

**Investigating rural Ugandan women's engagement with HIV and AIDS-related programmes on community radio: a case study of Mama FM's *Speak out and Listen***

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## **Abstract**

The purpose of this study was to investigate how rural Ugandan women engage with discussions of HIV and AIDS on community radio. It explored how this audience may relate such broadcast discussions to their own lived experience of HIV and AIDS. It is explained in the study that, while the Uganda government has an official policy of openly discussing matters of HIV and AIDS, health communication strategies still operate within a context where there is an underlying “culture of silence” that discourages openness about sexual matters. It is also pointed out that there are widespread gender disparities among rural communities, which severely limit women’s ability to make use of health communication initiatives aimed at educating them. Against this backdrop, the study sets out to explore audience responses to a particular example of *Speak Out and Listen*, a weekly programme broadcast on Mama FM, a Kampala-based radio station managed by the Uganda Media Women’s Association (UMWA). The study maps out responses to the programme by a particular group of rural women. It is argued that these research participants’ comments confirm the importance, noted in literature dealing with health education, of drawing for content on what members of an audience have to say about their own lived context. It is proposed that, despite the existence of a ‘culture of silence’, the women’s comments demonstrate an ability to speak with confidence about their experience of living with HIV and AIDS. They are able, more particularly to discuss the constraints placed by gendered power relations on women’s ability to draw on the educational content of programming that targets people living with HIV and AIDS. As such, the comments that such women offer represent a valuable resource for HIV and AIDS related programming. The principal conclusion of the study is that health communication initiatives such as *Speak Out and Listen* would benefit from facilitating conversations with their target audience about their lived experience of HIV and AIDS, and incorporating such discussion into their programmes.

**Declaration of originality**

This thesis represents my own work and has not been presented anywhere else.

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James M. Kigozi

## INTRODUCTION

This study is an investigation of how rural Ugandan women engage with HIV (human immunodeficiency virus) and AIDS (acquired immunodeficiency syndrome) related programmes broadcast on community radio. Personal work-related experience, as an HIV and AIDS communications officer and as a journalist, formed the motivation for this study, namely to investigate how rural women in Uganda make sense of educational messages circulated through media about HIV and AIDS. This led the researcher to begin to question the role played in such women's lives by the educational HIV and AIDS campaigns conducted through the Ugandan media. It has been observed that such campaigns have made little impact on rural women's experience of living with the disease. This is, indeed, a sentiment that has been echoed in public debate dealing with the management of the pandemic in Uganda (UAC, 2011:10-11); (FOWODE, 2010:11). It is pointed out, in particular, that despite the fact that numerous public information campaigns have taken place, rates of HIV infection still remain high in this country. Women, in particular, have remained vulnerable, to the spread of HIV/AIDS, and to its social impact (ACP, MoH, 2010). Over the last three decades, Uganda has spent considerable resources on campaigns to promote public awareness about HIV and AIDS and continues to do so within the current context (UAC, 2011:24). These campaigns are informed by the government's policies relating to HIV/AIDS education, including a commitment to address the 'culture of silence' that surrounds issues of sexuality. As such, campaigns have become informed by the policy of openness in the public discussion of AIDS-related issues. They also emphasize a 'multi-sectoral approach' that encourages every sector of society to get involved in combating the disease (UAC, 2011:4). Government officials argue that this commitment to openness and inclusion helped to ensure the dramatic reduction in HIV infection rate in Uganda between 2000 and 2005 (UAC, 2011:5).

Over the last decade, there has, however, been growing concern within debates about HIV communication strategies in Uganda with regards to the limitations of these campaigns. In particular, stakeholders have recognized the importance of prioritizing most-at-risk populations such as women within campaigns, given their particular experience of the impact of the disease (UAC 2011: 41). Such debates point to the need to explore alternative approaches to the conceptualization of media-driven educational campaigns. The suggestion is also that there is a particular need to achieve this in the context of radio because of its wide coverage potential and capacity to reach diverse interest groups (Ministry of Health (MoH), 2005). The research presented in this thesis attempts to respond to these needs.

According to the Ugandan Ministry of Health (MoH), the levels of infection in the total population (32 million) fell from a national average of 30 percent during the early 1990s, when the disease was at its worst, to the current 6.4 percent (ACP, MoH, 2010:6). The data also indicates that by

the end of 2009 about 1.2 million people were infected with HIV. New infections increased from 124,261 in 2009 to 128,980 in 2010, out of which 55 percent were females (ACP, MoH, 2010:6). Government has responded by mounting a national public awareness campaign built on the need for safe sexual behavior based on abstinence, being faithful to one's sexual partner, or using condoms correctly and consistently (the ABC model) to avoid infection (ACP, MoH, 2010:6).

It is argued in this research that, in order to make sense of educational campaigns conducted through radio about HIV and AIDS, one needs to take cognizance of the social environment in which they are based. This study sets out to demonstrate the relevance of people's environment on the way that they are able to engage with educational campaigns, and the need for such campaigns to acknowledge the specificity of their experience of living with HIV and AIDS.

The implication of restrictions placed on the discussion of sex and sexuality, in terms of the researcher's interest in public communication about HIV and AIDS, is of particular concern. There is every indication that in the Ugandan context, the public discussion of such issues has been, and to some extent still is, seriously discouraged. This culture has been further entrenched by the legal system. Media laws dealing with what is considered 'obscene and socially unacceptable' became part of the legal framework from the 1960s onwards and they still exist, ostensibly to protect local culture from 'foreign influence' (Electronic Media Statute, 2006: 6). It has been noted that this framework and the traditional patriarchal system that still informs much of Ugandan society continue to ensure that the 'culture of silence', regarding matters of sex and sexuality, inhibits discussion of sexual issues (UAC, 2010: 8).

It is, at the same time, the researcher's observation that this context began to change gradually in the early 1990s since there were changes taking place within the Ugandan media landscape. Independent media began to proliferate which enabled more discussion of subjects that were originally regarded as taboos, such as sex and sexuality. Community radio has been particularly important in this aspect. It has been pointed out in literature that community stations play a particularly important role in opening up this space. Such radio has, by definition, a very local target audience and a far more interactive relationship with that audience. It is therefore argued that radio is uniquely suited to engage with the lived experience of its audience. Community radio stations have also, in the Ugandan context, prioritized the discussion of topics of general public concern as well as those that have particular relevance to women, such as HIV and AIDS (MoH, 2005). One can therefore argue that the community radio movement, in particular, holds some possibilities for the new kind of campaigns which are supposed to be geared around women's needs and experience. Television, it is pointed out, is only available in a few urban areas, while the two English daily newspapers have a very limited circulation of less than 100,000 copies and are not affordable for the majority of Ugandans, especially those in rural areas (MoH, 2005: 34). The importance of community radio as a vehicle for communication around health – related concerns is in fact emphasized in the

Uganda Broadcast Policy (2004). This policy document specifically recommends community radio as a viable way of airing educative programmes, including HIV and AIDS -related material. It is with these arguments in mind that this study examines whether and how Ugandan community radio is engaging with women's lived experience of the disease, and what this implies for the potential of such stations to contribute to HIV and AIDS- related development work. A focus on community radio is also appropriate to this study because of the above mentioned researcher's personal interest of the lived experience of rural women

This research takes the form of a case study focusing on Mama FM, a community radio station which is based in Kampala. Mama FM is of relevance to this study because it consciously aims to address the plight of the underprivileged and the social experiences of minority groups, especially that of rural women. It covers a radius of 200 kilometers, including surrounding rural areas, and primarily targets women, particularly those between the ages of 15 to 45 years. The fact that this is an initiative started and managed by women largely for a female audience further aroused the researcher's interest since it seemed that the said radio station is likely to take cognizance of the social-cultural systems that characterize women's lived experience.

The study focuses on a weekly talk show broadcast entitled "*Speak out and Listen*," which deals with HIV and AIDS -related issues. It centers, more specifically, on the reception of this programme by a representative sample of rural women who form part of the station's audience. It aims, more particularly, to explore how these women relate these broadcast discussions to their own lived experience of HIV and AIDS. The study also generally provides the researcher with greater understanding of conceptual/theoretical issues that are of broader value to HIV and AIDS communication campaigns broadcast through the media.

Chapter One covers a conceptual framework for the research project. This framework deals with theorizations of reception within media studies literature. It also traces the way similar arguments emerge in debates about principles that need to inform HIV and AIDS campaigns, and then again how these surface in discussions of community radio. Due to the researcher's interest, in the social factors that impinge on the women's interpretations of radio programmes, theories that are cautious about 'media centeredness' are covered in this study.

Chapter Two covers Uganda's experience with HIV and AIDS and in particular discusses how gender relations have impacted on the spread of the disease. The information campaigns that have characterized the HIV and AIDS national response over the last 25 years are critically reviewed. The current media landscape is examined in terms of how it has positioned the rural women to engage with the Mama FM HIV and AIDS messages.

Chapter Three covers research methodology and selected research tool. The chapter discusses the implementation of the study, including selection of participants, the facilitation of focus groups and key informant interviews. It also presents challenges encountered during the implementation of the study.

Chapter Four serves to clarify the researcher's understanding of what the women were saying in response to the research questions. The data is classified into a key theme. The findings are based on analysis of the responses by the women who participated in the focus groups as compared to their lived experience and the power dynamics within rural communities. The data is analyzed and additional qualitative details from key informants, who commented on topical issues, are also covered in terms of some of the points raised from the focus groups.

The conclusions of the study are presented in the final section of the dissertation. Based on these findings, recommendations are also presented in terms of possible ways of tackling some of the challenges that limit rural women's capacity to engage more effectively with the radio messages. Hopefully, the findings of the study and recommendations will be of benefit to HIV communication campaigns targeting rural communities.

## **CHAPTER ONE: THEORETICAL PERSPECTIVES**

### **Introduction**

The aim of this chapter is to develop a conceptual framework that provides terms of reference for the discussion of the role played by media in processes of socialization. It also addresses the question of conceptualizing the role played by the media in engaging with behavior that impacts on the spread of HIV. Section One covers the articulation of conceptual tools that allow for a discussion of the way in which women make sense of media messages. It draws for this purpose on theorization, within the fields of mass communication science and media studies, of the relationship between media and their audiences. The focus is on theory that explains this relationship as an historically situated negotiation, involving both the producers of media and the audience they target. The thrust of the argument, in the discussion of this literature, is for an approach that acknowledges the role played by lived experience in the way that audiences make sense of media messages. The section further deals with feminist media analysis to assist in understanding the implications of such a framework for an exploration of the role played by media in women's lives.

The remainder of the chapter teases out the relevance of this argument for an evaluation of development media dealing with HIV and AIDS matters. Section Two sets in place foundational terms of reference for this discussion by means of a review of literature about development communication. The section identifies a spectrum of perspectives, within this literature, with regards to the relationship that should exist between text and audience in development media. The discussion is, again, informed by an argument for the particular value of positions within this spectrum that acknowledge the social contexts of audiences. Section Three focuses on literature that deals with trends within the more specific field of health communication, in order to conceptualize this in terms of this study. In this way, the chapter establishes evaluative terms of reference for investigating Ugandan radio programmes dealing with HIV and AIDS matters.

### **1.1 Mass communication science and media studies: debating the power of media**

Within social science theory, the concept of socialization is generally understood to refer to the different ways in which individuals become social subjects. Socialization has been defined, within such theory, as the process whereby we all learn how to behave in certain situations (Crespi, 2003). The suggestion is that we learn, more specifically, about the expectations which go with a given role or status in society. Such

theorization generally suggests that it is the social-cultural environment in which people are raised that impacts most profoundly on their behavior (Andersen, 1993; Eccles et al., 1990).

This environment is understood to teach us established norms and values by ways of symbolic rewards and punishments for different kinds of behavior (Hibberd et al., 1998). The family is then usually identified as the basic unit within which socialization of individuals takes place, as it is regarded as the first level at which people are exposed to the social-cultural values of their communities (Hibberd et al., 1998). It is suggested that this process of primary socialization begins before children have even uttered a word, through the forms of communication that take place between babies and the people who care for them closely - such as body contact, looks, lullabies, humming and childhood songs ( Hibberd et al., 1998). According to such analyses, people are then later exposed to secondary socialization outside the family (Witts, 1997).

Mass communication research has long been concerned with the role played by media in secondary processes of socialization. Within this literature, there are various understandings of the nature of the relationship between media messages and audiences. One important division can be identified between those perspectives which ask 'what the media do to people' and others which considered 'what people do with the media' (Halloran, 1970). In early examples of such study the impact of media on individuals was held to be direct and unmediated. Critics have noted that the essential model here is that of the media as a narcotic, where messages are injected into audiences, who respond to such stimulus in a direct manner. This is generally described as the 'hypodermic syringe' or 'bullet' model (McQuail, 1994). It has been argued that this model fails to take cognizance of the relationship between media as a site of secondary socialization and those primary processes of socialization mentioned above. The 'bullet' model does not, in other words, acknowledge that people's reading of media messages involves an interaction between secondary and primary processes of socialization.

Critics of this approach to media analysis have argued, in particular, that audiences do not 'respond' to media messages as a simple, individualized reaction to an external stimulus. An alternative argument suggests the notion of an 'active audience' that appropriates differentiated meanings from media messages (Liebes et al, 1990). This argument suggests that people use their lived experience to determine how to engage with media messages, and therefore implies the importance of acknowledging primary processes of socialization (Liebes et al, 1990). In other words, audiences draw on their primary socialization in order to make sense of media messages, and may therefore interpret such messages differently, depending on this background and on the individual decisions they make in drawing on this background. The audience is also understood to consist of people who exist in relationship to each other. This implies that their interpretation of meaning of media texts can be understood to be influenced by

these relationships. The 'bullet' model does not acknowledge either the role played by individual agency or a network of social relations in an individual's response to media (Katz & Lazarsfeld, 1995).

This distinction between the individual reception of messages and construction thereof, as defined by group dynamics, is important in the social sciences generally. It forms part of a fundamental debate about the degree of power accorded, within the socialization process, to structure on one hand and individual agency on the other. Within this debate, it is pointed out that it is important to acknowledge that social institutions and rules do not determine people's lived experiences in an airtight fashion. At the same time, it is noted that such an agency does not grant unwarranted power to individuals and that one must not underestimate how dominant forces and guidelines do in fact influence individuals and societies, often even against their best interest (Giddens, 1984).

In the context of media studies, the argument that one needs to consider both the power of agency and that of structure is often framed by a concern about the dangers of 'media centeredness'. Some scholars caution, for example, against the tendency to assume that the cultural and ideological operation of media is at the center of social reality. Instead, they suggest that media messages are themselves mediated by other modes of cultural experience. On the one hand, we should recognize the media as the dominant representational aspect of modern culture. On the other, there is the need to acknowledge the 'lived experience' of culture which may include discursive interaction of families, friends, peers, and so on. The relationship implied in this is the constant mediation of one aspect of cultural experience by another: what we make of a media text is influenced and shaped by what else is going on in our lives (Tomlinson, 1991). The argument is, in other words, that overly strong claims for media power arise when theorists see media as determining, rather than mediating, cultural experience (Tomlinson, 1991). It is this argument that Stuart Hall foregrounds in his seminal essay *Encoding and decoding* (1980) in which he offers a model of communication that emphasizes the multiplicity of meanings that can be associated with a media message. Within this model, the meaning of media messages is 'decoded' by their readers according to their own life experiences and knowledge. Such meaning often differs sharply from the way the message was understood by the people who 'encoded' and transmitted it. The way in which an audience interprets a message depends, furthermore, on their particular social-historical context. The argument here is that, since decoding media messages could be 'polysemic' (have multiple meanings); they are open to different possible interpretations (Hall, 1980).

An important outcome of this tradition of thought has been the emergence of qualitative research into the local consumption of media, highlighting the complexity of the modes in which cultural power is exercised and resisted (Morley, 1994). Within such studies, the meaning of a media text is thought of in terms of the specific set of discourses it encounters in any particular set of circumstances. The emphasis is, then, on how this encounter may restructure both the meaning of the text and the discourse it meets

(Morley1980). Meaning will, in other words, be constructed differently, depending on the discourses that a particular audience or reader brings to bear on a text. This approach links differential interpretations back to the socio-economic structure of society; showing how members of different cultural groups and classes, sharing different cultural codes, will interpret a given message. The construction of meaning does not occur only on the personal level, but in a way systematically related to the socio-economic position of audiences (Morley, 1980)

Of equal importance to the theorization of the complex relationship between text and audience is the contribution that has been made by feminist media analysis. Viewed broadly, outside the particular context of the study of media, such scholarship can be seen to be concerned with the patriarchal structure of society as a dominant means of organizing power relations. It is typically argued that, through patriarchy, women's interests are subordinated to those of men through a process of giving social meanings to biological and sexual differences. Such difference operates as part of the reproduction of the gender roles on which patriarchal culture is based. Women are, for example, assigned the roles of wives, mothers and care-givers, and these tasks are presented as natural and not subject to improvement or change (Weedon, 1987).

Post-structuralist feminist scholarship in particular is concerned with challenging these categories of identity, and thus changing existing power relations between women and men, as these exists within the central social institutions and cultural practices of contemporary society. It understands these institutions to include both primary sites of socialization, such as that of the family, and secondary sites, such as that of school, the work-place, and leisure activities. Studies of this kind have provided important insights into the relevance, within processes of socialization, of the role played by discourse, language and subjectivity in the politics of gender and sexuality (Hall 1997; Van Zoonen 1994; Weedon 1987).

One tradition of feminist post-structuralist scholarship draws on Foucault's theorizing in order to argue that patriarchy perpetuates itself through discursive means. Discourse is typically defined, within such studies, as a cluster or formation of ideas, images and practices which provide ways of thinking and talking about a particular topic, social activity or institutional site in society (Hall, 1997). The knowledge which a particular discourse produces is understood to be embedded in power relations in society, regulating conduct, constructing identities and subjectivities, and defining the way certain things are represented, thought about and studied (Hall,1980). Within such theorization, language is understood to be a key vehicle of discourse (Fairclough, 1995). It is considered, in other words, to be the place where actual and possible forms of social organization, and, their likely social and political consequences, are defined and contested; it is also where identity is constructed socially and in historically specific ways (van Zoonen 1994;Weedon 1987).

An important argument that has emerged, within this context, is that the media operate as a key site within which categories of exclusion and privilege are reproduced; the media does so in a way that tends to have detrimental consequences for women (McFadden, 1998). This is understood to explain why even with the increasing availability of media outlets, issues affecting women, as articulated by women, have continued to remain marginalized. It has been suggested that this can better understood if it is recognized that forms of patriarchal control operate through the media (Connell 1987). With this argument in mind, feminist media analyses often focus on whose agenda is being promoted by the 'voices' that are fore-grounded in the media. It is, for example, argued in this context, that women are 'spoken for' by men, whose voices continue to be situated within the media as more authoritative than those of women. This can be seen to happen, firstly, within the power relations that characterize media organizations. Here it has been pointed out that women tend to have less access to decision-making within media organizations, which limits their ability to influence content that would benefit women (Nassanga, 2004). The marginalization of women is observed, secondly, in context of the 'voices' that are fore-grounded in media texts. Here it is pointed out that even though issues of relevance to women may be presented in the media, the representations themselves are often produced by men. Furthermore, even when women speak for themselves, what they have to say remains framed by a 'patriarchal' agenda (McFadden, 1998). Feminist voices have, in this way, been muzzled by 'conservative elements' who dominate the media. Thirdly, it is argued that the ways in which women are represented in the media tend to consolidate the unequal power relations on which patriarchy is based. Critics point here to negative portrayals of women which describe them as frivolous, weak, or lacking in morality. The images of women that are fore-grounded are, for example, skimpily dressed models; victims of domestic violence and abuse; or of women involved in scandal (Nassanga, 2004).

Feminist media analysis has also been of value to scholars working in African contexts, particularly in studies that focus on women's experience of the media. Within such studies it has been argued, for example, that despite the emergence of a 'free press' in many African environments over the last two decades, the media are still exclusionary in their relationship to women and play a central role in reproducing patriarchal relations of power. Women's experience of such media is seen as an important demonstration of how 'mythical' the idea is that, within these contexts, the media operate predominantly to facilitate democratization. According to this line of argument, the media cannot be free if the expression, the experience and the opinion of women, are excluded (Wanyieki, 2001; McFadden, 1998). Such theorization has profoundly influenced feminist analysis of the relationship between media and audiences in Africa. It is typically argued that African women need to take a lead in breaking down the social barriers that have been used to curtail their freedom of expression and that they should, as part of this, claim their own right to equal access to media (Wanyieki, 2007).

One strand of commentary within this literature that is of particular interest to this study relates to the role that community media can play in enabling women to claim this right. It is argued, in this respect, that there is a critical need within African media environments to create spaces that encourage women to set the agenda of media debates, and with this to engage with issues relevant to their own social experiences (McFadden, 1998). It is then often pointed out that the opportunity presented by the existence of such media has not been fully exploited to discuss issues relevant to women. Since access to formal media in some parts of Africa still remains restricted, such media are seen to take on a more significant role, as they potentially provide key communicative spaces for women. It is noted that by becoming involved in community media, African women can gain access and control to channels of communication and engage in discourses that are of direct relevance to their social experiences and interests (MacFadden, 1998).

The main aim of this section was to articulate conceptual tools that allow for a discussion of the way in which women make sense of media messages. In doing this, section establishes the importance of balancing acknowledgement of the role played by local context in shaping women's social experience with a consideration of the power the media has to provide women with positions from which to engage with that experience. In the discussion of development communication literature in the next section it is demonstrated that the need to balance these two concerns also shapes these debates.

## **1.2 Paradigms of development communication: from modernization to participation**

There are numerous definitions of development communication, but for purposes of this study, it is generally understood to mean the systematic utilization of media to increase people's involvement in social development. Media is understood, within such practices, to offer opportunities for enhancing processes of development, particularly by informing, motivating and educating audiences. The value of media, in this regard, is seen to be of particular significance to poor communities, such as those who live in rural environments (Agunga, 1997; Freire, 1970;).

The study of development communication originally emerged within the field of mass communication and, as such, inherited certain conceptual assumptions from this field and from the disciplinary environments in which it was based. This can be seen, firstly, in the reproduction, within development communication studies, of the 'modernization' paradigm of the study of development. In the first part of the 20th century, discussion of social change in communication studies, and in fact in social science, generally tended to be framed by this paradigm, which was based in the ideals of 'developmentalism.' Within this framework of thought, the major transformations of society that were taking place were described in terms of a transition from the 'traditional' to the 'modern' (Thornton 2005). The 'modern' is also equated with the economic and political systems associated with Western

industrial societies, which are situated as a universally-accepted norm against which change is evaluated. In the specific context of development communication, the modernization paradigm proposes that problems of social development could be addressed by adopting Western-style social and economic models, including the provision of top-down information that would lead to improvement of social conditions. This approach singles out the mass media as having a central role in introducing innovations within 'developing' contexts (Hornik, 1988).

The influence of the preoccupations of mass communication as a field on the study of development communication can also be seen in its adoption of the diffusion model of communication. This model attempts to explain how behavioral change is facilitated (Rogers, 1995). It assumes that social systems can affect individuals' willingness to change their behavior and that 'diffusion' should therefore involve both personal and mass communication channels (Rogers, 1995). The diffusion model assumes that communication strategies for change should work towards building a 'critical mass', which occurs when enough individuals have committed themselves to changing an aspect of their behavior to the extent that further investment in such change becomes self-sustaining (Rogers, 1995).

Critics of the modernization paradigm have noted that it ignores structural factors that impact on development strategies. Interventions based in this paradigm tend to be focused on behavior changes at the individual level, thus side-stepping an engagement with the fundamental social causes of poverty and marginalization (Hornik, 1998). It is further noted that such projects tend to ignore the need to take cognizance of contextual differences (Dragon, 2001). The assumption also tends to be that governments should decide what is best for their citizens, without ensuring that they have a sense of ownership in the systems that are introduced (White, 1994; Mody, 1991; Servaes, 1989). The suggestion is that, for these reasons, development strategies based in this paradigm often turn out to be inappropriate to the contexts for which they are designed. It has been argued that while such strategies might be applicable to urban communities from higher socio-economic strata, they often turn out to be of less relevance to rural and poor populations (Dragon, 2001).

Commentators point out that since many development communication strategies were articulated in the mid to late twentieth century, they are framed by the modernization paradigm and based in the diffusion model of communication. It is suggested that this in many cases led to their failure. Such strategies do not, for example, take enough cognizance of the fact that most people are reluctant to abandon their traditional ways in favor of foreign and unfamiliar practices (McKee 1992). Instead, projects were often based on the assumption that in order to persuade people of the superior benefits of such practices, it is enough to simply point to scientific evidence (Servaes 1989; Beltrain 1976). Critics note that such arguments have often been perceived by communities as an attempt to dismiss the wisdom

that informs local tradition because it is regarded as less credible than the 'true' knowledge embedded in Western ways of life (McKee, 1992).

An important alternative to the discourse of modernization that emerged in context of such critique is represented by the 'dependency' thesis, which starts from the premise that the problems of the underdeveloped world are political rather than purely the result of lack of information (Hornik, 1988). This is understood to mean that the poor socio-economic infrastructure of the third world is largely determined by external factors and in particular by the way former colonies were integrated into the world economy. Third world countries have, it is argued, been relegated to inferior positions within this economic system (Hornik, 1988). They therefore became politically and culturally dependent on the West, particularly the United States of America (USA). Social analysis based in the dependency paradigm further charge development programs with failing to address structures of inequality and targeting individual rather than social factors (Singer et al., 1949). The central argument is that developmental interventions are doomed when basic conditions, that could make it possible for people to adopt new attitudes and behaviors, are not addressed. It is then proposed that a requirement for redressing this imbalance would be a transformation of the general distribution of power and resources (Vernengo, 2004; Tausch 2003; Baran 1957).

Such analysis provides important challenges to the conceptualization of development communication strategies based within the modernization paradigm. It is, for example, pointed out that such strategies tend to depend heavily on mass media, while ignoring the question of media ownership and control. This is regarded as inherently problematic, given that mass media are primarily informed by the interests of the urban elite, which means that their fundamental agenda is manifestly not that of promoting development goals (UNESCO, 1980; Beltran, 1976). It is strongly suggested, within such criticism, that development goals can only succeed if there are national policies that put the media in service of the people rather than 'serving capitalist ideologies.' As part of the proposed changes, national communication policies should emphasize the need for governments to curtail commercial power within the media (UNESCO, 1980).

Over time, a third paradigm has emerged, which can be seen to champion a participatory view of communication (Servaes, 1996). A key argument, within such scholarship, is that development communication should be based on a process of creating and stimulating understanding rather than concerning itself purely with information transmission (Agunga 1997). The first assumption on which this argument is based is that communication is the articulation of social relations among people, and should therefore reflect identified social problems and propose local solutions. The second one is that people should be encouraged to appreciate the need to adopt new practices rather than being forced to do so by governments and development agencies. It is suggested that development should, instead, be premised on

community interaction and, most importantly, be cognizant of local social-cultural contexts (Servaes,1996).

One thread of scholarship within the participatory paradigm argues that communication should provide a sense of ownership to participants by involving communities in the sharing and reconstruction of social experiences (Freire, 1997). According to this scholarship, the goal of communication should be conscientization, which is defined as 'free dialogue' that prioritizes cultural identity, equity in distribution, and grass-roots participation. This model emphasizes the need for interpersonal channels of communication in decision making processes at the community level. It claims that individuals who belong to socially marginalized groups tend to be excluded from the decision making and deliberative structures which national media seem to form part of. It is suggested that, in order to engage with such groups, development workers should rely more on localized methods of communications rather than on national media (Okunna 1995). Such methods would help marginal groups to be included in a process of public deliberation (Hamelink 1990). Furthermore, within such ventures, community members, rather than professionals, should be in charge of decision making and production processes. It is argued that such communication strategies offer an opportunity for media access in countries where the mass media are usually controlled by governments and urban elites (Freire,1997). This approach makes very different assumptions to that of the diffusion model, with its emphasis on the top-down provision of information. Instead, the proposal is for communication that works horizontally, bringing together different interest groups in the construction of social meaning. The argument is also that it is only through such horizontal interaction that behavioral change really becomes possible because one is renegotiating the very foundations of such behavior.

Critics of the participatory paradigm argue that proponents of these sorts of ideals tend to elaborate them at a theoretical level but do not provide specific guidelines or strategies for their implementation (White, 1994). Moreover, it has been noted that this paradigm does not take cognizance of the fact that some communities live in non-democratic societies and are not empowered to make their own decisions, even where their lives are at stake. There is, in other words, not enough acknowledgement of the challenges posed by environments characterized by context- specific challenges, such as that of limited freedom (McKee, 1992). In a similar vein, it is suggested that such projects do not take enough cognizance of the fact that communication strategies exist within the broader context of mass media and therefore in context of content that stands in contradiction to their own media messages. Also, it is argued, projects based in this paradigm tend not to acknowledge that participation in all stages of a communication project may not be fully possible. Participation depends, rather, on decisions previously made and therefore to some extent on the maintenance of power inequalities (McKee, 1992). Also, little attention is paid to the uses of the mass media in participatory settings, an issue that is particularly

relevant considering that populations, even in remote areas, are constantly exposed to commercial media messages that stand in opposition to the goals set by the programs. Furthermore, it is suggested that those guidelines offered by participatory theorists have limited potential for impact. These shortcomings are thought to be particularly pronounced when funds for development communication are limited and funding agencies are interested in cost-effective results at the national level (White 1994). Questions have also been raised about the tendency to downplay the role of expert and professional knowledge in communication while stressing the centrality of indigenous knowledge and aspirations in development. There is a feeling that professionals, based on their experience, should still 'guide' communities on the 'best' interventions (Hornik,1998).

It is also argued, particularly within the Asian context, that participatory models tend to be premised on Western-style ideas of democracy and participation which do not fit political cultures elsewhere. Some critics note, for example, that just like modernization theories, recommendations for participation could be seen as an external manipulation of local communities. In view of this such projects may in fact remain insensitive to the nuances of power relations within communities. Participation may end up privileging the powerful and more active members of the community at the expense of the community as a whole. It is pointed out in this context that communities are not necessarily harmonious and participation may actually deepen divisions that exist within them (Servaes, 1996:23).

Advocates of participatory models acknowledge some of the above criticism and are, in particular, conscious of the fact that participatory programmes tend to be characterized by division and conflict. This is not, however, understood to mean that the foundational principles on which participatory communication is based can be compromised. The answer, it is felt, lies in empowering communities to engage with internal division, for example through teaching negotiation and mediation skills. In doing so, projects can ensure that they do not operate as "... interventions that disempower people in the name of consensus building" (White,1994:9). It is pointed out that participatory communication requires a long term perspective but this is usually missing among funding agencies and governments interested in quick results and 'knowing whether efforts pay off'. The problems identified within participatory approaches are understood, here, to originate not so much from the model itself but rather from the way in which it has been implemented (Melkote, 1991). Participation theorists further acknowledge the challenges involved in the implementation of the participatory model of development communication. They argue, however, that this often has to do with the terms of reference established by key decision-makers in processes of development. They point out, for example, that short-term projects are prone to being terminated if they do not bear immediate results. The interests of funders and politicians, who are urged to prove effectiveness of investments, run against the timing of participatory development communication projects. The argument is therefore that funding agencies and other actors need to be sensitive to the fact

that grassroots projects cannot be expected to 'produce results' in the manner of top-down interventions. Moreover, neither community development nor empowerment programs fit the timetables of other initiatives (White, 1994).

The debates summarized above can be said to exhibit some of the same preoccupations as those identified above in context of media studies and mass communication literature. One can identify a similar tension between arguments that emphasize the importance of acknowledging the context of media reception to those that downplay it. The participatory paradigm, in particular, takes the latter seriously and possibly can be seen to begin to provide valuable conceptual tools for making sense of the moment of reception in a way that acknowledges context. This emphasis on the importance of social context is discussed in the next section, which examines trends in health communication interventions.

### **1.3 Health communication and acknowledgement of social context**

Health communication has been defined as "the art and technique of informing, influencing and motivating individual, institutional and public audiences about important health issues" (HealthPeople, 2010:11-20). Media is incorporated into such strategies in order to engage with individuals, communities or special groups "...with the aim of introducing and sustaining a behavior, practice or policy that will ultimately improve health outcomes" (Schiavo,2007:7). Health communication's scope includes: disease prevention, health promotion, health care policy as well as the more general enhancement of the quality of life and health of individuals within the community. Debates that characterized such communication can be seen to be informed by the paradigms identified in the previous section. The central argument thus relates to the importance of social context. It is suggested, more specifically, that for health communication to be effective it should acknowledge such context, as this is encompassed by the physical surroundings, social relationships and cultural milieus within which defined groups of people function and interact (Barnett & Casper, 2001).

Health communication literature often makes reference to the importance of concepts of 'media advocacy' and 'social mobilization'. The treatment of each of these concepts again points to the importance, within debates in health communication, of the way in which the relationship between media texts and audiences are conceptualized. Media advocacy in this context is typically defined as the strategic use of media to advance social or public policy initiatives (Wallack et al., 1993). In other words it is part of communication strategies in which wider communities are targeted to identify common problems or goals, mobilize resources and develop and implement strategies for solving their problems (Glanz & Rimmer, 1995). In terms of health communication such strategies are understood to aim at stimulating public debate and promoting responsible portrayals and coverage of health issues in the media. They are seen, furthermore, as being effective in mobilizing communities to take 'remedial' action

in the context of disasters and pandemics such as HIV and AIDS. Health communication literature generally suggests that such advocacy needs to be accompanied by an engagement with fundamental social change. The argument is, more particularly, that the health of a community cannot be addressed without also redressing social inequalities. This approach contrasts sharply with a model that is based purely on persuading individuals about the benefits of certain lifestyles and behavior change. It suggests that health is a matter of social justice rather than only providing information to change individual behavior (Brawley & Martincz-Brawley, 1999).

One reference which is regularly cited as acknowledging social context is the UNAIDS communication framework which recognizes five levels of such context for HIV and AIDS-related communication. These contexts are represented by: government policy; socio-economic status; culture; gender relations; and spirituality (Airhihenburwa et al., 2000). It is argued that the first of these contexts, namely government policy, exerts the most influence on social change. Government policy has the power to transform social and environmental forces for the benefit of individual health outcomes. Governments are also understood to play a very important role in communicating about HIV and AIDS. It is observed that countries that have official policies of openly discussing matters of HIV and AIDS tend to have more effective communication initiatives compared to those that do not (UNAIDS, 1999).

In terms of the literature based in the above framework, it is pointed out that official policies shape how the collective voices and images of the disease are perceived by the general public (Airhihenburwa et al., 2000). It is further suggested that 'conducive' HIV and AIDS policies encourage participation of other institutions, such as donor agencies, civil society organizations, and media organizations. Such groups play a central role in transforming the social and environmental contexts that can encourage and normalize both negative and positive behaviors. Senegal, Uganda and Ethiopia have been cited as examples of countries where such policies have played a very important role in health communication initiatives (UNAIDS 2001).

Closely linked to the importance of government policy is the socio-economic status of both the country and the population that is being targeted by the HIV communication initiatives. Commentators point out that scarce health resources usually translate into poor health infrastructure, making HIV prevention and treatment unavailable to the majority of the population. It has been suggested that socio-economic status has a significant impact on the success or failure of many public health interventions, especially HIV and AIDS communication. Individuals and communities in poor settings are very vulnerable to the disease; while they may receive health related communications they are usually unable to act on it because of their poor economic status (Airhihenburwa et al., 2000). For example, a woman living in an impoverished rural area may not be able to access HIV testing facilities because she does not have money to travel to a distant health facility. It is also observed that people in impoverished settings

may have limited access to health information, care and treatment, poor nutritional status and low bargaining power for provision of social services or health infrastructure. In such a resource-constrained setting, health communication interventions may have minimal impact because the people's lived experiences do not allow them to readily adopt and use the recommended initiatives (Airhihenburwa et al., 2000).

It is further suggested that health communicators must understand and acknowledge the culture of target audiences (Airhihenburwa et al., 2000). Culture is understood, within such commentary, to refer to the values, customs, traditions and norms of behavior shared by a community. These aspects of a community's identity inform the way people live their lives and therefore contribute to the health choices they make. Suggestions have been made that culture shapes an individuals' understanding of new innovations, including those relating to health, since the meanings of health, illness and treatment are culturally-constructed (MacLachlan, 2006). HIV prevention efforts sensitive to such arguments are conceptualized so as to respond to the cultural characteristics specific to the communities that they target (Airhihenburwa et al., 2000). It has been observed in this context that there has been a tendency, within health communication initiatives, to see 'tradition' as being in juxtaposition to 'the modern' and as limiting the possibility of positive social change. The argument is that communicators should therefore identify the relevant traditional values that can be usefully integrated with selected 'modern' values and devise a model that encompasses both.

The literature, also points to the implications of culture for gender relations and gendered identity, which is understood to impact on the way women and men relate to HIV and AIDS communication. A common argument is made, for example, that gender relations of power determine who has an opportunity to speak and be heard (Belete, 2000). Commentators suggest that effort should be made to ensure that women organizations actively participate in planning and implementing health communication interventions so that their concerns are highlighted (Belete, 2000). Examples cited include the Society for Women and AIDS in Africa (SWAA), which have helped build the capacity of women in articulating specific concerns and recommendations of women with regard to HIV and AIDS (Airhihenburwa, 2007; Ndiaye, 2005; Nlang, 2005; Belete, 2000). It is due to such concerns that the concept of social mobilization is seen as key to health communication: the fundamental involvement of community members in the process of change.

Also closely linked to debates about sensitivity to culture is an argument for the need to acknowledge the contextually specific nature of spirituality. A key context in which communities tend to engage with the spiritual is in religion, in which a community's norms and values find articulation. However, this category of spirituality is not that useful hence the researcher proposes a slightly different formulation that emphasizes shared norms and values. It is noted that such sharing may be manifested

through tolerance, compassion, acceptance, support and faith (Airhihenburwa, 2007; Ndiaye, 2005; Nlang,2005; Belete, 2000). For example, there are some religions which regard HIV as a punishment from God for sin, in such a situation there will be less support an HIV infected person. On the other hand in societies where HIV it is regarded and accepted as a disease there will be more support for infected persons. Therefore, it is suggested there is a relationship between spirituality and both negative and positive attitudes towards HIV and AIDS. When attitudes are positive, a supportive space is opened up in which persons living with HIV can feel accepted. However, when attitudes are negative an environment, that breeds discrimination and stigmatization, is created (Airhihenburwa, 2007).

It would seem that it is possible to identify a rich tradition in strategies for health communication that are based in an understanding of development that runs counter to the assumptions of the modernization paradigm and the diffusion model. Other health communication literature, outside the UNAIDS framework, also recognizes the importance of social context. This recognition forms a central thread that runs across this study.

### **Conclusion**

This chapter has provided important theoretical terms of reference for the investigation, in this study, of how women engage with HIV and AIDS media messages. The discussion of all three bodies of related literature confirms the importance of acknowledging the role played by lived experience in audiences' engagement with media messages. Section One provides the conceptual tools in this study that allow for a discussion of the way in which women make sense of media messages. It points, in particular, to the importance of acknowledging that the relationship between the messages and the audience is an historically situated negotiation, involving both the producers of media and the audience they target. It also provides terms of reference for making sense of this relationship as it applies to the role played by media in women's lives. Section Two establishes an understanding of media as a key vehicle of development communication, especially by informing, motivating and educating audiences. The different paradigms discussed in this section provide valuable terms of reference for the evaluation of approaches to communication. The review of health communication literature in Section Three demonstrates that arguments for sensitivity to social context have also been important to these debates. The key lesson within this section is that for health communication to be effective, it should acknowledge such context because it impacts on the way in which the audience engages with the messages. Within all three sections, then, one can trace a preoccupation with the need to acknowledge that people's lived experiences are of direct relevance to their reading of media messages. It is this argument that underpins the motivation for the use of a case study approach as the research methodology tool which is discussed in Chapter Three.

## CHAPTER TWO: CONTEXTUALISING THE STUDY

### **Introduction**

This chapter serves to contextualize the empirical research presented in this dissertation. It deals, firstly, with the history of the HIV epidemic in Uganda, focusing on the way in which communication strategies have impacted on efforts to prevent further spread of the disease. Section One maps out Uganda's HIV and AIDS history, dealing specifically with the way communication strategies were developed in response to the disease. It also examines the policy and legal environment under which the national response to the disease has taken place. Section Two reviews such strategies in more detail within the context of the need to acknowledge social context. As part of this it examines the challenges that beset the national response, including the relevance of the ABC strategy promoted by government. Section Three examines how the socio-economic effects of HIV and AIDS on rural Ugandan women have been aggravated by gender inequalities, thereby increasing their vulnerability to the disease. Section Four examines the current media landscape and how liberalization has positioned radio to play a major role in health-related campaigns.

### **2.1 HIV and AIDS campaigns in Uganda: a history**

Uganda is often cited as being among the first countries in Africa to identify HIV infection within its population (MoT Study, 2009:5). As early as 1982, cases were reported in a small rural fishing village on the shores of Lake Victoria, near the Tanzania border. Largely because of lack of comprehensive knowledge about the new disease in this rural setting, public debates about the infection were characterized by the reproduction of myths and misconceptions, with people attributing it to witchcraft and 'curses from God' (UAC, 2001). It was observed that people infected by the disease suffered ailments, especially diarrhea and vomiting, as well as progressive weight loss. By the time of death they were mere skeletons, thereby earning the disease the vernacular name 'silimu' (slim in English). The unstable socio-political situation then precluded any serious government intervention and the disease progressively spread to all parts of the country (UAC, 2001).

Over the last thirty years, the country has had an estimated two million people infected with HIV and AIDS out of what is currently a total population of 32 million. About one million people have died of AIDS-related causes while another million are living with the disease (ACP, MoH, 2010: 4). Prevalence has been noted to be higher among women(55%) compared to men (45%) (ACP, MoH, 2010:4). The disease has had a devastating social and economic impact at individual, household, community and national levels (UAC, 2007: 1).

In a recent national survey, it was reported that there are about two million orphans and other vulnerable children as a result of AIDS deaths, while child-headed families are also common in the worst affected areas (UAC, 2007:10). At least 26 percent of all households in Uganda are taking care of orphans, and there is growing concern that the extended family system, which traditionally operates as a safety net ensuring that children are taken care of when parents die, has been overstretched (UAC, 2007:14). According to the Uganda Ministry of Health (MoH), AIDS is currently the leading cause of death among adults and the fourth leading cause of death among children under five years (ACP, MoH, 2010:6). Heterosexual HIV transmission accounts for 75-80 percent of the total new infections; mother to child transmission, including breastfeeding, for 15-25 percent; while use of infected blood products and transmission in health care settings is 2-4 percent (ACP, MoH, 2010: 7). After concerted efforts by stakeholders to stem further spread of the disease, declining trends were observed, beginning in 1995. Prevalence rates were reduced from 30 percent in the 1990s to the current national average rate of 6.4 percent. However, since 2005, there has been a noticeable stagnation of HIV prevalence, sparking fears that infection rates may rise again if no drastic measures are taken (ACP, MoH, and 2010: 3). It is nevertheless generally acknowledged that, compared to other countries in Africa, Uganda has made remarkable progress in the HIV response, especially between 1996 and 2006 (MoT, 2009). Commentators note that this should be understood in context of the high degree of political commitment from government to ensuring the success of such response, which set up a conducive policy environment (MoT,2009:5). This commitment was directly translated into prioritizing funding for HIV work and setting up institutions, such as the Uganda AIDS Commission, to coordinate the national response.

In 1986, government declared HIV/AIDS a threat to national development and security and mobilized all sectors to play a role in the national response (UAC, 2005). From this point onward, the Ugandan government adopted a policy of openness in discussing matters of HIV/AIDS, despite initial concerns that this would discourage foreign investment and tourism, which constitute a major percentage of the country's gross domestic product (UAC, 2010:3) There was also criticism from other African states that associated the disease with 'alien' sexual practices. When Uganda declared in the World Health Assembly in 1986 that many of its citizens had HIV, the country was heavily criticized by other African nations, primarily because HIV was associated with homosexuality (UAC, 2004:16). In 1986, the government with support from the World Health Organization (WHO) established the first AIDS Control Programme in the MoH to spearhead public interventions in HIV prevention and AIDS care. As a direct result of the 'openness' policy in dealing with issues of HIV and AIDS, numerous partners came on board, including international organizations, faith-based organizations (mostly the church), non-governmental organizations, networks of people living with HIV and AIDS, the private sector, academia and science, the media and youth organizations.

It has been observed that the synergy of the efforts by all these stakeholders has been the base of what is now known as the 'multi-sectoral' approach to the control of HIV and AIDS (MACA,2001), which is promoted as a best practice by UNAIDS (UAC,2007). The partnership organizes all the major stakeholders into twelve groups, known as 'self-coordinating entities'. It aims at minimizing wasteful duplication, maximizing potential for synergies, harmonization, learning and peer support as well as pooling efforts and resources for scaling up the national response. A major principle of this partnership is Greater involvement of people living with HIV and AIDS (GIPA, 2003) in all initiatives. The partnership has also instituted an HIV Partnership Fund that is used to sponsor identified national priorities and key selected interventions for high risk groups (UAC, 2005).

A key concern about Uganda's response to HIV and AIDs is, however, that most of the resources that are used to implement actual programmes are provided by external donors. There are concerns that the donors may be imposing conditions that undermine the national response efforts. Particular concern has been expressed about the increasingly moralistic approach that threatens the joint promotion package approved by government and stakeholders. In Uganda, 'abstinence-only' billboards grace strategic points in all centers at the expense of other messages, largely with generous sponsorship from the USA government (Epstein, 2007:187). It has been observed that a sizeable part of the HIV education campaigns in Uganda are funded by American-based right wing Christian organizations. As these groups stipulate an 'abstinence-only' message for HIV as a precondition for funding, this may have become a stumbling block for programmes that do not uphold such an approach. Advocates who promote a moralistic approach have also formed alliances with Ugandan political power bases that, for example, actively discourage young people from using condoms in preference for abstinence (Epstein,2007:191). There are concerns that this trend may negatively impact a country that has promoted the ABC method for since 1992. It has been further pointed out that Uganda was able to achieve remarkable progress in the AIDS response between 1996 and 2002, when the country was receiving relatively less donor funding and was mainly addressing the challenges of HIV through smaller, community-based responses (Epstein, 2007:192).

A new challenge to the Ugandan HIV response that is frequently cited, especially by human rights defenders, relates to impending legislation that may impact on the country's ability to engage with the disease (UHRC), 2011). Reference is made, in particular, to the HIV and AIDS Prevention and Control Bill 2010, which at the time of writing was before parliament. Critics argue that while the bill provides for a comprehensive HIV prevention, care and treatment framework, it also contains clauses that are likely to impinge on the country's policy of openness in dealing with matters of HIV as well as the human rights of people living with the disease. These clauses provide for: mandatory HIV testing; mandatory or unauthorized disclosure of HIV status to one's sexual partner; as well as criminalization of

intentional transmission of HIV and AIDS (HIV Bill, 2010:21-22). HIV activists argue that mandatory testing creates a disincentive to test since knowledge of an individual's positive status can be used against him/her in a court of law. Part of the proposed bill provides that counselors will be obliged to caution people that getting an HIV test will expose them to criminal liability if they continue having unprotected sex when they know that they are infected. Counselors may also be summoned as prosecution witnesses in such cases, which raises concerns about the principle of confidentiality. Only 40 percent of people in Uganda have tested for HIV, implying that the majority do not know their HIV status (MoH, 2010). It is argued, therefore, that it would be hard to establish who is responsible for infection. Furthermore, it is noted that such a legal provision would endanger women in particular because they are more likely to know their status earlier than men since pregnant women are routinely get tested when they attend ante natal clinics (Kyomukama, 2010). Moreover, it is observed that men's health seeking behavior is very low; they usually wait for their wives' HIV results to determine their own status. Stories of domestic violence, including murder, when women are found to be positive, are also well documented in the Ugandan press (UAC, 2011).

Further concern has been expressed about the growing complacency among the general population, who perceive the country's acclaimed HIV response to mean there is no further risk of infection. Moreover, it has been noted that promotion of safe male circumcision, as an HIV prevention measure, as well as the increasing availability of anti-retroviral (ARV) drugs, are sometimes wrongly perceived as a cure for AIDS (MoH,2010). Such initiatives have not been accompanied by adequate advocacy and information campaigns to explain to communities that they are not a cure to the disease. There is also a feeling among young people, who never experienced the devastation of the disease in the 1990s, that HIV is a manageable disease because of the availability of care and support programmes that have improved quality of life of people living with the disease. This perception has been intensified by the improved quality of life that people on treatment with ARVs are able to maintain. However, out of the 540,000 people who need ARVs, only 246,000 (less than 50%) are accessing them due to resource constraints (UAC, 2010).

One suggestion that is frequently made, with regards to the spread and management of HIV and AIDS within the Ugandan context, is that the country needs to recapture the advances that it made in this respect, during the 1990s and early 2000s(Epstein,2007:192). It is argued in this thesis that in order to achieve this goal, there is a critical need to implement interventions that acknowledge people's social-cultural backgrounds. With this argument in mind, the next section reviews literature that comments on the extent to which health communication campaigns in Uganda can be said to have responded to this need.

## **2.2 Trends in HIV communications in Uganda: a growing acknowledgement of context**

It has been observed that there is a growing tendency, within HIV-related health communication campaigns, to acknowledge audiences' social-cultural context (TASO, 2006 :11). This is different from when the first HIV and AIDS communication campaigns were designed by the Ministry of Health and broadcast on state-owned Radio Uganda in 1986. These campaigns consisted primarily of public service announcements (PSAs), preceded and followed by the sounding of the traditional Ugandan drum beat that mobilizes people for war, with general messages warning people to "love carefully, as AIDS kills" (Epstein, 2007:162). The messages were aimed at scaring people, with the hope of deterring them in this way from engaging in 'unprotected, risky sex' with multiple sexual partners. The PSAs would be aired during prime time and in the middle of news broadcasts to ensure that most audiences were tuned in. While an initial evaluation by the MoH perceived the messages to be key in disseminating HIV and AIDS information, their appeal was short-lived because people soon got used to the scare tactics and would simply switch off their radio sets when the jingles started (Okware, 2008).

It has been pointed out that a key problem with such an approach is that it is not informed by knowledge about the way audiences would respond. Based on such criticism, communicators in Uganda became increasingly conscious of the need to base campaigns on more detailed knowledge about the social experiences of their audiences. It was acknowledged that there is a need to design messages to target specific audiences, based on available research about their experience of living with HIV and AIDS, instead of disseminating generic messages. For example, it was observed that social research indicated that the epidemic has shifted from single young people to married couples, and that more emphasis should therefore be placed on designing messages targeting this category of people (Wabwire-Mangen et al., 2009).

One innovative way of disseminating HIV information has been through the use of music, dance, and drama. Such media are now regularly cited as being as crucial as radio in disseminating HIV information, communication and education (TASO, 2006:13)<sup>1</sup>. Having realized this, from 2004, The AIDS Support Organization(TASO) opted for a strategy that relies on mobilization and sensitization of communities through sharing personal experiences and testimonies, thematic songs on HIV prevention, care and support. This method of communication has proved to be particularly effective among rural communities in disseminating knowledge about the disease, influencing positive behavior change, reduction of stigma and discrimination towards those infected. It is also cited as being important in mobilizing communities to seek HIV services (TASO, 2006).

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<sup>1</sup>TASO is The AIDS Support Organization, a Ugandan NGO that provides care and support for people with HIV and AIDS

This initiative is largely based on recognition of the late Philly Lutaaya, a popular Ugandan musician who boosted the national campaign in the mid-1990s, when he openly declared that he had HIV. He spent the remaining part of his life sensitizing his audiences, especially young people in educational institutions, about the dangers of the disease. Lutaaya, who died in 1998, gave HIV and AIDS a human face in Uganda. Stakeholders declared October 17 to be an annual Philly Lutaaya Day. Usually the day is marked with music, dance, and drama performances, with HIV and AIDS themes. At a national level, Lutaaya's initiative has now crystallized into what is known as the 'media entity' of the Uganda HIV Partnership. This brings together performing artists, practicing journalists, and cultural institutions with interests in HIV work. These three groups are uniquely placed to disseminate HIV and AIDS information in their routine operations since they all have popular appeal to particular sections of the population (UAC, 2004). As part of the effort to attract people to use the available services, health facilities have also adopted the use of 'expert clients' to provide counseling for people who have been diagnosed with HIV or AIDS. These 'clients' are people who have lived with HIV for substantial periods of time, and have responded to care and treatment so well that the quality of their lives is almost normal. This method has been found to be particularly useful when dealing with people whose confidence has to be built up through one-on-one discussion (TASO, 2006). It is observed that such people tend to open up to such counselors because they offer them hope and share personal experiences that are relevant to their own lived experiences. Communications through social networks, such as local meetings, community groups, churches, and the media, have also played a significant role in influencing behavioral norms (Low-Beer & Stoneburner, 2002). The advice of older, more experienced women, especially aunts who are culturally responsible in imparting sexual behavior skills to young girls, seems to be particularly important in communicating about HIV and AIDS to women (Kyaddondo et al., 2000). There are indications that such strategies have contributed positively to behavior change (Mwaluko et al, 2003).

From the above discussion one can see that there has been a tendency, within Uganda communication strategies, to shift from the idea of 'messages' that need to be circulated to an emphasis on interaction through dialogue or conversation. Given that most rural Ugandan women have limited access to mass media, such communication take on a particularly important role for them as a way of disseminating information on HIV. The next section illustrates the importance of such interactions to women, given their vulnerability to HIV infection.

### **2.3 Ugandan women and communication about HIV and AIDS**

Some discussions around HIV and AIDS campaigns in Uganda have centered on the position of women in terms of their vulnerability to the disease. It has been pointed out, for example, that there is a relationship between gender socialization patterns and women's vulnerability to HIV and AIDS. Kofi Annan, former Secretary-General of the United Nations notes that "...If we want to save Africa from two catastrophes (HIV/AIDS and famine), we would do well to focus on saving Africa's women" (Mutangadura, 2005: 24). This statement, while made in the wider African context, ably explains the critical need to address the plight of Ugandan women, given the precarious social position traditionally imposed on them, and the way the latter has been aggravated by HIV and AIDS.

Studies conducted in rural community settings in Uganda suggest that one of the key factors for women's disadvantaged positions in rural communities can be traced to the position that they occupy within their own homes. In these environments, the degree of freedom that women have to make choices, the access they have to resources, and the extent to which they can be assertive about their own needs are severely restricted by tradition (Nangendo et al., 2005). It is, for example, argued that girls from villages are more likely to be submissive because of the gendered relations of power that tend to structure their home environments. Furthermore, this becomes more pronounced when children grow up in polygamous families, where girls are socialized to accept their disadvantaged positions, while boys are brought up as decision-makers and leaders (Nangendo et al., 2005). It is often observed that patterns of gender relations have an impact on women's vulnerability to HIV infection. Preventative measures are often beyond a woman's control and her choices are severely restricted by social-cultural norms that foster promotion of disparities in gender roles and sets different standards of sexual behavior for women and men (Nangendo et al., 2005). While men are socialized to be promiscuous, since masculinity is defined by successful sexual exploits, women are severely barred from such 'unbecoming behavior.' This helps to entrench gender biases among young people and further undermines efforts aimed at empowering women (Nangendo et al., 2005).

It has also been observed that the spread of HIV and AIDS in Uganda should be understood in context of growing tensions between traditional ways of life and modernizing influences. This is especially evident when one examines how HIV and AIDS have impacted on women and girls in Uganda. It is noted, for example, that women have traditionally been centrally responsible for agricultural production and as such represent the backbone of food production in local communities. With the spread of HIV and AIDS, they have had to stay at home to nurse loved ones, which has serious nutrition and food security implications on these communities. In rural settings, a shift has been observed from labour intensive farming to cultivation of low labour food crops like cassava. This has grave implications for the

extent to which such farming can respond to community nutrition needs and also plays a role in aggravating poverty, with devastating effects on the national economy (MAAIF, 2007).

It is further observed that AIDS impacts most heavily on women, whether they are infected by the virus or not. According to the Ministry of Education, the dropout rate of school girls has increased because whenever parents die, a girl child is twice as likely to be taken out of school compared to a boy child. This is attributed to the fact that the education of girl children is not seen to be as much of a priority as it is for young boys, and also that there are far greater demands on a girl child to help look after her siblings at home. As a result of dropping out of school early, young girls are also often forced into early marriages since this is one way of attempting to address their social welfare and upkeep. They are then usually married off to much older polygamous men, which further exposes them to a higher risk of HIV infection (MoES, 2007). It has been noted that although Ugandan law prohibits marriage to a person below 18 years (the official age of consent), under-age marriages are still common in rural areas, while some religious groups encourage marriage as long as a girl has reached puberty. Payment of dowry is still a major incentive for early marriage in rural areas, where it is perceived as a source of wealth (MoLGS, 2008).

The literature also explains that the Ugandan traditional patriarchal system has always disadvantaged widows. They are, for example, not supposed to inherit property. Women widowed as a result of AIDS therefore face double jeopardy: besides being infected they are also likely to be impoverished and subjected to property grabbing by relatives. Although the Uganda constitution provides for equal rights for men and women, such injustices are still common (DCI, 2004). There is also concern that some cultural practices still pre-dispose women to HIV infection. Examples of such practices, that are still followed especially in rural communities, include: 'wife inheritance', where a brother of the deceased spouse is expected to 'take over' the widow as part of the family safety net; 'wife-sharing', where a man's relatives are expected to receive sexual favours from his wife when they visit; and female genital mutilation (MoLGS, 2004).

It has been noted that over-dependency of women on men has imposed serious limitations on their agency. In view of this they are, for example, less likely to access information regarding availability of HIV and AIDS services. Since in most cases they have no meaningful income, they have to ask for even basic needs such as transport fares, as well as having to seek permission from their husbands before travelling to health facilities. As result, women are exposed to a much higher risk of becoming HIV positive and of progressing to full blown AIDS. Given these circumstances, it has been observed that although HIV awareness is high in Uganda, a lot still has to be done in order to reduce the vulnerability of women through negative cultural practices (MoLGS, 2007).

Commentators have pointed out that health communication strategies in Uganda have, in the past, remained insensitive to the particular implications of campaigns for women. Questions have been raised as to whether the ABC model, which does not allow women to take charge of their own sexuality, can provide a long term solution to curb new infections and protect women. Such questions become more pronounced in rural communities where the 'culture of silence' is the norm in sexual matters (Byamugisha, 2010). It is also observed that once a woman gets married, the benefits of abstinence and faithfulness she may have had are automatically negated because it is socially acceptable for men to have multiple sexual partners. According to a recent HIV surveillance report 44 percent of new HIV infections now occur among married couples (ACP MoH, 2010). Moreover, largely because of lack of empowerment, women are unable to insist on condom use by their husbands, even when they know that they have multiple sexual relationships (ACP, MoH 2010). It is argued that although the campaigns have raised HIV and AIDS awareness in Uganda to over 90 percent of the total population, behavioral change has not been as successful (UHSBS, 2005). This is largely attributed to social-cultural practices that define gender relations in traditional communities, especially in rural areas where over 80 percent of all Ugandans live (UBOS), 2009). Anti-AIDS activists argue that for the campaign to be more meaningful, the ABC model should be modified to include principles that empower women, especially in the rural areas. This should include the universal provision of voluntary counseling and HIV testing services, universal access to treatment, and ARV therapy (Byamugisha, 2010).

Given the above background, stakeholders have acknowledged the importance of prioritizing women within HIV campaigns. A number of initiatives undertaken to reduce the impact of HIV and AIDS on the population in Uganda include specific ones targeting women. Female teachers in rural communities have been trained to facilitate the development of health-related life skills, to engage with children about sex and HIV-related issues, and to empower girls to resist gender biases. Girls are also encouraged to consult their teachers on adolescent sexual and reproductive health (ASRH) issues (MoES), 2005). As part of this initiative, both girls and boys are encouraged to openly discuss their sexuality and HIV and AIDS related issues. It is claimed that such educational practices have gone a long way in demystifying the culture of silence that characterizes sex in rural communities. Programmes to empower women have been initiated through government funds and donor support, respectively. Government has introduced both universal primary and secondary school education with policy provisions that girls have to be major beneficiaries. Government is also considering punitive legislation against parents who take young girls out of school for the purpose of marriage (MoES, 2009). Having recognized that men are the decision-makers in most rural communities, initiatives specifically targeting men have also been introduced, particularly through discouragement of domestic violence, avoiding multiple sexual partners and promoting the virtues of being faithful (DCI, 2004).

As one way of acknowledging the connection between social-cultural factors and the need for gender sensitivity, the Ugandan government has mobilized cultural institutions to scale up their participation in the HIV response. Having realized that such institutions play a key role in shaping peoples' behavior, deliberate effort has been made to provide resources to them to enable them design initiatives that will help reduce the impact of the disease. For example, the Kings and Cultural Leaders AIDS Forum was instituted and provided resources to design advocacy strategies and culturally-relevant initiatives (UAC, 2010). Leaders have signed a memorandum of commitment to identify and promote cultural practices that prevent sexual transmission of HIV by discouraging pre-marital sex and multiple sexual partnerships and by promoting fidelity within marriage. Furthermore, they have committed their institutions to discouraging cultural practices that predispose people to HIV infection, such as widow inheritance without HIV testing, female genital mutilation, and rituals that involve exchange of blood (MoGLSD,2010;UAC,2010).They have specifically committed themselves to utilizing their structures to address sexual and gender-based violence and to support efforts to uplift the status of women and girls, by discouraging early marriages and promotion of girls' education.

It appears that government and partners working in the HIV sector are making concerted efforts to address the social-cultural aspects that disadvantage women and make them more vulnerable to the disease. Part of these efforts includes designing health communication programs that are sensitive to the needs of women.

#### **2.4 Uganda's media landscape and the empowerment of women**

It is noted that, within the Uganda context, men have twice as much access to media as women, and disparities become even more pronounced in a rural setting (MoH, 2005). A study conducted by the MoH revealed that seven in ten women, and 86 percent of men, reported that they listen to radio at least once a week. Urban women and men have far greater access to media than their rural counterparts. Television is the medium with the greatest disparity between rural and urban areas: only four percent of women in rural areas watch television broadcasts weekly, compared to 43 percent of urban women (MoH, 2005). Access to media is also affected by other variables, such as education and wealth (Nassanga, 2002). Print is the medium most sensitive to differences in levels of education because of the link between education and literacy. Comparison of male readership reveals that about 55 percent of men with secondary or higher education read a newspaper at least once a week compared to 13 percent with incomplete primary education and two percent with no formal education (Nassanga, 2002:15). Low incomes in the population, particularly among women, have restricted the purchasing power of newspapers to the extent that out of a population of 33 million people the total daily newspaper circulation is less than one million (Steadman, 2010). These variables seem to imply that women are still disadvantaged in media access.

Radio is not only a medium that holds particular value for development communication generally but also one in which a gender-sensitive approach to such communication becomes possible (UMWA, 2003). In order to understand the potential contribution that radio can make to communication around HIV in contemporary Ugandan society, it is important to take cognizance of recent changes in the country's media landscape. One of the most important changes has been the degree to which this landscape has opened up. As part of the reforms introduced by the World Bank late 1980's, government was required to liberalize various sectors, including the media. Before this development, there was only Radio Uganda, the state broadcaster, which had the mandate to produce programmes to inform, educate and entertain the population (Juuko, 2002). Most of the programming was aimed at promoting government initiatives, such as increasing agricultural production; little attention was paid to issues affecting minority groups (Juuko,2002). Following the liberalization of the airwaves in 1994, diverse groups invested in radio: currently the number of licensed FM stations has increased to 144 with about 122 of them now operational (UCC,2011). Emerging from this background is a radio sector containing three tiers of broadcasting: government radio, which is gradually giving way to public radio; privately owned-commercial stations that are profit motivated; and community stations whose primary interest is defined as service to local communities. This situation has gradually elevated radio to a leading position in the media landscape, making it the only mass medium that can truly be said to have the power to reach Ugandan audiences (MoH,2005). Community radio, in particular, has been identified as a key opportunity for communication strategies that can empower women.

There are various definitions of what constitutes community radio. Even with such diversity, it is possible within the available literature to identify certain internationally agreed principles that define community radio. It is usually understood to be non-profit, as one way of ensuring that commercial agendas are not central to what drives the station (Van Zyl, 2003). It is also meant to be interactive, which links it to the importance of putting local voices on the agenda. Since stations are based within local communities, this form of radio should also ideally emphasize local experience (Mtimde et al., 1998). Guidelines for community broadcasting also often stipulate that its management and programming policy should be determined by a democratically elected, representative governing board as one way through which ownership and control by the community is ensured. Community stations are, at the same time, also supposed to ensure their own independence and financial sustainability by mobilizing resources from a diversity of funders and advertisers (Mtimde et al., 1998).

Community radio is clearly a very useful medium for HIV and AIDS education due to its emphasis on addressing a specific group of people, its focus on participatory management and production and its emphasis on local content. It provides a great opportunity for acknowledging local experiences and complexities of the audience it is addressing (UMWA,2003). Commentators note, however, that Ugandan

community radio has faced severe challenges in achieving these goals. One reason for this relates to the power dynamics that exist within Ugandan rural communities. Women usually listen to radio as a background medium while they work, implying that they may not give it their full attention (UMWA,2003). It would seem, nevertheless, radio still provides a good opportunity for women to access HIV and AIDS information.

### **Conclusion**

In this chapter, the history of Ugandan communication strategies around HIV and AIDS has been mapped out. It is argued that there was a period in which these strategies really worked well. It is further proposed that health communication practitioners can usefully draw on that moment in history in order to establish what the guidelines for such communication need to be. The chapter attempts to demonstrate that this moment in the history of Ugandan HIV and AIDS related communication campaigns points to the importance of sensitivity to social context. As such, it is a history that resonates with the debates put forward in Chapter One, in context of the arguments identified in the review of literature dealing with media, development media, and health communication. The Ugandan history of HIV communication points, in particular, to the necessity of using methods of communication that suit the social-cultural context of the target audiences. The encouragement of participation by social-cultural institutions based within local communities is, clearly, also an important strategic step. Special attention also has to be given to the disadvantaged position of women, in order to rectify gender inequalities that disempower them and limit their access to health services.

In the final part of the chapter it was shown that radio is particularly well-positioned to take up this challenge. The fact that radio stations are widely distributed across the country and broadcast in local languages means they can be exploited to produce health-related programming. Community stations are particularly well positioned to undertake this role because, at least in principle, they acknowledge the need to produce local content for their audiences. The final two chapters of this dissertation describe a case study, conducted by the researcher, and designed to examine the role that community radio can play in this respect. This case study looks both at the extent to which community radio is making the most of this potential, and to explore some of the challenges that they have faced in doing so.

## **CHAPTER 3: RESEARCH DESIGN AND IMPLEMENTATION**

### **Introduction**

This chapter describes the design decisions for this study, in order to explain how these were intended to respond to the research question and to maximize the validity and reliability of the eventual research results. This was done to ensure the strength and dependability of the research findings. The research design decisions that I describe in this chapter as a whole address these principles. As stated earlier, this study investigates how rural Ugandan women engage with discussions of HIV and AIDS-related programs broadcast on a Kampala-based community radio. The chapter also comments on the researcher's success in implementing this plan. Section One covers the appropriateness of a qualitative approach to the study. Section Two discusses the selected research methods: a case study design, and the use of focus group discussions as well as key informant interviews. Section Three deals in more detail with the way in which the fieldwork plan was mapped out and implemented. It describes the strategies for selecting research participants, the formulation of interview guides and the approach to the facilitation of fieldwork. Section Four deals with the plan for the analysis of the interview data and the writing up of findings.

### **3.1 The choice of paradigm**

In this study, a key concern was the need to work in a paradigm that allows explanation of subjective experience, hence the use of a qualitative approach was deemed appropriate. It is observed, within the available literature, that qualitative methods do not prioritize evidence defined by the logic of mathematics, the principles of numbers or the methods of statistical analysis. Rather, actual talk, gesture, and other social action, are the raw materials of analysis which leads to an in-depth understanding of the phenomenon under study (Anderson & Meyer, 1995). Such an approach lends itself to the task set for this research study: to explore Ugandan rural women's lived experiences of HIV and AIDS and their negotiation of the meaning of HIV messages in the media. The researcher was interested in ascertaining how such women engage with radio messages to negotiate meaning that relates to their lived experience. In order to understand this relationship better, it made sense to conduct the study in a way that enabled the researcher to place the emphasis on an examination of subjective experience. Bryman (1988) observes that qualitative research has an expressed commitment to viewing events, actions, norms, values, etc. from the perspectives of the people being studied. It is such a commitment that informs this study of how Ugandan rural women relate with HIV and AIDS messages broadcast on community radio.

The study also consciously positions itself within an interpretivist paradigm, given that its central purpose is to gain insight into Ugandan women's experience of living with HIV and AIDS, and into the implications of this for the way they make sense of media messages. The goal of interpretivist research is, indeed, to access such 'insider' perspectives. Schroder et al. (2003) argue that if academic researchers are interested in understanding how people experience media content, they have to use a research approach that enables them to explore the processes through which people actualize media meanings. In view of this it was decided, for the purpose of this study, that an interpretivist approach would provide a valuable framework for such a task.

### **3.2 The choice of research methods**

#### **3.2.1 A case study design**

The researcher chose to make use of a case study design, as it is well suited for intensive investigation of a historically situated example of a particular phenomenon, with an emphasis on providing a richness of detail. It allowed the researcher to understand the social context of a specific group of rural Ugandan women, and the role that this context plays within the processes through which they negotiate meaning when they engage with HIV and AIDS messages.

The case study deals with Mama FM, a community station that is based in Kampala, but which broadcasts to the surrounding countryside and includes rural communities in its audience. The station mostly broadcasts in local languages, including Luganda, which is spoken or at least understood by over 90 percent of the station's target audience (UBOS, 2006). Other languages include Kiswahili, Lusoga, Runyakitara, Ateso, Luo and Lumasaba. The case study further deals with audience responses to *Speak Out and Listen*, a radio programme broadcast on Mama FM. The selected programme deals with HIV and AIDS related education and is broadcast on the community radio station Mama FM.

This case study is very well positioned for the purposes of this research for three reasons. Firstly, Mama FM was established by women to address the issues that affect underprivileged communities, especially women. The station was set up, more particularly, by the Uganda Media Women's Association (UMWA). The association launched the radio station by mobilizing community participation in the form of a task committee comprising women members of parliament, non-governmental organizations with a gender-sensitive mandate, other women groups, and community leaders within their area of operation and potential donors (Nassanga, 2002). According to policy documents from the station, its overall objective is to empower those members of society that are least heard: this is understood to include women,

children, people with disabilities, and young people. The emphasis, throughout these documents, is on the active use of media for sustainable development (UMWA, 2003).

Secondly, Mama FM appears to have successfully implemented these ideals through their approach to programme management, drawing on well-established principles of community radio in running its operations. The station's management structures are designed, in particular, to facilitate close interaction with its target audience. This participation has been maintained, firstly, through a radio committee that oversees the operation of the station and scrutinizes the extent to which it is successful in putting into practice the principles of participative community radio. The station is then managed by a director who is supported by a small group of producers and presenters. This group, in turn, manages teams of volunteers from the local community, who assist in the production of programming. Interaction with this audience is further maintained through an outreach programme that helps to mobilize women contact-groups in the rural communities. The radio team mobilizes women within their localities, by involving them in radio 'listening clubs'. Each club, which comprises twenty members, receives a radio set from Mama FM. Following consultations with the clubs on when maximum audience can be mobilized, members are notified when a particular programme will be aired. This then is indicative that the station uses a participatory method which meets the needs of the researcher.

Thirdly, the station broadcasts a weekly programme, *Speak out and Listen*, which focuses on HIV and AIDS and which deals more specifically with the impact of the disease on women. The programme content tends to include discussions of how to avoid HIV infection, guidelines for care and support for people living with the disease, explorations of topics, such as the challenges caused by stigma and discrimination and the complexities associated with disclosure of one's status as someone living with HIV and AIDS.

According to the researcher's judgment, this station was likely to take cognizance of the lived experiences of rural women and how they impact on their engagement of media messages. The selected programme was also deemed to address the research question, which is particularly concerned with the role that HIV and AIDS communication plays in the lives of such women.

### 3.2.2 Using focus groups and key informant interviews

Focus group discussions were selected as the main method of research because they allow the researcher to personally observe how participants make sense of messages through conversation and interaction with each other. Focus groups are usually defined as small groups of people selected to participate in a carefully planned discussion on a defined topic, with the aim of using such interaction to produce data and insights (Morgan, 1998). Wimmer et al. (1991) point out that focus groups allow for rich information about a topic because the responses of participants are often more complete and less inhibited than those

from individual interviews. These characteristics are of relevance to the current study because of potential challenges in talking to rural Ugandan women about issues relating to HIV and AIDS. Researchers argue that such interviews “may be particularly useful in working with severely disadvantaged , hard- to -reach social groups, people who may be uncomfortable with individual interviews but happy to talk with others”( Macun & Posel,1998:16).

It was the researcher’s judgment that analysis of group discussions of selected examples of *Speak Out and Listen*’s broadcasts could provide valuable information about the way in which the programme’s audience interpreted its meaning, and how such meaning is embedded in the position of this audience within social relations. Within the supportive context of women-only group discussions, it also becomes easier for the participants to talk about subjects such as sex. This would probably not be feasible in a one-on-one interview conducted by a man. The focus group method also enables the researcher to capture the way in which participants ‘naturally’ talk about, make sense of, reason about and generate meaning in relation to specified issues, topics and phenomena (Hansen 1998). In the dynamics of a group, interaction patterns are close to those experienced in everyday life: they therefore elicit rich data from multiple viewpoints. Mouton (2004) argues that group work shows how meanings are generated and negotiated and may also reveal basic societal values; they are often used to explore opinions and attitudes. Conversations about the media we consume form a spontaneous part of the way we interpret media messages; hence it is useful to be able to create a context in which this naturally happens amongst the women in this study. Focus groups are also more cost efficient than individual interviews, given that a wide range of people can be interviewed at the same time (Hansen, 1998). In view of limited resources, it was therefore decided that group discussions would be suitable and cost effective for the purpose of this study. The researcher also recognized, however, that this research tool has a disadvantage in that some important individual views can be lost when meanings and opinions are negotiated in a group. Nonetheless, the advantages outweigh the disadvantages in terms of the aims of this study.

In addition, the researcher decided to conduct one-on-one interviews with key informants to enrich the data through authoritative commentaries. This research tool was used to compliment the insights obtained from the focus group data by drawing on other kinds of knowledge. A key informant interview is a loosely structured conversation with someone who has specialized knowledge about the study (Carter et al., 1992). The key informants in this study were individuals who, due to their official positions, level of experience, and specialized expertise, had unique information to offer compared to that of the individual members of the focus groups. The first key informant was Mrs. Gladys Kaddu, a community leader who knows the social-cultural context of her community very well. She had the skills and confidence to provide the detail that the researcher needed. She was, in particular, well positioned to help the researcher to better understand the project participants, their backgrounds, behavior and attitudes,

as well as the language and other culturally relevant considerations. She could, in particular, appreciate the story behind the focus group participants' experiences, as well as understand their beliefs and motivations.

The second key informant, Ms Florence Mahoro, was a veteran HIV counselor, who had lived with the disease for over 17 years and has experienced gender bias, stigma and discrimination when she was diagnosed with the disease.<sup>2</sup> She was the coordinator of the Post Test Club at the AIDS Information Center, a Kampala-based NGO (non government organization) that provides HIV counseling and testing services. Her unique skills and professional background, in terms of this study, made her a very valuable informant. These two key informants' inputs allowed the researcher to refine the data collection methods; they also helped to clarify some of the research findings.

One of the challenges in designing this study was allowing the key informants sufficient time to provide information that adequately captured their special knowledge and perspectives while at the same time keeping the interview focused on the needs of the study. It was also apparent to the researcher that analyzing the research material obtained from the key informant interviews would be challenging, since it is sometimes difficult to judge the validity of information received from one person. People's perceptions differ, they can make mistakes, and sometimes they may not be candid (Carter et al, 1992). To minimize the risk of subjective bias, in terms of the input obtained from the informant interviews, the researcher was mindful that such research material would have to be critically evaluated based on other sources of information and his own knowledge and analysis of the social context in which this case study is based.

### **3.3 Planning and implementing the fieldwork**

#### **3.3.1 The selection and recruitment of interview participants**

It was essential that potential participants for the focus group had to be a representative sample of the kind of audience who listen to or are targeted by *Speak out and Listen*. Participants were selected from women and girls who were members of Mama FM's listening clubs, and a few who were not. In research, a sample is generally understood to be a subset of the population that is representative of that population (in this case, the target audience of the show). As Mouton (1996) argues, "we talk of sampling when referring to the process of selecting things or objects when it is impossible to have knowledge of a larger collection of those objects" (1996:132). Researchers caution, however, against using unrepresentative samples which render a study inadequate for testing purposes as the results cannot be generalized to the population from which the sample was drawn (Wimmer & Dominick, 2004). In terms of this study, it was

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<sup>2</sup> Florence Mahoro passed away in 2010 ,may her soul rest in eternal peace

assumed that the potential focus group participants would have to be a suitable representative sample of the women who typify the radio listeners of the selected programme. In view of this, purposive sampling was used. As one way of ensuring such representivity, geographical considerations were taken into account. The research was based in one out of the three districts that are effectively covered by Mama FM because this can be regarded as a representative sample of the station's audience. There are no important distinctions between the three districts of Mukono, Wakiso and Mpigi, in terms of the kind of people who live there and the social issues they contend with.

### 3.3.2 Selecting radio programmes for discussion in interviews

After reviewing a number of programme samples, the researcher selected an episode that deals with the topic of 'disclosure'. The focus of this episode was, in particular, on how someone infected with HIV can disclose their status to their family members. The researcher chose to focus on a programme dealing with this topic because the question of disclosure is of central importance to the problems faced by communities such as the one represented by Mama FM's target audience. The topic is also of direct relevance to key concerns within the study, namely the role played within public communication around HIV and AIDS by the 'culture of silence' that exists in Uganda in discussions of sexual issues, and the implications of the policy of openness in matters of HIV and AIDS, as one of the major strengths of the Ugandan approach.

One limitation of using this particular broadcast of *Speak Out and Listen* as the central point of reference within the focus group interviews was that, in this episode, there had been no calls from listeners because the station's telephone line has been disconnected. Consequently, it was not possible to explore the women's response to calls from the listeners. With hindsight, it would have been preferable to have chosen a broadcast in which the call-back system was operational, given that such calls play an important role in the active involvement of the programme's audience. There is no doubt, in other words, that they enhance the interaction between the station and its listeners, which is a key characteristic of the model of broadcasting that is under investigation in this study. At the time of planning the study it was assumed, however, that while discussion of call-back would have added value to the research, this was outweighed by the importance of the particular topic dealt with in this broadcast. It should also be noted that failures of telephone systems are in fact typical of community radio in rural Uganda, given that stations tend to experience constant problems with technical resources. According to the radio station manager, Henry Lutaaya, essential services such as telephones are often unavailable, due to the limited funding of the station. Intermittent power cuts from the national grid (a very common feature in the whole country) also places limitations on the station's approach to programming. The station also often ends up balancing the requirement for call-back against demands for more pressing resources, when it needs, for

example, to decide between first buying diesel for the station's standby generator or paying up the telephone bill. It could be argued that focusing on a programme affected by this situation helps one to understand the context in which a community radio in Uganda operates and how this impinges on the programming and interaction with the listeners.

The researcher, whilst listening to the programme, identified a number of aspects of the approach to the topic of disclosure that could be raised with the research participants. These included the content of the radio programme, the main voices that were featured, the framing of the discussion, the level of detail that was pursued or left out in the discussion of topics and the entire approach to the process of disclosure. The researcher was also struck by the role of the anchor in facilitating power relations in the studio and therefore wondered about the level of competence and confidence of this particular anchor, especially since she was interviewing a male guest who was particularly assertive and made his authority felt in the studio. The researcher's perception was that because of the play of gendered relations of power in the studio, the anchor sometimes felt unable to pose questions that were in fact critical to the discussion. One such issue related to the concern about males on ARVs deliberately having unprotected sex with unsuspecting young girls. The researcher could discern tradition creeping into the studio, with the anchor not exploiting her authority as host to be able to openly challenge her guest on such a critical issue because of his authority as a man and as an expert. These observations were important in formulating the interview guide for the focus groups and key informant interviews.

### 3.3.3 The formulation of interview guides

Discussions with each group were designed to take two hours. This included a session of 45 minutes in which participants listened to the selected radio programme. The remainder of the focus group was then dedicated to questions about the participants' responses to the programme.<sup>3</sup> In designing these discussions, the researcher identified a series of topics that would need to be covered and also considered the extent to which he would need to prompt participants in order to encourage them to discuss these topics. A funnel approach, progressing from the general to the specific, was adopted. Non-directive questions (which allow participants to choose their own frame of reference and articulate their thoughts) were used first, followed by more focused questions that would require participants to discuss particular specific aspects of the problem (Hansen, 1998). This approach was used as it was considered particularly relevant in context of the group pertaining to the study. It was assumed that this would enable the researcher to establish rapport with the participants before going into the finer details of the study.

As the main questions that structured the focus group sessions as a whole, the participants were asked what they thought was the purpose of the programme, what issues it raised, what they thought it

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<sup>3</sup> A set of the questions is attached to the appendices

had accomplished, what it had left out, what problems they were likely to face if they used information from the programme and their suggestions on how such problems could be handled. After posing each of these broad questions, the researcher's intention was to prompt further, following up on the participants' initial answers in order to draw out more detail and clarifications. As part of this, the researcher aimed to ask the participants to draw on their experiences and to give examples so as to capture and contextualize the insights that underpinned their answers.

With regard to the interviews with key informants, a number of open-ended questions were compiled to ensure that the respondents had room to provide detailed responses.<sup>4</sup> The researcher's plan was, in particular, to begin by introducing the study and then asking the research participants questions about the radio programme. These questions probed the participants' responses to the content of the radio programme, focusing on their understanding of what the programme had achieved, what it had not achieved and how it could be improved. At every stage, the researcher would also ask the participants to give examples as one way of eliciting concrete information. They were also asked for their recommendations on what should be done to ensure successful health communication programming for rural women.

#### 3.3.4 The strategy for managing the interview processes

Cognizance was taken of a range of principles that, according to the literature, impacts on the success of fieldwork, during the designing of the plan for focus group discussions. One such principle was that researchers should bear in mind that the location of focus group meetings inevitably exerts a 'framing' influence on the nature of the participants' responses. In view of this, it was decided to hold the discussions in venues where the participants would feel relaxed and unencumbered. Gamson (1992) stresses the need to for people who know each other to meet on familiar turf rather than a bureaucratic setting. With this principle in mind, the first focus group was conducted in the village home of the researcher's go-between. The second focus group was held in the home of a community leader in the village, where women usually meet. In both homes, the researcher was the only male present. In the researcher's judgment, this arrangement helped to ensure that the women could speak more openly and freely.

From the outset, it was realized that challenges would be encountered in recruiting rural women as participants in the focus group discussions. This was largely because such participants were likely to be reticent, given the conditions described earlier in Chapter Two. The researcher had already noted, in other contexts, how the specific cultural environment of rural communities in Uganda leads to situations in which women are more reticent to speak publicly about issues of sexuality. In his view, it would

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<sup>4</sup> A copy of the interview guide is attached to the appendices

benefit the study to involve a woman in the facilitation of the focus group discussions. For this reason, a woman research assistant, Ms Lillian Mukisa, was recruited. She was employed locally as a social worker who, as part of her responsibilities, interacted with rural groups in the district and was well known and trusted amongst the women. She acted as the researcher's intermediary, both during the recruitment of participants and also during the actual discussions. She was briefed on the background, aims and objectives of the study, and based on this she was able to contribute to the success of the fieldwork. She helped identify and recruit a representative sample of women from each of the two villages. The sample comprised married women, widows, single women who had not yet married, women who have experience in caring for people with HIV and women openly living with HIV. The age composition was also significant because it was representative of the Mama FM target audience, namely women between the ages of 15 to 45 years. Throughout the interviews, Ms Mukisa helped to probe these women for more information. This generated rich and detailed information that enhanced the research findings. She also helped to identify suitable venues for the discussions.

Another principle that was taken into account was the need for good group facilitation. As facilitator, the researcher needed to ensure that the discussion remained on course, while eliciting a wide range of opinions on the subject. In order to make this task more realistic, the interview guide purposely kept questions to a minimum. It was assumed that this would give the participants more time to draw on their own experiences to illustrate their comments about the talk show. The researcher was aware, however, that in order to ensure the success of the focus group process, close attention would still have to be paid to his role during the group discussion. Hansen (1998) argues that one of the principle roles of a moderator is to ensure that the issues, topics and foci outlined in the interview guide are covered in the course of discussion, within the constraints of time. They should ensure, furthermore, that a reasonable balance of contributions is maintained and that no single individual dominates the group. The discussion should also be kept on course and not allowed to drift off in directions of little or no relevance to the study (Hansen, 1998). These recommendations were noted by the researcher, especially the need to ensure that certain participants do not dominate the discussion. As Liebes and Katz (1990) argue, group dynamics are such that opinion and participation are not equally weighted; some people have disproportionate influence. To minimize this possibility, the researcher structured a discussion into the start of the session to cover the need to give each participant a chance to express her opinions. As a follow-up, during the discussions, the researcher deliberately asked the opinions of participants who tended to keep quiet about particular issues.

Preliminary research conducted in rural areas established that, in spite of the culture of openness in discussing matters of HIV at the national level, people in rural areas, especially women, were still largely unwilling to talk about the disease and how it impacts on their lived experience. It was therefore

obvious to the researcher that that it would be crucial to establish the necessary rapport with the participants which would allow them to overcome such barriers. Of particular importance would be the creation of a relaxed atmosphere where all the women would feel free to discuss the topic. In order to ensure such an atmosphere, the plan for the focus group included providing some light refreshments during the discussion<sup>5</sup>.

Based on the role of a friendly environment the researcher regarded the discussions that resulted from this fieldwork as being very successful. One indication of this was that, during the focus groups, the participants requested a replay of particular segments of the talk show to refresh their memories. This request indicated to the researcher that the focus group participants were invested in the interview process, and wanted to make the most of the discussion. The request for replay was readily agreed to because it was important to ensure that all the participants were able to engage adequately with the programme so that they were able to compare its content with their own experience of living with HIV and AIDS. One major problem that was experienced during the focus group stage was the expectations of payment from the participants. Payment expectations are a major problem now facing most research projects in the country; some civic organizations working in the HIV sector have a policy of paying an allowance to participants, so it was generally presumed that the same would apply in this study. When it was explained at the beginning that there would be no payment, two of the participants in one of the focus groups opted to leave. One of them was a person who has openly lived with HIV for eight years, so she would have been very useful in articulating experiences that are representative of women living with HIV. Since one of the key informants was a person living with HIV, she addressed specific questions regarding the particular experience of women infected with HIV in terms of her personal experiences.

The researcher decided to record the group discussions on audio cassettes and also to make notes of key points to be followed up, as the discussion progressed. He was able to refer to these notes during the interviews with key informants to ensure capturing of specific comments of major issues that were mentioned by the participants. In designing the focus groups, he also took note of the need to inform participants that the sessions would be recorded, and to discuss the implication of such recording. It was acknowledged, in the design of this aspect of the discussions, that participants should be made aware from the beginning that recording will take place. They should, furthermore, be reassured where appropriate of the confidential and anonymous use of the material (Hansen, 1998).

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<sup>5</sup> Sharing of food and drinks is a key aspect of hospitality and establishing rapport in rural Ugandan communities

### **3.4 Analyzing the interview material**

Guidelines were developed to identify which responses were of particular significance to the study and how they could be used to formulate conclusions for this research. These guidelines are attached in the appendices at the end of the study. The analysis of data was underpinned by the intention of the study in order to ensure relevance.

The researcher used qualitative data analysis, which comprises methods of investigating a specific topic by identifying, examining and interpreting specific patterns and themes, usually in written or textual forms. This method of analysis is of particular value for exploring the way in which individuals who are based within a given social context make sense of their own social experience. Analysis of qualitative data involves the examination of words in written, verbal or audio forms in order to assess such processes of construction. This method helped the researcher to increase his understanding of the data and interpret the results.

Analysis of data began during the fieldwork phase of the research process because the researcher sensed that the facilitation of focus group discussion in itself operated as a form of analysis, as did the observational notes taken during this process. Translating the discussions from Luganda to English and then transcribing without losing their meaning was challenging. Although every effort was made to accurately translate the proceedings, some of the statements, especially the idioms, adages and reference to folk lore, were so richly embedded in tradition that they have no synonym in English. To ensure that the original meaning of the comments made by the women was not lost in translation, use was made of the nearest equivalent in English since the researcher has knowledge of both languages.

The final analysis of the material involved a process of sifting through the interview responses, highlighting and sorting quotes and making comparisons both within and between the focus groups. The actual words used in the interviews and their meaning, the context in which they were used, the frequency and intensity of the comments as well as the consistency of particular comments, were considered as part of the process of analysis. The researcher was conscious that the interpretation of the material needed to be done with reference to the surrounding socio-cultural system; this allowed him to focus on those materials that clearly were of importance to the research aims and objectives.

Thomas et al (1996) caution against the subjective selection of quotes, sometimes seen in presentations of qualitative data. Their argument is that it is difficult for readers to understand how certain materials are chosen over others and why certain quotes take precedence over those which never appear. One task for an analyst is therefore to closely look at the types of responses generated in relation

to the headings and specific foci determined by the research framework and set out in the interview guide. The researcher carefully studied all the comments that were made, both in the groups and key informant interviews, and focused on those that best illustrated the views of the participants as regards to the research question. Then, through a process of paraphrasing and direct quotes, accompanied by explanatory notes, he drafted them into a report for this study.

### **Conclusion**

It is the view of the researcher that the overall research design met the needs of the study in terms of access to interview material that was rich in detail and that sufficiently answered the research question. The material enabled the researcher to gain insight into the women's experiences so as to evaluate the extent to which the *Speak Out and Listen* show responded well to their particular needs. These insights are mapped out in the discussion of the findings of the study in the next chapter.

## CHAPTER FOUR: RESEARCH FINDINGS

### Introduction

This chapter presents the findings of the empirical research that was conducted for this thesis. It draws, for this purpose, on the research material that was generated during focus group discussions with women who were members of listener clubs associated with the Mama FM. It also refers to interviews conducted with key informants. The emphasis, throughout, is on summarizing overall themes that emerged in the focus groups with regards to the women's evaluation of the selected radio programme, measured against their own experience of living with HIV and AIDS.

References to the quotes from the focus group participants and key informant interviews are cited in italics to distinguish them from the rest of the study. In the case of references to the focus groups, pseudonyms are used instead of actual names because the participants requested anonymity to ensure they would not be identified in their communities. It should be noted that this highlights the culture of silence that is imposed on the discussion of sexual issues as well as the inferior position that society imposes on the rural women. The key informants, on the other hand, expressed no reservations about being clearly identified by name and position.

It is important to remember that direct quotations from the focus group material are translated into English from Luganda, as it was spoken by the research participants. The participants adopted a formal register of speech and, also made use of idiomatic expressions that are typical of Luganda as it is traditionally spoken in rural areas. The researcher attempted in his translation of the interview material to capture the nuance of tone and expression, in order to do justice to the ideas and emotions that the women were articulating. The formality and complexity of speech is, therefore, reflected in the English translation.

Section One deals with the women's responses to the overall framing of the topic that is dealt with in this particular episode of *Speak Out and Listen*, namely the challenges involved in disclosing one's status as someone who is HIV positive. The section focuses, more particularly, on the participants' assessment of such framing, measured against their own experience of living with HIV and AIDS. Section Two draws out the participants' perspectives on the solutions that the programme offers with regards to dealing with the challenges associated with disclosure. The focus is, again, on participants' assessment of the relevance of this programme content to their own life experiences. Section Three examines the views of the participants regarding the level of depth and detail with which the programme deals with the topic of disclosure, and teases out issues that they felt were not well articulated.

In order to make sense of the participants' comments on the show, it is important to understand that they were not all regular listeners to this programme. Out of a total of nineteen participants in the focus groups, only eight women indicated that they had in the past tuned in to *Speak Out and Listen*. Five of those who had not listened to the show before explained that their husbands control the radio sets in their homes, and that they (the husbands) prefer to listen to music and sports, especially football. Four participants said that they do not have time to listen to radio and two said that they did not have radio sets at home. These comments are a reminder that one has to bear in mind the limitations that rural women face in accessing discussions of HIV and AIDS on radio, and how this impinges on their engagement with such media. The participants' responses to the programme after listening to it during the focus group session nevertheless provided insights into its significance to them as potential listeners.

The discussions also revealed that, even for those participants who do have access to radio and are able to tune in to *Speak Out and Listen*, there are contextual factors that impact on their ability to engage with the show. About half of them said that they regularly listen to radio but that such listening is never something that happens on its own. The context of reception is usually characterized by some other main activity, such as cooking, or other domestic chores. One of the women in the focus groups described her own experience of listening as one in which radio forms a general backdrop to her daily activities:

*There is no special time for [listening to] radio. We listen while we do our work, washing clothes, cooking, feeding children, or cleaning the house. However, if there is popular music playing on the radio, I enjoy it more because it does not demand special attention, it fits into my work schedule; I just hum along, and may be later think about the message therein* (Ms Halima Namusisi, focus group one participant, 25 April, 2008, page 2).

Such a listening environment is likely to impact on the engagement of the women with programme content. As such, it points to the need for producers to be creative in their approach to programme design to ensure that it captures the attention of women.

#### **4.1 The programme's treatment of the challenges of living with HIV and AIDS**

There seemed to be general agreement, within both focus groups, that the participants felt positive about the fact that the show focused on disclosure. They repeatedly noted that this choice of show topic was very relevant to their own experience, as rural women, of living with HIV and AIDS. As the following two quotes demonstrate, at least some of the participants' impressions were that women from their communities are often not informed by their husbands that they are suffering from AIDS:

*Men do not always open up to their wives when they get infected. Sometimes, men have been known to secretly go on treatment without disclosing their status to their wives. I discovered that he had AIDS after his death when I read his hospital records (Mrs. Irene Sematiko, widow, focus group one participant, 25 April, 2008, page 3).*

*It may take a rural woman time to know that her husband is infected, because he does not live with her every day, he only visits on some weekends at regular intervals from his place of work. Sometimes he has another family in the city without her knowledge (Ms Madina Kijjambu, focus group one participant, 25 April, 2008, Page 4).*

The participants noted, furthermore, that issues which surfaced tangentially in context of the programme's focus on the topic of disclosure were also worthy of discussion, since they are typical of the challenges that women in rural areas are faced with on a daily basis. Here they identified three issues as being of particular relevance: the burden of care that is expected of women by the community in which they are based; the increased risk to women of HIV infection that results from living in polygamous relationships; and the need for writing wills that will make provisions for the family once the husband dies.

Most of the participants also explained that they appreciated the opportunity offered by the show to discuss subjects such as sexuality and HIV which are considered 'taboo' in their communities. They valued the chance to be exposed to such discussion in the context of the radio show, and the majority generally agreed that such subjects are not usually discussed, as the following quotation by one of the women illustrates:

*Given the culture of silence that governs sexual matters, we would not under normal circumstances discuss such matters, let alone with a male stranger. The show has given us an opportunity to learn new ideas, for example about HIV testing and the need for writing a will (Mrs. Nalongo Mukiibi, focus group two participant, 30 April, 2008, Page 2).*

Many of participants, and both key informants, were nevertheless critical of the way in which the programme framed the topic of disclosure. They argued repeatedly that such framing tended to be based on assumptions about gender which limited the kind of discussion that was possible. It was pointed out, for example, that throughout the show the assumption appeared to be that the person who discloses is male and that those who take care of such a person are females. Namukasa, one of the focus group participant who has HIV, said that the show addressed women as care-givers in society and not as sufferers. She proposes that, in reality, women are more vulnerable to infection because they live in a male-dominated society.

One of the key informants agreed that there was a tendency for some people on ARV therapy, particularly 'rich men' to start behaving recklessly by taking on new sexual partners, especially unsuspecting young girls. They also suggested that such people are less likely to practice safe sex:

*When a man loses a wife in the city, they just move to the rural areas and marry a new wife, usually a young girl; nobody will suspect that they may have HIV. The most important issue will be whether he can pay dowry, which remains a major source of income for rural families (Mrs. Gladys Kaddu, key informant, 5 May, 2008, page 2).*

Namukasa also notes that, the nature of women's social responsibilities further enhances their vulnerability to infection. She spoke, in this context, of the role that women often play, in rural areas, as midwives:

*The show does not discuss the plight of women when they are infected, yet we suffer much more than men. Generally the women are more susceptible to getting infected, for example in traditional birth settings. These are risks which men are never exposed to (Ms Susan Namukasa, focus group two participant ,30 May, 2008, Page 4).*

It was felt that, possibly because of the assumption that the person making the disclosure was male, the programme did not adequately acknowledge the difficulties associated for women with disclosure of their HIV status. Both focus groups tended to agree that, for women, disclosure is an especially complex matter, given the culture of silence regarding sexual matters in their communities and more particularly the implications that the breaking of such silence has for women. Mrs. Kaddu explained that as part of the socialization process, certain principles are instilled right from childhood and are re-echoed during pre-marriage counseling for young brides by their 'aunties':

*The Luganda statement, 'Ebyomunju tebittotolwa' literally meaning that domestic issues are never to be discussed outside the home, is a cardinal principle that is instilled in the girl child, right from childhood. It forms the basis of the culture of silence that characterizes sexual relationships in Ugandan rural communities (Mrs. Gladys Kaddu, key informant, 5 May, 2008, Page 2).*

This view was also expressed in one of the focus groups;

*How can you start telling people that you have HIV? It may be deemed as an admission that you have been unfaithful in marriage. I would not discuss it with outsiders because of fear of stigma and discrimination for my family. Domestic matters are not to be discussed outside the home (Mrs. Faith Senga, focus group 2 participant, 30 April, 2008, page 4).*

The participants also identified problems in the programme's treatment of the other topics that happened to come up for discussion in the show. Many of the participants felt, in particular, that the complexities involved in women's role as care-givers were not fully acknowledged in the programme. In order to explain this point, they described the daily labour involved in such care, and the extent to which this takes over women's lives:

*You need to share a woman's experience that has cared for an AIDS patient. We are talking about diarrhea; we have to fetch water to wash the soiled bed sheets, to help bathe patients who may have sores, sometimes without gloves (Mrs. Maama Kasato, focus group one participant, 25 April, 2008, page 4).*

Two participants noted, in this context, that they have had to abandon their routine domestic tasks to nurse the sick. As such, the key role that they play in the maintenance of resources that ensure the welfare of their families, such as food provision, becomes compromised. The depletion of such resources, in turn, impacts on their ability to adequately care for those that are ill. Such implications are not acknowledged by the programme:

*Food production, which is one of our main responsibilities, is affected. This has very serious implications for the family's food security, there isn't enough to eat, let alone a balanced diet. Yet the show highlights adequate nutritional needs for AIDS patients as a prerequisite for proper management of the disease (Ms Namuwaya Madalena, focus group one participant, 25 April, 2008, page 5).*

Some of the participants also argued that the show does not adequately acknowledge the material conditions that impact on care giving. As one participant explains, for example, that the help that they are expected to provide to the sick impacts on their ability to fulfill their more general role as care givers, placing further strain on them::

*We suffer very much when we nurse the sick, especially our husbands. This is an almost full time responsibility, yet we are still expected to perform our other duties in the home (Ms Ida Nabatanzi, focus group two participant 30 April, 2008).*

Mahoro notes that questions of women's vulnerability to HIV can best be appreciated by analyzing gender roles in the communities where the study was done:

*Roles for women and men are pre-determined, everyone knows their place. It helps one to understand what it means for men and boys when society says they must be confident, aggressive and adventurous. Similarly, it allows one to look at how women and girls face vulnerability through the passive role that society imposes on them in sexual matters (Ms Florence Mahoro, key informant, 7 May, 2008, Page2)*

A number of the women also noted that while they stay and care for their husbands till the end, this is not reciprocated when women fall sick first. They said that it was common for some men to abandon their wives at such times, or have them returned to their parents for care, who are usually elderly women themselves:

*Given the polygamous nature of marriages, the man will simply go to stay with his other wife (or wives) and abandon the ailing one; nobody really expects men to stay around to nurse a sick woman; that is not their role (Ms Madina Kijjambu, focus group one participant, 25 April,2008, page 4).*

A similar perspective was repeated in the second focus group:

*Caring for the sick is a woman's role; it is very common to withdraw girls from school to care for a sick family member if the wife is unable to, everybody takes this for granted (Ms Ida Nabatanzi, focus group two participant, 30 April,2008,page 5).*

The gravity of this burden becomes more apparent when one considers the extent to which the women go as part of their responsibility towards care. Some of the participants pointed out another aspect of the burden of care, namely, when an infected husband improves, especially with the availability of ARVs then he in most cases expect to continue having unprotected sex with the wife. Ms Mahoro referred to such a particular case:

*We have received many cases of women complaining about domestic violence as a result of rejecting their infected husbands' demands to have unprotected sex. I had to advise one of my clients to leave her abusive husband when the beatings became too much. We referred the case to police because he followed her up where she had gone and battered her again (Ms Mahoro, key informant, 7 May 2008, page 6).*

One perspective that was repeatedly emphasized by a number of participants was the increased vulnerability of women to HIV infection within the relationship of marriage. This was largely attributed to men who were said to have multiple sexual partnerships. One participant shared her personal experience:

*When I refused to have unprotected sex with my husband because of his rampant extra marital affairs, he called me a rebel and chased me from our house. He even refused to pay the children's school fees. Now I am struggling to bring up my children on my own (Ms Blandina Katana, focus group one participant, 25 April,2008, page 5).*

The participants suggested that one way in which the show could have dealt differently with the question of framing would be to foreground women's voices more. Here they commented, firstly, on the choice of studio guest. They agreed that the choice of a male guest for this programme was not helpful. This view was clearly brought out by one of the key informants:

*Whose voice is being heard? As usual, it is a man talking to a woman; It would have been very useful if the guest was a woman, preferably one with experience of HIV, because then the audience would have closely identified with her (Ms Mahoro key informant, 7 May, 2008, page 1).*

Most of the participants felt that a woman guest would have further enriched the discussion through sharing her experiences:

*Our experiences are different; we have personal stories to share, from handling our children, relatives and husbands when they fall sick. The men leave in the morning and return late in the night. We stay awake at night while they sleep ( Mrs. Lukia Bulago, focus group one participant, 25 April,2008, page 4).*

One of the informants felt that this situation was exacerbated by the tendency of the anchor to allow the guest to take control of studio discussion. It was pointed out that the anchor gives the guest an unchallenged run to discuss his views, so much so that he appears to dominate the programme completely. This, she argued, reconfirmed the assumption that men are 'all knowing.' She noted that this framing of discussion is typical of gender relations in their communities:

*Usually men speak down to the women, and women are not expected to interrupt or challenge them. This imbalance implies that there is no room for discussion; in the homes, women are supposed to follow men's decisions unquestioningly (Mrs. Kaddu, key informant, 5May,2008, page 2).*

From the above responses, it is clear that the participants appreciated the opportunity of discussing topics that are normally regarded as a taboo. At the same time, they were critical of the way that the topic was dealt with, particularly with regards to its acknowledgement of gender politics. In commenting on this, they could identify and speak in articulate terms about the challenges that they face in their communities, as women, in relation living with HIV and AIDS. It is, indeed, possible to identify, within the comments that they make, a critical consciousness of the disparity in gender roles that are determined by tradition in Ugandan rural society. In fact, throughout the focus group discussion, they expressed acute awareness of

the low status that society imposes on them, and the implications that this has for the role accorded to them with HIV and AIDS debates. Their suggestion seemed to be that this issue of status needs to be acknowledged in programming dealing with women's experience of HIV and AIDS.

#### **4.2 The programme's treatment of solutions and guidelines for living with HIV and AIDS**

The focus group participants generally agreed that the advice offered in the show with regards to confronting the difficulties of living with HIV and AIDS often did not engage with rural women's social experiences. Their perspective was further clarified by key informants, who pointed out that much of this advice was informed by accepted policies around the management of HIV and AIDS education, as articulated in government driven HIV and AIDS campaigns. The programme referred, for example, to the ABC strategy, as one of the standard policies around HIV counseling and testing (HCT) and to official guidelines for accessing ARV therapy. Mahoro points out, for example, that Ugandan women are largely unable to benefit from the ABC strategy, because sex is traditionally controlled by men:

*First of all, once married, abstinence for women ceases to be a preventative measure; secondly, even if we stay faithful, our husbands can still bring the virus home from extra-marital relations; neither can we stop them from marrying new wives; thirdly, and most importantly, men are very reluctant to use condoms during sex with their wives, even when they have HIV (Ms Mahoro, key informant, 7 May 2008, page 5).*

Participants in the focus groups also noted other factors, such as limited access to condoms and lack of empowerment, which make the ABC model particularly ineffective to rural women:

*Availability of condoms in rural areas is still a major challenge; however, even if they were readily available, we would still need money to buy them, yet we largely depend on men for sustenance even for the smallest needs (Ms Lydia Balaba, focus group one participant, 25 April, 2008, page 6).*

Another concern was expressed around the use of condoms in a typical rural Ugandan setting:

*Even if we were able to access condoms, we would be unable to negotiate their use with our husbands. This would imply a woman who is unfaithful. It would most certainly provoke a beating (Ms Lucy Nakato, focus group two participant, 30 April, 2008, page 6)).*

This view was further commented on by one of the key informants:

*You must understand that sexual relations are strictly bound by certain principles. Suggesting use of condoms would be quite unusual, because Ugandan rural women are not expected to take the lead in sexual matters, let alone suggesting new methods of having sex. Moreover, correct and consistent condom use in rural areas is not common* (Mrs. Kaddu, key informant, 5 May 2008, page 3).

The participants also commented critically on some of the more specific points of advice relating to the matter of disclosure offered within the show. One such area of advice related to HIV testing, and here they referred to the proposal that one should be tested as a pre-condition to ascertaining one's status before disclosure. Most of the focus groups' participants noted that while they may know where HIV testing facilities are, they still need money for transport. A number of them explained that they also need permission from their husbands to do such travelling. Furthermore, even when women are given such permission, they need to have the necessary funds to cover transport and to make use of the facilities offered at test centers.

*Such women usually do not have money to pay the requisite costs. Although government health facilities are meant to offer free services, usually there are very few doctors or counselors on duty, no testing kits, or free drugs to dispense* (Mrs. Kaddu, key informant, 7 May,2008, page 3).

This situation, according to a participant , is exacerbated by women's financial dependence on men:

*The long distance to the testing center discourages many of us to go, and unless my husband gives me money for transport I will not afford it. I tried it once and he rudely asked me why he should pay the fare to the center when I was not sick* (Ms Grace Nabukalu, focus group two participant, 30 April,2008, page 5).

Furthermore, even if the women could somehow raise the money to pay for the required costs, they would still have to seek permission from their husbands to travel to the testing centers, as the following quote indicates:

*My husband will not allow me to go... I would readily go to the testing center if my husband allows me, or better still, if he comes with me* (Mrs. Nalongo Mukiibi, focus group one participant, 25 April,2008, page 5).

The women noted that the assumption should not necessarily be that women have to be tested on their own, since this causes problems when they return home. The plight of the women, once they are found to be infected, was illustrated by one of the participants:

*If I went to the testing centre and came back positive, he would accuse me of having been unfaithful and bringing the virus home. He will chase me out of the marital home (Mrs. Shifa Ssimbwa, focus group one participant, 25 April, 2008, page 5).*

Ms Mahoro noted that at her place of work, the AIDS Information Center, they encourage clients to come as a couple but men rarely do so:

*We always advise our clients to come with their spouses if they are married or with their partners. It is more effective to counsel them together because they receive their results together. However, most of the time the men do not turn up (Ms Mahoro, key informant, 7 May, 2008, page 6).*

She stated that involving men in HIV testing and counseling may gradually help to reduce the barriers of disclosure:

*It may also facilitate behavioral change among couples because men generally have more control over sexual matters in our communities. Men as the decision makers hold the key to the reduction of HIV rates (Ms Mahoro, key informant, 7 May, 2008, page 6).*

A second area of advice dealt with in the show related to accessing ARV therapy. Here, again, the participants felt that the approach adopted by *Speak Out and Listen* did not indicate sensitivity to the nuances of local experience. They proposed, in particular, that there was a need to highlight a growing complacency among sections of the Ugandan population with regards to practicing safe sex. They suggested that such complacency resulted from the fact that Ugandans are increasingly regarding ARV therapy as a cure for AIDS. They also felt that there is a need for radio programmes to acknowledge the complex role that ARVs play within social relations that typically exist within rural families. They referred to an instance in the show in which the guest notes that he has been on ARVs for the past four years. He comments, further, that his family, especially his eldest daughter whom he lightly refers to as his 'family doctor' because of her constant attention, has provided him with a lot of care and support in adhering to the drugs. This, the participants maintain, was not reflective of the experiences of the programme's target audience. They pointed out that such family support could not be taken for granted as it was rare. Furthermore, they added, there was not enough information, both nationally and within the programme, about the appropriate use of ARVs, especially among rural communities.

The women referred to a moment in the show in which the guest argues that there is no need to discriminate against people infected with HIV because of the availability of ARVs. The guest said that with the availability of such therapy, HIV has now become a 'manageable disease'. The women noted that, in fact, ARVs are mostly available in urban settings where people have the means to access them:

*Such cases are not typical in rural areas. You cannot even find free aspirin at the local health center; how then can you say that ARVs are readily available? Here, our people still die a slow painful death* (Mrs. Tezira Lwanga, focus group two participant, 30 April, 2008, page 5).

A fourth area of advice on which the participants commented related to final part of the show, which discusses writing a will. They opined that the show should have emphasized the need to uphold women's rights when their husbands die. They stated that, in reality, rural women usually suffer deprivation when they become widows and are at times forced to be 'inherited' by relatives of their husbands. This is illustrated by the participants' and a key informant's examples of such scenarios.

*Widows are sometimes forcibly 'inherited' by the man's relatives; if they resist, they can very easily be thrown out of the home. They do not care that she may have HIV. We know of a family in the village that has lost three sons through such inheritance* (Ms Madina Kijjambu, focus group one participant, 25 April, 2008, page 6).

*Women suffer a lot when their husbands die. It is very common for relatives of the man to grab the property from the family. It becomes worse if the man was wealthy-every family member wants to take something. This means the family will live an impoverished lifestyle* (Mrs. Tezira Lwanga, focus group two participant, 30 April, 2008, page 6).

*Once a man's family pays dowry, the woman is regarded as their property. She has to stay in the family even when her husband dies; as part the family responsibility, a male relative is entrusted to care for the deceased's family, and this usually includes having a sexual relationship with the woman* (Mrs. Kaddu, key informant, 5 May, 2008 page 3).

The participants appeared to be arguing generally that, in formulating advice for women with regards to HIV and AIDS, programmes such as *Speak Out and Listen* need to explicitly acknowledge that tradition tends to treat women as inferior to men. This includes men taking decisions about women's movements, especially their right to travel on their own. The suggestion for partners to test together brings out the matter of joint responsibility. It also implies that a person who has disclosed his/her status as someone infected with the HIV virus should not be singled out as to exist separately from their relationships to those around them. A key insight of this research is that women have important proposals to offer as to how an HIV and AIDS management system should work.

#### **4.3 The depth and detail of the programme's treatment of social context**

It is evident from the discussion above that the participants were critical of the extent to which the programme acknowledged social context. They state, in particular, that it left out important issues relevant to its target audience. They also suggested that even when such issues were acknowledged, these

were not always explored with enough depth and detail. Ms Mahoro notes, for example, that the show should have dealt in greater depth with the need for HIV testing before moving on to the matter of disclosure:

*Only 40 percent of all people in Uganda have gone for HIV counseling and testing. Most of these are pregnant mothers who go for antenatal clinics, while a smaller number include those who are planning marriage* (Ms Mahoro, key informant, 7 May, 2008, page 4).

Mrs. Kaddu, on the other hand, was of the opinion that the show should have expanded more on the social factors that increase women's vulnerability to HIV infection. Here she refers to the role played in this respect by the prevalence of multiple sexual partnerships:

*Traditionally, it is socially acceptable for a man to marry several wives. Yet in most cases they fail to adequately provide for all their needs, so chances are high that one of the women may also have a side relationship. This increases the risk of HIV infection for all the partners* (Mrs. Kaddu, key informant, 5 May, 2008, page 3).

This perspective was also repeatedly emphasized by most of the participants in the focus groups, who explained that there is a tendency for men, including those who are married, to have casual short term sexual affairs during social functions at weddings, funerals, at social get-togethers and at places of work. They noted that sexual relationships such as these, sometimes occurring over several years, link all the partners in a sex network that enhances the spread of the disease. It was also pointed out that partners in such relationships rarely have protected sex.

The participants also explained that the material value that is traditionally attached to women and children within family arrangements also impacts on their vulnerability to infection. Here it was noted that, traditionally, women and children are still regarded as a source of manual labour to till the land. Hence the more wives and children a man has, the more affluent he is likely to be. Moreover, girls are still regarded as a major source of wealth through payment of dowry when they are married off (MoLGSD, 2007). In addition, having many children is regarded as a form of insurance against death:

*Traditionally, rural families wanted large families because of high infant mortality rates then. If some children died, some would survive. While the general health conditions today have ensured a reduction in child deaths, the preference for many children still lingers on* (Mrs. Kaddu, key informant, 5 May, 2008 page 4).

The participants generally felt that a programme such as *Speak Out and Listen* should have acknowledged these more general aspects of social-cultural context. Furthermore, they also argued that the show did not adequately highlight the more particular challenges that women face with regards to HIV disclosure.

Ms Mahoro reiterated the importance of the participants' statements in this regard, citing her own experience to illustrate this argument:

*It took me close to two years to disclose my status to my family, yet I was already working at the AIDS Information Center and counseling other people, talking about HIV in meetings. In one meeting there were news reporters and they published the story in their papers the following day; my eight year old son came back crying from school, saying his friends had told him that I was going to die. We both cried, then sat down and I explained everything to him. It was as if a heavy load had been lifted from my heart (Ms Mahoro, key informant, 7 May,2008, page 5).*

She cited the major barriers to disclosure faced by women as being fear of abandonment by their husbands, fear of domestic violence, and the impact on family members, especially children.

There was a general agreement that the show did not sufficiently acknowledge that stigma and discrimination are still very high among rural communities. A number of the participants cited personal experiences to illustrate their argument.

*My troubles started when the pastor at our church insisted that we must go for an HIV test before marriage. My results indicated I was infected while my fiancé was not. The Pastor declined to wed us, and he told the church elders the problem. From that day on, everybody treated me like a leper. They called me names. I had to leave the church (Ms Olive Nankya, focus group one participant, 25 April,2008, page 5).*

*If you really care about your family, you need to be very careful about whom you disclose to, that very person may ruin you by gossiping about you. That is what happened to Maama Grace. She confided in a friend, within a short time, her food kiosk in the market had closed, nobody wanted to eat from there (Mrs. Kate Namusoke, focus group two participant, 30 April,2008, 5 page).*

Such views tend to imply that while Uganda appears to have a strong national HIV response, comprehensive knowledge about the disease is still lacking in the communities. The social networks within communities tend to exacerbate the problem, as one of the informants pointed out:

*You have to be very careful. Here, everybody knows everybody else's business. People discuss other people's lives. Before you know it, you will be a subject of gossip in the village. Other families will warn their children to keep away from your family, you will be stigmatized (Mrs. Kaddu, key informant, 5 May 2008, page 4).*

Mahoro said the process of disclosure is so hard that counselors have devised role-play as part of the training for the women before they decide when and whether to disclose:

*We keep rehearsing and even change roles, with the counselor and the client taking turns as husband and wife. This is an elaborate process and sometimes takes up to three weeks before we feel that the woman is confident enough to disclose. Before disclosure, clients are given skills in mobilizing peer and family support, which are very necessary once someone openly declares that they have the virus (Ms Mahoro, key informant, 7 May ,2008, page 7).*

Most of the participants agreed that there are more negative consequences for a woman when she discloses her positive status than there are for a man. They felt that the show did not acknowledge these differences:

*When a man discloses, the woman is expected to understand, and to be there for him. However, the opposite applies when it is the woman disclosing; she will most likely be battered, or thrown out of the marital home. She will be a disgrace to her family (Mrs. Peace Balaba, focus group one participant, 25 April, 2008, page 6).*

It was further pointed out that disclosure does not mean that one will get automatic family or community support. However, a number of the participants said this was not the case, as the quote below indicates.

*In most cases, if a woman discloses her status, she is more likely to be stigmatized by her family, thrown out of the marital home or be abandoned by her husband (Mrs. Lukia Bulago, focus group one participant, 25 April, 2008, page 7).*

Mahoro notes that, in order to appreciate the complexity of HIV disclosure, it is important to expand the definition to include the process and not just the outcome of disclosure. It is necessary, in particular, to acknowledge the numerous factors that influence the decision to disclose, including individual psychological state, personal communication skills, anticipated reactions and individual motivations for disclosure. In her judgment, these matters were not adequately addressed in the show.

## **Conclusion**

In the discussion of the *Speak Out and Listen* programmes, the researcher pointed out that the show takes cognizance of its own status as a 'background medium' through, for example, the frequent use of thematic music containing HIV and AIDS related messages, and also by attempting to grab listener attention by making use of innovative techniques such as 'mini-dramas.' This is an acknowledgement of the need to use creative methods in communicating HIV messages and in a way that is relevant to the social context of the target audience. Furthermore, the *Speak Out and Listen* programmes do not consist only of studio discussion. They also make regular use of music that contains lyrics of direct relevance to the topic as well as mini-dramas that deal with the issues explored in the shows. All the participants in the focus groups agreed that these programming techniques helped them to understand and appreciate the show

content. They explained that these were familiar modes of communication within their communities. The method of counseling offered at the AIC provides possible opportunities for the *Speak Out and Listen* show because role-playing, as well as music, are common forms of expression in rural communities.

It is argued in the literature that the ABC strategy which is promoted by the Ugandan government clearly has shortcomings in that it mostly favours men, who are the decision-makers. Yet the participants ably presented the limitations imposed on them by tradition in matters of sex. Therefore the country needs to modify this strategy to include new initiatives, such as empowering women to take decisions especially to protect themselves, and addressing negative cultural practices that promote the low status of women. Judging from the interview material, it is clear, that women have important proposals to offer as to how an effective HIV and AIDS management system should work. Therefore, any initiative that aims at reducing their vulnerability to HIV infection should take cognizance of such proposals if it is to have impact.

From the inputs of both the focus groups, it clearly emerged that the participants were able to express their thoughts about the radio programme. They were able to illustrate that the show did not adequately consider their lived experiences and how this would impinge on their engagement with the programme. While the *Speak Out and Listen* show sets out to discuss the subject of HIV and how it affects rural women, its failure was not taking into account the social cultural context of the target audience that impinges on the women's ability to take up the advice offered. From the interview material, it is clear that culture influences the women's lives and therefore severely limits the health choices they make. From the participants' experience, it appears that this particular programme may have minimal impact because the people's lived experiences do not allow them to readily take up the suggestions made in the show.

## CONCLUSION TO THE STUDY

As stated in the introduction, this study was a reception analysis of how rural Ugandan women engage with HIV and AIDS- related programmes broadcast on community radio. It focused on the role that educational media can play in making an intervention into the women's social-cultural contexts.

Through this study, the researcher was able to gain insight into the social-cultural issues that impinge on rural women's engagement with such media messages. It provided him, more particularly, with an opportunity to suggest recommendations on what community radio stations should be doing when producing such programming. In addition, it allowed him to articulate more general guidelines that practitioners should keep in mind when producing media that deals with HIV and AIDS for an audience of rural women in the Ugandan context.

The aim of Chapter One was to develop a conceptual framework that provided terms of reference for the discussion, in this study, of the role played by media in processes of socialization. It also addressed the more specific question of conceptualizing the role played by the media in engaging with behavior that impacts on the spread of HIV. The researcher ascertained the importance of acknowledging that the relationship between media and audience is constructed in context of an historically- situated negotiation, involving both the producers of media and the audience they target. The key lesson from the review of literature in this chapter was that, for health communication to be effective, it should acknowledge this process of negotiation because it impacts on the way in which the audience engages with health-related media. There is a need, in particular, to acknowledge that people's lived experiences are of direct relevance to their reading of media.

Chapter Two served to contextualize the empirical research presented in this dissertation. It dealt with the history of the HIV epidemic in Uganda, focusing on the way in which communication strategies have impacted on efforts to prevent further spread of the disease. The researcher pointed out in this chapter that, between 1990 and 2000, these strategies really worked well. He argued for the need to draw on that moment in history in order to establish what the guidelines for such communication need to be, within the Ugandan context. The researcher further emphasized that accounts of this moment in history point to the importance of sensitivity to social context, thus resonating with the debates put forward in context of the literature review in Chapter One. The Ugandan history of HIV communication points, in particular, to the necessity for using methods of communication that suit the social-cultural context of target audiences. The encouragement of participation by of social-cultural institutions based within local communities is, clearly, also an important strategic step. Special attention also has to be given to the disadvantaged position of women, in order to rectify gender inequalities that disempower them and limit their access to health services

Chapter Three described the design decisions for the empirical aspect of this study, in order to explain how these responded to the research question and how they maximized the validity and reliability of the eventual research results. It was noted, in this chapter, that the researcher worked in a paradigm that allowed explanation of subjective experience. Because of this, reference to a qualitative approach was deemed appropriate, with the use of focus groups supplemented by key informant interviews. The chapter also enabled the researcher to comment on his success in implementing this plan.

Chapter Four presented the findings of the empirical research that was conducted for this thesis. The chapter demonstrated that, as audience members of *Speak Out and Listen*, the participants expressed acute consciousness that, as women, they are disempowered and cannot freely take decisions to protect to themselves from HIV infection. This is true even when they receive guidance in the form of HIV and AIDS related media. They note, moreover, that this situation is exacerbated by their over-dependence on men, even for basic needs such as money to travel to the health centres for service. They also point to the promiscuous and polygamous nature of sexual relations, which they explain is socially acceptable in rural areas, and as such further increases women's vulnerability to HIV infection.

The researcher noted a sharp contradiction between the official government policy on gender equality and the reality that these women describe as existing on the ground. Such policy clearly provides a legitimate point of reference for addressing gender inequalities at all levels. It recognizes equality between women and men and provides for gender balance and fair representation of marginalized groups. Furthermore, it recognizes the role of women in society and accords freedom from discrimination and articulates specific rights of women, including outlawing customs, traditions and practices that undermine the welfare, dignity and interests of women. The women's comments suggest, however, that acknowledgement of these principles at the level of policy has not impacted on their experience of gender inequity in their daily lives in rural communities. As evidenced by the responses of the participants, cultural norms and values continue to actively promote gender discrimination. Largely because these biases are culturally constructed and abuses of rights continue and have become 'socially acceptable.'

In Chapter Two it was pointed out that the Ugandan Ministry of Health identifies radio as the most popular and effective way of disseminating HIV information. This suggests, however, that although there has been a remarkable growth of the radio sector in Uganda, including community stations, this does not in itself guarantee improved access to radio for women, or that women will benefit from such access. Firstly, as has been shown in Chapter Four, the context of listening also impacts on the listening habits of the women. Women are mostly busy with domestic work and in many households husbands still control the radio and prefer tuning in to sports and music. Indeed, the women's description of the contexts in which they listen to radio confirms the comments presented in Chapter Two, with regards to the listening

culture of Ugandan women. This necessarily has implications for women's ability to understand and make use of messages on radio.

Discussions of the five levels of social context, helped the researcher to make sense of the 'moment of reception' as it applies to the case study that forms part of this research project. Such reference helps to explain how the lived experience of the rural women interviewed as part of this study impinges on their engagement with the HIV messages. This was further enhanced by the explanations that the women offered with regards to their experience of the realities of living with HIV. They clearly indicated that while government policy has encouraged open discussion of HIV, their poor economic status, and their location within a community, characterized by gender inequality has severely limited their ability to engage in such discussion. The UNAIDS debates thus helped the researcher to provide a framework against which to make sense of the actual situation of the women under study.

The participants' comments illustrate, furthermore, that even when women do have access to radio there can be a disconnect between such programming and their particular social experiences. The researcher was not in position to generalize about other programming, but further research could establish whether the same disconnect exists more generally.

One of the major critiques of the participatory approach in health communication is that this paradigm does not take cognizance of the fact that some communities live in non-democratic societies and are not empowered to make their own decisions, even when their lives are at stake. It would seem, from the women's comments, that this criticism may have some merits. The research participants note, for example, that women often cannot protect themselves by suggesting the use of condoms with polygamous husbands; they are often unable to travel to the testing centers without permission from their spouses; and they often cannot defend their rights to own property. It is clear that the women live in an oppressive environment and are, as a result, often unable to benefit from the government initiatives that are supposed to be of particular benefit to them. While Uganda has an official policy of openly discussing matters of HIV and AIDS, the responses from the participants clearly indicated that their social context promotes a culture of silence, which directly constrains women's ability to engage with HIV messages. While women may have general information on how HIV may be prevented, they are largely unable to act on such information because they are not empowered to do so. One would have thought that, given the 'openness' policy, stigma and discrimination would be largely reduced in the communities. Judging from the material presented in Chapter Four it would seem, however, that women still face major challenge in context of disclosing that they are HIV positive. Stigma and discrimination still operates at various levels, both within the immediate family context and within the wider community.

Media initiatives, such as *Speak out and Listen*, need to appreciate that while a policy may be in place, it does not follow automatically that it translates into elimination of challenges. Indeed, from the interview material it is clear that despite the many policy provisions that Uganda has, HIV remains a serious threat.

The researcher noted that the women's comments about the way the show is framed and the extent to which it captures their experience of the kind of issues has important implications on the way they relate with the programme. The participants felt that the show should have highlighted the women's voices more, for example by hosting a female guest who shared similar experiences as their own. Furthermore, they felt that the male host's unchallenged domination of the discussion reflected the inferior position that their society imposes on women. They noted that this framing of discussion is typical of gender relations in their communities. Their comments in this regard confirm the arguments presented in feminist literature, as summarized in Chapter One, that despite the emergence of a 'free press' in many African environments over the last two decades, the media is still exclusionary in its relationship to women and plays a central role in reproducing patriarchal relations of power. It was interesting to note that this was still evident in a radio programme produced by a radio station operated by women and targeting women.

It appears that the participants could distinctly draw a line between the ideals that are discussed in the show and the reality of the complexity of their lived experience. There was, in this context, a tendency amongst the participants to raise issues that may not have been of relevance to the show. These comments, are, nevertheless, still of value to this research project, since they point to the urgency that these women feel around the need for such matters to be discussed on a programme such as *Speak Out and Listen*. Furthermore, much of what the women had to say was, in fact, of direct relevance to the context of disclosure. From the interview material, it becomes clear, for example, that in terms of the participants experience, disclosure does not automatically lead to family or community support. For these reasons it would be of crucial importance for a programme such as *Speak Out and Listen* to caution its audience to give careful consideration to their own social context before disclosing their HIV status.

Based on the participants' comments, it is possible to identify a number of recommendations for improving the usefulness of *Speak Out and Listen*, and of other programmes such as this, to its target audience. It is important, firstly, for the producers of such talk shows to conduct research in an effort to appreciate the social-cultural context of their audience; this would ensure that the programme captures the lived experience of this audience. It is the view of the researcher that women such as those represented in the focus groups conducted for this study would be better able to relate to such messages. Such research would, for example, reveal the gender disparities that characterize rural communities and allow the producers of the show to strategize around the acknowledgement of this issue in their approach to the framing of programmes.

It is further recommended that communication initiatives such as *Speak Out and Listen* would benefit from drawing on models for participatory communication around health issues. While Mama FM has clearly drawn on guidelines for community broadcasting, there is more to be done in terms of involving community members to actively participate in the programmes at various levels. Based on the show used in the case study, it would seem that the importance of putting emphasis on local experience and local voices on the agenda is not always foregrounded in the decisions made about programme content.

There would, in the researcher's view, be particular value in emphasizing social interaction with rural women through community dialogues as an element of HIV and AIDS related programming on community radio. The participants' discussion of *Speak Out and Listen* suggest that such women would be able to share valuable insights about the challenges involved in living with HIV and AIDS, that could enrich such programmes' treatment of their subject matter.

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## APPENDICES

### **Appendix I: Questions for the Focus group discussions conducted on 25 April, 2008 and on 30 April, 2008**

1. How often do you listen to radio?
2. What do you think of the show?
3. How do you feel about the topic that was discussed?
4. Would you say that the experiences described in the show sound familiar to you?
5. In your opinion, what types of people are likely to be infected with HIV?
6. What are the major concerns for women when they get infected with HIV?
7. What is your comment about the use of the ABC Strategy to prevent HIV?
8. What is your view on going for HIV testing and counseling?
9. What would you do if you tested positive for HIV?
10. In your opinion, what are the main challenges of disclosing one's HIV status?
11. Do you have any concerns about going to a health facility?
12. What is your opinion about writing a will?

**Appendix II: Questions for the key informant interview conducted with Ms Florence Mahoro, Coordinator, Post-Test Club, AIDS Information Centre, Kampala conducted on 10 May 2008**

1. What is your comment on the programme content and the way it was conducted?
2. Please comment on the depth of the show's discussion on disclosure?
3. From your personal experience, what is the process of disclosure?
4. How do you prepare women for disclosure?
5. What are the major concerns of women regarding disclosure?
6. Can you please explain the benefits of disclosure?
7. How effective is the ABC strategy in promoting HIV prevention among women?
8. What concerns, if any, have emerged regarding the use of ARVs?
9. How does gender-socialization expose rural women to HIV infection?
10. What would you recommend to make health communications initiatives such as Speak Out and Listen more useful to its target audience?

**Appendix III: Questions for the key informant interview with Mrs. Gladys Kaddu, retired Community Development Officer and woman leader in Wakiso district, conducted on 7 May 2008**

1. What is your comment on the way the show was conducted?
2. Please explain the motivation for the culture of silence regarding sex that is practiced in rural Ugandan communities
3. How does gender – socialization impact on HIV infection among rural women?
4. What are some of the cultural practices that expose women to HIV infection?
5. Why are multiple sexual partnerships common in Ugandan communities?
6. What are the major barriers to disclosure of one's HIV (positive) status?
7. In your opinion, how effective is the ABC Strategy in protecting women against HIV infection?
8. What hinders rural women from going to health facilities for VCT?
9. In your opinion, how would programmes such as Speak out and listen be more beneficial to their target audiences?
10. From your experience, how can men be brought on board in such initiatives?