

THE ROLE OF THE BROADCAST MEDIA IN AIDS
AWARENESS CAMPAIGN AMONG THE YOUTH IN UGANDA

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DECLARATION

I NAMWANGA RITAH, here by declare that this work is my original production and has not been submitted before for any academic award at any university.

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This dissertation has been submitted for examination with the approval of my supervisor

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DEDICATION

To my dear father Lawrence Lule, my late beloved mother Jane Rose Kabalu, they have really made me what I am, my brother, Tony Luyinda, Ramathan Mugisha and Solomon.

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CHAPTER ONE

INTRODUCTION

1.0 INTRODUCTION

There was a time in the early 1980s when AIDS was killing with brutal efficiency and no one knew what caused it. Was it swine flu virus? The inhalants that gay men were to heighten sexual pleasure? No one could tell who would be struck next or what it would take to stop the new scourge. But as soon as researchers identified the AIDS virus in 1984, the ultimate solution seemed obvious. Science would vanquish AIDS just as it had to polio, measles and small pox: by immunizing people against it. In announcing the isolation to HIV, federal officials famously predicted that a vaccine would enter clinical trials within two years and reach the market in three.

"Let us not equivocate," Nelson Mandela said. "AIDS today in Africa is claiming more lives than the sum total of all wars, famines, and floods, and the ravages of such deadly diseases as malaria. It is devastating families and communities." In Africa it has stolen generations and imperiled the future: it robs economies of our workers, families of our support and children of their parents. In seven countries, more than 20% of the 15-to-49-year-old population is infected with HIV. Zambia for example cannot train teachers fast enough to replace those killed by AIDS. Within 10 years, there will be 40 million AIDS orphans in Africa.

After two decades of frustration and criticism and while the vaccine is still on the search the media is moving back to centre stage of the struggle. The public health story of our time is, of course, AIDS. In the almost two decades

since U.S. newspaper articles first described a mysterious disease affecting the gay community, the world press has come in for plenty of criticism, as well as some praise, over how they have responded to the pandemic. The questions are perhaps no different than those on any other subject, except for the urgency of this one: What responsibility do journalists have? How can they make an ongoing crisis fresh, day after day, story after story?

1.1 BACKGROUND

Rakai and the neighbouring Masaka districts thought it was exotic magic imported from Tanzania. No one understood the disease that was claiming lives by then "Rakai was the worst affected AIDS area," recalls Moses Wambula, World Vision's Communication and Advocacy Director. He was the first World Vision's intervention first Coordinator in Rakai.

We saw people die all the way to the border of Tanzania, and all the way across the shores of Lake Victoria. We saw our leaders disappear from our presence and our staff pass away." Such was the image that stuck in Wambula's mind, in neighbouring Masaka, Edward Mubiru, was facing the same challenge of this unprecedented crisis plainly called *slim*.

In Zzimwe, Kyanamukaka and Lwengo, former icons of communities had died and infrastructure was falling apart. "Some people I had travelled with to assess the problem swore never to go back to Masaka. The scene in an AIDS clinic was very moving," Mubiru World Vision programme Management Director reminisces.

The 1991-population census showed one in every eight children in Masaka was an orphan. The story in Rakai was worse. The international Christian

NGO targeted to reach 12,500 orphans in Masaka and a similar number in Rakai.

The situation is further complicated by the stream of messages from the entertainment media that create a sense of unreality about personal responsibility and sexual behaviour. Add to this the peculiarities of the disease itself, which has a long, symptom-free incubation period, and the overall picture is frightening: one in which teenagers are simultaneously motivated to engage in sexual activity and to ignore or discount the longer-term cause and effect of high-risk behaviors that can lead to a fatal disease.

The main intent of the project, therefore, is to seek to and to learn how to make a positive and realistic impact on youth's perceptions of their risk to HIV infection via the Broadcast media.

1.2 STATEMENT OF THE PROBLEM

Despite the universal awareness of diseases transmissible through sex, the challenge is that of having the messages trickle down to achieve the desired objective of behavioural change through the media.

Although it is reasonable that the media has played a great deal in creating awareness on STI/HIV, there is still criticism as to whether the media in some way hastens or instead contributes to the spread of the disease. There are individuals who still have the conviction that the media is not the right avenue through which such matters should be addressed. The worldwide AIDS epidemic is far more than just a medical story, and too often media overlook the social, economic and political implications.

1.3 OBJECTIVES OF THE STUDY

The research was intended to find out how far the broadcast media had gone in providing sex education in Uganda. The objective was to find out the positive and negative outcome of the media's endeavour to give sex education and how to counter-check the negative outcome, if any, of the kind of education provided. More to that was to find out the intention of the media's involvement in the role of STI/AIDS awareness.

The research also intended to appeal to the public/audience that it is still their responsibility as well as to work hand-in-hand with the media in creation of STI/AIDS awareness. It was also to find out the constraints encountered by the media in trying to create AIDS/STI awareness and possible solutions to these problems.

1.4 RESEARCH QUESTIONS

Danny Schechter warns: If reporters will be doing a good job of putting AIDS issues on the public agenda, would the numbers of infected people still be growing at a shockingly high rate? How can the media sustain successful AIDS education, and how can they best work with public health advocates? And, as Laurie Garrett asks in her must-read piece, "What is the strategy? How can we slow this plague in the absence of a vaccine or cure?"

The research was seeking to answer the following questions with justifications and empirical data.

- How can the media break through the illiteracy and lack of availability of televisions and radios in many parts of Uganda to get news and necessary information to people who desperately need to hear it?
- How can the broadcast media stimulate a dialogue among teenagers about AIDS related issues, from behaviors to the *politics* of AIDS?

1.5 SCOPE OF THE STUDY.

The project was specifically focusing on youths as the audience for the information packaged to create HIV/AIDS awareness and squarely through the broadcast media.

It would explore the successes of the broadcast media in creating AIDS awareness and its failures, which have been often times taken for misleading the people.

1.6 SIGNIFICANCE

It is hoped that the study findings will be of great importance the following ways:

1. The study will provide important information about the role of Broadcast Media in AIDS awareness in Uganda so as to have basis when planning awareness campaigns.
2. The study will be used by the groups, NGOs, governmental awareness committees who provide awareness on AIDS to improve on their service delivery.
3. The Media will be helped to know about the effect they have on the awareness of AIDS and its Effects.

1.7 HYPOTHESIS

This project reviews two ways of media utilisation providing regular entertainment programmes and news events; and to relay specific messages for the purpose of influencing attitudes and behaviour through the broadcast media. Obstacles to the effective use of the media for attitude and behavioural change are outlined and communication and training activities in order to overcome these obstacles are recommended.

The project explored the compelling reasons why it is especially difficult to impress teenagers with the grim realities of AIDS. Adolescent development, in some respects, is a formula for not listening or acting in response to most messages about AIDS. The onset of puberty heightens feelings about sexuality. A radical process of redefining oneself ensues in which teenagers adamantly disengage from sources of traditional authority and just as adamantly engage the values of peer groups for whom risk and experimentation are the norm. The development of abstract thinking dramatically extends the scope of thought, but also creates a characteristic sense of idealism free from cause and effect.

1.7.1 YOUTHS

The subjects of study, which are the youths, were ranging from the teenage group to the 29 year olds. Reason being that they make the biggest composition of Uganda's population structure and to which the future belongs. Thus, if left to perish away there ought to be no future.

1.7.2 BROADCAST MEDIA

This involved both the Radio as well as the Television as categories of

broadcast media. It included the two kinds of ownership both government and the privately owned.

1.8 DEFINITION OF KEY CONCEPTS

- ◆ Broadcasting : sending out of message regularly by both radio and television
- ◆ Constraints : Something that limits one freedom of action.
- ◆ Performance : Action liability of carrying something especially needing skills
- ◆ Region : Refers to political divisions of Uganda according to defecation.
- ◆ Efficient : Working well and without waste.

CHAPTER TWO

LITERATURE REVIEW

2.0 LITERATURE REVIEW

Mass media regularly cover all sorts of issues, such as health, arts, crime, sports and political events. In countries that have a "free" press, the guiding principle is more or less to sell more newspapers, reach a larger audience, or sell advertising space. The objective in other countries may be to act as government or political propaganda tools. In all cases, however, the media do not even claim to play a role in health education in their regular treatment of health-related issues. The fact that acquired immunodeficiency syndrome (AIDS), for example, has received more "regular" media coverage in some countries than any other health issue in the history of humanity could very well be due to the fact that AIDS is a disease that involves sex and death, thus providing journalists with all the ingredients for sensationalist copy. Not only is this coverage not motivated by the desire to provide health education, but also it may often be a negative force in this regard. For example, journalists often report AIDS in a manner, which reflects their own prejudices. In fact, the media coverage of AIDS has been described as having been slow, erratic, distorted and bizarre. Journalists have consistently emphasized rare or bizarre ways in which human immunodeficiency virus (HIV) can be spread, rather than concentrating on the common modes of transmission.

While it may seem that news organizations are doing a public service by communicating important health information to their audiences, they do so not because of an altruistic desire to better the human condition, but to sell more newspaper space or charge higher rates for commercial time. A leader

in the news media puts it even more bluntly, asserting that the media "would not and cannot serve as direct relays for campaigns to reduce smoking, to use safety belts or condoms, or to submit to frequent breast examinations".

He claims that it is unrealistic to expect that the media would "systematically pass on repetitive messages from the medical community or anyone else".

Usual media programming may even run in the opposite direction. For example, it has been reported that Russian television has aired regular shows hosted by psychotherapists who claim to cure the audience's mental and physical illnesses from a distance¹¹. Millions of people watched those shows where the audience was instructed to put bottles of water in front of their television screens; the bottles will be "energized" by the hosts of the show, and as a result, became a kind of "medicine". Among other examples of such media coverage will be the distinctions repeatedly drawn by the media between "innocent victims" of HIV, such as children, and those "other patients who are perceived as guilty of causing their own affliction.

Regular entertainment material also has the potential both to misinform and mislead the public. There is sufficient evidence that soap operas, music videos and movies are among the most popular television material, especially for women viewers and young adults. There is also sufficient evidence as to the impact of this entertainment material on the audience. Striking examples of the possible negative impact are the documented reports that violent fictional television stories trigger imitative deaths and near-fatal accidents. Data provided by the United States National Center for Health Statistics for 1979 show that the incidence of suicides, motor vehicle deaths and accidents rose immediately following soap opera suicide stories. With respect to AIDS, one

would be concerned with how sex is presented and if safe practices are emphasized, considering that sex is a major theme in entertainment. An investigation of the content of two soap operas shown in the United States of America (USA) throughout 1980 (All my children and General hospital) revealed that the most common themes presented will be deceit, murder and ore- and extra-marital sex.

Much of the work has been in the direction of campaigning against the AIDS scourge though others view the media (Television, Radio, and Newspapers) as a catalyst in spreading the fatal disease. It is therefore not surprising that Herzlich and Pierret (1989) based on their study of the French press asserted that "without the press, AIDS would have, for a rather long-time concerned utmost but a few thousand persons world-wide."

On the obligation of the media in creation of awareness Ray Eldon (1988) noted that the age-old question of privacy versus the need to know, gets a new treat almost every time the media considers covering stories about AIDS. " There has always been fear that by reporting of HIV/AIDS, the media are enhancing the AIDS scourge" as according to Nansereko (1999) has always been pointed out by the *Straight Talk*, that one of society's greatest concern has been to shield young people from the knowledge of sex. "One of my fears is that we shun away from talking about sex. It is easier to talk about poverty and other issues," Calle Almedal UNAIDS, Switzerland.

In the same way, Abdul Busulwa (1995) also found out that in recent times sex has ceased to be a matter of secrecy as it used to be in the past. And the truth is that children cannot in any way be hidden from sexual influences especially with this fast moving world of the new millennium. Such a scenario

puts the media, and more especially the broadcast media, in a precarious situation since it is known to be having the largest audience among the available mass media and that it is easily and freely accessible by the whole population - intended and unintended.

Fear of the disease has led to coping mechanisms characterised by denial. This ranges from denial of the disease's existence, to acceptance of its existence but denial of personal risk. The most unjust manifestation of fear has led ultimately to denial of the human rights of others. The epidemic has been typified by 'homophobia, xenophobia, and 'etherising' - it only happens to people who have multiple sexual partners, sex workers, and so on.

This false sense of security cushions one's feelings of personal vulnerability and risk. The long period of invisibility before the onset of AIDS and the renaming of AIDS itself into the diseases that manifest opportunistically, have facilitated denial. Poverty, social dislocation and gender inequality all fuel the spread of the epidemic.

These factors, together with the complex information necessary to communicate, such as the difference between HIV and AIDS, the mechanisms of the immune system, and reproductive biology makes communication around the disease a 'Herculean' task.

From a survey conducted by ACP/WHO in 1991 about attitudes towards HIV prevention messages, the majority of the respondents did not believe that Television and radio adverts and messages lead to any behavioural change. This discredits the media's reliability as a source AIDS of information.

Anfri and Anturi (1993) supported the above argument after finding that the majority of the youths (89%) know about condoms although only 34% had ever used them. They deducted that though there was a significant increase in the levels of awareness among the people sexual behavioural changes like reduction on number of sexual partners, condom use and abstinence remained low. Clearly media cannot be perceived as a magic bullet that can solve this complex problem alone. Media needs to be part of broader strategies for change that address structural barriers including, inter alia, poverty and gender inequality, ensuring life skills education is available in all schools, and addressing issues of testing, counselling, treatment, care and support for people living with HIV/AIDS.

However, media can achieve much within a broader strategy. It has a powerful role to play in informing the public and creating awareness about HIV. But health promotion experience has also shown us that the transfer of knowledge and awareness raising is not enough. Awareness of AIDS in Uganda is already high, but deep-seated attitudes and beliefs present major barriers to behaviour change. Media strategies need to go beyond knowledge and awareness raising, to shifting social norms and attitudes that help create an environment more conducive to change. This includes nurturing a climate in which AIDS and sexual issues are more openly discussed, creating a more caring society in which people with AIDS are supported not discriminated against, promoting safer sex and gender equality. It also has a critical role to play in advocating for public policy to create an environment that is more conducive to change.

Joseph R. Dominick (1996) is convinced that the media possess dramatic

power. It has the power to influence a person's behaviour. The million-dollar question is: If it can influence people's attitudes in other ways why not the sexual behaviour? Though a number of people remain unmoved by what they see in the media, nonetheless the media have the potential to influence audience behaviour in line with its role to serve society, Aulora Stally (SaFAIDS-Zimbabwe) comments that the media can play an important role in the dissemination of accurate, user-friendly information on HIV/ AIDS.

As a key information channel, the media are strategically placed to sensitise, educate, inform and entertain the public. Media practitioners can also influence public attitudes and shape perceptions towards HIV/AIDS. Being bombarded with the message that AIDS equals death "was a very strong motivator for people to change their behaviour," says James Nguyen of the San Francisco-based STOP AIDS Project.

Content analysis of a random sample of one week of network television soap operas shown during the summer of 1987 in the USA showed that the ratio of unmarried to married sexual behaviour in soap operas was 23.7 to 1. Even more important, there was no reference—verbal, implied or physical—to pregnancy prevention or sexually transmitted diseases, including HIV/AIDS. In addition, a study of the 1986 USA prime time television season documented that soap operas contained: touching behaviour (24.5 times per hour); suggestions and insinuation (16.5 times per hour); sexual intercourse (implied 25 times per hour); and socially taboo sexual behaviours, such as sadomasochism and masturbation (implied 6.2 times per hour).

In contrast, education was only touched upon 1.6 times per hour. This has

led communication researchers and analysts to conclude that Hollywood does not yet acknowledge safe sex, as condoms are non-existent in the movies or soap operas despite all of this sex. It has been argued that it would be very difficult for Hollywood to promote condoms, because Hollywood tends to cater to our fantasies and condoms, no matter how life-saving, would never figure in our fantasies. This is indeed a challenge, because it was not until Hollywood had the hero fasten his seat belt that it became more socially acceptable. Even when AIDS is a theme in television material, it is often not addressed in the most responsible way, because television is a business, and "customers" must not be offended. For example, it was found that, of the AIDS cases portrayed on television, 37% will be caused by blood transfusion, while the actual figure does not exceed 3%.

All of this leads to the conclusion that unplanned, regular media and entertainment material would never, on its own, provide health education, which would in any significant way influence HIV/AIDS-related behaviour. Yet media and entertainment are more like nuclear power: they are neither good nor bad in themselves; it all depends on how they are used and for what purposes. The research would, therefore, review a different side of mass media and entertainment:

professionally planned efforts to harness the powers of the mass media and entertainment for the well being of audiences.

2.1.0 HIV/AIDS PROGRAMMES IN THE BROADCAST MEDIA IN UGANDA

Through *Africa Alive/* programme - 8 African countries - took initiative to improve reproductive health and reduce the spread of HIV/AIDS amongst youth through synergistic partnerships, 48 representatives from Ghana, Kenya, Nigeria, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe met in Harare, Zimbabwe (November 16-19, 1998) for the first Stakeholders' Meeting to endorse and plan the initiative," says Anne Akia Fiedler of the *Straight Talk* news supplement in the *New Vision* daily.

It should be noted that most of the effort towards sensitization has been mainly done by the Straight Talk Foundation. The foundation among other channels is the Straight Talk Radio show first went on air in May 1999 as a 25-minute weekly educational and entertaining radio show. The show started out on two Kampala based private FM stations but quickly gained popularity among the adolescents, bringing more radio stations on board. Currently, it is aired nationwide on six radio stations namely Capital Radio, 'Voice of Teso, Radio Paidha, Radio Freedom, Voice of Toro and Rhino FM. The radio show is aired in Luo on Radio Phaida, Rhino FM and Freedom FM.

2.1.1 HIV/AIDS PROGRAMMES ON RADIO

Capital Doctor -A live interactive phone-in talk show on Capital Radio (91.3FM) every Tuesday evening between 8 and 9 a.m. to which the hosted Doctor gives short and precise answers. Its primary goal is to positively

influence adolescent sexual behaviour to reduce teenage pregnancy, sexually transmitted diseases (STDs), and HIV/AIDS. The programme seeks to get Ugandans talking about sex, sexuality and gender relations.

Doctor Senga - Talk show in the local language on Central Broadcasting Service radio (88.8FM). It is not absolutely an HIV/AIDS programme but some times discusses issues related to AIDS.

2.1.2 HIV/AIDS PROGRAMMES ON TELEVISION

Open Up - a live interactive broadcast which used to be on Uganda Television (now Uganda Broadcasting Corporation) that is geared to strengthen AIDS awareness especially among the youths through learning to be bold, it is a weekly and pupils from various schools are made to express their views on HIV/AIDS transmission and prevention. Other HIV awareness programmes have featured on Light House Television (LTV) and very rarely on Wavah Broadcasting Service (WBS).

Despite the fact that TV would be the best channel to communicate HIV/AIDS messages, it is limited by among other factors that Television may not be available in all areas of the country and that Televisions are too expensive for most people.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

This section presents an outline of the way the study was carried out. This study would avail us with tools that would seek to find out whether the information about AIDS that is disseminated through broadcast media trickles down to the people in the right way, and to find any other ways of improving it even with the constraints of poverty and illiteracy in Uganda. The section was presented under different subsections; it would contain research techniques, why those particular techniques are to be used and the problems that are likely to be faced. The researcher used various methods to carry out this research. The study was on the role played by the broadcast media in sex education; thus it required to examine behavioral change thus need for a number of research methods to conduct it sufficiently.

3.1 RESEARCH DESIGN

A survey research design was used because the researcher was going to study three areas whose findings were generalized for the whole of Uganda.

3.2 STUDY AREA

The study was conducted in Buziga Islamic theological Institute – Ggaba, East high Ntinda - Kisaasi, Ntinda and Kawempe Secondary School – Kawempe.

3.3.0 SAMPLE SIZE AND SELECTION PROCEDURE

3.3.1 METHODS OF SAMPLING

Sampling was done by use of random sampling. Schools and students were

selected randomly. Because the researcher was not familiar with any of the respondents, there was no bias in choosing who to interview or who to fill the questionnaire.

3.3.1 FOCUS GROUPS

To break down the interview schedule Focus groups were to be organized. This was a qualitative method but unlike in-depth interviews, it involved a group rather than individuals. Three focus groups were used. Focus groups were instrumental in minimizing disparities and misinterpretation of questions. A focus group was quite manageable and easier to study and observe. The objective was to stimulate people to talk candidly about topics. Focus groups were made in schools still arid attempts to interview University students were futile since many of the students would have gone for holidays thus less access.

3.4.0 DATA COLLECTION RESEARCH INSTRUMENTS

3.4.1 QUESTIONNAIRES

A questionnaire is an instrument that consists of a set of questions to which the subject responds in writing. Kendall and Buchland (1960: 122) cited in Kihika (1999:34) defines a questionnaire as a group or sequence of questions designed to elicit information upon a subject, or sequence of subjects form an informant.

AIDS Vulnerability Questionnaires (AVQs) would be administered to respondents for example students in secondary schools to find out what they know (predisposition) via the broadcast media. This method was advantageous because it saved the time that would be spent in interviewing

and the information collected via this method was easily quantified. Respondents, in this method, were found of feeling protected with a degree of confidence as long as they were free not to disclose their names. Questionnaire administration is however an expensive exercise right from stationary', printing, transportation as well as collection from the respondents in the final stages.

This called for other research methods to counteract the loopholes left by weaknesses of the questionnaires. Questionnaires were administered to four schools. Questionnaires administered will be intended to save time that would be spent in in-depth interviews and little time was accorded by the schools' authorities for adequate interaction.

3.4.2 INTERVIEWS

The method assumes that the respondents to be interviewed have the information required they can understand the questions put to them and are willing to give honest answers while they are face to face with the researcher. This was a vital method because the interviewer was able to probe where he/she feels that the questions were vaguely answered hence ability to rephrase contrary to questionnaires. This method however was threatened by failure to disclose relatively concealed information since individual were only willing to discuss personal health with Doctors and rarely researchers. Some individuals were not free when sitting face-to-face with another individual (orally), thus preferred the questionnaire. This would apply to information related to their sex lives.

3.4.3 LIBRARY AND DOCUMENTS

The researcher was to read a great deal about the subject to undertake in the study. This was instrumental in back grounding the researcher about the field of research and related topics. This was, to course, build what is known as the literature review of the entire research topic and answer questions that were either half-answered or not answered at all in the previous studies made.

The researcher used books and reports from libraries such as the ministry of health, Aids information Centre, The Aids Support Organization, Mass communication book bank which are really credible and resourceful homes for information related to the research topic. The other source of information was the Internet. Visiting the virtual libraries any other websites with information related to the same was very resourceful avenues.

3.4.4 OBSERVATION

"Through observation, the observer gets to know people well enough to interpret the meaning of body positions and tone of voice so that it is necessary to rely on what is said rather than asking people what they do, hear, comments they make while doing the work for explanations at the spot" (Peiletal Margaret. 1992). This method according to Kapere (1996: 18) consists of a set of specific instruments including use of standardized observation forms, use of video tape recorders, and use of participant observers. This was very resourceful especially when dealing with focus groups that involved students in schools.

3.5 DATA PROCESSING AND ANALYSIS

Different methods were used to present data in a more understood way. This involved editing, coding and breaking down of data to show conclusions that were more specific. Data was examined by use tables and later on graph representation to ease interpretation.

3.6 LIMITATIONS OF STUDY

Interviews were carried out in a hurry, especially in schools, because it has to be done during class hours where no teacher is likely to allow you talk to the students for more than 15 minutes, as this would interfere with school schedules. Thus some essential questions are likely to be left out in the process.

- The students were not allowed to have radios at school, being these are boarding schools. So it would have been preferred to carry out this research during holidays when the students are home where they can access radio.
- Information gathering might take longer because not all appointments made were not fulfilled and were delayed.

CHAPTER FOUR

RECOMMENDATIONS AND CONCLUSION

4.0 RECOMMENDATIONS AND CONCLUSION

4.1 MEASURES FOR PREVENTION OF AIDS THROUGH THE BROADCAST MEDIA

The potential for what the mass media can do in the prevention of AIDS is influenced by how well the media are used. For example, the media may be used to achieve one or more of the following:

- General advocacy
- Endorsement of society's leaders
- Community endorsement/support community involvement
- Specific programme support
- Religious leaders' participation
- General public information and education.

To be effective, the media, in particular, and communication programmes in general, have to achieve specific "hierarchical" objectives. The effectiveness and success of media interventions should be evaluated in terms of the extent to which each one of the following ten objectives or outputs has been accomplished:

- Exposing audience to the message;
- Attracting attention to the message;
- Creating interest in and liking of the message;
- Audience comprehending the message—becoming aware of what the problem

- Audience being taught those skills related to solving the problem;
- Audience understanding of the message—understanding why they should behave in the prescribed manner;
- Yielding—audience changing pre-existing unfavorable beliefs and attitudes;
- Audience retaining new information;
- Audience deciding to comply with the message and adopt changes;
- Audience behaviour changing in accordance with message

Finally, a legitimate question which can be raised at this point is this: if we have the methodology and the evidence, why have not all countries implemented well planned mass media and entertainment campaigns for AIDS prevention?

What is needed, therefore, is not just planned campaigns, as opposed to regular media programming, but well planned campaigns that utilize the full potential of mass media and entertainment. The "technology" and methodology for planning and implementing such campaigns do exist. Research has established that mass media are most likely to change behaviour when the information is targeted at specific audiences, comes from a credible source, and provides a personally relevant and engaging message. Effective use of mass media requires careful planning, audience research, message development, promoting, dissemination strategy, evaluation, coordination with existing services, and linking mass media with interpersonal communication.

4.2 CONCLUSION

What emerges from the foregoing information is that, with respect to AIDS prevention, although there is a clear opportunity for effective mass education of the general public, unplanned media coverage and entertainment material will not be appropriate or sufficient. Well planned and professionally designed mass media and entertainment material can achieve remarkable results in raising awareness, increasing knowledge, changing attitudes and social norms and changing behaviour, including the use of condoms. Actions that can be taken to overcome the obstacles reviewed above, and to strengthen national capacities to undertake successful media campaigns, should constitute priority activities, in particular, there are three main areas which require special and immediate attention by governments and international donor agencies.

Persuasion and mobilization of decision-makers: Without their active support and involvement, the first necessary steps towards effective use of the media cannot be taken. Their support is needed in acknowledging the following: the importance of AIDS as a national problem; the commitment to using mass media for public education and persuasion; the importance of using the media systematically and by professional media planners and producers; and the need to allocate resources, including the provision of free time and space. Activities needed in this priority area may include public relations campaigns directed at these policy-makers, and utilizing different approaches such as documentaries, TV programs, radio programs, presentations and seminars.

Effective use of broadcast media: Most countries have, in fact, already used mass media for some sort of AIDS communication. However, one often hears the complaint that using the media did not help. As already discussed in this

paper, this may very well be due to the way mass media were used. To avoid this problem, training of national programme managers and their communications officers is vital, with the objective of helping them realize the importance of using media through professionally planned campaigns, and providing them with the basic knowledge and skills to recruit, manage and coordinate needed assistance.

Training communicators and journalists: They need to be instructed in the ways to present their material, first to avoid stereotyping and unintended negative effects, and second to enhance and support the main communications programme. They need to be more sensitive to certain factors such as audience segmentation, pre-testing, and evaluation of material impact.

BIBLIOGRAPHY

- Academy for educational development. Evaluation of the impact on U.S. audiences of a dramatic presentation designed for continental African audiences. *AIDSCOM Research Notes*, No.1, August 1991.
- Androunas E. Health communications in Russia: Reflection of the pains of a sick society. In: *Health communication in Europe and the United States: ethics and models*. The International Council for Global Health Progress, Paris, June 1993.
- Aulora Stally: *Addressing HIV/AIDS Stigma in the Kenyan Media* (Aug 2001). Adopted from <http://www.hivnet.ch>
- Boone MS, Parley JU, Samuel SJ. A cross-country study of commercial contraceptive sales programs—factors that lead to success. *Studies in family planning*, 1985
- Brown P. AIDS in the media, in: Mann J, Tarantola D, Netter T, eds. *AIDS in the world*. Cambridge, Harvard University Press, 1992
- Brown WJ, Singhal A, Rogers EM. Pro-development soap operas. *Media development*, 1989
- Calle Almadel: *Are We on Track? - Talking about sex...* published on <http://www.hivnet.ch> in August 2001
- Church CA, Collar J. *Lights, camera, and action: promoting family planning with T.V., video and film*. *Population report*, Series J, 1989
- Cosford. B. Unsafe on the screen. *The Washington post*, 21 July 1992
- Dann BB. T.V. or not T.V. *Journal of the American Medical Association*, 1992
- Elkamel F. *Developing communication strategies and programs: a systematic approach*. UNICEF, 1986.
- Elkamel F. *Developing communication strategies and programs: a systematic approach*, UNICEF, 1986
- Global Programme on AIDS (GPA). *Effective approaches to AIDS prevention: report of 3 meetings*. Geneva, World Health Organization, 1993.
- <http://www.mrc.ac.za> - *Soul City - innovations in media and Aids* URBAN HEALTH AND DEVELOPMENT BULLETIN - VOL. 3, NO. 2, JUNE

2000

- Kincaid DL, Yun SH, Piotrow PT. Turkey's mass media family planning campaign. In: Backer TE, Rogers EM and Denniston R, eds. *Impact of organizations on mass media health behavior campaigns*, 1992.
- Kivumbi Gorge: *Evaluation of information and communication. (IEC) strategy in a workplace based on AIDS education Programme in Uganda*, (unpublished)
- Lowry D, Towles D. Soap opera portrayals of sex, contraception and sexually transmitted diseases, *Journal of communication*, 1989
- Lugalambi, George William: *Communication Intervention in Health Education: A Uganda study of audience reception process*, University of Leicester, 1995
- Palmer P et al. *The representation of AIDS in entertainment television*. A report to the Center for Population Options, 1 November 1988.
- Phillips D. The impact of fictional television stories on U.S. adult fatalities. *American journal of sociology*, 1982
- Piotrow P, Meyer RC, Zulu BA. AIDS and mass persuasion. In: Mann J, Tarantola D, Netter T, eds. *AIDS in the world*. Cambridge, Harvard University Press, 1992
- Ramah M, Cassidy CM. Social marketing and prevention of AIDS. In: Sepulveda. Fineberg, Mann, eds. *AIDS prevention through education: a world view*. Oxford, Oxford University Press, 1992
- Ray Eldon: *Impact of mass media*, 2nd edition, longman Inc, 1988
- Romer D, Hornik R. *The role of education for general audiences in AIDS prevention: what has been accomplished and what lies ahead*. Paper prepared for WHO/GPA, April 1991.
- Sharon Begley *AIDS AT 20 (SPECIAL REPORT)* Newsweek Vol. CXXXVII, No.24.June 11, 2001. By NEWSWEEK, Inc., 251 West 57th Street, New York.
- Sherr L. *Long- and short-term impact of the U.K. government health education campaign on AIDS*. 1988 (unpublished).
- Solomon CM. From sensation to good sense, *American medical news*, 19 October 1990
- Southerland JC, Sinwasky SJ. The treatment and resolution of moral violations on soap operas. *Journal of communication*, 1982

Sullivan S. The media and their limitations. In: Jasmin C and Bez G, eds.
Cancer, AIDS, and society. Paris, Editions Tempo Medical, 1993

TASO (UNICEF): *Living with AIDS in the community, A book to help
people make the best out of life*, 1st edition, Kampala, 1991

Turner R. Musical message reaches youth in the Philippines, *international
family planning perspectives*, 1992

Winsten JA. *Overview: the first seven years*. Center for Health Communication, Harvard
School of Public Health, 1993 (unpublished).

APPENDIX I

BUDGET

For the purpose of research on assessment of the constraints to efficient performance of Uganda Broadcasting Corporation Radio, the budget below was drawn

- 1 Time Budget of three months
- 2 Money budget as stipulated in the table

BUDGET

ITEM	COST (Ugshs)
Stationery expenses	60,000
Transportation costs	30,000
Printing and Strapping operating costs	20,000
Phone Calls	30,000
Typing	60,000
Sundry	30,000
TOTAL	220,000

APPENDIX II

THE DRAFT STRUCTURE OF THE QUESTIONNAIRE

DEPARTMENT OF MASS COMMUNICATION QUESTIONNAIRE

This information is in partial fulfillment of a Bachelor's degree in Mass communication and is for academic purposes strictly. You are kindly requested to contribute to this research study by answering the questions below. *Thank you very much* TICK THE. TICK THE APPROPRIATE

1. Sex

Male	
Female	

2. Age

15 – 20	
21 – 25	
26 – 30	

3. Marital status

Married	
single	
Others (specify)	

4. How often do you listen/ watch HIV/AIDS awareness/ related programmes?

Always	
Sometimes	
Hardly	
Never	

5. Information related to HIV/AIDS (in form of full programmes and Public announcements) awareness on radio and TV is;

.....
.....

6. Are you interested in HIV/AIDS awareness programmes on radio and TV?

.....
.....

7. Which particular programmes do you usually listen to/ watch related to HIV/AIDS awareness?

- a).....
- b).....
- c).....