public or private health facilities. The findings

also show that men are reluctant to attend ANC with their wives because they fear to undergo an HIV test at the clinic. However, male audiences were somewhat persuaded by the film that there is a need for going with their wives to the clinic but they thought that more education was required to educate husbands about the importance of attending ANC with their wives. The results also indicated that it is not easy for a boyfriend who is not yet recognised by his girlfriend's parents to attend the clinic with the girl.

5.4. Parent-child relations

The third research question was, how do parent-child relations hinder/encourage efforts against malaria in pregnancy? Findings in section 5.3.3.3 and 5.3.3.5 in chapter five indicate that both parent-child relations are indeed mostly still some kind of obstacle for unmarried young women to attend ANC. Results show that it is not easy for a pregnant girl to inform her father that she is pregnant if she is not yet married. The woman will keep hiding her pregnancy by not attending ANC – and this may increase the risk of contracting malaria. Furthermore, findings show that fathers need to be closer, emotionally, with their daughters; doing so will help daughters to feel free to express their problems, including issues related to reproductive health.

5.5. Suggestions for future studies

During the focus group discussions, audiences showed some indication that that they will change some of their previous behaviours which put them at risk of contracting malaria. However, this does not mean that they have done so. This study could not examine actual behaviour change. Hopefully some further study will find whether people have changed their habits and behaviours, as many indicated in this study that they would, so that they can avoid malaria in pregnancy after being exposed to *Chumo*.

APPENDIX: Focus Group interview guide

Introduction

Welcome and thank you for coming. My name is Godfrey Nkwera, a student at Rhodes University in South Africa. This study is part of my Master Degree in Journalism and Media Studies. Perhaps some of you have watched the *Chumo* film before but it is not bad if we watch it again before we begin our discussion. I believe your participation and contributions are vital for this study. I will just be a moderator of the discussion. So, be free to contribute anything about issues that emerge from the film. There is no wrong answer, thus you can speak as much as possible about anything from the film. I will be asking questions that just intended to set the discussion in motion. I will record our discussion; the recordings will be confidential and used for the purpose of this study only. Our discussion is expected to take two hours. As said earlier, we will first spend 46 minutes watching *Chumo*. Your participation is voluntary.

May I request each of you to introduce yourselves: what is your name, your age, your work, where do you stay, and what is your education level? It will be nice also if you state if you are married or not and how many children you have.

General questions about the film with Swahili translation

1. How will you describe the *Chumo* film to someone who has not watched it?
 - **Kiswahili: Unawezaje kumsimulia mtu ambaye hajawahii iona filamu hii?**
2. Who are the three main actors in the film and what major issues do they convey to you personally and why?
 - **Kiswahili: Nitajia wahusika wakuu wa tatu kwenye filamu hii na ujumbe gani muhimu umeupata kutoka kwao na kwanini?**
 - **Probe:** Explain the importance of each theme to your life/your wife or your relatives?
 - **Kiswahili: Eleza umuhimu wa kila ujumbe uliupata kwa maisha yako, mke wako, mpenzi wako au kwa ndugu zako.**
3. What key theme of the film would you like to talk about with your wife/husband/relative or friend and why?
 - **Kiswahili: Ni ujumbe gani muhimu kwako ambao ungependa uongee na mke au mume wako na kwa nini?**
4. Who is your role model in the film and what aspects would you like to imitate from him or her and why?

- **Kiswahili: Ni muhusika yupi kwenye filamu hii amekuvutia na vitu gani ungependa uige kutoka kwake na kwa nini?**

Transmission, impact and control of malaria in pregnancy

1. What was the cause of the death in the film and how could such a death have been prevented?

Kiswahili: Nini chanzo cha kifo kilichohadithiwa kwenye filamu hii na ni kwajinsi gani kingeweza kuepukika?

- a. **Probe:** How would you describe the state of the person before she died?

Kiswahili: Elezea hali mtu huyo kabla ya kifo chake ilikuaje?

- b. **Probe:** How is the disease transmitted?

Kiswahili: Ugonjwa huo unaenezwaje?

2. Do you think your understanding about the disease has improved now?

- a. **Kiswahili: Uelewa wako juu ya ugonjwa huu umeongezeka baada ya kuangalia filamu hii?**

3. What bad incidences occurred to a female main character in the film and what was the cause of the incidences?

Kiswahili: Ni matukio gani mabaya yaliyomkumba muhusika mwanamke kwenye filamu?

- a. **Probe:** How could such incidences have been prevented?

Kiswahili: Matukio hayo yangeweza kuzuilikaje?

- b. **Probe:** Why was the community seen as stumbling block to a female character when she was in a difficult state?

Kiswahili: Kwanini jamii iliyomzunguka ilionekana ni kikwazo kwa muhusika wa kike alipokuwa kwenye wakati mgumu?

- c. **Probe:** Who is more vulnerable to the disease and why?

Kiswahili: Nani mwathirika Zaidi wa ugonjwa huu na kwanin?

4. What new things have learned from the film?

5. **Kiswahili: Ni mambo gani mapya uliyojifunza kutoka kwenye filamu hii?**

6. How does the film encourage you to change your behaviour against the disease?

7. **Kiswahili: Kivipi filamu hii inakuhamasisha kubadili tabia kuhusu ugonjwa huu?**

GENDER ROLES

1. How would you describe the relationship between the boyfriend and the girlfriend?

Kiswahili: Unawezaje kuelezea uhusiano wa kimapenzi kama ulivyooneshwa kwenye filamu?

- a. **Probe:** How does it affect or encourage women's decisions to begin attending clinics when they are pregnant?

- b. **Kiswahili: Mahusiano haya yanamuathiri vipi mwanamke kuanza kwenda kliniki anapokuwa mjawazito?**

2. Do you think the main female character is strong or a weak character? Explain why?

3. **Kiswahili: Unafikiri muhusika mkuu mwanamke aliyehusika kwenye filamu hii ni jasiri au dhaifu? Eleza kwa nini?**

4. Do you like her? Why?
5. **Kiswahili: Unampenda muhusika huyu mkuu wa kike? Kwanini?**

PARENT-CHILD-RELATIONS AND MARRIAGE

1. What can you say about the relationship between the father and daughter?
2. **Kiswahili: Unasemaje kuhusu uhusiano kati ya baba na binti yake?**
 - a. **Probe:** How does it hinder daughters to be open to their fathers?
Kiswahili: Uhusiano huu unazuia nini watoto wa kike kuwa wazi kwa baba zao?
 - b. **Probe:** Why was it hard for the female character to inform her father about her situation?
Kwanini ilikuwavigumu kwa muhusika wa kike kumueleza baba yake juu ya afya yake?
 - c. **Probe:** If you were in that situation, would you have done it differently?
Kiswahili: Kama ungekuwa wewe ungefanaye/ Kama angeluwa chumbaako ungemshauri nini?
3. What message do you get about the position of daughters in their marriage?
4. **Kiswahili: Ujumbe gani umepata juu ya nafasi ya mtoto wa kike katika maswala ya ndoa?**
5. What does the film tell you about the position of income in marriage?
6. **Kiswahili: Nini umejifunza kuhusu nafasi ya hela kwenye maamuzi ya ndoa?**
7. What does the film tell you about the position of father and society in marriage?
8. **Kiswahili: Nini umejifunza kuhusu nafasi ya baba na jamii katika masuala ya ndoa?**
 - a. **Probe:** How does position of father affect children's decision in marriage and in reproductive health?
 - b. **Kiswahili: Yana athiri vipi mauzi ya watoto juu ya ndoa zao na afya ya uzazi ya binti?**
9. Is there anything that you would like to add (**Kunachochote ambacho ungependa kuongeza?**)

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