

**NEGOTIATING FAMILY PLANNING RADIO MESSAGES AMONG MALAWIAN  
RURAL MEN OF TRADITIONAL AUTHORITY KADEWERE, CHIRADZULO  
DISTRICT**

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By

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For Kuanja and Talu

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## **ABSTRACT**

Family planning campaigns, using the media among other advocacy interventions, are produced and disseminated by both government and nongovernment organizations in Malawi, with an aim of reducing fertility and promotion of reproductive health. This qualitative audience study looks specifically at the reception by rural men of radio broadcast Public Service Announcements produced by the NGO, Banja La Mtsogolo, a leading provider of family planning services and products based in Blantyre. The aim of the study is to understand how the appropriation of these messages relates to traditional concepts of gender, masculinity and kinship within an area that has not been spared the influences, values and accoutrements of modernity. Underpinned by Hall's encoding and decoding model, the study reveals that at most men make an oppositional reading of the texts based on their lived and shared cultural experiences. The results show that while people understand and appreciate the importance of family planning, cultural and traditional influences play a major role in how these messages are appropriated by and incorporated into the everyday lives of their listeners. Given the above understandings, the research asks what are the implications for the success of family-planning media campaigns by government and other non-governmental organisations such as Banja La Mtsogolo

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## **LIST OF ABBRAVIATIONS**

AIDS	Acquired Immunodeficiency Syndrome
BLM	Banja La Mtsogolo
CIDA	Canadian International Development Agency
DFID	British Department for International Development
DHS	Demographic and Health Survey
HIV	Human Immunodeficiency Virus
JICA	Japanese International Corporation
MBC	Malawi Broadcasting Corporation
MSI	Marie Stopes International
NAC	National AIDS Commission
NGO	Non-Governmental Organisations
PSA	Public Service Announcements
T/A	Traditional Authority
UNPF	United Nations Population Fund
WHO	World Health Organisation

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## **CHAPTER 1**

### **Introduction**

#### **1.1 Personal note and background to the study**

Some four years ago I decided to go to one of the country's leading provider of family planning services to inquire about a permanent male sterilisation procedure called vasectomy after deciding that two children were enough. I wanted to have a permanent contraceptive in order to relieve my wife of being on contraceptives that often times had some uncomfortable even though not life threatening side effects. However, when I got home to explain to my wife what I intended to do, she was indifferent, to the point that I felt she didn't agree with my intentions. I called the clinic and cancelled the appointment and have never gone back. At times, I have asked myself what my reasons were for contemplating taking family planning into my hands, without first discussing the issue with my wife. Since then, I have never gotten the answer. When I arrived in Grahamstown, at Rhodes University in 2010, I came across an article on the online publication of *Nyasatimes* (2010) indicating that men in Malawi and especially in rural areas are still lagging behind in issues of family planning. Most of them, the article argued, view family planning with indifference and regard it as a "woman issue". The Health and Demographic Survey (2010), for example, indicates that only 1 per cent of men in the country have undergone vasectomy, a family planning method that directly targets men. This attitude is against a backdrop of massive media campaigns to get men involved in family planning. I therefore became interested to understand how men interact with family planning messages that they hear on the radio. I chose the rural areas because this is where the problem is more acute and chose radio because it is the most easily accessible mode of mass communication.

#### **1.2 The research field**

According to the United Nations Population Fund (2011), the world population reached 7 billion as of 31<sup>st</sup> October 2011. Africa has contributed 1 billion to this number. While the report indicate a declining population growth, in least developing countries of which Malawi is one, population growth still remains high. Reducing fertility has been a goal of the Malawi Government as a rapid population growth is seen as an impediment to development. A number of strategies including media campaigns have been instituted by both government and nongovernmental organisations with an aim of sensitising people on the importance of a controlled population. While these efforts have shown a commendable progress in the

reduction of fertility rates, Malawi fertility rates remain high and the adoption of modern contraceptives is low even when compared to other countries in the region. The situation is worse in rural areas where the rates remain high even in areas that have government and private hospitals issuing free contraceptives. Above all, these areas have access to media outlets promoting contraceptive use.

A number of studies have been carried to find out the link between media consumption and adoption of modern contraceptives. These studies have generally fallen under the “effects” studies, investigating the impact of media influences on the adoption. Westoff and Bankole (1997) conducted a survey to look at the importance of mass media in transmitting modern ideas of family planning in Ghana, Kenya, Madagascar, Namibia and Zambia. Westoff and Rodriguez (1995) looked at the impact of media messages on women’s decision to adopt contraceptive methods in Kenya. Soldan (2004) investigated how family planning ideas are spread within social groups in Malawi. These studies privileged the media and ignored the complex relationship between the text and its consumption. While other studies (Kishindo 1994; Bankole and Singh 1998) have looked at the role men play in the adoption of the methods, they have fallen short of interrogating how they interact with contraceptive messages they are exposed to.

### **1.3 Objective of the study**

[A]udiences, whose decoding will inevitably reflect their own and social conditions, will not necessarily *decode* events within the same ideological structures as those in which they have been decoded. But the overall intention of ‘effective communication’ must, certainly, be to ‘win the consent’ of the audience to the *preferred reading*, and hence to get him to decode within the hegemonic framework. (Hall 1977:344)

When a well-educated African is sceptical as to whether a foreigner really believes that uncontrolled fertility may endanger his family or the national economy, the difficulty in the dialogue largely arises from the fact that the African knows from his personal experience that high fertility does not carry economic penalties, while the foreigners experience has been different. (Caldwell and Caldwell: 1987: 410)

The main objective of this research is to understand how men engage and negotiate with radio family planning messages, especially those that directly target them. In this regard the key research question: “What are the meanings that rural Malawian men make out of radio family planning messages, and in what ways do these relate to traditional concepts of masculinity at a time when what it means to be traditional is in tension with modernity?” In addition, given the above understandings, the research asks what the implications are for

Banja La Mtsogolo, government and other Non-Governmental Organisation promoting family planning through radio programmes. A detailed discussion of the tensions between modern and traditional understanding of family planning is presented in chapters 2 and 3 and the findings, discussion of the findings and recommendations are presented in chapters 5 and 6 respectively.

#### **1.4 Methodology**

This is an audience reception analysis in the qualitative or interpretative tradition discussed fully in chapter 4. The approach interrogates the audience and text nexus and recognises that audiences actively interpret media text and its meanings based on their cultural context and lived experiences (Schroder 2003; Hall 1977; Fiske 1987). The study focused on purposively selected men between the ages of 18-80, who have listened to the radio family planning messages. Focus group discussion was the primary data collection method. In-depth interviews with purposively selected interviewees – both men and women – were also employed. An additional in-depth interview was conducted with the Marketing Manager for Banja La Mtsogolo. The two methods were complemented by a basic qualitative content analysis of purposively selected texts produced by BLM in the form of public service announcements. Qualitative content analysis was used for exploratory purposes (Neumann 1997) to obtain a general understanding of the messages in terms of textual form and content. Transcribed data was subjected to open coding to fracture it and subsequently categorized it into themes and patterns of how Malawian rural men negotiate family planning messages. Analysis of the data in chapter 5 reveals the interrelationship between kinship, marriage, masculinity and the uptake of family planning in an area where tradition and modernity are in tension around these very factors.

#### **1.5 Limitation of the research**

This study is contextualised to Traditional Authority Kadewere's area that uses a particular form of media (radio) to get information on family planning. I am aware that there are numerous and many commendable avenues that are being used to communicate issues surrounding family planning. Furthermore, there are many different avenues used to convey family planning messages including, radio dramas, radio talk shows, and billboards among others. The choice of public service announcements has been purposively made because they have one specific focal message making them easy to handle for focus group discussion, especially when considered against the time frame within which this study had to be

conducted. Furthermore the researcher does understand that there are many factors that influence how people negotiate with the messages including, economic, social and even political factors which have not been exhaustively dealt with in this study. This study also appreciates that culture is dynamic and responds to different variables including economic. However for the sake of contextualisation and streamlining the study, I have concentrated on one of these factors, namely the social, which, whether by default or design is ignored in many demographic studies.

## **CHAPTER 2**

### **Social Cultural Context**

#### **2.1 Introduction**

This chapter explores the social and cultural context in which family planning messages are appropriated among rural men in Traditional Authority Kadewere's area in Chiradzulu district, Malawi. It further teases out the lived experiences of the people under study by looking at traditional and modernity discourses that have a bearing on the appropriation of the messages.

#### **2.2 Research location**

Traditional Authority Kadewere in Chiradzulu District in Malawi lies about 30 kilometres east of Blantyre, Malawi's commercial capital. The district gets its name from the biggest mountain in the northwest at whose foot stands the district headquarters (District Education Plan 2007). Chiradzulu district is historically important in the establishment of Malawi as a post-colonial independent nation state. This is the district where the first official struggle against colonialism began in 1915, led by John Chilembwe who is regarded as a martyr in Malawian history (Shepperson 1958). It is also the district where the first white missionaries settled in the early 1860s (Mitchell 1951). Local district administration is divided into traditional administration blocks that are overseen by a Traditional Authority (T/A) or Chief, or *mfumu* in the local language. He or she, in turn, is in charge of chiefs with lesser authority, called group village headmen, who are in charge of even lesser chiefs called village headmen. The T/A, or chief, in turn runs the administration of his area in collaboration with the District Commissioner representing government authority (Malawi Social Action Fund 1998). Chiradzulu district has six Traditional Authorities namely Kadewere, Likoswe, Mpama Chitera, Nkalo and Nchema.

As is the case with most rural areas in Malawi, Chief Kadewere's area in particular and the district in general is characterised by subsistence farming. Most farmers grow maize and vegetables, some of which they sell to the nearest towns of Blantyre and Zomba (District Specific Survey 1998). The district is also characterised by high illiteracy levels, a high infant mortality rate and high population density. It is also one of those with the highest HIV infection rate of approximately 12.5% (District Education Plan 2007). Of the six Traditional Authorities in the district, Kadewere's area has the highest population density of 376 people

per square kilometre (Population and Housing Census 2008). The area has 22 primary schools, no secondary school and one health centre. The average mean age at which people get married is 16 for women and 19 for men (District Specific Survey 2008). Physically the area is an embodiment of a typical Malawian rural village. The community is made of grass thatched houses clustered into two or more households, usually an extended family, with the main house belonging to the head of household in the centre of the compound. However, in some cases there are some houses constructed with burnt bricks, complete with glass window panes and roofed with corrugated iron sheets. Behind the houses are bamboo constructed maize granaries and small kraals for livestock. It is also common to see burned brick-built structures like schools, churches and health centres. Behind many households is vast idle land that serves as family farm fields. In the rainy season it is common to see a whole family working in the field planting or weeding their crops (usually maize).

The district is composed of mainly the Yao and Lomwe ethnic groups (Njunga 2008). The Lomwe originated from Mozambique (Mitchell 1951), while the Yao originated from Tanzania. The Yao settled along the shores of Lake Malawi, and also moved down south, settling in present day Chiradzulu (Chiradzulu District Commission 2007). There are also some smaller ethnic groups including Chewa, and Ngoni. However, all these tribes culturally identify themselves as Yao because the tribes in this area have similar traditions, “being matrilineal and matrilineal and living in small groups of matrilineal kin” (Mitchell 1951: 297). It is therefore not unusual for the Lomwe and other smaller ethnic groups in Chiradzulu to call themselves Yao (ibid). However, while the Yao language is still widely spoken, Chichewa is the dominant language. The dominance of Chichewa was institutionalised by the then President, Dr. Banda who effectively made Chichewa the official language (besides English) of the Malawi nation in the 1960s (Kayambazinthu 1998).

From the above description, it is apparent that Chiradzulu district has a complex political and socio-cultural history, in which aspects of traditional social and cultural formations go hand in hand with the disruptions and tensions of colonial and post-colonial history. While the district is largely rural and “traditional” in its customs, it has contributed to the establishment, and forms a part of, the contemporary modern Malawian state. As such, it becomes a place in which its inhabitants directly experience the tensions between tradition and modernity.

### 2.3 Modernity and tradition

Modernity and tradition have for a long time been theorised as having a dichotomous relationship, and that both cannot exist within the same realm. Modernisation theorists (Schram 1960 and Rogers 1962) in the 1950s and 60s argued that with development of modern societies, traditional societies go through what Thompson (1995: 179) terms “detraditionalisation”. While there has been a move away from the dichotomy conception of modernity and tradition, some recent proponents of post-development, for example Arturo Escobar (1999;1987;1985), and Wolfgang Sachs (1992), continue with the legacy. This study however takes the position argued for by Thompson (1995) and Giddens (1990) that with the emergency of modern societies traditional societies continue to exist albeit in transformed state. In this regard:

Traditional practices do not altogether disappear from modern world but their status changes in certain ways. They become less taken for granted and less secure as they are increasingly exposed to the corrosive impact of public scrutiny and debate. (Thompson 1995:183)

From this perspective, modernity is not a linear historical process that has a fixed beginning and an ending, in which society “begins” in tradition and “progresses” until the desired end-point that of “modernity” is reached (Hall 1992; Giddens 1990). Rather, as Berman argues:

To be modern is to find ourselves in an environment that promises us adventure, power and joy, growth, transformation of ourselves and the world and at the same time that threatens to destroy everything we have, everything we know, and everything we are. Modern environments and experiences cut across all boundaries of geography and ethnicity, of class and nationality, of religion and ideology: In this sense, modernity can be said to unite all mankind. But it is a paradoxical unity, a unity of disunity: it pours us all into a maelstrom of perpetual disintegration and renewal, of struggle and contradiction, of ambiguity and anguish. To be modern is to be part of a universe in which as Marx said, “all that is solid melts into air”. (Berman: 1983:15)

In contrast, traditional societies are associated with “social stability founded on a relatively stagnant agrarian civilisation” (Turner 1990: 4) and the centrality of religion (Hall 1992). They are further characterised by reliance on face to face interaction in the creation of their sense of the past and the world beyond their locale (Thompson 1995). Thus people’s reference point in many taken for granted situations is restricted and influenced by the repertoire of symbolic and material resources available within their locale:

There is an absence of curiosity and an absence of knowledge about events that take place in distant locales. There is relatively little self-experimentation, as individuals carry out their daily lives in accordance with routines that are largely unquestioned. The self in traditional societies is a ‘constructive self’: it is rooted in the familiar and

the routine, and the trajectory of the self is organised with minimum awareness of alternatives to existing practices. (Thompson 1995: 189)

The resources for construction of cultural identity are limited to those that are available within the society; in particular, those handed down from one generation to another gives individuals an interpretive framework for understanding the world.

One profound result of modernity is that less reliance is placed on the face to face interaction characteristic of traditional societies. Because of large scale migration, people have more contact with the world outside their locale, and this increases flexibility “to imagine themselves in new situations, confronted by new possibilities” (Thompson 1995: 189). The wide spread diffusion of media products also widens people’s horizon of imagining and experiencing the world beyond their locale, providing them with a broad range of resources for constructing self or cultural identity. In this regard the media provides people with readily available reference points without the need for physical travel. In the words of Lerner (1967), the media becomes the ‘mobility multiplier’, providing resources with which people are able to question their lived experience, and perhaps to build a sense of self that is not altogether dependent on face-to-face relationships (Thompson 1995).

### **2.3.1 African modernity**

As already argued, the rise of modernity does not automatically translate into the disappearance of tradition; and in the case of Africa, it is argued that what is known or understood as “tradition” is indeed the product of one of the most potent forces of modernity, that of colonialism.

The history of African modernity is closely intertwined with colonialism (Platte 2004; Mamdani 1996, 2001). The term “African modernity” is used loosely, cognizant of the fact that in Africa there is not one but multiple “modernities” that are a result of “specific historical conditions within which features of Western life have been appropriated by different African contexts” (Platte 2004:174). Colonialism was foreshadowed by European explorers whose intention was trade, for example Bartolomeo Diaz, Vasco DaGama and Pedro da Covilhao (Hall 1992) and evangelism, for example Dr David Livingstone and others (Appiah 2008). It is perhaps the evangelisers that had the most profound effects on the natives where they settled (Falola 2003). Besides preaching the word of their God, they also brought with them what Miller and Inkeles (1974:171) call “institutions of modernity”, which

include schools and hospitals among others. The “scramble for Africa” in which many parts of the continent became colonies of the industrialised nations of Europe (Brooke-Smith 1987), further and largely aided the incorporation of Western forms of life into the Africans (Falola 2003). Perhaps the understanding of how colonialism influenced the appropriation of the concepts of “tradition” in an African setting is appropriate here: According to Mamdani (1996; 2001), African tradition, especially in British colonies that practiced indirect rule, is as much the product of modernity as it is the product of colonialism. He argues that it is impossible to understand [African] tradition without understanding how colonial rule reified and essentialized indigenous traditional customs as a means of effecting indirect rule. Within the system of indirect rule, the natives were ‘subjects’ under the jurisdiction of customary law, whereas the ‘citizens’ i.e. the white settlers, were regarded as free and autonomous and with a contractual relationship with the state under civil law, complete with civil rights (Mamdani 1996).

Thus, rule of law regulated the conducted of the citizens while customary law spoke of tradition. In essence, customary law “did not circumscribe power, for customs was enforced” (Mamdani 1996: 110). The language of custom enabled power instead of checking it by drawing boundaries around it. In such arrangement, no “rule of law was possible” (Mamdani 2001: 654). In doing this, colonialism ignored the fact that pre-colonial Africa had no single customary authority but many, which were ethnically specific and which defined customs within their own domains (ibid). There were therefore “age groups, clans, women’s groups, chiefs, religious groups and so on” (ibid). Instead, only one of these groups, the chief’s, was recognised as a native authority and its version of custom as genuine, while the rest were officially silenced (ibid). In this process, colonial power constructed native customs or traditions as unchanging and singular, completely freezing them in time. In the long run ‘tradition’ was codified and essentialised, making it common sense for someone to simply say “this is how we do it in our tradition”, as if ‘tradition’ is both natural and unchanging. It is this idea of qualified ‘tradition’ that was imported into post-colonial and modern Africa.

At the same time that African “tradition” was reified and enforced, process and technologies of modernity were also put in place. The culmination of attempts to modernise African is arguably the period after the Second World (Simon and Narman 1999). This was the period in which modernisation became the official route through which developing countries attained Western-style modernity through development aid (Ghazanfar 1980). Instituting

comprehensive family planning programmes became one of the conditions for receiving development aid (Braidotti 1994), regardless of how important children were perceived in the cultural context of recipient countries. Family planning has since been institutionalised in such a way that it is not surprising to find the services being offered in all government hospitals, promoted by nongovernmental organisations, advertised in the media including the radio, and being an important topic in village meetings.

Ideas of what constitutes “tradition” and “modernity” are implicitly bound up in each other. Not only, as Mamdani (1996) argues, is contemporary “tradition” in Africa a part of, or an aspect of, African modernity, but what it means to be traditional is defined by what it is not, i.e., modern. In order to understand how the Yao interpret family planning messages – which are a modernising technology – it is therefore necessary to understand the ways in which the Yao construct and live “traditional” family roles. These roles are bound up in local definitions of gender, what it means to be a man or woman in this particular socio-cultural context.

### **2.3.1.1 Kinship and gender roles among the Yao**

Ideas about tradition, in Malawi as in many African countries, are used to maintain asymmetrical power relations between men and women (Mitchell 1951; Ayisi 1992; Schneider 1981). It is not unusual to hear someone say “this is not our tradition or culture”, particularly if “this” challenges a taken for granted or common sense understanding of the situation. Such understandings of tradition play a significant role in defining what it means to be a man or a woman. The dominant ideology within most of Malawi’s ethnic groups is that of patriarchy, defined as the “the manifestation and institutionalisation of male dominance over women and children in the family and the extension of male dominance in society in general” (Lerner 1986: 239). ‘Traditional’ cultural beliefs and practices prescribe specific gender roles for both women and men. Gender in this study refers to “the structure of social relations that centres on the reproductive arena and the set of practices that brings reproductive distinctions between bodies into social process” (Connell 2009:11). Within this concept of gender, both men and women are assigned their social roles in accordance with the society’s notions of what constitutes masculine and feminine behaviour. However, in no society is there one concrete and all-encompassing concept of masculinity:

[I]n any society there are many masculinities, each with a characteristic shape and set of features. The contours of these masculinities change over time, being affected by

changes elsewhere in society and at the same time, themselves affecting society itself. It is not the case that all masculinities are equally powerful as social forces. (Morrell 1998: 607)

Similarly, there's no one definition or construction of Malawian or indeed African masculinity:

There are numerous African [Malawian] masculinities, urban and rural and changing historically, including versions of manhood associated with war, or being warriors and others associated with farming and cattle herding. There are indigenous definitions and versions of manhood, defined by tribal and ethnic group practices, and newer versions of manhood shaped by Islam and Christianity, and by Western influences, including the global media. (Barker and Ricardo 2005: v)

In addition, Connell (1995) offers four theoretical categories of masculinity namely dominant, complicit, submissive and oppositional or protest. These analytical categories are fluid as membership of each change in the ongoing contest for domination. It is therefore impossible to precisely pin each man to a specific category (Morrell 1998). One way of making sense of the power of masculinity is through a concept that Connell (1995:77) refers to as "hegemonic masculinity" which is the dominant category within society, characterized by authority, physical toughness, strength, heterosexuality and paid work:

In addition to oppressing women, hegemonic masculinity silences or subordinates other masculinities, positioning these in relation to itself such that the values expressed by these other masculinities are not those that have currency or legitimacy. In turn, it presents its own version of masculinity, of how men should behave and how putative 'real men' do behave, as the cultural ideal. The concept of hegemonic masculinity provides a way of explaining that though a number of masculinities coexist, a particular version of masculinity holds sway, bestowing power and privilege on men who espouse it and claim it as their own. (Morrell 1998: 608)

Connell's concept does not essentialise masculinity, a common point of critique of the concept of hegemonic masculinity. Critics, for example Moller (2007), argue that the concept of hegemonic masculinity creates an essentialised, fixed and objective position from which patterns of masculinity will become obvious. Second, Moller argues that Connell's determination of masculinity as dominating, over-determines what men actually do, say and feel. In this regard he argues that the concept overlooks and reduces the complexities and nuances of what the subjects of masculinity actually do. But Connell (2005:836) argues that the concept of hegemonic masculinity is not a static or "fixed entity embedded in the body or personality traits of individuals". Rather, hegemonic masculinity varies according to different socio-cultural as well as geographic settings. Further, it is also influenced by discursive practices including the agency of women and subordinate masculinities. In this regard

Connell argues that the conceptualization of hegemonic masculinity should take into consideration:

a more complex model of gender hierarchy, emphasizing the agency of women; explicit recognition of the geography of masculinities, emphasizing the interplay among local, regional, and global levels; a more specific treatment of embodiment in contexts of privilege and power; and a stronger emphasis on the dynamics of hegemonic masculinity, recognizing internal contradictions and the possibilities of movement toward gender democracy. (Connell 2005: 829)

This understanding therefore shifts away from a concept of masculinity to a concept of masculinities. As Morrell (2005) notes, this shift allows:

one to distinguish meaningfully among different collective constructions of masculinity and to identify power inequalities among these constructions. Put differently, the concept provides a way to understand the evident fact that not all men have the same amount of power, the same opportunities, and, consequently the same life trajectories. (Morrell 2005:4)

Although Connell (1995) is writing with an idea of the Western (white male) man in mind, this complex understanding of masculinity provides a necessary corrective to received notions of “traditional” masculinity in Malawi. In all cultures of Malawi, especially in rural areas, hegemonic masculinity is based on a man being the bread winner, the protector of the family, above all a father of children. So for example, some popular folklore songs sung at weddings exhort: “*wankulu ndani m’banja? Wankulu mmamuna*” (Who is the head in the family?... the head is the man) (Manda 2004). Having children in many African cultures is not only a sign of virility but also regarded as a symbol of authority and wealth (Kishindo 1994; Shreeniwas 2001) and gives a man a positive social status within society (Bankole and Singh 1998). Having no children means a man is not a man. As noted by one study in rural Uganda, “To call oneself a man it is simplest after (one is) married with children. No children and you are still a boy” (Barker and Ricardo 2005:5). Fathering children, especially many of them, plays a very important role in defining masculinity within many traditional societies. This construction of masculinity is communicated to men from an early age through the discursive practices of traditional institutions:

Some Malawians (precise statistics unavailable) still undergo customary education. The rites of passage ceremonies, such as *gule wankulu* (the mask dance performed by graduating boys), *chinamwali* or *jando* (for girls who have attained puberty) and *kulanga* (advising the newlyweds), have contributed to the entrenchment and the passing on of cultural and traditional beliefs, including the subservice of women to men. (Manda 2004: 24)

Rite of passage is one traditional practice that is very important to the Yao (Malawi Human Right Commission 2006). At these traditional ceremonies, both boys and girls are taught their roles within marriage: women are child bearers while the men are the providers for the family. Besides, both girls and boys are taught that men are born leaders and that married women “even if they assume leadership roles such as village chief or Member of Parliament must respect and serve their husbands” (Manda 2004: 25). In a country where almost 80% of the population live in rural areas (Population and housing census 2008), characterised by weak social institutions for example, schools and adult literacy centres, these traditional ceremonies become an important discursive arena for the formation of cultural identity:

These rites of passage provide a combination of social control, assistance and guidance to young people making the sometimes confusing and tense transition from childhood to adulthood, as well as forming or enhancing a sense of cultural or tribal identity and social cohesion. (Barker and Ricardo 2005: 9)

However, operating alongside this hegemonic construction of masculinity and its accompanying femininity, and serving to disrupt its dominance, is another practice that is at the core of Yao tradition, namely the matrilineal kinship system. In a matrilineal society, a man leaves his village and marries into the woman’s village. Even though the woman in this system appears to be important, in practice her role, especially in the decision on how many children the couple can have, is said to be minor (Schneider 1981, Ayisi 1979). Women, married women in particular, are therefore seen as child bearers with no authority to decide the number of children, as observed by Kishindo:

Marriage, however, entails the cession of a woman’s autonomy over her productive decisions to her husband. The husband assumes control of his wife’s reproductive capacities and makes the reproductive decisions. The woman, who has been socialised to be subservient to her husband, is often powerless to question his decision. (1994: 64)

It is therefore arguable that while the kinship system is matrilineal, the social system as a whole is a patriarchal one which traces kinship through female kin and enforces male domination on that basis (Mwambene 2005).

However, the matrilineal kinship system partly accounts for high rate of divorce in Malawi (Reniers 2003). According to Reiners (2003), Malawi has one of the highest rates of divorce on the continent with probability for divorce ranging between 40-60%. While acknowledging that causes for divorce are very complicated, matrilineal kinship has been implicated as

contributing to the rise of divorce in Malawi alongside other factors that include level of education, age at first marriage and ethnic endogamy among others (Reniers 2003). Marriages in this system are inherently unstable because “the husband is separated from the base of his authority in his own village. In the village of his wife, he is subordinate to her kin group” (Reniers 2003: 183). In essence the balance of power shifts in favour of the woman and brings the traditional concept of hegemonic masculinity (a man as head of the house) into crisis. Some women use marriage and divorce as a means to empower themselves socially and economically and eventually even free themselves from marriage altogether (ibid). Thus when divorce occurs it usually has serious implication for the husband in that he loses all his possession, including children:

When a man joins his wife at her home, his status in this community will depend on good conduct and hard work. He is required to build a family house and can be asked to assist his in-laws through work in the field. Pleasing his in-laws, obedience to elders and *producing many children* (my emphasis) will help improve his communal status and will eventually earn him land. In case of marital breakdown, the man has to leave and return to his village empty handed. The man’s dependence on his wife’s family for land and a place of residence provides an element of social control over the in-marrying man and typically implies a source of tension and exploitation. (Njunga 2008: 47)

However, a man leaving the village does not mean that the woman automatically inherits everything that he leaves behind. It is her brother, who is her and her children’s custodian. In this regard she and her children are her brother’s *mbumba* or sorority group:

Though the word ‘sorority group’ may give the impression of meaning a group of women organised on a principal of sisterhood, I want to emphasize that although the women in this case are corporately organised, they are organised around a principle of their common and like relationship to a single man... it is a point of fact that a woman cannot ‘own’ a sorority group. (Mitchell 1951:316)

Traditional hegemonic masculinity, therefore, while on the surface irrefutable and monolithic, is not uncontested and not without the need to defend its privileges. Not only is the position of men within traditional matrilineal kinship structure inherently unstable, but men also face the challenges of modernity in the form of mediated messages – such as family planning messages – which confront traditional constructions of masculinity. The tension created by this uneven territory and the asymmetrical power relations produced and sustained through these traditional cultural practices in relation to messages about modernity are reflected in hit songs on national radio, such as *Jenda* (Gender), *awa ndi amunga* (He is still

my husband), *abambo ake a boyi* (Boy's father)<sup>1</sup>. In these aforementioned songs, all composed and performed by men, men complain that women are taking over the roles of men, and at the same time women are accepting that, no matter how ill-behaved a man may be, he is [traditionally] entitled to his behaviour. The assumptions in the songs are that 'traditional' conception of gender roles are natural and God given. Therefore trying to assign equal gender roles to men and women, or indeed either trying to voluntarily limit one's own family size or asking a man to participate in family planning, goes against "Malawian tradition". It is within these contesting discourses of modernity and tradition that messages of family planning through the use of modern contraceptive methods are encountered and appropriated.

## 2.4 Conclusion

Chiradzulu district, and its Yao inhabitants, while outwardly traditional, epitomise the complex social dynamics of post-colonial Africa. Its largely rural peasantry, while historically implicated in the establishment and maintenance of both the old colonial and modern post-colonial Malawian state, remain firmly attached to a "traditional" way of life, largely supported by the agencies of the post-colonial government. Ideas about what constitutes tradition, including what it means to be a traditional man, promote and sustain a hegemonic masculinity in which being the father of many children is paramount. However, as Connell argues, no hegemonic masculinity remains uncontested: I have suggested that the matrilineal kinship system, while not necessarily empowering women, destabilises this hegemonic masculinity. In addition, men in Yao society also encounter messages about modernity that challenge this traditional construction of masculinity in the form of family planning messages. In the next chapter, I further develop the discussion on family planning and modern contraception in relation to population growth and its implication within the discourses of development and modernisation, and how development communication, with particular reference to social marketing, has been employed in the promotion of messages on modern contraceptives.

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<sup>1</sup> See appendix 3, 4 and 5 for the transcripts of the songs.

## **CHAPTER 3**

### **Literature review**

#### **3.1 Introduction**

Modern contraceptives constitute part of the prevailing discourses around development and modernity. A controlled population growth has always been at the centre of development discourse in third world countries (Braidotti 1994). From an economic and demographic point of view, overpopulation is seen as an impediment to the development of the third world countries as it eats away at any economic gains made (Ehrlich and Ehrlich 1990). Therefore the issue of modern contraception for fertility regulation has been at the centre of donor countries, bi and multilateral donor agencies and recipient countries. In fact “acceptance of population control programmes within the development aid package became mandatory for the recipient governments” (Braidotti 1994:23). In this chapter, I contextualise family planning within the discourses of development and modernisation in Africa. I will do this by presenting a dichotomous perception of traditional and modern discourses on family planning. I will finally discuss some discursive practices and apparatuses, including development communication, Banja La Mtsogolo (BLM) and the Malawi Broadcasting Corporation (MBC) that have been employed to bring about a positive attitude towards modern contraceptives.

#### **3.2 Family planning**

According to the World Health Organisation, family planning is the process which allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods (WHO 2011). According to this definition, family planning has a number of benefits, including prevention of pregnancy-related health risks, prevention of unwanted pregnancies and slowing down population growth. As a population control measure, family planning “is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and national and regional development efforts” (WHO 2011).

##### **3.2.1 Family planning: modern contraceptives**

Many governments in Africa including Malawi have instituted family planning programmes from an economic point of view with an aim of controlling population growth and in the

process spurring development (Malawi government 2010; Malawi government 2006; USAID 2010). The argument from economists and demographers is that an uncontrolled population growth is a hindrance to development as it exerts pressure on limited resources (USAID 2009; Malawi government 2010; Zawacki 1971). While there are many benefits of family planning including safe guarding the life of the mother and children, the main concern has been ensuring low fertility rates (Malawi government 2006, 2010; Kirk 1996). But before I go into details of looking at modern contraceptives from a modernisation perspective in Malawi, I will briefly look at the link between development and population.

### **3.2.1.1 Development**

The 1980's saw a new people-centred and participatory model of development taking centre stage in development theory (Melkote 2001). This replaced the modernisation paradigm of African development which entailed "replacing non-western ideological, cultural, and even language systems, with Western systems; in essence reshaping the reality of the people in the Third world" (Melkote 2001: 92). Within the new model, it is recognised that both internal and external factors have a role to play in the development process. Thus development needs to be studied as a global process, from which both the objects of development and those offering solutions to underdevelopment have something to offer. In addition, it recognises that there's no universal model of development, and that each country or society must be given a chance to develop its own development strategy (Servaes 1996). The biggest contribution of this new thinking of development is how it has placed social structures at the centre of development:

Attention to social structure revealed that there was much more at issue than the opposition between knowledge and ignorance, and the concept of the sub-culture of pleasantly concealed important differences in both attitude and potential for behaviour change. Developing countries contained within them widely differing social groups with different material and psychic resources... (Sparks 2007:41).

However, although there have been different ways of thinking about development since the modernisation paradigm, Sparks writes that its legacy remains, especially in Africa:

However unfashionable the 'western modernity' may have become around the world, the concrete achievements of the scientific methods developed by western modernity remain extremely persuasive, and employing those methods remains a powerful development goal. Even those who loudly reject 'western values' are very far from rejecting physics, chemistry, biology and so on, particularly in their practical and applied versions. (Sparks 2007: 51)

This, Sparks argues, can clearly be seen in the field of health communication. He argues that the exportation of scientific research and discoveries in the field of health is one of the colonial legacies from the Western world to its colonies. Modern technologies in the field of medicine are seen as the direct opposite of the traditional practices, and “the governments of developed nations, no less than the underdeveloped ones, listen to the scientific advice that inform the shortcomings of the traditional practices from the point of view of health” (Sparks 2007: 52). In this way “modernity” and “development” discourses still constitute the prevailing truth or what Foucault terms “regime of truth” (Gordon 1980:131) within developing countries. Mass communication remains one of the influential vehicles towards achieving modernity – and thereby development – through a field that came to be known as development communication. But to understand how development communication has been employed in changing the mind set of traditional societies with regard to family planning, I will further discuss the link between population control and development.

### **3.2.1.2 Population control and development**

Economists and demographers assume a direct link between population growth and development (Pathy 1976). The bases for assuming such a link are the concepts of demographic transition and the Malthusian understanding of population. Demographic transition theory postulates a direct and uncritical link between development, modernisation and population growth as a country moves from a traditional society to a modern one (Kirk 1996). This model suggests that a country’s death and birth rate are high when in a state of underdevelopment and that both reduce when the country modernises. The Malthusian theory on the other hand argues that population grows in geometric progression (1-2-4-8) while agricultural production grows in arithmetic progression (1-2-3-4). Eventually, population outgrows food production creating a situation where there isn’t enough food to sustain a growing population. This pessimistic view argues that overpopulation is the main cause of underdevelopment (Pathy 1976). Critics have, however, faulted the universal and uncritical application of the theories linking population growth to underdevelopment for “relying heavily on the modernisation paradigm of social and economic development and a functionalist vision of societies’ process” (Kalipeni 1997:175). In this regard it ignores important variables dealing with the cultural and developmental experiences of different societies, and neglects examining the issues of population growth within specific contexts. Even though the debate remains inconclusive, many development agencies, donor countries and developing countries, including Malawi, have acted in the belief that rapid population

growth impedes development (McIntosh 1995; Pathy 1976; Melkote 2001). The Malawi government currently has a pessimistic view of population growth in relation to development, as reflected in its policy stand:

[A] slower population growth rate results in less pressure on the government budget to provide free primary education and public health services. The government could save K134 billion (US\$915 million) in education and K2.491 billion (US\$1.7 billion) in health over a 30-year period. Additionally, pressure on the government to provide food subsidies or to subsidise maize seeds and production would decrease. Slower population growth would also lessen land pressure and alleviate some of the environmental consequences due to overexploitation, deforestation, erosion, and loss of soil fertility. Lastly, rapid population growth affects Malawi's ability to become a technologically driven middle-income country, as there is not enough employment for the millions of youth who will be entering the labour force in the coming decades. If nothing is done to slow population growth, the consequences on social and economic sectors and the burden on the government are substantial. (Malawi Government 2010: vii)

The above quoted position had already started taking roots as early as the 1980s, when efforts were being made to integrate population control measures within the health care system. In 1994, the first National population policy was introduced and by 1996 Malawi had a comprehensive policy on family planning and contraception guidelines (Solo 2005). This resulted in multifaceted campaigns to make family planning an integral part of Malawi society through use of modern contraceptives.

### **3.3 Modern contraceptives in Malawi**

Modern family planning methods have enjoyed a somewhat chequered history in Malawi (Cohen 2001). The history of Malawi's use of modern contraceptives for family planning can be traced to the 1960s. From independence in 1964, to the 1980s the Malawi government's position was pro-natal and completely rejected the belief that population growth was a problem (Chimbwete 2005:). Because Malawi was not regarded as being of economic benefit to the Western world as was Zimbabwe or Kenya, the country was not under any serious pressure to institute population control measures (Chimbwete 2005). The then President, Kamuzu Banda, effectively banned the use of family planning in 1964. No tangible efforts were made to control population growth between 1964 and the early 1980s (Chimbwete 2005), and the Malawian population has risen from below 5 million people in 1966, to approximately 13 million in 2008 (Malawi Population census 2008).

However in the 1980s, under pressure from donors, Kamuzu adopted a policy that permitted modern contraception for use in child spacing and not as a control for population growth

(Chimbwete 2005). Between 1982 and 1983, a national child spacing programme was introduced as an integral part of the Ministry of Health's maternal and child health programme (Solo 2005). The period between 1984 and 1994 saw concerted efforts being made toward making family planning central to population control. This was also the time when Banja La Mtsogolo (BLM) was established, in 1987. BLM promoted contraceptive methods, including Depo-Provera and pills targeting women and condoms for men (See appendix .1) via the media and other channels.

However there has been low uptake of modern contraceptives, judging by the number of people who have accessed the services (only 2% in 1992). Several studies in Malawi and the sub Saharan region suggest people are discouraged from using the contraceptives due to long distances to access the services, and "cultural factors" among others (Kishindo 1994; Caldwell 1977; Piotrow 1997). Contraceptives, for example condoms, were associated with promiscuity and therefore were not readily accepted (Cohen 2001). The discovery of the virus that causes AIDS in Malawi in the 1980s played a part in dismissing some of these misconceptions. The social marketing and campaign for use of condoms such as *protector* ensured that the stigma that was attached to them was reduced (Brown 1994). The use of condoms for prevention of HIV also prevents pregnancies. However, the linkage between HIV/AIDS and the use of contraceptives is double edged. The disease increases the likelihood of couples having many children as a protection against child mortality (National Research Council 1993). Recent studies on condom use however, suggest that while the method is becoming popular, especially outside marriage, there's still resistance to use it within marriages (Chimbiri 2007).

It is evident from the above discussion that the general tendency, especially among demographers and economists, is to take a functionalist approach to family planning, guided by the modernisation paradigm that sees development as "a 'transition' from pre-modern fatalism or traditionalism to a more pragmatic problem solving approach to many household activities" (Robinson 1992:453). The National Research Council (1993) however argues that any understanding of the reproductive decisions, especially in Sub Saharan Africa, should among other things consider factors like traditional perception of the cost of benefits of investing in children, access to family planning and household and kinship structures. Further there's a need to understand that modern contraceptives are being introduced in a society

“with existing beliefs, goals and practices that are regulated through various strategies of family planning” (Zulu 1994:5).

### **3.3.1 Family Planning: Traditional contraceptives**

Literature on contraceptives in Africa is replete with evidence that traditional contraceptives have been used in family planning in traditional societies in pre-modern times (Zawacki 1971; Zulu 1994; Miller, Zulu and Watkins 2001; National Research Council 1993). Some of the available traditional contraceptive methods include postpartum sexual abstinence, herbal juices and concoctions, strings and wooden beads, traditional abortifacients, coitus interruptus (withdrawal), and the rhythm method (Kalipeni and Zulu 1993). However, contraceptives in traditional societies were never intended to limit one’s family size. As Zulu argues, in many African societies a woman is expected to give birth until all “eggs have been exhausted” (1994: 34).

From this perspective, it is unthinkable for anyone to voluntarily control one’s family size. Contraceptives are rather used for spacing the intervals of child birth. This spacing is not aimed at maintaining a smaller family; rather, “spacing may have risen to enhance the probability that each child would survive through childhood and beyond. Thus although Westerners tend to view family planning as a means of achieving a small family norm, birth spacing in Africa has been used to attain what many Africans consider the ideal: a large number of healthy children” (National Research Council 1993:8). In a matrilineal system of kinship, having children is a source of power for the head of the sorority group or *mbumba* (Mitchell 1951), and therefore men are encouraged to have as many children as they can. Furthermore, having children is seen as contributing to social security in old age. As already argued in chapter one, failing to have children can result in a man being expelled from the village (Njunga 2008).

While most demographers and economists see an adverse relationship between large families and scarce resources (USAID 2009; Malawi government 2010; Zawack 1971), in many rural societies children are a source of labour, and are also a means of securing land and other resources (National Research Council, 1993). Therefore high fertility is “of value in that children nearly pay their own way in production from an early age and eventually become a major work force of the family and the guarantors of comfort for their parents’ old age”

(Berquo and Xenos 1992: 8). Arguably, from this perspective, as long as there is a benefit from children, there will always be high fertility:

[Only] when the net flow of intergenerational resources goes from parents to children, [will] parents find it beneficial to have fewer children. The necessity of formal schooling and the burden of children rearing placed increasingly on the parents rather than a wider circle of kin contributes largely to this process (Shreeniwas 1994: 260).

In a matrilineal society having children is arguably beneficial not only to the man but to the woman as well. For the man, it is one condition that will qualify him to be given land (Njunga 2008), while for the woman, her “fear in limiting her reproduction therefore lies not only in the breaking of an understanding or contract between families but even more deeply in the possibility of angering the ancestors – her own in the case of matrilineal societies, or her husbands’ in the patrilineal case” (National Research Council 1993: 92). It is also important to note here that the issue of contraceptive use in traditional societies is not solely in the hands of the couple, as they may sometimes “be under pressure from other relevant decision makers in the wider family who have a stake in maintaining the couple’s continued fertility” (National Research Council, 1993:16).

The economic deficit that demographers and economists argue is incurred by large families is further diluted by the foster system of parenting. In this system, children are not only looked after by the biological parents. Grandparents, aunts, uncles and sometimes even people with no direct blood relation can look after the children (World Fertility Survey 1987). In the late 1980’s on average about 18% of children between the ages 0 to 14 were living with someone other than their mother in Sub-Saharan Africa (World Fertility Survey 1987). This means that the economic burden of looking after the children is usually a shared responsibility rather than an individual one, making it possible for men to have many children without the worry of economic pressures (National Research Council 1993).

Interestingly, while many studies indicate that men are influential and their decisions partly to blame for high fertility in the Sub-Saharan Africa, Zulu (1994) argues that this perception needs to be qualified within the context of African reproductive regime. In a study that he undertook in the three districts of Chiradzulu, Rumphi and Mchinji (each of the districts representing a different system of kinship namely matrilineal, patrilineal and a combination of both within the same district, respectively), Zulu concluded that contrary to the widely held belief that men have been custodians of contraceptives, it is older women within society who

have a significant influence in matters of family planning. So, not only has contraception traditionally been more within the domain of women than men, but with the advent of modern contraceptives, women can potentially make autonomous decisions about the number of children they bear. Men are now demanding to be consulted before women start using modern contraceptives. The need to be consulted is not motivated by the need to reduce the number of children, but rather by the perceived differences between modern and traditional methods that eventually shift the balance of power in favour of women:

One is the setting in which they are provided: modern methods are provided in a modern institutional setting, and are thus associated with modernity and progress. Men are expected to play a leading role in the domain of the modern. Clinics are modern, but the integration of family planning with maternal and child health clinics makes these clinics women's spaces. Traditional methods are also administered by women, and in women's spaces, but they are administered in the village by elderly women whom the men trust. Secondly, the perceived greater effectiveness of modern methods influences men who are suspicious about their wives' faithfulness to exert more control over these methods than over the traditional ones because they believe that the more effective the contraception the more likely the woman is to cheat on them. (Zulu 1994:2)

Family planning via modern contraceptive methods, and its promotion by state and nongovernmental organisations for reasons of population control in relation to development goals, constitutes a central challenge to traditional notions of masculinity and femininity, the rights and duties of kinship, and family. Traditional understandings of family size and family planning are an arena within which gendered practices are performed and validated. The discourse of "tradition" not only explains and normalises particular kinds of masculinity, but also normalises specific sexual practices and relationships and the implications these have for families and the wider social groups of which they form a part. These normalised understandings of tradition also "explain" lack of compliance and behaviour change for interested government and NGO parties who advocate family planning. However culture is dynamic and it changes and adapts in response to other determining factors including economic:

[C]ultural values do show remarkable persistence and can sometimes adapt to, or co-exist with, apparently inconsistent economics or technological developments but that does not mean that the cultural values always dominate. Frequently they persist as ideals or values which become more and more divorced from practice, until they end up by being dropped or becoming meaningless 'ideal' behaviour-rules like 'love thy neighbour'. Establishing that traditional Kenyan [Malawian] culture and custom was supportive of high fertility in no way establishes how strongly held these practices are to-day, or how quickly they may change as the socio-economic basis of the real day-to-day society changes. Culture and values are adaptive and, folk myths to the

contrary notwithstanding, are not god-given nor immutable. They come into existence in response to certain objective conditions, and change, as do these other factors (Robinson 1992: 454)

But as argued by Ricardo and Baker (2005), in societies that have weak modern institutions, for example schools, adult literacy centres and hospitals, traditional practices become the main discursive arena for maintaining or reinforcing traditions that gives a sense of individual and cultural identity. The strength of traditional discourses in the matter of family planning is acknowledged by the government, and is visible in the concessions to tradition made in the national Population Policy, which was promulgated under the new democratic government in 1994:

The policy, while maintaining the rights of couples and individuals to decide on the number of children to bear, aimed to lower the growth rate of the population by improving the status of women and children, lowering morbidity and mortality, and promoting information on the use of contraceptives and the benefits of smaller and better spaced families. (Cohen 2000, citing The National Statistical Office and Macro International Inc 1994:845)

The same period also witnessed massive investment, both in terms of time and resources, in media promotion of family planning and modern contraceptive methods. The avenue that has been used for this promotion by BLM and others working in reproductive health is social marketing under the broader field of development communication.

### **3.4 The Role of development communication in the promotion of family planning**

MacPhail (2009:3) defines development communication as a process of “intervening in a systematic or strategic manner with either media (print, radio, television, video and the internet), or education (training, literacy, schooling) for the purpose of positive social change. The change could be economic, personal, as in spiritual, cultural or political”.

Early development communication theorists within the dominant paradigm (Lerner 1967, Shramm 1960, Rogers 1962) saw a pivotal role for the mass media in the transfers of skills from developed countries to the underdeveloped. From this point of view, communication is seen as an organisational delivery system (Melkote 2001). This is deeply rooted in the “hypodermic needle” or “magic bullet model” of communication, where the audience is regarded as a passive recipient of media messages (Servaes 2004).

Theories of development communication have been characterised by “historical moments” running concurrently with development paradigms prevailing within a particular historical moment (Banda 2006). These include the modernisation paradigm, the dependency-disassociation and lastly the participatory communication. The first two paradigms have been criticised for mechanical treatment of development in which societies are theorised to move in a linear way from traditional to modern. As a result there has been an inclination toward more participatory role of development among development theorists (Melkote 2001; Sparks 2007; Shah 1999). As opposed to seeing communication as an organisational delivery system, the participatory communication model stresses the importance of the “cultural identity of local communities and of democratisation and participation at all levels – international, national, local and individual. It recognises the receivers of development interventions as active participants in all development process” (Servaes 2004: 61). This perspective is a critical one, as it rejects the marketing models that perpetuate western concepts of development. Instead development communication is seen as:

a process of consensus building and resistance. It is not a linear process, but must be historically grounded, culturally sensitive, and multi-faceted, with attention to all the political, economic, and ideological structures and process that comprise society. (Melkote 2001:28)

Despite these shifts in perspective, as is the case with development, the dominant or the first historical moment within development communication is still evident in many development communication projects in African in general and Malawi in particular (Sparks 2007, Mchombu 2004, Servaes 2004). Even though there have been revisions and many commendable attempts made to rectify some of the errors of the past, the dominant paradigm is still preferred in practice but is “increasingly more difficult to defend theoretically” (Servaes 2004:64). In no other area is the dominant paradigm more evident than in health communication, epitomised by social marketing.

### **3.4.1 Social marketing**

Social marketing has been described as one of the most influential strategies of development communication and has been central in the promotion of health and social related goods and services including family planning and modern contraceptives (Communication Initiative 2001). Up until the 1970s, message dissemination in family planning regarded the audience as passive and the source of the message as active (Melkote 2001). Most campaigns promoting family planning employed a top-bottom approach, guided by diffusion theory. This was premised on the belief that change would autonomously happen once the target

audience received the message (Melkote 2001). However, even though there was an increased knowledge level of family planning and contraceptive use as a result of media campaigns, the levels of adoption were relatively low (Melkote 2001). Therefore a more creative approach, emphasising the challenges of changing the values, knowledge and behaviour patterns of the receivers, was incorporated in a field called social marketing.

Social marketing is a process of planned communication that aims at effecting behaviour change in the targeted audience: “Social marketing is about influencing behaviours....it utilises a systematic planning process and applies traditional marketing principals and techniques, and that its intent is to deliver a positive benefit for society” (Kotler and Lee 2008: 150). In short, social marketing “import[s] theories of consumer behaviour into development communication” (Novelli 1990 in Communication Initiative 2006).

Success of the promotion of “pro social” behaviour in social marketing is therefore dependent on four processes, namely, audience segmentation, market research, product development, incentives and facilitation (Kotler and Zaltman 1971; Kotler and Lee 2008). These processes are then reinforced by what are known as the four “Ps” (Product, Pricing, Placement and Promotion): Marketing is assumed to be effective if the right and desirable product or service is developed, if it is given the right price that the majority can afford (the price of the product itself and all the costs incurred to purchase the product for example additional transport costs to acquire the product or service), if it is placed or being sold where people can easily access it and if it is promoted in a way that makes it known to a large section of a population (Schiavo 2007; Kotler and Lee 2008; Kotler 1971).

Social marketing has generally been used in the health sector and other social areas to promote desired change in human behaviour (Kotler and Lee 2008). Some examples are the promotion of condoms, mosquito nets, family planning methods and other goods and services that promote the wellbeing of people. Specific examples include the Population Services International’s (Malawi) use of social marketing to promote insecticide treated mosquito nets, use of a water treatment chemical called *water guard* and a brand of condoms called *Chishango* (Honey) (Population Services International 2004).

Social marketing has its limitations. Most of these limitations stem from the perpetuation of the legacy passed on from the dominant paradigm. Sparks (2007:52) writes that “even within

developed countries there is a strong sense that health communication is part of the process of bringing the light of modernity to the non-modern darkness of popular practices”. The authors of the messages still construct messages that are predesigned to provide everything the audience need to know, think and feel. The underlying assumption is that there is a knowledge gap that needs to be filled by expert knowledge, using the top-bottom approach criticised in the dominant paradigm:

The primary objective of a social marketing campaign is behaviour change. All social marketing should be designed and planned with specific behaviour objective in mind, something we want our target audience to do. (Kotler 2008: 152)

Implicit in the above quote is a mechanistic and functional approach to the understanding of the transmission of knowledge, skills or information from the top to the bottom. The providers of the goods and services are seen as possessing the technical know how to solve society’s problems. Additionally, the targets of the services and products are seen as consumers, an element which is often criticised, as the processes of product development are non-participatory and are more concerned with selling products rather than participation (Schiavo 2007; Communication Initiative 2001). In addition, social marketing falls short of critically interrogating alternative ways in which behaviours can be modified, reinvented or made more effective, and takes it as a given that certain behaviours can or should be adopted (Robinson 2006). Social marketing also fails to take into consideration social relations between people in society and treats them as a collective group of consumers (Schiavo: 2007). Other limitations have to do with the generally positivistic and statistical measurements of results of campaigns: for example “How many condoms were purchased last year? How many people are now buying insecticide-treated mosquito nets or how many men are now coming forward for antenatal clinics, etc”. The phrase, “you can’t sell behaviour change like soap” (Robinson 2006) perhaps sums up the criticism against social marketing. Notwithstanding the criticism, social marketing has strength in its ability to raise awareness of social problems and developing potential solutions (Schiavo 2007). Banja La Mtsogolo (BLM) has therefore used social marketing as one way of institutionalising family planning methods through among other channels, the use of Public Service Announcements (PSA) on the Malawi Broadcasting Corporation (MBC).

### **3.4.2 Public service announcements**

Public Service Announcements (PSAs) are a form of an advertisement on radio, TV or print aimed at changing public interest and stimulating change (LaMay 2007). Characteristically,

PSAs are short and catchy and have one focal message (Fishbain 2002). PSAs have been used in many health and development communication to, among other things, raise awareness on health issues for example, the dangers of smoking, drunk driving, family planning and many others (LaMay 2007). BLM has used PSAs since 1985 and it is regarded as one effective way of socially marketing its reproductive health services including contraceptives for family planning (Chitulu 2011).

### **3.5 Banja La Mtsogolo and radio (Malawi Broadcasting Corporation)**

Banja La Mtsogolo (BLM) is a non-governmental organisation which deals with sexual and reproductive health. It has 31 centres (clinics) across the country offering services such as antenatal health care, family planning, community outreach clinic initiatives and laboratory services among others. The organisation is also the only nongovernmental clinic that provides surgical contraceptive services like tubal ligation and vasectomy in all its centres. It was established in 1987 with funding and technical support from Marie Stopes International<sup>2</sup> (MSI), a non-governmental organisation from the United Kingdom. Currently BLM is mainly funded by the British Department for International Development (DFID). It also gets funding from the Global Fund on HIV/AIDS, TB and Malaria through the Malawi National AIDS Commission (NAC). Other donors to the specific programmes that it runs include UNICEF, The Canadian International Development Agency (CIDA) and the Japanese International Corporation (JICA) (BLM 2010). The organisation is headquartered in Blantyre where it also runs a clinic.

BLM headquarters houses the marketing team which researches, designs and produces the message content. While BLM uses billboards and mobile vans to publicise goods and services on offer, it specifically employs social marketing to promote its products and services (BLM 2010), and the message content is passed on to media houses for broadcasting. Among its media products, BLM has radio programmes targeting the youth with messages ranging from HIV/AIDS, Sexually Transmitted Diseases and contraceptive methods among others. It also produces a wide range of other programmes including TV and radio talk shows targeting different sectors of the general public. This research concentrates on BLM's social

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<sup>2</sup> Marie Stopes International is one of the largest international family planning organisations in the world. It provides 20% of family planning services to Malawi. (mariestopes 2011).

marketing activities, specifically the promotion of family planning messages using the media in general and radio in particular.

BLM prefers the radio medium because of its wider reach as compared to other media, for example TV and newspapers. About 65 % of the rural population get their family planning messages from radio as compared to newspapers (10.1%) and TV (4.3%) (See appendix 2). Radio has generally been the most used medium for mass communication in Africa and has also been widely regarded as the most effective channel for promoting development (Alumuku 2006), as it is relatively inexpensive and has a wider reach than TV and newspapers. The fact that it transcends literacy barriers makes it also easily accessible.

During the colonial era in Malawi, radio (broadcast by the Federal Broadcasting Corporation of Rhodesia and Nyasaland) was used by the colonial government for propaganda, for example propagating the continued existence of the Federation of Rhodesia and Nyasaland. Broadcasting was done from Salisbury in Southern Rhodesia to Nyasaland, with some of the programmes in vernacular. After the breakup of the federation in 1956, Nyasaland had its own radio station based in Blantyre, the precursor of the present day Malawi Broadcasting Corporation, MBC. After independence, besides being used as a propaganda tool to consolidate Kamuzu Banda's autocratic rule, radio was used as a development tool. Most programmes covered issues in the areas of health, education and agriculture (Mackie 1974), and many of the programmes took a transitions and diffusion model of communication towards their programming.

Even though the Acts governing the operations of the station have changed over the five decades of its existence, its development agenda has never changed. The more recent 1998 Communications Act still mandates the public broadcaster to produce and air programmes that educate, entertain and inform the general public (Communication Act 1998). Currently, Malawi has over 16 community radio stations, 9 private radio stations and one Public broadcaster, MBC Radio 1. Community based, it reaches over 80% of the country (MACRA 2010) broadcasting in at least six Malawian dialects (Policy and Programmes 1999). As a result of its wide reach and diverse local dialects used, MBC is the most preferred channel of mass communication for Banja La Mtsogolo (Chulu 2011).

As a result of these media campaigns and other promotional strategies, knowledge of family planning has increased, with radio being the dominant source of information (See Appendix 2). Over 95% of both rural and urban population know of one or two modern contraceptives (See Appendix. 1). However the knowledge of contraceptives has not automatically translated into use. As of 2008, 25% of women reported to have used some kind of modern contraceptive at some point (Demographic and Health Survey 2008). This however is a modest achievement considering that by 1994 only 7% of married women were using some form of modern contraceptive (Cohen 2000). Compared with other neighbouring countries, this is a low uptake rate. In particular, men who are deemed influential in matters of fertility still lag behind in the adoption of family planning methods (Demographic and Health Survey 2008). According to Chulu (2011), BLM will continue with its media campaigns among other strategies to ensure that men have the requisite information that is expected to translate into a positive attitude towards family planning methods.

### **3.6 Conclusion**

Family planning is not a neutral technology. As part of a wider repertoire of modernising practices and techniques, family planning is promoted by the Malawian government as a means of achieving its development goals, via population control, under the encouragement of western aid agencies. As such, this approach to family planning is inimical to traditional social values in Malawi (Zulu 1994; Chimbwete 2004, Kishindo 1994). While family planning, in the form of child spacing, is part of traditional society in Malawi, as in other parts of Africa, limiting the number of children is not seen as beneficial. Despite the more nuanced and complex approaches to development that have arisen over the past few decades, attempts to promote family planning, in the form of social marketing, are the norm in Malawi. In particular, Banja La Mtsogolo uses social marketing via radio to reach rural populations. However, as seen from national studies for example the Health and Development Survey (2008), the uptake of family planning methods is still low even when compared to other countries in the region. While the reasons for such slow intake are many, cultural perception of family planning is one that has affected a wholesale acceptability of modern contraceptives. In chapter three I discuss the methodology employed to get data for this study.

## **CHAPTER 4**

### **Methodology**

#### **4.1 Introduction**

It is clear from the previous two chapters that the social marketing approach to family planning messages appears too narrow in the light of the complex and multi-layered social space that characterises Traditional Authority Kadewere. In order to appreciate why men's contraceptive use for family planning is so low, we need to find ways to understand how the promotional messages about how these contemporary techniques of fertility control are understood by their audiences. This chapter discusses the methodology that informs the approach taken by this study, and describes the methods used to collect data. A qualitative study, the research is an audience reception analysis of how men in a particular rural area of Malawi negotiate family planning messages. The first part of the chapter will look at the theoretical underpinnings of the qualitative paradigm, within which this study falls, by contrasting it with the quantitative. In doing so I will discuss why this particular paradigm is suitable for this kind of research. The remaining part will discuss how I went about collecting data.

#### **4.2 Research design**

Qualitative approaches to research are underpinned by the concept of phenomenology which sees human beings as being in a continuous state of meaning making (Babbie 2001). Epistemologically, qualitative research appreciates the importance of studying human beings from a perspective of the human being themselves. Its primary goal is to describe and understand how human beings make sense of the world they live in (Babbie 2001). The reasoning is that the organisational structures of social and cultural life are continually reproduced and modified through everyday activities. Therefore the social world cannot be studied in the same way as the natural world (Babbie 2001). Qualitative research thus seeks "to preserve the form and content of human behaviour and to analyse its qualities, rather than subject it to mathematical or the other formal transmission" (Lindlof 1995:21). This approach differs from the quantitative tradition underpinned by the epistemological assumption that human beings, despite their complexities, in term of how they generate and make sense of the world they live in, can be studied as objects of natural science (Bryman 1998). In doing this, such positivistic approaches disregard the metaphysical notions of feelings or subjective

experience unless they can be rendered observable. In other words only those elements that can be discerned by the five human senses can be regarded as knowledge (Bryman 1998).

Qualitative methodology does not concern itself with generalisation and causal explanations of results, as does the quantitative tradition, but rather with understanding and interpreting social phenomena in a particular context (David and Sutton 2004). Qualitative research therefore works from a deductive positioning with an open mind to investigate phenomena within a particular context. The methodology therefore takes into consideration the natural setting of the social actors. The advantage is that in choosing a natural setting, the social actors are placed within the social context through which they construct meaning of their everyday life. This natural setting however does not entail the exclusion of other artificial method for gathering data such as interviews. In fact interviews plus other methods such as maps of settings and artificial analysis are used (Lindlof 1995). The researcher's presence in the natural setting is part of the research process and sensitizes the researcher to the different and dynamic realities on the scene (Lindlof 1995). Among others the interviews as used in qualitative methodology are aimed at generating rich data which forms the basis for explaining a phenomenon.

#### **4.2.1 Audience reception**

Many scholars (Morley 1992; Hall; 1980; Fiske 1987; Strelitz 2000) agree that audiences do engage with media texts, but that they do not necessarily make a preferred reading (Hall 1980). Therefore audience analysis seeks to understand how audiences negotiate mediated texts and the meaning they derive thereof within a particular context. This position is informed by conceiving of a human being a social subject who:

Has a history, lives in a particular social formation (a mix of class, gender, age, region, etc.), and is constituted by a complex cultural history that is both social and textual. The subjectivity results from "real" social experience and from mediated or textual experience. (Fiske 1987:62)

Unlike media ethnography in which the researcher has to observe his subjects over an extended period of time, audience reception research:

explores media experiences through extended talk. It seeks to illuminate audiences' practices and experiences, by getting those involved to verbalise them in the non-natural but open of the qualitative research interview, in which informants have considerable power to influence agenda. (Shroder 2003:147)

As a result, the outcome of the study is a joint discursive construction of the researcher's and the interviewees' interaction (Jensen and Rosengren 1990). The researcher therefore has to

maintain credibility by among other things continuing asking question until saturation point, persistent observation, and if need be triangulation i.e. asking different questions, seeking different sources and using different methods. (Babbie 2001)

#### **4.2.2 Analysis**

The analysis of the findings in this research is underpinned by Hall's work on encoding and decoding. Hall's model was born out of criticism of the sender-receiver model of communication (Hall 1982). He argues that the sender-receiver model ignores the "structured conception of the different moments as a complex structure of relationship" (Hall 1980:128). Johnson (1986) argued that a text is produced and consumed within what he calls a circuit of culture. Within this circuit of culture are moments that are directly related or as Hall puts it "articulated" together. These include moments of production, circulation and consumption of media texts. Johnson notes:

Each moment or aspect depends upon the others and is indispensable to the whole. Each, however, is distinct and involves characteristic changes of form. It follows that if we are placed at one point of the circuit, we do not necessarily see what is happening at others (Johnson 1986: 46)

Du Gay (1997) offers a similar circuit that refines Johnson's model. Within this circuit there are five major processes of culture namely representation, identity, production, consumption and regulation. Therefore any study of cultural artefacts must take into consideration these processes in order to be comprehensively studied (Du Gay 1997). Hall's decoding and encoding model attempts to theorise the relationship between producer, text and audience and suggests a model in which the socio-historical context of production and reception must be taken into account in order to understand the audience's responses. Hall offers three "positions" for conceptualising the audience's response; a dominant (or hegemonic) reading, in which the preferred meaning of the text, if accepted, ratifies particular ways of seeing the world: To illustrate this position I give a hypothetical scenario of social marketing condoms in Malawi. Promoters advertise the condoms, stressing their importance in avoiding sexually transmitted diseases and pregnancies. A dominant reading is where the receivers of the messages understand the messages and appreciate its importance as intended by the sender; an oppositional reading, is when the audience understands, but altogether rejects the text's preferred meaning. In this scenario, using the same condom analogy, the receiver of the message understands the importance of using the condom but altogether rejects the message for whatever reasons; and the negotiated reading, in which the preferred reading of the text is tempered by some oppositional understandings. Within the same condom example, the

receivers of this message will understand the message, but may or may not wholly agree with it.

In addition to the three positions, Hall's model suggests that all reception is bound up in larger structures of power, and that reception and meaning making are context-dependent (Hall 1980). In short Hall argues that sent and received messages are not identical, and that audiences have different ways of decoding messages from the intention of the encoders. He however does not altogether dismiss the notion that media texts have "effects" but he problematises the way in which those effects are interpreted:

Before this message can have an effect (however defined), or satisfy a need or be put to use, it must first be perceived as a meaningful discourse and meaningfully decoded. It is this set of decoded meanings which 'have an effect', influence, entertain instructs or persuade, with very complex perceptual, cognitive, emotional, ideological or behaviour consequences. (Hall, 1982:130)

Hall's model became the bench mark on which reception studies were modelled. It provided a theoretical base where the text was liberated from an ideological closure and included audience as a site of meaning production (Ang 1996).

### **4.3 Methods**

This study used three methods of data collection namely, qualitative content analysis, focus group interviews and in depth interviews. Deacon (1999) argues that a combination of methods is ideal as each of the method has strength and weaknesses and can therefore be used at different stages of the research process. The usefulness of each method is discussed in detail below.

#### **4.3.1 Qualitative content analysis**

Content analysis is generally associated with quantitative methodology. The purpose is "to identify and count the occurrences of specified characteristics or dimensions of texts, and through this to be able to say something about the messages, images, representations of such texts and their wider social significance" (Hansen 1998:95). Content analysis does not go deeper to interrogate issues of totality and discursive form (Deacon 1999), but at its strongest it produces general patterns for example delineating trends, patterns and absences over large aggregates and is therefore suited to dealing with the 'massness' of the mass media (Deacon 1999). There are qualitative versions of content analysis which many quantitative researchers use for exploratory purposes to reveal the content in a source of communication. It lets him or

her probe “into and discover content in a different way from the ordinary way of reading a book or watching a television program” (Neumann 1997:273). It is this usage of qualitative content analysis that this research adopted to analyse the family planning method texts. As argued by Johnson (1986) and Hall (1980), meaning is produced both by the encoder and decoder of the text in the circuit of culture and thus it is imperative that before the researcher immerses himself into data collection, he or she must have a good understanding of the content and of the meanings encoded in the text. A basic content analysis is useful here to gain an overview of the contents of the messages and give direction towards mapping the question for both focus group discussion and the in-depth interviews. I thus used qualitative content analysis to analyse public service announcement obtained from *Banja La Mtsogolo*, which is the primary disseminator of family planning methods in Malawi. Additional materials were sought from the Malawi Broadcasting Corporation, MBC, a public broadcaster. The ones obtained from MBC were produced by BLM but were not available in the BLM library. In total I collected 12 public service announcements. Out of all these, one PSA that specifically targeted men was chosen to be played at the discussions (See Appendix 10. for the transcript of the PSA). It advertised a contraceptive method called vasectomy, which is a permanent and irreversible method that ensures men sterility.

#### **4.3.2 Focus group discussions**

By definition, a focus group involves bringing together a group, or, more often a series of groups, of subjects to discuss an issue in the presence of a moderator (Lunt and Livingstone 1996). Focus group interview is one method that is explicitly associated with the qualitative tradition of audience reception analysis. Focus group interviews therefore try to emulate the natural setting in which every day communication occurs. Thus, focus groups can be understood as:

[A] simulation of these routine but relatively inaccessible communicative contexts that can help us discover the processes by which meaning is socially constructed through everyday talk. This admittedly approximate simulation of everyday conversation or discussion using focus groups may be used in conjunction with, and in order to overcome the disadvantages of, ethnography, participant observation, and reliance on publicly available recordings of discourse. (Lunt and Livingstone 1996: 85)

Additionally, focus groups also help recreate an approximation of dynamic interaction between small groups and give a close idea of how people in social, familial and professional networks collectively interpret mediated messages (Deacon 1999). Focus groups are therefore “in tune with current sensibilities in media research, which are defining media

processes and the conception of the audience,” (Lunt and Livingstone 1996:90). The open nature of focus group interviews stimulates its members and enables them to bring out issues that may be forgotten or ignored in for example a one on one interview situation (David and Sutton 2004). But there are some other important considerations when choosing a focus group discussion as a primary data collection method. These included, group size, the number of groups and the composition of the group (David and Sutton 2004).

#### **4.3.2.1 Group size**

There is no general rule that determines the constitutive number of a focus group. However some writers (Lunt and Livingstone 1996; David and Sutton 2004; Northcutt 2004) suggest that any number between 6 and 10 is suitable to allow the moderator control the discussion effectively. In this study, four groups had six members and one had five.

#### **4.3.2.2 Number of groups**

There is also no hard and fast rule in the number of the groups to be used in this method. However Lunt and Livingstone (1996) suggest that the researcher should continue to run new groups until the last group has nothing new to say. I had intended to run as much as six focus group discussions but by the fourth group the responses become repetitious and I therefore added one more group just to be sure.

#### **4.3.2.3 Group composition**

David and Sutton (2004) and Lunt and Livingstone (1996) observe that there is a dilemma whether to use people who know each other or strangers. They argue that both selections have merits and demerits. One advantage is that those who know each other may feel at ease and therefore feel free to discuss the issue at hand in detail. However, the danger is that they may also take each other for granted and leave out important aspect of the discussion in the belief that they feel they all know what they are talking about. Using an all strangers group also has a disadvantage in that people may not be very open to talk to a stranger. However the advantage is that it is easy for strangers to talk in details without taking each other for granted. This research had a combination of people who knew each other and others who did not. Since most of them came from within villages around the Chiefs headquarters, they had a casual knowledge of each other. This did help in ensuring that they were free to express their feelings without feeling they were diverging sensitive information to strangers. The groups were however split into two categories based on age. The first group had men aged between

17 to 27 and the other had men from the age of 28 to 56 years. This was done to ensure that peers of the same age groups freely discuss the issue without fear or shyness of the elders or youngsters.

### **4.3.3 In-depth interviews**

In-depth interview, the researcher does not stick, rigidly, to a set of standardised questions. Instead the interview “seeks to promote an active- open minded dialogue” (Deacon 1999:65). This kind of questioning allows the researcher to make follow up and probe further when necessary. It seeks to “emphasize the depth validity of individual interviews; the attempt to let the interviewee tell their story and so determine to a greater extent the flow of the dialogue” (David and Sutton 2004:87.) I conducted in-depth interviews with the marketing manager for BLM and also with eight other people who were purposively selected after the focus group interviews. Of the eight, four were men and the other four were women. Of the four women, two worked as traditional birth attendants.

The aim of the interview with the marketing manager was familiarise myself with the reasoning that informs the construction of the family planning messages and to “establish [a] provisional reading of their main communicative and ideological structures” (Morley 1992: 27). I had already done some literature review on BLM (Much of which has been covered in chapter 2) and I wanted to seek clarity on other areas that were not readily available in the literature accessed. The in-depth interviews with villagers were used to probe further key issues that were raised in the focus group discussions. This proved vital as the respondents were more open to talk about more sensitive issues unlike in the group discussion where there five or six people.

### **4.4 Interview location**

The interviews were conducted in a public office at the Chief’s headquarters. This is a familiar place to the interviewees as it is a place where village meetings take place. However, the Chief was not allowed to participate in the discussion for fear that people would feel obliged to say things that they may have deemed appropriate or indeed inappropriate to him.

### **4.5 Interview guide**

An interview guide is a set of question that a researcher comes up with before an interview (David and Sutton 2004). As the name suggests, this list of questions seeks to guide the

interview proceedings and is not necessarily a rigid tool aimed at eliciting answers. The interview guide was split into themes. However, I did not stick to the written down questions but rather followed up with questions whenever necessary. In fact since I had no time to pre-test the questions, the first group was used as a pilot to gauge if the participants understood the questions. This proved valuable as some questions were slightly modified and others removed or skipped altogether when it became apparent that some questioned were answered through one generic question.

#### **4.6 The researcher's role as the moderator/facilitator of the interviews**

The moderator's role is to ensure that the discussion is controlled and does not digress for the topic (Hansen 1998). In this regard I was not only able to conduct the interviews but also able to regulate who talked when at times it became evident that there were others who talked much than others. I also used a research assistant (Titani Kalumba) whose job was to record the proceedings and also record the name names, age and domicile of the participants.

#### **4.7 Sampling**

In qualitative research the question of sample is dependent on the issue being investigated. Therefore as Deacon et al (1999) argues, what matters is not how big the size of the sample is, but how relevant it is contextually. Qualitative sampling falls within its own category besides the conventional probability and convenience sampling associated with quantitative sampling where:

particular setting, persons, or activities are selected deliberately in order to provide information that cannot be gotten as well as other choices....Selecting those times, settings, and individuals that can provided you with the information that you need in order to answer research question is the most important consideration in qualitative selection decision. (Maxwell 2005:88)

This research therefore has two categories of purposively selected samples; the people investigated and the mediated texts analysed.

##### **4.7.1 The people investigated**

As already introduced this research is based on high fertility rates and was prompted by an article in an online edition of *Nyasa Times* (2010), which observed that Malawian men especially in rural areas are not responding positively to family planning messages despite massive media and other campaigns. Therefore men who are the target of family planning messages were an automatic choice for this study. This study also purposively selected women who are directly influenced by the men's decisions. There were three districts that

were particularly singled out for high fertility rates namely Blantyre, Chiradzulu and Zomba but this study chose Chiradzulu. Chiradzulu was chosen because it is wholly rural as opposed to Blantyre and Zomba, which are made up of both urban and rural settings. Finally the district was chosen due to financial and time limitation and its close proximity to the researcher's home.

#### **4.7.2 The media texts**

Of the twelve public service announcements sourced, only one was seen to be appropriately suited for the study as it directly addressed men. As Morley (1992) did with the "Nationwide" audience, this public service announcement was played for the group to solicit their responses.

#### **4.8 Validity and reliability**

Validity and reliability underpins credibility of research findings within a particular context. Validity in qualitative methodology does not imply that there is an objective truth out there where phenomena can be compared but rather refers to how convincing or credible the conclusion or interpretations of phenomena are (Maxwell 2005). In other words the extent to which the researcher's findings are closer to the informants' innermost experiences and evaluation of the media (Schroder 2003). While these two concepts are very crucial in positivist paradigm, they are not central to the qualitative. In qualitative research these concepts depend on the interpretive skills of the researcher (Maxwell 2005). These two concepts were achieved by the very method of selecting the sample. The research question itself provided a guide to which people would be interviewed to get their understanding of the messages within their particular context.

#### **4.9 Ethical consideration**

Following Fontana and Frey's (1994) advice this researcher made sure that issues of confidentiality, consent, protection from harm and right to privacy were adhered to. Firstly I had to seek permission from the District Commissioner to conduct the focus groups interviews in the District. After the permission was granted I went directly to meet the Chief and inform him of my intentions. He in turn informed the chiefs under his jurisdiction who lived closer to his headquarters of the type of people I wanted within my sample. The interviewees were informed of the type of questions and why the research was being conducted. Further they were informed that the proceeding would be recorded and that they

did not need to use their real names if they so wished. They were also given a chance to walk away if they felt the conditions spelt out before the focus group discussions were not in their interest.

#### **4.10 Payments**

Since I was conducting the interviews in the morning and generally disturbing the people's daily chores that included gardening (this was in the farming season) I offered a small payment of 200 Malawi Kwacha, which is an equivalent of R10.00, to each of the participants. Basically the logic was that the money could be used to pay casual labour for people working in the garden while the owners were attending my interviews. Generally this payment was made known to the participant at the end of each session to avoid influencing their answers to the questions.

#### **4.11 Conclusion**

In this chapter I have established the methodology used underpinned by the epistemological characteristics of two available options for this study. I chose the qualitative paradigm because of its flexibility in understanding human interaction in society. I also mapped the procedures that I followed to obtain my data and finally looked at some ethical consideration in pursuit of my study.

## CHAPTER 5

### Research findings

#### 5.1 Introduction

In the first chapter I described the socio-cultural environment in which messages of family planning, especially with a goal to limit one's family, are appropriated. This was done in line with a theory of reception that emphasises the active interpretive role an audience plays in consuming (decoding) media texts. The theory further emphasises that meaning making occurs at *both* the encoding and decoding moments in the circuit of culture, two related but distinct moments with their own frameworks of knowledge and determinant conditions. Chapter two discussed the modernisation paradigm via which population control through modern contraceptives is promoted. This affords us a general understanding of the preconditions that inform the encoder's effort to produce and communicate this kind of messages to their target audiences.

It has been already mentioned that this study is not an "effects" study of public services announcements (PSAs) in general or family planning messages in particular. The main aim is to understand and describe how family planning messages, which are carried through different modes of communication including PSAs, are interpreted by the men under study. For this reason I will not do a critical discourse analysis of the messages carried in the PSAs. Instead I will classify and present the general frames of reference and assumptions presented by the messages depending on their target audiences.

This chapter is divided into two sections. The first section offers a "preferred" or dominant reading of the PSAs to clarify what message the encoders want their audience to receive. Hall (1977) argues that in order for communication to be 'effective' it must entice or compel the receiver to take a dominant or preferred reading. As indicated in the methodology chapter, three methods were used to collect data, namely qualitative content analysis, in-depth interviews and focus group discussion. The qualitative content analysis of the public service announcements and an in-depth interview with the marketing manager for Banja La Mtsogolo were used to establish the dominant reading of the text. The second section discusses how the decoders negotiate with the encoded messages. The focus group discussions and

another set of in-depth interviews were used to gain insight into the meanings that men from Chiradzulu district in Traditional Authority Kadewere make from family planning messages.

## 5.2 The public service announcements

As presented in the methodology chapter, I purposively selected 12 PSAs that generally dealt with reproductive health including family planning, treatment of sexually transmitted diseases and HIV/AIDS counselling (see table. 1). Two PSAs were general messages inviting or informing the listeners of the general services that can be accessed at BLM clinics. They in general talk about the location, the services and who can access the services. Two PSAs had a specific target audience of adolescents. One of these encourages young people between the ages of 10 and 24 to go and seek free medical attention for sexually transmitted diseases and counselling on HIV/AIDS. The other promotes abstinence among young people and delayed sexual debut to avoid pregnancies and contracting sexually transmitted diseases. Six of the PSAs are directed at women. These advertise different contraceptives including pills, Depo-Provera, Norplant, injectables and condoms. Interestingly only two of the PSAs are directed specifically at men. One of them advertised *manyuchi* condoms as one way of avoiding contracting sexually transmitted diseases and avoiding unwanted pregnancies. The most relevant PSA to this study promoted vasectomy as a contraceptive method. While in general all the PSAs talk to married men and women, this specific PSA advertises a product that is solely accessible by men<sup>3</sup>.

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<sup>3</sup> See appendix for a full transcription of the public service announcement.

**Table 1: Messages and target audiences<sup>4</sup>**

No	Target audience	Message content
2	General Public	<ul style="list-style-type: none"> <li>• Treatment of sexually transmitted diseases</li> <li>• Contraceptive methods</li> <li>• HIV/AIDS counselling</li> <li>• Location of BLM clinics</li> <li>• General services offered at BLM</li> </ul>
2	Adolescents (10 -24 years old)	<ul style="list-style-type: none"> <li>• Free medical attention for sexually transmitted diseases</li> <li>• HIV/AIDS counselling</li> <li>• Delayed sexual debut</li> </ul>
6	Women	<ul style="list-style-type: none"> <li>• Prevention of unwanted pregnancies</li> <li>• Prevention of sexually transmitted diseases</li> <li>• HIV/AIDS counselling</li> <li>• Available contraceptive methods including, Depo-Provera UICD, pills and condoms.</li> </ul>
2	Men	<ul style="list-style-type: none"> <li>• Available contraceptive methods for men including condoms and vasectomy</li> </ul>

### 5.2.1 The preferred reading

There are five general assumptions in the PSAs that reveal a functionalist approach to family planning. The first assumption is that there’s a problem “out there” and the encoder of the message has the solution. As discussed in chapter 2, the legacy of the modernisation paradigm still remains in many branches of development communication, including social marketing (Sparks 2009). In this regard the top bottom approach is still prevalent in these messages. The messages advertise scientifically “proven” contraceptive methods. None of the sampled messages acknowledges the existence of other traditional methods of contraception

<sup>4</sup> See appendix 11. for the transcription of the public service announcements

that are practiced within the area, and treats the use of the methods as “common sense” and a given “truth”. The second assumption is that these family planning methods will be appropriated within a family, i.e. by a husband and a wife. Furthermore, the PSAs assume that family planning decisions are a joint decision in which a man and a woman have an equal voice. Third, the PSAs assume that the target audiences have similar needs that are only differentiated by gender, marital status and whether one is a youth or an adult. Fourth, the PSAs assume that there is a common agreement of what “enough children” means. Finally, the PSAs emphasise that using contraceptives does not change one’s sexual activities and neither do they reduce sexual performance. The assumption here is that concerns over sexual pleasure and performance are a significant source of resistance to the use of contraceptives for family planning. Furthermore, the PSAs assure listeners that contraceptives give both the woman and man peace of mind so that they can engage in sexual activities without the fear of unwanted pregnancies.

In general the PSAs’ production is underpinned by what Adebuseye (2001) and Caldwell (1977) call the “economic theory of fertility” based on urban and western industrialised countries. But as reception theory would argue, meaning making from a text is never made in a vacuum. Morley (1992: 92) argues that “the individual viewer does not come to the moment of viewing “culturally naked” – he comes to the text carrying already, and thinking within, his own set of cultural codes or framework, derived from his social and cultural situation and background. In the moment of viewing, the codes and structure of the programme meet and have to be filtered through the codes and discourses at the viewers’ disposal”. In the light of these two contrary views about the nature of “the message” and the needs, expectations and behaviour of the audience, it is interesting to interrogate the views of those in charge of the creation of the PSAs.

### **5.2.2 Factors considered in coming up with PSA**

The interview with the marketing manager for BLM, Alfred Chitulu, revealed that the two main considerations when producing the PSAs are economic and socio-cultural factors. Concerning the economic factor, Chitulu said they consider for example, the cost of production for the public service announcements and the medium with the most universal reach, hence the preference for radio. While the economic factor was explicit and easy to pinpoint, what he meant by social-cultural factors was rather hazy. I was interested to find out whether BLM took into consideration the cultural context of reception, given the centrality of

this approach to understanding audience meaning making within cultural studies (Hall 1980, Fiske 1987 Strelitz 2000, Morley 1992). Chitulu said the only consideration is language. In other words language, which is just one element that contributes to cultural identity (Swingewood 1998), is used as a major (indeed sometimes the only) factor when considering people's cultural values. For this reason the PSAs for all regions comprise the same messages which are translated into the language that the people targeted speak:

**Chitulu:** I will point out just a couple. I will start with language. It also has to do with culture and the like. We look at the particular area that we want to target. For instance maybe if we want to relay the information to the people in the northern region, then there's need for us to come up with an advert that is in *Tumbuka* or *Tonga*. If it's in the Southern language say may we are targeting people along the lakeshore, Mangochi whatever, whatever, then we have to segment it according the language like *Yao* this and that. So language plays an important role that's one of the factors that we have to consider. If it's on the national level and we want to give say may be a generic advert then I think we use the general vernacular language here in Malawi which is *Chichewa*. But now if we want that may be all our clients should understand what we are trying to say then we would rather break that into those specific languages. So that can be given as one of the factors.... When we are categorizing according to group we are categorizing according to tribe. Not that the service to be given will be different no, what is different is just the language but the message will be the same. What will only differ like for instance I will give an example, may be the general BLM advert which talks about family planning and the like, which try to entice people to come and use family planning methods and the like, we have one in English, *Tumbuka* and so on depending on the target you are targeting or the segment you are targeting

Asked if the BLM's understanding goes beyond language to include the actual traditional practices that have a bearing on the people understanding of the messages, Chutulu said Malawi has many ethnic groups with many practices and it would not be economically feasible to take all of them into consideration:

**Chitulu:** Yeah ...but I will give you an example...we do take that into consideration. But now culture is a very tricky thing...because you know we have to respect culture...We can't do without culture anyway...but now if we start considering culture by culture by culture we have got more than 10, 15, 20, I don't know, different cultures in Malawi...now it becomes a bit tricky. What we do is we consider the culture but we consider the main cultures. So what we do, for instance when we are targeting people in Mangochi, along the lake shore...these are the people that are...for instance when it comes to the problem like male circumcision we usually don't have problems targeting people along the lake shore because it's their culture, its within their culture. Of course, they do it the traditional way. So to convince them to do it is not a problem. But if you go to another area that this is not rooted in their culture it because a problem.

As Hall (1982) and Du Gay (1991) argue, meaning is produced both at the encoding and decoding stages within the circuit of culture. In this regard the production of meaning at the encoding stage is influenced by many factors including economic: "production is not without its 'discursive' aspect: it too, is framed throughout by meanings and ideas: knowledge-in-use concerning the routines of production, historically defined technical skills, professional ideologies, institutional knowledge, definitions and assumptions, assumptions about the audience and so on frame the constitution of the programme through this production structure" (Hall 1982:129). BLM, being a donor driven organisation, is indebted to, and expected to meet the expectations of, its donors. However Chitulu argues that while donors have their expectations, it is BLM that advises the donor, especially when it comes to cultural expectation of their target audience:

**Chitulu:** It is the locals that will best understand the situation on the ground. Ok, why am I saying this? I think it's only fair...it's only proper and fair so say we the local people that are in operation in terms of running BLM here in Malawi, we are best placed to understand the local culture itself. So possibly the donor themselves...yeah of course there may be several donors coming from different part of the world. The donors themselves cannot understand our clients better than we do... Because as I have said 90% of our clients are people found in the villages and these are the people that are mostly influenced by culture so we do tend to have problems at times in terms of

uptake, misconceptions for instance...Now if say may be in that particular area you have experienced a low uptake than what was expected in terms of the targets, possibly the donors may want to find out why was this case, why did we get low figures here. And you can possibly tell them that look this is an area that is so culturally embedded, they don't believe in the uptake of family planning...So we do experience problems, mainly to do with cultural beliefs, misconceptions but we just have to explain to the donors and they have to understand and hopefully they do understand.

Ironically, given the emphasis on language, rural Malawians are here seen as “influenced by culture” – something from which the producers of the messages are exempt! Culture here is not something to be understood and engaged with; rather it is something that prevents “belief” in family planning messages, and which has to be excused for getting in the way of production targets. Typical of an organisation that is driven by social marketing in its promotion of its services, BLM believes in the power of the media and the power of scientific knowledge. The organisation uses MBC 1's wider reach for most of its generic programmes and sometimes uses community radio station when need arises. Besides the public service announcements, BLM has several sponsored and longer programmes that cover a series of issues in reproductive health. For these programmes they invite experts who take questions and clarify issues to do with family planning:

**Chitulu:** What we do, an advert that we usually call a jingle lasts for about a minute. Now a jingle will remind you, but a [radio] discussion sometimes might be considered more effective because it will go in details. The depth is usually more...you know...as compared to a jingle...so we usually have what we call radio program talk shows. These are usually 30 minute programs. Or we go to several radio stations, from Star, Power 101, Zodiak, MBC, all radio stations. Radio stations are our main means of advertising to the general public. We would go to these radio stations, find experts in the field related to health, family planning issues and they will go there and it will be like a forum discussion and they will be talking and people will be calling in asking question and listeners will be benefiting from that. Or they can just identify a topic and they discuss, you have someone from a radio station asking questions...that's why we encourage people to listen to some of these programs because they can be very helpful in the end.

### 5.2.3 Monitoring the effectiveness of the messages

BLM, according to Chitulu, does not have an established method of measuring how effective their messages are. However Chitulu points out that they do use some in-house established procedures to see if people are indeed responding to the messages. He however was cautious about the accuracy of these measurements since there are many variables at play in measuring the effectiveness of any messages:

**Chitulu:** I think our research team has done several surveys. Usually we call that umh..It's sort of a baseline sort of...we look at the uptake of family planning method and then we try to establish whether they have increased or decreased. What we do is we first establish the figures of family planning methods before the adverts have been aired. Say for instance we are going to air an advert from January to March, we are going to flight those adverts from January to March. So before we actually commence the airing of those adverts, we go into our respective clinics because on a monthly basis we receive data from our clinics stipulating the number of clients that have visited us...so we will look at those figures as a base and then after those adverts have been aired say may be from Jan to March and then in April once we have collected the figures from the clinic we will look at the uptake to see if it has increased or decreased. Of course that's a bit tricky because you cannot attribute the uptake of FP to just radio messages because there are some many factors. I mean you can have a brilliant, well documented, well prepared advert reaching out to possibly as many people as you like but possibly may have poor service at the clinic in the way they receive the client. Of course it becomes difficult because of course in marketing we have to justify our activities in terms of say may be if we conduct an activity how beneficial is it to the organization so we have to look at the numbers. We also look at what we call client survey, where we ask the clients that come to BLM, to find out from them like how did you get to know about BLM, what made come to BLM and so they will tell us. So we give them sort of a questionnaire and give them options may be word of mouth through someone, or was it through an advert, was it through the newspaper, was it through the internet if they are coming from urban area, was it through a friend...so many options was it through a billboard as a means of outdoor

advertising. So from there we are able to know that from the marketing activities that we conduct, from the adverts because am looking at adverts in general but here we are concentrating on PSA through the radio. But now we just look at the adverts that we have come up with, which is the most effective.

In general BLM believes men have a long way to go before they can make family planning part of their lives. From the interview it is clear that BLM is aware of factors such as the patriarchal social structure and the effects this has on contraceptive uptake by both men and women. Chitulu however says BLM continues coming up with innovative ways of enticing men to come to their clinics so that they get information on family planning. Supporting what Lerner (1967), Schramm (1960) and Rogers have argued characterises the modernisation paradigm, BLM believes that once men have acquired correct information on family planning they will have a reference point from which they can base their decision to adopt family planning methods:

**Chitulu:** I think that's a very serious issue in Malawi to consider, because consequently this also affects the uptake in women. For instance some women are sometimes restricted to family planning because of fear of husbands. A woman can introduce a family planning issue in their family and the husband will say am not taking any of that nonsense. So in the end we have women coming in without the knowledge of the husband. So it's a problem that...it's a national problem I don't think that it's focused in one region or whatever, but I think it's a problem that we are experiencing on a national level. So there's need to come up with a campaign that will actually encourage men to come and ....promote family planning methods. As BLM we are trying to come up with ways that will encourage men come to BLM clinic for family planning. We give them a T shirt, a cap, something that will entice them to come. So it's like a promotional activity trying to promote more men to come, you know, T shirts, caps, umbrellas, bags you know... and by them coming...possibly maybe we can also get more men because I mean...we will also sensitize them on the importance of men getting actively involved in family planning and they will go out there and then by the word of mouth is very important tool of trying to convince people. So we are also trying to look at issues of coming up with radio programs, adverts,

talk shows that are actually focused on males specifically. We are trying to entice them so that they can come and start using family planning methods. So those are some of the things we are looking into and I think very soon we should roll out something on that one.

As argued in chapter 2, many governments in the developing world in general and Malawi in particular see a direct link between rapid population growth and underdevelopment. Despite the fact that the Malawi government's policy on population (Malawi government 2010)<sup>5</sup> does not prescribe a precise number of children families can have, there's an implicit effort to limit the number to two. One such observation can be seen in the BLM logo<sup>6</sup>. The logo depicts a nuclear family, of a man and woman and their two children. Furthermore, Chitulu indicated that while they do not impose the number of children on a family, a maximum of three is, according to BLM, ideal:

**Chitulu:** On that one I think by looking at our logo itself, we have a man and a woman, son and daughter. Possibly in an ideal situation we actually propose, at least if you could, have two. Worst case scenario being three. But those are some of the numbers that we look into. And recently we had this issue with government whereby they actually came up with...I think they were trying to put it forward to parliament but am not sure whether it passed or not...but they were talking about having three as the maximum number of children in the country. But now people started talking about infringement of rights. Everybody has a right to give birth etc have the number of children they want so it was never concluded whatever...but I think two, maximum three would be the ideal figure.

The Malawi government's response to population explosion has been lukewarm (Kelar 2004). While government policy documents (Malawi Government 2010) show serious concerns about the adverse effects of population growth, it has fallen short of instituting austerity measures that ensure a check on population growth, for example mandatory limits to the number of children. In an interview after the launch of the "State of the world population", Finance Minister Ken Lipenga affirmed government's position that in spite of

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<sup>5</sup> See appendix. 10, for an abridged version of the policy document.

<sup>6</sup> See appendix. 9, for the BLM logo.

population concerns, government will not impose restrictions on the number of children a couple can have. He however called on men to take advantage of the universally available contraceptive methods to ensure smaller families (Maulidi 2011). While no reason was given for this position one can only speculate that the reasons are no different from the ones given in the 1960 for effectively banning contraceptive use (Kishindo 19994, Chimbwete 2005).

It was evident from the interview that the top to bottom approach that was prevalent in the modernisation paradigm decades ago still informs and shapes the BLM media campaigns. Furthermore as Caldwell (1977) observed over 30 years ago, most of the campaigns, including media that are aimed at increasing the uptake of family planning, are therefore heavily influenced by the western idea of a nuclear family. As a result, most of these campaigns, he argues, are based on distorted findings especially with regards to a family as a social and economic unit: “In sub-Saharan Africa, parts of Asia and undoubtedly elsewhere, the nuclear family is usually the creation of the research worker, and further economic analysis based on such a unit is quite invalid” (Caldwell 1977:7).

### **5.3 Meaning making by rural men in Traditional Authority Kaderewe**

In this section I present the findings from the focus group discussions and in-depth interviews that I conducted with men and women from Traditional Authority Kaderewe. All of them were from villages around Traditional Authority Kadewere and did not have any formal employment. Almost all of them were involved in small scale farming as a way of raising income to support their families. Only two of the men had gone beyond primary school education and none of them had gone beyond form two of secondary school education. The youngest in the group was 17 years old and the oldest was approximately 80 years old (He was not very sure of his age). Only two of the men were unmarried and had no children. The minimum number of children that the men had was 1 and the maximum was 9. Three of the four women I interviewed had no formal education and only one had attained primary school education. Two of them were traditional birth attendants. All of them were married or had been married and all of them had had children. The minimum number of children was three and the maximum was seven.

I break down the presentation into six themes representing circumstances that have a bearing on how men negotiate with the messages. These include knowledge and reasons for family planning, gender and decision making on family planning, the meaning of contraception in

relation to marital stability, the importance of children, the source of family planning messages, and modernity.

### **5.3.1 Knowledge and reasons for family planning**

The recent Health and Demographic Survey (2010) indicates that knowledge of contraceptives, both traditional and modern, is almost universal for both men and women. All the men in the groups knew what family planning is and were able to mention at least one contraceptive method they know. Even though there were variations to their understanding of the messages, they were never far away from those carried in the campaigns:

**Mastano:** To me family planning is about spacing your children so that there's a gap between one child and another so that you should be able to care for them.

**Tito:** Family planning is about the time you take to sleep with your wife after she has given birth. That is at least 5 months so that you should give her enough time before another pregnancy and in the process giving the newly born baby a chance to be taken care of adequately before the arrival of another baby.

**Mavuto:** To me it is about taking care of the health of the children and giving a chance to the woman to recovery from her pregnancy. When there's that space between pregnancies, you give the woman a chance to be healthy.

**Manuelo:** It is a good thing, it allows you to take care of the woman. Because if you have too many children often, you may end up losing them as well because there's no proper spacing between them.

**Batile:** For me it is about an agreement between the two of you in the family.

The same sentiments were echoed by the women with whom I conducted in-depth interviews:

**Lucy:** Family planning means allowing ample time or intervals before a couple could have another child. This ensures good health for the mother and the family as a whole. The couple does not have the burden of fending and caring for many children, and is, therefore, able to carry out various social and economic activities for the wellbeing of the family.

**Elesi:** Family planning is the space that a couple or family gives before it decides to have another child. Family planning is good because it ensures good

health for the mother. The mother is always strong and has peace of mind as she does not have the trouble of caring for many children. The family income is often adequate to cater for basic needs of the family. This is because there's spacing between the children and allows them to grow healthy. But when they are not well spaced, it becomes a problem even for you to move around because you can't go to church or mix with friends because you have too many children...So, family planning is good and very important.

Furthermore many asserted that modern methods were more effective than traditional methods:

**Sikiliya:** That's very true, they [traditional contraceptives] are not very reliable. It depends on how lucky you are. There are others who take them and have never fell pregnant again, but they are others who will still fall pregnant even after taking them.

**Mafe:** The most reliable are the modern ones. As she is saying one can take the same traditional medicine today and she won't fall pregnant someone goes and takes the very same but she will fall pregnant

This comparison derives from the fact that before modern contraceptives were introduced, traditional contraceptives were widely used. The modern contraceptives were introduced in a society that already had the practice in place (Zulu 1994) as the traditional birth attendants explained:

**Lucy:** There were no contraceptives in health facilities then as we have today. Families used traditional herbs as birth control methods ...or couples could simply agree not to sleep together for a specific period. Others could actually see which were safer days and then sleep together on those days...but that was a bit risky. So that's what used to happen. There were no pills on injections as we hear today. So when government came in and started saying let's do this lets do that, it wasn't a new thing it was just different. It started a long time ago with our forefathers.

**Question:** Should we say that the only difference is that, today couples use contraceptives such as pills and injections while in the past, couples used

traditional methods such as strings made from tree fibre which women could wear around their waists and other concoctions?

**Lucy:** Yes. People relied on traditional herbs some of which could be taken orally.

Even though there were others who had their own understandings of family planning, it was not far off from the messages carried out in many of the family planning campaigns including, health for the woman and the child, peace of mind for the parents and the consequences of having an unplanned family size. It is interesting to note that none of the respondents mentioned fertility control as a reason for family planning. As many studies (National Research Council 1993; Caldwell and Caldwell 1987; Zulu 1994; Chimbwete 2005) have shown, among many Sub Sahara-Africans, especially in rural areas, contraceptives are used for spacing and not controlling family size. To get a clear picture I asked the traditional birth attendants what was the main purpose of contraceptives, both traditional and modern:

**Question:** Was there a particular reason that people used contraceptives that is different from how it is used today?

**Lucy:** Those days contraceptives were used for spacing. And it was only those who were married who could use contraceptives. Today anybody, even young unmarried girls use contraceptives, I don't know for what?

**Question:** Was it used to restrict a family size like to say let's have 1 or 2 children?

**Elesi:** No, it wasn't like that. There was no way anyone could say have this number of children. In fact having children was seen as a blessing. But contraceptives were used to make sure there was enough spacing between one child and another so that both the mother and the child grow healthy.

It is clear from these discussions that the idea of family planning is neither new nor unfamiliar. All the discussants were familiar with the concept, and accepted the reasonableness of the premises for family planning insofar as they pertained to the health of the mother and children. From this we can deduce that the messages produced by BLM and received by the men in this area, do not constitute "new knowledge", or advocate a way of life at total variance to their experience. However, the end to which family planning is used –

to limit family size – is indeed different, and it is on this point that the rest of the discussion turns.

### **5.3.2 Gender and decision making in family planning**

Many studies (National Research Council 1993; Adebuseye 2001; Kellar 2004; Chimbiri 2007) have indicated that the lower status of women in society puts them at a disadvantage in many decisions even those that directly affect their lives. As Connell (1995) observes, dominant masculinity perpetuates patriarchy by ensuring that women are under the control of men in a process that makes the practice look natural. While Connell writes with an idea of Western men in mind, the concept does apply to African men in general and Malawian men in particular. No area of male domination is more evident than in decisions concerning fertility. Marriage in many instances entails a woman passing on her reproductive rights to the husband (Kishindo 1991). While there have been efforts to ensure that a woman's voice is heard over reproductive decisions, the practice still remains. One of the questions that I asked was "who is responsible for making decisions to go for family planning?" The common answer, no doubt echoing the "received" meaning of the family planning messages we had been talking about, was that both the man and the woman were responsible for family planning. I then wanted to find out especially from those who felt it was both the man and the woman's responsibility why this was so:

**Stan:** It is because for the woman to have a child it is because of the man. So on her own, a woman cannot have a child.

**Dipo:** It is because in a family there are two people and it's the two people that need to determine how many children you people can have.

**Keleya:** It is because in a family there are two people and it's the two people that need to determine how many children you people can have.

The concept of a man and a woman being responsible for family planning is part of the modernity discourse underpinned by the concept of democracy where each individual has an equal voice. In other words prescribing equal gender roles is part of being modern, moving away from the traditional belief that women are subordinate to men. As already argued, within traditional discourses both men and women have their precise gendered roles, with men as decision makers and providers of the family and the women as child bearers. It became clear that modernity discourses being communicated through the radio, hospitals,

billboards and other channels of communication are clearly understood by men, who rehearse the principles of gender equality when it appears necessary (my role as an “authority” must be taken into account here). However it also became obvious that, in practice, the dominant traditional concept of man as head of house is still in play in this society. It came out that while family planning is promoted as an option equally available for both women and men, the men understand that the responsibility for using contraception for family planning reasons rests with the woman, not the man. However, this responsibility is not a choice but a “burden”, in the sense that it is the man’s prerogative to forego participation in this responsibility. This validates Kelar’s (2003) observation that contraception is not just a health issues but it also involves relations of power. There were those, especially in the age bracket of 35 to 56, who felt that while it was theoretically the joint responsibility of both the man and woman, in practice the woman had to seek permission from the husband before going for family planning:

**Stan:** As others have said family is about two people, so what it means is that even if the woman wants to go for family planning she needs to tell the man because the man is the head of the family. So she cannot just decide on her own. This is why it’s important for a man to take part in family planning.

**Keleya:** I think is for both of them but the man should be in the forefront because if the woman wants but the man doesn’t, then it won’t happen. I think.

According to the DHS (2010), the number of couples who communicate and make joint family planning decisions has increased to 57%. Adebusoye (2001) observes that demographer’s household models of fertility-decision making “assumes that husband and wives, acting as a unit, weigh the cost and benefit of the children against the cost of other competing goods and subsequently arrive at desired family size that reflect their interest”. Nothing could be far from the truth. The responses, both from male and female respondents, assert that *ideally*, decisions about the use of contraceptives for family planning are made by men:

**Ash:** This is why we say this is supposed to be agreed upon a man should be told and he has to consent. And this is why I said a man is the one responsible. He should be willing to let his wife do that so that she doesn’t have to go behind his back. So you need to discuss and agree amicably that lets do this

and this for these reasons. And you the husband should understand, but not her going on her own without your knowledge no.

**Jamex:** That's true...like at our clinic there's a requirement that a woman should bring her husband when seeking contraceptives, but there are still some women who still go there on their own. Not because they want to go there on their own but because men too can be indifferent actually asking "*kodi mwamuna amalera*" (does a man take contraceptives?) and this is as a result of no proper counselling for men.

So, on the one hand, my male respondents unselfconsciously recite the "we are equal" formula; they also, without any sense of contradiction – almost in the same breath – assert that decisions about using contraception for family planning lie within the husband's (rather than the wife's) domain, his right and responsibility. However, very curiously, in addition to these contradictory responses, their responses also reveal deeply rooted reified ideas about family planning decision making which tips responsibility for the use of contraceptives – and ultimately for family planning – towards women. Women are the ones who bear the ultimate (physical as well as emotional) burden of using contraceptives for family planning. When I asked about the contraceptives that they know, they could only mention those that target women and only one mentioned condoms. Asked further about any message they could remember, most couldn't recall the specifics of the messages. However, one who remembered indicated the messages were telling women why and how they should plan their families:

**Tito:** I have once heard some messages on radio, they were telling women about how their bodies will look and how they can take care of their families. In short they tell them the advantages of family planning and the disadvantages of not planning one's family. Yes!

Notice how the man tries to distance himself from the messages. In this regard his masculine identity becomes a resource for interpreting the message. Here as Swingewood (1998) observes, conceptualisation of identity involves looking at classification systems which shows how social relations are organised and divided. In this regard gender difference is used to identify who is the target of the message. This identity became clearer when I clarified the question and asked "who between the man and woman is supposed to go for contraceptives?"

The men in all the groups unanimously answered: “woman.” When I further clarified the question, the answers were even more interesting:

**Question:** What do you mean then when you say it is a man’s responsibility? Do you mean it is the responsibility of the man to go for the family planning or it is the responsibility of the man to encourage the woman to go for family planning?

**Jamex:** To be honest in our culture, it is the woman who is supposed to go for the family planning and get the contraceptives. The man is there for support and encouragement. He is not supposed to say no don’t go. That is bad. Even if he can manage he can actually escort his wife to the clinic to get the contraceptives. But yes I understand that men too have their own methods, but I don’t think it works for us here, may be the condoms but the other method where a blood vessel is cut so that he cannot have any more children...

**Question:** Vasectomy....?

**Jamex:** Yes that one...you can’t do that it is a bit dangerous. But a man should be in the fore front to encourage the woman to go for family planning so that they can space their children.

**Question:** What about you, Sir, why did you say it is the man?

**Ash:** I said the man because he is the head of the house. Whatever he says is going to be done in the house. So if he says no family planning in this house that will be like that. If he says yes go for family then the woman will have to listen and go for family planning. So it is the man’s responsibility to be in the fore front and tell his wife to go for family planning. He should not say no. Because the man is the one who looks for food and clothes for the children he will also suffer when there are many children in the house.

As Connell (1995) would argue, there’s no one form of hegemonic masculinity and indeed no one form of “traditional hegemonic masculinity” which decides once and for all that women are subordinated to men. In fact, the men it seems are running a rear-guard battle trying to retain some kind of authority as modernity (in the form of clinics, schools, radio messages

etc) makes inexorable inroads into a way of life that might once have safeguarded the more extreme forms of male power: (some) women not only can, but do use contraceptives without men's knowledge or consent; men are not necessarily able (or willing) to maintain a stable marriage; in view of this, by "allowing" her to have contraceptives he is in fact making a virtue of necessity. Modern contraceptives therefore have also in this way given women some amount of power in which she can "challenge" the man's position as having the ultimate authority over a woman:

**Question:** Is your husband aware of the depo?

**Mafe:** (chuckles) yes...

**Question:** Why are you laughing? (Laughing)

**Mafe:** (Laughs some more) is not easy....he at first was not very pleased when I told I wanted to go for family planning. He wants more children. But it is me who carries that pregnancy. The last pregnancy nearly killed me and I think for me I have enough children. I don't want any more.

**Question:** Aren't you afraid he will leave if he finds out you have gone behind him or when he discovers you can't have any more children?

**Mafe:** The fear is there but I also have to think of my life. We are poor. He does piece jobs for a living and we can't take very good care of our children so I don't see the reason why we should have more children. So if he feels he wants to leave me then he will because I can't stop him. But I can't go and risk my life again. Even the nurse said it.

It is therefore evident that the "communication" and the "agreement" that most demographers talk about, means the woman seeking approval from the husband and not a joint agreement in which both the woman and the man have an equal voice. Furthermore, sometimes fertility decisions are not just a joint decision between a couple. They can be "under pressure from other relevant decision makers in the wider family who have a stake in maintaining the couples continued fertility" (National Research Council 1993:16). In the responses it was quite interesting to note that while it is 'expected' for relatives to have an interest in the couples' fertility decisions, outsiders like friends also mattered:

**Ash:** Oh yes...oh yes....even for newly married couples, people are always waiting to see if anything is going to happen. It's not a surprise to hear people asking you, are these two children enough? (Laughter) It's just the way society is, people have expectations of what married people should do or even the number of children people should have. If for example you have one child, people will be like 'so when is the next one coming? Do you need assistance [in the bedroom]? (Laughter)...as if they will help you with raising the children (more laughter). It's not a decision you just make on your own and expect people not to ask question. If you come from this area, it is usually the woman's relations who will be curious to know why you are not having children. They even suggest that they take you to a traditional doctor to see if there is any reproductive problem between the two of you.

### **5.3.3 The meaning of contraception in relation to marital stability**

A culture of suspicion surrounds and informs the use of modern contraceptives. As opposed to modern contraceptives, traditionally, contraceptives were administered by older women within the village whom the men trusted (Zulu 1994). In this regard it was well known that if a woman sought contraceptives she had agreed to do so with her spouse. This practice was actually incorporated into Malawi's first family planning programs in which a woman seeking contraceptives had to seek the consent of her husband. However the requirement was later dropped when it became clear that some men would not allow their women to access contraceptives. Zulu (1994) therefore argues that today when a man seeks to know about contraceptives it is not primarily because he is interested in the wellbeing of his wife, but rather to be sure that she is not cheating on him and getting away with it. The fact that women can at times make a unilateral decision and access the contraceptives with ease exacerbates the view of contraceptives. As noted in the DHS (2008) there were some men who still felt women who use contraceptives are doing so with an intention to either cheat on their partners or work as prostitutes and not get pregnant or contract diseases. The stigma attached to the use of contraceptives, especially when the decision is made independently, was apparent in the words of my respondents:

**Question:** What would you do if one day you pick up your mattress you find there are pills or you discover that your wife is on contraceptives?

**Ash:** mmmh that would be very problematic. This thing needs to be agreed upon. A man has to say yes. I know some women who go behind their husbands to get these it's because of how difficult the husbands can be, but there are also those who want to be doing naughty things without the fear of getting caught. (laughter).

**Question:** Naughty things like what?

**Jamex:** I have heard of some women who are on contraceptives because they want to be having sex with other men without the husband knowing. They know that they can have sex and no one will know because they won't get pregnant. As a result the man may not know anything that the woman is doing but she is doing bad things. So, no, I want to be told. If I find that she is doing that without my knowledge that will indeed be problematic. It can even mean end to our marriage.... (Laughter).

**Ash:** If you find there are some pills under the bed or you are told she had a depo...you will start thinking ah may be she wants to be doing something funny behind my back...something like that. But you need to discuss like we have problems in this family, let's have fewer children that we can take care of.....

These sentiments were also echoed by female respondents who agreed that some men are suspicious of their wives:

**Elesi:** ....many men even though they don't want to accept it, are suspicious of women. They feel that a woman who is on contraceptives is capable of cheating because they will not be caught, for example she won't fall pregnant and be seen to have been doing something bad. I think in the old days because contraceptives were handled by local women, it was easy for men to go there. But now a woman can go to the hospital without the man's knowledge and the man won't even know.

**Lucy:** It's all about jealousy and suspicion. Men feel a woman will cheat. This is why I said it is easy for people to agree on contraceptives if there's trust. But with some men going to town to work and leave their wives behind, they feel like if she goes and gets contraceptives, then she will be cheating

without the man knowing. So they no, don't go for contraceptives and when he comes back they sleep together you find she is pregnant even if they did not plan it.

While men are suspicious of their wives there is a marked increase in the use condoms outside marriage. The Health and Demographic Survey (2010) indicates that only 2% of married women use the male condom. Ironically over 50% of married men use condoms. This disparity came into proper perspective when I asked the male respondents if they use condoms in their marital houses:

**Question:** Looking at the contraceptives that are available for men, one that is readily available is a condom. Now talking as men, have you used condoms in your house? Either you or friends that you discuss with on these issues...Let's be open, guys.

**Ash:** To be honest, I have never used a condom in my house as a contraceptives method... (Laughter)...ah, let me tell the truth here. Why would I want to use a condom in my house? It's the same as eating a sweet in a wrapper. I do trust my wife and I don't think she sleeps around. She is on the loop so why would I want to use a condom.

**Question:** But have you ever used a condom?

**Ash:** Yes (laughter) but it was not in the house (more laughter). I use condoms when I am sleeping outside my marriage. (Laughter) I am just being honest there. I mean being found with condoms that you haven't taken at the hospital with your wife is a cause for a fight. The marriage counsellor will know about this (laughter). There will be questions like where is this condom coming from and why? The same thing with me, if I found her with a female condom I will ask her, where has this come from? Now to be honest those people who say they use condom with their wives, it's not true, may be those who have been found HIV positive and they don't want to pass it to their spouse, may be. But to say that people use the condom as a method to prevent pregnancy with their wives, I don't think they are telling the truth.

**Jamex:** Three quarters of people who use condoms are those who usually sleep outside their marriage and have doubts and that's when they want to put on

the “raincoat” (laughter)...Same thing with me, I have used a condom but not with my wife. There was a time when I was seeing this other woman, I didn’t doubt her but I just wanted to protect myself because I didn’t know what she had been up to. But to be honest, much as I used it to prevent pregnancy I used it more to protect myself from AIDS and not pregnancy per se. At least with pregnancy, the result is that you will have a child who may help you in future, but with AIDS the result is death. So to be honest I have never used a condom as a contraceptive but more as a protection against AIDS.

As a result of the large scale promotion of condoms as a preventive measure against AIDS they [condoms] are “virtually synonymous with sexually transmitted diseases, despite the efforts of family planning associations to position them as alternate contraceptive method” (Kelar 2004:111) This attitude therefore means the only other contraceptive available to men is vasectomy. However as the interviews reveal, this method too runs contrary to the cultural and traditional expectations of most men interviewed, especially when it was viewed against the matrilineal system of kinship prevalent in the area. I played to the men a public service announcement that promoted vasectomy as a contraceptive method. The first thing that became apparent was that most men especially those aged between 25 and 40 would not go for the method as advertised in the message. The main reason was to do with the tension between an ‘ideal’ masculinity and the cultural realities of the matrilineal cultural system, which includes a high rate of divorce. As already discussed elsewhere in this study, when divorce occurs, it is the man who suffers heavy losses. Not only does he lose his material possessions, he also loses his children and the social status that comes with them. In fact from the onset he knows the children he has with his wife are not “his” but his wife’s brother’s (Mitchell 1951). This came out clearly in the responses I got from asking if they would consider having a vasectomy:

- Stan:** I don’t think so I would go.
- Dipo:** Mmmmmh I am not too sure.
- Keleya:** Yes I would go provided she also goes.
- Manuelo:** No I wouldn’t go.
- Robert:** No I would not.

**Question:** Why wouldn't you heed the message and go for the method?

**Dipo:** I for one wouldn't even think about it. I would rather just concentrate on the condoms. Why do I say this? Women are not as stupid as we sometimes take them to be. Just when you think ok I have enough children in this house and I should go for this method, that's when the marriage ends. You then decide to go and marry somewhere just as others have been saying. There the new wife expects children and you can't have them.

**Keleya:** This method is quite problematic, honestly, especially when you consider our tradition. When you marry and you have children and then you are divorced, you leave those children behind. You don't take them. So it's so obvious that when you marry at a new place, yes you may find other children with the new woman but you are supposed to also have your own child there. Leave your identity. Then you find that you are infertile that becomes a problem. Moreover you may want to go get your children from your previous wife to your new home, but you find the children's uncle, who is your ex-wife's brother, says no, you can't take them from here. If you want to help, help them from here. And you can't make other children there. So you find you are actually to blame and asking why did I do this.

The fear of vasectomy was not just restricted to the fact that a man would no longer have children, it also extended to one feature of 'traditional' hegemonic masculinity in which a man is socially a 'man' only after he has proven to society that he has a child or children. As already argued by Connell (2005) hegemonic masculinity is fluid and changes over time. It is also affected by the role that women play within the society concerned. While it is indeed true that patriarchy is one element that sustains hegemonic masculinity, in practice women, especially in matriarchal societies, have a relative amount of autonomy in relation to the spouse (if not to her natal kin). Women can and do use marriage and eventual divorce strategically to socially and economically empower themselves (Reiners 2005). In this regard everything that socially constructs a man's masculinity including his material wealth for example, house, bicycle, cattle, chicken and even his children are taken away from him when divorce occurs. His only available resource for (re)constructing an 'acceptable' masculinity is his ability to bear more children. While acknowledging the importance of having a smaller

family and the negative economic implication of having larger families, the need to be seen as a 'man' is crucial:

**Daniel:** Mmmmm there's a problem there, I mean, you have left those children behind so this new wife won't see them. Those children will be seen only by the wife you have left behind. You will definitely create doubts in this new woman about your capabilities as a man. No matter how much you may try to convince them they won't believe you. In fact she can easily conclude that you actually hired somebody to father your children. I am telling you that would be the worst thing to happen to you as a man. You won't be regarded as a man at all. So I would rather we use the condoms. We agree the children are enough, let's use the condoms, but if you want a permanent method, then the woman should go and not the man. For me no thank you... that one is not for me (laughter).

**Jamex:** [T]he concern is all about the marriages that we have these days, they are temporary. They can do that to you at the clinic there and you find your wife is dead or you have been divorced and you decide to go somewhere and marry and you can't have children, definitely they will chase you away from there because you can't give them children. So there are problems there. Because when you say I want to marry a new wife, as a man you are expected to have children there and if you don't have those children ....certainly your days are numbered in that village... (laughter).

Despite the general agreement that a vasectomy was unreasonable given the social necessity of having to be a progenitor in order to be a man, the responses that followed the advert that I played on vasectomy were varied. One of the major factors that influenced the difference in responses was age. Most of the younger men, who were or wanted to become fathers, felt strongly that they would not have a vasectomy, while the older men said they could respond favourably and go for the method. However they felt being honest and choosing a woman who understood their situation was important:

**Sekelani:** I mean for a man of my age I don't think I would be going for someone younger than me. And I don't think I would be going there to look for a woman to have children with because am already old.

- Mdima:** In this regard you have a chance to look after your children you have left behind, or the best is to look for somebody who already has children so that you can be looking after them while they also are taking care of you for example cooking *nsima* for you and the like. But for you to go and look for somebody younger...that's a big mistake.
- Jamex:** The best thing is for the man to be honest and tell the new wife that I have children somewhere but now I can't. I know it sounds easy but it's quite difficult looking at the way children are seen in marriages. For me this is why I always think it's good if my marriage ends here to go and find someone who already has children so that when you say to them please let's not have more children but raise those that we both have, it will not be a problem. But if you are taking a woman who has no children and then you are telling her oh no we will not have children, do you seriously expect her to understand? And what will people be saying about you two?
- Njala:** For me the best is not to marry again for fear of people talking ill about me because I can't have children. I would rather remain unmarried than face the scorn from people.
- Matemba:** For me I would rather get the children that I have already with my wife and also I would look for someone who already has one or two children so that we can look after them together. I mean it already saves you the hassle of looking after a new baby or new babies. So it's better just to concentrate on the ones that both you already have.

#### **5.3.4 Matriliny and fragility of marriage**

It is evident from the responses above that the institution of marriage within the matrilineal system of kinship is one that is fragile. From the interviews it was clear that marriages in the area are not very stable and that men will not only have children with their wives but will do so with any woman they co-habit with. Even though village elders argue that marriages have become unstable in recent times, this has always been the case since any written records were available (Kelar 2001). Kelar (2001: 530) argues that “despite the popular portrayal of a golden past, anthropologists and other observers consistently describe marriage in the matrilineal regions of southern Malawi as unstable and divorce as frequent, from the 1940s

up to the present day”. Reniers (2003:198) calls marriage in Malawi a “fragile institution”. Female respondents acknowledged that even small reasons could easily contribute to a breakdown of marriage and that when the man moved, he would want to have children with his new wife regardless of the number of children he had left behind with his previous wife:

**Elesi:** Another reason is that most men do not want to practice family planning. When their wives go to a health centre to get contraceptives, they threaten to divorce them, and should the wives insist, they indeed divorce them.

**Jamex:** There are a lot of divorce cases here. The divorce rate is high. There are many crooks here they will cheat a girl give her two children and run away. Most of them will be good boys at first, they will marry a local girl and then go to town and never come back. The girl will decided to marry again and find another crook and the circle goes on. So we are the ones who had better marriages. The other reason why we have many broken families in the area is that boys and girls get into marriage when they are still very young. As a result, they are unable to stand the problems associated with marriage.

The fact that children in a matrilineal society are not the sole responsibility of the husband but the wife’s brother’s as well, means a man can easily walk away knowing that there’s somebody who will take care of his children when he is gone. Additionally while none of the of the male respondents left the village for town in search of an income, there were many who alluded to the fact that migration to the urban centres and even outside the country was rampant. Most of those who migrated to town often times left behind their wives and remarried where they went. The responses below from two female respondents, a grandmother and a mother, shows that this practice is common in the area:

**Question:** And why do you stay with your grandchildren? What happened to their parents?

**Sikiliya:** They are my daughter’s children. She got married and her marriage ended and she got remarried and she then sent me her children so that I can look after them.

**Question:** Couldn’t she stay with them at the new home?

**Sikiliya:** There were some family problems and we saw that it was better that the children stay with me than staying with them.

**Question:** Are these children going to school? Who pays their school fees?

**Sikiliya:** Two of them are in primary school but the younger will start next year because she is still young. Currently they are in primary school so they don't pay for school fees. The only things that I have to look for are uniforms and notebooks. These I do fend for them when my other children especially the one in Cape Town sends money. Otherwise I also do small piece works where I get a little money to look after them.

**Question:** What about their father. Does he not look after them?

**Sikiliya:** He used to at first, but he no longer helps them. He doesn't even come to see them. I think maybe he got married again. May be that's the reason he doesn't come any more. He doesn't say why he doesn't come any more and even their mother does not know why either.

**Lucy:** But may be the fact that it's a woman who takes care of the children makes it easy for the man to leave the village and never come back. As I said it is not happening much these days, but you will find children are not always raised by the parent who gave them birth. For example I stay with some children who are my grandchildren. These are children of my two children who passed away. Their father is alive but he doesn't take care of them of them. So the man does even send money for soap or clothes of uniform. And I think he has another wife. But would a woman do that?...I know if there are some who do that but not as many as men. It's difficult for a woman to leave her children.

From the responses it was clear that casual sex was a common practice among married men. The casualness with which men indulge in sex with women other than their wives cannot be understood outside of the way marriage is viewed within this society (Reiners 2005; Kellar 2001). The uncomplicated marriage procedures, such as the absence of bride price, the relatively autonomous position of women and the high rates of migration especially among young men to urban areas in search of jobs, makes walking in and out of a marriage an easy process:

there is a general consensus of opinion in this region [central Africa] that marriages have always been easily dissolved. Most modern writers indicate that the reasons which are held to justify divorce need not be weighty, and the procedure which makes it effective is not complicated. (Kelar 2001: 531 quoting Mair 1953)

It is therefore generally “acceptable” within this society to see a man with more than one woman he calls a wife even though no proper negotiations have taken place. But in order for that union to be consummated, there always need for a child.

### **5.3.5 The importance of children**

The most recurring theme in many studies that deal with fertility is the centrality of children to many African families. As already argued in chapter 1 and 2 children have both an economic and social value. Socially, having children accords both them and the woman a social status and further they also serve as insurance in old age. Consequently, there’s always a great fear of old people dying on their own (Caldwell and Caldwell 1987). Therefore having children means that older people can be taken care of when they cannot take care of themselves:

**Meliyano:** For me the benefit of having children is that they will take care of you when you get old

**Dafter:** I have a child who is assisting me in several ways including a house that he is currently constructing for me. If it wasn’t for him I could have been suffering in my old age...but I am able to buy fertilizer, clothes and food because it is him takes care of me

**Lucy:** Out of the 4 children I have, I have 2 of them who are assisting including the clothes that I am wearing but there are others who are not helpful at all.

It also became clear that the importance of children is not limited to their ability to take care of their parents in old age. As one female respondent remarked, children or a child consummated the union between a man and woman:

**Mafe:** It’s just the other man would also want to have children with me (chuckles) you know with men. It’s more like a sign that you really are married when the two of you have a child together. He wouldn’t be satisfied with the children that I have from another marriage so he would want to have his own. I think.

**Jamex:** It is a sign that the two are indeed are husband and wife. If there's no child people will still think that you are still on courtship. So even the relations are waiting to see if there's going to be "gift" in the house.

As a result of the importance that society attaches to children, many couples do what is within their means to ensure that in their life time at least some of their children survive. The interview revealed that the interviewees who had passed childbearing age had on average 7 children. Significantly, all of them had lost children. As a result it is only 'normal' to assume that not all the children will make it into adulthood which justifies the need to have more children so that when some die they still have others to fall back on:

**Dafter:** It is not just about your wife dying or getting a divorce, it's also about your children dying. What happens if all of them die and you want to replace them, what you do you do since you say that once they do that to you can't have more children?

Adebusoye (2001:4) calls this process "hording" or "replace", where a couple have many children in the hope that should some die they will have others surviving. With AIDS and malaria being responsible for most under-five deaths, the practice of "hording" is arguably expected to continue as long as couples aim at ensuring they have children to succeed them.

### 5.3.6 Modernity

As the Chiradzulu district gradually opens up to the wider world through urbanisation and the media, many traditional concepts that were held in high esteem are being questioned. People in the area realise that modern institutions and practices have a bearing on children upbringing and that high fertility levels are unsustainable:

**Sikiliya:** But these days you can see that things are not the same. Land to farm is scarce; children need to go to school. But there are still some who are still living in those days, living in the past traditional practices. Many of those are ones that did not go to school and do not see the real value of having a small family. Especially when those children are sent to do chores like selling doughnuts or fruits and many thing.

**Meliyano:** Well you can do that [have many children] if you feel you can, but your stupidity will show at some point when they start growing. When they are young they are easy to take care but once they start growing and start

demanding things that's when problems start. Then you start seeing them becoming thieves and the like because they had no proper attention.

**Daniel:** For me it's just the way the world is today. You know there's hunger and we don't have money...yeah

**Yendani:** For me even land to farm is just too limited

**Sekelani:** The challenges are things like school fees

**Batile:** I mean if you look at me, I can't even cloth myself and then I can't even cloth my own wife and to add another burden to feed and dress, it will be me who will be a laughing stock because people will be pointing at me saying look he can't dress his family.

Modernity cannot be measured only in the number of schools or clinics are available to local inhabitants, nor can the introduction of a money-based economy. Migration from the rural areas to work in larger centres in Malawi, or in neighbouring countries, brings into the local area new understandings of the world, new ideas about what constitutes a good life. The mass media are also responsible for presenting to their audiences new ways of looking at the world and relationships. These new frameworks of knowledge and their potential to inform future action meet and inflect 'traditional' world views. The result is not necessarily an abandonment of tradition, but a complex and dynamic admixture that unevenly informs and works with local knowledge and practices. While my respondents are well aware of the economic challenges introduced by the processes of modernisation and its attendant institutions, such as schools, and the difficulties they pose to sustainable livelihoods, their concept of a suitably sized family is different from that articulated by the marketing manager of BLM. Asked of what they think is a manageable number of children, most them varied between four and five. However it was interesting to note that the average number of children that the men within the age bracket of 40 to 80 had in their lifetime was 7. Whether the younger generation will have or would want to have more than the number they indicated to me (between three and four) by the time they get to 80 years, can only be speculated.

### **5.3.7 Respondent's perceptions of the effectiveness of family planning messages.**

Radio is not only a symbol, but a carrier, of modernity, introducing into local areas information about the outside world, and presenting new ideas and ways of thinking about the self: its content constitutes a potential 'resource' for the creation of new identities (Thompson 1995), which allows its recipients to reflect on their place and role within local culture. While

this might lead to change, it can also, just as significantly, lead to a hardening of cultural boundaries, particularly when potential changes are not in the interests of those who stand to lose power. The majority of the men in this study cited radio as their main source of information. Most of them believed that radio is more effective in transmitting messages than other mediums. While short of admitting that they do everything the radio messages say, they believed that whatever the radio says is true because they believe the people who talk about issues surrounding family planning are experts:

**Mafumu:** Yeah I also think radio is the best medium because you can listen to it at your own convenience. I know there are some ways like where we tell each other what we know of family planning but the radio people are the experts they say it as it is. And therefore I think radio is the best medium for these messages. Yes

Others felt radio is more convenient because you are able to listen to it while doing other things. Furthermore it is possible to listen to the radio together with the family thereby having a convenient point for starting discussions on family planning:

**Daniel:** The radio is good I think. It's true that you can reach a lot of people and I think that's what is necessary that many people listen to these messages. The other thing with radio is that you can listen together with the whole family and then start a discussion on what to do. So while the hospitals and other ways like door to door are good, but to arouse the interest I think radio is best.

Other also felt that fact that radio transcends barriers like illiteracy made it more easily accessible than written messages:

**Meliyano:** I also think the same, because even if you compare it to other mediums say for example posters, how many in the first place are able to read, at secondly you find you put a poster today, the next day it is torn. So yeah radio is the best medium.

**Mavuto:** Radio I think is the best because even door to door while it is good in that people do have a chance of asking questions, they won't find many people at home. I think radio is still the best way of communicating these messages because at least a lot of people do hear the messages all at once.

**Batile:** I also think the same, because even if you compare it to other mediums, say for example posters, how many in the first place are able to read, and secondly you find you put a poster today, the next day it is torn. So yeah radio is the best medium.

However there were others who still felt alienated by the messages. In line with Hall's (1982) theoretical oppositional reading of the text, the men did understand the messages but had an altogether different reading than that intended by the encoder. They made their own interpretation of the message. The basis of their argument was that they felt the messages did not generally take into consideration their traditions. Somewhat cynically, they felt those who produce the messages are just doing a job they are paid to do, and do not necessarily believe in what the messages advocate, especially when it came to methods like vasectomy:

**Mavuto:** You know even when you preach in church, you talk about salvation even when the preacher knows he won't attain that salvation. These messages are just there because they are meant to be there, I don't think those who make these messages can do what they say.

However others, with keen insight into how men's behaviour must appear "from the outside", felt that the sheer indifference that men have towards any contribution to change in their society is an impediment to them accepting the messages no matter how good or convincing, or how effective the source of that message can be:

**Mdima:** Men can be difficult to understand when they are grounded in something they believe in. You can take a look for example at this HIV/AIDS, they hear the messages on the dangers of multiple partners but you still find them doing it. So even with family planning it's the same, they hear the messages but they just won't change overnight and start being in the fore front. May be let's wait, in the future if they continue with the messages may a lot of men will go even for this method.

While radio was frequently cited as an effective and convenient medium of transmitting these messages, there were others who felt that other mediums, for example dramas, door to door visitations, use of traditional leaders, the hospital and mobile video units can be equally if not more effective:

**Mavuto:** Why don't they try to bring these free dramas?

**Daniel:** I think that mobile video unit would do a good job so that people can see themselves the badness of bigger families.

**Njala:** Yeah the dramas are viable because you see the examples they are talking and even the door to door is also very viable it works better.

However, the important thing was to see people leading by example, especially those in authority. Just as the people who make the radio messages, so too should traditional leaders – the chiefs – act with sexual probity in order to set a good example:

**Jamex:** For me I think the best way forward is for people like you to come with the messages to people here through the traditional leaders, sensitize them about what family planning is all about. From there the chief should take those messages to the people. People today still have respect of our chiefs and they do listen to them. But the chiefs too should be exemplary, they should also practice what they are teaching. Above all, they are the custodians of our traditions, if people start seeing that the chiefs are changing it will be a little easy. Yes the messages are there on the radio and honestly people know that there are contraceptives, but do they use them? I doubt. I think there's something wrong somewhere. We can't rely on the radio alone. People should come here for example with that man to man program, people should be given a chance to ask questions. Also those videos, those do work more than the radio, they can have example and people will see those examples of the problem of having big families.

Interventions that are seen to be respectful and setting a good example are pre-requisites to a successful attempt to “change hearts and minds”, let alone behaviour. Not only do the comments above demonstrate a shrewd and calculated assessment of the motives of the PSA message producers, people want to be addressed in a way that does not offend their sense of self-respect:

**Jamex:** In our tradition we say a man is a baby (literally translated), he needs to be handled very well, like you are playing with him for him to leave behind what he has believed all along. But shouting from a far, oh stop that, do this and do that, I don't think that works.

## 5.4 Conclusion

There's no doubt that the campaigns to promote family planning are changing people's attitudes towards family planning. As can be seen from the Demographic and Health Survey (2010), contraceptive use has risen from 2% in 1992 to 46% in 2010. Furthermore, knowledge of modern family planning methods is now universal. Much of this knowledge is thanks to the media. However, despite demonstrable knowledge of contraceptives, fertility levels in Malawi still remain high as compared to other countries in the region. Even the reduction rate is painfully slow from 6.6 births per woman in 1992 to 5.7 in 2010. Worst still, this reduction is concentrated in urban areas while in rural areas a woman is expected to bear at least 6 children by the time she reaches the stage where she cannot birth any more.

There's need to seriously consider social cultural factors of fertility as opposed to looking at economic factors only (Caldwell 1987). From the perspective of one of the providers of the services and messages on family planning, Banja La Mtsgolo, economic factors rather than social cultural factors play a leading role in the formulation of family planning messages. But as already argued, neither the messages nor the products being promoted are neutral. They are consumed in an environment that already has deep rooted practices that as Caldwell and Caldwell (1987) note, will take a long time to change. And as Hall (1977) and others have argued, these messages are not accepted wholesale, but people, with lived experiences, sift through and take or reject those they deem appropriate or indeed inappropriate. Morley (1992) sums up succinctly when he argues that people do not come to the mediated text culturally naked. They have a repertoire of resources from which to refer when appropriating texts. As has been seen from interviews, the messages and indeed the services that the messages promote are appropriated through traditional practices that include the local system of kinship, the value placed on children, and the stability of marriage. These findings suggest that while demographers have tended to pay little attention to cultural factors and place more emphasis on economic factors, cultural considerations can only be ignored at the peril of any media campaign.

## CHAPTER 6

### Conclusion

#### 6.1 Introduction

This study was premised on reception theory within the cultural studies paradigm, which interrogates the audience-text link. Reception studies understand that meaning making is a process that is present both at the encoding and decoding moment within the circuit of culture. At the decoding moment, the meaning of the text is constructed through a repertoire of symbolic and material cultural resources available to the audience. With television viewing as an example, “the individual viewer does not come to the moment of viewing ‘culturally naked’ –he comes to the text carrying already, and thinking within, his own set of cultural codes or framework- derived from his social and cultural situation and background” (Morley 1992: 92). In short, audiences, no matter the background, be they modern or traditional, are not helpless dupes waiting to be indoctrinated by the power of the text.

#### 6.2 Discussion

This study has shown that meaning making is indeed a very complex process that needs to be understood within its appropriate context. Even I as a researcher found it interesting that respondents at times had no one set view point on contraceptives and changed their minds on certain issues and even contradicted themselves and others. This only serves to show that the interpretation process is non-linear and should never be treated as such. Instead, the findings suggest that people do not take on family planning messages wholesale. Rather, they sift and pick up those elements that are in line with the realities of their societies and modify or completely reject those that are not in line with their lived and shared experiences. The appropriation of the messages is therefore complicated by the social structures in which these messages and the accompanying products are consumed. It is also clear from the findings that at best the men take a negotiated position of the messages and at worse completely reject the messages. Statics from the Health and Demographics Survey (2010) attest to the fact that while there’s demonstrable knowledge of the assumed economic and social benefits of contraceptives for family planning purposes, the adoption of the advertised products is rather painfully slow and looking at precedence, the situation is likely to continue.

While there is perceptible evidence that high fertility and overpopulation have an impact on the wellbeing of the people (unemployment, shortage of drugs in hospitals, shortage of

classroom, pressure on available farming land and infrastructure, etc.), the interpretation of this impact by the encoders of the messages and the receivers are different as they draw from different resources of meaning. The encoder's position, on the one hand, is clearly economically deterministic, in which all the variables on the grounds are measured in economic terms. As a result, an economic solution in the form of modernisation encompassing modern contraceptives among others is prescribed. On the other, the decoders, while appreciating – from direct experience – all the above factors of the economic impact of high fertility, acknowledge their interpretation is influenced by compelling social reasons that stem from their actual lived and shared experiences.

As has been demonstrated by the findings there are a number of social factors that have a direct impact on people's appropriation of these messages. One important finding in this regard is the connotations of contraceptive methods for family planning in a cultural context where there is marital instability: the unintended use of contraceptives (to allow both women and men to "cheat" on their partners) shows that the methods being advertised are not as neutral and value judgement free, as they appear in the promotions, and indeed have serious repercussions for the already precarious institution of marriage. Not only is it clear that marriage as an institution has always been "in crisis" in this area, but a consequence of the informality with which marriages are agreed upon enables both men and women to marry and divorce with relative ease. This relative ease of marriage and divorce does not necessarily benefit the men: not only do they lose everything when they divorce, but they have to start all over again, as it were, in a new place with a new wife and children. However, the matrilineal system of kinship provides an environment in which having children (regardless of the number) is both beneficial to the man and the woman. Not only do children accord a man social status by affirming his masculinity, they are also a reliable source of security in old age especially to the woman in the absence of her husband. In case of divorce, especially in instances where a man loses custody of his children, having additional children provides a 'necessary' fall back on which to recreate a socially acceptable masculinity. This is not to say the system itself is a problem, but rather that if any messages are to strike a chord with the recipients, there's an urgent need to consider the system's advantages and disadvantages.

While contraceptives for family planning are promoted in the PSAs as an equal and shared responsibility – reflecting a modernist discourse of gender equality – it was abundantly clear that the decision in most cases as to who actually uses the contraceptives and when, rests ideally with the man. However it is important to appreciate that the issue of decision-making

is also a complex one. Because of the easiness in which women can independently access contraceptives – in contrast to the traditional contraceptives for which a husband’s visible consent was needed – women are able to challenge men’s authority as final decision makers. While undoubtedly beneficial for women’s empowerment, such autonomy has the potential effect of adding to the marital instability, and its attendant repercussions, mentioned above. The instability of marriage and the slight but perceptible erosion of hegemonic masculinity with regards to control over the number of children within the marriage, and the “double standards” that operate with regards to extra-marital relationships, suggests that it is futile to target men alone in a search for a reduction in family size.

Finally the practice of hoarding is still prevalent in the area. As long as HIV/AIDS and malaria continue claiming the lives of children, people will continue having many children in the hope that some will survive. All these factors have an implication on how the messages are received and appropriated. Perhaps high fertility rates, especially in rural areas like the one under study, can be attributed to the fact that the socio-cultural environment in which these messages are appropriated are ignored when designing media campaigns aimed at reducing fertility to achieve development. As the findings illustrate, and as later development theorists would argue, both external and internal factors need to be considered in order to achieve development. Indeed many of the campaigns are well calculated and executed: enormous amounts of time and effort are expended on developing what are believed to be suitable products which are economically accessible and broadly disseminated and promoted. However sometimes it’s not the products that the targets need but rather a comprehensive understanding of the whole social structure in which the decision to adopt the product will be made.

By highlighting these socio-cultural issues it does not mean that the economic factors under the modernization paradigm do not play a role in the appropriation of the messages and the advertised products. There is indeed evidence that the products of modernity are making headways even in rural areas. For example it was interesting to notice that all the interviewees wore shoes and western-style clothes. There were other female respondents who had their children suckling milk from bottles, they had their children in school and had an idea of the value of money. All these serve to show that the values and accoutrements of modernity are making steady headway into this traditional society. This however should not be confused as modernity wiping out tradition but rather that tradition, in the sense that

Mamdani (1996) suggests, will continue to exist alongside modernity although in a transformed state (Thompson 1995).

The traditional society that Kadewere is in general and the prevailing traditional practices in particular, will, arguably, continue to exist for the foreseeable future. Ideas about what constitutes tradition, including what it means to be a traditional man, promote and sustain a hegemonic masculinity in which being the father of many children is paramount. Furthermore, the fact that women, although not necessarily empowered by the matrilineal system, can easily divorce, disturbs the traditional hegemonic masculinity and in the process creates an unstable environment in which having children is both economically and socially beneficial. In areas with weak modern social institutions, for example schools and adult literacy centres, traditional institutions and practices become the most compelling cultural resource form which people make sense of the world they live (Barker and Ricardo 2005). People's face to face interaction and their lived and shared experiences become the readily available avenue for the formation of individual and indeed cultural identity. This, obviously, comes into tension with modern practices, including family planning messages that are accessed through, among many avenues, the media. The argument therefore is that both economic and socio-cultural factors need to be taken into consideration without privileging either in the design of media campaigns because prevailing ideas of what constitutes "tradition" and "modernity" are meshed into each other. As Mamdani (2001) argues, "tradition" is an aspect of African modernity and therefore modernity and tradition cannot be seen as an "either" "or" situation. Rather, our task is to try to understand how each inhabits and inflects the other.

### **6.3 Recommendations**

Conventional qualitative methodology wisdom suggests that findings in a qualitative study be interpreted within a particular context. In this regard the findings of this study should be read in the context of the lives of rural men from Traditional Authority Kadewere. However, looking at the similarities in the cultural traditions of the ethnic groups in Malawi, I would argue that these findings can cautiously and selectively be generalised beyond Traditional Authority Kadewere to include other areas with similar traditional practices. However the generalisation should be time specific as human societies go through constant changes. I therefore believe that these findings have implications for the formulation of public service announcements and indeed any particular media messages aimed at changing behaviour. In

short, you can't sell behaviour change as you would soap (Robinson 2006). Audiences should be treated as 'interpretative communities' who share forms of discourse and frameworks for interpreting the media (Cruz and Lewis 1994:270). This immediately suggests that there is a serious need for any producers of family planning messages not to ignore the role that traditional practices play in the negotiation of media messages. Culture, when being considered as a factor, should go beyond the issue of language to encompass an appreciation for and an understanding of the whole social structure in which the messages and indeed the promoted products will be consumed. In this regard there should be an effort to avoid seeing the audience as a collection of atomised individuals who make decision outside social norms.

There is also need, as latter development communication theorists (Sparks 2007; Melkote 2004) have suggested, to consult with the target audience and seeing them as collaborators and not just recipients of already packaged universal solutions to local problems. As noted in chapter one and two, contraceptive methods were available before the modern ones were introduced. As Keller (1996) suggests, not all traditional contraceptive practices should be completely ignored. Rather, the traditional contraceptives provide a base on which knowledge and practice of modern contraceptives can be built. The findings also suggest that integration of traditional practices in this regard may act to ensure the relative stability of marriage partnerships. There is therefore a need for the producers of family planning messages to seriously engage with the evidence that text consumption is not a mechanical and psychological process in which audiences are sitting ducks waiting to be hit by a "magic bullet", but rather a complex social process that involves sifting and taking in messages that are deemed appropriate within cultural norms and discarding those that do not make immediate socio-cultural sense. In this regard media texts, in whatever form, are appropriated by people who are subjected to different discourses, born out lived and shared experiences and their general contact with the mediated messages. This process then becomes a discursive site where different discourses will contest to achieve dominance.

#### **6.4 Areas for further research.**

This study was framed to look at just one aspect of the many messages that are broadcast through the radio. I understand and appreciate that organisations dealing with family planning, like BLM, use the radio as one of the many ways to reach out rural people with their messages. As a result this study is limited, as it does not encompass all other channels of communication, for example door to door visits, drama, mobile video units and village

meetings among others. Thus I would recommend that a full study be conducted to investigate how rural men negotiate different messages presented through different mediums besides the radio. In this regard this study could be used for exploratory purposes.

This study specifically targeted rural men. For a more holistic picture of family planning practices within rural areas of Malawi, it will be necessary to investigate how rural women negotiate with such messages. An important correlation to such a study would be to investigate the potential role that traditional midwives might play in the drive to secure a lower national birth rate. Furthermore, a comparative study of how men migrating to and from, or living in urban areas negotiate with these messages would be of interest in evaluating how experience of city life correlates with differences in attitudes and uptake of family planning. Finally, given the overwhelming evidence of the role that local constructions of masculinity have to play in the uptake of family planning methods, one further area of study might be to look at how initiatives that work with local communities on issues of gender are able to intervene in this regard.

## APPENDIX

### Appendix 1: Knowledge of contraceptive method

Method	Men	Women
<b>Any method</b>	96.7	97.4
<b>Any modern method</b>	96.6	97.4
Female sterilisation	82.7	79.3
Male sterilisation	64.0	71.5
Pill	90.1	82.1
IUD	67.7	55.9
Injectables	93.2	85.4
Implants	62.4	42.2
Male condom	89.9	95.8
Female condom	53.6	56.4
Emergency contraception	26.3	21.6
<b>Any traditional method</b>	64.2	55.8
Rhythm/periodic abstinence	37.3	39.8
Withdrawal	46.6	54.6
Other traditional methods	29.4	-
<b>Total number</b>	<b>11,698</b>	<b>3,261</b>

## Appendix 2: Source of information on family planning methods.

Background Characteristic	Radio		Television		Newspaper/magazines		None of these		Number of	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
15-19	58.5	68.6	8.0	15.5	15.5	26.6	39.5	28.6	2,392	650
20-24	69.9	79.0	8.5	19.3	16.3	36.0	29.3	18.4	2,870	587
25-29	71.9	82.8	9.8	14.3	14.0	35.0	27.1	15.3	2,157	634
30-34	68.1	85.9	6.1	19.2	11.0	34.6	31.3	13.2	1,478	485
35-39	71.3	84.7	8.8	13.1	12.8	33.1	28.2	13.3	1,117	294
40-44	68.2	89.0	6.8	12.0	11.2	33.7	31.2	11.0	935	282
45-49	63.3	85.5	6.5	8.8	8.2	22.6	36.6	14.2	749	182
55-54		79.8		6.8		21.8		19.8		148
<b>Residence</b>										
Urban	77.6	84.2	25.7	35.9	30.8	50.0	20.4	12.3	2,076	669
Rural	65.0	79.5	4.3	9.8	10.1	27.2	34.2	19.2	9,621	2,593
<b>Education</b>										
No education	56.0	73.9	2.4	3.6	3.2	8.9	43.8	25.6	2,734	383
Primary 1-4	63.3	71.3	2.5	6.5	5.3	14.2	36.4	27.0	2,998	798
Primary 5-8	71.5	82.9	6.8	11.9	14.2	30.6	27.2	15.7	4,154	1,220
Secondary +	81.1	88.7	28.8	33.2	42.9	60.4	16.4	8.6	1,811	859
<b>Wealth quintile</b>										
Lowest	42.1	63.8	1.4	4.9	4.4	16.1	57.3	34.9	2,037	412
Second	62.7	77.4	2.2	4.2	7.0	18.5	36.9	21.9	2,277	640
Middle	69.7	83.0	2.4	7.3	7.4	26.6	29.5	15.5	2,383	699
Fourth	74.9	85.1	3.6	11.0	11.6	32.7	24.4	14.0	2,361	709
Highest	81.7	85.3	27.5	39.9	34.5	54.5	16.2	11.0	2,639	802
<b>TOTAL</b>	67	80.5	8.1	15.2	13.8	31.9	31.8	17.8	11,698	3,261

Source: Malawi Health and Demographics survey 2004.

### Appendix 3: Local Song 1

Jenda by Overtoun Chimombo

1

*Amai akudandaula*

(Women are crying)

*Kudandaula kufuna jenda*

(Crying for gender equality)

*Jendayi akufuna chilungamo*

(They want justice)

*Oh, Ayi, jenda yavuta*

(Gender is a problem)

2

*Ntchito za mai abambo agwirensa*

(Men should also do women jobs)

*Ntchito za abambo amai agwirensa*

(Women must also do men's work)

*Safuana pakhale kusankhana*

(They don't want discrimination)

*Ah Jenda ya vuta, Jenda ya vuta*

(Ah gender is a problem)

*Ntchito za panyumba akuti kulandirana*

(Household chores should be shared)

*Kaya kukonola, kupeta mphale, kunka kuchigayo, kuyanika ufa*

(Like pounding maize, sifting husks from the maize, going to the maize mill, drying the maize flour)

*Kuphika, kutsuka mbale, kukwecha mapoto, Kusesa mnyumba, kukolopa mnyumba*

(Cooking, washing dishes, cleaning the house)

*Akuti kulandirana, ana akuona, Apongozi mkati*

(Men should share in these activities, while the children are watching, and so are the parent and the in-laws).

3

*Nanga ntchito zina, ndezikhala bwanji*

(How about other chores, how is it going to be like)

*Monga kukumba manda, kunyamula maliro, kukwera mumtengo*

(Digging graves, carrying caskets, climbing trees?)

*Kukadula nkhuni, kupala bwato, kukakoka makoka*

(Felling trees, rowing a boat, pulling the fishing nets?)

*Kudzuka usiku kukagwira ya ulonda*

(Waking up at night and working as a night guard?)

*Izi zitheka bwanji?*

(How is it going to happen?)

*Kungomva kuti Jenda, apa pavuta, zikhala za chilendo*

(Am telling you we are in for it, this will be really strange).

4

*Amayiwa alusa, akhazikitsa mabungwe ambili*

(These women are up in arms. They have instituted many organisations)

*Kuyang'anira ufulu wawo, ufulu wa chibadwidwe*

(To protect their rights, their birth right).

*Akukana kupondelezedwa.*

(They don't want to be oppressed)

*Mwamuna akamwalira, chuma chonse chonse chipite kwa mkazi*

(When the husband dies, all the deceased estate should go to the surviving wife)

*Akuchimuna chao palibe, olo anaphunzitsa okha*

(Nothing for the husband's family, even if they educated him on their own)

5

*Nanga akamwalira mkazi, kusiya mwamuna ndi wana*

(What about when the wife dies, leaving behind the husband and the children?)

*Longosolani timve*

(Please explain to us, we are waiting to hear from you)

*Chuma chipita kuti*

(Who should inherit the deceased property?)

*Poti tinazona ife, zinachitika ku Zomba*

(We witnessed this, it happened in Zomba)

*Mkazi kuiikidwa lero, mawa akwao kubwera*

(The woman buried today, her relatives came the following day)

*Kutenga katundu yense, akuti anagula yekha*

(They collected everything she owned; they said she acquired it on her own)

*Kusiya mwamuna ndi ana onse alipa dzuwa*

(Leaving the husband and the children destitute)

*Poti kuli jenda, palibe chilungamo, ayi, sichilungamo.*

(For where there's gender, there's no justice. This is not justice)

6

*Amayi okwatiwa, kusingha dzina kulephereka*

(Married women don't want to use their husband's name)

*Kutchula dzina lawo, la bamboo wao pakati, la mwamuna kumapeto*

(They mention their name first, their fathers and at the end their husband)

*Akuti imeneyo nde jenda, uku nkusokoneza*

(They say that's gender equality, not this is not it, this is confusion)

*Jendayi njachilendo. Tiyitenge bwino, njochita kubwera,*

(This is a foreign concept, let's tread carefully, and it is imported)

*Isatisokonezere miyambo yamakolo athu, mizimu idzaticwiira*

(Let it not interfere with our cultural practices, otherwise our ancestors' spirits will be angered)

*Ndipo tidzasowa mtendere*

(We have will have no peace)

7

*Zinthuzi sizingasinthe. Mwini wake anazilenga choncho*

(These things can't change. It's the way the creator created them)

*Umu ndi mmene anafunira, nkuona analenga mdima, nkudzalenganso kuwala*

(This is how he wanted things to be. That's why he created darkness, and light).

*Poyamba nalenga mwamuna, nkudzalenga mkazi, kuti iye amuthandizire*

(He first created man and then woman, for the woman to assist the man)

*.Pali zifukwa zake, ife sitingazisinthe, sitingazitembenuze*

(There are reasons He did this and we can't just change them, we can't turn them upside down)

*Anatilenga choncho, ndimomwe anafunira, tifune tinafune*

(He created us like that, that's how he wanted it, and it wasn't us)

*Zonse ndi mwini wake, ife ndife ayani if?, kuti tizitembenuze, sitingazitembenuze*

(It's the creators design, who are we to turn things around? We just can't turn them around)

## Appendix 4: Local song 2

### 1. 'Choncho Ndi Amunanga' by Lucky Stars Band

*Awa ndi amunanga, chonchobe, chonchobe, chonchobe*

(He is my husband, it is not that bad)

*Olo angandimenye, chonchobe, chonchobe, chonchobe*

(Even if he beats me up, it is not that bad)

*Angakhale andisambule, chonchobe, chonchobe, chonchobe*

(Even if he demeans me, it is not that bad)

*Ndi amunanga ndawazelewela, chonchobe, chonchobe, chonchobe*

(He is my husband, I am used to him, and it is not that bad)

*Awa ndi amunanga, chonchobe, chonchobe, chonchobe*

(He is my husband, it is not that bad)

*Angakhale andisambule, chonchobe, chonchobe, chonchobe*

(Even if he demeans me, it is not that bad)

*Olo angandimenye, chonchobe, chonchobe, chonchobe*

(Even if he beats me up, it is not that bad)

*Kumenya mankhwala abanja, chonchobe, chonchobe, chonchobe*

(Administering a beating is medicine for marriage)

*Ndi amunanga awa, chonchobe, chonchobe, chonchobe*

( He is my husband, it is not that bad)

*Angakhale angamwe mowa awa, choncho ndi amunanga, chonchobe, chonchobe, chonchobe*

(Even if he drinks beer, he is my husband and it is not that bad)

*Olo abwere usiku choncho ndi amunanga chonchobe, chonchobe, chonchobe*

(Even if he arrives home at night he is my husband and it is not that bad)

*Bola akundisamala, choncho ndi amunanga chonchobe, chonchobe, chonchobe*

(So long as he is taking care of me, he is my husband and it is not that bad)

*Anzanga ndili ndi nyumba ine, choncho ndi amunanga chonchobe, chonchobe, chonchobe*

(My friends I have a house, he is my husband and it is not that bad)

*Awa ndi amunanga chonchobe, chonchobe, chonchobe*

(He is my husband, it is not that bad)

*Ndi amunanga akundisamala, choncho ndi amunanga, chonchobe, chonchobe, chonchobe*

(My husband is taking care of me, he is my husband and it is not that bad)

*Bola ndikudya bwino, choncho ndi amunanga chonchobe, chonchobe, chonchobe*

(So long as I am eating good food, he is my husband and it is not that bad)

*Ndimagona nyumba yabwino, choncho ndi amunanga, chonchobe, chonchobe, chonchobe*

(I sleep in a good house, he is my husband and it is not that bad)

*Awa ndi amunanga chonchobe, chonchobe chonchobe*

(He is my husband, it is not that bad)

*Ndawazelewela, choncho ndi amunanga, chonchobe, chonchobe, chonchobe*

(I am used to him, he is my husband and it is not that bad)

*Bola ndili ndi ana ine, choncho ndi amunanga, chonchobe, chonchobe, chonchobe*

(So long as I have children, he is my husband and it is not that bad)

*Anzanga musandinamize ine, choncho ndi amunanga chonchobe, chonchobe, chonchobe*

(My friends don't cheat me, he is my husband and it is not that bad)

*Angakhale abwere usiku awa, choncho ndi amunanga, chonchobe, chonchobe, chonchobe*

(Even if he comes home at night, he is my husband and it is not that bad)

*Angakhale angamwe mowa awa, choncho ndi amunanga, chonchobe, chonchobe, chonchobe*

(Even if he drinks beer, he is my husband and it is not that bad)

*Bola akundisamala ine, choncho ndi amunanga, chonchobe, chonchobe, chonchobe*

(So long as he is taking care of me he is my husband and it is not that bad)

*Awa ndi amunanga ine, chonchobe, chonchobe, chonchobe*

(He is my husband, it is not that bad)

*Ndawazewelera ine, chonchobe chonchobe chonchobe*

(I am used to him, it is not that bad)

## Appendix 5: Local song 3

### 2. Abambo Ache Boyi by Mulimwa Brothers Band

*Chikondi chapa bara chosapatsana ndalama*

(Love found at a drinking place has no money attached)

*Ukampatsa ndalama, aika mthumba mwache, zikomo*

(When money is given, the person puts it in their pocket, thank you)

*Abambo ache boyiwa amandikonda pokhapo*

(I love my husband for that sole reason)

*Ngakhale angaledzele*

(Even though he is drunk)

*Samayiwala ndiwo, zikomo*

(He never forgets to bring home relish for meals)

*Sure sure, abambo ake boyiwa amandikonda chokhacho basi*

(Sure, sure, I love my husband for that sole reason)

*Ngakhale angapite ku mowa sangayiwale ndiwo*

(Even if he goes to a drinking joint he never forgets to bring home relish for meals)

*Nkana ndiledzele kunyumba ndasiya ana afuna kudya, sure*

(Even if I am drunk, I know I have left children at home who for sure need to eat)

*Zoona achimwene, ngakhale ungalidzele usaiwale ana, adzakuthandiza mtsogolo*

(True my brother, even when you are drunk don't forget children, they will help you in future)

## **Appendix 6: Interview guide (in-depth interviews)**

### **Old woman/traditional birth attendant**

Tell me how family planning was carried out in the old days

Who could administer family planning service in the old days?

What would you say is the difference between family planning in the old days and now in modern times?

Do people in this area still use traditional contraceptive methods?

Who in particular uses traditional contraceptives and why?

Where do people who use traditional contraceptives get information from?

What in your opinion discourages people from using traditional methods?

What in your opinion discourages people from using modern methods?

Has HIV/AIDS influenced people's use of contraceptives?

Are there any traditional practices that you feel have an impact on people's propensity to use or not to use modern contraceptives

Who would you say is influential in the decision to use or indeed not to use family planning methods between traditional leaders and government and its agencies?

### **Young married men/women**

What role do children play in your family?

How important are they?

What is position on family planning?

Is it ok for people to restrict the size of their family?

What is the problem of raising children now?

Who would you say is influential in the decision to use or indeed not to use family planning methods between traditional leaders and government and its agencies?

Do you see any relationship between the kinship system and the need for children in this area?

How would you feel if your wife decided to go for family planning without your knowledge?  
(Question for the men)

What do you do for a living?

Why are you still in this area when people of your age are trekking to town to look for employment?

How in your opinion has HIV/AIDS, influenced the provisions of family planning services in anyway.

### **Older men**

How and who was in charge of family planning in your days?

What would you say has changed?

What were the factors that were considered before a couple decided to go for family planning?

What would you say are advantages/disadvantages of traditional family planning methods?

Are there any cultural or traditional factors that influenced the adoption of family planning?

Do you see them still affecting family planning in these modern days?

Was there any relationship between the kinship system of descent and the number of children a couple can have? If yes is it still the case today?

Do you see any difference in the use or provision of family planning services before and after the emergence of HIV/AIDS?

What would you say are the advantages and disadvantages of modern methods?

How important were children in your days. Would you say the same today?

Who was in charge of looking after children in your days? Were the biological parents the only people who looked after the children? Is it the same today?

## **Appendix 7: Interview guide (Focus group interview schedule)**

- **Knowledge on Family planning**

- What do you understand by family planning?
- Who do you think is responsible for family planning? The husband or the wife?
- As a man, how do you feel about using contraceptives, such as condoms, for family planning?
- What about vasectomy? Would you go for it?
- Have you ever talked about contraceptive with your wife/girl friend/partner?
- Besides the methods you get from the hospitals do you know of any traditional methods of contraceptives?
- If yes, how do they differ from the modern methods?

- **Family Size**

- What do you think is the ideal family size?
- Who should determine this, the man or the woman? Or should you both have a say? How do you feel about voluntarily limiting the size of your family?
- Should everyone be able to have as many children as they like?
- Under what circumstances would you consider limiting the size of your family?

### **Family Back ground**

- How many children do you have?
- When did you have your first child?
- What is good about having children?
- What is hard about having children?
- What do your children do at home?
- What role do they play within your cultural space?
- How would you differentiate the way you were brought up as a child and they you raise your children?

- **Family planning radio messages**

- When you listen to family planning radio messages, who do you think they are targeting?
- What do you make out of this message? (Will play one of the messages)
- In general what do you make out of family planning messages on radio?
- In what ways do you think they speak to you as an individual?
- Do you get any important and useful information from these messages?
- Can you remember any message you felt like, yes, this messages is talking to me?
- If you were given a chance to talk to your peers about family planning via the radio, what would you say?

- **Response to Family planning radio messages**

- In your own opinion how would you say men, within this area, react to these messages?
- Have you ever taken any step towards family planning, whatever it is, as a direct response to these messages?
- Do you think these messages take into consideration your culture and your life experiences?
- How do these messages resonate with your position as men within your society?
- What, do you think, would actually stop someone from putting into practice what they get from the messages?


## **Appendix 8: Interview guide (Questions for BLM)**

- What factors do you consider when coming up with public service announcements
- What role do patriarchal cultural beliefs play in the formation of the PSAs
- How do you take into consideration the issue of HIV prevention and the promotion of family planning methods such as condoms
- How long have you been producing and airing the PSAs
- How do you monitor the effectiveness of the PSAs?
- How do you balance your donors' and the target audiences' expectations. Do your donors understand the complexities of the terrain?
- What are some of the success and challenges of setting up PSAs?
- What is your relationship with the broadcasters of the PSAs
- What do you think, in your organisation's view, is the reason behind the response to family planning among Malawi rural men?
- What have you discovered to be the most effective way of using the radio to impart family planning knowledge and information?
- Can you take me through the steps of formulating these messages?

**Appendix 9: BLM Logo**



## Appendix 10: Malawi Government Policy stand on high fertility



**RAPID**  
POPULATION AND  
DEVELOPMENT

**MALAWI**  
40 Million People by 2040?

**CALL TO ACTION**

- By 2040, Malawi could have three times as many people as today if women continue to have an average of six children each.
- More than half of Malawi's people are younger than 18.
- Individual decisions regarding childbearing and use of family planning will have a major impact on future population growth.
- Use of family planning has many benefits for individuals, families, and communities and contributes to lower maternal and infant mortality.


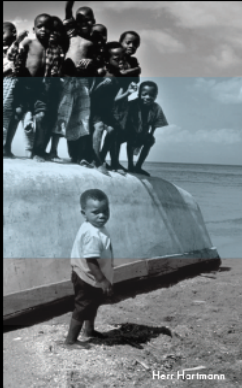
 GOVERNMENT OF MALAWI

Photo by Gunnar Saharsson



Malawi's development goals are stated in the Malawi Growth and Development Strategy 2006–2011, which aims to reduce poverty through sustainable economic growth and infrastructure development. Achieving these goals and the Millennium Development Goals (MDGs) will be challenging, especially in the face of rapid population growth. The most effective way to slow population growth is to ensure that family planning services are widely available. Over the past two decades, Malawi has made considerable progress in making family planning services more accessible. However, one in four Malawian women want to space or limit their next birth but are not using family planning. These women need family planning information and services in order to avoid unintended pregnancy.

Slower population growth would relieve pressure on the provision of free primary education and public health services and alleviate food insecurity and underemployment.

**Malawi is in a position to improve the well-being of families and advance as a nation.**

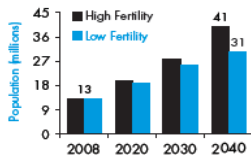
Slowing the rate of population growth will contribute to progress in achieving development goals. The government has demonstrated its commitment to expand family planning services, particularly at the community level. Improving access and uptake of contraceptives will lead to slower population growth. With slower growth, the Government of Malawi will have more funds available to provide free primary education, a reliable public health system, and more employment opportunities. Increased use of family planning will also contribute to lower maternal and infant mortality.

## 1 . . .

### Rapid Population Growth

If women continue to have six children on average, Malawi's population will triple in just 30 years. In contrast, if women were to have three children on average, Malawi's population in 2040 would be 31 million instead of 41 million—a difference of 32 per cent. A three-child family average could be reached if the proportion of women using contraceptives increases by just 1 percentage point per year from now to 2040.

### Projected Population Growth



## 2 . . .

### Slower Growth Has Benefits

#### Benefits of Slower Population Growth for Social and Economic Development

- Allows for greater investment in education, health services, and job creation
- Reduces pressure on land use, thereby slowing rural-urban migration
- Helps to improve employment opportunities and ensure food security

#### Benefits of Family Planning

- Contributes to lower maternal and infant mortality because it reduces unintended pregnancy and allows for longer spacing between births
- Promotes family welfare because family income can be invested in the education of fewer children and better nutrition
- Enables couples to plan when and how many children they will have

## 3 . . .

### What Can Be Done

#### Policy makers can

- Support a comprehensive reproductive health strategy, including universal access to family planning information and services

#### Civil society leaders and media representatives can

- Educate the public on the implications of rapid population growth
- Dispel misconceptions about family planning methods

#### National and district health officials can

- Scale up successful strategies to extend family planning information and services at the community level and make long-term methods more widely available
- Ensure continuous availability of contraceptive supplies at all service delivery points
- Engage private sector providers and community members in the provision of family planning

## Appendix 11: Transcription of the Public Service Announcements

### PSA. 1.

**Female Voice:** Women for you to avoid pregnancies you should do this, drink this, wear this, use this ...

**Male Voice:** It is indeed like that in most cases but, but this isn't the case now with BLM. BLM Has been so innovative that now men have their own method of family planning so that they can also take part in the planning.

**Female Voice:** Are you sure? Is this real...My husband has never mentioned this?

**Male Voice 2:** Let me mention it to you. There's a method called vasectomy that allows a man to sleep with his wife with no fear of making her pregnant. But this does not mean you can't perform as before. In short this is called male sterility.

**Female:** Ah... ah this is so good to hear, methods should not just involve women alone.

**Male voice 1:** If you feel you have enough children in your house, agree that the man should go for vasectomy. BLM is ever ready to serve you in the area of family planning and management of sexually transmitted diseases and treatment of some common ailments likes headaches, diarrhea and malaria

### PSA. 2

**Male Voice:** Depo-Provera, an injectable method that prevents women from falling pregnant for at least three months. You will find this method at BLM. If the three months expires and you still want to continue, go back to Banja La Mtsogolo to let them protect you against falling pregnant for another three months.

**Female Voice:** Remember we all have different taste and BLM recognizes this, and they have a wide range of choice to choose from just like we do in a grocery. Depo provera is one of the most reliable contraceptive

available to women. With this method, you just have to stop getting it if you want to fall pregnant again and it happens within a short period.

**Payoff:** BLM are experts in family planning and reproductive health service. Rely on them. Let pregnancies be by choice and not accident

### PSA. 3

**Female Voice 1:** *Anaphiri* even though we use other methods, let's also use *Manyunchi* condoms. You never know what your friend is doing when you are not watching. Imagine in this day and age you should be suffering from syphilis. That's subjecting oneself to ridicule. Better use *Manyuchi*

**Female Voice 2:** *Anambewe* we tried to talk about the condoms but your in-law say it's the same as sulking a sweet in its wrapper. And indeed with how mobile he is you really wouldn't know.

**Female voice 1:** (guffaws) doesn't he know that's there's *Manyunchi* condoms. You will see, once he tries *Manyuchi* he will change his attitude completely.

**Male Voice:** BLM assures you that *Manyuchi* is high quality, strong and adds flavor to your experience...remember its *Manyuchi*. For you to prevent sexually transmitted diseases and unwanted pregnancies go buy *Manyuchi* distributed by BLM experts in fighting against sexually transmitted diseases and family planning. *Manyuchi*, high quality condoms!

### PSA. 4.

**Male Voice:** Intra uterine contraceptive device...

**Female voice:** Others call it loop. This is one of the most trusted and reliable method that places a device in your uterus to help you prevent getting pregnant. You can keep the loop inside you for up to ten year and you can remove it when you want. It is a cost effective method and doesn't have side effects when you want to sleep with your husband.

**Payoff:** This method is so reliable. Prevent unwanted pregnancies; go to any nearest BLM clinic for any assistance you want. BLM, promoting family planning in Malawi.

**PSA.5.**

**Female voice:** Worried each and every month; am I not pregnant? What about this infant, worries and more worries

**Male Voice:** Woman, are you just lazy or you don't know of the many options you have through BLM?

**Male Voice 2:** At BLM they have different methods of contraception including pills. You follow the instruction and you have no worries of falling pregnant when you don't want to. Use them every day and don't stop, taking these cost effective pills. Should you need to fall pregnant again, just stop taking the pills. This is much better than having daily worries. BLM proudly promoting family planning and prevention of sexually transmitted disease and other common ailment like headaches, malaria and others.

**PSA. 6.**

**Female voice:** I can challenge you, you can stay 6 years without falling pregnant even if you are sleeping daily with your husband.

**Female voice 2:** eh eh...is he a man or he fell from a pawpaw tree?

**Female voice 1:** What I'm saying is if you go any BLM clinic and they put a Norplant...

**Voice 2:** Norplant?

**Female voice :** This a method which when you use you can stay up to five year without falling pregnant, unless you go and get it removed. Once they remove it you can fall pregnant again.

**Payoff:** Go find out more about this method at any of the BLM clinic nearest you. BLM proudly promoting family planning and prevention of sexually transmitted disease and common ailment like headaches, malaria and others.

#### PSA.7.

**Male voice:** *Manyuchi* is beyond comprehension; it satisfies your desires and meets your expectation. You know for sure you will never be disappointed with *Manyuchi* condoms.

**Female voice:** *Manyuchi* condoms are not just any other condoms; they are strong and very durable. With *Manyuchi* condoms you protect yourself against HIV/AIDS, unwanted pregnancies and other sexually transmitted diseases like syphilis, while have unlimited pleasure...you know its *Manyuchi*..you know more like a sweet, chocolate.

**Male voice:** Women who are on other contraceptive methods from BLM you will add more protection if you add on *Manyuchi* as you will protect yourself against other sexually transmitted diseases.

**Payoff:** Know these condoms, rely on them to protect yourself. This is *Manyuchi*, who doesn't like *Manyuchi*? Spice up your sexual life with *Manyuchi* from BLM, experts in family planning and management of sexually transmitted diseases.

#### PSA.8

**Jingle lyrics:** There are many options of family planning. You have a choice at BLM.

#### PSA. 10.

**Male Voice:** We are appealing to all young people within the age range of 10 to 24 that you can access free STI treatment in all our BLM clinics. You can get free information pertaining to STI and AIDS. This message is brought you by BLM with funding from UNFPA.

## **PSA. 11.**

- Male voice 1:** Getting pregnant while you are young puts you at the risk of getting sexually transmitted diseases like HIV/AIDS. You can also lose your life because your body is not yet ready to take on the pressures of a pregnancy
- Male Voice 2:** BLM would like to appeal to all young people of the ages between 10 and 24 that they can go to any BLM clinic and receive free treatment of any STIS.
- Male Voice 3:** That's true free medical treatment of STI
- Male Voice 2:** Additionally you will receive counselling on STI like syphilis and gonorrhoea
- Payoff:** BLM is also providing free counselling on HIV and AIDS.

## **PSA.12**

- Jingle lyrics:** BLM... BLM...Progressive young people, who love their future, abstain from early sexual encounter.
- Male Voice:** It is BLMs duty to assist young people by proving counselling to young people on STIs

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