

**Negotiating family planning messages among Malawian men: A case study of vasectomy
messages aimed at men in the Dedza and Karonga districts of Malawi**

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requirements for the degree of

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By

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Declaration of Originality

I certify that this thesis has not been submitted for a degree in any other university and it is my own original work. Where other author's work has been cited, it has been referenced according to Rhodes University's Referencing Guide.

A handwritten signature in black ink, appearing to be 'J. J. W.' followed by a flourish.

Signature of student

Date: 11 January 2020

Abstract

Since the 1990s, vasectomy, the principal non-barrier method of contraception offered to men, has been vigorously promoted in Malawi, as a safe, effective and inexpensive form of birth control. Despite this marketing, the method has been chosen by only an estimated 0.01% of men in Malawi. This compares to about 11% of contraceptive using Malawian women, who have opted for tubal ligation, a more expensive and hazardous surgical procedure.

Previous studies into this low uptake of vasectomy among men in Malawi, and other studies that have explored why no African country currently has a vasectomy rate of more than 1% of men, implicate cultural beliefs and traditional social practices among the key barriers to the diffusion of this particular innovation i.e. this method of contraception. Campaigns share new information in the hope that they will shift their audiences' knowledge, and lead to changes in attitudes and practices, including the uptake of vasectomy. Social Marketing campaigns, even when they set out to explicitly accommodate these beliefs and challenge particular practices in order to promote various methods of contraception, are often inadequately conceived and sometimes poorly executed.

Drawing on well-established theoretical perspectives developed by Cultural Studies scholars, including Reception Analysis and Thematic Analysis, this study investigates how men in two purposively selected districts of Karonga and Dedza in Malawi, interpret Social Marketing messages encouraging them to undergo vasectomies. The study examines key media texts and the nature of the involvement of a group of peer educators, dubbed 'male champions' in a 2017-2018 campaign by one of the leading Malawian providers of family planning services, the NGO Banja La Mtsogolo (BLM), to promote vasectomy. This is a purely qualitative case study that seeks to understand why these often-well-resourced campaigns have so little impact on the behaviour change they hope to inspire. Through individual interviews with the campaign's designers, implementers, peer educators, focus group discussions with the campaign's audiences, a close reading of texts used in the campaign, and observation, this study explores the circuits of communication and culture, through mechanisms of resonance, disconnection and even cognitive

dissonance between the ‘encoders’ of the family planning messages and the decoders i.e. the intended audiences of the campaign.

The study argues that as a result of several ‘modernist’ assumptions and outlooks, the campaign was unable to fully grasp the complex and contextually nuanced socio-cultural practices that factor into consideration of the campaign’s messages and the non-adoption of the proposed vasectomy method. The study further reveals, as many other studies have also observed, that the interpretation of the text promoting vasectomy is a complex process that is significantly shaped by the worldviews and lived experiences of the audiences. These views, as this study explores, are often complex and contradictory, interfacing aspirations of modernity with deeply held ‘traditional’ beliefs and practices. Although the campaigns are effective at transferring knowledge – it finds most targeted men have a relatively good understanding of the method and its efficacy – their prevailing socio-cultural attitudes and dispositions provide a strong countervailing discourse to the preferred reading of the campaign messages. This discourse exhorts having children, or the capacity to have children, even after a man has had several before, in current or previous marriages, or even in old age, as desirable and ‘rational’.

The study therefore proposes, arising out of this detailed ethnographic research, a revised approach that argues that several social and cultural ‘vectors’ or ‘spheres of influence’ need to be considered in new ways, in order to develop meaningful interventions in the promotion of vasectomy. This includes specific strategies to understand and challenge:

1. The enduring power of social stigma and scorn, and the notion of social shame.
2. The deep interplay between fertility and having children to notions of marriage, even in second or third marriages, and the interplay with perceptions of economic ‘value’ of children in the domestic political economy of marriage.
3. The embedded nature of provable fertility to notions of manhood.
4. The complex and nuanced involvement, at many levels, of broader social/family structures/personages in ‘personal’ decisions.
5. Forms of ‘hyperbolic discounting’, i.e. the calculating of precarious futures in various scenarios and its impact on current shorter-term calculations and gratifications.

6. Unusually high rates of infidelity in marriage, and seemingly low levels of trust in many partnerships.
7. The key role of interpersonal communication, i.e. the face-to-face elements of what are usually media-centric Social Marketing campaigns.

The study recommends a more layered and nuanced approach to the promotion of vasectomy, propelled by a deeper understanding of these kinds of contexts and the interpretive power of the intended audience, as well as more nuanced segmentation of audiences, and more judicious use of peer-educators to support and deepen the mass media components of these communication campaigns.

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To God in heaven, for wonderfully and fearfully making me Jolly Ntaba.

Dedication

To my late Dad; I made it, I am Dr. Ntaba!

To my late Aunt Kuleza: I know you would have been smiling!

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BLM	Banja La Mtsogolo
CDC	Centre for Disease Control
CIDA	Canadian International Development Agency
CORDAID	Catholic Organisation for Relief and Development Aid
DFID	Department for International Development
FP	Family Planning
FPAM	Family Planning Association of Malawi
HDS	Demographic and Health Survey
HIV	Human Immunodeficiency Syndrome
IMF	International Monetary Fund
JICA	Japanese International Corporation
MBC	Malawi Broadcasting Corporation
NAC	National Aids Commission
NGO	Non-Governmental Organisation
NSV	Non-Scalpel Vasectomy
PSA	Public Service Announcement
QCA	Qualitative Content Analysis
SBCC	Social and Behaviour Change Communication

SLT	Social Learning Theory
STI	Sexually Transmitted Diseases
TA	Thematic Analysis
UKAID	United Kingdom Agency for International Development
UNAIDS	United Nations Programs on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VOC	Value of Children
WHO	World Health Organisation
ZBC	Zodiak Broadcasting Corporation

CHAPTER ONE: INTRODUCTION AND OVERVIEW

1.1 Introduction

There are a large number of academic and Non-Governmental Organisation-generated studies that examine the relationship between Health Communication campaigns and uptake of contraceptives through looking closely at the impact or effect of mediated messages on behaviour change (Adenkule, Olaseha, & Adeniyi, 2004; John Hopkins, 2011; Zamawe, Banda, & Dube, 2015; Ardiansyah, 2016; Ajaero, Odimegwu, Ajaero, & Nwachukwu, 2016; Chukwuedosie, 2016; Mghweno, Katamba, & Nyirabavugirije, 2017; Rogers, 2018). Most of the studies have explored and tried to understand the causal relationship between the media and its perceived impact, often drawing on broad ‘media effects’ literature as the key set of analytical frames. But this often only captures a limited, instrumental ‘administrative’ assessment of the campaign/message/effect triage, and arguably has limited explanatory power. This research project seeks to go beyond the media effects paradigm and interrogate the broader set of meanings that audiences – in the case of this study, men in selected areas in Malawi – make out of the media campaigns and media-generated messages aimed ‘at’ them, and particularly messages around the only medicalised form of male contraception, vasectomy.

This topic is of interest to many stakeholders, including global health bodies, development economists, health promotion and academics and policymakers within the field of communication and development, as they try to ‘control’ what is perceived as unsustainable population growth. Shattuck, Perry, Packer and Queen (2016a), argue that there has been for much of the 21st century, a growing interest in and support for getting men more directly involved in family planning. This is because as many studies suggest (Soremekun, 2014; Vouking, Evina, & Tadenfok, 2014; Chekole, Kahsay, Medhanyie, Gebreslassie, & Bezabh, 2019; Kriel et al., 2019), men have a crucial role to play if family planning interventions are to have any meaningful impact on development. Shattuck et al. (2016) suggested recently that, “with this growing support and refinement of gender and male involvement programming, now is an opportune time to incorporate voluntary vasectomy services into national family planning strategies” (p. 648) – but those

campaigns that have focused on men and vasectomies, have found uptake to be dispiritingly low (Asare, Otupiri, Apenkwa, & Odotei-Adjei, 2017; Ntakirutimana et al., 2019; Vinluan et al., 2019). While vasectomy has been vigorously promoted as having no side effects for recipients, and, compared to female sterilisation, is a far less risky and cheaper procedure, less than 2.4% of men globally have had vasectomies. This is in stark contrast to female sterilisation, i.e. tubal ligation, which is the most common form of contraceptive globally, used by over 20 % of women (Vinluan, 2019; United Nations, 2019). Shattuck et al. (2016, p. 267) point to a key paradox in many developing countries: “The correlation between the use of female sterilization and vasectomy is complex, as less developed countries contribute to the highest use of female sterilization but have the lowest prevalence of vasectomy”.

One way to begin to understand the complexities of behaviour change – through among other things, the associated communication campaigns that seek to induce behaviour change – in the process of promoting vasectomy in developing countries, and in the case of this study, is to develop a contextual and audience-centred understanding of how the targeted audiences ‘make meanings’ out of the promotional messages. This is the core aim of this study.

This chapter introduces the central elements of the research context, the key research questions and key themes of this study and explores family planning in general and vasectomy in particular within the broader context of the literature and lived experience of ‘development’. It does this by working with an assumption that men in rural Malawi are likely to read messages promoting vasectomy within an ‘oppositional frame’ – one largely of resistance and reluctance – an assumption underpinned by the reality that since its introduction and promotion from the 1990s, less than 1% of married men currently use this method of contraception (DHS, 2016), in a country which continues to have some of the highest rates of population growth on the continent (World Bank 2018, United Nations 2020). The chapter also looks at how the media (and other communication strategies including face-to-face communication) employed by organisations promoting vasectomy, are involved in constructing and entrenching a particular ‘subject position’ that, although expected to make this contraceptive method more acceptable and attractive to prospective audiences, often fails to do so. The chapter also analyses the characteristics of the target audience and discusses how the promotion of family planning within particular development

discourses creates a dichotomous and often opposing relationship between ‘modern’ and ‘traditional’ view of children and the role of family planning. In this regard, the chapter will look at what has been described as a “traditional discourse”, encompassing crucial elements such as ethnic composition of the country, kinship, gender and poverty that this study assumes has an impact on how these messages are received and interpreted.

As will be seen as this chapter and this study unfolds, controlling population growth is part of a broader ‘development agenda’ which has been influenced by various kinds of donors and financial aid programmes, including countries and or global agencies connected to specific countries (often the ex-colonial powers) involved in development programmes that seek to assist so-called ‘underdeveloped’ nations to develop (Global Health Policy 2019; Brooks, Bendavid, Miller 2019). The period between the late 1950s and through the 1960s and early 1970s, saw most African countries gaining independence from their erstwhile colonial rulers. Many of the colonisers were invested in continuing relationships post-independence, ostensibly, to help their former colonies gain greater levels of economic development. Much of this ‘development aid’ came with social programmes designed to create broader realignment in societies deemed to be conducive for development. Many of these included encouraging countries to adopt ‘population control’ measures including the promotion and use of contraceptives. The willingness to do this was and is often used as an indicator of ‘readiness’ to receive advice and financial support to achieve development goals (Braidotti, Charkiewicz, Häusler, & Wieringa, 1999; Chimbwete, Watkins, & Zulu, 2005). The approach is broadly still prevalent today with most ‘population control’ activities being funded by major Western donor agencies including USAID and UKAID, and many still explicitly linked to these particular paradigms of developmental thinking and long-term macro-economic planning.

A holistic understanding, therefore, of how vasectomy in particular and family planning, in general, relate to developmental agencies’ agendas is critical to understanding why such marketing has often faced substantial resistance from targeted populations. The discourses of modernity, of development, and often countervailing discourses of ‘traditional’ construction of kinship, family and male and female identity, are central to this study and are explored and unpacked below.

This chapter, therefore, begins by outlining why I was interested in the research topic. It then discusses the assumptions of the study before looking at the context of contraception. It further looks at the key characteristics of family planning campaigns in Malawi and then briefly talks about development as modernisation as it relates to vasectomy promotion. The chapter then looks at some of the broad contexts of traditional beliefs and practices that this study suggests inform the interpretation of the contraception messages examined in detail in this study. An overview of the thesis's theoretical methods and an overview of the methodology employed follows thereafter. The last section gives the structure of the thesis.

1.2 Locating My Research Interests

Before joining the University of Malawi as a lecturer in 2008, I worked as a journalist with the public broadcaster, Television Malawi. That allowed me to travel the breadth and length of the country covering different stories. I frequently visited rural areas where over 80% of Malawians still live (Manda, 2015). One striking feature about the rural areas was the number of children that would come to admire our bulky video equipment. Most of the children wore torn and dirty clothes and some had either abnormally swollen or distressingly emaciated bodies, a sure sign they were either suffering from or had just recovered from, marasmus or kwashiorkor or some other disease of malnutrition. It was not unusual to see small children, especially boys running around with only ragged and usually oversized t-shirts or shirts but no shorts. For those I spoke with, they shared with me that they did not go to school because they either did not have clothes, books or pencils, i.e. their families were too poor for even the free primary educational services provided by the state. As a city dweller I was surprised, even though this was my own country. Many of those who were of school-going age would drop out after only a few years, often because they were hungry. It was evident their parents could not afford to give them adequate necessities of life like food and clothes.

Many times, I wondered, naively, why, with free availability of contraceptives, especially in government hospitals, their parents would not choose to only have the children they could 'afford', i.e. have children by "choice and not by chance" as the prevailing marketing material puts it. Furthermore, I wondered why with so many communication campaigns around birth control and

the advantages of smaller families that appeared in Malawi in the 1990s and 2000s, parents would not choose to use contraceptives, often given out free, instead of having what appeared to me to be very large families; and this despite often not having the means to support their children, even with the very basics of life such as sufficient food.

Many of these questions remain with me, and some of them are explored in this study. My coming to Rhodes University for a Master of Arts in Journalism and Media Studies in 2010, opened my eyes to the fact that people from different backgrounds develop different understandings of the same communication messages and I came to understand how people ‘read’ media differently. I came to realise that while there might be a good case, for example, for smaller families, birth control and free contraceptives, and while the messages conveyed may have been cogent and persuasive, the enactment of these campaigns in terms of power, needed to be located in a particular context and analysed critically. I came to realise that there is no “one size fits all” when it comes to how people interpret mediated messages.

Thus, began my interest to understand what exactly ‘targeted populations’ make of these messages – about development, modernity, families, personal agency – and whether such media and marketing had any real-world impact. Or, if it did have an impact, was that substantial and in line with the campaigning organisations’ overall aims? Partly because the marketing of family planning is such a ‘big thing’ in Malawi, I became over time, particularly interested in the reaction and meaning that Malawians, and particularly fellow Malawian men, make when they interact with messages about contraceptive use in general and vasectomy in particular.

I eventually chose to look at vasectomy messages in particular because these communication campaigns and their messages target men directly and challenge them to take up a responsibility that society has largely ascribed to women, i.e. administration and use of contraceptives. Secondly, I wondered why it is so hard to convince men to do a seemingly and comparably easy procedure with low chances of complication, compared to female sterilisation which is more complicated but used by a considerably higher percentage of women. I wondered what men made of these campaigns, and what they made of how these campaigns framed male and female gender roles in society, and whether the campaigns resonated and had *any* behavioural impact.

Once I started exploring these issues, I discovered that men generally have reasonable levels of knowledge and some understanding of the efficacy of many contraceptive methods, and many could articulate the perceived benefits of smaller families (DHS 2016). They could also talk about their expected role within modern family planning. However, their lived experiences, and especially their construction of what it means to them to be a “man” and their beliefs and societal values which foreground family and children, provides a powerful counter-discourse to the marketing of contraceptives and one, this study argues, that has a substantial impact on how the promotion and provision of modern contraceptives are received. I assumed that while a number of researchers (Bunce et al., 2007; Akpamu, Nwoke, Osifo, Igbinovia, & Adisa, 2010; Respond Project, 2013; Shattuck et al., 2016) have identified a relative lack of information, widespread misconceptions and various medical reasons as some of the barriers to men’s acceptance of vasectomy, there is, as some of these studies do acknowledge, an additional deeply felt and compelling traditional discourse that constructs acceptance of vasectomy as socially problematic and, indeed, as a direct challenge to notions of masculinity and its ‘performance’ that are prevalent in many parts of Malawi.

I then explored and read more on how the marketing campaigns are fashioned and the theoretical underpinnings of the processes, from the producer’s side. I discovered that most of the campaigns draw on particular traditions of Behaviour Change Communication that, as we delved into media theory in the Rhodes’ Masters coursework, was aimed at ‘encouraging’ Malawian men to adopt a particular “subject-position” within the family planning discourse. And at least some of the ‘target audience’ did adopt this subject position, but many others resisted this messaging. As is explored in Chapter Two, a Cultural Studies and Social Constructivism approach, drawing on particular strands within Critical Media Theory and Sociology, provided me with a range of analytical tools to critically understand how these discourses came into being, how they are always contested, and how we can best make sense of what they aim to do, what they manage to do, and how the audiences react and ‘take them on’.

1.3 Assumptions of the Study

It is a key assumption of this study, firstly, that family planning methods are more than just technologies of controlling population or promoting child spacing. They and the communication about them are part of a broader discursive field – rooted in the modernisation paradigm – in which firmly held beliefs are questioned, old identities are shaken, and new ones formed, i.e. they are an arena for the contestation of power (Richey, 2004) through representation and meaning-making (Hall, 1980).

Secondly, the study assumes that the sociological concept of rationalisation forms a backbone for many behaviour change interventions on which vasectomy and its promotion is based. In this regard, the promotion of vasectomy creates two main discourses competing for ascendancy i.e. the discourse of modern contraceptives as a panacea to the ‘problem’ of underdevelopment and the ‘traditional’ or indigenous discourse that sees the ‘uncontrolled’ ability to have children as part and parcel of what a ‘normal’ life should be. The media and other communication strategies, therefore, play a very important role in reconstructing and reframing ‘traditional’ practices and beliefs as a ‘problem’ and positing ‘modern’ contraceptive methods as a primary ‘answer’ to the ‘problem of overpopulation’.

Thirdly, this study assumes men have shunned vasectomy and ‘oppositionally’ read messages promoting it, based not only, as many studies conclude (Bunce et al., 2007; Akpamu et al., 2010; Respond Project, 2013; Shattuck et al., 2016) on medical reasons, lack of information and misconceptions, but also on what a voluntary choice to inhibit their ability to have children, in terms of what having children means to them as men, and to their collectives, i.e. their primary social groups.

Fourthly, the study acknowledges that contraceptives *do* play a role in checking population growth. It further acknowledges that communication campaigns have been central to the increased uptake of contraceptives. But the study assumes that the campaign messaging often downplays, overlooks or glosses over the nature of relationships that have a bearing on the uptake of vasectomy including marriage, gender, kinship and notions of monogamy which are central to the ‘traditional discourse’. These campaigns – especially those that use short and brief messages, for example

public service announcements/ posters and pamphlets – strongly emphasise the economic and health benefits of contraception and often neglect or fail to understand deeply enough the socio-cultural value and meaning that children, or the ability to sire them, has for the polities they operate in.

Specifically, the research will try to answer the following questions:

- How are family planning messages constructed and represented in general in Malawi?
- More specifically, how are vasectomy advocacy messages constructed and represented and transmitted?
- What are the cultural and contextual considerations in the design and presentation of these media campaigns and their specific messages?
- To what extent is audience segmentation undertaken, and how much care is taken to craft messages that demonstratively resonate with the target audiences?
- What role does peer education play in these campaigns and what normative roles for peer education could be theorised and developed that might play some role in changing men's attitudes on vasectomy and shift the powerful prevailing social meanings attached to the ability of men to sire children in general and in marriage relationships (even second marriages) in particular?
- What roles, therefore, do culture and tradition play in the construction of meaning by audiences when hearing or viewing vasectomy messages?
- How then are the messages ultimately received? What combination of factors might make men as sceptical and resistant as they appear to be about vasectomy?

1.4 Context and Contraception: ~~An Overview of the Field~~

As suggested above, there has been a wide range of studies that have analysed the impact and influence of mediated messages on health behaviour change more generally, and sexual health

including contraception, more specifically (Adenkule et al., 2004; Omoera, 2010; Ardiansyah, 2016; Chukwuedosie, 2016; Mghweno et al., 2017; Rogers, 2018). Pappas-DeLuca et al. (2008) and Mahoney and Bates (2013) argue that health behaviour change interventions can benefit more from audience centred studies that critically analyse how audiences interact with mediated messages. Audience ‘Reception Analysis’ as developed from the 1980s onwards, is a particular set of approaches in the broader Cultural Studies field that helps researchers understand why audiences develop different understandings of mediated messages (Odilire, 2016). This study, therefore, seeks to contribute to closing some of the gaps in our knowledge about how audiences interact with behaviour change messages, especially in the under-researched area of vasectomy messaging, in general, and in Malawi in particular.

The World Health Organization (WHO) asserts that family planning is a process that allows people to attain their ‘desired’ number of children and determine the spacing of pregnancies. It is achieved through the use of contraceptive methods via the mass provision and marketing of ‘modern contraceptives’. Contraceptives are any method “used to prevent unwanted and unplanned pregnancies” (Schaapveld & van der Vlught, 2018, p. 3) even if that method is deployed by men. Modern contraceptives are, therefore, “a product or medical procedure that interferes with reproduction from acts of sexual intercourse” (Hubacher & Trussell, 2015, p. 420). According to WHO, family planning has several possible benefits, including prevention of pregnancy-related health risks, prevention of unwanted pregnancies and slowing down of national 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, n.p.).

One major inhibiting factor slowing the adoption of family planning, especially in African countries, is the indifferent attitude that men have towards contraceptives (Kaida, Kipp, Hessel, & Konde-Lule, 2005; Palamuleni, 2013; Soremekun, 2014; Vouking et al., 2014). In a bid to get men directly involved in the use and administration of contraceptives, surgical vasectomy was introduced. In Malawi, the method was introduced in the 1990s as part of a plan to increase the prevalence of contraceptives use to 60% of the population by the year 2020 (Perry et al., 2016b).

Vasectomy is a permanent sterilisation process that involves the severing of the *vas deferens* to ensure that semen does not carry spermatozoa during sexual intercourse (Shergill, Arya, & Muneer, 2012). Two methods are used to perform a vasectomy, namely the ‘traditional method’ and the ‘no-scalpel method’. The traditional method involves the use of a local anaesthetic and a small opening made in the scrotum to expose the *vas deferens*. A small piece of each tube is removed and the opening is closed with stitches. In the no-scalpel method, instead of making the incision, a tiny puncture is made with a special instrument. The same instrument is used to stretch the opening and reach the *vas deferens*. In this method, no stitches are needed and there is little bleeding. In both methods, the whole process usually takes between 20 to 30 minutes and only requires local anaesthesia (Shergill et al., 2012).

Within the matrix of contraceptive methods, vasectomy is often underplayed and is rarely mentioned as a method of choice among men between 35 and 45 years of age since it was introduced in 1990. This is despite the method being widely promoted as effective, easy to perform, with far fewer complications when compared to female sterilisation. It is also inexpensive to perform as compared to female sterilisation via tubal ligation (Perry, Packer, Chin Quee, Zan, Dulli, & Shattuck, 2016a).

Worldwide, the prevalence of vasectomy varies by region with North America having the highest use of the method at 13.4 % among men who are married or are in any union. Africa has the lowest use of the method at 0.1% of men either married or in a union (Pile & Jacobstein, 2007; Agofure & Okandeji-Barry, 2018). This contrasts with female sterilisation which is comparatively more expensive to perform and carries a higher risk of complications but used by over 19% of adult women married or in a union worldwide (Perry et al., 2016a). In Malawi, the use of vasectomy stands at 0.1% of men married or in a union between the ages of 35 and 45, while tubal ligation stands at 11% for married women or those in a union (HDS, 2016).

Among the many interventions to make vasectomy a method of choice is information dissemination aimed at getting men to know more about the availability of the range of contraceptives available to them, and the efficiency and low-risk nature of vasectomy (BLM, 2017). The mass media have been key avenues for the dissemination of this information since early

1990. According to the Health and Demographic Survey (2016), the media remains the most available source of information on modern contraceptives (HDS, 2016). According to the survey, 41% of women and 64% of men got information on contraceptives from the radio. 31% of women and 44% of men reported having heard the messages from educational dramas, 26% of women and 52% of men from branded clothing and 26% of women and 39% of men from posters.

The National Broadcaster, Malawi Broadcasting Corporation (MBC), and more recently Zodiak Broadcasting Station, have frequently broadcast sponsored programmes specifically targeting both men and women of the productive age between 16 and 49, with specific messages on the importance of small families, overpopulation and modern contraceptives.

Recent demographic data shows that despite substantial gains in the uptake of contraceptives and increase in the scope of family planning communication programmes and campaigns, Malawi's fertility rate is still regarded as high at 4.4 births per woman (Chintsanya, 2013; HDS, 2016) and large families remain a norm (The Conversation, 2017; Population Facts, 2017; The Economist, 2018). Knowledge of contraceptives is almost universal among sexually active men and women. Vasectomy knowledge is also high among married men or men who are not married but sexually active, standing at almost 80% (HDS, 2016). While the knowledge is high, uptake remains a dismal 0.1% among sexually active men between the ages of 35 and 45 (HDS, 2016) and for men of all ages, the rate for Malawi at the most measured for vasectomy uptake is 0.01%. This study explores why these messages are being read in opposition to the promoters' intent among the target audience and to what extent? This study further explores whether the promoters of vasectomies have underestimated the power and resilience of cultural norms and practices of the social-cultural environment.

1.5 Key Characteristics of Family Planning and Vasectomy Communication Campaigns

There are generally two kinds of family planning campaigns in Malawi. First, are the general campaigns which are regular features of the media and promote family planning in general. They are often sponsored by either Government or Non-Governmental Organisations, for example, Banja La Mtsogolo (BLM) and Family Planning Association of Malawi (FPAM). All the Non-

Governmental Organisations involved in the campaigns are sponsored either by foreign governments or foreign donor agencies (Ekeocha, 2018). Most of the campaigns are informational; they inform the population about the types of family planning methods, the benefits of family planning methods, where to get them, how to use them and when to use them. These campaigns are expert view oriented, although they will sometimes bring in those who have used and benefited from a particular method to share the same messages emphasised by the experts. The tone of these media campaigns is usually both informational and educational.

The second type of campaign is more precise and targeted. They usually have a specific theme, for example, “*mwamuna adzilera*” (a man should plan his family). These are very common when organisations dealing in family planning hold what they call “open days” or have a specific family planning product on offer (Malawi Post 2014). On these days, organisations aim to demonstrate contraceptive use, answer questions and offer services closer to the people. These can also, for example, be a launch of a particular family planning product such as a new brand of condoms. There will usually be a launch day that is full of fanfare, roadshows, branded T-shirts, promotional materials and frequent radio promotions. They usually have a short time frame, for example between three to six months. These campaigns generally use the traditional methods of communication especially radio, posters and fliers. This is because these are considered to have a wide reach, are cheap to produce and can reach poor and illiterate communities (Peters, 2020; Acunzo et al; 2014; McPhail 2009).

The campaign that this study investigates falls into the second category. BLM (further explained in detail below) proposed to a donor agency (USAID) to promote vasectomy in 2016. The campaign involved the use of high-frequency Public Service Announcements using the two main radio stations, Malawi Broadcasting Corporation MBC and Zodiak Broadcasting Station. Additionally, they also proposed and then used posters and pamphlets. BLM then added a third element: the central use of “male champions” – men who had done the vasectomy procedure and who were ‘satisfied’ with the method and prepared to go on organised roadshows or informal presentation tours of local areas. These men were therefore used as ‘peer educators’ to appeal directly to their fellow Malawian men. They were given training on how to explain the procedure, its benefits, its disadvantages, where it is performed, and so on and so forth. They were equipped

with bicycles and uniforms for easy identification. Their wives were further trained to deal with questions that wives of potential adopters may ask, which the male champions may not be comfortable to answer.

Within their designated areas, the male champions were given posters on which their cell phone numbers were written, so that whoever needed private sessions with them could call and book an appointment. The messages on the posters and the PSAs in general terms, were calling on men who had “enough children” to adopt the method. It emphasised that vasectomy gives a family peace of mind, stressing that the procedure was safe, cheap, and easy to perform and that a man can still have sexual desires and performance as experienced before the procedure. The messages also emphasised that the method is permanent and therefore the need for thorough consultation between a couple before they elected to proceed.

1.5.1 Banja La Mtsogolo (BLM)

“Banja La Mtsogolo” literally translates “future family” in the main local language Chichewa. It 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 also provides surgical contraceptive services like tubal ligation and vasectomy at some of its centres. It was established in 1987 with funding and technical support from Marie Stopes International (MSI), a Non-Governmental Organisation from the United Kingdom. Currently, BLM is mainly funded by the British Department for International Development (DFID) and the United States Aid (USAID). It also gets funding from the Global Fund on HIV/AIDS, TB and Malaria through the Malawi National AIDS Commission (NAC). Other donors to 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 Lilongwe, the capital city of Malawi.

BLM headquarters houses the Behaviour Change Communication team which researches, designs and produces message content. While BLM uses billboards and mobile vans to publicise goods and services on offer, it specifically employs behaviour change intervention techniques and social

marketing to promote its products and services (BLM, 2010). 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 on reproductive health. This research concentrates on a particular campaign which BLM undertook in 2017 to promote vasectomy. From April 2017 to March 2018, BLM embarked on a focused intense communication campaign, funded by USAID, to encourage men to go for a vasectomy.

To put the work of BLM, with regards to vasectomy, into perspective, the following subsection will discuss how family planning fits into a broader matrix of development and why the conception of development as modernisation pits it against ‘traditional’ discourses in which family planning messages in general and vasectomy, in particular, are interpreted.

1.6 Development, Modernisation and Family Planning

Bellu (2011) definition qualifies development as that which is expected to impact societies. It argues that in general terms, development refers to:

Events constituting a new stage in a changing situation or the process of change *per se*. If not qualified, “development” is implicitly intended as something positive or desirable. When referring to a society or to a socio-economic system, “development” usually means improvement, either in the general situation of the system or in some of its constituent elements. Development may occur due to some deliberate action carried out by single agents or by some authority pre-ordered to achieve improvement, to favourable circumstances in both. Development policies and private investment, in all their forms, are examples of such. (p. 2)

Development entails the progression from a position where societies let nature take control of their lives, to them using available natural resources to improve their lives sustainably. For this study, informed by the goal of family planning, “development” will refer to the economic growth that leads to improved living standards (Townsend, 2009). In this regard, economic development becomes a process through which societies create wealth and the way they use that wealth to sustainably enhance social wellbeing.

The defining moment in the history of development as it relates to this study was immediately after the Second World War. This period saw the emergence of three fundamental post World War phenomena: the emergence of the United States as a major power, the development of the Soviet Union and a communist block of countries, and a long process of decolonisation.

The post-war US president, Harry Truman, believed the US could offer substantial financial and technical expertise that would lead to the economic recovery of Europe and spur development in the so-called underdeveloped nations of Latin America, Asia and Africa. While the argument was ostensibly to help speed up economic recovery for Europe and spur development in undeveloped countries, Lancaster (2006) argues that the fundamental premise was maintaining both social and economic influence, especially in the newly independent states of Africa. The second, was the emergence of the Soviet Union and the communist block as an alternative world power offering a competing developmental paradigm to USA's 'free market' capitalism (Tagarirofa, 2017). The third was the degeneration of the European colonial power that saw, after protracted periods of resistance and struggle, many countries in Asia, Latin America and Africa gain independence (Tagarirofa, 2017).

This was also a period in which the word "development" became synonymous with notions of "modernisation". Many of these developing countries were in search of a model that could quickly propel them to the same developed levels of the Western world economically and politically (Reyes, 2001). For these new countries to reach the level of their developed counterparts, economic theorist Whitman Rostow (1959) theorised that underdeveloped countries needed to modernise. As part of President John F. Kennedy's administration, Rostow promoted his model not only as a tool towards assisting "undeveloped" nations to develop, but also to exert US influence against any attempts to do the same by the Communist Soviets (Tagarirofa, 2017). As part of this, developing countries or communities within them also had to shift away from their traditional structures and values and replace them with a set of modern values.

1.6.1 Development and population growth

One of the major 'impediments' to development identified within the economic development discourse is rapid population growth. Economists, development theorists and social commentators

(Graff & Bremner, 2014; Linden, 2017; Peterson, 2017) have implicated rapid population growth as a ‘stumbling block’ to achieving economic growth and prosperity. The argument has largely been based on what is termed the ‘Malthusian population trap’ thinking (Todaro & Smith, 2011). English clergyman Thomas Malthus (1798), in his book, *Essay on the principle of population*, investigated why rewards from investments in many countries did not surpass investments efforts. He concluded that this was as a result of a rapidly growing population. In summary, his theory argues that population increases in a geometric progression, while food production increases in arithmetic progression. In other words, food production is always outflanked by population growth. As a result, additional members of the population would not get enough food to survive or prosper. The result is starvation, civil strife and death as a result of inadequate resources. In this line of argument, uncontrolled population growth exerts pressure on the few available natural resources and as the population grows, poverty levels grow as well. In general terms, those who follow the Malthus line of thought, believe that overpopulation is a ‘problem’ whose ‘solving’ largely lies in a controlled growth through contraceptives (Graff & Bremner, 2014; Mberu & Ezah, 2017).

While the Malthusian outlook on population and development has been dominant within some older economic development discourses, there are other schools of thought that believe it is poverty and not rapid population growth that promotes underdevelopment (Ahlborg et al., 2008; Todaro & Smith, 2011; Ruhil, 2017; Ekeocha, 2018). In other words, as Todaro and Smith (2011) argue, “if correct strategies are pursued and lead to higher levels of living, greater self-esteem, and expanded freedom, the population will take care of itself” (p. 291).

One of the early empirical studies on the relationship between population growth and poverty was conducted by Mahmood Mamdani (1972). Based on a six-year study called the “Khanna study” which investigated the impact of family planning campaigns in the Indian region of Ludhiana in Punjab, Mamdani (1972) concluded that it was poverty that leads to underdevelopment as opposed to population growth. In his book, *The myth of population control*, Mamdani (1972) observed that the ‘decision’ for many families, most of whom were peasant farmers, to have ‘many’ children was ‘rational’ based on their contextual social and economic realities. He observed that children were their only means through which they could earn money, gain a little leisure and even keep

their place in society. The argument, therefore, is that in a region with little or no technological advancement, in which labour is the most expensive cost of production, adopting a voluntary mechanism to reduce one's source of labour would be courting economic disaster. He concludes by arguing that "people are not poor because they have large families. Quite contrary; they have large families because they are poor" (Mamdani, 1972, p. 14).

Other contemporary writers (Ellis, 2013; Morse & Mosher, 2013; Hrala, 2016; Ruhil, 2017), while agreeing that population has an impact on economic growth, argue that contraceptives should be part and not the main tool towards unsustainable population growth. They argue that to deal with the 'problem', there are fundamental socio-economic structural issues that need to be addressed. These include, improving the economic and social-cultural status of women in society by improving their access to education and economic activities.

1.6.2 Development and family planning in Malawi

Use of modern contraceptives for family planning in Africa can be traced to the early 1960s. From independence in 1964 to the 1980s, the Malawi government's position was largely pro-natal and in some fundamental ways forcefully rejected the belief that population growth was a problem (Chimwete et al., 2005). Because Malawi was not regarded as being of direct and immediate economic benefit to the 'Western' world – for example, in the way Zimbabwe or Kenya were – the country was not initially under any serious pressure to institute population control measures (Chimwete et al., 2005). The then President, Kamuzu Banda, effectively banned the use of family planning in 1964, arguing that it was against the country's cultural traditions. No tangible efforts were made to control population growth between 1964 and the early 1980s (Chimwete et al., 2005), and the Malawian population rose from below five million people in 1966 to approximately 17 million in 2018 (Malawi Population Census, 2019), a three-fold expansion over 50 years.

However, in the 1980s, under pressure from donors to incorporate neo-Malthusian population policy, President Banda's government adopted a policy that permitted modern contraception for use in child spacing and not, supposedly, as a control for population growth (Chimwete et al., 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 more concerted efforts being made towards making contraception use central to population control, as the country faced both internal and external political pressure to change from a one-party state to a democracy (Chimbwete et al., 2005). In 1994, Malawi became a democratic state after Malawians voted in the 1993 referendum for a change in the system of government. The coming in of a democratic dispensation (from what had been an effectively one-party state) changed the trajectory of the government's policy on family planning. One major milestone was the adoption of the National Population Policy. According to the Malawi government, the policy:

recognized the strong interrelationship between population dynamics and socio-economic development and provided a framework for addressing the country's developmental challenges through structured management of its population dynamics including rapid population growth, high levels of fertility and mortality. The policy was aimed at addressing developmental challenges that emanate from unmanaged population growth, high levels of fertility and mortality. (Malawi. Ministry of Economic Planning and Development [MEPD], 2012)

Since the introduction of the National Population Policy in 1994, the promotion of modern contraceptives has been enhanced and streamlined (Solo, 2005). The media, and radio, among other avenues, have been repeatedly and extensively used to promote family planning, especially among the rural population in Malawi. As a result of concerted efforts by both government and non-governmental organisations, knowledge and uptake of contraceptives have seen an upsurge (DHS, 2016). However as outlined above, while knowledge and use of contraceptives have seen a rise, fertility rates remain high and men are still not heeding the messages to use the only permanent method available to them, vasectomy. This study assumes that this is, partly because of a powerful set of overlapping discourses that predispose male interpretations of the messages, differently from the encoders preferred message.

1.7 'Traditional' Factors that have a Bearing on Family Planning and Vasectomy

The word "traditional" has been used to collectively connote indigenous knowledge, beliefs, practices and values based on culture (Pelto & Pelto, 1997; Airhihenbuwa & Obregon, 2000).

While the terms African “tradition” or “culture” has been frequently used to describe a way of life through a collection of values, beliefs, practices and knowledge of different ethnic groupings on the continent, there is, of course, no one unified “tradition” or “culture”. Consequently, behaviours within cultural settings will differ significantly.

Communities differ enormously from region to region, from village to village, from country to country. Likewise, the behaviours that are health-related, and which are targeted for change, differ enormously; some are deeply embedded in the psyche of individuals and social fabric of communities, while others are not. (Dugmore, 2007, p. 5)

This study therefore uses the word “African culture/traditions” or “Malawian culture or traditions” loosely, cognisant of the fact that while there are many similarities in these “cultures”, there are also many nuances and no ‘one size fits all’ definition of the “cultures”, even within the regions of Malawi.

Within the development discourse, the terms have been used to reify different cultural practices as “impediments” to development. Airhihenbuwa and Obregon (2000, p. 10), argue that “culture, often appropriated as an exotic collective, is believed by many to exist only in Africa, Asia and Latin America and in their descendants in the diaspora”. In this regard “culture” is reified and socially constructed to be ‘possessed’ and only by indigenous people (Airhihenbuwa & Obregon, 2000). Pelto and Pelto (1997, p. 148) argue that in this line of thought “traditional” or “cultural” beliefs are contrasted with “modern knowledge” in which the cultural “beliefs” are thought of as “ideas that are erroneous from the perspective of bio-medicine and that constitute obstacles to ‘appropriate’ behaviour”. It is, therefore, no wonder that policymakers and practitioners, especially underpinned by the ‘development as modernisation’ discourse, have failed to see how “anthropological descriptions and interpretations of cultural belief systems can [positively] be directly and systematically related to specific health care applications” (Pelto & Pelto, 1997, p. 148).

It is the same argument that Mamdani (1972) made with regards to the promotion of family planning in the Indian region of Punjab. As already argued in this chapter, promoters of family planning see having large families as a hindrance and an irrational approach to development. But

an understanding of the cultural values, beliefs and the present social-economic condition and characteristics of the ‘target audience’, reveals that a decision to have children is often “rational” within the context in which it is appropriated (Mamdani, 1972; Todaro & Smith, 2006; Rahul 2017; Ekeocha, 2018). This study, therefore, assumes that the need for large families and the need to have children is underpinned by the socio-economic and culturally lived experiences of the ‘target audiences’. The appropriation of the messages promoting vasectomy is mediated through those experiences. The resistance to vasectomies, the study assumed before research began in earnest, is often based on both social and economic values placed on having children and the social-cultural practices and beliefs, which include kinship, gender and the interpretation of what it means to make a woman pregnant. These are crucial elements that are often missed in the construction of mediated messages promoting vasectomy.

1.8 Ethnic Composition and Kinship

Malawi is a country made up of eight main ethnic groups, namely Chewa, Yao, Tumbuka, Lhomwe, Tonga, Nkhonde, Ngoni and Sena (Zeze, 2015). These ethnic groups are generally placed in two different kinship groups: patrilineal and matrilineal (Kishindo, 1994). The Northern part of Malawi is predominantly patrilineal, while the central and southern part of the country is predominantly matrilineal. In a patrilineal system, kinship is structured through the line of the man. In most but not all cases, a man will bring a woman he marries into his village. In the local language of Karonga, one district under this study that practises matrilineality, this is called *chitengwa*. “Succession and inheritance are between a senior male of one generation and another male of another generation within the kinship group” (Vubo, 2005, p. 149). Women born in this kinship leave their villages to effectively marry ‘into’ a man’s village. In a matrilineal society, the descent line is through women. A man will leave his village and marry ‘into’ the woman’s village. This, in the local language of Dedza, one district under this study and practising matrilineality, is called *chikamwini*. Kishindo (1994, p. 62) notes, “This means that localised matrilineage lose their male members to other lineages in the neighbouring or distant villages. The departing male members of matrilineages are replaced by male members of other lineages who marry the women and father their children”. In this regard, a woman’s brother is the most important member of the family (Tew, 1950). In cases of chieftainship, it is the brother’s eldest nephew who will take over in the case of

succession. Kishindo (1994) then notes again, “To a man in a matrilineal social system, having a large *mbumba* (children from his sisters) is a desirable thing since it constitutes a potential basis of [local] political power” (p. 63).

The same point is supported by Caldwell and Caldwell (1987) who argue that generally, African societies have placed much emphasis on perpetuating a lineage, in the wake of high mortality rates and the economic benefits that are accrued from having more children.

It has to, however, be pointed out that both systems are highly patriarchal even though in a matrilineal society, a woman appears to be in a position of some power as compared to the man. In both systems, marriage essentially entails a woman handing over her reproductive rights to the husband. “The husband assumes control of his wife’s reproductive capacities and makes reproductive decisions” (Kishindo, 1994, p. 64). The situation is even more intense in the matrilineal system where a woman is now under the control of both the husband and his brother.

These two forces may sometimes clash over a reproductive decision, for example, in a situation where a sister’s husband prefers a small family, and the wife’s brother, her *nkhoswe*, [marriage counsellor] wants a large *mbumba*. This conflict may resolve itself in divorce if the wife agrees with her brother; or the departure of the couple from the village to the husband’s village, or some other place where they can live without interference, if the wife does not agree with her brother’s attitudes. (Kishindo, 1994, p. 64)

In a matrilineal society, therefore, 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, p. 92). It is also important to note here that the issue of how many children a couple have, is not always 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 couples continued fertility” (National Research Council, 1993, p. 16). A woman, therefore, is expected to have children until “all eggs have been exhausted” (Zulu, 1998, p. 34).

Furthermore, land ownership – which is customary, i.e. not based on individual title – is also distributed through children. The more children one has, the higher the likelihood of getting more land allocated to the family. Having no child means one is considered as having no legitimate claim to the land (Takane, 2008; Berge, Kambewa, Munthali, & Wiig, 2014). The kinship system, therefore, has crucial implications on family planning in general.

Firstly, the matrilineal system practised among the four major tribes (Berge et al., 2014) of Malawi, Chewa, Lomwe, Yawo and Ngoni, has a bearing on how men perceive vasectomy and family planning in general. Matrilineality, some argue, has some features that can ‘destabilise’ the institution of marriage because it arguably takes a man away from his power base. Reniers (2003) suggests, “These unions are thought to be inherently unstable because the husband is separated from the base of his authority in his village. In the village of his wife, he is subordinate to her kin group” (p. 183). Lowes (2016) argues that “matrilineal women have greater bargaining power and can, therefore, cooperate less with their husband without fear of reprisal” (p. 1). In this regard, when a man leaves a village after divorce, he leaves behind all his possessions including his children. While he biologically ‘owns’ the children, they are not his socially, as they belong to the brother of the wife (Mitchell, 1951; Kishindo, 1999; Takane, 2008; Berge et al., 2014). These perspectives have a bearing on a man’s decision to go for a vasectomy. Because of the deep social need to perpetuate one’s name through children, voluntarily inhibiting one’s ability to sire children, even if there is no immediate desire to have them, would be seen as illogical.

Patrilineity also has implications on vasectomy uptake. If a woman leaves a husband’s village, as a result of divorce or death, it is not unusual for her to leave behind her possessions including her children and return to her village (Takane, 2008; Berge et al., 2014). But as already noted, land and inheritance, in general, is passed on through children. If she decides to re-marry, she is likely to want children as a future security for her marriage and entitlement to land. The premise is that if in any event, the husband dies, she cannot lay any claim to land inheritance if she had no children with the husband. As a result, it is not uncommon for a woman to demand children with a new husband as a security for the new marriage even if she had some with a previous husband.

A vasectomised man in this regard would thus not be her preferred choice. When this is seen through the wider window of high national divorce rates, the implications on the choice to go for vasectomy are far-reaching. Malawi has one of the highest number of divorces and remarriages in Africa (Reniers, 2003; Cherchye & Telalagic, 2016). At least *half* of all marriages end within the first 20 years of marriage. Women are also more likely to be widowed, divorced or separated than men (Demographic and Health Survey [DHS], 2016). Furthermore, remarriage is also a very common feature of social life in Malawi, with 40% of women remarrying within two years of a divorce or the death of a spouse (Cherchye & Telalagic, 2016).

These high rates of remarriages are also compounded by the fact that women are still marrying at very young ages in Malawi compared to other countries, with a median age of 18 for women and 23 for men (DHS, 2016). In fact, Malawi has one the highest rates of child marriage – defined as a marriage in which either one of the parties is a child under the age of 18 at the time of the union – in Africa at 42%, compared to the average for Sub-Saharan Africa at 37% (GoM, 2018).

Of course, is not only kinship relationships, and lineage systems that have a bearing on vasectomy messages, their reception and effect, but also the social construction and meaning of tradition, gender and masculinity as well.

1.9 Tradition, Gender and Masculinity

Ideas about tradition in Malawi, as in many African countries, are used to maintain asymmetrical power relations between men and women (Mitchell, 1951; Ayisi, 1979; 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 a 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, as it relates to gender, 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, p. 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, p. 11). Within this concept of gender, both men and women are assigned social roles following 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, p. 607)

Similarly, there is no one definition or singular 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 & Ricardo, 2005, p. v)

Besides, Connell (1995) offers four theoretical categories of masculinity that are useful for this study: Hegemonic/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, p. 77) refers to as “hegemonic masculinity” which is the dominant category within society, characterised 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 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 several masculinities coexist, a particular version of masculinity holds sway, bestowing power and privilege on men who espouse it and claim it as their own. (Morell, 1998, p. 608)

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 Malawi, especially in rural areas, hegemonic masculinity is based on a man being the key or sole breadwinner, the ‘protector’ of the family, and, above all, as a father of children. For example, some popular folklore songs sung at weddings exhort: “*Wankulu ndani m’banja? Wamkulu 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; Fongang, 2014) and gives a man a positive social status within society (Bankole & Singh, 1998). Having no children means effectively, that 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 & Ricardo, 2005, p. 5).

As argued above, the concept of ‘the masculine’ and of masculinities is fluid and is affected over time by different external factors and forces. One force that has had a profound effect on the construction of traditional hegemonic masculinity is the economic environment. In many African countries including Malawi, many men live in abject poverty because of unfavourable economic situations (Abbas & Niyiragira, 2009; Mussa, 2017). Poverty, especially in rural areas, has shaken the roots from which the construction of masculinity was anchored. This change, as will be discussed in the following subsection, has had an impact, as this study will further explore, on how men perceive vasectomy messages.

1.9.1 Poverty and masculinity

This study assumes that one main reason men ‘read’ vasectomy messages sceptically is because the campaigns gloss over or overlook, or in other ways under-appreciate some crucial socio-cultural factors. One area that the campaigns have constantly assumed is the universal categorisation of hegemonic masculinity as will be seen in the analysis of the campaign artifacts in Chapter 4. But as argued by Ouzgane and Morell (2005), “Not all men have the same amount type of power, the same opportunities and consequently the same life trajectories” (p. 24). This study assumed that campaigns have generally maintained the same messages and themes and repeatedly overemphasised the health and economic benefits of vasectomy, as if that is all a man needs to know about the contraceptive concerning masculinity. The argument, therefore, is that

with persistently stubborn levels of poverty in Malawi, many men have lost the ability to fully be called “men”, based on their lack of material possessions.

As observed by Fongang (2014), African hegemonic masculinities are still constructed based on three main qualities: a man being able to provide for his family, being the head of a household, and being able to father a child. The first two are however based on material possessions and economic opportunities, and can ‘come and go’ depending on global economic factors, and how the Malawian economy is or is not growing. In other words, many factors come into play and some may be out of a given man’s control – for example, economic opportunities, and access to loan finance and so on. But, the ability to father a child is one naturally given ability that is held in the highest esteem in the construction of most notions of masculinity. Fongang (2014) argues, that “fathering or paternity constitutes the significant marker of manhood that establishes a man’s potency and ensures the continuation of the family lineage” (p. 26). While writing with Tanzanian men in mind, but the premise still applicable to many developing countries, where many people survive on under a dollar a day, Silberschmidt (2005) argues that the changing economic environment and the resultant poverty following ill-fated donor country and agency driven economic programmes, for example, the World Bank’s ‘Structural Adjustment Programs’, has challenged the construction of masculinity based on the ability to provide for the family. Silberschmidt (2005, p. 195) is worth quoting at length in this regard:

Although the main axis of patriarchal power is still the overall subordination of women and the dominance of men, the deteriorating material conditions have seriously undermined the normative order of patriarchy in both Kiisi and Dar es Salaam. While men do have relative freedom, compared to women, particularly in sexual and reproductive behaviours, lack of access to income-earning opportunities has made men’s role as heads of household and breadwinners precarious. With the majority of men reduced to “figureheads” of households, men’s authority has come under threat and so has their identity and self-esteem.

Many men in Malawi, especially in rural areas, fit the description by Silberschmidt (2005). They live in abject poverty and are often not sufficiently able to support their families, a crucial element in the construction of local masculinities. According to the IMF (2017, p. 2), Malawi remains one of the poorest countries in the world with poverty levels highest and deprivation most acute in rural areas:

Monetary poverty in Malawi remains pervasive and largely stagnant, especially in rural areas. In 2010, using a basic needs basket that cost 37,000 kwachas per person per year, 50 per cent of the population was classified as poor. Approximately 25 per cent lived in extreme poverty, defined as the inability to satisfy food needs. Between 2004 and 2010, poverty in rural areas (where most Malawians live) increased slightly from 56 per cent to 57 per cent. Extreme poverty increased at a greater rate from 24 per cent to 28 per cent. The average consumption of the poor moved farther below the poverty line as well.

As already suggested, and explored further in this study, one of the studied vasectomy campaign's key points of emphasis was the permanence of the method. In other words, it is irreversible and once one has done it, there is no chance of ever having a child again. Vasectomy messages are directed at men, many of whom have already been disadvantaged by the economic situation and more likely, where, in their estimation, their only title to manhood rests in them being able to make a woman pregnant. It could be, for some men, that asking them to go for vasectomy is akin to asking them to give up their only *remaining* claim to manhood, even if they have no plans of ever having additional children. As is explored in this study, for some men, it would appear that the knowledge that if they wanted to sire a child at any point, even into old age, they could do so, gives them a feeling that they are still men based on society's construction of masculinity.

1.10 Socio-Economic Background of the 'Target Audience'

This study focuses, in particular, on Dedza and Karonga, two rural districts in Malawi. The reasons this study chose to focus on these two are as follows: Firstly, the two districts represent two main kinship lineages in Malawi, with Karonga being largely patrilineal and Dedza, matrilineal. Secondly, the two districts were among the five districts chosen by BLM to conduct the vasectomy awareness campaign. This makes the data collected more recent. Finally, the two districts represent a typical Malawian rural setting where population growth is high, and level of education and economic activities are significantly low (DHS, 2016).

Dedza district lies in the central region of Malawi's three administrative regions of North, Central and South. On the one hand, the main occupation of the Dedza population is farming. Most of the farmers grow maize and beans for consumption. Other vegetables, including onions, potatoes and cabbages are grown as small-scale cash crops. Some farmers grow tobacco on a commercial basis.

Karonga on the other hand, lies in the northern region of Malawi, along the shores of Lake Malawi. Many who live along the lake are fishermen and those who live uphill are farmers. Most of the farmers grow rice and maize. Many of the farmers also keep domestic animals including cattle, goats and poultry. These two districts share common practices and values with the many “cultures” of Africa on the role and socio-economic value of children within society. An additional common denominator is that most of these rural residents are poor and live on under a dollar a day, as is the case with all the rural districts of the country. Mussa (2017) for example notes on rural poverty in 2011, “The poverty headcount in rural areas minimally increased from 55.9% to 56.6% while urban poverty declined from 25.4% to 17.3%. Over the same period, the poverty gap and intensity worsened in rural areas, but improved in urban areas” (p. 3).

1.10.1 Economic value of children

In general, over 80% of Malawi’s population lives in the rural in which agriculture is the main occupation (Manda, 2015). Most farming in Malawi is done through menial labour and relies heavily on family labour (Chirwa & Matita, 2012). Children, therefore, constitute a large chunk of that labour (US Department of Labour, 2013). On a domestic level, children play a very important role in supporting household chores. With an average income of less than a dollar a day, many families in rural areas cannot afford to pay a hired hand to do house chores. Children, therefore, from an early stage, some as young as five years, are expected to take part in running a home. Some of the chores include taking care of their siblings, tending the family gardens, taking care of a family’s livestock, and others have been known to take care of their sick parents in the wake of the HIV/AIDS epidemic (Gondwe, 2015). The birth of a child, whether male or female, is therefore always a welcome development as it adds more hands to domestic chores. Gondwe (2015) for example, notes that among the Tumbuka of Northern Malawi, it is not uncommon for parents to pre-prescribe chores that a child will do as they grow up depending on gender. He cites a common welcome greeting at a child’s birth: “*Tapokelara nthombi yakutiketera maji*” in reference to a baby girl which translates “we have received a girl to draw water for us”. For a male child, they will say “*Tapokera doda lakuliska viweto*”, which translates to “we have received a cattle herder” (Gondwe, 2015, p. 20).

1.10.2 Social value of children

Children also have a non-economic value to society. In a study that investigated infertility and the consequences of involuntary childlessness in some African countries, Dyer (2007, p. 70) found out that children have several social values to both men and women. These include secure marital stability, social security, gender identity and parenthood, social status and stigmatisation, continuity, religious beliefs and emotional values. Dyer (ibid.) argues that these values are interrelated, and that childlessness can have multiple effects on the individual and the society as a whole:

Infertility, for example, undermines gender identity which in turn affects social status, and the combined loss of gender identity and social status can then impact on social security. In this context, it does not seem surprising that studies assessing psychological symptom status among infertile men and women have documented elevated levels of distress. (Dyer, 2007, p. 75)

Having children is seen as a final confirmation that a couple is married and strengthens conjugal ties (de Kok, 2006; Dyer, 2007). It is not uncommon for many relatives to expect a ‘fruit’ from a newly married couple (Hemmings, 2007). To many women, especially those that are financially dependent, having a child by the man one is having a relationship with, is a legal basis for financial support (Marriage, Divorce and Family Relations Act, 2015). A union of male and female without a resulting ‘fruit’ is seen by many as being incomplete and insecure (Dyer, 2007).

It has to be noted, that childlessness disadvantages women more than men (Dyer, 2007; Hemmings, 2007). There is often strong stigmatisation and marginalisation for women who are childless, and the blame usually falls on the woman – even if there are no conclusive tests and evidence to prove her infertility (Kaler, 2001; Reniers, 2003; Hemmings, 2007; Amos, 2013). Therefore, it is not uncommon for a divorced¹ woman who already has children from a previous marriage, to insist on having a child by a current partner.

¹ Malawi has one of the highest divorce rates in world. Lifetime divorce probabilities are between 40%-65%. Over 40% of women will remarry within two years of divorce. Within 10 years 90% of divorced women will have remarried, making divorce and remarriage a very common practice (Reniers, 2003; Cherchye & Telalagic, 2016).

Furthermore, in Malawi there are limited social welfare programmes for the people including the elderly, forcing many to rely on programmes run by non-governmental organisations, for example, the UNICEF's social cash transfer (Strobbe & Miller, 2011; Carolina Population Centre, 2016). Many who cannot access these programmes rely on their children (Dyer, 2007) to survive. Those with children stand a better chance of having some social protection in their old age.

The list of the social and economic values placed on having children is long. Therefore, messages promoting family planning are disseminated within a discursive arena that already has deep-rooted reference points that will colour the interpretation of the messages. Any message that encourages the target audience to alter a type of behaviour that is deemed 'common sense' needs to take into consideration the 'rationale' behind the behaviour. As argued by Richey (2004), family planning is more just a way of reducing the population. The provision and promotion of family planning methods, especially vasectomy, is involved in creating a particular subject position that is interpreted differently and often resistantly by the intended audiences, as this study will explore.

1.11 Overview of Theoretical Framework

Family planning in general and vasectomy promotion, in particular, are a way of introducing and entrenching a "foreign" practice or innovation on subjects that have their own way of interpreting life, through social practices that make the process seem normal, common sense and natural. In trying to interrogate how the targeted audiences receive, understand and interact with the contraceptive messages, this study draws on two theoretical perspectives: Audience Reception Theory and the Social Constructivism Theory. As will also be explored further in Chapter Two, audience studies and/or 'Reception Theory', suggests a complex and nuanced relationship between the text and how it is consumed (Hall, 1980; Morley, 1992; Schroder, 2003; Press & Livingstone, 2006; Michelle, 2007). The theory and studies based on this approach challenged the more restrictive and quantitative approach of theorising the audiences in the 1950s and 1960s via a scholarship in the 'effects tradition'.

Grounded in Hall's (1974; 1977; 1980) encoding and decoding model, Reception Theory unpacks the relationship between producer, text and audience and suggests an approach in which the socio-historical context of production and reception must be taken into account to understand the

audience's responses to media texts. Hall (1980) argues for the need to study audience interpretation of the mediated text in both semiotic and ideological terms. David Morley's application of the model to his 'Nationwide' study, operationalised the model and brought to light the challenges of using it in empirical studies. While Morley disagreed with Hall on the role that class plays in how audiences interpret media text, he believed the model "offers the best alternative to a conception of media texts as equally open to any and all interpretations" (Morley, 1992, p. 19). The strength in Morley's interpretation of Hall's model, is the suggestion that neither the text nor the audiences can be studied outside the ideological and socio-cultural factors that cut across the communication process.

However, as Chapter Two explores in detail, Schroder (2000), offers a sustained critique and various insights in operationalising the Hall/Morley model by offering what he terms a "multidimensional model of model reception" which is a critique of Hall/Morley's decoding and encoding model. In summary, Schroder's model criticisms are based on the premise that Hall/Morley's application of the model to reception studies is one dimensional, exclusively focused on ideology and fails to clearly distinguish the "polysemic" nature of a reading from the "oppositional" (Schroder, 2000, p. 241). He then suggests that reception studies go beyond interrogating the three theoretical reading positions suggested by Hall. This study, therefore, incorporates elements of Social Constructivism Theory to account for how the interpretation is informed by not only how the text is produced, but also by how social practices and beliefs or lived experiences condition the audience's interpretative positions and actions. This theory offers a framework towards understanding how social practices and beliefs create objective and subjective realities that inform the interpretation of the mediated messages.

These two theories, used in tandem, offer a theoretical alternative to social and behaviour change theories, in ascertaining what and how the audiences negotiate with the messages instead of analysing what the messages do to the audiences. The two theories are important, as they provide an eye towards seeing how the social practices and beliefs discussed in this chapter inform how the messages are negotiated.

This approach, therefore “open our eyes to the complexity of actualized readings while still enabling a politically committed audience research concerned with the role of the media in processes of social reproduction and, not least, social change” (Schroder, 2000, p. 223).

In trying to understand the theoretical learnings of how these messages are constructed, the study draws on three interrelated “theories of change” namely the Diffusion of Innovation, the Social Learning Theory and the Social Marketing approach.

As is argued in the subsection “Development, modernisation and family planning” of this chapter, Development Communication theorists in the 1950s and the 1960s saw an important role for the media in transmitting modern ideas (Lerner, 1958; Schramm, 1960). The approach suggests that the media is central and has effects on its audiences. Such ‘effects studies’ have been criticised for concentrating on assessing empirical changes in human behaviour, often with little regard to the socio-cultural context in which media texts are consumed (Hall, 1980; Hall, 1982; Morley, 1992). Furthermore, this approach is based on “media centeredness” (Tomlinson, 1991, p. 58) that holds that the media is a core determinant at the expense of treating them as being “mediated by other modes of cultural experiences” (Strelitz, 2002, p. 251).

Despite these critiques and the adoption of more participatory approaches, many communication agencies in most developing countries, including Malawi, still appear to hold on to media-centric “transmission models” of communication as evidenced by media content loaded with ‘expert’ views (Moemeka, 1997; Tomaselli, 2009; Abbas & Niyiragira, 2009; Ekeocha, 2018).

1.12 Methodology

As is explored further in Chapter Three, this study employs a qualitative approach to investigating how the messages on vasectomy are constructed by the producers (BLM) and consumed by the audiences. To achieve this, the study divides the data based on two broad methods used for collection. The study firstly uses Qualitative Content Analysis (QCA) 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, p. 95). The strength of QCA is that it allows a researcher to probe

“into and discover content in a different way from the ordinary way of reading a book or watching a television program” (Neumann, 1997, p. 273). In this regard, the study qualitatively analyses the content in the form of a Public Service Announcement, posters and pamphlets, and the general messages that the conveyers in the form of ‘male champions’ take to the audiences. As argued by Johnson (1986) and Hall (1980), meaning is produced both by the encoder and decoder of the text and therefore it is imperative that before the researcher immerses themselves in data collection, he or she must have a good understanding of the content and the meanings encoded in the text. QCA was, therefore, useful to gain an overview of the contents of the messages and gave direction towards mapping questions for both focus group discussions and the in-depth interviews. A Thematic Analysis was then used to come up with general themes present in the texts, discussed in detail in Chapter Three. Furthermore, a semiotic analysis was used as an approach to reveal the way in which signs and symbols within the media texts sampled, are used to communicate the preferred message to the audience.

The second phase of the methods of this study involved focus group discussions with the target audiences and interviews with key informants. The focus group discussions were important as they allowed this researcher to gain detailed information, allowed for immediate feedback and appreciate personal as well as group feelings, perceptions and opinions. Among the key informants interviewed were the Manager for Behaviour Change Communication for BLM, trainer of male champions, male champions and wives of male champions. The interviews provided more insights into the main ideas that they would take to the audiences. It complemented and shed more light on the reasoning behind the preferred messages encoded in all the messages taken to the audiences. Focus group discussions were conducted with men who had undergone a vasectomy and their wives, men who had heard the messages but had not gone for vasectomy, and wives of men who had heard messages on vasectomy but had not gone for it. As is explained in more detail in Chapter Three, the focus group discussions brought to light their voices and lived experiences and shed light on how these messages are received and negotiated. The methods further provided rich descriptions of how everyday experiences, encapsulated in social practices and beliefs, provided a mirror that reflects how these messages are consumed. The transcribed data was subjected to ‘open coding’ to fracture it and subsequently categorise it into themes and patterns of how Malawian rural men negotiate family planning messages.

1.13 Thesis Structure

This thesis is presented in six chapters. This first chapter was an introduction and overview that provided a background to the study. It engaged with a broad overview of contextual issues regarding development and population growth and how they relate to vasectomy messaging. It briefly outlined family planning policies, family planning organisations in Malawi, and family planning campaigns in Malawi, before outlining vasectomy and its promotion. It further interrogated traditional influences that have a bearing on understanding and interpretation of vasectomy messages. It further touched briefly on the overall theoretical frameworks drawn upon and provided insights into the methodological choices made.

Chapter Two outlines the theoretical framework of this research study. It firstly discusses the Audience Studies and Reception Analysis within the broad umbrella of Cultural Studies, and the Social Constructivism Theory as the main analytical lenses used to understand the meanings that men make of the messages promoting vasectomy. It then looks, briefly, at Behaviour Change Theories that underpin the behaviour change interventions by BLM.

Chapter Three discusses the methodological approaches of this study. It discusses why the qualitative methodology was preferred over quantitative methods and problematises some issues related to this. It then discusses in detail why the qualitative paradigm is more suited and able to answer the key research questions compared to, for example, a survey-based methodology. It further unpacks Qualitative Content Analysis and discusses Thematic Analysis. It also discusses the methods of data collection and sampling. It concludes by looking at reliability issues, ethical considerations and limitations of the study.

Chapters Four and Five present the findings of the study. Chapter Four looks specifically at the findings from the Qualitative Content Analysis of the media artefacts while Chapter Five analyses how men in the two selected districts in Malawi decode and interpret the vasectomy messages and how their everyday lived experiences play a role in how those messages are understood.

Chapter Six draws conclusions from the data and re-examines and engages with the theory deployed and how it has been able to help make sense of the data and makes suggestions for

enhancing our theoretical approaches to understanding behaviour change and health promotion media. It also examines the limitations of this study and makes some suggestions for further research.

CHAPTER TWO: THEORETICAL FRAMEWORK

2.1 Introduction

Chapter one introduced this study and situated vasectomy within the matrix of contraceptive options and proffered choices, in relation to concerns about population growth and its debilitating impact on ‘development’. It outlined the study’s key research questions – how do rural Malawian men, in two selected but representative districts (Dedza and Karonga districts), appropriate and interpret family planning mass media messages promoting vasectomy? And, as a subsidiary question, how are family planning public communication campaigns messages constructed and represented in general in Malawi? The opening chapter also examined the cultural and contextual considerations that this study assumes (and seeks to test) have a bearing on how the messages are consumed and interpreted. These include the broad role of culture and in particular, traditional interpretation of kinship, the construction of gender roles and the role of children in society and social life, in addition to other questions outlined in Chapter One.

As an interpretative framework for how the messages are consumed, the study draws on the Cultural Studies paradigm and the Social Constructivism Theory.

From Cultural Studies, the chapter draws on the Active Audience or Reception Theory underpinned by the Hall/Morley encoding and decoding model. From the field of Sociology, this study draws on elements of Social Constructivism Theory. Social Constructivism provides a particularly useful theoretical lens for the key concerns of this study that helps illuminate how vasectomy and the social construction of practices that surround it, including gender, masculinity, kinship, peer influence and others, influence the interpretation of this method of sterilisation. These two theories even though they draw from different fields, complement each other because of their fundamental premise that lived experiences inform the way individuals and groups of people make sense of the world they live in and theorisation of how this sense-making operates. This does not diminish the importance of human agency but recognises that both agency and the social context,

and the social construction of this social context, play an important role in how people interpret received media and their ‘messages’.

To understand the theoretical basis of how the messages used in the promotion of vasectomy are constructed, the chapter briefly looks at three interrelated “theories of change” namely the Diffusion of Innovation Theory, the Social Learning Theory and the Social Marketing approach.

This chapter firstly looks at theories around active audiences through a close look at the genesis of Hall/Morley’s encoding and decoding theories, and subsequent critiques of these kinds of conceptualisations of active audiences. It then discusses the additional layer of insight into audience reception that social constructivism perspectives can bring to the understanding of how people interpret reproductive health media and messaging. The chapter then discusses the three interrelated “theories of change”: The Diffusion Of Innovation Theory, the Social Learning Theory and the social marketing approach that are used as a theoretical framework for the construction of the messages promoting vasectomy. The final section of this chapter discusses the complementary role of these theoretical approaches applied to understanding the ways men in the Karonga and Dedza districts of Malawi interpret the messages.

2.2 Cultural Studies and Active Audiences

2.2.1 Cultural Studies

There is generally no unified definition of what culture in Cultural Studies is. As early as 1950, culture was theorised as “the study of relationships between elements in a whole way of life” (Williams, 1961, p. 63). Raymond Williams further provides a more lucid definition that suits this study. He argued that there are three ways in which culture can be conceived. Firstly, is the idea that culture is a perfect state measured against absolute and universal nominal values. Secondly, culture can also be theorised to mean the literal work in which human intellectual and imaginative work is recorded. Put differently, it is the perfect analysis of what has been discovered, thought about and written about the world. It is the third definition that captures the essence of this study; culture is a “description of a particular way of life, which expresses certain meanings and values not only in art and learning but also in institutions and ordinary behaviour” Williams (1961, p. 70).

Hall (1997) provides further clarification on the definition of culture when he says culture is the “actual terrain of practices, representations, languages and customs of any specific society. It also means the contradictory forms of common sense which have taken root in and helped to shape popular life” (p. 439).

Cultural Studies is, therefore, an interdisciplinary field that borrows from other disciplines including, Psychology, Economics, Linguistics, Anthropology, Sociology, Philosophy and many others, to investigate how cultural practices relate to wider power relationships within society through social occurrences such as ideology, national formations, ethnicity, gender, class structures, sexual orientation and others. In this regard, Cultural Studies does not essentialise or reify culture but views it as a process that is constantly changing, based on social practices and processes (Hall, 1996; Hartley, 2002; Barker, 2003).

In relation to the media, Cultural Studies is very concerned with how the media as a “cultural industry” is implicated in the process of power and ideology and how these are organised along capitalistic lines. On the one hand, media

representations are produced by corporations who are driven by the profit motive. In this context, Cultural Studies has developed a form of cultural materialism that is concerned with exploring how meanings are inscribed at the moment of production. This is, as well as being centred on signifying practices, Cultural Studies tries to connect them with political economy. (Barker, 2003, p. 9)

On the other, Cultural Studies is also concerned with an active audience that can interpret meanings, at times differently from the way the encoders of the messages intended. Put differently, Cultural Studies holds up the polysemic nature of mediated text:

Audiences interpret media messages and their ability to do this is determined by a range of individual, social and cultural factors. They are no longer seen as an undifferentiated mass of passive recipients of messages, but a multitude of different groups with their own history, habits, and social interactions. (Williams, 2003, p. 191)

2.2.2 Active Audiences

For a long time until the 1950s, mainstream thinking about audiences’ reception of media were thought of as being mostly ‘passive’ recipients of mediated text. In what came to be known as the

“effects tradition”, the media were thought of as having unequivocal power to directly influence the behaviour of audiences. Credence to this tradition was given following the rise of the Nazism in Germany and Fascism in Italy. Adolf Hitler and Benito Mussolini rose to power using propaganda via the mass media especially the radio (Ryan & Wentworth, 1999). The arrival of three members of the Frankfurt school to the United States of America after witnessing the horrors of Nazi Germany, gave more credence to the uncritical theorisation of the media as having direct effects. Theodor Adorno and Max Horkheimer, while specifically critical of the mass media in general, believed that any media product is inherently manipulative and deceitful (Barker, 2003).

The work of Paul Lazarsfeld and Herta Herzog (1949) marked the beginning of the “limited effects” tradition of the media. Studying the results of the 1940 elections in the United States, the authors discovered that the media did not have a direct effect on the voter’s decision on whom to vote for. The researchers found out that the voters who consumed the media had, at most already, made up their mind and many of the undecided voters turned to family and community members to help them make a choice (Neuman & Guggenheim, 2011). While the results did not provide conclusive evidence of media effect, it provided a different view of theorising the media effects. Other subsequent theories, including the two-step flow and the limited effects theory, continued to prove that the media effects needed to be qualified (ibid.). It is perhaps the uses and gratification theory (Katz, Blumler, & Gurevitch, 1973) that turned the tide towards an active audience. With the uses and gratification theory, it was no longer what “the media does to the people” but “what do the people do with the media”.

It is the work of the Birmingham Centre for Contemporary Cultural Studies that critically analysed how the audience negotiates with mediated text and became the cradle of active and critical audience studies. Many scholars within Media and Cultural Studies therefore argue, that in order to fully understand the influence of socio and cultural practices and beliefs on mediated text appropriation, there is need to go beyond text-based analysis of media artefacts and their effects and take a holistic approach to media criticism (Gerbner & Gross, 1976; Jhally & Lewis, 2000; Wasko, 2001; Yousman, 2013). Yousman (2013) argues that this approach has three main areas of concern that bring about a comprehensive analysis of the relationship between the media and audiences. These include the analysis of the political economy of media institutions; textual and

content analysis of mediated messages and images; and research into audiences' interpretations of media content and the impact that such content has on audiences. Kellner (2014) argues, that media studies that incorporate production, texts and receptions have a better chance of understanding the impact that media interventions have on the targeted audiences. He argues that "in view of Cultural Studies, media culture provides the materials for constructing views of the world, behaviour and even identities" (Kellner, 2014, p. 8).

2.2.3 Decoding and encoding

Among the most important contributions from Cultural Studies on understanding the relationship between media texts and audiences, is Stuart Hall's (1980) work on encoding and decoding of television messages. The model acknowledges the power of the mediated messages to act as an ideological agent and the power of the audiences to contest the dominant ideological power of the messages. The model attempts to explain the process of meaning-making by taking into consideration the process of encoding the texts into meaningful forms and the seemingly simple but complex process of decoding that leads to different interpretations of the same text.

Stuart Hall's (1980) work on encoding and decoding provided a springboard towards investigating an active audience. The 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 considered to understand the audience's responses. Hall (1980) discusses the structural aspects of media institutions that construct the messages in a restrictive way, that favours a way of reading the text in the encoding process and then delineates the various ways that audiences interpret the messages. He offers three "positions" for conceptualising the audience's response: a dominant (or hegemonic) reading, in which the encoded meaning of the text, if accepted, ratifies particular ways of seeing the world; an oppositional reading, when the audience understands, but altogether reject the text's preferred meaning; and the negotiated reading, in which the preferred reading of the text is tempered by some oppositional understandings. 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. This understanding of audience-text nexus introduces a concept of polysemy, contesting the overly simplistic, linear models of communication prevalent in the foundation stages of communication studies (Shannon & Weaver, 1949) but still evident in many Behaviour Change Communication. Hall (1980), however, does not altogether dismiss the notion that media texts have “effects”. He argues that even though audiences have the power to interpret the text differently from the intended messages, there is always an attempt in the act of encoding to fix meaning in a particular way. In this regard, Hall relies on Derrida’s notion that meaning is always “deferred” and always “sliding” (Moati, 2014). However, he also does not accept that there are endless sets of meaning from one given text as scholars like John Fiske (1987) would have it:

Ideology² comes into picture at exactly that moment - to attempt to stop the slide of meaning, to pin it down, to say; “Here. This is what this photo, this image, this sound bite mean”. Although this attempt is never completely successful, thus the concept of negotiated and oppositional reading. Hall does not want to deny that the encoders, media institutions, for example, do have tremendous amount of power to set limits on what meaning may be drawn from media texts. (Yousman, 2013, p. 202)

Hall acknowledges that:

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, p. 130)

In this regard, Hall argues that media research should focus on the communication process in totality or within what is called the “circuit of culture”³ (Du Gay, 1997). Stevenson (1995, p. 42)

² There are many definitions of “ideology”. This study uses the terms as defined by Van Djick (1995, p. 248). Ideologies are basic frameworks of social cognition, shared by members of social groups, constituted by relevant selections of socio-cultural values and organised by an ideological schema that represents self-definition of a group. Besides their social function of sustaining the interests of groups, ideologies have the cognitive function of organising the social representations (attitudes, knowledge of the group) and thus indirectly monitor the group-related social practices; also, the text and talk of its members.

³ Du Gay et al. (1997) suggests that a comprehensive study of cultural text or artefact must look at five aspects or “moments” including how it is represented, identity, production, consumption and regulation. Used and analysed together these “moments” complete a sort of circuit of culture.

then argues that a full investigation of media consumption should investigate the “discursive construction of the messages and the interpretive understanding of the audience”. This is because both media production and consumption occur within a spatial discursive environment that has a bearing on how the messages are produced and consumed.

Williams (2003, p. 195) argues that:

The meaning of what appears in the media is determined by the nature of the production process, which operates according to institutional constraints and professional codes and practices to produce preferred meaning in the media messages for the audience to understand.

Hall’s model, therefore, provides a very useful framework from which the study at hand can be undertaken. It rescues the meaning process from the positivistic nature of understanding how people react to the messages prevalent in behaviour change intervention. It provides a strong framework for understanding how media constructs meaning and how audiences interact with the mediated text:

The model emphasizes the interaction between the audience and the texts as well as the social context within which such interaction happens. Meaning cannot simply be read off texts. Hall’s work moved audiences’ research on by speculating on the different and contradictory interpretations that could be made of media content. Unlike the users and gratification model, he did not focus narrowly on the individual uses of the media but rather on how different social contexts and background influence the individual (Williams, 2003, p. 196).

It was, however, David Morley’s (1980) study of television viewing that provided an empirical investigation into how audiences interact with the mediated text. Using a 1970 BBC programme “Nationwide”, Morley and Brundson picked a few dominant messages within the programme and interviewed a group of people from different social, cultural and educational backgrounds on how they interpreted the programme. Morley (1980) discovered that different groups made different interpretations of the same programme. Specifically, he noted that the dominant reading was among bank managers, negotiated among trade unions officials and university students, while oppositional reading was among black students and union activists. In general terms, Morley’s findings proved that people are active in the interpretation of media text. Therefore, to understand

how audiences interpret text, it is important to investigate the media content as well as social background and lived experiences of the audiences (Strelitz, 2002). The study further raised a few questions with regards to Hall's model. Morley discovered that class and experiences alone did not necessarily affect how people understood the programme. He suggested that more factors come into play when interpreting mediated text including, age, gender and ethnicity. Morley further argues that people's general lived experiences have a bearing on how they understand a media text that may not necessarily stem from their social class.

Morley cautioned against what is termed "cultural populism" or excessive audience autonomy from the mediated text's ideological prowess. The basis for this caution comes from works of researchers like John Fiske (1987). Fiske observes that an excess of potential meaning is present in any media text and that the audiences are at liberty to construct meaning from the text. He argues that audiences, especially of television programmes, offer oppositional reading to any text because of pleasure and having fun. He further argues that this position gives the audience power against the preferred meaning, especially among those who do not have any power in their daily lives against a dominant ideology. The act of creating their own meaning provides a "constant erosive force ... weakening the system from within so that it is more amenable to change" (Fiske, 1987, p. 9).

In general terms, Fiske argues that audiences have unequivocal power to make any interpretation of the media text, a direct extreme opposite of the "direct effect" tradition. As such, "the media do not have an effect on people. People's power of interpretation is paramount and only subject to the text they interact with and the social forces that shape their beliefs, attitude and viewpoints" (Williams, 2003, p. 202). With this line of thought, there are two main assumptions. The first is that text can mean whatever the audiences want them to mean. In other words, whatever preferred meaning the encoders of the message want to encode is irrelevant after the message reaches the audience. Or in the words of Wren-Lewis (1983), the preferred reading is a property of the audience. The second assumption is that there is no "assessment on grounds of accuracy or truth and there can be no agreed evidence which can be shared or acknowledged between perspectives" (Philo & Miller, 2001 p, 50).

This study draws particularly on David Morley's (1980) approach to analysing the audience-text nexus. Morley (1992) builds on the strength of Hall's encoding and decoding model, especially its emphasis on the text as a crucial moment in the "circuit of culture" (du Gay et al., 1980), but rejects the notion of text as a determinant of meaning.

Thus, in the production of the messages promoting vasectomy, the texts are neither produced nor consumed in a vacuum but are influenced by particular discourses within the Social and Behaviour Change Communication in general, and family planning discourse in particular. Furthermore, the texts themselves are also influenced by, "how the program has been structured by the broadcaster and on what codes of interpretation the viewer brings with him or her to the text" (Morley, 1992, p. 92).

There have been, however, concerns that the Hall/Morley model of decoding falls short of critically analysing how the audience interacts with mediated messages (Schroder, 2000; Michelle, 2007, 2009). The criticism stems from an observation that the model is one dimensional, exclusively focusing on ideology, fails to clearly distinguish the "polysemic" nature of a reading from the "oppositional" and fails to respond to the complex nature of audience reception (Schroder, 2000, p. 241). Both Schroder and Michelle propose models that go beyond the three theoretical positions proposed by Hall's decoding and encoding model. Schroder proposes what he calls a "multi-dimensional model of mass media reception" and Michelle proposes a "consolidated multidimensional model of modes of audience reception". The propositions are made as a result of what the theorists see as inadequacies of the Hall/Morley model to deal with the complex nature of audience reception. It is perhaps Schroder who is very critical of the Hall/Morley model.

Using Roe's (1996) study of how audiences interpreted a charity advert in the Canadian province of British Columbia, Schroder (2000, p. 234) sets out to "illustrate some of the general dimensions of the reception which are either missing from or misrepresented by an approach based solely on the widely used concept of polysemy and preferred reading". In his argument, Schroder picks up at least four fundamental flaws with the Hall/Morley model.

Firstly, he argues that the “preferred” reading is not easily discernible and questions the validity that a preferred reading is the property of the text. He goes further to use Wren-Lewis’ (1983) assertion that a preferred reading is a property of the audience and not the text. Secondly, he argues that a denotative meaning is also subjective. In other words, there is no universal denotative meaning to any mediated text. Thirdly, he questions whether one can clearly demarcate reading from the three proposed theoretically reading positions of “dominant”, “negotiated” and “opposition”. He further questions whether a preferred reading can be discerned. Finally, he disqualifies the decoding part of the model as unable to be a general model for reception, because of its emphasis on social class as a determinant to different readings of media texts.

This study does not dispute the criticisms by Schroder and Michelle. Neither does it dispute that the models they suggest are relevant and important especially in the wake of “growing predominance of hybrid interactive genres and their convergence with new media forms such as online streaming video, discussion forums and MSN messaging” (Michelle, 2009, p. 137). This study, however, argues that Hall’s model remains one of the useful and relevant tools towards audience reception, especially when Morley’s criticism is taken into consideration as has been illustrated in several recent studies (Worthington, 2008; Thomas, 2010; Tomaselli, 2016).

Firstly, as Schroder himself admits at the end of his criticism, “any attempt to propose a general model that may account exhaustively for audience discourses appearing as qualitative data is bound to be beset by many problems, as the shortcomings are likely to compete with the illuminations it may produce” (Schroder, 2000, p. 254). In other words, no one model can fully explain how audiences interpret messages. Any model used will have both structural and theoretical shortcomings, but at the same time will have strengths depending on the type of genre being analysed. This study argues that a model becomes appropriate based on a research question and the genre investigated. Dismissing the Hall/Morley model as completely irrelevant is tantamount to arguing that all qualitative audience research topics have the same or similar requirements. Schroder (2000) himself admits that the Hall/Morley model limits “its scope to texts that represent the hegemonic interest of the ruling class” and that it “appears to bias it in favour of those textual genres (like news and current affairs programmes) in which an ideological position is more easily discernible” (p. 240). In other words, he agrees that there are some genres, depending

on what the researcher is trying to find out, in which the Hall/Morley model can be effectively applied.

Secondly, the multidimensional propositions are suitable for genres whose “intended” meanings are vague and ambiguous, for example in fictional genres. This is because – as Schroder himself argues – in fictional writing, for example, films and music videos, the producers do not set out with a specific message for the audience. Schroder (2000) admits that in some genres, for example, informational and educational, “it may make at least intuitive sense to talk about a meaning that is central in the text” and that Hall/Model is useful in genres in which “ideological position is more easily discernible” (p. 240). Therefore, with informational and educational campaigns as is the case with the study at hand, it is possible as Morley suggests that, “while the message is not an object with one real meaning, there are within it signifying mechanisms, which promote certain meanings, even one privileged meaning, and suppresses others” (1992, p. 21).

This study, therefore, maintains that Hall/Morley’s model is a suitable analytical framework for analysing the topic at hand and that used together with the about to be discussed Social Constructivism Theory, the model’s goals of understanding audience’s interpretation of mediated messages can be achieved.

2.3 Social Constructivism Theory

This study is premised on the interpretative nature of human beings and how the process of interpretation is informed by lived experiences that are in turn socially constructed. It assumes that the very nature of the social practices and beliefs have a bearing on how these messages are interpreted. Leeds-Hurwitz (2009) argue that in the communication field there are two elements of Social constructivism that make it an important model in attempting to understanding the meaning-making process: “the central assumption that people make sense of experiences by constructing a model of the social world and how it works and the emphasis on language as the most important system through which reality is constructed” (p. 892). In this study, the social nature of human interactions and how beliefs and practices become taken for granted common sense, have a bearing on how the messages on vasectomy are interpreted. The theory, therefore, helps to illuminate how

these practices inform the assumed negotiated and oppositional reading of the vasectomy promotion messages.

Social constructivism questions claims for objective knowledge and claims that attempt to uncover the laws that govern human experiences and behaviours. The principal notion of the theory is that meanings are constructed in coordination with others rather than individually (Leeds-Hurwitz, 2009). It is the book, *Social construction of reality: A treatise in the sociology of knowledge* that is the genesis of the theory. In the book, the authors, Peter L. Berger and Thomas Luckmann (1966), propose an anti-realist way of analysing knowledge and “reality” as socially constituted, i.e., “the typification and habituation of how certain language practices become institutionalized, decontextualized, and thenceforward accepted as a sort of “reality” divorced from constructed origins” (Robles, 2012, p. 3). In this regard, what constitutes knowledge and reality is a “creative interpretation of the process that cannot be adequately framed within logistic theory of knowledge ... knowledge is always grounded in a background of contingent assumptions and local investigative practices” (Liebrucks, 2001).

Social constructivism does not deny the existence of an objective world but argues that meanings attached to that objective word are socially constructed. With reference to this study, it does not deny that vasectomy, or indeed maleness exists. The study argues that the actual procedure of sterilisation is an objective reality but that the name given to the procedure “vasectomy” or “*kutseka kwa abambo*” is a socially created reality that is very subjective and conjures up different meanings in a different context. The same with maleness. There is an objective being that is a “man” but at the same time, there are meanings socially constructed on what it means to be “a man”, which this study assumes is one idea that informs and affects how the messages are interpreted.

In this regard, Berger and Luckmann (1966) shrug off the criticism that has equated social constructivism to relativism by clearing out what is meant by “reality”. They argue that “reality”, in the sense used in the book, is the beliefs that humans have about this world. Liebrucks (2001) argues that the points raised by Berger and Luckmann can be summed up in three points.

Firstly, that all beliefs about “reality” are created through social interactions. In this regard, Berger and Luckmann (1996) do not argue that social beliefs are solely dependent on social interaction as well, but that social interactions play a huge role in these formations.

Secondly, social institutions and personas are created through social interaction. In this regard, Berger and Luckmann (ibid.) argue that social institutions and persons have a dialectic relationship in which both shape and inform the other. These two (institutions and person) have powers to create what they term “objective facticity” in that they can create “reality” and not just beliefs about it. They argue that these socially created institutions have, “coercive power over human beings, both in themselves, by the sheer force of their facticity, and through the control mechanisms that are usually attached to the most important of them” (Berger & Luckmann, 1966, p. 60). Dreher (2016, p. 56) writes about this objective facticity when he argues that, “the social world with its institutions may be opaque and inscrutable for the individual actors, but this does not affect its objectified existence. Even though the institutional world transcends the individual, it is ‘humanly produced, constructed objectivity’”.

Thirdly, the beliefs that people have about “reality”, which are formed through a socialisation process, can construct institutions and persons. “Not only are social processes constitutive for the formation of our beliefs but in a dialectical way, our beliefs also affect social processes via our discourse and actions” (Liebrucks, 2001, p. 365).

The question then is, how is this socially objective and subjective world created? Hiebert (2014) argues that this world (the socially objective and subjective world) is created through a three-phased process namely externalisation, objectivation, and internalisation. Externalisation is a process by which individuals by their own human activity create their social worlds, i.e. putting what is inside of them out there into the social space. Objectivisation is a process by which individuals understand everyday life as an ordered, prearranged reality that imposes itself upon, but is seemingly independent of human beings. Berger and Luckmann (1969, p. 49) see objectivation as serving as, “more or less enduring indices of the subjective processes of their producers, allowing their availability to extend beyond the face-to-face situation in which they can

be directly apprehended”. They argue that the moment an objective word is established, a reification of that world follows:

Reification is the apprehension of human phenomena as if they were things, that is, in non-human or possibly superhuman terms. Another way of saying this is that reification is the apprehension of the products of human activity as if they were something other than human products - such as facts of nature, results of cosmic laws, or manifestations of divine will. Reification implies that man is capable of forgetting his own authorship of the human world, and, further, that the dialectic between man, the producer, and his products is lost to consciousness. The reified world is, by definition, a dehumanized world. It is experienced by man as a strange facticity, an *opus azenum* over which he has no control rather than as the *opus proprium* of his own productive activity. (Berger & Luckman, 1969, p. 106)

As this study explores, this objectivation is achieved through four processes namely institutionalisation, historicity, legitimation and use of language. Institutionalisation is a process intended to regulate societal behaviour within organisations or entire societies; in other words, when normal behaviours become habitual and routine. The second process is through historicity in which as the generations come and go, the institutionalised behaviour becomes taken for granted. The third way is through legitimation, in which the behaviour is a cognitive and moral foundation on which it can be justified. This can be through religion, passing of law and court precedents among others. The fourth phase of objectivation is through language. In this regard, language is used to bring those beliefs and practices into a meaningful object world that has a material effect on human relations.

The third phase of constructing the objective/subjective world is through internalisation. Hiebert (2014) argues that this is the process whereby “individuals learn the legitimations of the institutional order. We carry culture around in our heads. We let culture define who we are”. By this time an individual cannot separate the social ‘constructedness’ of the practice or the belief because it has been internalised to become taken for granted and is a common-sense and everyday phenomenon. In relation to this study, it becomes common sense that a “man” is man enough only if he can sire children.

In summary, therefore, “society is a human product (externalization); society is an objective reality (objectivation); and (humans are) a social product (internalization)” (Hiebert, 2014). In this regard,

any intervention that affects that human-society nexus needs to take into consideration the social constructedness of human relations and how these affect how they interpret any message that questions their taken-for-granted and “common-sensical” subjective and objective realities.

Social Constructivism Theory, just like any form of knowledge, is also socially constructed and therefore can be criticised as being relativist and anti-realist (van der Breggen, 2016). But as argued by Demeterio (2001), there is no one perspective towards attempting to analyse the dynamism of human relations. The strength of the Social Construction Theory is not that it has predictive prowess to give all-encompassing explanations to human relations and social interactions, but that it can help theorise how human social relations and practices inform how meanings, especially in this case, of vasectomy messaging, are interpreted. In this study, this is a very important theoretical perspective as it questions the taken for granted stance used in the construction of the messages promoting vasectomy. The goal of the campaign is primarily to change people’s behaviour of having “too many” children to having “enough children” using transmission models that often times conceptualise audiences as “sitting ducks” waiting to be shot with messages that will ultimately change their behaviours. With specific reference to the SBCC campaign for HIV/AIDS, but applicable to the vasectomy promotion, Tomaselli (1997, p. 2) observed that in such a unidirectional form of communication, “the recipients have little or no sense of ownership of the messages. They, therefore, don’t see the problem relating to them, because there are few points of reference to their actual experience. This distancing of target groups from messages intended to be life-supporting and life-enhancing contributes to communication failure, no matter how big the budget or how professional the communications agency implementing the campaign”.

As argued by Morley and others, a holistic approach to understanding the media-audience nexus needs to treat both the encoding and decoding processes and independent yet interlinked moments in the circuit of culture. This study recognises that there is a “deliberate” process that is involved in the production of the vasectomy messages, and that it is not arbitrary. There is a lot that goes into the process and that needs to be understood to appreciate the different interpretation of the messages among the encoders. To understand the theoretical premise on which these messages

are constructed, the following subsection will briefly discuss three theories that, according to BLM, guide the formulation of the messages.

2.4 Theoretical Perspectives on the Sample Texts

The aim of the campaign by BLM is to change men's behaviour of having "many children" to "enough children". This intervention is underpinned by social and behaviour change theories (Bluethmann, Bartholomew, Murphy, & Vernon, 2016; Michie et al., 2018; Hagger & Weed, 2019). There is a plethora of social and behaviour change theories that provide theoretical insights into the formulation of behaviour change media intervention. This study, however, in an attempt to understand the encoders perspective in terms of how and what they are trying to achieve in their messaging, briefly explores three theories or approaches that have been used as a theoretical framework for the construction of the messages. These theories include the Diffusion Of Innovation Theory, the Social Learning Theory and the Social Marketing approach. In this chapter, these theories are used to illuminate the argued "modernist" approach that is used to construct the messages targeted at the sampled districts in this study.

2.4.1 The Diffusion of Innovation

This study argues that vasectomy is a recent innovation within the matrix of family planning contraceptive methods. Thus, its promotion is based on the tenets of the Diffusion of Innovation Theory. The Diffusion of Innovation Theory (Rogers, 1962) explains how innovations move from one point to society in at least four stages. Rogers argues that several elements must be met for an innovation to be accepted by society. The first is the innovation itself, then adopters, communication channels, time and social systems.

An innovation is usually assessed by potential adopters for its advantages and relevance in their lives. They evaluate it based on the advantages over the current innovations available at their disposal. They will further look at how difficult or easy it is to use. However, it is not all the time that simply because the innovation is complex then they will not use it. They may use it if for example if it is compatible with a "large advantage relative to the current tool" (Rogers, 1962). Innovations will also be easily adopted if the intended users can try them on their own on a limited

trial basis and then can be assimilated more easily in their daily lives. Furthermore, it is also easy for an innovation to be adopted if the intended beneficiaries can easily observe its efficacy (Denis, Hebert, Langley, Lozeau, & Trottier, 2002). Furthermore, an innovation will easily be adopted if there is enough knowledge on how it is used and if that knowledge can easily be transferred from one context to another. Finally, there is an issue of augmentation and support. If an innovation can have easily accessible points where people can get more information on it, it is easily adopted.

An innovation itself is just one side of the coin. On the other side there are the adopters – individuals or society. Rogers (1962) proposed that adopters could be divided into two broad terms, with some variants in between them: early adopters and late adopters. Early adopters are those that will generally adopt an innovation even when its usefulness may not be very clear (Agarwal et al., 1998), while late adopters who include what Rogers (1983) categorises as early majority, late majority and laggards, will be sceptical before they adopt an innovation. In this regard, Ferlie, Gabbay, Fitzgerald, Locock and Dopson (2001) argue that the ability to use and motivation, are more likely to make someone use an innovation than personal traits. It is those who already have a motivation to use or see the need in an innovation that will adopt, than others. Finally, it is those who have the authority to create or initiate change that are more likely, than those who have none, to adopt an innovation.

The third element of diffusion of innovation is the communication channel. Rogers (1983) stipulates that there are two main channels of communicating an innovation: the mass media and interpersonal.

The fourth and very important element within the diffusion of innovation is time. Rogers (ibid.) suggests that innovations take time to be adopted. For example, in Malawi, it has taken over 25 years for the percentage of women using contraceptives to move from 7% in 1992 to 58% by 2016 (HDS, 2016). During this space of time, adopters go through different stages before an innovation is either adopted or rejected: awareness, knowledge and interest, decision-making whether to adopt or not, trial or implementation, and finally confirmation or rejecting the innovation (Schiavo, 2007).

2.4.2 Social Learning/Cognitive Theory (SLT)

A key approach that has been used in the promotion of vasectomy messages is the use of social modelling and the belief in human rationality and efficacy to convince the targeted men to go for a vasectomy. As will be seen in Chapter Four, the use is in both the mediated messages in the form of posters and pamphlets and the peer educators or the “male champions”. Social Learning Theory, therefore, provides a theoretical lens to illuminate the approach.

Bandura (1977), who pioneered SLT, argues that people acquire a behaviour by observing the action of others and that people are “more likely to judge their own capabilities, in part, by how well those whom they regard as similar to themselves exercise control over situations” (Melkote & Steeves, 2001, p. 133). In general, the theory argues people will adjust their behaviour by observing and modelling the behaviours, attitudes and reactions of other people. The theory, therefore, explains how cognition, behaviour and environmental influences play a reciprocal role in the adoption of a behaviour.

Two aspects that are emphasised within the theory are the individual’s rationality or self-efficacy that has a bearing on his inherent motivation to adopt a behaviour, and external factors, for example, desired social models that may encourage his or her willingness to adopt the promoted behaviour.

Firstly, self-efficacy – the belief that an individual has to accomplish or fulfil the desired change – and social modelling plays an important role in the social learning process. Self-efficacy is defined as people’s “beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives” (Bandura, 1994, p. 2). Self-efficacy assumes that it is easier to change a course of action if the person believes they can overcome and resist negative outcomes from society (ibid.). Therefore, self-efficacy involves the individual taking appropriate action in organising and managing the newly acquired behaviour. In line with this study, for example, self-efficacy is the belief an individual has to face the consequences of undergoing a vasectomy. These may include the belief that they could withstand not having children if the ones they have died, or indeed that they may not need to have children in the event

of divorce and remarriage or that they can withstand the social stigma associated with going for a vasectomy. According to Bandura (1997), self-efficacy is developed through four main channels namely 'masterly' experiences, 'vicarious' experiences, social persuasion and mental strength to deal with emotional state.

Mastery experiences refer to the success one has in performing previous similar tasks. Vicarious experiences are influences exhibited by social models. Bandura (ibid.) argues that "seeing people similar to oneself succeed by sustained effort, raises observers' belief that they too possess the capabilities to master comparable activities to succeed". Social persuasions are the verbal or symbolic influence that persuades an individual that they possess the capabilities to master given activities. Erb and Bohner (2007, p. 1) argue that social persuasion happens only a daily basis through "radio and television commercials, newspaper ads, direct requests, influence attempts by salespersons, politicians, and so forth". The final element that builds up self-efficacy is the mental state of the individual, for example, bad and good moods. Bandura (1997, p. 3) notes that, "mood also affects people's judgments of their personal efficacy. Positive mood enhances perceived self-efficacy, despondent mood diminishes it".

In summation, SLT is useful in understanding the encoding rationale in how the messages promoting vasectomy are fashioned.

2.4.3 Social Marketing

Another important approach that is based on behavioural theories, for example the SLT previously discussed, is social marketing. As will be seen in the analysis of the sampled texts, BLM has used Social Marketing to promote not only vasectomy but many of its products and services.

Social Marketing has been described as one of the most influential concepts in the broader field 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). It 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 & Lee, 2008, p. 150). In short, Social Marketing, “imports theories of consumer behaviour into development communication” (Novelli, 1990 in Communication Initiative, 2001). The 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 & Zaltman, 1971; Kotler & 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; if it is promoted in a way that makes it known to a large section of a population (Kotler, 1971; Schiavo, 2007; Kotler & Lee, 2008).

Social Marketing has been used in the health sector and other social areas to promote desired change in human behaviour (Kotler & 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 (UNAIDS, 2000; Smith, 2006; Inci, Sancar, & Bostanci, 2017). Specific local 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* (Population Services International, 2004).

Social Marketing has strength in its ability to raise awareness of social problems and in 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), Zodiak Broadcasting Stations (ZBS), posters, pamphlets and interpersonal communication through male champions.

These three theories have been used in this chapter to help illuminate the rationale and guiding principles for the construction of the messages.

2.5 Limitations of Social and Behaviour Change Theories

Behaviour change theories and approaches have played a crucial part in the design, implementation and promotion of behaviour change interventions (Bluethmann et al., 2016; Michie et al., 2018; Hagger & Weed, 2019) and the combination of refining theory and careful empirical study has seen many campaigns ‘move the needle’ i.e. have some success. The demand for and use of contraceptives is increasing over time in many African countries including Malawi (HDS, 2016). For instance, in Malawi, *knowledge* levels – about contraception more generally – have increased to almost 100%; i.e. the population could be described as highly knowledgeable and the adoption of family planning as a ‘way of life’ has also increased. As already argued, among women, regular use of contraceptives has risen from 7% of all Malawian women in 1992 to around 58% in 2016. While this is the case, it is also arguable that interventions based on these theories have had limitations and weaknesses that have affected the way contraceptives and family planning has been accepted or indeed not accepted within societies, especially when it comes to men and vasectomy. The critique of the theories, as will be seen, is not aimed at showing how futile or how unsuitable it is to use them in the design of the media interventions, but is rather used as a theoretical lens to point out where the interventions fall short. As already argued in Chapter One, most of the communication interventions fail to go deep enough into the cultural nuances that have a bearing on the adoption of vasectomy.

The main inherent weakness of all the theories – as theoretical basis for the construction of the messages – discussed in this chapter, is that while some theories do take account of the potential influence of the wider social-cultural context, many generally hold the individual responsible for his or her behaviour, usually at the expense of the social-cultural factors that have an impact on the particular behaviour (Baum & Fisher, 2014). Barnes (2015, p. 3) argues that “health behaviour programs are typically constructed as apolitical responses to the disease burden in the global south and draw on powerful notions of ‘agency’, ‘volition’ and ‘responsibility’, that is, with the right intervention and a supportive environment, people have the potential to think differently, change

their behaviour and improve their health should they desire to do so”. In other words, many well-meaning interventions for example based on the Social Learning/Cognitive Theory, place much emphasis on the individual’s ability to act rationally in the face of different challenges. This is not to argue that personal agency is not important in behavioural change interventions, but that social-cultural factors need to be given the same amount of attention as they also play a crucial role in how behaviours are adopted and made into taken for granted common sense.

As will be seen in Chapter Four’s analysis of the sampled texts, the theoretical underpinnings of the interventions appear to assume that the targeted audiences need information and education to make certain changes in their behaviour. It appears the encoders of the vasectomy messages fail to understand enough contextual milieus deeply enough, do not segment enough, and do not go to the heart of the matter, i.e. the multiple forces – both structural and societal especially cultural beliefs and practices – that have an impact on individual behaviour and need to be treated as central features of the presumed problem.

Writing on cultural influences with regards to HIV/AIDS interventions but applicable to vasectomy promotion, Airhihenbuwa and Obregon (2000), argue that “the role of cultural context in successful implementation of programs often is omitted, even though evidence abound that culture is a central feature in health behaviour” (p. 6). In some cases, culture and belief are usually objectified, to connote a barrier or an impediment to behaviour change.

Specifically, the Diffusion of Innovation Theory and indeed many other theories within the modernisation paradigm can never fully account for all the available variables and in the process often miss out on crucial precursors of adoption of any innovation. This firstly is because the theory assumes a mostly linear and staged process of behaviour change. The fact though, is that change of behaviour does not follow any linear or staged process (Airhihenbuwa & Obregon, 2000; Airhihenbuwa & Webster, 2004; Kelly & Barker, 2016).

With regards to Social Marketing, the biggest weakness is the approach’s reliance on marketing strategies to change behaviour. Most of these limitations stem from the perpetuation of the legacy passed on from the modernisation paradigm. Sparks (2007, p. 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 needs to know, think and feel based only on scientific knowledge and thus do not actively engage with local knowledge systems that are the context of that behaviour. The underlying assumption too often is just that there is a knowledge gap that needs to be filled by expert knowledge, using the top-bottom approach that has been the bedrock of the modernisation paradigm.

Perhaps one profound summation of criticisms of Public Health Communication and SBCC campaigns comes from Dorfman and Wallack (1993, p. 717) who argue that the campaigns are generally a reflection of Western ideas of reducing the sociability of human relationships as they affect society on an individual level.

In public health communication campaigns, the deep, complicated roots of problems are virtually ignored in favour of messages that hold the individual person responsible. This is true in the mass media as well. News, entertainment programming, and advertising all tend to hold people responsible when they depict health problems. ... This may be a reflection of the strong underlying ethic of individualism ... or it may be a consequence of storytelling conventions that give preference to the “personal angle” over the more complex and less emotion-inducing institutional forces that contribute to health problems. The mass media routinely omit social causal factors for problems.

2.6 Complementary Perspectives

The two main theories of this study, Reception Theory and Social Constructivism Theory, used together, compliment Social and Behaviour Change perspectives in that they help to ascertain how the audiences negotiate with the messages instead of analysing what the messages ‘do’ to the audiences.

This study has adopted an eclectic approach cognisant of the fact that the study is dealing with distinct but related moments with the “circuit of culture” i.e. production and consumption. The behaviour change theories, in summation, help to illuminate how and what are the assumptions made in the development and implementation of the campaigns, on the one hand, while on the other, reception and social constructivism theories provide an interpretative framework in understanding how the interactions of the text are arrived at.

The next chapter discusses the methodological approaches that were used to collect, analyse and present the data used in this study.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

The history of social sciences ... is not a matter of progressing to ever better theories and methods, but rather of successive efforts to capture the social world and to answer questions that themselves may be different. It is not a search for complete set of concepts that would be inclusive, in covering entire world, and exclusive, in the sense of not overlapping with each other. Concepts, rather, overlap, and the same thing may be explained using various different tools. At one time, the concept of culture was used rather carelessly to explain differences between national societies. During the behaviour revolution, this approach was downplayed as scholars sought universal patterns and context-free knowledge, pushing cultural explanations to the margins with a view to eliminating them altogether. In recent years, it has made something of a comeback as a way of resolving some of the big questions. (Porta & Keating, 2008, p. 9)

As outlined in Chapter One, this study aims to explore the text-audience nexus as it relates to the consumption of vasectomy messages among rural men in two selected districts of Malawi. This study recognises that audiences of mediated text are very active and do not take in wholesale whatever messages are presented to them. The chapter also argued that the messages are not neutral but come with “persuasive suggestions” (Rezai, Chin, Bassett-Gunter, & Burns, 2017; Greenberg, 2017) of how the encoders of the messages, want the audiences to perceive vasectomy. In this regard, investigating the complex relationship between text and audiences can only be achieved using a methodology that recognises the interpretive nature of social relations. This study is therefore purely a qualitative investigation. The reason why this methodology has been adopted will be discussed below. The chapter will first discuss why qualitative tradition has been preferred over quantitative and will look at the epistemological and ontological premises on which this study’s methodology is based. It will further discuss the study’s subjects and location, data collection methods, sampling methods, validity issues, and ethical considerations and how data was analysed.

3.2 Study Design

A qualitative research design is an on-going process rather than a single set of procedures, that could become a ‘straight-jacketed’ overly refined blueprint of an investigation (Mason, 2002).

While it is important for the researcher to establish, at the onset, his or her own ontological and epistemological positions, it is equally important to realise that qualitative research is “characteristically exploratory, fluid and flexible, data-driven and context-sensitive” (Mason, 2002, p. 24). Therefore, it is the practice, process and context of the research that guides the research design. The design needs to be operationalised actively rather than passively. Put differently, the researcher should be flexible enough to alter the processes whenever the need arises. The design consequently “cannot and should not be a ‘once-and-for-all’ blueprint for the research, its unique value is in encouraging from the start the process of strategic thinking and reflection which must continue throughout the whole research process” (ibid.).

The process, therefore, is more inductive rather than deductive. In this regard, the researcher starts with a loose idea that becomes concretised as the process moves on (David & Sutton, 2011; Babbie, 2017; Lune & Berge, 2017). The role of the researcher’s biases and idiosyncrasies, in this regard, are paramount in qualitative research. Whereas the researcher would completely be detached from the research in positivist traditions, in qualitative research, the researcher and his subjectivities are part and parcel of the research process. This reflexive process is very important as it provides both context and general understanding to the readers:

Researchers should not try to simply ignore or avoid their own biases (as this would likely be impossible); instead, reflexivity requires researchers to reflect upon and clearly articulate their position and subjectivities (world view, perspectives, biases), so that readers can better understand the filters through which questions were asked, data were gathered and analysed, and findings were reported. From this perspective, bias and subjectivity are not inherently negative but they are unavoidable; as a result, it is best that they be articulated up-front in a manner that is clear and coherent for readers. (Sutton & Austin, 2015, p. 37)

As was already seen in the introductory chapter, the aim of the study is not to find out the impact or lack thereof of the messages, but rather to seek how meaning is derived from the messages. In this regard, the investigation is not merely aimed at investigating whether or not communication interventions are having intended effects as would be argued within the “effect tradition”, but rather to understand how, through thick description, lived experiences through social structures and the meaning-making process, affect the understanding of behaviour change interventions. In

this regard, the study seeks to “bring audience perceptions, interpretations and making-sense process of such advertising campaigns to light” (Raftopoulou, 2007, p. 1).

Qualitative approaches to research are underpinned by the concept of phenomenology that sees human beings as being in a continuous state of meaning-making (Babbie & Mouton, 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 & Mouton, 2001; Babbie, 2017).

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 & Mouton, 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, p. 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 experiences 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). In this regard, the researcher is epistemologically part of the research process. This means the researcher cannot be detached from their own pre-assumptions of the study phenomena (Groenewald, 2004). Nieswiadomy (2012, p. 172) argues that:

To understand the lived experience from the vantage point of the subject, the researcher must take into account her or his own beliefs and feeling. The researcher must first identify what she or he expects to discover and then deliberately put aside these ideas; this process is called bracketing. Only when the researcher puts aside her or his own ideas about the phenomenon is it possible to see the experience from the eyes of the person who has lived the experience.

Babbie and Mouton (2001) argue further that for the lived experiences to be meaningful, several elements must be taken into consideration. Arguably, several elements will affect a social inquiry

depending on the nature of the study. This chapter will briefly discuss six elements that have a direct bearing on the research.

The first is that the investigation should be conducted in a natural setting. Since this study is about experiencing the meaning-making process, a natural setting in which that meaning is produced is a prerequisite towards understanding that process. A positivist or experimental approach would not be suitable because we are dealing with social dynamics that cannot be easily quantified or reified. In this regard:

The aim of most qualitative researchers is to blend in and become “participant” observers of the events that they investigate in the least interventionist way conceivable. In this sense, the term “natural” embodies a set of assumptions about research that is the exact opposite an approach (quantitative research) that emphasizes control and artificial settings. (Babbie & Mouton, 2001, p. 271)

In order to achieve, as close as possible, the natural setting, the data collection, especially the interviews and focus group discussions, were conducted in the subjects’ location. As the researcher, I, with the help of the male champions who were identified by BLM, visited the subjects in their locations. The interview locations were mostly the places where the subjects congregate for their social gatherings, for example, a chief’s courtyard, or school or health centre premises. The purpose was not to take the subjects away from their natural setting.

The second element is to have the “actor’s perspective”. This means to be in the “shoes” and see things through the “eyes” of the subjects. In this regard, the researcher is both an observer and a participant (Schwartz-Shea & Yanow, 2012). The degree to which the researcher participates varies depending on the study. The researcher can, on the one hand, spend some time within the location of the study and generally observe the day to day activities of the subjects. On the other, he or she may participate in the activities, for example, asking questions without interfering to have a deeper understanding of the subject. This understanding is very important especially if the researcher and the subject have different backgrounds:

Difference in language, race, culture, beliefs etc., all introduce potential barriers between the researcher and the research participants. To understand a group of people who use different language, have very different world-view and beliefs, and whose cultural

practices and customs are vastly different from your own pose serious challenges to this ideal. (Babbie & Mouton, 2001, p. 271)

In this regard, the researcher needs to know beforehand the differences that are present between him or her and the research participants. In this study, I had a general understanding of the subjects through the experience acquired during the period I worked as a reporter for the national TV station. Furthermore, it was easy to interact with subjects from both locations because I speak and understand the local languages used in both locations without the need for an interpreter.

The third element focuses on the process rather than the end product. The aim, as the study proposed, is not just about the effects of vasectomy messaging, but rather the process that is involved between the messages getting created and the audience's process of receiving and making meaning from them. In this regard, it is not only important to look at how many people have gone for a vasectomy or how many people have responded to the messages, but the process through which the messages become meaningful to them and are reflected in their actions to either go or not go for a vasectomy.

The fourth element is that qualitative research is more interested in *describing* comprehensively and *understanding* a social phenomenon (Mouton, 2002; David & Sutton, 2004, 2011; Nassaj, 2015). The two concepts aim to describe in detail the actions of the research participants to understand their actions about their beliefs, history and context. This then involves, “an inductive exploration of the data to identify recurring themes, patterns, or concepts and then describing and interpreting those categories” (Nassaj, 2015, p. 130).

The fifth element within qualitative research is the inductive nature of the inquiry. The main concern of a qualitative inquiry is the immersion of the researcher into the natural setting of the subjects and in the process, describing as accurately as possible the phenomenon under study (Babbie & Mouton, 2001). The premise is that the researcher while focused on what is to be investigated, immerses and prepares him or herself for things they may not have anticipated when the research was being designed. Put differently, the research starts from the “unknown” to the “known”.

The final element deals with context. In relation to the natural setting of the subject, understanding the particular context of a phenomenon plays a very important role in generating conclusions that depict the “reality” of the subject as closely as possible. While quantitative methodology aims at taking context out of research to maximise the generalisability of the results, qualitative research aims at understanding and describing social events within a particular context. The context could either be a cultural setting, social setting or even economic setting. The purpose, therefore, is not to generalise the results, but rather to understand how a context affects or has a bearing toward the social phenomenon. With regards to this study, the context is both a cultural and economic setting in rural areas of Malawi, practising both matrilineal and patrilineal systems of kinship.

3.6 Sampling

In qualitative research, the question of sample is dependent on the issue being investigated. Therefore, as Deacon et al. (1999) argue, 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:

[a] 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 provide you with the information that you need in order to answer research question is the most important consideration in qualitative selection decision. (Maxwell, 2006, p. 88)

Therefore, purposive sampling is “suitable for qualitative studies where the researcher is interested in informants who have the best knowledge concerning the research topic. When using purposeful sampling, decisions need to be made about who or what is sampled, what form the sampling should take, and how many people or sites need to be sampled” (Elo et al., 2014 p.).

This study, therefore, used purposive sampling where individuals are selected because they are a source of valuable information in line with the research question (Tongco, 2007). In this regard, subjects are selected based on their personal traits, for example, gender, socio-economic status and experience of specific social phenomena under study (Tongco, 2007). Elo et al. (2014) suggest that a few questions should be asked to ensure validity of the sampling strategy: “What is the best sampling method for my study? Who are the best informants for my study and what criteria to use

on selecting the participants? Is my sample appropriate? Are my data well saturated?” (p. 4). This research, therefore, had three categories of purposively selected samples: key informants, the people investigated and the mediated texts analysed.

3.6.1 Key informants

These were the people who were sources of the vasectomy messages, i.e. they were involved in the encoding of the messages. They were sampled for the sole reason that they were people who knew what the focus of the message was. These included the Behaviour Change Communications Manager, trainer of male champions and male champions.

3.6.2 The interviewees

As already introduced in Chapter One, the purpose of this study was to investigate how men interact with and interpret vasectomy messages. As a result, the study targeted people who had listened to the messages. It furthermore targeted people who fit the intentions of the encoders of the messages. As already seen in the introduction chapter, BLM targets men of reproduction age between 25 and 45 who already have more than two children and would want to use a long-term or permanent contraceptive. This study, however, went further to allow those who were above the age of 45 but were sexually active, to participate in the focus group discussions. The male champions assisted in identifying those who were older than 45 but had showed interest in the contraceptive method. This information guided whom to recruit for the messages. But as discussed in Chapter Two, behaviour change and interpretation of messages is a social practice that is affected by among other things other than people that are in direct or indirect contact with the targeted individual. In this regard, the study also sought the views of wives, especially those whose partners had gone for a vasectomy. The subjects were recruited through the help of the male champions. BLM provided me with the list of the male champions and their phone numbers. The champions from the two districts were contacted by phone and told of the aims of the study. They were then asked to contact men who had done the procedure for their consent to be interviewed.

Since no names were used, numbers and letters were used to represent those who were interviewed. Below is a code reference for the respondents. There were a total of 13 focus groups for both men

who had gone for a vasectomy and those who had not; a total of seven focus group discussions with wives of men who had gone for a vasectomy; a total of eight male champions; one interview with the Behaviour Change Communications Manager; and one interview with the trainer of male champions.

Table 3.2: Data and coding sheet for focus group discussion with vasectomised men

Activity	Number of Participants	Age	Number of Children	Code
Focus Group Discussion with men who had a vasectomy (Group 1)	1	37	3	VFGD1R1 ⁴
	2	24	3	VFGD1R2
	3	41	5	VFGD1R3
	4	39	3	VFGD1R4
Focus Group Discussion with men who had a vasectomy (Group 2)	1	55	7	VFGD2R1
	2	66	7	VFGD2R2
	3	36	4	VFGD2R3
	4	49	8	VFGD2R4
		38	2	VFGD2R5
Focus group discussion with men who had a vasectomy (Group 3)	1	54	7	VFGD3R1
	2	37	3	VFGD3R2
	3	39	5	VFGD3R3
	4	41	5	VFGD3R4
Focus group discussion with men who had a vasectomy (Group 4)	1	32	5	VFGD4R1
	2	41	7	VFGD4R2
	3	43	5	VFGD4R3
	4	42	6	VFGD4R4

⁴ VFGD2R1 (vasectomised man focus group discussion group 1 respondent 1)

	5	45	8	VFGD4R5
Focus group discussion with men who had a vasectomy (Group 5)	1	54	5	VFGD5R1
	2	30	4	VFGD5R2
	3	54	7	VFGD5R3
	4	40	8	VFGD5R4
	5	67	11	VFGD5R5
	6	55	7	VFGD5R6
	7	44	6	VFGD5R7
Focus group discussion with men who had a vasectomy (Group 6)	1	56	8	VFGD6R1
	2	34	7	VFGD6R2
	3	66	8	VFGD6R3
	4	55	5	VFGD6R4
	5	47	5	VFGD6R5
	6	49	6	VFGD6R6

Table 3.3: Focus group discussion with men who had not gone for Vasectomy

Activity	Number of Participants	Age	Number of Children	Code
Focus group discussion with men who had not gone for vasectomy (Group 1)	1	32	2	NVFGD1R1 ⁵
	2	40	4	NVFGD1R2
	3	45	8	NVFGD1R3
	4	43	5	NVFGD1R4
	5	34	3	NVFGD1R5
	6			NVFGD1R6
Focus group discussion with men who had not gone for vasectomy (Group 2)	1	51	5	NVFGD2R1
	2	46	6	NVFGD2R2
	3	32	3	NVFGD2R3
	4	34	3	NVFGD2R4
Focus group discussion with men who had not gone for vasectomy (Group 3)	1	67	5	NVFGD3R1
	2	57	6	NVFGD3R2
	3	60	5	NVFGD3R3
	4	43	5	NVFGD3R4
	5	28	2	NVFGD3R5
	6	42	6	NVFGD3R6
Focus group discussion with men who had not gone for vasectomy (Group 4)	1	57	5	NVFGD4R1
	2	40	4	NVFGD4R2
	3	68	9	NVFGD4R3
	4	37	4	NVFGD4R4
	5	49	4	NVFGD4R5

⁵ NVFGD1R (non-vasectomised men focus group discussion group 1 respondent 1)

Focus group discussion with men who had not gone for vasectomy (Group 5)	1	55	7	NVFGD5R1
	2	46	4	NVFGD5R2
	3	60	6	NVFGD5R3
	4	50	4	NVFGD5R4
	5	73	7	NVFGD5R5
Focus group discussion with men who had not gone for vasectomy (Group 6)	1	34	2	NVFGD6R1
	2	43	6	NVFGD6R2
	3	42	8	NVFGD6R3
	4	56	7	NVFGD6R4
	5	34	5	NVFGD6R5
	6	53	9	NVFGD6R6
Focus group discussion with men who had not gone for vasectomy (Group 7)	1	28	4	NVFGD7R1
	2	36	5	NVFGD7R2
	3	25	2	NVFGD7R3
	4	25	2	NVFGD7R4

Table 3.4: Focus group discussion with wives of men who had gone for vasectomy

Activity	Number of Participants	Age	Number of Children	Code
Focus group discussion with women whose men who had a vasectomy (Group 1)	1	22	4	WFGD1R1 ⁶
	2	43	3	WFGD1R2
	3	43	7	WFGD1R3
	4	46	7	WFGD1R4
	5			WFGD1R5
	6			WFGD1R6
Focus group discussion with women whose men who had a vasectomy (Group 2)	1	32	5	WFGD2R2
	2	30	6	WFGD2R3
	3	26	6	WFGD2R4
	4	58	11	WFGD2R5
	5	30	4	WFGD2R6
Focus group discussion with women whose men who had a vasectomy (Group 3)	1	49	7	WFGD3R2
	2	36	4	WFGD3R3
	3	38	8	WFGD3R4
	4	52	2	WFGD3R5
	5		6	WFGD3R6
	6			
Focus group discussion with women whose men who had a vasectomy (Group 4)	1	34	5	WFGD4R2
	2	52	8	WFGD4R3
	3	45	6	WFGD4R4
	4	38	5	WFGD4R5
	5	36	5	WFGD4R6

⁶ WFGD1R1 (wives of vasectomised men focus group discussion group 1 respondent 1)

	6			
Focus group discussion with women whose men who had a vasectomy (Group 5)	1	52		WFGD5R2
	2	47		WFGD5R3
	3	34		WFGD5R4
	4	45		WFGD5R5
	5	38		WFGD5R6

Table 3.5: Male champions and codes

Name	Occupation	Age	Number of children	Educational qualification	Code
Kaunda Moyo	Traditional healer	55	8	Primary education	MC1 ⁷
Lackon	Guard	54	7	Primary education	MC2
Patrik Bisio	Local businessman	41	4	Primary education	MC3
Skenala Wilson	Local businessman/farmer	42	4	Secondary education	MC4
John Emilio	Farmer	45	6	No education	MC 5
Mussa Mkandawire	Farmer	49	5	Secondary education	MC6
Eston Lutepo	Farmer	41	5	Secondary Education	MC7
Dobert Kagwa	Headmaster	57	5	Primary School Teaching Certificate	M8

Table 3.6: Key informant interview and code

Activity	Participant	Code
In-depth interview	Behaviour Change Communications Manager for BLM	BCCM
In-depth interview	Trainer of male champions	TMC

⁷ MC1 (male champion 1)

3.6.3 The media texts

Purposive sampling was also used to select the media texts to be analysed. As already argued, purposive sampling involves a deliberate selection of items of analysis that serve to answer the research question (Babbie, 2017; Lune & Berge, 2017). In this study, the main aim was to investigate how men interpret vasectomy messages. Therefore, only texts that talked about vasectomy were selected. In order to ensure that the messages were current, this study chose texts that were produced within the time of the campaign. As Morley (1980) did with the “Nationwide” study, the Public Service Announcements were played, and the posters and pamphlets shown to the group to solicit their responses.

3.3 Methods

Methods in qualitative research are mostly concerned with the processes used to collect data (Porta & Keating, 2008) and generally reflect the research design. In general terms, qualitative research design relies on three main methods namely interviews, focus group discussion and observation, (Babbie & Mouton, 2001; Curtis & Curtis, 2011). This study, looking at the demands of the research questions, used these three methods plus a Qualitative Content Analysis (QCA) exercise. As already introduced, the research investigates the relationship between audiences and text. These two elements (audience and texts) are part of the “moments” within the “circuit of culture” with very distinct but articulated (Hall, 1987) characteristics that require different methods to be investigated. The three qualitative methods were used to investigate the lived experiences through which the men make sense of the vasectomy messages, while QCA was used to unpack dominant messages or reoccurring themes encoded in the vasectomy messages. The following subsection will look at each of these methods in detail.

3.3.1 Qualitative Content Analysis (QCA)

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 say something about the messages, images, representations of such texts and their wider social significance” (Hansen, 1998, p. 95). Quantitative 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 researchers (Hsieh & Shannon, 2005; Woo & Heo, 2013; Elo, Kaariaine, Kanste, Polkki, Utriainen, & Kyngas, 2014; Assarroud, Heshmati Nabavi, Armat, Ebadi, & Vaismoradi, 2018) use for exploratory purposes to reveal the content in a source of communication. It lets the researcher probe “into and discover content in a different way from the ordinary way of reading a book or watching a television program” (Neumann, 1997, p. 273). Qualitative Content Analysis focuses “on the characteristics of language as communication with attention to the content or contextual meaning of the text” (Hsieh & Shannon, 2005, p. 1278) and “allows replicable and valid inferences from data to contexts, providing knowledge, broad description of data, new insights, and a practical guide for action” (Woo & Heo, 2013, p. 14). Therefore, in broad terms, Qualitative Content Analysis “is a research approach for the description and interpretation of textual data using a systematic process of coding. The final product of data analysis is the identification of categories, themes and patterns” (Assarroud et al., 2018). Elo et al. (2014) argue that QCA involves three main stages to achieve validity and trustworthiness of the results. These phases include preparation, organisation and reporting of results and can be used either deductively or inductively. Elo and Kyngas (2008) however point out that the process does not necessarily follow a linear process.

The preparation stage involves the collection of suitable data that responds, speaks to and makes sense of the research question. In this study, the preparation stages involved sampling the media texts in the form of audio Public Service Announcements, posters and pamphlets that directly talked about vasectomy.

The organisation stage involves open coding, creating categories and abstraction (Elo & Kyngas, 2007). Open coding is a process that opens the text to expose “the meaning, idea and thoughts in it” (Khandkar, 1998, p. 1) and is used to label concepts, define and develop categories based on their properties and dimensions. In this study, open coding was used to generate themes. Notes and headings were made on both the pamphlets and the posters and read through repeatedly to select common occurrences that were grouped into themes and sub-themes. The audio PSAs were transcribed into text and the same process followed.

The final stage is the reporting stage. This stage produces the results as described in Chapter Four of this study. In general, the “results are described by the content of the categories describing the phenomenon using a selected approach (either deductive or inductive)” (Elo et al., 2014, p. 2).

It is this usage of Qualitative Content Analysis that this research adopted to analyse the vasectomy messages in posters, Public Services Announcements and a pamphlet. 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 researchers immerse themselves into data collection, they must have a good understanding of the content and the meanings encoded in the text. QCA was also useful to gain an overview of the contents of the messages and give direction towards mapping the questions for both focus group discussion and the in-depth interviews. I thus used Qualitative Content Analysis to analyse a radio Public Service Announcement obtained from Banja La Mtsogolo, which is the primary disseminator of family planning methods in Malawi. Additional materials, especially pictures of posters were taken from locations for example at Health Centres and the communities, where the male champions operated, during the observation stage of the study. In total there was one radio Public Service Announcement collected, three different posters, and one pamphlet. While there were additional artefacts available on vasectomy at the BLM offices, this study specifically chose those produced within the campaign period.

3.3.2 Focus group discussions

Focus group discussion as a method is usefully outlined by Lune and Berge (2017, p. 94) as “an interview style designed for small groups of unrelated individuals, formed by an investigator and led in a group discussion on some particular topic or topics”. Focus group discussion uses both structured and unstructured questions and allows the researcher to ask questions to several individuals at the same time (Babbie, 2017).

3.3.2.1 Group size

There is no general rule that determines the ideal size of a focus group. However, some writers (Lunt & Livingstone, 1996; David & Sutton, 2004, 2011; Northcutt & McCoy, 2004; Lune & Berge, 2017) suggest that any number between six and 10 people is suitable to allow the moderator

to control the discussion effectively. In this study, the number in each group ranged from four to seven.

3.3.2.2 Number of groups

There is also no hard and fast rule in the number of groups that need to be brought together 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, in effect ‘nothing new to say’, i.e. the information generation starts to be repetitive. For this study 18 focus group discussions were conducted: six focus groups with men who had done vasectomy, seven focus groups with men who had listened to vasectomy messages but had *not* gone for the procedure and five focus groups with women of wives who had done a vasectomy. This study is thus based on data from 18 focus groups and 8 interviews with male champions in 2017/2018 and early 2019.

Table 3.1: Focus Group Discussion and interviews table

Location	Men who underwent the procedure	Men who did not go for vasectomy	Wives of men who went for vasectomy	Total
Dedza	3	4	2	9
Karonga	3	3	3	9
Total				18

Table 3.2: Interview table

Location	Male Champions
Dedza	6
Karonga	2
TOTAL	8

3.3.2.3 Group composition

David and Sutton (2004) and Lunt and Livingstone (1996) observe that there is a dilemma whether to draw on interviewees who know each other or create a group of people who have not met before. 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 aspects 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 in a group of strangers. However, the advantage is, that it is easy for strangers to talk in detail 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 the same villages, they had a casual knowledge of each other. This helped in ensuring that they were free to express their feelings without feeling they were divulging sensitive information to strangers. The groups were composed of different ages, with the youngest being 25 and oldest being 72. All the people interviewed had children ranging from two to 11 (See Table 3.2).

3.3.3 In-depth interviews

With an 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, p. 65). This kind of questioning allows the researcher to make follow ups 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 & Sutton, 2004, p. 87). Austin and Pinkleton (2006) sums it up when they argue that,

the entire process allows an unstructured interview to unfold in which participants explore and explain their attitudes and opinions, motivations, values, experiences, feelings, emotions and related information. The researcher encourages this probing interview process through active listening techniques, providing feedback as necessary and/or as desired and occasionally questioning participants regarding their responses to encourage deeper exploration. (p. 140)

I conducted in-depth interviews with the Behaviour Change Communication Manager for BLM. The interview aimed to get familiar 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, p. 27). I had already done some literature review on BLM (much of which has been covered in Chapter One) and I wanted to seek clarity on other areas that were not readily available in the literature accessed. Another interview was conducted with the trainer of male champions. The aim was to get to understand more about what messages the male champions were trained to carry to the targeted audiences. Additional interviews were also conducted with male champions to understand how the messages were carried out to people and how they were received. I also conducted in-depth interviews with eight male champions and some of their wives. Lastly, I conducted in-depth interviews with some members of the focus group discussion whom I felt were expressive enough, but were restricted by group dynamics to completely open up on several key issues. The in-depth interviews with subjects 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 were five or six people.

3.3.3.1 Interview location

The interviews were conducted within the proximity of where the subjects lived and were familiar with. In most cases, the locations were meeting grounds where villagers gather for their normal meetings, for example under a tree at a school ground, at a Health Centre and within the premises of a male champion. This helped to create a natural setting, as opposed to taking them to a location that they were not familiar with.

3.3.3.2 Interview guide

An interview guide is a set of questions that a researcher comes up with before an interview (David & Sutton, 2004, 2011; Babbie, 2017). 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. The interview guide had to be pre-tested before the actual interviews. I selected a few individuals within the township that is closer to my

home. I used a domestic worker to recruit males from his location who had listened to the vasectomy messages for the focus group discussion. This exercise proved vital, as some questions were modified to ensure that the subjects understood the questioning.

3.3.4 Observation

Another method within the qualitative methodology used in this study is observation. This is when the researcher uses visual senses to note and pick up activities related to the studied phenomena. Babbie (2017, p. 44) argues that this involves “looking at the world and making measurements of what is seen”. Lune and Berge (2017) argue, that observation is usually used by ethnographers who spend an extended time within the subject’s location to observe the daily goings-on. It involves, “direct and indirect watching of phenomena in their natural settings” (Michael, Olalekan, Onjefu, & Ovie, 2017, p. 84).

But, observations can also occur in circumstances where the researcher wants to observe how an activity is carried out for a brief period (Fox, 1998). This is how this method was used in this study. Observation involved travelling around the villages where the male champions operated and observing how the posters were used. There were also instances where I had an opportunity to witness a male champion talking to a group of people at a market and a one-on-one with a potential client. During this interaction, I did not ask any questions and had to be permitted to watch the male champion conducting his session. During the observation, I took notes and took pictures of anything that I thought would be useful, especially in interpreting the data.

3.4 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 from the topic (Hansen, 1998; Lune & Berge, 2017). In this regard, I was not only able to conduct the interviews but also regulate who talked, especially when at times it became evident that there were some who talked much more than others. I also used a research assistant whose job was to record the proceedings and record the names, age and domicile of the participants.

3.4.1 Questions of subjectivity and objectivity

As already argued in the opening subsection of this chapter, the researcher's subjectivities are part and parcel of a qualitative study. In her doctoral reception study of *Youth, media and lifestyles of South Africa*, Rene Smith (2011) observed that the difference between the researcher and the subjects of the research, in terms of their background, social class and even economic class, can have an effect in creating a rapport that may have an effect on the willingness of the participants to divulge information. Additionally, having a general understanding of the social-cultural knowledge, including language and practices of the subjects helps, and ensures that meaning is not lost in translation. As already outlined in Chapter One, I am a Malawian male who was born, raised, schooled and has worked in Malawi. I speak and understand the local languages that the subjects in this study used. Furthermore, my work as a journalist before joining academia privileged me to better understand the context from which this study was premised. I also have or had opinions, regarding population growth and family planning, as I described in Chapter One where I discuss my motivation for doing the study.

As has been noted, wherever possible, I have spelt out the assumptions that I as a researcher had towards the study. These subjective assumptions played a crucial part in arousing my interest in gaining an understanding of how men, especially in rural areas, interact with vasectomy messages. But as many social scientists (Lincoln & Guba, 1983; Firestone, 1993; Shenton, 2004) argue, it is very difficult to be totally detached and completely objective in social sciences especially when dealing with the interpretive nature of human social relations. As Gadamer (1975) observes, prior subjectivities and idiosyncrasies of the interpreter are necessary to understand the subjects of a study. Fox (2014, n.p.) observes that, "while there may be an aspiration to objectivity by the social scientist, this inheres only in her detachment from the practical commitments and interests of her subjects, not from some essential difference in her ability to interpret free from values, norms and so forth". I, therefore, was more concerned with the trustworthiness of the research result rather than objectivity, which some social scientists suggest is impossibly idealistic in social research. To achieve a level of dependability, this study followed Shenton's (2004) steps towards achieving validity and reliability of this research – to be discussed in the next subsection. The steps include the following: firstly, credibility which is ensuring that the line of questioning is in line with what

is to be measured. Secondly, ensuring a measure of ‘transferability’. Firestone (1993) suggests that transferability is not necessarily the same as generalisability. In transferability, the investigator ensures that if the same contextual variables are present in a different but similar study, the results would be similar. In order to achieve this, this study provided as much contextual information as possible to ensure that if the same variables were taken into consideration for a similar study, the results would not be completely different.

The third element is dependability. Lincoln and Guba (1985) argue that if credibility is achieved in the first place, dependability comes easily. Dependability is a process in which the researcher establishes consistency in the investigation to ensure that the result can be depended on (Anney, 2014). Shenton (2004, p. 71) argues that to achieve dependability, “the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results”. This study ensured that all necessary procedures were followed and reported to leave a trail of the process for any researcher who would want to repeat the study.

The final element is conformability. Shenton (2004, p. 72) argues that to achieve conformability, steps must be taken to ensure that “as far as possible that the work’s findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher”. To achieve this, this study relied, in the findings, on the voice of the subjects through rich and thick descriptions of their experiences.

3.5 Validity and Reliability

Validity and reliability underpin the credibility of research findings within a 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, 2006). In other words, the extent to which the researcher’s findings are closer to the informants’ innermost experiences and evaluation of the media (Schroder, 2000). While these two concepts are very crucial in the positivist paradigm, they are not central to the qualitative. In qualitative research, these concepts depend on the interpretive skills of the researcher (Maxwell, 2006). Elo and Kyngas (2008) and Elo et al. (2014) argue that

in qualitative research, validity and reliability are grouped in a term called “trustworthiness”. Trustworthiness requires that the “process and the results should be described in sufficient detail so that readers have a clear understanding of how the analysis was carried out and its strengths and limitations” (Elo & Kyngas, 2007, p. 112). In this study, validity and reliability or trustworthiness were achieved by the very method of selecting the sample and the data analysis and interpretation. The research question itself provided a guide to which people would be interviewed, which texts to analyse and the very rigorous process of the interpretation of the data, to present it in an as accurate a manner as possible.

3.7 Data Analysis

Data analysis for this study is presented in two chapters, Chapters Four and Five. Chapter Four presents data analysis from the Qualitative Content Analysis of the media texts and is supplemented by an analysis of in-depth interviews from the key informants. Chapter Five presents data from the focus group discussions and interviews of the respondents. The analysis was conducted using a qualitative coding approach discussed in the opening subsections of this chapter. The main tool used to analyse both sets of data was Thematic Analysis (TA). This method was supplemented by a basic Semiotic Analysis.

3.7.1 Thematic content analysis

According to Braun and Clarke (2012, p. 12), Thematic Analysis is a method,

for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set. Through focusing on meaning *across* a data set, TA allows the researcher to see and make sense of collective or shared meanings and experiences. Identifying unique and idiosyncratic meanings and experiences found only within a single data item is not the focus of TA. This method, then, is a way of identifying what is common to the way a topic is talked or written about and of making sense of those commonalities.

In order to identify the common strands of thought that were used to come up with themes, a six-phase suggested by Braun and Clarke (2006) was adopted. Maguire and Delahunt (2017) argue that while there are many procedures to doing TA, the Braun and Clarke (2006) six-step procedure

is the most dependable and influential method because, “it offers such a clear, usable framework for doing thematic analysis” (p. 3353).

The first phase involved reading and rereading the media texts and the transcribed data from the interviews and FGDs. Since the data from the FGDs and interviews were transcribed from two local languages to English, I had to listen and compare the two to ensure that meaning was not lost in translation. The advantage was, that I speak and understand the two local languages. Notes were being made as I was listening, picking up common elements that assisted in the formulation of themes. This phase aims to “intimately get familiar with your data set content and to begin to notice things that might be relevant to your research question” (Braun & Clarke, 2012, p. 61).

The second phase involved the generation of initial codes. This is the process that involved organising the data into a meaningful and systematic way in line with objectives and main aims of the research as outlined in Chapter One. For both the media texts and transcribed data, open coding was used. This means I did not have pre-set codes but rather developed them as I worked through the coding process guided by the main research aims.

The third phase involved coming up with themes from the coding sheet. Themes are a pattern of frequent occurrences that are significant or interesting on a given phenomenon, guided by the research question or main aims of the study (Clarke & Braun, 2006; 2012; Maguire & Delahunt, 2017). Themes were informed by codes, in which several codes that had common elements were grouped together to form a theme. These themes were more descriptive than stand-alone texts. In other words, they described a particular characteristic that best described a particular experience that had a direct bearing on how the messages were interpreted.

The fourth phase involved the review of themes (Clarke & Braun, 2006; 2012; Maguire & Delahunt, 2017). This involved modifying and reviewing the themes that were developed in phase three. It involved merging themes that were felt to be talking about similar issues. The process was guided by what Maguire and Delahunt (2017) suggests are questions to use in the review and modifying of the process of theme development. These include questions like; Do the themes make sense; does the data support the themes? Am I trying to fit too much into the theme? If the themes

overlap, are they really separate themes? Are there themes within subthemes? Are there other themes within the data?

The fifth step defines the final themes. This stage aims to “identify the ‘essence’ of what each theme is about” (Clarke & Braun, 2006, p. 92). In this regard a good theme should,

ideally have a singular focus; (b) are related but do not overlap, so they are not repetitive, although they may build on previous themes; and (c) directly address your research question ... each theme has a clear focus, scope, and purpose; each, in turn, builds on and develops the previous theme(s); and together the themes provide a coherent overall story about the data. (Braun & Clarke, 2012, p. 66)

Using this step, I developed eight themes from the media texts and nine themes from the FGDs and in-depth interviews as presented in Chapter Four and Five.

The final step is the production of a final report. Braun and Clarke (2012) argue that the purpose of this step as presented in Chapters Four and Five is to tell a compelling story from the analysis of the data. They argue that the story should go beyond being descriptive and be analytical and well-argued to answer the research question. In summary, the reporting stage should tell a story that is, “convincing and clear yet complex and embedded in a scholarly field. Even for descriptive TA, it needs to go beyond description to make an *argument* that answers your research question” (Braun & Clarke, 2012, p. 69).

3.7.2 Semiotic Analysis

Jakobson (1963, p. 289) describes semiotics as “the general science of signs which has as its basic discipline linguistics, the science of verbal signs”. Ferdinand De Saussure (1857-1913) and Charles Saunders (1839-1914), pioneered the study of signs aimed at getting a deeper understanding of meaning by interpreting the visual and verbal representation of signs. Daniel Chandler (2017) argues that semiotics is “closely associated with cultural studies ... semiotics seeks to analyse texts as structured wholes, investigates latent, connotative meanings” (p. 8). Fedorov (2015) argues that a Semiotic Analysis in media helps to uncover “hidden” meanings of text because media agencies often “offer simplistic solutions for complex problems” (p. 113). Chandler (2017) argues that Semiotic Analysis involves a sign, a signifier and the signified. The task in a Semiotic Analysis

goes beyond looking at how the signs have been used to convey a particular message and seeks to “establish the underlying conventions, identifying significant differences and oppositions in an attempt to model the system of categories, relations (syntagmatic and paradigmatic), connotations, distinctions and rules of combination employed” (p. 14). In relation to this study, the signification of vasectomy is done through the use of posters, a brochure or pamphlet and a Public Service Announcement that uses speech, texts and pictures to “sell” a particular “product” to a targeted audience. There the adverts are signs used to signify vasectomy as a viable choice of contraception to any male who has “enough children”.

In doing a Semiotic Analysis, there are a few steps that Chandler (ibid.) suggests should be used, as presented in Chapter Four. This study chose five of those that directly apply to this study.

Identifying the text: This involves including the copy or any representation of text under analysis. Identifying the text includes describing the medium used and the context in which it was found.

Modality: What reality claims are being made the text and how close are the claims to the everyday experiential world.

Syntagmatic structure: The aim is to present the structure in which the text is formulated, for example a narrative, argument or a montage.

Rhetorical trope: How are the tropes, for example metaphors or metonyms, used to move forward the preferred meaning.

Social semiotics: The main aim of this step is to look at what structural analysis the text downplays or ignores. In this regard, the question is looking at who created the text, who was involved, who was ignored and whose “realities” does the text represent and whose does it exclude?

According to Franklin, Lury and Stacey (1991), Semiotic Analysis has the strength to move beyond the positivistic approach of analysing how media text “affects” the target audience and illuminates how language through text and signs extends to “culture as a whole”.

3.8 Ethical Considerations

Following Fontana and Frey's (1994) advice, I made sure that issues of confidentiality, consent, protection from harm and right to privacy were adhered to. The study had to go through a rigorous three-tier process to seek ethical clearance. The first was Rhodes University's ethical clearance (see Appendix A). The proposal went to the ethical committee for consideration and passed. The second clearance was sought from the National Commission for Science and Technology (NCST) in Malawi (see Appendix B). The third was ethical clearance from BLM who could not allow the data collection to proceed until the clearance was granted from their mother organisation Mary Stopes International (see Appendix C). At the district level, I had to seek permission from the District Commissioner to conduct the focus groups interviews in the districts. After the permission was granted, I went directly to meet local chiefs to inform them of my intentions. During the subject identification process, I made sure that I had no direct contact with the subjects before the male champions could contact them. Once they were contacted and told of the intentions of the study, I was free to contact them through the male champions and give them an overview of the interviews. During the interviews, they were informed that the proceedings 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. Finally, they had to sign a consent form (see Appendix D).

3.8.1 Payments

Since I was conducting the interviews in the morning and generally disturbing people's daily chores that included gardening (this was in the farming season) I offered a small payment of 2000 Malawi Kwacha, which is an equivalent of R35.00, to each of the participants. The logic was that the money could be used for transport for those that were coming from far, and to pay casual labour for people working in the garden while the owners were attending to my interviews. This payment was made known to participants at the end of each session to avoid influencing their answers to the questions. Soft drinks and biscuits were also provided at the end of a session as a token of appreciation for their participation.

3.9 Summary

This chapter has presented the methodology underpinning this study and why the qualitative tradition was chosen. It has argued that since human beings are in a constant state of meaning-making, studying them using a positivist perspective, as would be in a quantitative tradition, would not do justice to the very nature of social relations. It has further detailed the methods that were used to sample, collect and interpret the data and looked at issues of validity and ethical considerations. The findings from the data and its interpretation will now be presented in Chapters Four and Five.

CHAPTER FOUR: ANALYSIS: THE MEDIA TEXTS

4.1 Introduction

Chapters Four and Chapter Five present findings of this study. This chapter concentrates on the description and analysis of the sampled media texts used in the vasectomy promotion under consideration. Schroder (2000) as discussed in Chapter Two, critiqued the Hall/Morley model of media reception, pointing out that one weakness of the model was that it is broadly impossible to determine the “preferred meaning” of a media text. But as outlined in Chapter Two, this study argues that with informational and educational genres, such meanings are much more accessible, as Morley (1992) posits, that, “while the message is not an object with one real meaning, there are within it signifying mechanisms, which promote certain meanings, even one privileged meaning, and suppresses others” (p. 21). Educational messages have very explicit aims – and particular jobs of work that the media, photos, captions, layout, design, and medium – are deliberately designed to do. Hall (1980) takes into consideration Derrida’s postulation of text never possessing a single meaning, but that it is ever ‘sliding’. At the same time, Hall argues that there is no infinite play of meaning. In this regard, ‘ideology’ – a broad set of hegemonic ideas that circulate in given societies – works to stop the ‘sliding’ of meaning and promote a particular way of understanding a text. Educational media plays into this broader ideology, but also steers messages very clearly in a particular direction. This does not mean the desired preferred message becomes the actual audience’s reading, but just that it is easier than in, say a news bulletin or soap opera, to be clearer about what that meaning is.

This chapter, therefore, analyses the texts, firstly, to discern the intended or privileged meaning, and secondly, to analyse how the messages are fashioned to move that intended message forward. Drawing on theories of Behaviour Change (particularly those drawn upon by the teams creating these informational/education materials to the extent that their modes of thinking about change could be ascertained) and their critiques, the chapter brings out the assumptions made when

designing the messages. This explication is based on a Qualitative Content Analysis as discussed in Chapter Three, supported by the overview of Behaviour Change theoretical models briefly discussed in Chapter Two. While the basis of the analysis has been QCA and Semiotic Analysis, insights from key informant interviews, helped to put the findings in proper context and perspective. This chapter, therefore, seeks to provide perspectives that help address three of the nine key⁸ questions raised in the introductory Chapter One: How are family planning messages actually constructed and presented in general in Malawi; more specifically, how are vasectomy advocacy messages constructed and represented; and what cultural and contextual considerations are given in the design and presentation of these media campaigns and their specific messages.

4.2 The Media Text and Context of Production

As outlined in the introduction and Chapter Two and Three, this study is concerned with how texts created by Banja La Mtsogolo (BLM), designed to encourage men to have vasectomies, are interpreted by the intended audiences. This is done to find a common ground from two competing theoretical perspectives that primarily see audiences as passive recipients of mediated messages (SBCC) and those that see the audience as much more active and able to actively ‘resist’ textual meaning (broadly, the Cultural Studies tradition of the Birmingham School and its antecedents). BLM, while operating as a Non-Governmental Organisation offering family planning methods, fits most of the characteristics of a ‘mass media’ organisation both in theory and practice. Joseph Dominick (2011) defines at least five characteristics of mass media organisations, the majority of which apply to BLM; mass media organisations are complex and require a great deal of money to operate; they have multiple gatekeepers; their messages are for public consumption; and they broadcast to a heterogeneous audience that is personally unknown to the organisation. In relation to this, Golding and Murdock (2000) argue that it is not just a name that makes an organisation a media organisation, but its products. Therefore, when analysing these institutions, the focus is not merely the “text maker, but also about text enablers and the environment in which text gets made”

⁸ It has, however, to be noted, on the onset, that the purpose of this chapter is not to do a Faircloughan Critical Discourse Analysis. The aim of this chapter is to generally pick up common themes in the process of establishing the preferred messages encoded in the mediated texts.

(Golding & Murdock, 2000, p. 9). As argued by Hall and others, the encoding process is constrained by different structural aspects of media institution:

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, p. 129)

As already argued in the opening chapter, BLM is an NGO that operates on donor funding. The funding agencies have specific goals that are tied to issues of development. In most cases, as argued by many commentators (Chimbwete et al., 2005; Chukwuokolo, 2010; Babatola & Odukoya, 2012; Chawane, 2016), the conditions that are set aside in order to promote certain interventions are generally Eurocentric and often are based on scientific and western concepts, that fail to understand the important role of social-cultural influences. As will be seen as the chapter unfolds, these interventions privilege a distinctly modernist approach to solving social-cultural problems.

BLM has a dedicated team that produces various media artefacts that are broadcast to the public using all available media outreach avenues including, radio, television, billboards, posters and interpersonal communication.

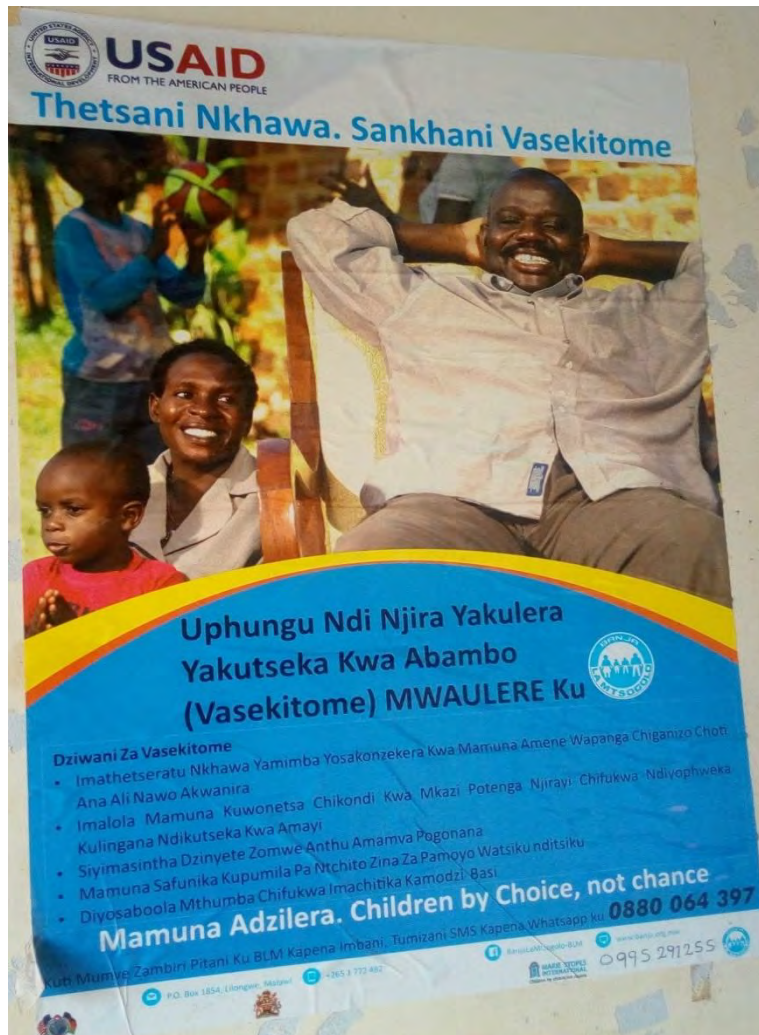
This study homes in on three posters, one pamphlet, and one radio Public Service Announcement. These artefacts were chosen because they spoke directly to the research question. These were the main artefacts that were used to promote the campaign. Furthermore, all these were produced by BLM. The posters (see Figure 4.1; 4.2; 4.3) were posted in villages (see Figure 4.6) where the campaign was taking place, public places including health centres and homes of the male champions (see Figure 4.7). The pamphlet (see Figure 4.4) was distributed by the male champions and available at the clinics. The PSA (see Figure 4.5) was broadcast on two major radio stations in Malawi, with the biggest reach, namely Malawi Broadcasting Corporation (MBC) and Zodiak Broadcasting Station (ZBS), from April 2018 to March 2019 (see Table 4.1). It was played four times a day during prime time and usually adjacent to news bulletins.



Men’s Family Planning Method of Vasectomy

‘Vasectomy’ is the word that medical personnel use and it means a family planning method for men that makes them stop having children. Vasectomy occurs through a minor surgery that closes the way men’s sperms pass through. When this happens, sperms cannot pass to semen on its way to a woman’s egg to make her pregnant”.

Figure 4.1: Poster One




End Anxiety. Choose Vasectomy Counselling and Vasectomy FOR FREE at Banja La Mtsogolo

Know About Vasectomy

- It ends all the worry about unwanted pregnancy to a man who has thought it wise that he has enough children
- It allows a man to show love to his wife by choosing vasectomy because it's easier than women's sterilisation procedure
- It doesn't change the pleasure people get during sexual intercourse
- A man doesn't have to stop doing his daily businesses
- It doesn't consume a lot of money as it is only done once


A man should plan his family. Children by Choice, not Chance
For more information, go to BLM or call, send an SMS or WhatsApp on 0880 064 397

Figure 4.2: Poster Two




Njira ya Kulera Ya Kutseka Kwa Abambo

“Vasekitomi ndi liwu lomwe achipatala amagwiritsa ntchito lomwe limanthauza kutseka kwa bambo, kuti asiye kubereka. Vasekitomi imachitika kudzera mu ka opaleshoni kakang'ono komwe amatseka njira yomwe mbewu yabambo imadutsa. Zikatele ndiye kuti mbewu yabambo siyingafikire umuna komanso dzira la mkazi ndikukapanga mimba”.



P.O. Box 1854, Lilongwe, Malawi | +265 1 772 505/01 772 497/01 772 498
www.banja.org.mw | Banja La Mtsogolo-BLM

Produced by Banja La Mtsogolo



Men's Family Planning Method of Vasectomy

“Vasectomy is the word that medical personnel use and it means a family planning method for men that make them stop having children. Vasectomy occurs through a minor surgery that closes the way men's sperms pass through. When this happens, sperms cannot pass to semen and a woman's egg to make one pregnant”.

Figure 4.4: Pamphlet

Table 4.1: Transcription of the Radio Public Service Announcement

Chichewa	English
<p><i>A unduna wa za umoyo mogwilizan ndi akatswiri anjira za kulera a Banja La Mtsogolo, akulengeza kuti ayamba kupeleka mwai wa upungu ndi njira ya kulera ya kutseka kwa abambo vasectomy pa chingerezi, mwaulele mzipatala za Banja La Mtsogolo mdizko muno muhcikampeni chomwe akuchitcha “mwamuna adzilera”.</i></p> <p><i>Vasectomy ndi njira yakulera ya makono. Yodalilika ndinso yosaopsa, yomwe mwamuna wa ma somphenya angathe kutenga ngati wapanga chiganizo chiti ana amenenwadalitsika nawo akwana.</i></p> <p><i>vasectomy imachitika potsek njira yomwe mbeu ya bamboo imadutsa. Zikatele ndiye kuti mbeu ya bamboo singafikire munthu wa mai ndikupanga mimba. Moto ndi chimodzimidzi. Mumakhala mumakhala mulibe polobulemu mnyumbamo, kungosiyani kuti onse amakhala alibiletu kutekeseka kuli konse kuti munthu wa mai angatenge mimba yosakonzekera. Zonsezitu, nonse mukynag’ana zakutsogolo.</i></p> <p><i>Khalani mzibambo ousumana. Thetsani nkhwawa ya mimba yosakonzekera. Sankhani njira ya a bambo yotsekeratu, vasectomy, ngati ana anu akwanira. Funsani a Banja La Mtsogolo kuti mukamve zambiri za Vasectomy ndkuchita chisankho choyenera. Mwamuna weni weni adzilera.</i></p> <p><i>Mukafuna kudziwa zambiri, mutha kuimba pa 0880064397, mukonzanso kutumiza uthenga wa foni ya mmanja, ngakhale pa WhasApp panambala yomweyo.</i></p>	<p>The Ministry of Health in collaboration with experts in family planning services in Malawi, Banja La Mtsogolo, are pleased to announce that they are giving vasectomy services for free in all Banja la Mtsogolo clinics in the country through a campaign they are calling: “A man should plan his family”.</p> <p>Vasectomy is a new family planning method that is reliable and safe, that a visionary man may undergo if he has made a decision that the children he has been blessed with are enough.</p> <p>Vasectomy is a minor operation that blocks the passage through which sperms pass during sexual intercourse. When this happens, sperms cannot pass to semen to make one pregnant. The sexual pleasure is the same. There are no worries in the house of falling pregnant unexpectedly. In all this, you are both looking into a bright future.</p> <p>Be a modern man. End the worry about unwanted pregnancy. Choose vasectomy if your children are enough. Ask Banja la Mtsogolo for you to hear more about vasectomy and make the right choice. A “real man should plan his family”.</p> <p>For more information, you can call on 0880 064 397. You can also send an SMS or WhatsApp on the same number. Banja La Mtsogolo, experts in family planning issues.</p>



Figure 4.5: A vasectomy poster, pasted on one of the houses in Dedza

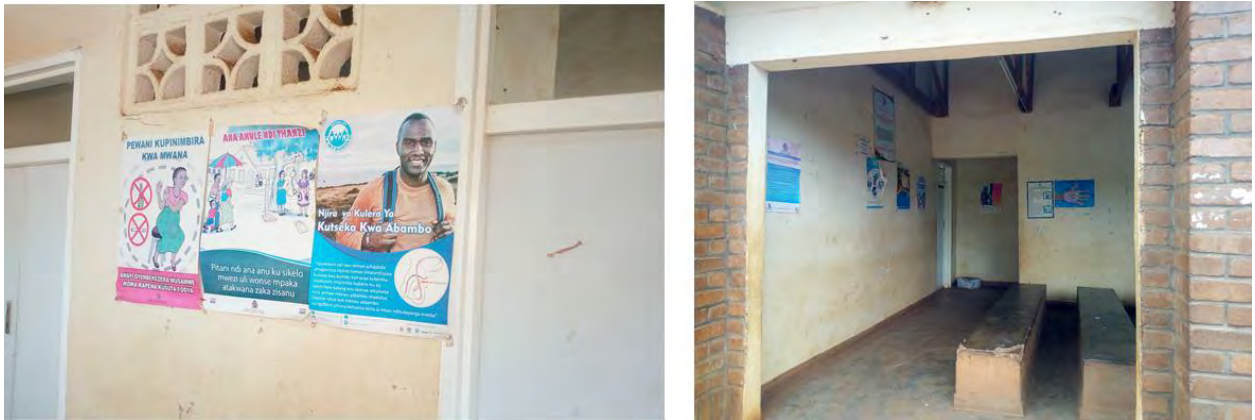


Figure 4.6: A vasectomy poster at a notice board at one of the clinics in Dedza

4.3 Unpacking the Visual and ‘Presentation’ Elements: The Posters and Pamphlet

Figures 4.1 and 4.2 are two differently designed posters but carry the same messages. Figure 4.1 is a poster that is specifically designed to target men. The poster has a picture of a ‘modern’ man, smiling and carrying a backpack on his back. He looks relaxed and free of any anxiety. He is well dressed in modern clothing that includes a simple T-shirt and a silver bracelet on his arm. He is smiling and looks straight into the camera and exudes confidence that he is in control of his life.

The background is a vast empty land that appears to suggest the man is on something like a hiking expedition.

Figure 4.3 is a poster that targets both men and women. It has a picture of a modern ‘nuclear’ family; a father, mother and their three children. The picture is taken in a modern family home. They are seated on a comfortable couch on what looks like a living room. The background is donned with curtains that make the environment look cosy. Part of what appears to be a television screen and flowers can be seen in the background. From the general relaxed postures and smiles of everyone in the picture, this looks like a model and satisfied family that is in charge of their lives. Embedded within the pictures of both posters is an infogram depicting the vasectomy process; it is a drawing of the male reproductive parts showing how the sperms move from the testicles in the scrotum via the vas deferens on their way to the penis. It then shows where the vas deferens is severed during the vasectomy process.

Pictures in both posters are accompanied by texts that provide information about the service that is being offered “Vasectomy”. All the texts are in the main local language Chichewa. The bold and main headline on the posters reads: “*Njira ya kulera ya kutseka kwa a bambo*” (Vasectomy, a family planning method for men). Under the headlines, the posters provide what the encoders of the messages consider important facts that the targeted audiences need to know about vasectomy, based on their targeting in their strategic plan (BLM, 2017). The text first acknowledges that vasectomy is a medical term: “*Vasectomy ndi liwu limene achipatala amagwilitsa ntchito lomwe timatanthauza njira yotseka kwa abambo, kuti asabelekenso*” (Vasectomy is a term used by the medical personnel to mean a permanent contraceptive method for men, keeping them from having children). The text then describes what happens in the vasectomy procedure: “*Vasectomy imachitika kudzera mu ka opaleshoni kakang’ono komwe amatseka njira yowmee mbewu yabambo imadutsa*” (Vasectomy occurs through a minor surgery that closes the way men’s sperms pass through). “*Zikatele ndiye kuti mbewu ya a bamboo siyingafikire umuna komanso dzira la mkazi ndikukapanga mimba*” (When this happens, sperms cannot pass to semen on its way to a woman’s egg to make her pregnant).

All the posters have logos representing all the organisations involved, directly or indirectly with the production of the messages. These logos vary in size. Banja La Mtsogolo, the organisation directly involved in the production of these messages has the biggest logo. The other logos represent who is funding the campaign. These include UKAID and the Malawi Government.

Figure 4.2 is another poster that clearly targets a rural or semi-urban family. It also shows a nucleus family of a father, mother and their three children. The man is sitting, relaxed on a lazy chair. He is smiling with his hands locked behind his head. Seated next to him is supposedly his wife, carrying one of their children on her lap. She is also smiling and looks relaxed. Behind them are a young boy and a girl playing with a ball. All of them are wearing clothes that show they are far from being poor. The clothes look modern and are clean. The picture composition depicts, as was the case with the previously discussed posters, a family that is relaxed and in control of their lives. Behind the family is a wall of a house that shows it is constructed using burnt bricks and cement, a symbol that they have money to either rent or construct such a house. As was the case with the previously discussed posters, this one is also accompanied by texts and logos. The highly visible logo is that of the main funder of the campaign, USAID. It is placed on the top left side of the poster, depicting how important the funder is to the campaign. Under the logo is the headline or the main message that the reader of the poster should take home. *“Thetsani Nkhawa. Sankhani Vasekitome”* (Avoid stress. Choose Vasectomy). Under the picture is a subheading of what the poster message is about: *“Uphungu ndi njira yakulera ya kutseka kwa abambo (vasekitome) MWAULELE ku BLM”* (Counselling and Vasectomy for FREE at Banja La Mtsogolo). As will be discussed later, the fact that the service is for free has been emphasised by putting the word *“MWAULELE”* (FREE) in capital letters. This is done as a way of emphasising that no one has to pay for this service. It is for free, therefore cost should not be a barrier to its usage. Under the subheading are key points the producers of the messages want the reader to take home. They come under the heading: *“Dziwani za Vasectomy”* (Know more about vasectomy).

The key points about vasectomy have been laid down as follows:

- It ends all the worry about unwanted pregnancy to a man who has thought it wise that he has enough children

- It allows a man to show love to his wife by choosing vasectomy because it's easier than women's sterilisation procedure
- It doesn't change the pleasure people get during sexual intercourse
- A man doesn't have to stop doing his daily businesses
- It doesn't consume a lot of money as it is only done once

The poster then signs off with a call to action: "*Mwamuna adzilera. Kusankha ana, osati kukhala nawo mwangozi*" (A man should plan his family. Children by choice and not by chance).

Under the pay off line is a message calling on those who need further information to call a number that is provided. Under that, are logos of those directly or indirectly involved in the production of the messages. These include the US Centre for Disease Control, the Malawi government, Marie Stopes, and Banja La Mtsogolo. And since this was the main poster used by the male champions in their localities, a handwritten phone number is also on the bottom corner of the poster. This is a number that each of the male champions had to put on the poster so that anyone who wanted a one-on-one discussion with them could call.

Figure 4.4 is a pamphlet that is text-based but accompanied by a picture. The picture on the pamphlet is the same one on the poster Figure 4.3 that has already been described. As with posters 1, 2 and 3, the main purpose of the pamphlet is to provide important information deemed necessary for anyone who wants to use vasectomy as a contraceptive method. The front of the pamphlet has the logo of BLM clearly visible and is embedded into the picture of a seemingly urban family. Under the picture is the headline or title of the pamphlet: "*Uphungu ndi njira yakulera yakutseka kwa abambo*" (Counselling and Vasectomy services). The text then goes into detail of what anyone who wants to go for a vasectomy needs to know. It starts by explaining when one can restart having sex after the procedure:

Mukhonza kuyambiranso kugonana patatha masiku awiri kapena atatu ngati mukudzimva kuti mutha kutero. Gwilitsani ntchito ma kondom kapena njira ina yakulera myezi itatu yoyambilira mutachita vasekitome. Nthawi zina mukhonza kukumana ndi mavuto ena ndi ena, adotolo adzakufotokozerani zizindikilo zoti muziyembekezere ndi zoyenera kuchita ngati mwaona zizindikilozi.

You can resume having sex after two or three days if you feel like doing so. Use condoms or any family planning method for the first three months after the vasectomy. Sometimes you may experience some problems, the doctor will tell you signs and symptoms that you should expect and what you should do when you experience such.

Under the introductory message, the pamphlet goes on to list six important facts anyone going for a vasectomy needs to know, under the subheading line: *zoyenera kudziwa* (what to know)

- *Ngakhale vasekitome ili njira yakulera yodalilika ya mpakana kale kale, nthawi zina imafooka n'kusagwira ntchito moyenera.*

Even though vasectomy is a permanent family planning method, sometimes it might have problems and may not work properly.

- *Vasekitome siimayambiratu kugwira ntchito pompo-pompo. Pamayenera papite miyezi itatu kuti muyambe kuyidalira kotheratu. Gwiritsani ntchito njira zina zakulera mmiyezi itatu yoyambilira mutachita Vasekitome.*

Vasectomy does not start working instantly, three months have to pass for you to start depending on it entirely. Use condoms or any family planning method for the first three months after the vasectomy.

- *Ndizotheka kupeleka mimba chaka choyambilira mutachita Vasekitome pa zifukwa izi;*
 - *Ngati simukugwilitsa ntchito makondomu nthawi zonse pogonana kapena njira zina zakulera m'miyezi itatu yoyambilira*
 - *Aadotolo anakwitsa chinachake nthawi ya opaleshoni*
 - *Mlao omwe anaula njira ya mbeu ya a bamboo ija yalumikizananso yokah. Zikatelo palibe chiopsezo kapena phindu lirilonse pa Vasekitome imeneyi*

It is possible to impregnate a woman during the first year after vasectomy because of the following reasons:

- If you are not using condoms or any family planning method all the times during the first three months after vasectomy
- The doctor did something wrong during the surgery
- The place where sperm way was cut has reconnected. When this happens, there is no harm or benefit in this vasectomy method

- *Pakuyenera kukhala dongosolo ndi ndondomeko yapadera pofuna kuchita Vasekitome kwa munthu odwala matenda okhudzana ndi HIV/AIDS*

There should be special care and procedures when conducting vasectomy to a person who has an HIV/Aids related sickness.

- *Vasekitome siyimakutetezani ku matenda opatsilana pogonana kuphatikizapo HIV*

Vasectomy does not protect you from any sexually transmitted disease including HIV.

The pamphlet then goes in detail on the ‘authorisation’ a person willing to go for a vasectomy should give to the service provider before the procedure can be performed. The details fall under a subheading “*Chilorezo*” (Permission/authorisation):

- *Mukuyenera kupeleka chilorezo kuti vasekitome ichitike*

You are supposed to give permission for vasectomy to be conducted

- *Musanapeleke chilorezo kuti vasekitome ichitike mukuyenera kudziwa izi;*

Before you give permission for vasectomy to be conducted, you should know this:

- *Njira zina zakulera zomwe sizokhalitsa zilipo, chisankho ndi chanu*

There are some temporary family planning methods, so the choice is yours

- *Vasekitome ndi chisankho chanu mopanda kukakamizidwa ndipo ndi ka opaleshoni kakang’ono*

Vasectomy is your choice without being forced and it’s a minor surgery

- *Vasekitome ili ndi ubwino wake komanso mvuto ena ndi ena. (Ubwino ndi mavutowa zikuyenera kufotokozedwa movwka bwino kwa inu)*

Vasectomy has advantages and disadvantages (these advantages and disadvantages should be clarified to you properly)

- *Vasekitome ngati ikayenda bwino ndiye kuti inu muiwale zobereka mpakana kale*

If vasectomy goes well, you should forget about having children forever

- *Vasekitome ikachitika, yachitka mpakana kale ndipo ilibe kutembenuza*

Vasectomy is a permanent procedure; it can’t be reversed

- *Muli ndi ufulu kusintha maganzio anu vasekitome isanachitike. Palibe chilango chilichonse chomwe mungalandire chifukwa chosintha maganizo*

You have the right to change your mind before vasectomy. There is no punishment that you can be given for refusing to undergo the process

- *Vasekitome isanachitike, mukuyenera kusainira kalata ya chilorezo. Ngati smuwerenga, wina akuwerengereni momveka bwino ndipo mboni ikuthandizeni kusainira ngati mwasankha kutelo*

Before undergoing the vasectomy procedure, you must sign a consent letter. If you can't read, somebody should read for you properly and a witness will help you sign if you have chosen to do so

Just like the posters discussed above, the pamphlet also ends with phone numbers, postal address, and a website address that those who need further information and clarification can use to be assisted. Under the contact information, is an acknowledgment that the messages have been “Produced by Banja La Mtsogolo”. Finally, the pamphlet has logos of the organisations involved directly and indirectly with the formation of the messages and provision of the services. These include the Malawi government, UKAID, Bluestar and BLM.

4.4 Presentation: The Radio PSA

Table 4.1 is a transcription and translation of a Public Service Announcement that was put on both the national broadcaster Malawi Broadcasting Corporation and a privately own radio station Zodiak Broadcasting Station ZBS. Both radio stations have national reach and are very popular with the local masses (MACRA, 2014). The PSA was in two local languages, Chichewa, the national language, widely spoken and understood nationwide and Tumbuka, widely spoken and understood in many parts of the northern region of the country where Karonga is located. Dedza is predominantly Chichewa speaking (Kretzer & Kumwenda, 2016).

The advert starts with a rendition of a familiar signature tune that has been used by BLM in many of its audio PSAs to promote family planning among men. The tune repeats the words “*tikambirane wawa*” (let's talk fellow man) ... and then repeats the words, “*mwamuna adzilera*” (a man should practice family planning). The tune fades down and an authoritative male voice cuts in: “*A unduna wa za umoyo mogwilizan ndi akatswiri anjira za kulera a Banja La Mtsogolo, akulengeza kuti ayamba kupeleka mwai wa uphungu ndi njira ya kulera ya kutseka kwa abambo*

vasectomy pa chingerezi, mwaulele mzipatala za Banja La Mtsogolo mdziko muno muchikampeni chomwe akuchitcha “mwamuna adzilera” (The Ministry of Health in collaboration with experts in family planning services in Malawi, Banja La Mtsogolo, are pleased to announce that they are giving vasectomy services for free in all Banja la Mtsogolo clinics in the country through a campaign they are calling: ‘A man should plan his family’).

A different male voice comes in and continues in detail about what the encoders of the messages believe are the important messages anyone wishing to go for vasectomy should know: “*Vasectomy ndi njira yakulera ya makono. Yodalilika ndinso yosaopsa, yomwe mwamuna wa ma somphenya angathe kutenga ngati wapanga chiganizo chiti ana amenenwadalitsika nawo akwana*” (Vasectomy is a new family planning method that is reliable and safe, that a visionary man may undergo if he has made a decision that the children he has been blessed with are enough).

The first voice comes back and continues: “*Vasectomy imachitika potseka njira yomwe mbeu ya bamboo imadutsa* (Vasectomy is a minor operation that blocks the passage through which sperms pass during sexual intercourse). “*Zikatele ndiye kuti mbeu ya bamboo singafikire munthu wa mai ndikupanga mimba*” (When this happens, sperms cannot pass to semen to make one pregnant). “*Moto ndi chimodzimidzi*” (The sexual pleasure is the same). “*Mumakhala mumakhala mulibe polobulemu mnyumbamo, kungosiyan kuti onse amakhala alibiletu kutekeseka kuli konse kuti munthu wa mai angatenge mimba yosakonzekera*” (There are no worries in house of falling pregnant unexpectedly). “*Zonsezitu, nonse mukuynag’ana zakutsogolo*” (In all this, you are both looking into a bright future).

“*Khalani mzibambo ousumana*” (Be a modern man). “*Thetsani nkhawa ya mimba yosakonzekera*” (End the worry about unwanted pregnancy). “*Sankhani njira ya a bamboo yotsekeratu, vasectomy, ngati ana anu akwanira*” (Choose vasectomy if your children are enough). “*Funsani a Banja La Mtsogolo kuti mukamve zambiri za Vasectomy ndkuchita chisankho choyenera*” (Ask Banja la Mtsogolo for you to hear more about vasectomy and make the right choice). “*Mwamuna weni weni adzilera*” (A real man should plan his family). “*Mukafuna kudziwa zambiri, mutha kuimba pa 0880064397*” (For more information, you can call on 0880 064 397). “*Mukhonzanso kutumiza*

uthenga wa foni ya mmanja, ngakhale pa WhasApp panambala yomweyo” (You can also send an SMS or Whatsapp on the same number).

The PSA finishes with a payoff: *“Banja La Mtsogolo akatswiri pa nkhani yakulera”* (Banja la Mtsogolo, experts in family planning issues). The signature tune fades up and fades down and the first voice comes back and announces that: *“Uthengawu, akukupatsilani ndi unduna wa zaumoyo mogwilizan ndi a Banja La Mtsogolo ndi thandizo lochokera ku United States Agency for International Development USAID ndi PEPFA”* (This message is brought to you by the Ministry of Health and Banja La Mtsogolo with funding from the United States Agency for International Development USAID and PEPFA).

4.5 Semiotic and Thematic Analysis of the Media Samples

As argued in the introduction, the aim of this Semiotic and Thematic Analysis is to provide a perspective that this study argues informs how the messages are expected to be consumed and interpreted by the targeted audiences. In general, the aim is to establish a dominant-hegemonic reading by looking at the assumptions underpinning the text. In doing this the analysis answers the following research questions:

- How are family planning messages constructed and represented in general in Malawi?
- More specifically, how are vasectomy advocacy messages constructed and represented and transmitted?
- What are the cultural and contextual considerations in the design and presentation of these media campaigns and their specific messages?

In trying to achieve this, as discussed in Chapter Three, themes were drawn from the codes that were drawn from analysing the texts.

As discussed in Chapter Three, the six-steps that Braun and Clarke (2006) outline were used for isolating themes. The process involved reading and re-reading the texts, generation of initial codes, coming up with themes from the coding sheet, reviewing the themes, refining the final themes and finally producing the final report. This subsection and others to follow, aim at presenting the

reoccurring themes that answer the three sets of this study's key questions discussed in the introduction chapters.

These themes include the following:

- Persuasion using rational and personal appeal for men to go for vasectomy.
- The need for more knowledge on vasectomy.
- The centrality of a unit “family” in family planning.
- The centrality of the words “enough children”.
- The centrality cost-effectiveness of vasectomy.
- The centrality of the health and economic angle to the promotion of vasectomy.
- The centrality of the efficacy and permanence of the method.
- The centrality of modernism in the promotion of vasectomy.
- Use of logos as a sign of ownership of the messages.
- The missing cultural links in the messages.

4.5.1 Persuasion using personal and rational appeal for men to go for vasectomy

It is very clear from the onset that the intention of the messages and the privileged meaning, is to persuade or appeal to men to go for vasectomy. This intended message is unambiguous. As will be discussed as the chapter unfolds, there are signifying mechanisms, both verbal and pictorial, that convey this message. According to the BLM behaviour change and marketing strategy of 2017-2020, the vasectomy campaigns target men within the age bracket of 20 to 40 years with the goal of introducing the method as a long-term method of choice. Specifically, BLM wants to target:

Adult men between the age of 30-45 (average age 40 years old) who have children (average 5 children) and who are not aware, aware or intend to be users of family planning. Maybe working or farming (75%). 90% will be married. Their peers will have children. Consume information from peers, leaders, and radio. 27% have completed some primary education. Worried about income, community infrastructure (water, electricity), malaria, STIs, HIV. Barriers to using family planning include: fear of partner's opinion, religious views, “FP is a woman's business”. Knows myths and misconceptions about FP, especially NSV. Poor health seeking behaviour. (BLM, 2018, p. 27)

Typical of many behaviour change interventions, the sampled texts use persuasive tactics or appeals to convey the message that vasectomy is the best option for anyone who wants an effective permanent method of family planning. While there are many persuasive appeals including, fear appeal, emotional appeal, personal appeal, and rational appeal among others (The Visual Communication Guy, 2019), the campaign uses personal and rational appeal to a large extent.

According to Azjen (1992), persuasive communication whether verbal or through signs, aims at influencing attitude and behaviour. He argues: “Although the context of persuasion must necessarily be considered, the verbal message, designed to sway the hearts and minds of the receivers, is at the core of persuasive communication. Through a process of reasoning, the message exerts its influence by force of the arguments it contains” (Azjen, 1992, p. 1). Azjen and Fishbein (1982) argue that any persuasive message will have a structure that propels the message forward. These include an advocated position, a set of arguments supporting the advocated position and evidence to bolster the general argument.

The ‘advocated position’ is the gist of the message the encoders of the message want the decoders to take. With regards to this study, the position is “For men who have ‘enough children’, vasectomy is a very effective method”. This comes out clearly in all the sampled text this study analysed. This position has been put forward using personal appeal tactics. Firstly, it is the use of verbal cues that leave no imagination to what the intended message is. In Figure 4.1, the headline of the poster is “Vasectomy, a permanent family planning method for men”. Figure 4.2 goes further and argues “End your stress, choose vasectomy”. They make the message personal and appeal to the common sense and rationality of the individual. After all who wants stress? Especially stress that is caused by something that one can control? In this regard, the messages suggest: “Here is a method that gives you the power to control the destiny of your family and relieves you of stress”. Secondly, the posters and pamphlets use visual cues to drive the advocated position home. Figure 4.1 uses a picture model of a ‘modern man’ as discussed in the analysis of the posters in the introductory subsection. The man is clean-shaven, wearing modern clothes and appears to have few cares in the world. The background of where he is standing, is a vast area of empty land and the backpack on his back appears to show he is on a hiking expedition. He has a broad smile on his face and looks very relaxed.

The poster relies heavily on the ‘modelling’ concept of Social Learning Theory (Bandura, 1977). Expanding on the model, Inci et al. (2017) argues that people are more likely to model another’s behaviour if they believe they are like the model in question. Specifically, the theory suggests that individuals learn a particular behaviour in three ways. Firstly, when an actual person demonstrates the desired behaviour, secondly when a person verbally instructs them to adopt the desired behaviour and thirdly when a fictional character demonstrates the desired behaviour through a media channel (Georgiadis, 2013). The poster, therefore, uses a model to tell the interested man, “You can also be like me. I have few cares in this life because I am not afraid of making a woman pregnant unintentionally”. This is the same Figure 4.2 albeit in a different context. This is a poster of a model family outside what appears to be a family home. The man is seen relaxing on an easy chair with his hands behind his back. The woman who is supposedly his wife is also smiling with a child on her lap. Behind them are two children playing with a ball. One thing that is clear, is that this is a representation of a modern rural/semi-urban family. They are not poor from the look of their clothing. The clothes that the family are wearing are clean and modern, a sign that the parents can provide for their children. Additionally, the children behind them – playing with a ball – appear to suggest that the parents have disposable income that they can use to buy toys for their children. Figure 4.3 and 4.4 have the same picture. This is a typical modern family with what appears to be “everything going for them”.

The setting of where the picture is taken suggests a town dwelling family that is in charge of their life. Their dressing indicates a family that is not lacking in anything. They look well groomed; a family that eats three times a day, bathes with soap, irons their clothes etc. They are seated on a comfortable couch. The curtains in the background are modern and are not typically found in poor households where using clothing material as curtains is considered a waste. In the background is what appears to be a television set, another sign that they have disposable income to invest in entertainment equipment other than a radio. The smiles on the parent’s faces appear to indicate a family that has peace of mind. This picture as well, says “You can be like us if you choose wisely”. “A small family is manageable”. “You can achieve what we have achieved through vasectomy”. In essence, the models have been used to advance that vasectomy gives you peace of mind and puts you in control of your life.

The samples then go further to provide a set of arguments to support the advocated position. This is very clear especially in Figure 4.2 and the radio advert. They give reasons, which they believe make adopting vasectomy a reasonable and rational choice. These include vasectomy being a sure way of taking away the worry of unintended pregnancy; the posters further suggest vasectomy as a sign of love that a man can show to his wife. It does this by contrasting the complex nature of tubal ligation in comparison to vasectomy. As has been documented, tubal ligation and other contraceptives for women have been known to have adverse side effects (Chipeta, Chimwaza, & Kalilani-Phiri, 2010; WHO, 2012; Smith, 2017). The poster then suggests that having a vasectomy means a man is showing love to his woman by taking over the responsibility of using contraceptives to relieve her from the side effects.

Appealing to men who are formally and informally employed or indeed are self-employed, the advert argues that a man does not need to take time off to use this method, as is in the case with tubal ligation which requires some bed rest after the procedure.

Finally, in both Figure 4.1 and Fig 4.4, the poster and pamphlet attempts to provide evidence of how simple the procedure is. On the two samples, there is an infogram of the male reproductive system, detailing how the procedure is done. Arzjen (1996) argues that this is the third point in the structure of a persuasive argument. It provides evidence for the argument being made. As has been argued in the previous chapters, one reason many studies (Kols & Lande, 2008; Bunce, Guest, Searing, Frajzyngier, Riwa, & Achwal, 2007; Shattuck et al., 2016) give to explain the low adoption rate of vasectomy is the conflation of vasectomy with castration. The inclusion of the infogram, therefore, is an attempt at giving scientific evidence, assuring men that vasectomy is nowhere near castration. This also clearly comes out in the radio PSA with statements like: “Vasectomy is a minor operation that blocks the passage through which sperms pass during sexual intercourse” and the inclusion of the statement, “The sexual pleasure is the same”.

In line with the SBCC belief that knowledge is power, these sampled texts have the provision of ‘modern knowledge’ as the key focus of the intervention. The creators’ key aim is to fill the ‘knowledge gap’ that they assume exists despite around 30 years of vasectomy messaging. As argued in the opening Chapter One, several studies (Bunce et al., 2007; Akpamu et al., 2010;

Respond project., 2013; Shattuck et al., 2016) have pointed out the general lack of information on vasectomy as one reason for the slow adoption of the method. The need to provide information and knowledge on vasectomy as evidenced in the posters, appears to reflect the need to fill in that gap.

4.5.2 The need for more knowledge on vasectomy

At the core of Behaviour Change Communication is the belief that knowledge is power (Meusbürger et al., 2017). People need new information and ideas in order to change their behaviour (Etana, 2014; Lien & Jiang, 2017; Dearing & Cox, 2018). Development Communication is 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” (Macphail, 2007). The assumption is backed up by several studies (Bunce et al., 2007; Akpamu et al., 2010; Shattuck et al., 2016), that argue that the one of the reasons for a slow intake of vasectomy is because of a general lack of information or lack of accurate information on vasectomy. In other words, if people are presented with accurate information, there is a high likelihood that whatever innovation is presented to them will be adopted. The posters and the PSA are information loaded to ensure that anyone who is interested in vasectomy has accurate information. The posters and pamphlet have been designed in different ways to target different individual needs. Figure 4.1 and 4.4 are aimed at those who may have not heard about vasectomy and may need just general information. The pamphlet does not have many details on what vasectomy is. It generally tells the interested individual that there is an option called vasectomy that a man can go for hence the heading, “Vasectomy, a permanent contraceptive for men”. It then simply says: “Vasectomy is a word that medical personnel use and it means a family planning method for men that make them stop having children. Vasectomy occurs through a minor surgery that closes the way men's sperms pass through. When this happens, sperms cannot pass to semen and a woman's egg to make one pregnant”.

The posters then go further to provide an infographic of the male reproductive system as a way of empowering a would-be user of the method of what the method is all about. Furthermore, it gives

the would-be user directions as to where they can get additional information. In line with the Diffusion of Innovation and Social Marketing strategies, the assumption is that an innovation will easily be adopted if there is enough knowledge on how it is used and if that knowledge can easily be transferred from one context to another. Additionally, the texts assume there is a need for augmentation and support; if an innovation can have easily accessible points where people can get more information on it, it is easily adoptable. The pamphlet then provides that augmentation and support role, especially for those who can read but cannot easily travel to the clinics to seek for more information. As seen in Figure 4.3, the poster goes to a great length providing necessarily information that is deemed useful for the would-be adopter. This, this study argues, is meant for those who have gone beyond the mere information seeking stage and are about to go for the method but need further and detailed information. The pamphlet's information has been divided into three categories. The first is what to do and what to expect after vasectomy:

You can resume having sex after two or three days if you feel like doing so. Use condoms or any family planning method for the first three months after the vasectomy. Sometimes you may experience some problems, the doctor will tell you signs and symptoms that you should expect and what you should do when you experience such.

The second is general knowledge of how a vasectomy works and how it is expected to perform. This has been laid down in three points:

- Even though vasectomy is a permanent family planning method, sometimes it might have problems and may not work properly.
- Vasectomy does not start working instantly; three months have to pass for you to start depending on it entirely. Use condoms or any family planning method for the first three months after the vasectomy.
- It is possible to impregnate a woman during the first year after vasectomy because of the following reasons:
 - If you are not using condoms or any family planning method all the times during the first three months after vasectomy
 - The doctor did something wrong during the surgery

- The place where sperm way was cut has reconnected. When this happens, there is no harm or benefit in this vasectomy method

The third is information with regards to the relationship between vasectomy as a contraceptive method and prevention of other sexual related diseases:

- There should be special measures and procedures when conducting vasectomy to a person who has an HIV/Aids-related sickness.
- Vasectomy does not protect you from any sexually transmitted disease including HIV; it is not good to use this method if:

Finally, the need for the would-be adopter to have information on issues of permission and personal acceptance and understanding that the method is irreversible:

- You are supposed to give permission for vasectomy to be conducted
- Before you give permission for vasectomy to be conducted, you should know this:
 - There are some temporary family planning methods, so the choice is yours.
 - Vasectomy is your choice without being forced and it's a minor surgery.
 - Vasectomy has advantages and disadvantages (these advantages and disadvantages should be clarified to you properly).
If vasectomy goes well, you should forget about having children forever.
 - Vasectomy is a permanent procedure; it can't be reversed.
 - You have the right to change your mind before vasectomy. There is no punishment that you can be given for refusing to undergo the process.
 - Before undergoing the vasectomy procedure, you must sign a consent letter. If you can't read, somebody should read for you properly and a witness will help you sign if you have chosen to do so.

The need for information is also clearly seen within the radio PSA. The PSA, this study argues, is also broken down in different segments that emphasise the power of information and knowledge. Firstly, the PSA raises awareness that there is a campaign that is going on vasectomy. It specifically mentions that it is the Government of Malawi in collaboration with BLM that are conducting this

campaign. This is very important information for anyone who has may have heard of vasectomy but who, for different reasons including financial, may not have been able to access the service. In line with the need to provide information, the PSA goes further as was the case with the posters to explain what vasectomy is. It promotes the method as “new” even though it has been available for over three decades, and offers information on its efficacy and dependability; "Vasectomy is a new family planning method that is reliable and safe, that a visionary man may undergo if he has made a decision that the children he has been blessed with are enough." It then goes on further to explain that this is a minor surgery and provides basic information of what happens after the procedure is done with regards to male potency. In summation, the adverts are based on filling a knowledge gap that the encoders of the messages believe is one of the “missing links” that is affecting the adoption of the method.

4.5.3 The centrality of a unit family in vasectomy

It is clear from how the adverts are fashioned that the central idea of how this method is going to be used is in a conjugal nucleus family, i.e. where there is one mother one father and their children. Additionally, this study argues, the adverts assume there is going to be negotiation between couples before the method can be adopted. Firstly, this comes out clearly especially in the Figure 4.2, 4.3 and 4.4. As already discussed, the posters and the pamphlet have a model family that appears to be loving and at peace with themselves. They all appear to be in charge of their lives and are meant to represent a family that made a rational choice about the number of children they will have. The posters, generally, show a lack of understanding of how family planning decisions are made. They assume an environment in which men and women have equal power in the discussion of when, what type and who should go for family planning. But as many studies indicate (Schuler, Rottach, & Mukiri, 2011; Dasgupta, Zaba, & Crampin, 2015; Fleming et al., 2018), the decision as to when and who uses a contraceptive method is a very complicated process. Women carry the heavy burden of using contraceptives, while men are usually in charge of deciding or giving permission for a woman to use contraceptives. It is never an equal power relation especially in traditional settings with deep-rooted patriarchal tendencies. In this regard, the posters, as well as the radio PSA, seem to present a linear, gender-free and simplistic process of decision-making where the issue of vasectomy is concerned. Furthermore, the posters, especially those with model

family units seem to take vasectomy out of the traditional African/Malawian family unit dynamic. As argued by Kishindo (1994) and the National Family Planning Council (1999), decisions on how many children a family can have and at what point, is not always in the hands of the couple, especially in rural areas where some of the posters and PSA were targeted. The assumption in the advert is based on a Western idea of a family unit, that in many cases includes only a father, mother and their children (Georgas, 2003; Seltzer, Bachrach, Bianchi, Bledsoe, Casper, & Chase-Lansdale, 2005; Magezi, 2018,). While it is true that modernity accruements that include urbanisation have eroded the idea of the traditional concept of family, for many families, especially in rural areas, the term “family” means more than just the immediate family. For example, Cultural Atlas (2019) in relation to South African ethnic groups – but applicable to many Malawian ethnic groups – argues that:

The structural pattern of the family is even more variable depending on the tribe to which they belong. Some households are multigenerational while others are horizontal (in which men and their families live in the oldest brother’s household). Furthermore, some tribes condone polygamy, offering a different family pattern entirely. In others, there is no concept of a family unit. One man in the community is considered the ‘King’ and rules as the patriarch. Men then have children with any woman they choose, and those children are raised communally or by their blood-related mother. These tribal orientations give a more communal understanding of kinfolk for many black South Africans. Like the blood-related family does for other cultures, the tribe gives emotional and financial support to the individual, provides a network, and defines one’s responsibility.

Siegel (1996, p. 5) further argues that “the African notion of “family,” by contrast, typically refers to the extended family system. Not only do members of an African extended family often live together, but they find it relatively easy to keep track of their kin. This is because the vast majority of African peoples have unilineal (“one line”) descent systems that trace kinship through just one sex – either patrilineal, through a line of fathers, or matrilineally, through a line of mothers”. As a result, the effects of a family decision-making process going beyond the conjugal or nucleus definition as conceived in the Western world, may not always apply to the traditional Malawian rural setting. The closeness of the family link, especially the extended family networks means that ideas of society, including the ideas of how many children a couple has or should have, are not always in their hands. Therefore, it is important to take these seemingly simple but crucial societal elements into consideration when designing these messages.

4.5.4 The centrality of the “enough children” trope

One common thread within the sampled text is the use of the word “enough children”. This study argues that the concept is also drawn from the Western concept in which a family can decide the number of children they want, even before they get married or before they are able to have them. While it is true that in African contexts children have an economic value attached to them, the reasoning behind the two contexts is different. In the Western context, having children is more of an economic burden, as they must be taken care of in an environment that in many cases requires both the father and mother to work (Seltzer et al., 2005; Megezi, 2018). It is not uncommon to have both parents working and concentrating on their careers and having more than one child can be a burden.

In many Western cultures, children arguably have more of a psychological-emotional value than playing an economic role in their parents’ life, than is the case in many African countries (Nauck, 2005). In her essay ‘*Children aren’t worth very much –that’s why we no longer make many*’, Sarah Perry (2014) analyses the role that children have played in Western societies since the period of enlightenment and industrialisation. She argues that due to advances in technology, especially in food production and medicine, more children grow to become adults. Parents no longer ‘need’ to have many children to protect against the high death child mortality rate that was the case before. In the process, many Western countries have experienced an unprecedented fertility decline, with others reaching unsustainable replacement levels of the population. This decline has mostly been an economic response to the changing “value of children, and to the changing economic relationship of parents and children” (Perry, 2014). Furthermore, Henz (2009, p. 1453) argues that the rise in highly educated and career-oriented women in the Western world has changed the “male breadwinner model towards a gender-equity model that has seen a low demand for children in families”.

Hoffman, Thornton and Manis (1978, p. 92) developed an approach called the Value of Children (VOC) that provides an inventory of values that children have to their parents.

These include:

- Adult status and social identity.
- Expansion of the self, tie to a larger entity, and “immortality”.
- Morality – religion, altruism, good for the group, norms regarding sexuality, action on impulse, and the virtue.
- Primary group ties and affection.
- Stimulation, novelty and fun.
- Achievement, competence and creativity.
- Power, influence and effectiveness.
- Social comparison and completion.
- Economic utility.

All the values except the economic values, are abstract concepts that cannot easily be nominally measured. They are relative and specific to a particular cultural setting. The economic value, however, can easily be discerned and measured in terms of values attached to economic activity. Raising a child both in the pre- and post-industrialised Western world was an economic activity albeit with different ends. In pre-industrialised Europe, children were an investment, a scarce resource of production. Those who had many children had disposal labour at their hands to work the farms and do household chores. In the post-industrialised Western world, children have become an economic burden because they must be fed, clothed and educated before they can stand on their own. In the post-industrial Western scenario, it then becomes easy to determine when children are “enough” or not. Therefore, in many Western countries, parents do not have children because they want to be taken care of in later life. Children in general play what Nauck (2005) calls a psychological-emotional value to the parent which are “strengthening emotional group ties; expressive stimulation through interaction with children”.

In many African societies, particularly in rural contexts, children, as discussed in Chapter One, extend that psychological-emotional value to direct ‘economic value’ to the family. Not only do children have a positive economic value, but they are also a source of additional status besides perpetuating a family name; they are a sign of virility on the part of men; they are a symbol that

strengthens a marriage and they are also an assurance to land inheritance especially for a woman. Taking into consideration the early ages at which women marry and the fragility of marriages and high rate of divorce, it becomes difficult to ascertain the determination of what “enough children” entails. For example, if matrilineal lineages are taken into consideration as discussed in Chapter Two, a man who has five children will leave them behind in his wife’s village if divorce occurs. When he decides to remarry, the already ‘enough’ five children he had with his previous wife will not count, as the new wife may also expect children or a child from him as a security to claim land ownership. The children situation, though different in a patrilineal system, has similar repercussions. When a woman is divorced or the husband dies, she leaves his village and her claim to land is through the children she has with the husband. If she decides to remarry it does not matter how many children she had in her previous marriage and she may want a child or children from the current husband to secure her future in the new family. With all this taken into consideration, the question is: From whose perspective is “enough children” referring to? – which is a useful question in the face of these nuances and complexity. As will be seen in Chapter Five, the use of this trope is never critically analysed before being included in the promotions.

4.5.5 The centrality of “cost-effectiveness” of vasectomy

Social Marketing as already discussed in Chapter Two, is one way that Behaviour Change Communication is used to “sell” different health benefit products and services. It is the “use of commercial marketing concepts and tools in programmes designed to influence individuals’ behaviour and to improve their wellbeing and that of society” (Kotler & Armstrong, 2016). Although it uses marketing techniques, its products are designed to promote socially beneficial change (Evans, 2008; Inci et al., 2017). Good examples have been the sale of condoms, the promotion of the use of seat belts, the use of insecticides treated mosquito nets just to mention a few (UNAIDS, 2000; Nathan et al., 2004; Smith, 2006). The premise is that “if a marketer can promote a product or service to make the consumer perceive sufficient value, the consumer is more likely to purchase it” (Evans, 2008, p. 2).

Social marketing draws on four principals of marketing that if used effectively can promote health behaviours (Kotler & Armstrong, 2017). These include Product, Price, Promotion, and Place.

While in commercial marketing the aim is to promote a product or service so that a consumer can buy it, Social Marketers “create value for target audiences through their own form of branding – by creating positive associations with health behaviours and encouraging their adoption and maintenance” (Evans, 2008, p. 182). Finlay and Faulkner (2005) argue that in Behaviour Change Communication using Social marketing; the producers of services and goods reinterpret these to suit a particular issue at hand. Using an example of an American Social Marketing campaign to increase physical activity among young people called VERB, Inci et al. (2017) argue that Product is the actual physical activity being promoted; Price represents a balance of the cost and the benefits the individual will get from using the promoted activity; Place represents where the product or service can be sought; Promotion covers all the communication activity that is done in order to make a product or service known. With regards to this study’s key focus, the product is clearly the contraceptive vasectomy. Price is more than just the actual cost someone is going to pay to have the procedure done but also the psychological, social, and geographic benefits that one will accrue from doing it (Lefebvre, 2011). Place is the actual vicinity where the procedure is going to be undertaken and promotion is everything including the sampled texts produced to promote the procedure.

One of the crucial impediments to the promotion of contraceptives in Malawi has been the cost (Hennink & Madise, 2005; Mandiwa et al., 2018). This cost includes not only the price one has to pay for the contraceptives but also the cost involved in traveling to get the service even if it is being offered for free. In the campaign under study, one important piece of information is that it is “free”. Figure 4.2 which is a poster that was distributed to many rural areas has the words: “*Uphungu ndi njira yakulera ya kutseka kwa abambo (vasekitome) MWAULELE ku BLM*” (Counseling and Vasectomy for FREE at Banja la Mtsogolo). The word “MWAULELE” translated “FREE”, has been capitalised to signify that the encoders of the messages view this as a very important element in the adoption of the contraceptives. The same is done with the radio PSA, the voice emphatically says “...*kutseka kwa abambo vasectomy pa chingerezi, mwaulele mzipatala za Banja La Mtsogolo mdziko*” (...to announce that they are giving vasectomy services for **free** in all Banja la Mtsogolo clinics in the country). In order to meet the criteria of this Social Marketing principle, those who were ready to go for a vasectomy were given transport to and from the clinic where the procedure was offered so that they did not have to bear any cost for using this

contraceptive method (Kanthonga, 2018; Zgambo, 2018). All this was done to persuade would-be users of the method to consider it. In short, the adverts, rightly, see the inclusion of the service being “free” as paramount to the would-be user, especially in view of the economic hardships that people in the rural areas face.

4.5.6 Centrality of the health and economic angle to the promotion of vasectomy

As argued before, SBCC interventions are championed as participatory. The participation in formulating the communication interventions is aimed at getting to understand the needs of the target audience to ensure that the messages given out, are in line with needs of the end users. One thing that clearly comes out of the sampled texts, is the centrality of the health and economic needs of the target audience at the expense of any cultural needs. The assumption is that in the participatory process to formulate these messages, these were the key outstanding issues that the targeted audiences revealed to need. Health needs can be seen as being promoted through championing vasectomy as non-interfering with the sexual performance of any man who chooses it. It must be noted that the World Health Organisation’s (1948, n.p.) definition of health is “a state of complete physical and mental and social wellbeing and not merely the absence of disease or infirmity”. The adverts appear to have taken these issues as needing more attention. In other words, they believe the health and economic angles are the most important elements that any would-be user of vasectomy needs to know.

Firstly, the economic angle is tackled through the promotion of vasectomy as one way of dealing with economic worries and anxiety that come with taking care of a large family. In this regard, vasectomy is being promoted as giving a man peace of mind and taking care of his economic worries. This has been done using both verbal and pictorial cues. The phrase “peace of mind” has been used in almost all the adverts signifying the importance of this element in the eyes of the encoders. Figure 4.1 has the heading “*Thetsani nkhawa, sankhani vasectomy*” (Deal with your fears/worries, chose Vasectomy), while the pictures of “relaxed”, “carefree” and “confident” father models have been used to move the “pacifying” element of vasectomy forward. In the eyes of the encoders, one motivation that would prompt a man to go for a vasectomy is if he has constant worries of unintentionally making his partner pregnant. This is in line with the Social

Learning/Cognitive theory. The model argues that in order for a change to happen there has to be a motivation or perceived risk in the behaviour that warrants change. In this case, the posters assume that the worry of an unintended pregnancy is enough motivation or enough risk for someone to find a solution. Choosing vasectomy, therefore, deals with all those worries. The Radio PSA goes on further to suggest that “*Mumakhala mulibe polobulemu mnyumbamo, kungosiyan kuti onse amakhala alibiletu kutekeseka kuli konse kuti munthu wa mai angatenge mimba yosakonzekera*” (There are no worries in the house of falling pregnant unexpectedly). As some studies have pointed out, many men do not want to have many children because they are not able to take care of them and their needs. As has already been discussed in Chapter One, poverty among the rural masses is acute with many living on under a dollar a day. As a result, one solution that the modernist approach advances is to have smaller families that are economically manageable. Vasectomy, the adverts argue, is one solution towards dealing with those worries. It further says “*Zonsezitu, nonse mukuyang’ana zakutsogolo*” (In all this, you are both looking into a bright future). In other words, the economic benefits of vasectomy stretch into the future.

The adverts, still maintaining the economic angle, argue that the method is cost-effective. It argues that, “*Mamuna safunika kupuma pa ntchito zina za zapamoyo wa tsiku ndi tsiku*” (A man doesn’t have to stop doing his daily businesses). In this regard, the advert does recognise that men are generally involved in activities that generate income in their daily lives to take care of their families. Therefore, any day set aside to attend to family planning needs, is seen as a waste. It is in direct reference to the female sterilisation which is a considerably complex procedure that requires a woman to take some time off from her daily activities in order to recover. The advert assures a man of how simple and uncomplicated the procedure is and how it does not affect the daily routine: “*Ndiyosaboola mthumba chifukwa imachitka kamodzi basi*” (It doesn’t consume a lot of money as it is only done once). This last point is in comparison to other temporary methods, for example condoms or pills and injectable, that must be taken or replenished periodically. For them, as already argued, there is a cost attached – even if they are offered for free – when people travel to clinics to get them and a vasectomy, therefore, solves that problem.

Secondly, taking the health promotion angle, the adverts assure the man that a vasectomy does not interfere with his ability to perform and enjoy sexual intimacy. This assurance is against a

background in which vasectomy is equated with castration. In this regard, the adverts assure the man that this is not the case. The radio PSA argues: “When this happens, sperms cannot pass to semen to make one pregnant. The sexual pleasure is the same”. The poster then explicitly argues: “It doesn’t change the pleasure people get during sexual intercourse”. Furthermore, there is a provision of a drawing of the male reproductive system to explain and show how easy the procedure is. All this is done to appeal and tone down any health-related fears that a man may have with regards to his ability to perform sexually.

4.5.7 The centrality effectiveness and permanence of the method

In line with some tenets of the Diffusion Of Innovation Theory (Rogers, 1962), for an innovation to be adopted it has to prove that it is effective, have advantages over other innovations used before, the users need to believe it is easy to use and has to be seen to have minimal risks (Meyer et al., 1997).

The adverts back up the claim to the effectiveness of vasectomy by shoring up one of the epitomes of modernity which is modern medicine practice. The advert argues that this is not just any procedure. It argues that only a trained medical person performs it. In Figure 4.1 and 4.4, the poster and pamphlet define vasectomy as a procedure that is performed by medical people. They both start by acknowledging that “*Vasectomy ndi liwu limene achipatala amagwilitsa ntchito lomwe timatanthauza njira yotseka kwa abambo, kuti asabelekenso*” (Vasectomy is a term used by the medical personnel to mean a permanent contraceptive method for men, keeping them from having children). By propping up the term “used by medical personnel” the encoders appear to assure the would-be user that this method is performed by people who the users already trust with their lives. It is possible that they would have just said: “Vasectomy is a permanent method for men, keeping them from having children”, but they purposely included the term “medical people” to prop up the effectiveness of the method. Secondly, the pamphlet goes into details and in no uncertain terms assuring and, at the same time, advising the would-be adopter that this method is highly effective if done properly and the results are permanent. It argues that; “*Vasekitome ngati ikayenda bwino ndiye kuti inu muiwale zobereka mpakanakale*” (If vasectomy goes well, you should forget about having children forever). “*Vasekitome ikachitika, yachitka mpakana kale ndipo ilibe*

kutembenuza” (Vasectomy is a permanent procedure; it cannot be reversed). These clauses are put in for two reasons. One, it is a warning to any would-be user to seriously consider this option against any other available because it cannot be reversed. The second clause is pointing at those who have a background in using contraceptives, but have for one reason or another found themselves making a woman pregnant. This has been as a result of improper use of the methods or failure to replenish their contraceptives because of stock-outs at clinics or any costs attached to acquiring them.

The advert then argues the advantage of the method against others, for example female sterilisation or pills, in line with the Diffusion of Innovation tenet of an innovation having advantages over others. It argues: “A man doesn’t have to stop doing his daily businesses”. As already argued, female sterilisation is a more complex process and requires the woman to take some bed rest (Ripley & Salem, 2012). Furthermore, there is always a waiting period before the procedure as it can only be done when a woman has just finished her monthly period (*ibid.*). Additionally, during the procedure, a general anaesthetic is used meaning the woman is asleep during the procedure (*ibid.*). The whole process can run anything between 30 minutes to one hour. Vasectomy can happen at any time when the man feels ready. The man is awake during the procedure and the whole process can take any time between 15 and 30 minutes. Furthermore, the man can go back to doing light work almost immediately (Shergill, Arya, & Muneer, 2012). Figure 4.2 then goes on to argue that the process is cost-effective as, “It doesn’t consume a lot of money as it is only done once”. This is in comparison to other methods, for example, a condom or pills of which one must replenish his or her stock. In summary, the adverts use the effectiveness and permanence of the method against other methods to make it more appealing to men who are interested in a permanent method of family planning.

4.5.8 The centrality of modernism in the promotion of vasectomy

One common strand in all the sampled texts is the equation of vasectomy to notions of modernity. Choosing vasectomy has implicitly and explicitly been equated to modernity. This has been done using several cues, both verbal and pictorial. This is a typical theoretical underpinning of the Social Learning Theory discussed in Chapter Two. In general, the theory holds that new behaviours can

be learned from observing and imitating others. The theory argues that behaviour change is a cognitive process that occurs in a social context. In this regard, it is assumed that behaviour change can occur through observation of rewards and punishment for changing or not changing the behaviour. The adverts propagate the advantages of a modern family in contrast to the traditional that is characterised by many children and even the extended family network. All the pictures used in the adverts have modern subjects and their surroundings. Nothing, within the pictures used, depicts the traditional settings of many rural Malawian settings. By rural Malawi, this study is not concentrating on trading centres where many modern structures including modern houses with iron sheets and window panes, tarmacked roads, electricity pylons so on and so forth, can be present. The rural setting being talked about is a quintessential Malawian village characterised by mud huts (see Figure 4.5), bamboo-constructed maize granaries, subsistence farms and so on. This is the typical Malawi where the ‘problem’ of unsustainable population growth is acute.

None of this is represented in the pictures used in the adverts. Instead, they have used models that, as already discussed, can be seen to have embraced modernity through their dress and disposition. The goal of the encoders is not to despise the traditional concept of a typical traditional family but rather to offer an alternative to a “subsistence” way of family life that is characterised by a large-sized pool of children, many of whom cannot be adequately cared for. Even in Figure 4.1, the man in the picture is not reflective of an average rural man. The man here is dressed in clothes that depict modernity. Wearing of a modern bracelet, as the model in the photo is doing, is not a common feature among Malawian rural men. Even carrying a backpack is not typical of your Malawian rural man. The man in the picture is an embodiment of a ‘modern man’ the encoders of the message would want to sell to the rural traditional Malawian man. The radio PSA is more explicit toward presenting vasectomy as modernisation: “*Vasectomy ndi njira yakulera ya makono. Yodalilika ndinso yosaopsa, yomwe mwamuna wa ma somphenya angathe kutenga ngati wapanga chiganizo chiti ana amenenwadalitsika nawo akwana*” (Vasectomy is a new/modern family planning method that is reliable and safe, that a visionary man may undergo if he has made a decision that the children he has been blessed with are enough). It calls any man who uses this method “visionary and modern”. The message is also more about what is not being said. It seems to suggest that those who have “enough children” but are not using this method are still rooted in the traditional concept of a man. This traditional concept of a man is directly opposite of this

“visionary” and “modern” man who has been ably depicted in the pictures on the posters and pamphlet. It, therefore, assumes that being visionary and modern is admirable and the rational thing for any man to do. It goes further to suggest and appeal to the man: “*Khalani mzibambo ousumana*” (Be a modern man). “*Thetsani nkhawa ya mimba yosakonzekera*” (End the worry about unwanted pregnancy). “*Sankhani njira ya a bamboo yotsekeratu, vasectomy, ngati ana anu akwanira*” (Choose vasectomy if your children are enough).

4.5.9 Use of logos to show ‘ownership’ of the messages and express authority and credibility

One of the common features of all the posters and adverts is the inclusion of logos. In the Radio PSA this has been achieved by a pay-off line that tells the listeners who has produced the messages and who has funded the production. As presented in subsection 4.2 of this chapter, the main logos that feature in these texts are that of the producers of the messages BLM; the mother body of the family planning Marie Stopes; the policy guider who is the Malawi Government; and the funders of the production including UKAID, USAID, CORDAID and CDC. In his article entitled ‘*What is the purpose of logos and do they matter*’, Paget (2017) argues that logos are primarily to identify the owner with a product or service offered. Use of logos is a marketing and advertising strategy that is used for brand identity. In consumer markets or the advertising industry, logos play a role of “signifying social identifying and status” (Hackley, 2005, p. 2). In Behaviour Change Communication, this study argues, logos serve to show authority that legitimises and validates the product or service being offered. It serves to show who leads and who follows. As in the sampled text, the presence of the logos and their placement only cements the idea that while these messages are championed as being participatory, the participation of the targeted audience is only in identifying the ‘problems’ and not in the formulation of solutions. It is still about the top to bottom approach that has been the major criticism of many Behaviour Change interventions (Airhihenbuwa & Obregon, 2000; Servaes, 2004; Tomaseli, 2009). This validates Airhihenbuwa and Obregon’s (2000) observation that modernisation treats culture and traditions as inferior to modern knowledge. No contribution of the people (the targeted audience who were consulted to come up with the messages) is acknowledged in words or symbols.

4.5.10 The missing socio-cultural elements in the adverts

Several studies have been conducted in Africa in general and Malawi in particular, to find out the reasons for low uptake of vasectomy. Generally, the results have repeatedly singled out the following factors: inadequate resources, limited policy, the patriarchal nature of social-cultural and religious beliefs and lack of information and misconceptions regarding vasectomy (Ebeigbe et al., 2011; Xinhua, 2012, Kakimba, 2013; Steinfeld, 2013; Johnson et al., 2014; Perry et al., 2016). While Behaviour Change interventions, including communication campaigns, have done so much to raise awareness on vasectomy and clear misconceptions, the deep-rooted social-cultural issues, as this study argues, have generally been glossed over or completely ignored. These include the patriarchal nature of cultural practices encompassing issues such as gender dynamics in traditional settings, traditional perception of masculinity, manhood and the meaning of fatherhood (Johnson et al., 2014). This can be evidenced more in the way the sampled texts have been formulated. By “glossing over” or “ignoring”, this study argues that these elements are not given the same prominence as the economic and bio-medical elements within these texts. It is always very easy to see the economic element when they say for example “large families are difficult to manage”, or when they argue that the “vasectomy is cost effective because it is done once”.

The same cannot be said about the gendered nature of vasectomy and how the asymmetrical gender relationship or indeed matrilineal kinship affects the uptake of vasectomy. Furthermore, the fears of not being able to have children any more after a marriage dissolution, either by death or by divorce is never recognised or mentioned. Even by analysing the strategic plan, which this study assumes is a policy guide as to how these messages are formulated, the socio-cultural element in describing the characteristics of the target audience is missing. The section that talks about vasectomy argues that it targets:

Adult men between the age of 30-45 (average age 40 years old) who have children (average 5 children) and who are not aware, aware or intend to be users of family planning. Maybe working or farming (75%). 90% will be married. Their peers will have children. Consume information from peers, leaders and radio. 27% have completed some primary education. Worried about income, community infrastructure (water, electricity), malaria, STIs, HIV. Barriers to using family planning include: fear of partner’s opinion, religious views, “FP is a woman’s business”. Knows myths and misconceptions about FP, especially NSV. Poor health seeking behaviour. (BLM, 2018, p. 27)

That these men have their own traditional and contextual descriptions of who a man is, is not considered, neither is the fact that they live in a highly patriarchal society acknowledged. Additionally, the fact that these men live in an environment with often-fragile marital unions is never acknowledged. Their worries have a modernist slant to it. The plan argues that these men will be worried about “income, community infrastructure (water, electricity), and malaria, STIs and HIV”.

As already argued by many communication theorists in the Cultural Studies tradition, the meaning-making process is strongly underpinned by the lived experiences of the targeted audiences. These messages are going to people who have sets of codes used to interpret the messages, including a definition of a man that goes beyond being married to one wife and having a nucleus family; these are men whose identity of being a man, is defined by matrilineal as well as patrilineal lineages that have profound repercussions on any message that seem to alter that identity. In short, these are men who are informed by social structures that define who they are in relation to what the mediated messages offer. Yet, these messages seem to overlook these issues entirely. All the advertised samples seem to only concentrate on the health and economic benefits of vasectomy. Whether by design or default, they fail to mention, covertly or overtly, the social-cultural undertones that are prevalent in the environment in which the messages are going to be interpreted. The sampled texts seem to suggest a single definition hegemonic masculinity of a man who is head of a house and a provider for his family.

As already argued, the adverts and the PSA are detached from the realities that have been brought about by poverty that, as Silberschmidt (2005) argues, has destabilised the traditional defined hegemonic masculinity based on a man’s ability to earn for his family, be the head of a house and a father of children. While it can be argued that all these components cannot be adequately addressed in a single poster or texts, the absence of any reference to the social-cultural environment in which the messages are going to be appropriated, is precisely where the problem with targeting audiences with specific messages begins. The presentation of a “modern man” as formulated in the sampled texts only serve to prove that the modernist top-bottom approach is alive and well in many of these interventions.

4.5.11 Considerations in the formulation of the message

SBCC interventions are championed as being research-based and participatory in nature (UNICEF, 2016). In other words, there is a great deal of consultation and participation of the targeted audiences of any mediated text carrying behaviour change messages. Consideration, therefore, does not only involve practices that will ensure that the messages have the widest reach, but also that they respond to the needs of the targeted audiences. In analysing the texts and trying to get the considerations that were considered, this study also interviewed two key informants who are directly related to the production of the messages. These were Patrick Zgambo (2018) who is the Behaviour Change Communications Manager for BLM and Tonnex Kanthonga (2018) who is the trainer of the male champions who are peer educators in their local communities. This study also used insights from a previous interview in 2012, with the then reproductive manager of BLM, Alfred Chutulu (Ntaba, 2012).

The first consideration according to Zgambo is reach. BLM believes there is still a need for many Malawians in the rural areas to have accurate information on vasectomy. Therefore, radio is usually the preferred medium because it transcends literacy boundaries, while the posters are considered because the messages stay visible longer – for as long as they are not removed where they are posted. He argues that while there has been a lot of information about vasectomy and knowledge about it among men hovering around 80% for married men or those in a union (MDHS, 2016), there is still an element of confusion with what happens to a man who has had a vasectomy. One element is the issue of equating vasectomy with castration:

Some of our clients hear it on the radio and it takes them months to meet the champion mainly because of the fear that it is castration. They sometimes hear this from their friends who may at times be saying it in jest, but it is taken seriously. They feel like they will not be able to perform in bed after vasectomy. So, we try as much as possible to continue telling them that this is not the same as castration. With vasectomy you can still perform in bed. So, this is why we have phone numbers for people to call for more information. At the same time, we also now have male champions whose main job is to answer so people know exactly where to get the right information. So, I can say the mass media is there like a pointer to direct people on what to do and who to meet.

On the issue of culture, Zgambo explained that there is not much that goes into the production of media artefacts, like posters and PSAs, that considers social-cultural issues, for example gender

dynamics, masculinity and the traditional concept of fatherhood. All these cannot be adequately addressed in posters and PSAs. Zgambo's sentiments echo those raised in detail by the former BLM marketing manager Alfred Chitulu in a previous interview on the same topic (Ntaba, 2012); Chitulu argued that when they look at culture, they only consider language.

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 lakeshore ... 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 lakeshore because it's their culture, it's 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 is a problem.

But Zgambo was quick to point out that the campaign has taught them a few cultural lessons that need to be taken into consideration in any vasectomy campaign to be undertaken after the 2018 one:

We noticed a variation in the number of clients that male champions from the Central districts, for example, Dedza brought, compared to those who were brought by those in the Northern districts for example Karonga. As you know Dedza, the dominant kinship system is matriliney and Karonga is predominantly patrilineal. We noticed a higher number of clients from Karonga than Dedza. You saw Lutepo [name of a male champion] bringing in at least 16 clients compared to none in Dedza. And we know there is something cultural that needs to be investigated.

The social-cultural elements are also mostly missing in the training manual (2012) for peer educators/male champions who take the messages to the rural areas. The manual book entitled "*Kutengera kulera khomo ndi khomo*" (Taking family planning, door-to-door) is a 222 paged document (Malawi. MEPD, 2012) that is used as a guide for training peer educators and social workers involved in family planning. The booklet acknowledges that it is produced with input from a consortium of organisations dealing with family planning, with policy guidance from the Ministry of Health. In the booklet, as has been the case with the sampled texts analysed in this chapter, the focus is to provide information on vasectomy with a bio-medical and economic angle in mind. Not even one social-cultural consideration is given a mention in the entire four pages

allocated to vasectomy. As in the sampled texts, emphasis has been on the bio-medical procedure at the expense of the cultural norms that many would-be users would be interested in. I put the question to the trainer of the male champions why this is the case:

It is true that the booklet you are referring to does not have any social-cultural issues because even though it is still being used it was formulated long ago. As you noticed it was published in 2012. So yes, there isn't much talk about social-cultural issues. This does not mean that men do not meet these issues. They do. More especially in the areas that practice matrilineal system. You will find someone asks what if I still need more children, for whatever reason. So, we make sure that anyone who shows doubts is not allowed to get a vasectomy. But also, in order to deal with this, this is why we included male champions so that they can deal with issues like these. They can give their own personal experience. ... We also trained their wives so that they can provide personal testimony on how vasectomy works. (Kanthonga, 2018)

From the above statement it is clear to see that while there is an acknowledgment of how social-cultural beliefs and practices impact the uptake of vasectomy, they are not taken seriously enough to be thought about and included in the training manual. This can be seen to validate arguments of modernisation paradigm critics, who argue that in many cases development interventions favour the use of tested modern techniques at the expense of understanding the root causes of social phenomenon (Airhihenbuwa & Obregon, 2000; Obregon & Webster, 2004). As can be argued by many commentators, the need to quantify results using scientifically proven methods sometimes interfere with abstract concepts common to social cultural practices.

4.5.12 Audience and message segmentation

Audience segmentation is the process of classifying and grouping – targeting audiences into smaller groups who have similar characteristics in relation to their communication needs, their demographics and social disposition. Effective audience segmentation is at the core of all Social Marketing (Kotler & Lee, 2008) as it facilitates the refining of information that is specific to a given cognitive and social issue. It allows for the messages to match with audiences as segmented by age, gender, education, language, and social class and allows the encoder of the message to find an appropriate and effective way to reach the target audience. The intention is to identify people who will benefit directly from the desired behaviour change and to match users with nuances in the message and increase effectiveness (Hine, Reser, Morrison, Phillips, Nunn, & Cooksey, 2014).

As discussed in Chapter One, in vasectomy messaging, while the main target are men, there are also others that play a part in how the targeted men interpret the messages. As explored earlier in this chapter, there are many people whose information needs are different from each other. Segmenting the audiences provides a basis for formulating specific messages for a specific group in relation to the desired behaviour. For instance, as seen from the responses, the need for children for a man who is 45 years old and a man who is 23 may not be same. In this regard, it is not only the economic and health reasons that may discourage or indeed motivate a man to go for vasectomy, or a woman to encourage her husband to go for vasectomy.

No effective audience segmentation was done to reflect the diverse nature of the influence of other players in the interpretation of vasectomy messages. Perhaps this reflects a fundamental flaw in the conception of how a target audience is conceived. In the BLM strategic plan, the target for vasectomy is conceived as an “Adult men between the age of 30-45 (average age 40 years old) who have children (average 5 children) and who are not aware, aware or intend to be users of family planning. Maybe working or farming (75%). 90% will be married. Their peers will have children. Consume information from peers, leaders and radio. 27% have completed some primary education” (BLM, 2018, p. 27). The adverts seem to be designed for a variant of Marcuse’s (Heins, 2017) “one dimensional man”. This is a concept of a man who is individualistic and is never affected by social influences and just has one way of perceiving the world.

As a result, the adverts largely fail to get to grips with the interpretative nature of the target audience and fail to appreciate how social influences create a subjective reality that has material effects on how vasectomy is interpreted. Perhaps this reflects sharply on the criticism levelled against Behaviour Change interventions that believe in, at root, rationality of human decision-making. But, as Airhihenbuwa and Obregon (2000) argue, external factors for example family, social or peer groups have a profound influence in shaping individual behaviour or decision-making. Audience segmentation, therefore, is one way of ensuring that the diversity of the influences to the interpretation is taken into consideration, by clearly understanding these influences and reflecting them in the adverts, as is the case with the economic and health angles. As alluded to by the Behaviour Change Communications Manager and former Marketing Manager for BLM, all the messages developed for the campaigns examined in this study are generic and the

only key change is the language used. But, the need for segmentation was, for example, seen when the male champions went on the ground.

MC 7: I remember one lady asked me to tell her more about vasectomy and how it could affect her husband's performance. The husband had shown interest, but she was not sure if he could still perform (gawks). But this was somebody else's wife. How could I start talking to her about performance without being seen as being suggestive? So, what I did was to tell her to ask my wife to explain more.

This is when BLM sought the services of the wives of the male champions:

BCCM: We had to train them because it became apparent that the wives were better able to talk to their fellow women as opposed to a man who sometimes was shy to talk to woman about vasectomy. And so, the women received the same training as the men.

The above quotes are just an example of how a complex method, that seemingly will only be used by a man, creates a lot of questions from others who may not directly use it. It therefore shows that interpretation of vasectomy messages is never an isolated event. It begins to recognise the power of social relations and how they can affect the success or failure of any well-meaning behaviour change intervention.

4.6 Summary

This chapter sought to describe and analyse the key components of the BLM vasectomy campaigns, looking closely at three posters, one pamphlet and one radio PSA promoting the vasectomy as a permanent method of choice for men who believe they have "enough children". These media artefacts formed the core of the media campaign that BLM undertook to increase awareness of voluntary vasectomy services by dispelling myths, reducing stigma and engaging men directly on the importance of contraception and in the process making it a preferred long term contraceptive method of choice for men who believe they have "enough children".

The analysis was done with an aim of better understanding the intended messages that the creator of the messages, or in Hallian terms, the 'encoder', Banja La Mtsogolo, wanted the targeted audiences, which in this case are Malawian rural men, to take up. Using an abbreviated Qualitative Thematic Content Analysis, the process came up with nine themes that, taken together, were

designed to get the intended messages conveyed and considered. This section attempted to discern the ‘change theory’ used by the message makers and the key mechanism used to make these points, through a close look at the themes that emerged.

As will be discussed in more detail in the next chapter, and as explored in Chapter Two, many health behaviour change approaches have been critiqued for privileging the power of the media to make and transfer messages, at the expense of an active audience, ‘making’ their own messages.

It has been a key assumption of this study that one of the reasons why the uptake of vasectomy is so low in Malawi, is because the messages promoting the method do not actively resonate with the target audience. This study argues that the messages encoder fails to see the importance of socio-cultural elements in the message interpretation and in the process, appears to gloss over or completely ignore them in the message designs.

As argued by many Cultural Studies theorists (Morley, 1980; Hall, 1982; Tomlinson, 1991; Strelitz, 2000), audiences come to the negotiation of the text already with lived experiences that they use to read the messages. Morley (1992) specifically 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” (p. 92).

But as already argued in Chapter Two, many Behaviour Change Communications often believe in the provision of “new and accurate knowledge” at the expense of having an in-depth understanding of social-cultural practices that oftentimes are a source of resistant reading of the messages. Rooted in the modernisation paradigm, the interventions believe in the unequivocal power of the media. While it is true that many interventions have taken on a participatory approach, the approach, as will be discussed in the concluding chapter, remains “top-down”. As has been seen from the analysis, the messages privilege the economic and health angle and use a modernist approach towards persuading the traditional man in rural Malawi to change his view on critical issues that define him as a man and to adopt the method. This does not infer that the producers of

the messages do not care about the socio-cultural environment, but as Hall (1982) argues, “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” (p. 129). This chapter has argued that BLM is an NGO that is supported by international organisations and western countries who at times, as Chimbwete et al. (2005) argue, may not fully understand epistemological assumptions that have a bearing on social and cultural relations.

This chapter, therefore, has attempted to respond to the first three key questions of this study which are: How are family planning messages constructed and presented in general in Malawi; more specifically, how are vasectomy advocacy messages constructed, represented and constructed; and what cultural and contextual considerations are given in the design and presentation of these media campaigns and their specific messages. In exploring these questions, the chapter attempted to discern the privileged or preferred message to the audience, as intended by the message makers. The next chapter explores in some detail how, in everyday life, the audiences interpret the messages.

CHAPTER FIVE: ANALYSIS: THE INTERVIEWS

5.1 Introduction

Audiences interpret media messages and their ability to do this is determined by a range of individual, social and cultural factors. They are no longer seen as an undifferentiated mass of passive recipients of messages, but a multitude of different groups with their own history, habits, and social interactions. (Williams, 2003, p. 191)

Conversation is the most important means of maintaining, modifying and reconstructing subjective reality. Subjective reality is comprised of concepts that can be shared unproblematically with others. In other words, there is shared meaning and understanding, so much so that concepts do not need to be redefined each time they are used in everyday conversation and come to assume a reality which is by and large taken for granted. (Andrews, 2012, p. 41)

Chapter Four presented findings from a Qualitative Content Analysis to establish, if not one privileged meaning, at least a central message the ‘encoders’ – the makers of these behaviour change pro-vasectomy adverts want the ‘decoders’ – mostly rural Malawian men to take. The chapter concluded that the encoders of the messages have in mind, consciously or not, a particular ‘subject-position’ that they want men in Karonga and Dedza to occupy. This position is that of a “modern man”, who embraces vasectomy as a definition of modernisation through the acceptance and utilisation of the procedure as a permanent method of sterilisation, when he believes that he has “enough children”. This chapter is underpinned by the Reception Theory, especially Hall/Morley’s encoding and decoding model, and draws, as explored in Chapter Two on the Social Constructivism Theory and seeks to understand and describe how the men interpret the messages encouraging them to go for a vasectomy. It specifically seeks to answer the remaining four specific aims of the study:

- How are the messages received?
- What role do the taken for granted cultural and traditional practices play in the construction of meaning by audiences when hearing or viewing vasectomy messages? In particular,

what reasons might men have for being sceptical and resistant (as it appears, they are) about vasectomy?

- To what extent is audience segmentation undertaken, and how much care is taken to craft messages that demonstratively resonate with the target audiences?
- What role does peer education play in these campaigns (and, in the conclusion, what normative roles for peer education could be theorised and developed) towards changing men's attitude on vasectomy and the social meaning of the ability of men to sire children?

Through focus group discussion and in-depth interviews with men who had gone for vasectomy, men who had not gone for vasectomy, wives of men who had gone for vasectomy, male champions and key informant interviews including the Behaviour Change Communications manager for BLM and trainer of the male champions, this study discovered that message interpretation is a complex process, and one profoundly influenced by economic, health and social-cultural factors. As will be explored, while the men who participated in this study are clearly able to grasp the messages and the dominant meaning within the mediated texts, their lived experiences through socially constructed beliefs and practices strongly influence how they interpret and understand the meaning of vasectomy. Through Qualitative Content Analysis that has already been discussed in detail in Chapter Three and briefly in Chapter Four, and via a Thematic Analysis of the interview transcripts, the study came up with nine themes that seek to answer the remaining four key questions of this thesis:

- Knowledge and source of information on family planning with an emphasis on vasectomy.
- Gender and decision-making in vasectomy adoption.
- The socio-economic role of children in relation to vasectomy.
- Spousal role in the decision to go for a vasectomy.
- The role of family and kin in the decision to go for a vasectomy.
- The social-cultural meaning of vasectomy.
- The role of society in the decision to go for a vasectomy.
- The role of peer educators/male champions in the adoption of vasectomy.

- Segmentation for vasectomy messages.

The chapter, however, begins by presenting a demographic and social profile of the people sampled for the focus group discussion and in-depth interviews. This is done to provide specific characteristics of the subjects under study to enhance validity and credibility of the results through transferability (Shenton, 2004), in case another researcher would want to replicate the same study or test its validity.

5.2 Demographics and Profile of the People in the Focus Group Discussion and Interviews

As briefly discussed in the methodology chapter, this study conducted 18 focus group discussions, nine in the central district of Dedza and nine in the Northern district of Karonga. It also had in-depth interviews with eight male vasectomy champions and their wives. Of these, in Dedza, three focus group discussions were with men who had undergone vasectomies, four focus group discussions with men who had not gone for vasectomies, two focus group discussions with wives of men who had gone for vasectomies and six interviews with male champions and their wives. In Karonga, there was also a total of nine focus groups; three with men who had gone for a vasectomy, three with men who had not gone for a vasectomy, three with wives of men who had gone for a vasectomy and two interviews with male champions and their wives.

All the men in Dedza were subsistence farmers. The youngest of the men who had gone for vasectomy was 30 and the oldest was 67. For those who had not gone for a vasectomy, the age ranged from 28 to 67. All the men interviewed in Dedza had not gone beyond form 2 of secondary school education. None of the interviewees in Dedza were in any formal employment.

For those who had gone for a vasectomy, the number of children they already had ranged from three to 11. For those who had not gone for a vasectomy, the number ranged from two to nine. For the male champions, their ages ranged from 41 to 57 and the number of children ranged from four to eight. All of them had completed primary school and had some secondary education.

In Karonga, all the men were either farmers or fishermen. None had gone beyond O level⁹ of secondary school education. Their ages ranged from 32 to 67 for those who had gone for vasectomy and 25 to 73 for those who had not gone for a vasectomy. For those who had gone for a vasectomy, the number of children ranged from four to 11. For those who had not gone for a vasectomy, the number ranged from two to eight. For the male champions, their ages ranged from 41 to 57 and both had five children.

In Dedza, three of the male champions were subsistence farmers and small-scale businessmen who owned a grocery shop. One was a well-known traditional healer in his area and the one worked as a guard for a non-governmental organisation. The other was a headmaster of a primary school, had completed his O levels and had an advanced primary school teaching certificate. In Karonga, both male champions were small-scale businessmen who were also involved in farming, including animal husbandry. All the male champions had completed primary education and had some secondary education.

Just like in the sampled text, a Thematic Analysis was conducted to come up with nine themes as stipulated in the introduction to this chapter. The following subsection presents the findings from the Thematic Analysis.

5.3 Knowledge and Source of Information on Family Planning in General and Vasectomy in Particular

As has been the findings of the latest DHS (2016), most sexually active Malawian men know about family planning in some detail. The survey shows that at least a base level of general knowledge of contraceptives among men and women is almost universal and many are even well informed (see Figure 5.1).

⁹ Malawi's O level of education is an equivalent of the United Kingdom General Certificate of Education Ordinary Level.

Percentage of all respondents, currently married respondents, and sexually active unmarried respondents age 15-49 who have heard of any contraceptive method, according to specific method, Malawi DHS 2015-16

Method	Women			Men		
	All women	Currently married women	Sexually active unmarried women ¹	All men	Currently married men	Sexually active unmarried men ¹
Any method	98.3	99.6	99.3	99.5	100.0	99.9
Any modern method	98.3	99.6	99.3	99.4	100.0	99.9
Female sterilisation	88.2	92.6	88.3	85.3	94.0	79.7
Male sterilisation	65.3	71.5	61.0	68.5	79.3	59.3
Pill	93.1	97.4	92.5	86.4	94.5	81.5
IUD	83.8	90.5	82.2	74.5	88.9	59.1
Injectables	95.5	98.8	96.5	91.2	97.9	88.9
Implants	91.8	96.3	91.5	82.1	93.3	72.9
Male condom	96.8	98.6	98.5	98.8	99.5	99.9
Female condom	92.5	95.4	93.2	94.2	97.5	94.6
Emergency contraception	45.0	49.6	42.8	47.4	55.3	43.4
Standard days method (SDM)	43.4	49.1	40.6	40.3	49.2	36.4
Lactational amenorrhea (LAM)	74.3	82.7	70.8	63.3	73.9	53.9
Other modern method	0.5	0.4	1.3	1.2	1.4	0.5
Any traditional method	80.4	87.6	83.8	81.2	91.2	80.9
Rhythm	63.3	68.9	66.4	63.0	73.1	58.6
Withdrawal	69.5	77.5	71.7	70.4	81.0	70.7
Other traditional method	15.7	18.5	12.8	11.8	16.8	7.0
Mean number of methods known by respondents 15-49	10.2	10.9	10.1	9.8	11.0	9.1
Number of respondents	24,562	16,130	849	7,128	4,030	627
Mean number of methods known by respondents 15-54[59]	na	na	na	9.8	11.0	9.1
Number of respondents	na	na	na	7,478	4,347	631

Figure 5.1: Knowledge of contraceptive methods (Malawi DHS, 2016)

This was indeed true for the respondents, both male and female. Most of them were able to articulate what is meant by family planning, even though their understanding and description of what family planning was varied as can be seen from the answers from male respondents, given to the question: “What is your understanding of family planning?”:

NVFGD1R1: Family planning it’s like reducing the birth rate.

JN: What are the family planning methods you know of?

NVFGD1R2: Most family planning methods that I know of are for women. There are pills, injections but also condoms ... this is the most useful method for men.

NVFGD1R1: There is also that of using herbs. They help a person not to give birth again.

JN: Is that really happening?

NVFGD1R1: Yes. The person never gives birth again.

JN: What about you there? What comes to mind when we say family planning?

NVFGD1R3: When we talk about family planning it is a method that reduces the birth rate. When you see that the children are enough then you can use family planning methods. Just as my colleague here said, most family planning methods are for the women but not many for men. The whole story points to women.

NVFGD1R4: Just as he has said that family planning methods are the pills and injections for the woman.

While the answers were varied (and this came across in other interviews too), it was clear that most of the men understood what family planning is. As seen in the responses above and in other sessions not included, the majority could clearly name more than one method that they knew of. It was also clear that many had an idea of male contraceptives and the use of condoms was mentioned in *all* the focus group discussions. But, without exception, explanations of what vasectomy was and how it works was weaker and less confidently expressed. Almost all the male interviewees had heard of the male contraceptives in the vernacular “*kutseka kwa abambo*”, literally translated “sterilisation for men”. Those who had undergone a vasectomy clearly understood how the method works and while the explanations differed among those who had not done the procedure, it was apparent they had general and often somewhat vague ideas of how the method works:

NVFGD4R1: For me, vasectomy is a way in which a man stops from having children. I think that’s what I heard on the radio.

NVFGD4R3: I am not sure how it is done, but I have heard some people say it is the same as castration, but not castration. Because when you are castrated you cannot have sex. But with vasectomy I have been told, the power in the bedroom is the same (laughing). But you cannot make a woman pregnant.

NVFGD5R4: What I heard, is that it is an operation that cuts the passage (laughs) in which the seeds that a man releases when they are having sex to make a baby passes. In this way, a man cannot make a woman pregnant ... I am not sure if I get that right, but what I hear from people out there is different ... because I didn’t have anywhere to confirm ... I took what the radio said ... you can have sex as before ... but can’t make a woman pregnant.

This kind of answer was typical:

NVFGD5R3: It's like the way he has explained that it's about a man who wants to be wise and not be busy with childbearing issues. He has seen that 'I have now reached the time when I should stop'. And maybe there comes a time that you didn't plan to have a certain number of children, but you have just thought that. So, you go and get your manhood removed. When I say remove, I mean they take out something in you that makes you not able to have children.

VVFGD3R1: They remove something in you. Someone told me they cut out the sack that holds the *nthangala* (testicles) and look for that thing that makes the sperms and that's what they remove. It is not like you will not have sex. You can. But not as before. Before you can have sex and make a baby but now you can't after they remove that thing.

Most of the group members had first heard information on vasectomy from the radio. However, the information was more of an awareness that there is a method called vasectomy and not about the details, and how it is performed. Additionally, most of the respondents had heard the messages on vasectomy in other formats other than just posters and public service announcements:

VFGD2R1: I heard it from those two comedians Izeki ndi Jakobo on the radio. That time when they were working for the Ministry of Health. They made a comedy on vasectomy. That time we had one child.

VFGD2R3: I heard it first on the radio but then the challenge was where to go for the procedure. That is when the advisors (male champions) came in the open to inform us about it. That is when we knew that such services were being offered at Karonga. We communicated with him and we went to Karonga for a vasectomy.

I was curious to find out if the information provided through the radio was enough to satisfy their curiosity in knowing more about vasectomy. It became clear that while the radio plays a very important role in raising awareness about a product or services, interpersonal communication was at least as important and often seemed to be more important. This is in line with other studies (Wallack, 1990; Omoera, 2010; Ajaero et al., 2016) that suggest that broadcast media are very influential in raising awareness on family planning but weak in influencing the actual decision to use the contraceptives. With regards to this study, under five clinics or general visitation to the clinics and the male champions provided more detailed and reliable information on the method.

VFGD4R1: The radio when I just heard about it, just said there is a method for men and that was it. And it said if you want more information, you can go to a government hospital or Banja La Mtsogolo. There was not much information. And they said it is for men who don't want to have any more children. That they mentioned.

NVFGD3R3: There are so many ways in which we find ourselves at the hospital and get the information. For example, we might have a child who is sick and when you meet the doctor and he examines the child he might say the fever didn't just come. There is something that happened. Then he starts giving the message to you. Please space your childbirths. There are many ways indeed. There are many ways including BLM ... we say BLM because they are the ones at the forefront of these contraceptives. ... So, they even tell you about vasectomy. They announce it on the radios and our friends who went there explained it to us. They explain to us, tell us about the advantages of vasectomy. ... So, we hear about it when we go to the government hospitals or the BLM clinics.

VFGD4R2: I heard it first from the *alangizi* (male champions). They came around when we had a village meeting at the chief's compound. I met them after the meeting and one of them gave me his phone number. I then told him I was interested and had already given a serious thought about vasectomy. Then he told me where to meet them and so I met them here at Nyungwe and they took me and others to Karonga where it was explained further to us in details. Thereafter, we underwent the procedure.

As can be seen from the last quote, the information from the radio clearly played a role in raising awareness of the procedure, more than actually convincing them to go for a vasectomy. The peer educators/male champion's role seemed to be needed and was influential to those who went for the vasectomy. This will be discussed in detail in the subsequent subsections. It must be noted, however, that for all those who went for a vasectomy, the decision was mostly already made before they met the male champions. The male champion's role was in providing and answering questions which could not be sought from the radio and posters, before the men followed through with action and went for a vasectomy.

One common denominator among those that had gone for a vasectomy was prior knowledge and use of other female-targeted contraceptives before acceptance of vasectomy. It was very clear that for those who had used any form of contraceptive, especially for women, accepting and understanding the message promoting vasectomy was easier than those who had not. In fact, for the majority of those who had gone for a vasectomy, the major motivating factor was dissatisfaction with a previous method. This is in line with a study by Bunce (2007) in Tanzania.

In the study, it was discovered that one main reason for the use of vasectomy was dissatisfaction and side effects of previously tried methods. In this regard, empathy towards a spouse played a very important role in the decision to go for vasectomy:

VFGD3R1: We had been using pills at first, but she was always unwell. And we felt we needed to change the contraceptive of choice and we decided to use injectables. But this too was not working because she had a heavy flow of her menstrual periods. That's when I heard about vasectomy on the radio. I then went to the hospital at Banja La Mtsogolo to ask more about vasectomy. Seeing that we could not manage our children because our earnings from farming were not enough, we talked and agreed that I can go for a vasectomy.

VFGD3R3: My wife used to take a method called Norplant¹⁰ for 10 years. But what was happening was that maybe when she is menstruating, she could go beyond normal days maybe 21 days menstruating. When we went to the hospital, they would tell her to buy brufen [a pain killer]. But she could be better for two days the third day it starts again. Additionally, she had persistent back pains. When our last child was born, she started taking pills. But these caused her to feel dizzy and have headaches. We thought about female sterilisation, but we heard that it was an operation that takes some time to heal. And because we did not want any more children by accident (laughs) that is when we heard and asked more about vasectomy.

But it also has to be noted that while there is a high percentage of knowledge about vasectomy, there are still many more who have not heard about vasectomy or who still have no clear understanding of how a vasectomy works. This was clear among those over the age of 50. One respondent aged 67, had this to say when asked if he knew or had heard of vasectomy:

NVFGD3R1: To be honest I heard about it three days ago when the male champion asked me if I could come and attend this meeting. He explained that we were going to talk about male contraception, and I said okay. I will hear more when am there. The male contraception that I know is the condom. That is the one I have always known from some days back.

¹⁰ Norplant is a trademark name for a contraceptive for women that is implanted under the skin. The contraceptive slowly releases a hormone called Levonorgestrel over several years preventing a woman from falling pregnant.

It is for people like the above respondent that radio is a very important avenue towards reaching those who still may not have heard about the contraceptive. However, it is arguable that while the radio has a very important role to play in the promotion of vasectomy, its role is limited to raising awareness and hence the need to critically analyse its usage in any formulation of vasectomy promotion. The motivation by the majority of those that had gone for vasectomy was more due to dissatisfaction with previous contraceptives methods, rather than availability of information on vasectomy.

5.4 Gender and Decision-Making

While the information on vasectomy is key in the promotion of vasectomy, gender roles in the decision to use vasectomy or any other family planning method are critical to the adoption. Studies (Schuler et al., 2011; Mosha et al., 2013; Vouking et al., 2014) have argued that gender imbalance which disadvantages women, plays a negative role in the successful implementation of family planning. While women bear the burden of childbearing and are usually the ones that use contraceptives, men's decisions and attitudes towards contraceptives have a bearing on how messages that encourage them not to only participate but to use contraceptives, are appropriated. A point that emerged repeatedly is that using contraceptives is still seen as a woman's domain. Three decades after streamlining and promoting family planning as a gender-free activity, the majority of men interviewed in this study – especially those that had not gone for a vasectomy – felt it is women who have to use contraceptives. This came out particularly clearly when I asked the question: “What do you understand by family planning?”, or in the vernacular “*Kodi kulera ndi chani*”. But before going into the detailed responses, perhaps a brief analysis of the vernacular word for family planning is critical here. This is because this study argues that language used in the promotion of vasectomy has a bearing on vasectomy promotion, and entrenches the idea that contraceptives are a female's domain. The Social Constructivism Theory, as discussed in Chapter Two, argues for a contextual understanding of a social environment in order to get a perspective of an interpretation of a given phenomenon. In this regard, a critical phenomenon or name in the family planning discourse with regards to the appropriation of vasectomy messages is the use in the vernacular of “family planning”, which is “*Kulera*”. “*Kulera*” a word used to mean “family

planning” in the vernacular family planning discourse, denotatively signifying “childbearing” or “child nurturing”.

In many African traditions, this is a domain for women (Mkandawire & Hendricks, 2019). While in a traditional setting, a man’s role is to fend for his family, i.e. look for food, provide shelter, protect the family and so on and so forth, a woman’s chore in her life is to give birth to the child and nurture it by feeding it, bathing it, washing its clothes, etc. This is denotatively “*kulera*”. Heward-Mills (2019) argues that “*Mwachilengedwa mai amabeleka ndi kulera ana*” (By nature a woman gives birth and *nurtures* the child), and Phiri (2007, p. 36), talking of the traditional Malawian woman of the Chewa origin, argues that “besides giving life to the community, the mother was responsible for the nourishing and shaping of that life”. The root of this tradition is the Chewa belief of the feminine nature of God who is thought of as “*Leza*” from the verb “*kulera*” who nurtures, rears or rules creation (Chakanza as cited in Phiri, 2007).

That nurturing aspect or “*kulera*” is a prescribed role of many African/Malawian women (Mkandawire & Hendricks, 2019). It is uncommon and unexpected, especially in rural areas, to see a man cook, bathe or wash clothes for his children. In fact, there are a number of pejorative names for men who undertake such household chores prescribed for women – “*anadyetsedwa dekhami*” (He was fed something to make him calm) or “*anadyetsedwa mchila wa buluzi*” (He was fed a lizard’s tail)¹¹. In other words, any man who performs household chores that are meant for women for example “*kulera ana*”, is not really a man – or has some sort of bewitchment placed on him. It is the same “*kulera*” that is officially used to connotatively mean “family planning” in the family planning discourse. In other words, “*kulera*” as has been described above, is the name that is given to “family planning” in the vernacular. Unfortunately, this denotative meaning is never lost in the interpretation of contraceptive messages by many men when the word is used to

¹¹ It is believed in Malawian folklore that a lizard’s tail mixed with some concoction by a traditional herbalist, will make a man stay home and perform household chores. A lizard, especially house geckos, are known to hang around homes and it is believed that eating the tails transfers the same effects to the man.

connote family planning. In Hermeneutical terms, they use this “horizon”¹² to interpret family planning. So, when the question is put, who is responsible for family planning, the answers are varied but most men, especially those that have not gone for a vasectomy, believe it is women.

NVFGD6R1: When we talk about family planning it is a method that reduces the birth rate. When you see that the children are enough then you can use family planning methods. Just as my colleague here said, most family planning methods are for the women but not many for men. The whole story points to women.

NVFGD6R4: Family planning is a joint decision that has to be made between a man and his wife. They have to sit down and agree that indeed the children we have are enough. When the agreement has been made it is the man’s responsibility to ensure that he does not stop ... or let me say he must give his wife permission and not stop her from accessing family planning.

NVFGD3R3: Family planning I can say, is that a woman goes to the hospital and get the contraceptive, for example, injectable ... (hesitates) so if for example, you have a child you need to wait, maybe for five years before you have another child. And then you can have another child. That is what I understand by family planning.

NVFGD1R2: Family planning is when a woman who has a small child and then decides that I want to take care of this child properly will go to the hospital and get maybe a loop to ensure she does not have another child.

NVFGD1R5: To me, family planning is about understanding your responsibility and knowing how you can take care of your family. You will have to discuss between the man and the woman to say okay, here we have a child, but you cannot go on having them because that means a lot of responsibility. As they say more children, more responsibility. Even Banja La Mtsogolo has an advert that says that. So as a family you agree, you know you cannot make that decision alone because in the family you are one. So, to avoid an unplanned pregnancy you go to Banja La Mtsogolo to get the contraceptives. There are many contraceptives including loop or an implant. There are also many others like injectables, but the intention is to give the woman a chance so that a baby grows healthy before you can have another one.

¹² In Hermeneutics, Gadamer (1975) argues that a “horizon” is a set of pre-given references that are brought about by lived experiences and historicity when one tries to understand a given situation.

As can be seen from the sampled responses, despite getting the information in many promotions that family planning is a responsibility of both men and women, men still filter the information through a gender lens. This applies to the information on contraceptives that are for both men and women. The denotative meaning of the word “*kulera*” subconsciously creeps into the meaning of family planning, regardless of what method is being promoted. Note the response, especially from respondent NVFD1R5; he clearly articulates that family planning decisions are joint decisions, but when it comes to using contraceptives, he can only cite methods that are specifically designed for women.

In order to get a clear understanding that the respondents got what I meant by responsibility towards usage of contraceptives and not just decision-making, I rephrased the question to: “When I ask about who is responsible for family planning, I do not just mean who decides when or what contraceptive to use, but I also mean who should use the contraceptive?”. While the answers were varied, they exposed that the men still regard contraceptive usage and administration as a woman’s domain:

NVFGD4R5: It is the woman. Let me explain why. The woman is the one who bears the burden of taking care of the children. By this, I do not mean a man does not, but it is the woman who directly feels the burden because she is the one who deals with them daily, she is the one who feels the burden so for me, it is the woman who should take the contraceptives.

NVFGD4R1: For me to be honest, yes, it is both a man and a woman, but it is the woman who should take contraceptive. We as men we can say we make a woman get pregnant while the woman is the one who gets pregnant. A man does not get pregnant. A man’s job is to make a woman pregnant. So, when you look at that you will see that the burden of giving birth is with the woman. And no wonder a woman will come to the man and say I think I have enough children. We have been told that. For example, my wife was giving birth through caesarean section. All our five children were born through caesarean and when she asked me, for her to get permanent sterilisation I did not stop her because I knew we were living dangerously. So, to me, it is the woman because giving birth is her duty.

As can be seen from the responses above, men do have a clear understanding of the importance of contraceptives to the general wellbeing of the family, but believe the responsibility of using contraceptives lies with the woman. To many of them, a man’s responsibility is ensuring on the one hand, that he does not stand in the way of a woman who needs to use contraceptives. On the

other, most of the respondents believed it is women who must imbibe and use the actual contraceptive. It must be noted that this frame of reference or the “horizon” is not arbitrary. In many customs in Malawi, both men and women go through rites of passage towards becoming “men” and “women”. In many traditions, both male and female children when they reach puberty, go through initiation ceremonies where they are taught and socialised into the particular practices that prescribe their “acceptable” roles in society. As Manda (2004, p. 24) notes, “Some Malawians (precise statistics unavailable) still undergo customary education. The rites of passage ceremonies, such as “*gule wamkulu*” (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 subservience of women to men”. It is through some of these rites, that how a man and a woman is supposed to behave is objectified and made into common sense. In a country where almost 80% of the population live in rural areas (Population and Housing Census, 2019), 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.

As Barker and Ricardo (2005) argue, “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” (p. 9). In the theorisation of Berger and Luckman (1966), these institutions provide a medium through which an objective reality of what a man’s or woman’s role is in society, is constructed and becomes a taken for granted “truth”.

5.5 Marital Stability/Instability and Vasectomy Messaging

One argument that has run through this study is that vasectomy promotions are viewed through the lens of marital stability/instability. While as argued in Chapter Four, the adverts assume that the contraceptive will be used in a stable conjugal family, this study argues that the messages are going to people whose unions are usually inherently unstable. As already outlined in Chapter Two, Malawi has one of the highest rates of divorce in the world. Malawi’s lifetime divorce likelihood is between 40% and 65% and therefore it is safe to conclude that marriage is an unstable institution,

especially in rural areas. Chae (2016:3) observes that “approximately half of all rural women will have experienced a divorce at some point in their lives”. An in-depth analysis of this situation is beyond the scope of this study, but two main reasons have been investigated (Zulu, 1996; Mwambene, 2005; Chae, 2016; Cherchye & Telalagic, 2016). The first reason is the simple and easy procedure involved in getting married and lack of serious punitive measures for a marriage dissolution especially in the matrilineal kinship (Zulu, 1998; Schatz, 2002; Chae, 2016). As argued in Chapter Two, Malawians practices two kinship lineage systems, matrilineal and patrilineal. Matrilineal lineage is practised in the majority of the 20 districts that make up the Southern and Central administrative regions of Malawi. Patrilineal lineage is prevalent in the five districts of the Northern region and one district in the Southern region (Mwambene, 2005). While it is true that modernity and especially urbanisation is having a sustained impact on traditional practices of various kinds and of marriage practices, some of the practices are still prevalent and matrilineality is one of them. Within the matrilineal system, getting married does not involve a lot of procedures if there is an agreement between the couple and the *khonswes*, who usually are uncles of the couple. Dissolution of the marriage as well is not a complicated process and can be done through a court decree. Mwambene (2005) argues that this decree is relatively easy to obtain as the “spouse who is seeking a decree of divorce need only show that marital love between the spouses is not prevailing and that there is no hope of the spouses reconciling again”.

Marriage in a patrilineal setting is a somewhat more complicated process that involves negotiations and eventual payment of *lobola*. Divorce too is not always easy: “it must be remembered that a customary marriage depends on the *lobola* contract. This contract, as already alluded to, is between the husband and the wife’s guardians. Consequently, no dissolution of marriage can be affected unless both parties are involved in the necessary proceedings or formalities” (Mwambene, 2005, p. 20). But while there is payment of *lobola*, it is not substantial and therefore marriage dissolution is also not a very difficult and complicated procedure (Chae, 2016). Furthermore, the Northern region, despite being predominantly Christian, has the highest rates of polygamy. Chae (2016) notes that “approximately 41% of women enter into polygynous first marriages” (p. 4).

The second reason for marriage instability is the young age at which people, especially women get married. Statistics indicate that 50 % of Malawian women aged between 20 and 24 were married

before turning 18 (UNICEF, 2018). According to the 2016 Health and Demographic Survey, the mean age at which Malawians, especially in rural areas get married, is 18 for women and 23 for men. This usually influences the stability of the marriage. Reniers (2003, p. 189) for instance, writes about statistics from one district that practices the matrilineal system: “In Balaka, close to one-third of first marriages do not survive their fifth anniversary. After 25 years, almost 65% of the first marriages have been dissolved”. What is interesting, is that remarriages are also very common. Reniers (2003) argues that over 40 % of divorced women remarry within two years and figures rise to 75 % over five years and close to 90 % after 10 years.

It was, therefore, not surprising to see references of divorce when the issue of vasectomy was brought up. Many respondents felt that with the instability of marriages, especially within the matrilineal system, vasectomy would not be a good option, even if a man felt he had “enough children”:

NFGD2R2: Alright. You’ve recorded my number of children there. The marriage with the mother of those children ended at the court. It is that woman with whom I had a plan to go for a vasectomy. I heard about vasectomy many years back because my father was a clinician. At school, they would tell us that they would perform the procedure on us when we were troublesome. However, I had forgotten about it. When the owner of this house was going for a vasectomy, I had also arranged it with my wife to go for a vasectomy but then we had marital problems and our marriage ended and I married another woman. I have told her that I'm going for a vasectomy. But she wants a child first before I go for it...But for me, there is no reason for me to continue giving birth. My family has no farms. Her family has no farms. Even the land that we have is decreasing in size as our children multiply. I will die and the children will have nowhere to go to. It is better that I go for vasectomy and so she accepted. I’m just waiting for her to give birth as she is pregnant. So, imagine what would have happened if I had gone for vasectomy then.

NVFGD3R6: This is my opinion. You know sometimes things happen, and your marriage may end. You know these things happen. Let’s not say they don’t happen. I can say I have been lucky the six children I have are with my one wife. But that is not to say my marriage would not end, or God forbid, my wife dies. I remarry, surely the new wife would want to have a child. Now it is that thought that if for example, I want to remarry and I have had a vasectomy, what am I going to do? Won’t they chase me from the home and say he can’t do what he came here for? I think for me, therefore, many men don’t want to go for a vasectomy.

NVFGD7R4: Let's be honest, here in the north it is not uncommon for someone to have more than one wife. And many times, those who have two wives will always want a younger wife. And that younger wife will sometimes want a child. Now you cannot tell in advance that at some point I will want to have another wife (laughs)...

JN: Do you have two wives yourself?

NVFGD7R4: No, no not me. But I know a few of my friends have more than one wife. Some of them are here but may not be comfortable to say it (laughs) ... but what I was saying is that you cannot predict when you are getting married the first time that you will need another wife. But when you do, you may find the young wife wants a baby. What do you do if you cannot give her a baby? You will lose her.

The above quotes from the interviews show that having a child, regardless of how many children one has from a previous marriage or with a first wife – in the case of a polygamous union – is an important element in the local conception of how married life is supposed to be lived. Vasectomy, from the interviewees' responses, is always seen through the lens of a possible divorce or any form of separation; yet, while these beliefs and fears are very prevalent, none of the adverts tackles them, even in passing.

The next subsection looks at why having children is important to at least this sample of Malawians and their conception of marriage.

5.6 The Economic Role of Children in a Family and the Concept of “Enough Children”

Hall (1980) postulates that there are, broadly speaking, three positions or readings from which an audience will interpret mediated texts. He categorised these as hegemonic, negotiated and oppositional reading. This study argues that very seldom did the hegemonic intended meaning get 'read': there were, by contract, some strong oppositional readings and, in the majority, variants of negotiated readings, among both men and women. In both the negotiated and opposition position, the audience will largely understand the message but will either modify it to make it fit more with prior thinking or make sense in terms of their levels of knowledge and their attitude message – or completely reject the preferred meaning. During the focus group discussions, it was apparent that the men fully understood the messages. As argued in Chapter Four, one of the “catches” used to

convince men to go for vasectomy is that vasectomy frees them from the economic burden of taking care of a large family as a result of unintended pregnancies. Several of them could clearly make a connection between a large family, economic hardships and a healthy life:

NVFGD2R2: Let's be honest, times have changed and times are hard. I have six children and honestly, I cannot say I can take good care of them. It's easy when they are young because they do not need many things. For example, they don't need too many clothes or school fees at the primary level. They do not need too much because it is free. But when they go to the secondary school that is when problems start coming in. They need school fees, they need clothes, they need books so on and so forth and it is not easy to provide such especially here in the rural areas. Look at the land, it is getting smaller and smaller. I have six children and all of them are looking at the same land by the time I die, and they inherit that land it will even be smaller (laughs) ... so yeah. Having many children is a big burden. It is better to have enough children that you can take care of and you would really want your children to look like the ones on that other poster (laughs) ... and not like the way many look in this village. (they all laugh)

NVFGD2R4: Let me just add on what he has just said. I don't think us as men have a real problem, but the uncertainties of marriages these as he has said. You may decide to remarry, and you cannot decide whom you fall in love with before you get married. It would happen you fall in love and marry someone younger, someone without a child. And you know how we are traditionally; people will start saying look he has been married but there's no child in a family. In fact, it is usually people closer to you who start talking. Sometimes even the parents. And you may have everything materially but without a child you see the marriage failing. So yes, having children and having many of them is problematic. ... You cannot easily provide for them adequately. But traditionally you need them. In our village, they say children are the ones that build a marriage.

It was clear from the discussion that the men do understand the economic effects of large families as intended by the encoders of the messages.

Additionally, the men could easily link the health angle that was being promoted within the adverts as a result of vasectomy. As discussed in Chapter Four going for vasectomy is championed as a sign of love for any man who cares for his wife. This, as already argued, is in the wake of many reported negative side effects of many of the contraceptives that women use. As one poster argued, vasectomy "allows a man to show love to his wife by choosing vasectomy because it's easier than women's sterilisation procedure". Both men who had gone for a vasectomy and those who had not, agreed that indeed there are instances when female contraceptives can be problematic:

NVFGD5R1: My wife has tried many of the contraceptives. We started with the pills, but they used to make her vomit most of the times. Then we tried the injectable, and she would have prolonged menstruation. So, we have been trying to find a method that she can use and does not make her sick. Right now, she is not using any method and we know it is dangerous because we already have three children.

As can be seen from the above quotes, the message that the posters and the Public Service Announcement conveyed are clearly understood by the men. However, most of them, especially those that had not gone for a vasectomy, did not believe that vasectomy was the answer. This was especially clear from the importance they attached to the illusionary concept of “enough children” on the one hand and the fear associated with the permanence of the method on the other.

“Enough children” is a trope that runs through all promotions of vasectomy. As explored in Chapter Four, vasectomy is a permanent method that is being promoted to men who might believe, or are asked to believe, that they have “enough children”. In fact, Kanthonga (2019) argues that anyone who hesitates when they are asked if they believe they have enough children, is discouraged from going for the method. While it is not clear what “enough children” stands for, a read on population discourse on family planning for Malawi does indicate what specific number “enough children” refers to. According to the Malawi Housing Census (2019), Malawi fertility rate – the average number of children a woman is expected to have in her lifetime – stands at 4.17 from 5.7 in 2010 (HDS, 2016) but is still regarded as high (The Economist, 2018). The fertility rate is therefore expected to be 2.1 to maintain a replacement level and sustainably develop the country by 2050 (Searchinger et al., 2013). While the government has no forced child policy, the obvious goal is to reduce the fertility rate to one that is sustainable at the replacement level of 2.1. It is therefore arguable, that even though the adverts and policy documents do not mention a specific number of what is meant by “enough children” an informed guess – based on what population control measures want to achieve – is not more than two children. This argument is further reinforced by a critical look at the BLM logo (see Appendix I). The logo is made up of words and signs. The words are “BANJA LA MTSOGOLO” which literally translates “Future family”. These words encircle an infogram that represents a nucleus family, which this study argues is a representation of that “future” family. It is a family of a man and wife and their two children.

I, was therefore, interested to see what meaning the men had of the key trope “enough children”.

NVFGD1R3: For me, enough children mean the children that one can be able to take of without many problems. He should be able to clothe them and send them to school. For me, that number would be five. I think with the resources I have I can be able to care of them without many hardships that I am facing now. Now with eight children, it is very tough. Even though some of them are grown up and can take care of themselves, they still come back to me time and again for help.

NVFGD6R2: I have seen problems. Six children are in school, they need fees. There is not any work we can be doing, so if we continue having children then we will have difficulties to teach them and we will end up infringing on their rights. It is better to have four children so as long as we teach them. I think for me four is a good number. It doesn't matter whether they are all boys or all girls. Four are enough. This means enough children are the children that one can take care of. He can give them food. They don't have to beg for clothes and other things.

In fact, 43 out of the of the 56 respondents who believed they had “enough children” had more than four children. Twenty-eight out the 35 respondents who had not gone for a vasectomy mentioned children between three and five as their understanding of “enough children”. It has been noted that the term that the men are referring to as “enough children”, applies to the children one has with a current partner. In fact, when I asked how many children do you have? Those who had children with more than one wife would usually mention those with the current wife. When I asked: “Are all of them with one wife?”, the number would change. As argued in the first chapter, the issue of ownership of children is very critical, especially in the matrilineal system. As discussed, children a man has, traditionally belong to the brother of the wife who in the local language is called *mwini bumba*, translated “owner of the clan”. This means that when this man's marriage is dissolved by whatever means, the “enough children” he had in the previous marriage do not always apply to the new marriage. The same is in the patrilineal system. The children a woman has, belong to the clan of the man. If the marriage dissolves, she leaves the village and usually the children behind. If she goes back to her village, it is not uncommon to find the land she left when she got married has been shared among the siblings she left behind. Her only entitlement to land would then be if she gets remarried and has more children. This came out several times when I asked why it is important to have children or a child in the new marriage, when one or both parties have children with their previous partners:

NVFGD6R4: I think on that one let me refer to the practice in my village especially when it comes to wealth. A child is seen as a blessing and security in any marriage. So, if you have no child with the new wife, you are living dangerously. If you can work hard and have possession and no child, you are hanging precariously. Even people will come and tell you that in that village you are hanging on one leg because you do not have your own blood in that village. Even your wife knows she is also in danger if she does not have a child with you. Even some people will advise her to get help from traditional healers to have a child and the reason is securing rights to property.

WFGD5R2: As women, we are always disadvantaged especially when a marriage ends in divorce or even if the husband dies. Here we do *Chitengwa* (patrilocal). So, if I leave my village and marry in my husband's village, my entitlement to land is through my children. If I leave the village, I leave the land too. I am not saying that has happened to me, but my own young sister. She has no land. Her husband died, and she asked to leave the village. Right she still stays in our mother's house. She has nothing.

It is not therefore not uncommon for a divorced woman to insist on having a child even if she already has other children from the previous marriage. A vasectomised man in this regard is not always the best option if this desire is non-negotiable.

Additionally, while many anti-population growth enthusiasts argue that big families are a hindrance to the development of the common man specifically and the country at large, traditional economics of children as argued by Mamdam (1972), makes complete sense from the perspective of rural men. As presented in Chapter One, these men come from a background of poverty. Labour is a very scarce commodity and therefore children play a very important part in local economies. This may explain why there is a disparity between their apparent understanding of the link of having too many children in relation to economic hardships and the "big" number of children they have. The link between local economics and children, kept on coming up when I asked why even with economic hardships, many still want to have more children than they can take care of:

NVFGD4R3: It's not like people or let me say, we do not understand that many children mean a lot of responsibility. We do, but then when you look at how we fend for ourselves you will see we do not have many choices. For example, look at me I have nine children and it is already hard to take care of them. But the hard part is the children have their own children who are staying with me. It is so hard especially as they grow older and go to school. My granddaughter was going to school and I had no money. I had to sell tyres for my bicycle to raise a few monies for her transport. It is hard. But look at me I am now growing old. I cannot farm as I used to. It is the same children that are helping me. When

I get older, they may not send me money, but they will be able to look after me when I am sick. And sometimes when they are all gone out of your house, you still need a little child to maybe draw water and cook for you. So yes, children will always be important and this vasectomy cannot guarantee that you will not need a child someday (laughs).

Tied to this element is the permanence of the method. As was seen in Chapter Four, vasectomy is championed as being effective and permanent. In fact, the pamphlet analysed clearly states that “Vasectomy is a permanent procedure, it can’t be reversed”. And the radio PSA emphatically argues, “When this happens, sperms cannot pass to semen to make one pregnant. ... There are no worries in the house of falling pregnant unexpectedly”. While the encoders of the message intended to prop up the efficiency of the method, the interpretation for many who have not decided to go for the procedure is different from how it was intended to be understood:

NVFGD7R2: To be honest I have been told that the method is very good. It is not like condoms which sometimes can break. It is very effective (laughs) when it is done it is done. Even if you regret, there is nothing that you can do about it. You have had it. For me, that is a bit (hesitates)...

NVFGD7R4: It is scary. That is what you are trying to say. (the original speaker agrees) ... Other methods are better like the condom he mentioned. Because if you don’t want to make a baby you can wear it ... if you want to make a baby you don't have to wear it. So, for me, this one [the condom] is better because you have a choice when or when not to use it. With this vasectomy, I am not sure.

I probed further and reminded them that this method is not for everyone but for those who are convinced they have ‘enough children’. The answers that followed were mixed but the main strand of argument is that it is difficult to decide when children are ‘enough’, considering the many factors that affect decisions to have a child or not.

NVFGD7R2: Maybe it is easy for those who are much older and do not have sex any more (they all laugh). But for someone who is still having sex it is not. Because maybe I am wrong, but how sure are you that you will not want another child when you are still living and are still having sex? It is difficult. Sometimes it is not just you who want to have a child. Sometimes the woman may still want to have a child. And I think one needs to carefully evaluate his situation before he gets a vasectomy. For example, when you look at me, I have been married three times. The first marriage I had two children, the second only one and the marriage that I am in, I have three children two are mine, the other one my current wife brought with her from another marriage. ... If I had vasectomy then, it would

have been difficult to have the children ... so yes it's a good method but because you can't reverse it, that's where you need to think very carefully before you can do it.

NVFGD7R3: He is right ... let me just comment briefly. It also happened, not to me but someone I know, he was always complaining he had too many children. I think he had about five. But when his marriage ended, he married again and had one more child (laughing). I asked him if one more child was not adding a burden to him and he said this was a new marriage and he needs a child in it. Now think about him, what if he had a vasectomy? He surely would have been regretting. So, in this case, a condom or other female contraceptives like pills or loop, or injectables are better. Because when you feel like you want another child all you have to do is just stop taking them.

5.7 The Social Construction of Vasectomy as a Gateway to Promiscuity

As has been argued from the preceding paragraph, vasectomy is championed as a very effective method and it indeed is. Studies suggest that if done properly, vasectomy is almost 100% effective (Jamieson, Costello, Trussell, Hillis, Marchbanks, & Peterson, 2004; 2011; Amory, 2016) in preventing pregnancy. While this is a positive and admirable percentage and among the main reasons why men should go for it, the social implications of this effectiveness is counter to the noble intentions of the promoters. Zulu (1998), in his study on the role of men in reproductive issues in Malawi, noted that traditionally, issues of a reproductive nature were regarded as the women's domain. But with the advent of modern contraceptives, men were demanding more and more to be consulted before women could use the contraceptive. Zulu (1998) writes that "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" (p. 2).

Within the traditional setting, one way of catching a 'cheating' spouse is when they fall pregnant or impregnate someone outside their relationship. With the efficacy of modern contraceptives, this fear is usually eliminated. While actual figures of people using contraceptives to cheat on their partners are not available, the myth that surrounds the practice is high. Several studies (Okwor & Olaseha, 2009; Kabegenyi et al., 2014; Ochako et al., 2015; Agunbiade & Osezua, 2018) have highlighted the belief that contraceptives can be used to cheat, which is one reason spouses refuse to allow their partners to use them. During the interviews, especially with spouses of men who had

gone for a vasectomy, this element kept coming up. While none of the women would admit ever stopping their spouse from going for a vasectomy for fear they would become promiscuous, several argued they had heard or experienced friends using this as a reason when one of their husbands suggested they go for vasectomy or indeed if they just discussed vasectomy as an alternative contraceptive:

WVFGD1R2: When at the hospital we were discussing all methods available for contraceptives. We were looking at the disadvantages and disadvantages of the methods available. Someone brought up the issue of vasectomy. Many of the women there said they would not allow their husbands to go for it. This was because when a husband cannot make someone pregnant, it is easy for him to go and sleep around because he knows he cannot get caught.

These sentiments echo a study by Bunce et al. (2007) in the Tanzanian Kigoma region, who noted that distrust among couples acted as a barrier to men accessing this method. She notes that “lack of trust in their husband’s fidelity was considered both a reason for as well as a barrier against vasectomy” (Bunce, 2007, p. 13). The “danger” of vasectomy to those women was not just the emotional toll of infidelity, which could be a result of vasectomy. One woman argued that a non-vasectomised man is “careful” and will use protection should he decide to have an extramarital affair for fear of making another woman pregnant, by using a condom. While the main goal in using the condom may be to avoid impregnating another woman, he is also protecting himself and, in the process his current wife, against sexually transmitted diseases:

WVFGD4R2: With a condom as a contraceptive, a man is not only protecting his reputation because he will not make another woman pregnant. He is also protecting you as a wife. He will not get a disease. With vasectomy, he is only protecting his reputation but not protecting you as a wife against diseases.

WVFGD4R4: True, by the time he will know he has a disease, you too have a disease. Maybe AIDS or Syphilis.

WVFGD4R2: Yes ... so I can understand a woman who would not want her husband to go for a vasectomy.

But vasectomy is not only seen as promoting promiscuity. It is also interpreted, socially, as an avenue towards forcing a woman to be very careful if she is promiscuous. As one male champion

remarked about his interaction with a potential would-be user of the method, having a vasectomy would ensure that an unfaithful wife protects herself for fear getting pregnant outside her marriage and in the process also protects the man from diseases:

MC4: One client believed vasectomy means “locking your house”. Your wife cannot go outside knowing the results that if she gets pregnant, the husband will divorce her. And it also promotes a healthy life as it prevents the woman from having unprotected sex if she is unfaithful and she uses condoms to avoid getting pregnant. If the woman is found pregnant the man will easily know that his wife cheated and its pack and go. As such, they are preventing sexually transmitted infections. Both the man and the woman will always be serious and will not risk messing up their marriage. So, this brings an advantage in a way that when people understand vasectomy, it means you have locked every door while tubal ligation for women will still increase population because a man can still have children outside wedlock.

From the quotations above it is clear that there a lot of beliefs, some of which may not have a cultural basis, and probably wrong ideas, that are taken as common sense within the cultural setting and affect the interpretation of vasectomy messaging. This study argues that these are some very important beliefs that need to be tackled, but from the sampled texts, the encoders do not get into them deep enough.

5.8 Social Construction of Vasectomy as Emasculation and the Conflation of Vasectomy with Castration

Chapter One in the subsection “Tradition, gender and masculinity” linked virility and the ability to sire children as one element that forms the basis for traditional hegemonic masculinity. As argued in the subsection, there is no one form of masculinity, but as Connell (1995) would have it, masculinities. Traditional hegemonic masculinity in rural Malawi is constructed as a man being able to fend for his family, able to have sex and his ability to have children. This study has argued that the messages promoting vasectomy are interpreted through the lens of this social construction. As also outlined in Chapter Three in the “Social Constructivism Theory” subsection, cultural beliefs and practices come into existence through a socialisation process. This process happens through significant others who arbitrate the objective reality, making it meaningful and in the process, it is internalised by others. Burr (2003) argues that within Social Constructivism, language is the path towards concretising thoughts and feelings into concepts. One concept that has been

affected the way vasectomy messages are viewed is masculinity. The ability to have sex and through it have children, has been central in the construction of a traditional hegemonic masculinity in both Dedza and Karonga.

Writing about sex – with regards to a study with men in a local setting – as a basis for one to be called a “man”, Kapulura (2015, p. 59) notes that “a married man’s ability in performing the sexual act, possession of skills to arouse a partner for sex or to seduce his partner into sexual intercourse, and thereafter, to sustain an erection for a long time, is a highly regarded attribute of *uchamuna* (masculinity/ manliness)”. The understanding of the vasectomy messages, according to the men in the discussions, is two-fold. The first is with regards to a man’s voluntary decision to relinquish his ability to sire children. The second is the misunderstanding of vasectomy as castration.

As discussed in Chapter One, for most Malawians, the ability to sire children is a very important element in any union, regardless of how many children a man has with his previous union. But as argued in Chapter One under the subsection “Poverty and masculinity”, unfavourable economic conditions that many rural men find themselves in, have robbed them of their ability to be called “men” based on being head of households and breadwinners (Silberschmidt, 2005). Many men live in abject poverty. Their only title to “manhood” therefore rests with their continued ability to have sex and father children, even if they do not intend to do so. In the same study, Kapulura (2015, p. 64), notes that there is more praise for a man who can have children compared to one that cannot. He writes: “men who regularly make their wives pregnant so that they bear a number of children at short intervals, are admired and praised: *“koma uyunso ndi kamunamuna”* (this indeed is a real man). In contrast to the acclamation that fertile men get, a man who is unable to make his partner pregnant is referred to as *chumba* or *chimbwira* (barren). Men who have failed to make their wives conceive are often despised and denigrated. They are, by many, not considered to be “real” men – in other words, they are subordinate to their fertile fellow men”. The language used to define an infertile man *chumba* or *chimbwira* or *gojo* is derogatory. It was obvious that this construction of manhood or masculinity played a role in the way the messages were interpreted:

NVFGD7R2: For me I feel the messages, yes, they are a very good. It is true that this method gives any man peace of mind when he is with wife and if they are happy together. But things do not always turn out good in a family. As I said before marriages end or a wife dies, and you remarry. That is where the problem starts. Everyone is on you. Even the wife is on you when you cannot have a child in the house. They say or look *anagwa mu mpapaya* (literally translated he fell from a papaya tree – a derogatory phrase for someone who cannot make a woman pregnant) or he is a *gojo*. These are not very good words. So maybe the best is to have it [vasectomy] but choose a wife who already has children so that you can spend the rest of the time taking care of them and being called a *gojo*. But again, how sure are you that you can find a woman you like but also one that understands your situation. (they all laugh)

NVFGD6R2: For me I do understand the messages and the importance of this method. But to many, I think it is like you are saying I do not want to be a man anymore. It is like giving up. Same as dying. I am not saying this is my thought. But from the discussion that many men have I am sure they think so.

It also emerged that interviewees drew on the terminology from everyday farming or fishing activities to interpret vasectomy. This was particularly evident in Karonga. Karonga is known for cattle rearing. The main occupation of many of the people is either fishing, especially for those who live along Lake Malawi, or farming including animal husbandry, especially for those who live inland. One practice that is common among cattle farmers is castration (Banda, Chagunda, Kamwanja, Phoya, & Safalaoh, 2001; Nandolo et al., 2015) Castration involves the removal of testicles in a cow (Futurebeef, 2019). The most common form of castration is the use of a burdizzo (SSLLP, 2019). With this method, the spermatic cord and the blood vessels leading to the testicles are pinched and pressed. As a result, the testicles swell for a while, stop functioning and then degenerate (South African Department of Forestry and Fisheries, 2018). In Malawi, the main reason for castration in cattle is to provide draught power and increase meat production (Banda et al., 2001). This process is all too common to the respondents in the focus group discussions. It was very clear that many of them could relate the procedure in castration to vasectomy. While to a scientifically knowledgeable person the two concepts are different, to a common person who does not have scientific knowledge on vasectomy, the two processes were regarded as the same:

NVFGD7R3 My fear was that maybe the procedure is like the way they do with cattle. You know the way they use that spanner [burdizzo] to pinch the nerves in the cow's scrotum. My other fear was they would remove the private parts like they do with cattle. You know when you try to touch and feel the sack that contains the testicles in a cow you will feel like there is nothing in there. And that is how I felt like it is. And so, when I first heard about vasectomy what came to my mind was that it is castration. Of course, I heard the messages said you can still perform. But the feeling was like what if they make a mistake and then make you not be able to perform like a castrated cow (laughs).

5.9 The Role of Spousal Consent, Extended Family Networks and Social Relations in Interpreting Vasectomy Messages

As suggested in the overview in Chapter One, decisions regarding one's family are not usually left to the conjugal union, especially in rural areas (Kishindo, 1994). In Chapter Four, this study argued that the encoders of the messages, based on the analysed texts, seem to have in mind a joint decision-making process in which the man and woman have reasonably equal powers to decide on which method to use. While there was some spousal consultation with most of the men who had gone for vasectomy (if not equal power), when asked about their social fear with regards to vasectomy, the majority of those who had not gone for vasectomy singled out stigma associated with vasectomy as a reason. It must be noted that while in the HIV/AIDS public disclosure, stigma is usually associated with discrimination, for example refusal to be employed for being HIV positive or people shunning to eat from one plate for fear of contracting the virus; with vasectomy, the stigma is usually manifested in mockery of the vasectomised man. Lime (2018) writes that many men have gone for a vasectomy but choose to keep it to themselves. This according to Social Constructivism theorists, is a result of social norms and beliefs that have been constructed around fertility and infertility as argued in the previous subsection. While with vasectomy the stigma is usually verbal, the language used has material effects that make a vasectomised man an object of scorn. It was very clear that even talking about vasectomy was frowned upon by men, who believed that a man should maintain his ability to father children even if he has no intention to do so. The perceived negative social response to a vasectomised man, therefore, affected the reception of the messages among those who had not gone for a vasectomy. As one respondent remarked:

VFGD5R4: It is not just the fear of the procedure that affects how one responds to the messages, it is also how the people around your surrounding see you after the vasectomy. I remember when some of my wife's friends heard about the fact that I had gone for a vasectomy, they took her to task and asked very funny questions (laughs). ... One day she came back and told me how people were saying I was getting fat because I had been vasectomised (laughs). They asked her, in jest, if I was still able to perform (laughs again). They said she too was getting fat because she was no longer having to work hard in the night because I could not perform in bed. At first, it used to hurt when I heard those words. But I knew the truth. Many of them were just jealousy because we appeared to be happy and like things were going on well for us.

NVFGD5R7: It is very true, for me I opened up only after the male champion in this village started going around telling people about vasectomy. It was like I found like-minded people. At first it was hard to even talk about it when we went fishing or were playing *bawo*. Any topic about vasectomy and people would start laughing. Many would talk about it as if they were talking of some serious disease like leprosy.

Even for the male champions, talking about contraceptives is not always easy. The community perception of a "man" being one who can have children is so deeply rooted, it affects the campaign. Respondent MC8 who is a headmaster in Dedza and did not manage to convince even one client to go for a vasectomy during the entire campaign period had this to say:

MC8: It was really hard. Since I had the training to this time around, I have just convinced one person. But he has not gone yet for a vasectomy. He just says he will tell me when he is ready. After the training, I came here and called for the chiefs and members of the school committee. As a headmaster, I meet with them regularly. I told them about the training first and told them I was vasectomised and wanted to share with them my experience so that they can tell others. ... It was unbelievable how they laughed at me. And you know some of the chiefs are women and they started asking how I was performing at home. I had to tell them that I could not disclose so much because this was a public place, but if they wanted, they could go and ask my wife if they wanted proof. So, you can see if the chiefs are in the forefront laughing, how about the villagers? It is all about the beliefs that they have here. They will laugh and no matter how good or convincing your message is, they will still laugh at you.

The influence of society at large is not only limited to people who are not close, but even close relatives also have a lot to say about vasectomy. As this same respondent discovered, it was not easy for him to first convince his wife and even his own relations about going for a vasectomy:

MC8: My wife had serious issues with contraceptives she was using, and I offered to have a vasectomy because we already had five children. And I said these are enough. But she was very hesitant. She told me I have no problem, but you first must go and tell your relatives that you are going to do this. Because if they hear that you have gone for a vasectomy, there will be questions like it is me who forced you to go for this while we still want children. But I told her no, marriage is between two people. Whatever they say I do not care. But she still insisted that I go tell my people and I did. I told my mother because she was the one I was close to than my father. She was not happy at all. She had many questions. I could not even bring myself to tell my father. But I had already made up my mind and went ahead. Now they do not ask anymore.

5.10 Male Champions as Peer Educators and the Vasectomy Message

While the campaign relied mostly on the media to disseminate the message of the ongoing campaign, it sought the services of men who had gone for vasectomy and were “satisfied” with the method, to work as peer educators and advocates for the contraceptive method. The use of the peer educators is in line with the Social Learning/Cognitive Theory – discussed in Chapter Two – which argues that behaviour change can be modelled on others, especially those with similar qualities promoting the desired behaviour. Specifically, as Bandura (1977) argues, “Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behaviour is learned observationally through modelling: from observing others one forms an idea of how new behaviours are performed, and on later occasions, this coded information serves as a guide for action” (p. 22). According to Turner and Shephard (1999), SLT is very relevant especially when considering issues of credibility, self-efficacy, role modelling and reinforcement of the desired behaviour. In terms of credibility, peers are chosen based on the believable life circumstances that they can share with those whose behaviour needs to be changed. With regards to this study, this credibility was based on the male champions having gone for a vasectomy¹³.

Furthermore, Bandura argues that for peer educators to be more credible, they have to have a higher status in society. Many of the male champions held different positions within their society. For example, one was a headmaster, one was a chief in his area, and others were “successful” local

¹³ Every person who has gone for vasectomy is given a certificate that shows that he indeed went for a vasectomy.

businessman while another was a traditional healer. The second component is self-efficacy which, according to Bandura, is the person's confidence to perform a particular behaviour. In this regard, all the male champions had gone for a vasectomy and defied public stigma associated with vasectomy to tell people of their experiences.

Finally, with regards to role modelling, "the role of the peer educator is to serve as a positive role model and to provide social information rather than merely providing facts ... peer leaders enhance the programs applicability by modelling appropriate behaviours". In this study, the male champions had demonstrable traits as none of them had children since the day they had a vasectomy. Furthermore, as will be discussed later, they provided information that was not readily available through the mass media channels.

In total, BLM recruited 14 male champions for the five districts in which the campaign was taking place. Dedza and Karonga had a total of nine male champions with Dedza having six and Karonga three. As presented in Chapter One, the male champions were firstly trained for one week before they could go and campaign in the local areas. The training that they received was based on an operational guideline for Health Surveillance Assistants who do door to door visitation (Malawi. MEPD, 2012). As was argued in Chapter Four, the training manual only has guidelines on how to approach a potential would-be user from a health and economic benefits angle. In other words, the male champions were to sell the idea of vasectomy from the message encoder's point of view. The male champions had no training on how to handle social-cultural questions, for example how to deal with someone who feels vasectomy emasculates a man. In this regard, it was upon the male champions to tell their story with no backing from the guidelines.

At the end of the training, they were given bicycles, golf shirts (See Figure 5.2) and IEC materials in the form of posters and pamphlets. They were also promised MK35,000 (R650) a month stipend, with an additional MK10,000 (R150) per client they bring in for a vasectomy. They were further encouraged to write their cell numbers on the posters, so that those who needed one-on-one meetings with them could call them and arrange for meetings.



Figure 5.2: A male champion in a branded golf-shirt holding his service bicycle

5.10.1 Challenges in spreading the messages through the male champions

It was clear from the interactions with the subjects, that the role of male champions is very crucial in spreading the messages on vasectomy to the rural masses. The male champions allowed for more intimate and personal communication with the would-be adopter. It allowed for two-way communication that provided instant feedback on any issue that a would-be user wanted to ask. As one respondent recounts, the vasectomy campaign cannot be treated as any other campaign:

VFGD2R2: In a vasectomy, you are talking about the essence of masculinity. You are talking of sexuality which in our society is usually a taboo. These are issues that happen in secret. In your own bedroom. The task to tell and inform people about vasectomy is not the same as that of telling people to sleep under a mosquito net or to use water guard. No. You are telling people about things that happen in closed doors and I think the work of the male champions is very important.

MC: There was one client who did not believe that I had a vasectomy. I showed him my certificate and proved to him that I had not had a child since I got a vasectomy. But he still did not believe me. Furthermore, he thought vasectomy was a major operation. I had to take off my shorts to show him where I had been operated on. There was nothing there to see. What I am saying is there are many issues we deal with that are very personal. I feel that if BLM can recruit many of us, that would help a lot.

In other words, the argument from the above respondents is that interpersonal communication, as opposed to mass media communication, is a much better option for a campaign of this magnitude. They argued as has been argued elsewhere, that there are many questions that radio programmes, PSAs, posters and others, may not be able to answer as more people start to show interest in vasectomy, as they have done with female sterilisation.

But as observed in the interaction with all the male champions, there are many obstacles that they meet in their quest to take the promotion of vasectomy to people, especially in the rural areas. These difficulties include but are not limited to inaccessible areas, lack of motivation, delayed stipend disbursement, hostile cultural environment and deep-rooted beliefs in the need to have more children as has already been discussed.

5.10.2 Inaccessible areas

Taking the interpersonal messages to the remotest areas means physically travelling to those areas. As already argued, these male champions were given bicycles to use to travel to those parts of the remote areas. The types of bicycles given are not very suited for some of the terrain (see Figure 5.2). By the time I visited the male champions, some of the bicycles had been packed away as they had one fault or another. This means the outreach of the male champions was limited to those within a walking distance. Additionally, the carriers on the bicycles were not sturdy enough to carry a passenger along. This means that if the male champion decides to take his wife along, he has to find a different means that requires him to dig deep into his own pocket to fund the trip for his wife. As one male champion recounts, lack of proper transport modalities limits the reach of their messages.

MC3: The people need to hear the messages about vasectomy from someone who has undergone the procedure. But many cannot travel to come or talk long on the phone. So, for example, people will come to the trading centre where we are talking to people about vasectomy. But many won't immediately come to meet and talk to you right there. Many prefer to talk in private as there is still stigma attached to vasectomy. What this means is that I have to travel to meet them at a convenient place and usually it is at their homes. But with a lack of proper transport, it is hard to reach everybody. For example, in this area, the farthest I have travelled is over 25 kilometres from this point. You can imagine cycling for a 50-kilometre round trip.

As a result of the above, many people have shown interest in having a vasectomy, but are let down because the male champions have not reached them with timely information. Delays to provide necessary information to someone who needs it, has had negative consequences to some who showed interest to know more about vasectomy. In most cases, those who do not get correct information from the male champions will usually find alternative sources of information that at times will discourage them, even if they showed prior interest.

MC6: There are a lot of people out there who have misinformation on vasectomy. And when we are not available with the necessary information, they will find someone who will try to explain. In some cases, the information they provide is very inaccurate. You know people socialise in many ways. What I have discovered is that in many cases people socialise differently. Some when they are playing *bawo*, or at their garden or markets. These are the places where they find other information that they believe because it is coming usually from their peers. So, if for example someone has shown interest and you don't provide it timely, he will seek it somewhere. I have an example of one client who had agreed to go for a vasectomy. But I failed to make it on the day we agreed. When I called him to reschedule the meeting, he could not pick up his phone. When we met some time later, he told me after our initial meeting he consulted widely and decided against going for it. It is therefore easy to conclude that he found other people who gave him information that discouraged him.

5.10.3 Lack of material support and motivation

All the eight male champions that this researcher interacted with lamented the lack of consistent material support from BLM. The majority argued that since the initial training they had in Mponera, they were rarely visited by BLM officials. They argued that the visits played an important part in motivating them to work extra hard. As one champion observed, the presence of BLM branding in any form gives legitimacy to the messages on vasectomy.

MC1: We work with other organisations in this area. You see their organisations coming, for example, in branded vehicles, banners and the like. This has a way of encouraging people to come and listen to what you are doing. For example, if we have a village meeting branding is important. With us, all you see are these golf shirts and sometimes the wrapping cloth that my wife wears when she accompanies me.

5.10.4 Delayed payment of monthly stipend

The male champions explained that during the training workshop, they signed a contract in which they would be getting a monthly stipend to use in their travels to interact with clients. Unfortunately, they argued, the money only trickles in intermittently. This affects their work as they carry out their duties voluntarily. What happens is that they suspend some of their household chores to attend to the informational needs of their clients. The stipend is important because, little as it is, it allows them to bridge a financial gap that exists when they are away on duty, and gives them a sense of being acknowledged for the difficult task they had agreed to undertake. In a wider context, the intermittent payment affects how the champions interact with the clients. As one male champion recounts:

MC1: I have had to sell a video set that I had to pay school fees for my child. This shows you how desperate we can be. As I am talking now, I haven't received my payment for the last three months. How am I supposed to work? People need information daily. But I can't leave my family here just to attend to them. My family suffers in the process.

In his book, Joseph Dominic (2011) argues that interpersonal communication flow can be affected by three types of 'noises'. The first is mechanical noise – which deals with any interference with a machine a person is using to communicate. Secondly, semantic noise is as a result of a different language used, and finally, environmental noise is as a result of noise from the surrounding areas where communication is taking place. This study suggests a fourth, "logistical noise". This kind of noise arises when a person fails to get necessary information because of logistical and administrative problems as evidenced from the above quote.

5.11 Conclusion

This chapter has presented some of the socially constructed beliefs and practices that have a bearing on how the messages on vasectomy are interpreted. As Hall (1996) and others suggest, analysis of these vasectomy messages shows the transmission of the message, as intended by the 'encoders', is not always the same as that of the message worked out by the 'decoders'. These vasectomy messages are consumed by people who have their own strong sets of reference, drawn from their lived experiences to interpret them. While Chapter Four established that the main goal of the campaign is to offer a traditional man, who has "enough children" an alternative

contraceptive to decide the number of children he wants, this chapter has established that while the messages are understood, the target audience either negotiates or completely rejects the dominant reading of the texts. This summation was arrived at by not only looking at how the men responded to the questions, but also by analysing empirical studies that show that only 0.1% of men in Malawi have gone for this contraceptive method since it was streamlined in the media.

The chapter showed that there is often a sharp disconnect on the level of interpretation between the encoders and the decoders of the messages. This is as a result of different cultural codes used to construct and interpret the messages. While the formulation of the messages is clearly guided by a scientific, quantifiable and modernist view of the population growth “problem”, the interpretation is informed by deep-rooted social-cultural beliefs that can only be changed if the targeted audiences can be persuaded or convinced to, “either ‘move out’ or physiologically disengage from the contexts that generate or encourage certain behaviours” (Dugmore, 2006, p. 7).

This chapter analysed responses and discovered that while vasectomy is denotatively a contraceptive method, there are differing subjective interpretations based on the realities that the audiences construct from their daily lives. As a result, the method takes on different connotations that in many cases make the men uncomfortable and therefore unwilling to embrace it as a method of choice, as is the case with female sterilisation. The chapter, therefore, notes that several factors affect the appropriation of the message. These include the gendered nature of vasectomy; the pride associated with a man’s ability to not only have sex but his ability to father children in the process; the instability of marriages and interpretation of vasectomy as a gateway to promiscuity for both men and women; the social and emotional stigma attached to a vasectomised man; and the role that family and kin play in the decision to go or not go for the method. The chapter further analysed the role of male champions as peer educators and discovered that they have a very crucial role to play if used strategically, to share their personal stories and give a closer cultural perspective to the messaging. However, the chapter also noted that structural problems do affect how peer educators perform their functions. These include the fact that most of them are volunteers who are only given a small stipend for the voluminous work they have to perform, travelling and meeting would-be clients, long-distances and lack of motivation.

The following chapter discusses the findings from Chapters Four and Five and concludes the thesis. It further re-examines and engages with the theory deployed and how it has been able to help make sense of the data and makes suggestions for enhancing our theoretical approaches to understanding Behaviour Change, Health-Promotion and Health Promotion Media. It also examines the limitations of this study and makes some suggestions for further research.

CHAPTER SIX: DISCUSSION AND CONCLUSION

Norms and traditions of all kinds do change everywhere and all the time. Certainly, technologies such as computers and cell phones provoke dramatic changes, but changes in norms concerning gender, race, and ecology, different across countries and cultures, are no less dramatic. ... We can't always see change coming and pinpoint the reasons, but it usually happens through a dynamic interplay between laws and policies, technologies, and our *conversations*. (Dickson, 2009, p. viii)

It can be scary to ponder that our reality isn't real, but it can also be liberating. We can literally change the world. It can be deconstructed and reconstructed as it has been continuously through human history. The sociological question is not what is real, nor even how do we know what is real? The sociological question is how do we come to know what is real. (Hiebert, 2014, p. 7)

6.1 Introduction

Chapters Four and Five presented the finding of this study. This chapter discusses those findings. But before doing so, it is important to recap that the aim of this study was not to find out the impact of vasectomy campaigns, but rather to have an in-depth understanding of how men in the selected districts of Karonga and Dedza interpret the messages. Specifically, this study set out to find out:

- How are family planning messages constructed and represented in general in Malawi?
- More specifically, how are vasectomy advocacy messages constructed and represented and transmitted?
- What are the cultural and contextual considerations in the design and presentation of these media campaigns and their specific messages?
- What roles do culture and tradition play in the construction of meaning by audiences when hearing or viewing vasectomy messages?
- How are the messages received? In particular, what reasons might men have for being sceptical and resistant (as it appears they are) about vasectomy?
- What role does peer education play in these campaigns (and, in the conclusion, what normative roles for peer education could be theorised and developed) towards changing men's attitude on vasectomy and the social meaning of the ability of men to sire children?

- To what extent is audience segmentation undertaken, and how much care is taken to craft messages that demonstratively resonate with the target audiences.

The first three and last aims were tackled in Chapter Four, while the other three were analysed in Chapter Five.

This chapter, therefore, discusses the finding of both Chapters Four and Five. This chapter has been divided into six subsections. The first section re-engages and re-examines the theories that underpinned this study, namely the Reception Theory and the Social Constructivism Theory. These two theories played a complementary role in understanding how the men from Dedza and Karonga interpret messages encouraging them to go for a vasectomy. It then discusses the findings of both Chapters Four and Five. The section then proposes an approach called the “articulated circles of influence model in the promotion of vasectomy” in the design of vasectomy messages.

The second section makes recommendations on how vasectomy campaigns can be strengthened to bring about desired changes. The third section discusses the significance of the study, while the fourth makes recommendations, the fifth examines the limitations of this study and the final section suggests areas of further research.

6.2 Key Research Findings, Theoretical Perspectives and Discussion

This study set out to investigate how people from the rural areas of Dedza and Karonga negotiate with messages that encourage them to go for a vasectomy. These messages were in the form of a radio Public Service Announcement, posters and a pamphlet. The study was undertaken to begin to understand why uptake of vasectomy, a method promoted as being highly effective, cheap to perform and with less complications compared to female sterilisation – which is complex, with higher chances of complication but used by a considerably higher percentage of women – is dispiritingly low. The paradox as Shattuck (2016, p. 648) observes, is that “the correlation between the use of female sterilization and vasectomy is complex, as less developed countries contribute to the highest use of female sterilization but have the lowest prevalence of vasectomy”.

Reception and the social constructivism theories were used as complementary theories for understanding the interpretive nature of the subjects under investigation, as they appropriate mediated texts promoting vasectomy. Social constructivism conceives of “reality” as socially created using language in everyday experiences (Leeds-Hurwitz, 2009; Acklin, 2018). This is not to deny the existence of a natural and objective world, but rather that that objective world is understood through social structures. Therefore, the Social Constructivism Theory offered a theoretical perspective towards understanding the dialectical relationship between human beings and social practices and beliefs and how these affect how the messages are interpreted (Leeds-Hurwitz, 2009). Using the theory, the study demonstrated that in the two rural areas under study, lived experiences expressed through social practices and beliefs shape an individual’s perception of the world they live in. In the process, the practices and beliefs have material effects that manifest themselves in the mainly oppositional reading of the vasectomy messages. The Reception Theory was useful in categorising the theoretical positions from which messages can be read. The theory argues that audiences do not always interpret messages as intended by the encoder. As has been demonstrated by the study and related statistics, the men in the two districts understand the messages, but tamper with their meanings to have either a negotiated or a complete oppositional reading of the texts.

For analysis of the texts, three interrelated “theories of change” namely the diffusion of innovation, the Social Learning Theory and the Social Marketing approach, were used in an attempt to ascertain how the encoders move the hegemonic reading of the text forward. Qualitative Content Analysis and a Semiotic Analysis were used to analyse both the sampled texts and the interviews from the focus group discussions, as well as the in-depth interviews with male champions and key informants that included the trainer of the male champions and the Behaviour Change Communications Manager for Banja La Mtsogolo. Thematic Analysis was used to generate themes in both the media artefacts sampled and the voices of the subjects interviewed.

This study does not begin to claim that once the gaps in understanding socio-cultural practices that affect the understanding and interpretation of vasectomy messages are filled, then magically change would come. Neither does it deny that personal agency, on which many of the mediated texts are constructed, has a bearing on how the messages are appropriated. What this study has

established is that people will change, but interventions aimed at promoting vasectomy need to recognise how meaning is never static and how it will “slip” depending on the context, usually social and cultural. It needs to recognise that both human agency and social structures play a complimentary pivotal role in how people appropriate messages encouraging them to adopt any innovation. As such, both need to be seen, clearly, in mediated texts promoting the innovation. Therefore, “selling” solutions to the problem of unsustainable population growth, need to recognise that individuals have different sets of “horizons” from which they perceive the world and therefore the need for the encoder’s horizon to “fuse” with that of the decoders for meaningful change to take place. Leeds-Hurwitz (2009, p. 892) puts it succinctly when she argues that “whatever exists in the social world does so as a result of the words and/or actions of people talking and interacting with together. Each culture or social group develops its own meaning for behaviour and how this is to be understood. People, acting together, develop traditions over time, and then begin to take them for granted”.

Dugmore (2007) argues that one of the greatest challenges of behaviour change intervention has always been contextual. He argues that behaviour change is extremely difficult to bring about if people cannot “either move out or physiologically disengage from the context that generates or encourages certain behaviours”. This study further argues that the challenge is even harder when results of not changing that behaviour are not immediately obvious. In behaviour change campaigns, for example, HIV/AIDS promoting the use of mosquito nets or use of safety belts, the result of not performing the promoted behaviours are easily demonstrable and discernible. For example, people know and now easily understand that you can get HIV if you sleep, without protection, with an infected person; or, if you don’t sleep under a mosquito net, mosquitos will bite you and give you malaria that can be fatal; or, you have high chances of dying in a car accident if your seat belt is not fastened while driving. The case is not that easy with a campaign for the promotion of vasectomy. While it is easy to generate quantifiable data on the detriments of an unsustainable population growth, it is not easy to convince an individual of the importance of vasectomy in a context that is socially pro-natal and deeply gendered, as has been with men from Dedza and Karonga. Understanding the contextual issues that promote a pro-natalist view, rather than promoting generic information of the advantages of vasectomy, is one key to having a successful behaviour change intervention. This understanding should be directly reflected in the

messages that promote vasectomy, in the same way that the economic and health angles are framed in the promotions.

In general, Chapter Four demonstrated that the top to bottom approach of Behaviour Change intervention is still prevalent in the formulation of the messages promoting vasectomy. As was argued, this is based on the premise that these campaigns are formulated; the approach is modernist, seeing modernisation as a solution to local problems that affect development. In this regard, vasectomy is uncritically offered as a solution to the growing “problem” of unsustainable population growth. The theoretical framework for the formulation of these adverts is purely from the “effects tradition” that privileges media power over passive recipients. In general, the adverts have a slant towards “selling” the economic and health benefits of the contraceptive method at the expense of tackling, directly, social-cultural beliefs and practices that promote and perpetuate a gendered understanding of family planning. In this regard, vasectomy messages from the encoder’s point of view are interest driven by the anti-population and family planning discourse, that sees having many children as problematic. It further established that while radio and posters have a very important role to play in the vasectomy campaign, their influence is limited to awareness and not the actual behaviour change that is envisaged to follow such campaigns. Many of those who had gone for vasectomy, did so based on other motivating factors other than hearing a compelling reason from the radio or posters.

Secondly, the study has established that there is not much cultural consideration other than the use of language that is given when coming up with the messages. As Chitulu (2012) pointed out, most BLM campaigns are donor-funded and usually have specific goals that are time-based and require quantifiable results to attract more funding. As a result, the organisation will go for mediums that have the largest reach at the expense of those channels that are more interpersonal and reach fewer people at a time but are effective, for example the use of peer educators. As evidenced from the sampled texts, as well as data from the key informants that were interviewed for this study, the messages are generic and generally aim at informing the target audience of the existence of vasectomy as complementary to other available contraception. In general, the campaigns fall into the trap of conceiving audiences as homogenous that can only be differentiated by the language that they speak. It is therefore not surprising that there is no audience segmentation in the

promotions. The adverts do show a lack of appreciation for the nuances that are present within different cultural settings. As already argued, many interest groups affect how the messages are interpreted by a would-be adopter. Therefore, the need for segmentation – as will be discussed in the recommendation subsection – cannot be overemphasised.

Thirdly, in Chapter Five, this study has shown that the interpretation of a text is never an isolated activity. This is in line with many theorists (Hall, 1980; Morley, 1984, Fiske, 1987; Tomaselli, 2009; Strelitz, 2002) within the Cultural Studies tradition who argue that meaning-making is done at both the encoding and decoding levels of text production. It has shown that beliefs and traditions – in which language is used to reify them [the beliefs and traditions] to a subjective and objective reality – condition how people understand not just the text, but how it relates to their lives. The study established that audiences do not perceive the world by seeing first the text and then clothing them with meaning afterwards, but rather that every act of reading that text is put in a certain way based on their own personal history and cultural traditions. The interpretation of the messages is based on personal interests of the target audience informed by their societal shared view of what it means to have a child and the ability to have one. Therefore, any encoder needs to see tradition as an aid to behaviour change rather than an impediment.

Fourth, the study established that the interpretation of the messages is informed by many cultural beliefs and traditions that are usually taken for granted within the society. These include gender, the social construction of masculinity, the instability of the marriage institution, the concept of enough children, kinship, the interpretation of the effectiveness and permanence of the methods as it relates to social constructions of promiscuity, and desire to continue having children. The study argues that while the men in the two areas understood the importance of vasectomy, their deeply entrenched notions of masculinity and its inexorable connection to having children – to the extent that a childless man is not regarded in society as a ‘real’ man and is often scorned and ostracised – often discourages men to go for the method. The irony is, that while there is a plethora of literature on how these barriers affect vasectomy acceptance, none of them are directly addressed within the mediated text. Even with the peer educators available, their official training on how to promote vasectomy, mentions none of the beliefs and practices.

Furthermore, the study established that male champions have a crucial role to play in the promotion of vasectomy. The results show that male champions or peer educators provide crucial information, especially for those who have decided to go for a vasectomy. In this regard, the male champions offer an opportunity to influence positive decision-making as they share their experiences as vasectomised men. However, not only is their training inadequate to tackle the social-cultural “barriers”, they also face many logistical problems that constitute “administrative noise” to a message receiver who needs interpersonal information on vasectomy.

Based on the finding discussed above, this study proposes a “spheres of influence model to understanding cultural influences in vasectomy promotion”, represented by the Venn diagram in Figure 6.1.

This model does not account for all available influences in how messages are interpreted, but concentrates on the cultural beliefs, practices and influences that are regarded as common sense and are taken for granted, especially in rural areas characterised by poverty and subsistence living, as is the case with the sampled districts.

At the centre of the diagram in the promotion of the vasectomy circle. Surrounding this circle are smaller circles or “spheres” of influence that have a bearing on how the messages are interpreted. The rationale is, that to have a meaningful effect on the centre circle, there is a need to consider these outer spheres when designing the messages. The outer spheres are independent but are articulated. In other words, the outer spheres of influence, while independent of each other, are linked because of the very social nature of human social interaction. They influence and are also influenced by the other spheres and in the process, influence how the promotion of the vasectomy circle at the centre, affects the targeted audience.

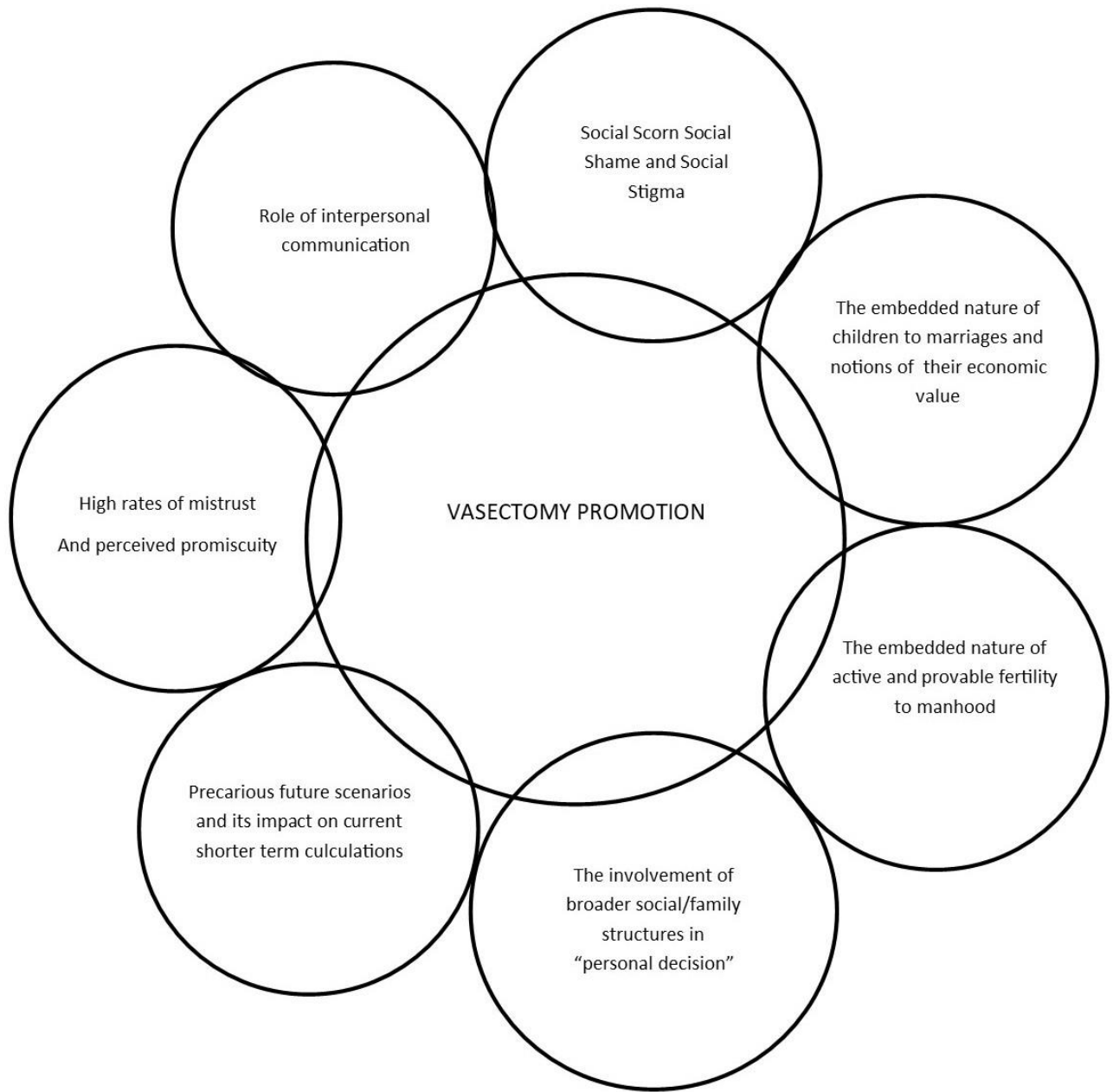


Figure 6.1: Spheres of influence model to understanding cultural influences in vasectomy promotion

These outer spheres of influence are discussed in the following subsections.

6.2.1 Social stigma, social scorn and social shame

As explored in Chapter Five, there is a high level of social stigma associated with vasectomy that can be equated to the same stigma associated with a positive serostatus in the early days of HIV. Many who go for it, would rather remain quiet than talk openly about being vasectomised. The interpretation of the messages is tied to societies' views of what it means to voluntarily give up one's ability to sire children. In many instances, the interviewees interpreted going for vasectomy through other people's eyes: "What will they think of me if I go for a vasectomy?". As one male champion recounted, people always have something to say about vasectomy:

It is not just the fear of the procedure that affects how one responds to the messages, it is also how the people around your surrounding see you after the vasectomy. I remember when some of my wife's friends heard about the fact that I had gone for a vasectomy, they took her to task and asked very funny questions (laughs). ...One day she came back and told me how people were saying I was getting fat because I had been vasectomised (laughs). They asked her, in jest, if I was still able to perform (laughs again). They said she too was getting fat because she was no longer having to work hard in the night because I could not perform in bed.

6.2.2 The deep linkage of children to marriage and notions of the economic value of children

As discussed in Chapters One and Five, the ability to sire a child is at the core of the social construction of what it means to be married. It does not matter if you have had a child before. If you have married a new wife, even if both of you had children in previous marriages, the birth of a new child "concretises" the union. Both matrilineal and patrilineal lineages have inherent qualities that make having a child, even if one had others in a previous marriage, a necessary stabilising factor of a union. Children are not just a "fruit" of a union or a product of love, they are a gateway to future "economic" security, for example, land and other inheritance.

6.2.3 The embedded nature of active and provable fertility to notions of manhood

The ability to sire a child, even in old age, is still regarded as a symbol of what it means to be a “man”. There are derogatory terms for those who cannot have children with a new woman, even if he has ‘proven’ he could, via children sired in a previous marriage. One participant explained how words purporting one’s inability to sire children can hurt:

Everyone is on you. Even the wife is on you when you cannot have a child in the house. They say or look **anagwa mu mpapaya** (Literally translated he fell from a papaya tree – a derogatory phrase for someone who cannot make a woman pregnant) or he is a **gojo**. These are not very good words. So maybe the best is to have it [vasectomy] but chose a wife who already has children so that you can spend the rest of the time taking care of them and being called a **gojo**. But again, how sure are you that you can find a woman you like but also one that understands your situation.

6.2.4 The complex and nuanced involvement of broader social/family structures in ‘personal’ decisions

As discussed in Chapters One and Five, in both districts, the decision not to have more children, especially in a new union, is not always in the hands of the couple. Directly or indirectly, society, especially close relatives, have a say on one’s reproductive decisions. It may not be as direct as saying “you cannot have two children or you need more children or don’t have more children”. Sometimes it is in indirect ways like talking behind your back about deciding to have a small family or indeed using derogatory names behind one’s back.

6.2.5 Precarious futures impact on current calculations

Vasectomy is viewed through the window of marital instability caused by both divorce and death. There is always a fear of losing out on the full benefits of being married – especially on the part of women – if there is no child in a new union, even if there are other children from previous marriages.

As noted by a participant:

So, if you have no child with the new wife, you are living dangerously. If you can work hard and have possession and no child, you are hanging precariously. Even people will come and tell you that in that village you are hanging on one leg because you do not have

your own blood in that village. Even your wife knows she is also in danger if she does not have a child with you. Even some people will advise her to get help from traditional healers to have a child and the reason is securing rights to property.

6.2.6 High rates of infidelity and mistrust

There still remains a great deal of mistrust among couples because of the effectiveness of vasectomies. A large percentage of those I interviewed, both male and female, still interpret the messages through the windows of infidelity. Many believe vasectomies provides a “free ticket” to promiscuity and by the same token, others believe vasectomies help in “locking” one’s house. i.e. a woman needs to be careful if she is promiscuous because if she falls pregnant, the husband will definitely know she was cheating. As noted by one female focus group discussion participant:

With a condom as a contraceptive, a man is not only protecting his reputation because he will not make another woman pregnant. He is also protecting you as a wife. He will not get a disease. With vasectomy, he is only protecting his reputation but not protecting you as a wife against diseases.

6.2.7 Role of interpersonal communication

While the use of male champions has not been scaled up (to the same level of mass media), it offers a very viable avenue towards reaching those interested with up-to-date and personal information on vasectomy. Many of those who had gone for a vasectomy, mentioned interpersonal communication as the tipping point in their decision to go for a vasectomy. This does not invalidate the use of mass media to communicate vasectomy messages, but this study argues that by the very sexual nature of the promotion, many intimate and intricate details of the methods can be adequately addressed via mass media. As noted by one male champion:

In a vasectomy, you are talking about the essence of masculinity. You are talking of sexuality which in our society is usually a taboo. These are issues that happen in secret. In your own bedroom. The task to tell and inform people about vasectomy is not the same as that of telling people to sleep under a mosquito net or to use water guard. No. You are telling people about things that happen in closed doors and I think the work of the male champions is very important.

6.2.8 Summary

While there are many influences on the uptake of vasectomy, these spheres of influence need to be taken into account when designing the messages. As already argued in the previous subsections, vasectomy promotion should go beyond offering the contraceptive procedure as a viable alternative to the contraceptive mix and tackle, directly, the social-cultural influence that invites an opposition reading to the messages. The spheres of influence model proposed here offers an entry point into tackling those influences.

6.3 Significance of the Study

This study seeks to bridge the knowledge gap between vasectomy messaging and the target audience. It offers a different and holistic approach to vasectomy messaging that is audience centred. This is an area – especially in Malawi and many African countries that are promoting vasectomy – that is under-researched. It would not be an overstatement to claim that this is the first study that has taken an audience centered approach to understanding how messages promoting this contraceptive are appropriated. As already argued, vasectomy promises to be a very viable and cost-saving method in the wake of donor fatigue, which has been the main funding avenue of family planning interventions. But as already demonstrated, the interpretation of the messages is a collective process that is informed by both human agency and socio-cultural factors.

While many studies have usually focused on quantitative measuring the impact of behaviour change interventions, this study has demonstrated the need to move away from an individual assessment of knowledge, attitudes and behaviour practices, towards understanding the environment in which those interpretations are made. It has further demonstrated that while human agency has been the central premise on which many behaviours change interventions are fashioned, recognising and targeting social structures that affect the interpretation of the messages, offers a holistic approach to the promotion of vasectomy. The study, therefore, provides a springboard from which other studies, not only on vasectomy but others of similar nature, can be undertaken.

6.4 Limitation of the Study

There are basically two limitations of this study. The first has to do with the sample of the study. This study concentrated on rural Malawian men, who have generally been described as rooted in traditional practices. But as has been argued, different socio-cultural environments affect different individuals. Additionally, the socio-contractedness of cultural practices means meaning is never stable. Therefore, the result of this study, while representative of many rural areas of Malawi, cannot be generalised without being qualified. Secondly, as many qualitative studies will attest, the subjects of the investigation are people who have been exposed to the messages on family planning for a long time. As a result, many of them had preconceived ideas of what answers were expected from them. Being someone “from town”, there were instances I could sense the need from the respondents to impress me with their knowledge of vasectomy. For example, when asked if they would go for vasectomy, many would say yes, but when asked why they had not gone, many would give different but contradicting answers, mostly ‘administrative’ for example, “I had not heard about this method; I did not know where it was offered or indeed, I did not have transport to get it done”. At the same time, they would engage in conversation that showed they knew about the method and that if they wanted to go for it, there would be no financial cost to them since it was all sponsored. Secondly, since the male champions recruited many of the subjects, it was easy for them to find out beforehand what the topic was and what they felt were right answers. However, this does not invalidate the findings as the researcher had to tactically ask questions that would solicit the answers to the questions without being direct.

6.5 Recommendations

There is growing evidence from BLM clinics that there is a demand for vasectomies in Malawi since it was introduced in the 1990s. Recent data shows that there was an increase in the number of people who came for the method. For example, in 2016, there was a total of 101 men who got vasectomised at BLM clinics. In 2017, the number rose to 163 (BLM, 2018). While these may appear as insignificant numbers and cannot be directly linked to the promotion of vasectomy, they, however, indicate that it is a method that is being used and has potential to become a choice method of permanent contraceptive for men if properly promoted. Furthermore, as Mkandawire and Hendrick (2019) argue, men are beginning to change their attitude towards reproductive health

and their involvement in child-rearing. In fact, the two opening quotes at the beginning of this chapter provide a bedrock on which these recommendations make sense. The need to build on this window of opportunity cannot be overemphasised. As Shattuck et al. (2016:648) observe, “now is an opportune time to incorporate voluntary vasectomy services into national family planning strategies”. In the wake of donor fatigue and high administrative costs associated with other methods, for example, female sterilisation, pills and, injectables, vasectomy offers a viable option to the contraceptive matrix. It offers a very effective method, with fewer complications at a comparatively less price than female sterilisation (Kavoussi, 2017). It also offers men an opportunity to be directly involved in family planning and take a direct role in ensuring sustainable population growth. After all, one man can impregnate two or more women at a time while one woman can only fall pregnant from one man at a time. It is therefore only sensible that the promotion of male centered contraceptive takes a centre stage.

As Gadamer (1975) argues, people’s horizons can change, and they do change. Horizons are “not a changeless bubble that imprisons the person, but a living framework that can be modified primarily through exposure to other horizons” (Demeterio, 2001, p.). But for that change to happen, the encoders of the messages must understand the environment in which horizons can fuse. In order to effect the changes, claims about the detriments of cultural practices should not just be academic rhetoric but should be reflected in the media campaigns. Neither should they be seen as an impediment that needs to be removed and replaced by something “modern”. They should be a perspective that can offer a window of opportunity into how people behave. The people should be acknowledged as possessing something that can be used to change their own life. The goal should be to create a public space for dialogue in which people start questioning their taken for granted horizons, and on their own, demand change.

Based on the proposed “spheres of influence model to understanding cultural influences in vasectomy promotion”, this study, therefore, makes four recommendations to be taken into consideration for any vasectomy or indeed any campaign that has similar goals.

6.5.1 The need for a holistic approach to vasectomy messaging and need for detailed and flexible audience segmentation

As has been demonstrated in this study, vasectomy messages' interpretation is not an isolated activity that happens outside socially institutionalised norms and practices. These include gender relations, the social construction of masculinity and many others that have already been discussed. There is, therefore, a need to recognise that substituting old knowledge with new knowledge, but disregarding the cultural conventions that lead to the "old knowledge" becoming taken for granted truth, will result in total failure of well-meaning Behaviour Change interventions. As a result, vasectomy messaging needs to address those issues as well. The short messages should not just talk about the health and economic benefits of vasectomy but should influence people to, as Dugmore (2007, p. 7) argues, "either 'move out' or physiologically disengage from the contexts that generate or encourage certain behaviours".

While the goal will ultimately be to make vasectomy a permanent method of choice for men, the interventions should aim at creating dialogue in which people begin to challenge, for example, their construction of masculinity based on the ability to sire children, by talking about vasectomy without negative connotations and making it an everyday conversation. Therefore, it must be understood that the approach to convincing people will have to be different from all other campaigns and use avenues that will understand the context in which the messages are going to be appropriated. In this regard, any campaigner or sponsor of a vasectomy campaign must understand that the campaign will need to be holistic, well-segmented, time-dependent and therefore very expensive. Vasectomy promotion must target specific practices that affect the understanding of the messages. Messages need not always talk about vasectomy but other beliefs and practices that affect its adoption as well. It can be simple but direct messages that question gender roles in family planning, such as: "Is manhood dependent on a man having many children?"; or specifically: "What does it mean to be a man in a matrilineal society"; or direct messages like: "What do you feel when you hear the word vasectomy?" or "Do you think it is manly for a man to not only be responsible for family planning but using it as well?". Another example could be: "How would you feel as a woman if your man suggested going for vasectomy?" or even a provocative question like, "Would you go for a vasectomy?".

This does not mean other messaging that shows the economic and health benefits of a vasectomy or those that generally raise awareness of the methods need to be stopped. They need to run concurrently. In short, personal agency and social structures need to be recognised as having a strong influence on behaviour change. As has been seen, especially from men who have had a vasectomy, it is very possible to change the perception of masculinity and view family planning through a genderless lens.

6.5.2 The need for audience *and* message segmentation

In order to create a public space for dialogue, proper segmentation of both the messages and the audiences need to be taken seriously. As Forthofer and Bryant (2000) observe, segmentation should not just be about age and gender it should also recognise the social contractedness of social practices. As has already been argued, this does not mean people will immediately change, but it will set in motion events that will get people talking and create an environment of dialogue that may begin to question the taken for granted belief that manhood or masculinity is based on a man having children. As was seen in Chapter Four, targeting and segmenting for vasectomy and its promotion is narrow and focused on men, only aged between 25 and 45. Taking into consideration the social constructionedness of the interpretation of the messages, this is a very narrow targeting. Vasectomy messaging segmentation should also involve targeting young adults with vasectomy information at an early stage, so that they grow up knowing there is alternative contraception for men. Furthermore, the messaging should creatively provoke discussion around masculinity and gender issues at an early stage. The aim should be to raise a generation of men who see reproductive health as a genderless issue. As the current targeting stands, it often finds the target audience already with “too many” children. By the time they adopt the method, they already have five to 11 children as this study has shown. Furthermore, segmentation should include specific messages – as proposed in the previous subsection – for women, chiefs, kinfolks and others that have a bearing on the interpretation of the messages.

6.5.3 The need to consider long term campaigns as opposed to “piece-meal” and short term mass-mediated campaigns

The Diffusion of Innovations theory talks about time as one tenet. Innovations will take time to be used and it is this time that any message on vasectomy will take to become taken for granted. A good example is how sending a child to school has become a norm in many rural areas. In the early 1980s, not many would question why a child was not in school because it was a norm to see many children tending domesticated animals or drawing water during school times. These days, however, it is not uncommon to find a parent, guardian or a passer-by questioning when a child is loafing while his or her friends are in school. This attitude change did not just happen in isolation. Several attitudinal and structural changes happened. The attitudinal changes were as a result of different campaigns for parents to send their children to school spearheaded by a democratic dispensation ushered in Malawi in 1994. Structural changes included the introduction of free primary education. The same can be done with vasectomy; Behaviour Change interventions that focus on human agency alone will not convince people to adopt the methods. There is a need to focus on deep-rooted social structures including beliefs and practices that make family planning a gendered issue, based on what is socially acceptable construction of maleness. This approach used together with structural changes that include the availability of resources including, clear policy on vasectomy promotion, well trained medical practitioners, local facilities where vasectomy can take place and well trained and paid-up male champions, can translate into the desired change. This will take time and piece-meal campaigns as is the case with the current model of campaigning, will not get any meaningful results.

6.5.4 The need to incorporate more audience participation

The term “participatory approach” has oftentimes been used to connote a two-way consultation process when coming up with Behaviour Change interventions in theory. In practice though, what this means is that people were consulted in the problem identification but never in the solution. This is evidenced in the way the adverts are formulated. The people have a “problem” and the “experts” and funders a “solution”. As argued in Chapter Four, the PSA and the adverts had logos of the people involved in the formulations of the adverts. It clearly showed who owned the messages and cemented the belief in the top to bottom approach in behaviour change intervention

that creates a “them and us” continuum. There is a need to practically and creatively show the involvement of the target audience in the solution provided. The inclusion and recognition of the targeted people, for example, can include simple words like, “this advert has been produced with funding from USAID, UKAID and the collaboration of people from Dedza District”. While this is a simple phrase, its implications are massive. It not only shows acknowledgement that some people took time think of it, but it also shows respect for their views.

6.5.5 The need for a more structural role for peer educators/male champions

There is need to strengthen the role of male champions. They need to be properly trained on the discoveries of social practices and how they can respond to them. They should also be involved in the production of the solutions. Learn from their experiences and use those experiences to creatively weave information into the adverts to tackle the social-cultural beliefs and practices. Furthermore, they need to be paid and provided with resources that can enable them to perform their duties effectively. As this study has shown, male champions are volunteers who leave their day-to-day chores to attend to taking vasectomy messages door to door. Not only is this an unreliable way of conducting peer education and information sharing, but it is also one way of ensuring that those who need the information do not get it in time. Chapter Five argued that while according to Dominic (2011) there are three types of noises that affect interpersonal communication namely mechanical, environmental and semantic noise, “administrative” noise which this study argues is the inability of the person to get timely information because of logistical issues, has serious repercussions on the work of peer educators and recipients of any information. There is need therefore for any campaign planners to invest in the work of male champions who offer timely information and feedback to those that need information on vasectomy.

6.6 Summary

As already argued, this study offers modest suggestions for complex communication challenges that require multiple approaches to be addressed. Furthermore, this study recognises that knowledge, including insights provided in this study, is socially constructed. As a result, this study is just one of many ways or as Nietzsche would call it, one “perspective” of looking at the same problem. Therefore, the “solutions” offered in this study are not prescriptive but rather diagnostic.

Campaigns should not just be about prescribing a solution, but rather empowering people to begin to diagnose why things are the way they are.

6.7 Suggested Areas for Further Research

While this study concentrated on the general socio-cultural practices that affect the understanding of the vasectomy messages, it would be important to go into specific practices and investigate how these directly inform the interpretation of the messages. It would be of interest not only to scholars, but practitioners and policymakers, to get an in-depth understanding of how each of the practices, for example gender, masculinity and social relations affect the appropriation of vasectomy messages.

Another area of interest is a comparative study of how campaigns promoting female sterilisation have been conducted in relation to male sterilisation. This is because while female sterilisation is a more complicated procedure that sometimes requires general anaesthetic compared to vasectomy, it is a preferred method for women who believe they have “enough children”. Finally, as commented by the Behaviour Change Communications Manager for BLM, Patrick Zgambo (2018) many men, especially the educated and affluent, do not want it to be known when they have had a vasectomy. As already argued in this study, peer education is one viable avenue towards promoting vasectomy. It would be interesting to understand the factors that affect the promotion of vasectomy in this way among educated and affluent people.

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Appendices

Appendix A: Interview Guides

Tentative Interview Guide (Those who have undergone MSV)

- How do you understand MSV?
- How did you get to know about it?
- Did you, by any chance hear on the radio, read in the newspaper or watch on TV any messages to do with MSV?
- Would you recall what the message said?
- Did you feel like the message on the mass media was talking to you?
- What was your interaction with the male champions like?
- Was there any difference in the messages you got from the media and the face to face interaction with the male champions?
- Would you say the mass media provided sufficient information you wanted on MSV? Or did you want to know and find out more?
- Was there anything you found lacking in any of the two methods used to communicate the messages on MSV?
- What would you say influenced you to go for MSV?
- Did you have any discussion, or seek any permission from your spouse before going for MSV?
- Who brought up the issue of MSV first between you and you partner?
- What was your partner's reaction to your intention to go for MSV?
- Did any cultural or religious beliefs affect your decision to go for MSV?
- Have you or your partner used any contraceptives before MSV?
- What do you personally feel is the reason that people who have more than three children do not opt for MSV as a contraceptive method even though there's more information now available of the method?

Tentative interview guide for those who have heard the messages but have not gone for Vasectomy

- Tell me what you know about MSV
- How did you get to know about it?
- Did you, by any chance hear on the radio, read in the newspaper or watch on TV any messages to do with MSV?
- Would you recall what the message said?
- Did you feel like the message on the mass media was talking to you?
- Would you at any point in your life consider going for MSV? (Why? Why not)
- What would persuade or motivate you to go for MSV?
- Have you had any interaction with a male champion of MSV?
- Would you say the mass media provided every information you wanted on MSV?
- Is there more that you would like to know?
- Did any cultural or religious beliefs affect your decision not to go for MSV
- how do you understand how your (ethnic group? Or religion?) understands MSV.
- Have you had conversations with other men about this?
- What their views?
- Are the different from your views?
- Why do you think they hold their views?
- Do you think their views might change, and what would it take to change those views?
- Do you or your partner use any contraceptives?
- Have you ever talked to your partner about MSV?
- What do you personally feel is the reason that people who have more than three children do not opt for MSV as a contraceptive method even though there's more information now available of the method?

Tentative questions to the male champions

- How did you become a male champion?
- How have people responded?
- What do your friends think about it?
- What have you heard, have you had criticism, would you do it again etc. etc.
- How did you decide to go for MSV?
- How do you feel your experience with MSV influences how you talk to others about the procedure?
- Which, in your opinion, is easier, between personal interaction with your clients and using the mass medium to communicate with them about MSV?
- What have you experienced as the main challenge in communicating MSV messages to your target audiences?
- Are there any cultural influences that you feel hinders people from getting the preferred messages?

Appendix B: Consent Form

Information to Assist Informed Decision-Making

Study Title: Negotiating family planning messages among Malawian men; A case of vasectomy messages and men in rural Dedza and Karonga Districts

Principal Investigator: **JOLLY NTABA**

Introduction

Good morning/ afternoon, my name is JOLLY NTABA, I am a PhD student at Rhodes University in the Department of Journalism and Media I would like to explain a little more about the research study that we are doing, is that ok? Please ask me at any point if there is anything that is unclear, anything that you would like more information about or if you've heard enough to decide you don't want to take part.

You will be offered a copy of this information sheet and the Informed Consent form to keep if you would like.

What is the study?

The study wants to find out about how men in rural Malawi negotiate with vasectomy messages on the radio, in posters and pamphlets and from male champions

What we will do to keep the information you provide private?

We have put a number of protections in place to ensure no one outside of the research team has access to the information that you provide us and that we keep this confidential. For instance, we won't write your name on any form, but refer to you only with a number. We will keep the consent form, which does have your name, in a secure place. If we use what you said in any final report, your name and any details that could be identifying will be changed or removed.

Do I have to take part?

No. Whether you consent or refuse to participate in this study is entirely up to you. If you don't take part, you will get the same care you always have from BLM.

How long will the activity take?

The interview will take between 45 minutes and 1 hour.

Who has reviewed this study for ethical issues?

This study has been reviewed and approved by the local ethics committee here in Malawi and also the Marie Stopes International Ethics Review Committee and the Rhodes University Ethics board.

Do you have any questions for me at this time?

Consent

Form

Participant Unique ID	
------------------------------	--

Consent of the participant:

- I have understood the information I read, or was read to me about the study.
- I have received an explanation of the study and why I have been asked to take part, and what my part will be.
- I understand that everything discussed here is confidential, and my name or any identifying information will not be shared.
- I understand that I do not have to answer any questions or discuss topics I do not want to, without giving a reason and without consequence.
- I understand that participation in this study is completely voluntary, and I can terminate the activity and withdraw from the study any time I would like, without having to give a reason, without consequence.
- I agree that information I give here may be used in reports and publications, but neither my name nor any information that can identify me will be used.
- I have been given the opportunity to ask questions about the study and anything that is unclear to me.
- I have been offered a copy of the information leaflet and this consent form

Do you agree to participate in the study?

Yes

No

[please circle response]

Do you agree for me audio record the session?
[please circle response]

Yes

No

Participants name	
Participant's signature or thumb print	
Date	

For a witness of a participant without formal education

I confirm that the Researcher has correctly explained the content of the informed consent in the local language of the participant and has explained the nature of the study, study procedures, potential risks and benefits, confidentiality of personal information, as well as voluntariness of participating in the study. To the best of my abilities, I believe the participant has understood the study and is taking part in good faith.

Name of witness	
Signature witness	
Date	

Investigator or Interviewer

I confirm that I have explained and discussed the nature of the study, study procedures, potential risks and benefits, confidentiality of personal information, as well as voluntary nature of participating in the study. To the best of my abilities, I believe the participant has understood the study and is taking part in good faith.

Researcher name	
Researcher signature	
Date	

Appendix C: Rhodes Ethics Clearance Form



RHODES UNIVERSITY
Where leaders learn

Journalism & Media Studies Ethical Standards Committee, Rhodes University

2 November 2016

Dear Jolly Maxwell Ntaba

Ethics Clearance: Negotiating family planning messages among Malawian men: A case of vasectomy messages and men in rural and urban areas of Blantyre District.

Principal Investigator: Jolly Ntaba

This letter confirms a research proposal with tracking number: JMS-ESC-25-08-2016 and title: **Negotiating family planning messages among Malawian men: A case of vasectomy messages and men in rural and urban areas of Blantyre District** was given ethics clearance by the Journalism & Media Studies Ethical Standards Committee, at Rhodes University.

Please note this is a revised proposal and application which has been resubmitted to the JMS Ethics Committee and has been approved. The tracking number will remain the same.

Please ensure that the JMS ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on completion of the research. The purpose of this report is to indicate whether or not the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloguing number allocated.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'V. Malila'.

Dr V. Malila: Chairperson JMS Ethics Standards Committee.

Note:

1. This clearance is valid from the date on this letter to the time of completion of data collection.
2. The ethics committee cannot grant retrospective ethics clearance.

Appendix D: Malawi National Commission for Science and Technology Ethics Clearance Form



NATIONAL COMMISSION FOR SCIENCE AND TECHNOLOGY

Lungwini House
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Fax: +265 1 772 431
Mail: directorgeneral@ncst.mw
Website: <http://www.ncst.mw>

'A nation with scientifically and technologically led sustainable growth and development'

Ref No: NCST/RTT/2/6

21st November, 2017

Jolly Ntaba
The Polytechnic
P/Bag 303
Chichiri
Blantyre

Dear Jolly Ntaba,

**RE: ETHICS AND REGULATORY APPROVAL AND PERMIT OF PROTOCOL
PROTOCOL P08/17/210 NEGOTIATING FAMILY PLANNING MESSAGES
AMONG MALAWIAN MEN: A CASE STUDY OF VASECTOMY MESSAGES AND
MEN IN RURAL AND URBAN AREAS OF BLANTYRE, LILONGWE, KARONGA
AND BALAKA**

Having satisfied all the ethical, scientific and regulatory requirements, procedures and guidelines for the conduct of research in the social sciences sector in Malawi, I am pleased to inform you that the above referred research study has officially been approved. You may now proceed with its implementation. Should there be any amendments to the approved protocol in the course of implementing it, you shall be required to seek approval of such amendments before implementation of the same.

This approval is valid for one year from the date of issuance of this letter. If the study goes beyond one year, an annual approval for continuation shall be required to be sought from the National Committee on Research Ethics in the Social Sciences and Humanities (NCRSH) in a format that is available at the Secretariat. Once the study is finished, you are required to furnish the Committee and the Commission with a final report of the study. The committee reserves the right to carry out compliance inspection of this approved protocol at any time as may be deemed by it. As such, you are expected to properly maintain all study documents including consent forms.

Wishing you a successful implementation of your study.

Yours Sincerely,

Martina Chimzimu
NCRSH ADMINISTRATOR
For: CHAIRMAN OF NCRSH