

**AN ASSESSMENT OF THE CONTRIBUTION OF COMMUNITY RADIO ON
HIV/AIDS AWARENESS IN LESOTHO: THE CASE OF MAFETENG
COMMUNITY RADIO STATION (MCRS).**

by

Mocoba Stephen Hlongoane

Submitted in accordance with the requirements

for the degree of

MASTER OF ARTS

In the subject

COMMUNICATION

at the

University of South Africa

Supervisor: Prof. SM Tyali

05th August 2019

Student number: 43210368

DECLARATION

I declare that the above dissertation is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

A handwritten signature in cursive script, appearing to read "Bongani".

Signature

05thAugust2019

Date

DEDICATION

This work is dedicated to all the Almighty God for the love and grace He has shown me giving me words to express a very delicate subject. The work is also dedicated to people who are infected and affected by HIV/AIDS. Not only them but also those who have passed on because of HIV/AIDS related illnesses. May God rest their souls. I wish also to thank my supervisor, my entire family members and friends who supported me during this onerous task to make it a success.

ACKNOWLEDGEMENTS

I wish to direct my sincere thanks to my supervisor, Prof. Tyali, for helping me make this work a success. Prof. Tyali, I really do not see how I could have gone through this if it was not for you. The encouragement, support, understanding, and persistence I obtained from you were overpowering.

I would not be doing justice to myself and my God, if I do not single out my dear parents. I would not have been here if it was not because of your sacrifices. I so wish you could still be alive and be here to celebrate our success. My sincere gratitude is extended to my family and parents, Setsomi and Manthabiseng Hlongoane and my sister, Nthabiseng Anna Kopo. I dedicate this project to you. Many thanks. You have gone too soon. May your souls rest in eternal peace. The support I got from you was immense.

Mrs `Masaoana Dorothy Saoana - how can I forget you? Thanks for being there for me throughout my studies. You were always there when I needed you most. Thanks to your entire family.

Thanks to all my friends who have been with me as I went through this exciting venture. I salute you all ...

Thanks to the Limkokwing University Creative Technology (LUCT) - Lesotho for the opportunity they awarded me while studying and working. Sometime I had to be absent to conduct my research. Thanks to my immediate manager in the Faculty of Communication, Media and Broadcasting (Mrs Papiso Brown) and the entire staff who contributed to my study. Mr Nketsi Moqasa, Communication Programme Leader, your efforts and endurance in assisting me from all angles are noted with lots of thanks.

The University of South Africa (UNISA): Thank you for the life time opportunity and for better skills I have acquired through this study. I am now a better person. I can now face the world. *The future is now in my hands.*

Last, but not least, I would like to thank the ALMIGHTY GOD for allowing me to complete this study. It was an exciting but not an easy journey. But HE helped me through it. All that happened was because of HIM.

ABSTRACT

Since the first diagnosis of HIV/AIDS more than three decades ago, the epidemic remains a humanitarian challenge. In Sub-Saharan Africa, the infection rate has escalated at an alarming rate over the years. Lesotho is no exception. Multiple stakeholders have resorted to different media platforms, including community radio to communicate HIV/AIDS awareness messages with the aim of reducing the HIV infection spread. This study focuses on a community radio station as a way of making sense of HIV/AIDS communication. Using the case of MCRS, the study assesses the contribution of this community broadcaster on HIV/AIDS awareness in Mafeteng district, in Lesotho. Two theories: the Public Sphere Theory and the Agenda Setting Theory guided the study and were used to conceptualise the contribution of this community radio station towards contributing to HIV/AIDS awareness in the community of broadcast. In a bid to assess how MCRS programmes contribute to HIV/AIDS awareness and education; the researcher employed a qualitative research methodology. The data were collected using two data collection instruments, namely face-to-face interviews and focus group discussions. Thematic analysis was used to deduce the meaning and present the findings. The findings reveal that MCRS programmes largely contribute to HIV/AIDS awareness in the community. The station's programmes on HIV/AIDS awareness are easily understood and influence communities' socio-behavioural change as they enlighten them about the dangers of HIV/AIDS and how to reduce its spread. The results also reveal that live broadcasts proved to be more effective as they encourage two-way communication whereby listeners are involved and participate in these HIV/AIDS programmes. It is therefore concluded that MCRS programmes have been useful in the dissemination of valuable HIV/AIDS awareness messages.

Key-words: HIV/AIDS, Awareness, Education, Assessment, Listeners, Community Radio, Case Study, Mafeteng Community Radio Station, Prevalence, Communication, Programmes, Message.

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired and Immune- Deficiency Syndrome
DHS	Demographic and Health Survey
DPP	District Prevalence Projections
HIV	Human Immuno-deficiency Virus
LePHIA	Lesotho Population-Based HIV Impact Assessment
MCRS	Mafeteng Community Radio Station
MSM	Men Sleeping with Men
NAC	National AIDS Commission
NGOs	Non-Governmental Organisations
PLHIV	People Living with HIV
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNAIDS	United National AIDS
USAID	United State AIDS
VMMC	Voluntary Medical Male Circumcision

LIST OF FIGURES

Figure 1.1: HIV/AIDS prevalence rate per district (LePHIA Report, 2016- 2017).....	8
Figure 3.1: Agenda Setting Model (adopted from McQuail and Windahl, 1993:23).....	50
Figure 5.1: Mafeteng Community Radio Facebook page: Screen comments of the stations.....	108

LIST OF TABLES

Table 4.1: Face to Face Interview Participants	85
--	----

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
LIST OF ACRONYMS AND ABBREVIATIONS.....	vi
LIST OF FIGURES	vii
LIST OF TABLES	vii
CHAPTER ONE	1
INTRODUCTION TO THE STUDY	1
1.1 AN OVERVIEW.....	1
1.2 RATIONALE OF THE STUDY.....	1
1.3 BACKGROUND	3
1.4 THE BROADCASTING INDUSTRY IN LESOTHO	4
1.5 PROBLEM STATEMENT	5
1.6 THE RESEARCH AIM, OBJECTIVES AND RESEARCH QUESTIONS.....	9
1.6.1 The aim of the study	9
1.6.2 Specific Objectives	9
1.6.3 The Research Questions.....	10
1.7 BRIEF NOTES ON THE CASE STUDY: MCRS	11
1.8 MAFETENG DISTRICT PROFILE.....	12
1.10 THE STRUCTURE OF THE DISSERTATION	14
1.11 CONCLUSION.....	16
CHAPTER TWO:	17
LITERATURE REVIEW	17
2.1 INTRODUCTION	17
2.2 WHAT IS COMMUNITY RADIO?.....	18

2.3 PRINCIPLES AND CHARACTERISTICS OF COMMUNITY MEDIA.....	20
2.4 COMMUNITY PARTICIPATION IN COMMUNITY RADIO	25
2.5 WHO IS THE COMMUNITY IN THE COMMUNITY RADIO?	28
2.6 THE POWER OF COMMUNITY RADIO	31
2.8 COMMUNITY RADIO PROGRAMMES FOR HIV/AIDS EDUCATION AND AWARENESS	33
2.9 METHODS INTEGRATED IN COMMUNICATING HIV/AIDS AWARENESS THROUGH COMMUNITY RADIO	35
2.10 MEDIATING HIV/AIDS CAMPAIGNS THROUGH COMMUNITY RADIO.....	38
2.11 A BRIEF HISTORICAL OVERVIEW OF THE DEVELOPMENT OF COMMUNITY RADIO IN LESOTHO	40
1.12 CONCLUSION	42
CHAPTER THREE:	43
THEORETICAL FRAMEWORK	43
3.1 INTRODUCTION	43
3.2 DESCRIPTION OF THE AGENDA SETTING THEORY	44
3.2.1 Agenda Setting and the Public(s).....	46
3.2.2 Media Agenda.....	46
3.2.3 Policy Agenda.....	48
3.2.4 Agenda Setting and HIV/AIDS Awareness.....	51
3.2.5 Agenda Setting in the 21 st Century	52
3.3 RATIONALIZATION OF THE JÜRGEN HABERMAS THEORY OF THE PUBLIC SPHERE.....	55
3.3.1 Types of Public Sphere	57
3.3.2 Actors in the Public Sphere.....	59
3.3.3 Democracy and Public Sphere	61
3.3.4 Public and Private Public Sphere.....	63

3.3.5 Community Radio as the Public Sphere	64
3.3.6 Community Participation in Community Radio as a Public Sphere.....	66
3.4 CONCLUSION.....	69
CHAPTER FOUR:.....	71
RESEARCH METHODOLOGY	71
4.1 INTRODUCTION	71
4.2 QUALITATIVE RESEARCH METHODOLOGY.....	71
4.4 A CASE STUDY TECHNIQUE	74
4.5 PRIMARY DATA	75
4.6 SECONDARY DATA	76
4.7 THE POPULATION.....	77
4.7.1 Accessible Population.....	77
4.8 SAMPLING	78
4.8.1 Sampling Technique	78
4.8.1.1 Purposive Sampling	79
4.8.1.2 Convenient Sampling.....	80
4.9 DATA COLLECTION METHODS	80
4.9.1 Interviews.....	81
4.9.1.1 Semi-Structured In-depth Interviews.....	81
4.9.1.2 Open-Ended Questions	84
4.9.1.3 Preparation of interview agenda	85
4.9.1.4 Focus Group Discussions (FGDs)	85
4.10 DATA ANALYSIS AND INTERPRETATION	88
4.11 INDUCTIVE REASONING.....	89
4.12 ISSUES OF RELIABILITY AND VALIDITY	90
4.12.1 Reliability/Dependability.....	90
4.12.2 Validity/Trustworthiness.....	91

4.15 ETHICAL CLEARANCE.....	91
4.15.1 Ethical clearance certificate	91
4.15.2 Consent Forms	92
4.15.3 Confidentiality	93
5.16. THE CHALLENGES FACED BY THE RESEARCHER DURING THE PROCESS OF THE STUDY	95
4.3 LIMITATIONS OF THE STUDY.....	96
5.17 CONCLUSION.....	96
CHAPTER FIVE:	98
DATA ANALYSIS AND FINDINGS	98
5.1 INTRODUCTION	98
5.2.1 MAINSTREAMING HIV/AIDS MESSAGES IN MCRS PROGRAMMES AS A WAY OF CREATING AWARENESS AND EDUCATING THE MAFETENG COMMUNITY ON HIV/AIDS-RELATED ISSUES	98
5.2.2 HIV/AIDS Communication through the use of Community Radio.....	101
5.4 METHODS INTEGRATED IN COMMUNICATING HIV/AIDS AWARENESS THROUGH COMMUNITY RADIO	104
5.5 THE PERCEPTION OF MCRS`S HIV/AIDS PROGRAMMES	110
5.5.1 Behavioural Change among the Community toward HIV/AIDS	112
5.5.2 Perceptions on Programmes to Broadcast Information on HIV/AIDS.....	114
5.6 COMMUNITY INVOLVEMENT AND PARTICIPATION IN HIV/AIDS CONTENT AND PROGRAMME DESIGN	118
5.6.1 The Designer of HIV/AIDS Awareness Content for the Programmes.....	120
5.6 PRESENTATION AND ANALYSIS OF FOCUS GROUP`S VIEWS.....	126
5.6.1 Participants` views on the relevance of MCRS`S programmes on HIV/AIDS message dissemination	126
5.6.2 Community Participation and Involvement in Designing HIV/AIDS Programme Content.....	130

5.7 PERCEPTIONS ON HIV/AIDS AWARENESS DISSEMINATION THROUGH MCRS`S PROGRAMMES	134
5.7.1 Local Language use in HIV/AIDS Awareness Messages on Community Radio	138
5.7.2 Community Radio Programmes` Commitment to counteract Stigmatization and Discrimination.....	140
5.7.3 Participants` views on MCRS`s HIV/AIDS Presenters/Guest Speakers as Counsellors	141
5.8 SUMMARY OF THE DISCUSSION OF THE FINDINGS	144
5.8.1 Different ways used to communicate HIV/AIDS awareness messages.....	145
5.8.2 Perception towards the MCRS programmes on HIV/AIDS dissemination	146
5.8.3 Assessing how community members participate in designing HIV/AIDS programme content.....	148
5.9 CONCLUSION	150
CHAPTER SIX:	151
CONCLUSION AND RECOMMENDATIONS.....	151
6.1 INTRODUCTION	151
6.2 CONCLUSION.....	152
6.3 RECOMMENDATIONS	157
6.4 RECOMMENDATIONS FOR FUTURE RESEARCH.....	161
BIBLIOGRAPHY	163
APPENDIX 1	184
DRAFT INTERVIEW GUIDES	184
APPENDIX 2.....	189
REQUISITION LETTER	189
APPENDIX 3.....	190
INTRODUCTORY LETTER	190
APPENDIX 4.....	191

PARTICIPANT’S CONSENT FORM 191

APPENDIX 5 192

ETHICAL CLEARANCE..... 192

CHAPTER ONE:

INTRODUCTION TO THE STUDY

1.1 AN OVERVIEW

The growth of HIV/AIDS incidences in some countries within Sub-Saharan Africa and the end result of these incidences have brought about fear and unrest in human life. In Sub-Saharan Africa many people have lost lives to HIV/AIDS within the past three decades since it was first diagnosed. It is argued that the existing condition of HIV/AIDS needs effervescent and powerful communication media to communicate information on the disease that can aid as a reminder (Van Dyk, 2008). Community radio as one type of media is assumed to play an active role in educating communities on and creating awareness of HIV/AIDS related illness (Parker, Dalrymple and Durden, 2006). Therefore, the focus of this study was on assessing the contribution of the Mafeteng Community Radio Station (MCRS) on HIV/AIDS matters, namely awareness and education in the Mafeteng district, Lesotho. This is because Mafeteng is one of the districts in Lesotho where HIV/AIDS prevalence keeps escalating instead of declining (LePHIA Report, 2016-2017). Therefore, the study placed a premium focus on the role of MCRS in reaching communities in the district within the radius of its coverage, and the possible social behaviour change impact that the station has on its listenership.

1.2 RATIONALE OF THE STUDY

As stated by Parker, *et al.* (2006), radio still remains a resourceful medium to assist in conveying health and social challenges. Parker *et al.* (2006) further emphasize that even during this time of digital communication; radio still remains a resourceful medium that can assist in addressing health issues and social behaviours in relation to HIV/AIDS. As a result, it is imperative that HIV/AIDS awareness and education be included in the context of mass communication such as community radio (Parker *et al.*, 2006). Even though some people are

still afraid of HIV/AIDS because of the stigma and discrimination attached to HIV/AIDS (UNAIDS Gap Report, 2015), it is important to acknowledge that other people have accepted HIV/AIDS as a reality and take some measures to advise or educate others in knowing their HIV status (National AIDS Commission, 2006).

The overall health communication purpose is to communicate promotional health messages, for instance, health education or public health awareness, such as information on HIV/AIDS prevention and the implications of the disease. The rationale of communicating health information is to influence individual health as way of helping people to improve health-related issues (Parker *et al.*, 2006). As stated by Mtimde, Maphiri and Nyamaku (1998); Peigh, Maloney, Higgins and Bogue (1979), community radio can play an active role in increasing HIV/AIDS prevention competence and strategies that may improve listeners' lives. HIV/AIDS competence means a society whose citizens are knowledgeable about HIV/AIDS, what HIV/AIDS entails, and how it is transmitted. Therefore, community radio as communication medium can play a vibrant role in this regard to raise awareness of and improve knowledge about HIV/AIDS.

It has been stated by different reports that Lesotho's HIV-prevalence rate has increased from 23% to 25.6%, with 25% of adults (age 15-59) infected with HIV DHS by 2016 (LePHIA Report, 2016-2017). The findings of the LePHIA Report (2016-2017) further indicate that there are 13 000 new incidents of HIV infection per year amongst this groups. These statistics illustrate that amid the overall population of Lesotho, there is a need to investigate the role played by different organisations or institutions to create awareness and educate communities on HIV/AIDS-related issues.

Based on the above analysis, the purpose of the research reported here was to assess the contribution of MCRS to HIV/AIDS awareness and education amongst the community surrounding the radio station, that is, within the receiving area. To make sense of such

HIV/AIDS awareness and education at Mafeteng, the researcher selected two well-known programmes which he could apply to come to a clear understanding of the extent of MCRS's contribution to HIV/AIDS awareness (see below under case study background).

1.3 BACKGROUND

As stated above, HIV/AIDS still poses threats to Sub-Saharan African countries. Without efficient strategies and actions such as education, HIV/AIDS remains a challenge to the communities (Bauer and Scott, 2005). As stated earlier, HIV/AIDS in Lesotho still remains a problem, as it keeps growing regardless of the measures taken by the Government of Lesotho and other non-governmental organisations (NGOs). This research therefore, focuses on the use of community radio station in creating awareness around HIV/AIDS epidemic in Lesotho, Mafeteng district. This is because mass media have immense prospects to influence health-related behaviours and perception (Tyali and Tomaselli, 2015). It can also provide a communication backdrop to improved health (Paker, *et al.*, 2006). They (Parker *et al.* 2006) further indicate that these media institutions can contribute greatly to the wellness of a community by playing a role in educating, informing and creating awareness around HIV/AIDS issues and support people to make informed decision regarding HIV/AIDS infection.

The focus of the study is on whether the selected radio programmes integrate or mainstream HIV/AIDS awareness and education and other related issues surrounding the epidemic. Furthermore, based on the benefits and role that community radio stations can have on communities (listenership), the study looks into the role of the radio's programming, and explores how it contributes to HIV/AIDS awareness and education in the selected location in Lesotho. Therefore, two programmes are discussed below; which will help the researcher to explore how MCRS programmes assist creating HIV/AIDS awareness in curbing the spread of HIV/AIDS in the Mafeteng community.

Tosa Morning Drive Show programme: This programme is broadcast between 05:00 and 10:00 from Monday to Friday. The aim of this programme is to inform listeners about economic, political, and socio-economic development issues affecting the community. It also features sports updates, and interviews with different stakeholders and other people working with HIV/AIDS issues, even outside the community, like NGOs.

LumelangMakaota programme: LumelangMakaota which is broadcast between 10:00 and 12:00 is a talk-show programme that addresses health issues and different stakeholders are invited to share their ideas and views. Various stakeholders are interviewed to share their views regarding growth issues and matters such as HIV/AIDS and other development topics. The community plays an active role in this programme through phone-ins and debating health issues affecting them. Beneficiaries are said to also play an active role in expressing their own views and aspirations through these programmes (United Nations Educational, Scientific and Cultural Organisation, 2012-2014).

1.4 THE BROADCASTING INDUSTRY IN LESOTHO

Understanding the different types of media operating in Lesotho will assist us in seeing where community radio fits in as the focus of the study. Thus, the difference between the broadcasting sectors is distinguished in this section and applied in Lesotho as the country of study. Generally, the broadcasting industry is mainly divided into three distinct areas, namely, public, commercial and community radio. On the one hand, public broadcasting is defined as broadcasting services provided by a statutory body, usually state-funded (Mtimde *et al.*, 1998; Stovall, 2005). On the other hand, commercial broadcasting is privately owned and the major purpose is to make profit, whilst community broadcasting is not profit oriented, but owned and controlled by a particular community (Community Manual, 1999; Mtimde *et al.*, 1998; Stovall, 2005). As argued by Teer-Tomaselli (2000:233), community media have developed as a distinct alternative to both commercial and public media.

In Lesotho all three these types of media sectors are operative. Radio Lesotho and Ultimate FM as the public broadcaster, are owned by the Government of Lesotho. They are funded by the Government of Lesotho. Ultimate FM is focusing more on the youth. More commercial radio stations also are emerging, for example, Tsenolo FM, Harvest FM, MoAfrica FM, Thakhube FM, Kereke ea Evangeli FM, Jesu ke Karabo FM, Molisa ea Molemo, People Choice FM known as PC FM, Joy Radio, BCC World Service Africa, LM Radio and Catholic Radio (CR) FM. Other community radio stations, however, were established in Lesotho after the Mafeteng Community Radio Station, which was the first community radio in the country. These other community radio stations include Moeling FM in the Botha-Bothe district, Motjoli FM broadcasting in the Thaba-Tseka district, and Dope FM of the National University of Lesotho (Mafeteng Community Radio, 2017).

Lesotho, as the country where the MCRS as a case study will be conducted, is a small country with a population of 2.2 million people (National AIDS Commission, 2006; Lesotho Bureau of Statistics, 2006). It comprises ten (10) districts (see the map in Figure 1.1, HIV/AIDS prevalence rate). The country is land-locked and completely surrounded by, and economically dependent on South Africa. Lesotho`s economy is based on limited agricultural and light manufacturing (textile, clothing, and leather) supplemented by large although declining remittances from Lesotho miners in South Africa. Lesotho`s political and constitutional history has been relatively smooth and peaceful compared to what was experienced by other Southern African countries.

1.5 PROBLEM STATEMENT

Since it was first diagnosed, HIV /AIDS has remained a medical challenge and it continues to escalate in some parts of Southern Africa, including Lesotho (UNAIDS Data Report, 2018; UNAIDS Gap Report, 2015; Van Dyk, 2008). Lesotho`s HIV/AIDS reported prevalence rate is alarmingly high and keeps on escalating (Demographic and Health Survey, 2014;

LePHIA Report, 2016-2017; National AIDS Commission, 2016). This was reason enough for exploring a holistic research approach on how community radio's programmes create awareness on HIV/AIDS related issues, and assist communities to deal with the epidemic, including how it might offer meaningful engagement and education (Adam and Harford, 1999; Demographic and Health Survey, 2014; UNAIDS Gap Report, 2015).

In 2003, the Lesotho head of state, King Letsie III declared HIV/AIDS as a national disaster and called government ministries and non-governmental organisations (NGOs) to embark on the fight against the scourge (National AIDS Commission, 2006). According to the UNAIDS Gap Report (2015), Lesotho's HIV/AIDS prevalence was at 23% of the population aged 15 to 49 years. However, the released DHS-Lesotho (2014), LePHIA Report (2016-2017) and the UNAIDS data report (2018) indicated that the HIV prevalence rate in the country increased to 25%. This HIV prevalence rate puts Lesotho as the second highest country after Eswatini 25.6% with HIV/AIDS prevalence in Southern Africa.

Irrespective of various efforts taken by different stakeholders to stop the spread of HIV, the infection rate continues to rise in Sub-Saharan Africa, with 1 (one) in every 25 adults (4.4%) living with HIV (Kunguma and Ncube, 2015). Approximately 25.8% of people thus were living with HIV/AIDS, of which 66% were living in Sub-Saharan Africa, which includes Lesotho (UNAIDS Gap Report, 2015; Van Dyk, 2008). An estimated 1.4 million new infections and 1.2 million AIDS-related deaths were reported in Lesotho by the year 2015 (UNAIDS Gap Report, 2015). However, according to National AIDS Commission reports (2016) and the LePHIA Report, (2016-2017) there has been a remarkable improvement in these rates from 2009 to 2014, with 35% of affected adults and 30% of affected children receiving antiretroviral therapy (ART) in 2014.

The HIV/AIDS prevalence rates differ from district to district. According to the Department of Health of Lesotho (DHL, 2009), the Mafeteng district at that time had a HIV prevalence

rate of 22%. This places the Mafeteng district among the middle group of prevalence compared to the capital town of Lesotho, namely Maseru, which was at the top, with a 28% HIV prevalence, and Butha-Buthe at the bottom with 21% HIV prevalence. However, as of 2018 studies have indicated that the HIV/AIDS prevalence projections have gone up, with Mafeteng now reported at a rate of 26.3% (LePHIA Report, 2016-2017; DHL, 2014). According to various released reports HIV/AIDS and other sexually transmitted infections are often more common in communities living in depressed socio-economic circumstances, for instance, a high employment rate forces people to migrate to cities, extreme poverty forces people into prostitution with its associated risks, and social or risk practices such as multiple-concurrent partners are some of the contributing factors to the increase of HIV/AIDS in this district (DHS-Lesotho, 2014); LePHIA Report, 2016-2017 and the UNAIDS Data Report 2018). Generalized poverty and social dislocation because of migratory labour are the two main factors driving the HIV epidemic (DHS-Lesotho, 2014).

The HIV/AIDS prevalence map depicted below indicates that in some districts, HIV/AIDS cases have increased, for example in the case of the Mafeteng district, while in others the prevalence has decreased, for instance, in 2009, Butha-Buthe's prevalence was at 21%, while now it is 17.8%.

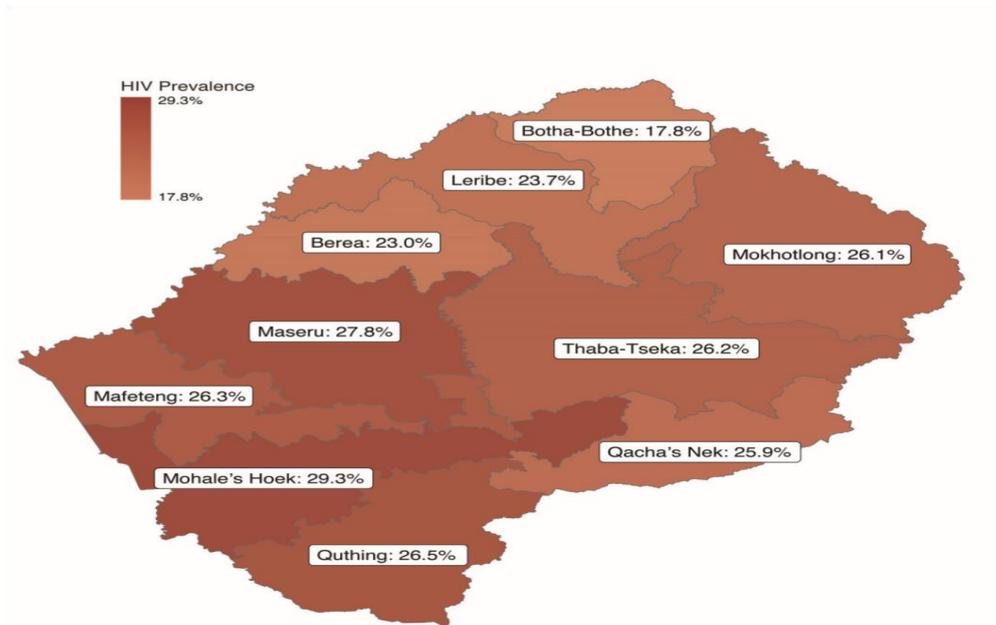


Figure 1.1: HIV/AIDS prevalence rate per district (LePHIA Report, 2016- 2017)

The ability to put a stop to the trend of an increase in the spread of HIV/AIDS in future to some extent depends on adequate communication with people, containing messages and knowledge (Fraser and Estrada, 2001; Myhre and Flora, 2000). To be successful in the fight against the spread of HIV infections, there has to be continuous education and awareness among people to take measurable actions to protect themselves from HIV/AIDS-related illnesses acquired through the sexual act and other related risky behaviour (Lesotho UNGASS Report, 2006-2007; National AIDS Commission, 2006; UNAIDS, 2014).

Based on the above reported findings by UNAIDS-Lesotho, communication basically is the obvious solution to the issue of increasing numbers of people becoming infected by the virus. Communication is an essential strategy in any action that aims to improve health issues. It is difficult to deliver messages to promote healthy choices without communicating. AIDS is regarded as one deadly condition and, therefore, without adequate communication and education procedures, HIV infections hold an explicit threat to the community (USAID, 2011). Therefore, communication can play a vital part in the methods of care, prevention,

support and HIV/AIDS treatment (Ministry Health and Social Welfare, 2008-2013; USAID, 2011). Therefore, MCRS, like other media outlets, can be a quick, effective and important tool to reach the Mafeteng community by providing health awareness information (*cf.* Howard, 2009). As indicated above, the study is aimed at assessing the contribution of MCRS on creating awareness around HIV/AIDS-related issues.

1.6 THE RESEARCH AIM, OBJECTIVES AND RESEARCH QUESTIONS

1.6.1 The aim of the study

The main aim or goal of this study was to investigate the role played by community radio in providing education on and raising awareness of HIV/AIDS through its programmes. For this purpose, use was made of a case study involving the Mafeteng Community Radio Station (MCRS). The study dovetails into two programmes of the community radio station, namely Tosa Morning Drive Show and Lumelang Makaota (for further information on the programmes, see the above discussion in 1.4).

1.6.2 Specific Objectives

In order to achieve the aim of the study, the following objectives were formulated:

- (i) To examine how the Tosa Morning Drive Show and LumelangMakaota programmes mainstream HIV/AIDS programme in their series (content) that are used as source to create awareness and education on HIV/AIDS-related issues.
- (ii) To explore different approaches and methods used by MCRS in delivering HIV/AIDS awareness and education through Tosa Morning Drive Show and LumelangMakaota programme.
- (iii) To explore the perceptions of stakeholders regarding Tosa Morning Drive Show and LumelangMakaota programmes in advancing and disseminating the information in regard to HIV/AIDS.

- (iv) To assess how community members participate in designing HIV/AIDS programme content.

1.6.3 The Research Questions

Since the first reported case of HIV/AIDS in Lesotho (UNAIDS Gap Report, 2015), the epidemic has negatively impacted on the country - from social and economic aspects of development to prospects of economic growth (UNGASS Country Report, 2006-2007). The scourge has constituted an alarming threat to Lesotho and its people, and it is an on-going barrier to Lesotho's economic development and general wellbeing (UNAIDS Gap Report, 2015). However, the Government of Lesotho since has taken concrete steps to address the situation. The biggest challenge to all efforts being put in place lies with the non-existence of a specific HIV/AIDS aligned communication strategy, which above all puts its main focus on radio as medium of facilitating information dissemination, and community radio as one of the community mediums that can be used to communicate HIV/AIDS messages (UNESCO-Lesotho, 2008).

Therefore, the research questions that guided this study were the following:

- (i) How do the Tosa Morning Drive Show and LumelangMakaota programmes mainstream HIV/AIDS programming in their series (content) used as a source of awareness and education on HIV/AIDS related issues?
- (ii) What are the different approaches and methods used by the MCRS in delivering messages on HIV/AIDS awareness through Tosa Morning Drive Show and LumelangMakaota programme?
- (iii) What are the perceptions of staff members and the community regarding the Tosa Morning Drive Show and LumelangMakaota programmes in advancing and disseminating information with regard to HIV/AIDS?

- (iv) How do community members participate in designing HIV/AIDS programme content?

1.7 BRIEF NOTES ON THE CASE STUDY: MCRS

A historical perspective of the growth of MCRS offers insight into the significance of the study. The Mafeteng Community Radio Station (MCRS) which is used for the case study is the oldest community radio in Lesotho. According to Sello (2015), MCRS Station Manager, as well as Matsasa (2015), who is a Director at the Media Institute Southern Africa (MISA)-Lesotho, MCRS was established in October 2011, during the commemoration of the World Press Freedom Day. MCRS was established with the purpose of reaching out to the community of Mafeteng by providing coverage of socio-economic development issues, including health-related issues such as HIV/AIDS and interrelated issues (United Nations Educational, Scientific and Cultural Organisation, 2012-2014).

The Station Manager and MISA-Lesotho Director pointed out that the station was established through the initiative of Mafeteng Multi Media Association with the help of the Lesotho National Commission for UNESCO. The mission of this station is to “empower the Mafeteng community for the betterment of lives through quality community broadcasting services” (United Nations Educational, Scientific and Cultural Organisation, 2012-2014). This station broadcasts on 107.7 FM daily from 05:00 to 23:00. It is estimated that MCRS covers the population of about 70, 000 listeners within the radius of 10 to 50 kilometres (United Nations Educational, Scientific and Cultural Organisation, 2012-2014). This station broadcasts under the slogan; *Lentsoe la Sechaba* meaning ‘The Voice of the Nation’. MCRS is located in the semi-urban city of Mafeteng District, Lesotho. The station is found in the centre of Mafeteng town, more or less one km away from the main taxi and bus rank. The station is surrounded by two South Africa border posts, namely Maseru and the Van Rooyen`s Gate (Mafeteng crossing to Wepener). MCRS is 70 km south of the capital of Lesotho, namely Maseru.

According to its station manager, MCRS has a team of ten radio board members who are Mafeteng community members, with the station manager selected as ex-officio member of the Board of Directors. They manage the daily operations and running of the station. MCRS's main aim is informing, educating and entertaining the listeners through a variety of programmes on air. The educative functions of community radio include bringing the community information on a variety of topics that add to the improvement of the community in various ways (Al-Hassan, Andani and Abdul-Malik, 2011). Hence MCRS also can contribute greatly in creating awareness on HIV/AIDS on various topics on this deadly virus.

Community radios, like other types of mass media, contribute to the entertainment function of the media. As highlighted by the programme manager, the station exists to entertain the Mafeteng community in a number of ways. The amusement programmes also contain informative and educative content for the benefit of the listeners. For instance, HIV/AIDS programmes sometimes are presented in an entertaining way so as to draw the attention of the audiences (see Chapter five on the results of the study). According to Malatji (2013), this leads to the amalgamation of the entertainment and information functions, which forms an edutainment purpose. The entertainment function also helps to release pressure, stress and tension in listeners (*cf.* Mefalopulos, 2008).

1.8 MAFETENG DISTRICT PROFILE

The radio station covers various villages, including Paballong, Moreneng and Motse-Mocha, where the study was conducted (see Chapter five). The selected residential villages mostly consist of Basotho, with Sesotho as their first language. In these villages, however, a minority of the residents use English and other languages as their second language. This variance in languages used was vital; however, most of the interviews except for other stakeholders were conducted in Sesotho. The fact that the Mafeteng Community Radio Station broadcasts in Sesotho, makes language a central focus as the study is about how

community radio communicates an awareness of HIV/AIDS. Thus, language is central to understanding media content. Therefore, the focus of the study was to assess the contribution of the available community medium (MCRS) in educating the community about HIV/AIDS within its laid down boundaries using the home language. The respondents required for the study were those community members who regularly listen to MCRS's HIV/AIDS awareness and educational programmes, which are mainly broadcast in Sesotho (which is the community's the first language).

1.9 THE SUBSEQUENT CONCEPTS ARE DEFINED AS THEY WERE USED IN THIS RESEARCH PROJECT.

1.9.1 Community Radio: Community radio is described as for the community, serving a particular community interest (Tabing, 2002: 11). In this context community radio is defined as the arena where different parties come to discuss HIV/AIDS-related issues.

1.9.2 AIDS and HIV: AIDS is a short for Acquired Immune Deficiency Syndrome. AIDS is said to be acquired because it is not a disease that is inherited. AIDS is caused by a virus (the human immunodeficiency virus (HIV) (Dyk, 2008:4).

1.9.3 Radio Programmes: Different programmes in this context are used by community radio to communicate HIV/AIDS awareness with the target audiences (Dyk, 2008).

1.9.4 Content (Messages): This is the message that is communicated to a target audience through the use of community radio (Gunning, 2019).

1.9.5 Approach or Methods: In this context method refers to the different formats used by radio to communicate with target audiences (Mersham, Von Essen, 2001).

1.9.6 Community: The word community in this study is used to describe the listeners or target publics of the community radio, which the community radio tries to reach with HIV/AIDS messages (Gunning, 2019).

1.9.7 Prevalence: Refers to the proportion of people living with HIV (LePHIA Report, 2016-2017).

1.9.8 HIV/AIDS Incidence: Refer to the annual number of new infections as proportion of previously uninfected persons (LePHIA Report, 2016-2017).

1.10 THE STRUCTURE OF THE DISSERTATION

This section is designated to a synopsis of the chapters of this research report.

Chapter 1: Introduction - This chapter presents an overview of an introduction to the study. It outlines ways in which the study was conducted. Moreover, the coverage areas of the research investigation are presented. It also presents the general objectives that guided the research, as well as questions that helped the researcher to achieve the set objectives or gather information from the participants. This chapter, in addition, provides a brief overview of MCRS as the case study.

Chapter 2: Literature review - The chapter is devoted to the literature review on perspectives relating to community radio as the focus of the study. This chapter provides a clear picture on what other researchers have done regarding phenomena related to the topic under study and the gap that can be filled by this study. The chapter highlights the role that may be played by community radio as a means of communication with its target audience. The chapter describes community radio and the role it plays in HIV/AIDS education and awareness within the communities. It explains the general key features of community radio that distinguish it from other media.

Chapter 3: Theoretical framework - This chapter highlights the theoretical concepts applied and the theoretical framework of the study. It discusses two theories that are used to contextualise the question of HIV/AIDS awareness and education in the Mafeteng community. Two theories that are employed in this study are McCombs and Shaw`s theory of the agenda setting theory, and Jürgen Habermas`s theory on the public sphere. The chapter assisted in concluding whether the community radio has the ability and responsibility to create awareness and educate a community about HIV/AIDS-related issues.

Chapter 4: Methodology - The chapter focuses on the research methodology employed in the study. It also elucidates the techniques used by the researcher for data collection in the course of the study. This chapter provides a detailed discussion of the research methodology employed by the researcher to conduct the study, which is a qualitative research methodology. Moreover, the aspects discussed relate to the procedures that were employed by the researcher for data collection in the case study. In addition to the procedures followed, the primary and secondary approaches to data collection are also described. Furthermore, in this chapter it will be explained how the data will be presented, processed and analysis by the researcher.

Chapter 5: Data analysis and findings - This chapter is devoted to the description of the analysis and interpretation of the research data collected from the research participants, as well as a presentation and summary of the findings of the data collected by means of interviews and focus group discussions on how MCRS`s programmes contributed towards the reduction of HIV/AIDS in the Mafeteng district. The views of participants from both MCRS employees and community representatives from selected villages are incorporated to determine how the MCRS contributes in curbing the spread of HIV among the community.

Chapter 6: Conclusion and recommendations - The chapter outlines the recommendations

made at the end of the study. The recommendations are based on the results and discussions covered in the previous chapters. Lastly, the conclusion of the entire study is provided in this study. The report is concluded with an overall perception of the study on HIV/AIDS awareness and education through community radio.

1.11 CONCLUSION

This chapter provided an overview of the study, the rationale of the study, the background of the research as well as the purpose behind the research study. Most importantly, it describes the formulation of the research problem, the research objectives of the study, as well as research questions that informed this study. It also narrates on the relationship of the topic to the discipline of communication. Finally, this chapter outlined the overall structure of the entire research project. The purpose of this chapter thus was to provide a general orientation to the research.

The next chapter deals with a literature review pertaining to health communication through the use of community radio.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter the role that can be played by community radio as a means of communicating with its target audience is scrutinised. The chapter aims to describe what is community radio and the role it plays in HIV/AIDS education and awareness within communities. It explains the general key features of community radio that distinguish it from other media. Furthermore, literature on the role of community radio as a ‘tool’ to disseminate information regarding HIV/AIDS awareness and education that has been examined, will be discussed. HIV/AIDS is one of the scourges afflicting society in recent times and that is an issue of serious concern for all. The condition (HIV/AIDS) adversely affects the economic production of Lesotho, hence the need to investigate measures taken by the community radio industry of this country in curbing the spread of HIV/AIDS in Mafeteng (Lesotho).

The researcher further gives a detailed description of the principles and characteristics of community media that make these media unique and different from other communication media. This description elaborates on how community radio has developed in African countries, the political debates affecting the community radio industry, including that of Kenya having the oldest community radio on the African continent. In addition, in this chapter we will look at the contribution of community radio to Africa’s diverse cultures and languages. Moreover, the emergence of community radio stations in Lesotho will be briefly outlined. Finally, the challenges still facing community radio stations in African regions will be delineated.

2.2 WHAT IS COMMUNITY RADIO?

Community media have developed as a distinct alternative to both commercial and public (state) media. Community radio has changed the landscape of communication by creating superior relationships between the informer and the informed (Masilela, 1996). Even though there are various definitions of community radio, Fraser and Estrada (2001:4) indicate that those different definitions share common universal elements - “radio by the people and for the people”. Thus, community radio on the one hand is managed by the people and on the other hand it serves that particular community.

Da Costa (2012), Girard (2007) and Tabing (2002) describe community radio as for the community, and serving a particular community interest. Community radio stations are owned and controlled by certain communities with the purpose of serving community interests (Community Radio Manual, 1999; Fraser and Estrada, 2001). Community interests may comprise certain subgroups within the community, such as women, youth, language and cultural subgroups (Girard, 2007; Mano 2011). As a result, the interests of community members will differ from group to group. This is because each group has its own interests even if they reside in the same territory. Common interests in a particular community may be flexible or dynamic; these may be social, political, sectoral, economic and or cultural interests (Teer-Tomaselli, 2001). On the one hand, Mtimde, *et al.* (1998:19) refer to community radio as a “radio station owned and controlled by the community, either geographically or serving certain community interests”. They further point out that community radio follows a social development orientation in its community. Mhlanga (2006) explains geographical broadcasting, in the case of community radio, as an autonomous radio station serving a certain geographical hinterland, all with a distinct local political-cultural identity and within its specific areas of coverage.

The study is thus guided by the definition of the station that is owned and control by the community within the district of Mafeteng. This is because the station follows the Mafeteng social development orientation, serving the geographical areas of Mafeteng community. This station also serves men, women, and youth, catering for the interests of all these groups. Therefore, the existent MCRS holds broadcast and licenses over a geographically limited radius, thus abiding by the subject of a geographical-based community rather than an interest-based one. Hence the study looks into the non-profit, small-scale radio transmitting to its geographical-delineated communities.

Community radio refers to a smallish autonomous radio station that runs on a negligible budget, giving priority to its community and being answerable to the community it represents (Rennie *et al.*, 2010). Community members in such areas take responsibility for the survival of the community radio station. Community radio financial support in African countries differs from region to region. In some countries or regions community radio is subsidised by government, while in others they are independent, some may be subsidised by both the community and government (Centre for International Media Assistance Report, 2007; Independent Broadcasting Authority, 1997). However, that does not mean those independent community radio stations cannot have relations or receive funds from other institutions, but those relations and funds should not compromise the station's individuality (Girard, 2007). In Lesotho, community radio stations' survival is dependent on community funds. Nonetheless, non-governmental organisations, such as UNESCO, play a role in assisting communities to establish and manage such community radio stations (LCA, 2007). MCRS as community radio is such a case, as it was established with the help of UNESCO, as stated above. This NGO was attracted to become involved, as this station serves some of its interests, combating HIV/AIDS, and it does not compromise the independence of the community radio station (*cf.* Girard, 2007).

Even when community radio stations are independent, they still are regulated like other broadcasting media institutions. The national broadcast regulator is responsible for the application of national broadcasting laws in a given country and regulates the general development of the broadcasting industry (Mtimde *et al.*, 1998). This is also the case in Lesotho. Community broadcasting, like other media institutions, is regulated by an independent body called Lesotho Communications Authority (LCA, 2007). MCRS is not exception, it is regulated by these body. It was awarded broadcasting licences by LCA, and this body oversees that MCRS abides with the licences guidelines.

2.3 PRINCIPLES AND CHARACTERISTICS OF COMMUNITY MEDIA

A great variety of characteristics are associated with the community radio sector, but generally it is considered to involve some of the following features: It stimulates more free and open debate of community issues and reflects the cultural and social diversity of the community (Community Radio Manual, 1999). Da Costa (2012) cites the Africa Charter on broadcasting definition which states that community radio ownership lies in the hands of the people within the local community; MCRS emphasis is as much as possible on the news and events of the local community, follows a social development agenda, and is not profit oriented. Mtimde *et al.* (1998) point out that the representatives of the media come from all members of the community regardless of sex, race or class. In support of these characteristics, the Media Institute of Southern Africa (2000) states that every user of such radio stations is also a potential producer or writer. Girard (2007), on the other hand, indicates that community broadcasting permits listeners to transmit messages from one place to another without travelling from one place to another. This is the case with MCRS, it broadcasts news and events of Mafeteng community, and also follows a social development agenda like farming, health issues and is not interested in marking profit. Presenters

(employees and management) come from this district; all members are accommodated in the station.

Even though community radio is an increasing phenomenon in Africa, both in noticeable terms and in admiration, it has been established differently across the regions. This is a positive occurrence, as community radio brings many and profound advantages for the African continent, such as the use of local languages for its target audiences, it grapples with community issues in their local language(s), and it broadcasts on matters that are relevant to the specific community's problems and concerns (Fraser and Estrada, 2001). Community radio works within the cultural context of the community it serves (Rennie, Berkeley and Murphet, 2010), helping the communities to tell their stories. Adding to the matter of local languages, Mhlanga (2006) and Mano (2011) note that the dissemination of information becomes effective because of the use of the local language people can understand.

Fraser and Estrada (2001) add that the local languages used by community radios help them to improve their social, economic and cultural prominence. It also contributes to cultural identity; thus, it offers communities an important way of protecting their home language and heritage (Rennie *et al.*, 2010). These authors continue by showing that community radio serves their listeners by using a home language. For example, native people in African countries have developed their own radio station across the regions which broadcast using the home languages which add s to their cultural and political intervention (Brunetti, 2000; Girard, 2007).

In the case of MCRS, it is dependent on the advertisements from the community. Different organisations, private and government advertise through MCRS, but not only advertisements, but also donations from NGOs and government departments because it addresses their issues

of concern and those organisations feel that these programmes reach out to their target audience adequately. It also broadcasts using a home language (Sesotho).

Community radio addresses human rights issues by ensuring the right to information and communication. Many people in Africa have been starved of information due to biased ways of information dissemination from other media, such as television broadcasting, commercial and state-owned radio stations (Fraser and Estrada, 2001). Therefore, community radio has contributed in providing information to ‘forgotten’ communities (Rennie *et al.*, 2010). Community radio generally also offers some or other form of education, thereby creating an information culture. It further enhances liberation and self-worth; moreover, it serves as a local platform for debate, exchange of ideas and reactions to plans and projects (Girard, 2007).

Having noted all the advantages community radio holds, it must be pointed out that community radio is aimed at social benefit and not at profit making. The purpose behind community media is to serve the social interests of the community, not for economic gain, as is the case with commercial media (Centre for International Media Assistance Report, 2007; UNESCO, 2008). It can either be run by a non-profit making organisation or be registered as a non-profit making entity, but being a means of communication for the community; therefore, it exists to serve the community (Fraser and Estrada, 2001; Rennie, Berkeley and Murphet, 2010). Nonetheless, the community radio stations still need some or other income to ensure its sustainability. Sustainability is defined by Simmering and Fairbairn (2007:5) and Hussain (2007:1) as “the capacity to generate sufficient revenue to maintain and sustain efficient functioning or operation of a community radio station”. Three forms of sustainability have been identified by Jallof (2007), namely financial (commercial), social and institutional sustainability.

These community media stations, as far as possible, avoid commercial contributions and would rather seek financial support primarily from their users, supplemented by grants from community organisations. According to Osunkunle (2005; Mmusi, 2002; Wigston, 2001), the survival of community radio is dependent on commercial revenues from advertising and contributions from the community members through their joining (membership) fees, as well as donations from funding agencies at times (cf. Centre for International Media Assistance Report, 2007). But programmes do not only address issues of concern of the sponsors, but sometimes, because they are popular, these programmes attract more listeners. As such, organisations are interested in sponsoring such programmes to promote or support their mandate. For instance, a Zambian Community Radio Project (ZCRP), through its popular radio programme called *Kumuzing*, meaning Our Language, reaching approximately 600 000 people, is funded by the US Agency for Development (Madamorambe, 2005). It was basically designed to alleviate HIV/AIDS in the country (Eiger, 2005) through the USAID donor funds. Even so, some community radio stations may use one or a combination of the above-mentioned funds for their survival (Teer-Tomaselli, 2001).

Community radios cannot survive without financial sustainability; they still need funds for the day-to-day running and future sustainability of the stations. These include some operational expenses such as electricity, tapes, transport, maintenance, upgrading of the equipment and other contingency plans (Girard, 2007). This is the case in MCRS, its survival is depended on contribution of Mafeteng community, commercial advertisements and as well as donations from government and non-governmental organisation. As stated earlier, these organisations buy slots on popular programmes to communicate with MCRS' target audiences for various messages, including HIV/AIDS.

Lastly, social sustainability encompasses the ownership and community participation in programme design both at decision-making and production levels. Jallof (2007) argues that only when communities have control over the communication processes, community radio stations can be socially sustainable. Nonetheless, it has to be noted that community radio stations still face many challenges due to the fact that most of the time they get funds from international agencies or organisations and if not, it becomes difficult for them to run the station (Fraser and Estrada, 2001). This is because sometimes the revenues they generate themselves are not sufficient to sustain the station. Hence, they may need support from external bodies like government and NGOs.

A community radio station's content is another characteristic of community radio. Community radio programmes and content mainly focus on local or specific target audiences (Al-Hassan, Andani and Abdul-Malik, 2011), and sometimes also may include content that often is overlooked by commercial and public or state broadcasting. For instance, in Australia, it has been discovered that many community radio stations have been initiated to serve groups in communities that are not served by either commercial or national radio stations (UNESCO, 1989:149). Being successful in generating community-oriented content can only be achieved through community participation in programme administration, setup and/or structures (Teer-Tomaselli, 2001). Local people understand their concerns better than change agents, but they still may need some guidance, because when it comes to development issues, sometimes people may not have understanding of the matters at hand as a result of cultural stereotypes and a lack of understanding of the benefits of specific developments. As a result, they may need some guidance to deal with such innovations. Hence, community radio programme content has to be based on social development and improvement of the community to serve its purpose.

The Board of Directors of community radio enterprises plays an important role in overseeing the community radio sustainability and to be seen as representative of the community. Boards of Directors are elected by the community, and are members of the organisation by reason of a nominal membership fee or the purchase of shares (Davidson, 2014). In community radio daily activities, board members are to oversee all decisions and actions and ensure that the station operates according to the community's interests (MISA, Zimbabwe, 2015). Girard (2007) notes that board members should have some background that qualifies them to be elected in representing the community, for instance, a special expertise and/or informed interest in, for example, HIV/AIDS and health issues in general, women and gender issues, disabilities, and matters pertaining to the youth, to mention but a few. This is because a member has to have an interest in his/her area of specialization, then it will assist the station not to overlook such issues or pay more attention to other matters (Davidson, 2014). The board becomes the mouth-piece of the community it represents, and therefore must share the community's concerns and highlights in the community by means of the radio programmes. Girard (2007) notes that board members become representatives of different groups. "The Board of members are responsible to see to it that the radio station addresses the concerns of the community as they are representatives of the community" (Centre for International Media Assistance Report, 2007: 6).

2.4 COMMUNITY PARTICIPATION IN COMMUNITY RADIO

Community participation in community radio stations' programmes and activities is vital. Community participation is a process of engaging communities to have a say in the running of the station (Community Radio Manual, 1999; Fraser and Estrada, 2001). The privilege to have a say in the running of the station gives them an opportunity to improve their lives and address those issues that have not been addressed previously or have not been considered important (Rennie, *et al.*, 2010). In addition, the fact that the community will have a say in

the development work done or in the identification of problems, increases the likelihood of the sustainability of such developments, and chances are very high or better to find solutions to problems when they have a part in identifying them, as they now own the solutions and developments. This is unlikely to happen in top-down communication where developments are imposed on communities without them having a say in the matter, and which then are not sustained afterwards (Rensburg, 1996). Such developments were not sustainable because communities were not involved and referred to such projects as the agents' property.

Community radio decision making is decentralised through community participation. Therefore, in this study listeners (communities) are allowed in identifying their area of concern regarding HIV/AIDS related issues and give it to radio presenters, then they pass listeners' concerns the HIV/AIDS experts for further consideration and clarifications (*cf.* Rennie *et al.*, 2010). This, therefore, allows the community in which the radio station will operate to be the initiators of their own concerns, rather than having the station or other bodies to decide for the community.

In some regions state or commercial radio stations' listeners' participation is limited to phone-in programmes that have been designed by the station presenters and/or management. Although they have no say in the decision-making, at least their voices and opinions can be made heard. But, in other cases, the programme content is designed or produced by the government or professionals working in the radio stations, which does not inevitably allow target audiences to express their concerns or opinions (Wanyeki, 2000; Girard, 2001). This is contrary to the purpose of community radio stations, where the listeners are responsible for decisions regarding programmes, and producing, directing, managing, and the running of the station (Girard, 2007; Wigston, 2001). Thus, community radio remains the fundamental communication and information-sharing foundation which is necessary to guarantee community contribution in driving social rebuilding and development. In Lesotho, state

radio is controlled by government, and commercial stations by the owners, while community radio is in the hands of the respective communities. “These are some of the features that differentiate community radio from commercial and state media that are profit oriented, subject to political influences, privilege, and power; sometimes can just serve propaganda and many more”(Tavhiso, 2009: 34).

Community media refer to a democratic, participatory approach of communication from the ground-level community to the more powerful community member and national decision-makers (Mgibisa, 2005; Ramaphosa, 1992; Teer-Tomaselli, 2001). Community media form part of a larger movement toward community access to communication. It is the media that give the communities a chance to express their own goals, views and aspirations, not just as individuals, but as organisations (Howard, 2009; Girard, 2007; UNAIDS, 2010).

On one hand, Myers (2000) states that community radio remains a major tool for communication where aptness of literacy exists. It also allows sender and receiver to become active participants in the exchange of information (Aqrabawi, Zaidah and Kuttub, 2006). This addresses the communication process, as, for communication to be complete, there has to be interaction between participants, allowing both parties to become sender and receiver. This is because, among other features, a special effort is made to provide an active voice for less powerful majorities in the community and to allow minorities an opportunity to make known their alternative views and opinions about life (Teer-Tomaselli, 2001). This was also established as part of a broad socio-cultural and political movement within a given country or continental region.

Dunaway (2002), the Community Radio Manual (1999), Wigston (2001), Steinberg (1995) and Fairbairn (2000) all agree that community radio should be characterised by being available to the community they serve, by allowing them to participate in programmes and to

state their needs and concerns. Community radio should be accessible to communities by allowing them to reach the station and to benefit from it (The Open Society Foundation for South Africa, 2003). This can be easily achieved as a result of simple technologies used by the community radio. In addition, community radio must be acceptable and accountable to their communities by respecting different listeners' needs and showing a sense of respect for their languages, traditions, beliefs and cultures of the relevant communities. The Open Society Foundation (1999) and Fairbairn (2000) contend that affordability to the community members can only be achieved and sustained through allowing community members to run the everyday activities of the station. As suggested by Boeren (1994:141), "community radios are ideally placed to develop different messages for various target audiences with relevant messages". The radio station has to impart the knowledge through different messages to intended target audiences' needs. These may include, among others, health, social and agricultural issues.

2.5 WHO IS THE COMMUNITY IN THE COMMUNITY RADIO?

What constitutes 'community' from the community radio perspective? 'Community' refers to a collective or a group of people who share similar interests and characters' (Mtimde, Maphiri and Nyamaku, 1998:12). These people may share, among others, a city, town or region. According to Anderson (2006), countries have identified two major groups of community broadcasters which can provide them with information, namely geographic communities and communities of interests. Anderson referred to geographic communities as peoples who share the same territory, and communities of interests are people who share certain interests, such as language, culture and social and/or economic interests, but do not necessarily live or stay in similar territories. As a result, it is very difficult to reach these groups of people (communities of interest) through traditional media, as, by nature, they are geographically dispersed. Anderson (2006) further argues that the fact that people stay

together does not necessarily mean that they share similar characteristics. Most of the communities from Mafeteng district share a similar language, even though there are some people from other districts or neighbouring country who are staying there for other purposes like businesses and/or employment. But most of the target audiences who stay in Mafeteng share similar interests like culture, norms and Sesotho as their first language.

Community interests may be described as having specific, ascertainable common interests (Mtimde *et al.*, 1998). Tacchi (2003) points out that the common interests that may be shared by a community include that they are a geographically based together group of persons, or a social sector of the public who has common or specific interests. Teer-Tomaselli (2001) indicates that specific interests may include, among others religious, institutional, development or cultural communities, subjected to the licensing circumstances, for example, the congregation of a specific church, students attending the same university, or the employees of a specific business. These specific interests differentiate such groups of persons or sectors from other communities.

However, it has to be noted that even though there are common interests in the community, there are also internal dynamics, for instance, the power dynamics in relation to culture or tradition which often result in gender-based violence. In some countries or communities, for instance in Lesotho men are believed to be superior to women; hence, sometimes men may make some decisions without involving women. Even when they have the necessary information and knowledge, women, and especially young girls, often lack the power to determine when and with whom to have sex, let alone to insist that the sexual partner use a condom (Nation AIDS Commission, 2006). Therefore, at times it becomes difficult for women to share their views. As a result, this can also contribute to the increase of HIV/AIDS. These are some of the dynamics that speak to the issue of “common interests”.

Therefore, communities in this study are conceptualised as target audiences served by the MCRS. These are people whom the station is intended to reach with their various messages including HIV/AIDS related issues. They also play a crucial part in the success of the station. As stated earlier, these communities in community radio stations play an important role of participating in the functioning of such a station. As stated by Tehrahian (1990:108) “community radio is answerable to its target audiences and allows for two-way communication”. This makes it different from mainstream media in the sense that communities are not only receivers of information but play an active role. However, Teer-Tomaselli (2001) notes that community participation in community radio stations should be considered with caution as they differ from station to station. In support, Fourie (2008:58) highlights that “it is on the basis of the type of social groups the station is focusing on or established to serve”, whether geographic or common interests. Authors further posit that communities play an important part in the community radio in identifying their felt needs and providing solutions to problems identified. Community radio clarifies the broadcasters’ profession by taking community members as message producers (Fraser and Estrada, 2001).

Moreover, communities listening in to community radio are not just receivers of information, but play an active role in producing and delivering such messages (Mhlanga, 2006), which means that communication becomes a two-way process. Communities can express themselves or participate through formal and informal settings in community radio. Mtimde *et al.* (1998) elucidate that formal settings may be phone-in programmes, social media and letter writing. These formal settings may be used by mainstream media as a form of participation too. However, the uniqueness of community radio in formal settings is found in communities being given the chance to express their views or discuss the challenges and solutions to the problems facing the station. These discussions can be through open meetings with other stakeholders or shareholders.

2.6 THE POWER OF COMMUNITY RADIO

Radio is among the most affordable sources of information and it reaches more people faster (UNAIDS and Media Action International, 1999). However, with the invention of social media, the communication landscape has changed radically. Nonetheless, community radio still remains the most affordable medium even for average and disadvantaged populations. Apart from being relatively inexpensive, community radio is a more flexible medium, reaches its target audiences throughout the day, and often provides the opportunity of talking directly to a specific target audience (Masilela, 1996). Research has indicated that, for instance, community radio still remains the most accessible and affordable way to disseminate information and bring entertainment in Kenya and other African countries (Centre of Governance and Human Rights, University of Cambridge, 2012). A study that was conducted by the International Telecommunication Union (ITC) in Lesotho, for example, indicates that “only 14% of population in Lesotho have access to internet” (Country Reports on Human Rights, 2015:12). This report specifies that this is due to limited infrastructure and the high costs of internet access.

UNAIDS and Media Action International (1999) point out that community radios in rural areas in other African countries, such as Lesotho, cover large geographical areas and reach many more people when compared to other media such as newspapers and television. This is due to people in remote community areas not having access to newspapers and fall outside the reach of television signals; also, many people living in these remote areas, as stated earlier, are unable to read and write (Centre for International Media Assistance Report, 2007). Most people in rural communities also cannot afford television sets. The report further argues that even though community radio is limited to certain kilometre ranges, thus its area of coverage is minimal, it still covers areas better when compared to newspaper readers and television viewers, as communities within its radio coverage can be heard even if they are not

able to read and write. It is also affordable to the community it serves. In support of this opinion, Rensburg (1996: 179) states that “mass media would create a climate or public sphere of acceptance with regard to development issues”. Thus, community radio is seen as an instrument for creating a consciousness or awareness of a proposed project. It is also part and parcel of rural development and is a credible source of information (Rensburg, 1996).

Communication is central to the success of development and democracy. In regard to HIV/AIDS, communication through community radio can play an important role in sensitizing people about many aspects such as awareness, stigma, community attitudes, family support, treatment, and care. For instance, a study conducted in semi-rural Ghana among the rural Pokuase community members reveals that the community acknowledged that Radio Emashie programmes played an important role within the community to change their behaviour towards HIV/AIDS, and not only to change their behaviour, but also to take care of themselves (Soremekun, 2016). The study further discovers that among the Pokuase community members in Ghana many people within the Pokuase community admitted that their behaviours towards HIV/AIDS had been influenced by Radio Emashie’s awareness and educational programmes regarding HIV/AIDS (Soremekun, 2016).

Community radio, as source of information, can also assist in disseminating information on specific topics, whether it is informational, educational or entertaining (Fombad and Jiyane, 2016; UNAIDS and Media Action International, 1999; UNAIDS, 2008), and it is argued that prevention should be the top priority of communication when it is aimed at health-related matters - as the saying goes, prevention is better than cure. For instance, it was discovered by Christopher (2014) that Forte FM’s community radio awareness programmes benefited its listeners by bringing light to those infected by HIV, on how they could take care of themselves and live longer. The messages not only helped the infected, but also those affected by the epidemic; how they could protect themselves, help those affected and how to

stay free from HIV. Moreover, Soremekun's (2016:409) findings in semi-rural Ghana indicate that "... Pokuase community members believe that regular and culturally appropriate HIV/AIDS programmes transmitted without technical hitches would improve preventive measures uptake by community members".

2.8 COMMUNITY RADIO PROGRAMMES FOR HIV/AIDS EDUCATION AND AWARENESS

Communication strategies that disseminate information to intended target audiences are vital. Communication strategy is designed to help one to communicate effectively and meet core organisational or personal objectives. Communication strategies should be established before engaging or designing a particular community radio programme. If that is not done, the community radio programme may encounter some limitations to reach its audience and disseminate the intended message(s) to its anticipated target audience. Myhre and Flora (2000) recommend that this be achieved by doing a situation analysis, which will provide an overview of the current, previous and existing situation. In addition, Myhre and Flora (2000) further argue that the radio presenters have to understand the whole range of publics with whom they have to communicate. Each target audience will have a different communication requirement, although the information given to each must not conflict.

According to Adam and Harford (1999), community radio programmers, before engaging in health-related programmes, have to conduct research. The authors state that for one to achieve an effective education programme, the broadcasters have to understand the audience's perceptions, knowledge and attitudes regarding HIV/AIDS (Fraser and Restrepo-Estrada, 2002). Otherwise, the audience will regard the education and advice irrelevant. In addition, for the format of the programme to be effective, key broadcasters have to

understand the current situation so as to respond to the audience's needs and preferences (Myhre and Flora, 2000).

However, for education and awareness to be accomplished, there has to be a clear key message(s) about that which one wants to accomplish through one's community radio programme (Adam and Harford, 1999). If people are well informed, they will be able to make informed decisions regarding HIV/AIDS. Hence it is vital to give people information regarding HIV/AIDS. For instance, the emphasis of the message should be that it deals with educating people about cause and prevention, and about being aware of the effects on one's health. Then issues such as non-discrimination, the use of condoms, support and care of infected persons, behavioural change, and affordable options regarding treatment (Adam and Harford, 1999). According to Skimmer, Mersham, and Benecke (2016), in order for the message to be transmitted effectively, there has to be clear target audiences. If the broadcaster has clarity about the audience, it will assist in eliminating communication noise, which is brought about by psychological, physical or environmental issues (Skimmer, *et al.*, 2016). Having studied these prospective audiences in advance, will assist the broadcaster to be actively aware of the environment in which the radio station is operating. This is vital because publics exist within those grounds and it is not possible to understand people fully unless there is clear knowledge and understanding of the social, technological, economic, political and cultural issues and factors that influence them and drive their lives.

According to Clear (2011) and Skimmer *et al.* (2016), for communication to be complete there has to be feedback and mutual understanding of the message must be established. However, it has to be noted that feedback may be either negative or positive (Campbell, 2002; Skimmer *et al.*, 2016). Communication noise refers to as anything with the effect of interference or distortion that unconstructively affects the transmission and reception of a

message (Infante and Rancer, 1993; Jandt, 2010). Therefore, it is very important that presenters make sure that they eliminate as much as possible ‘noise’ in order to achieve the goals or objectives or disseminating appropriate messages. It is also important to note that target audience preferences differ according to their lifestyle. Hence it is important that before designing a programme, one should understand the specific target audience, being either women, men, or youth (Gordon and Harford, 1999; Gregory, 2015).

For HIV/AIDS messages to be effective, there has to be interaction between the presenter and the target audience. To achieve that, the final phases of communication, which are receiving the message and giving feedback, are important, because that is what make communication a healthy two-way process (Gordon and Harford, 1999; Gregory, 2015). This allows for monitoring the message effectiveness, which is gauged by the receiver’s response (Gregory, 2015; Jandt, 2010). The response may indicate that the receiver has not done anything, or that he/she is taking some action, which, in turn, may be, or may not be the action desired by the source (Gregory, 2015; Jandt, 2010). Regarding community radio programmes, getting the desired reaction can be achieved through a phone-in programme, where the target audience can contribute to programme design and messages (Myhre and Flora, 2000). In support of this idea, the Open Society Foundation for South Africa –OSFSA(2003) maintains that such communities should also be engaged by participating actively, even in the production and discussion of issues and other matters broadcasted.

2.9 METHODS INTEGRATED IN COMMUNICATING HIV/AIDS AWARENESS THROUGH COMMUNITY RADIO

Community radio can play a vital role in mainstreaming various methods or approaches in spreading, educating and creating awareness about HIV/AIDS among its community members. These methods can be broadcast live, and/or playing pre-recorded programmes of

the various events of the community. These are recorded programmes aired on community radio, and these programmes will be addressing issues affecting the community directly. This is because they will be informed by the communities' situations. Also, different communication or health specialists may also be invited to share their views on such programmes.

HIV campaign communications are vital in disseminating information. Campaign communication is described as coordinated, purposeful, extended efforts designed to achieve a specific goal or a set of interrelated goals that will move the organisation or individual towards a longer-range objective expressed as its mission statement (Gregory, 2015; Skinner, *et al.*, 2007). Parker *et al.* (2006) explain that HIV campaigns, like any other communication strategies, may be used to communicate issues of stigma, prevention, use of condoms, and many other related issues regarding HIV/AIDS. Campaigns are designed and developed to influence behaviour by modifying a law or opinion, or by retaining a place within a relatively well-defined and large audience, generally to the benefit of and aimed at organised communication activities involving mass media, often complemented by interpersonal support (Gregory, 2015).

Communication campaigns include, among others, face-to-face communication, outreach campaigns, and public gatherings (Gregory, 2015). Community radio can significantly contribute to such campaigns by creating a deeper awareness about HIV/AIDS (The Government of Lesotho and the Expanded Theme Group on HIV/AIDS, Lesotho, 2004). The Lesotho government and theme group point out that these campaigns can all be effective channels for mass communication on HIV/AIDS. Basically, a community radio channel can and should address the various issues such as stigma and discrimination associated with infected and affected individuals. They further explain that through their programming, they

can develop different messages for different target audiences and reach each target audience with an appropriate HIV/AIDS message(s).

According to McQuail, (2005), the mass publicity has the ability in shaping opinion and influence behaviour. For instance, based on the study carried on X-K FM programmes on HIV/AIDS communication messages; participants in the study carried among !Xun and the Khwe community based in Platfontein, Kimberly, in South Africa indicated that because of these HIV/AIDS programmes, they started to see value in different messages casted on HIV/AIDS. Participants stated that before the advancement of this community radio, there was confusion about the virus especially those who have no access to health facilities. Tyali and Tomaselli (2015:5) state that the establishment of X-K FM by “SABC and Department of Communication has helped to disseminate knowledge and educate some of the complexities of HIV/AIDS”. Community radio listening people started to discuss these issues among themselves, and people started looking for good measures they can take to stop the spread of HIV/AIDS. However, with the inception of the social media, the autonomy of the public sphere is compromised as people can say even things that people do not want to hear or vice versa (Edegoh, 2000). Moreover, it has brought about change in the communication landscape (Cateora, 2013). People nowadays can even view live broadcasts through these social media platforms.

HIV/AIDS communication should be an ongoing process; the message has to be reinforced continually among the community. HIV/AIDS is a largely imperceptible syndrome that can only become real in people’s minds if they can attach actual effects to the condition. The more the message about HIV/AIDS is reinforced the more people will understand the implications of HIV/AIDS and how it affects the society at large. This is because the more one talks about an issue, the more people get to understand it or get to talk about it as agenda

setting theory articulates (McCombs and Shaw, 1972). Community radio is another source of communication for distributing valuable information regarding HIV/AIDS awareness and education to people and assisting them to develop requisite knowledge and attitudes (Myhre and Flora, 2000).

For community radio to achieve awareness of HIV/AIDS, some researchers have discovered that repetition of the message(s) can assist in the spread of messages intended for listeners (Girard, 2007; Mhlanga, 2009; Teer-Tomaselli, 2001). The repetition of HIV/AIDS messages even may encourage the public to discuss HIV/AIDS messages among themselves. As a result, the dissemination of the message becomes easier and faster, as it is argued that sometimes it is not the discussions in the media that bring about change, but the ensuing discussions among trusted peers or opinion leaders (*cf.* McQuail, 2005). Some studies show that previously, the spread of HIV/AIDS was due to lack of the awareness about the epidemic (National AIDS Commission, 2006; Fourie, 2011; Fraser and Restrepo-Estrada, 2001). The end result of this lack of awareness was that large portions of the population died because of HIV/AIDS (Ministry of Health and Social Welfare [MH&SW] & National AIDS Commission [NAC], 2008-2013; UNAIDS, 2004). The assumption is that due to the contribution of the mass media in creating awareness and educating people on HIV/AIDS, the HIV/AIDS related deaths or infections have dropped (Choudhury, 2011; Fourier, 2011; Rennie, Berkeley and Murphet, 2010; UNAIDS, 2004).

2.10 MEDIATING HIV/AIDS CAMPAIGNS THROUGH COMMUNITY RADIO

Myhre and Flora (2000:27) surmise that “media has been the primary method for disseminating HIV/AIDS messages”. This is why community radio has the key role to play in creating deeper awareness about HIV/AIDS. The reason for this is that mass media interventions can assist in combating the epidemic by increasing knowledge about HIV/AIDS, fighting against the stigma and discrimination, and by supporting each other, and

also to bring communities to understand the importance of ensuring protection of the right of infected and affected communities (USAID, 2011; USAID, 2015). For instance, it has been reported that because of an HIV/AIDS awareness programme in Uganda, the HIV/AIDS prevalence rate has declined in that country (Tumushabe, 2016).

The Open Society Foundation for South Africa (2003) maintains that this can be achieved through open community participation - mostly by those affected and infected by HIV/AIDS – as a result it will also benefit the community through radio message exposure of HIV/AIDS related issues. For instance, Mchakulu (2007:1) from findings on youth participation in radio listening clubs in Malawi suggests “community radio and its associated radio listening clubs have together created an emerging public sphere for the local community, including a space for youths and other disadvantaged groups to discuss solutions to local socio-economic problems”. While young club members evade the more disruptive political issues, they, however, without stinting, talk about those factors that affect socio-economic development, such as HIV/AIDS.

Community radios are treasured and valued in their area of coverage. This broadcaster emphasizes as much as possible the news and events of the local community; which may include being an exceptional protagonist in encouraging HIV/AIDS awareness and education (Community Manual Radio, 1999). In reports, the Open Society Foundation for South Africa (2003) states that the fact that community radio emerged from the community gives it the advantage to become important instruments to educate and inform its community around the issues pertaining to HIV/AIDS. Community radio is also useful because of its potential as communicating medium to endorse HIV/AIDS education, and it can also be used to promote HIV/AIDS communication, because it reaches a wider audience within its radius and radio

programmes are quick and cheap to produce. More importantly, even the radio receivers are widely available (Adam and Harford, 1999).

2.11 A BRIEF HISTORICAL OVERVIEW OF THE DEVELOPMENT OF COMMUNITY RADIO IN LESOTHO

Even though Mafeteng Community Radio Station is regarded as the first community radio station in Lesotho, the first community radio broadcaster was established by the National University of Lesotho, with the aim of serving students and communities around Roma, Maseru where it was situated (Ramakhula, 2009). However, in 2005, UNESCO, the Media Institute of Southern Africa (MISA)-Lesotho and the Mafeteng Community, represented by the Mafeteng Community Multimedia Association, established the MCRS (Lesotho Communication Authority, 2011). The station was established with the purpose of supporting community development through its programming, thus, it aimed to broadcast educational, entertaining, and development radio programmes. Recently, there seems to be more community radio stations emerging in Lesotho. MCRS was granted a broadcasting license in August 2011 (Lesotho Communication Authority, 2011). The community radio was established with the objective to expand the media space in Lesotho. Also, it was established to fill the gap left by the state and commercial media in Lesotho and to reach the local population (MISA-Lesotho, 2006).

Despite its long history in Kenya, community radio there still faces some challenges with regard to sustainability. Community radio does not manage resources for day to day operations. As it has been mentioned earlier, the MCRS receives benefits of some kind from UNESCO, and sometimes from the Lesotho government too, but this differs according to regions. However, the support from those entities still is not sufficient to sustain the daily operations of the community radio station (Centre of Governance and Human Rights,

University of Cambridge, 2012). Girard (2001) indicates that the other challenges facing community radios in other regions have a bearing on delivering messages to various segments that have not been attended to by either the commercial or public radio. Thus, it is clear that there are some limits to or challenges facing African community radio stations. Comparatively, however, it is still believed that the broadcasting system in Europe did not serve the community well when compared to Africa or Asia (*cf.* Tavhiso, 2009).

Future endeavours to stop the spread of HIV/AIDS to some extent depend on adequate communication with and messages and knowledge possessed by people. Awareness and education programmes only will be successful if there are continuous education and awareness programmes available to people to empower them to take measurable actions to protect themselves from HIV/AIDS and related health problems acquired through the sexual act and related behaviour (Lesotho UNGASS Report, 2006-2007). Despite high levels of awareness and education, HIV infections still rise because of Southern African practices, among others, including multiple and concurrent partnerships, poverty, unemployment, and insecurity and intergenerational sex (National AIDS Commission, 2006).

Based on the above reported findings by UNAIDS-Lesotho, it is clear that communication has an essential role to play in any action that aims to improve health and combat health issues. It is difficult to deliver messages to promote healthy choices without communicating; the media avoid awareness messages and knowledge about community development issues as much as possible (Parker, *et al.*, 2006). HIV/AIDS is regarded as one deadly condition and without adequate communication and education procedures, HIV/AIDS holds an explicit threat to the community (USAID, 2011). Therefore, communication plays a vital and irreplaceable part in the methods of care, prevention, support and HIV/AIDS treatment. Hence, community radio, like other media outlets, must convey quick-witted and

constructive life improvement messages to the community and nation by providing, for example, health awareness information (Howard, 2009). In addition, community radio also can make a substantial contribution in the fight against HIV/AIDS while giving people the necessary knowledge on how to deal with the epidemic with knowledge and understanding around how they respond (Myhre and Flora, 2000; UNAIDS annual report, 2004).

1.12 CONCLUSION

This chapter has provided an overview of community radio definitions by various authors. Not only definitions, but also the characteristics and principles of community radio stations have been discussed. Most importantly, it has highlighted the matter of the community radio station as means of communicating, educating and creating awareness regarding HIV/AIDS. Different approaches that may be utilised to assist in curbing the spread of HIV/AIDS have also been incorporated in this chapter. Lastly, it has also elucidated how community radio has emerged in African regions. An overview of the chapter is that community radio, like other media can play an important role in educating and creating awareness around HIV/AIDS. Nonetheless, community radio cannot function effectively if it does not consider the community in which it is working. The community aspect in community radio plays an important role in achieving the mandate of such a community. Even though community is defined or perceived differently across the world, its mandate is to serve the community. Based on the analysis it clear that countries still face challenges regarding HIV/AIDS, but community radio can play a major role in educating people about and creating awareness around HIV/AIDS.

CHAPTER THREE: THEORETICAL FRAMEWORK

3.1 INTRODUCTION

In this chapter, two theories are discussed that were used for this study to contextualise the question of HIV/AIDS awareness and education in Mafeteng community. The two theories that were employed for this study are McCombs and Shaw`s agenda setting theory, and Jürgen Habermas`s theory of the public sphere. The chapter is devoted to a discussion of how the study reached the conclusion about whether the community radio has the ability to create awareness and educate a community about HIV/AIDS related issues. Particularly, the aim of the theories is to explore how selected MCRS programmes incorporate HIV/AIDS education and awareness in their programmes. This is because, from an agenda setting theory viewpoint; media are considered to set the agenda for the community, while according to the public sphere standpoint, media are perceived as the public sphere where the community may express their opinions and views. Therefore, the public sphere viewpoint assisted the researcher to see how MCRS permits the listeners to express their views and participate in HIV/AIDS programmes, and their perception towards those programmes.

An entire deliberation of both agenda setting and public sphere theories is provided in this chapter. Finally, both agenda setting and public sphere frameworks are contextualised in relation to community radio and HIV/AIDS awareness and education. These theories were selected because McCombs and Shaw`s theory, according to which agenda setting was initiated, concerns media`s ability to set the agenda for the listeners. While Jürgen Habermas`s theory deliberates on the matter of media as the public sphere or platform where a community can come together to express their concerns.

3.2 DESCRIPTION OF THE AGENDA SETTING THEORY

This study basically was interested in the agenda setting theory because it enabled the researcher to examine whether the media set the order of importance of HIV/AIDS and the terms of reference for the debate on HIV/AIDS issues. Early in the 1970s, researchers started to investigate the belief that mass media could have the power to influence people's behaviour (Muin, 2011; Severin and Tankard, 2001; Soremekun, 2016). The agenda setting theory underscores the role of the media in highlighting key information that is designed to be taken seriously by people. It was proposed by the idea that "...the media set the public agenda, in the sense that they may not exactly tell you what to think, but they may tell you what to think about" (McCombs and Shaw, 1972:176). The implication is that individuals have the right to think about what affects them in their daily lives; meanwhile the media can only play a role in identifying the issue that the public or individuals can think about.

As HIV/AIDS seems to be affecting communities negatively (USAIDS, 2011). Lesotho, as the country where this study was done, is no exception to this. The theory therefore helped the researcher to explore how MCRS programmes set the agenda to create awareness and educate the Mafeteng community on HIV/AIDS issues. Moreover, the agenda setting theory assisted the researcher to explore how the set programmes helped listeners to think about HIV/AIDS and the measures they could take to stop the spread of HIV and change their behaviour and their social norms regarding HIV/AIDS. The UNAIDS report (2004:8) establishes that the different media institutions "have the ability to influence in educating and empowering individuals to avoid contracting HIV/AIDS".

Arnold (2009) describes agenda setting as the ability of the mass media to bring salient issues to the attention of the community. The basic idea underlying this definition is that the more the mass media exchange views on a particular issue, the more the public will pay more attention to it and regard that particular information vital (Cohen, 1999; Griffin, 2000;

USAIDS, 2011). When the media take up a specific topic and discuss it extensively, for example, HIV/AIDS, the anticipation is that the community will pay more attention to it, and start to look for more information regarding that particular issue (McCombs and Shaw, 1972; Skuse and Butler, 2004). This is because when people are made aware of the virus, they start to seek for health advice and how they can protect themselves. However, not only media can contribute to bringing about the decline, but other means such as communication among peers, and opinion leaders also can be utilised to this effect (Ministry of Health Uganda, 2009).

Historically, the agenda setting theory was tested during the United States of America's presidential elections campaign in 1968. McCombs and Shaw (1968) selected two areas of agenda setting theory, namely awareness and information. They wanted to understand the main theme of the election campaign and what the voters understood to be the main message of the campaign. The findings reveal that media had an effect on the outcome of what voters considered to be the major theme of the campaign (McCombs and Shaw, 1968). McCombs and Shaw specify that the media set the agenda for voters and not the voters to set the agenda for the media, therefore, in the context of this specific study, the theory helped the research with regard to HIV/AIDS and to understand how MCRS programmes set the public agenda on HIV/AIDS on their radio programmes. The theory is also useful in informing us how the message is disseminated and accepted by the community within the area of its coverage. Moreover, it makes clear how MCRS programmes have the power to set the public agenda concerning HIV/AIDS to contribute to HIV/AIDS awareness and to sensitise people around issues concerning HIV/AIDS, as McCombs and Shaw claim that the media played a role during the presidential election where the media set the agenda for voters.

3.2.1 Agenda Setting and the Public(s)

Arguably, the agenda setting theory postulates that community radio as a sphere of the media industry sets the terms of reference for the debate on those issues and current events (*cf.* Habermas, 1989). If certain messages, for instance, about HIV/AIDS, are given attention, the likelihood is that more recipients of HIV/AIDS message will have confidence to believe in it (McQuail, 2005). As stated by Hanson (2009:92), “mass media determine the issues that concern the public rather than the public’s view”. That is to say even if media can create awareness and disseminate information regarding HIV/AIDS; the receivers still can have their own views regarding the information. Hence involving them in the HIV/AIDS design can be helpful to achieve the intended message(s). This engagement helps them to appreciate the importance of the HIV/AIDS awareness messages.

Moreover, listeners’ views are also influenced by various aspects such as attitudes, beliefs, personal traits, and opinions towards those particular issues set by the media (Gregory, 2015; Teer-Tomaselli, 2001). Thus, if they feel strongly about a certain belief regarding HIV/AIDS, it becomes difficult for the media to persuade or change their mind-sets. Hence, it is vital for producers to engage with and understand their audiences before designing HIV/AIDS awareness messages. Understanding an audience will assist producers to be able to persuade their listeners with the HIV/AIDS awareness messages (Skuse and Butler, 2004).

3.2.2 Media Agenda

In support, Culbertson (1996), Myhre and Flora (2000) and Sanni and Ojewe, (2013) emphasize that in the global arena, there is evidence that the media become increasingly powerful as sources of information. The media might succeed in merely setting the agenda for the community, but it is the discussion of such issues that creates awareness and for people to start communicating about it. Some researchers challenged early theories that the media influence the attitudes and behaviour of their audience. However, the findings of

Lazarsfeld, Berelson and Gaudet (1944) indicate that people are selective in receiving messages; they can select messages affecting them and leave the messages that do not affect them. Therefore, it is vital for HIV/AIDS programmes speak to the target audiences' concerns, things that affect them to achieve its mandate. The agenda setting theory stipulates that community radio as means of communication can be used to create awareness of the issues that affect the community; either consciously or unconsciously (Fourie, 2011). Anthony (2011), USAIDS (2011) and Ministry Health and Social Welfare and National AIDS Commission (2008-2013) support the opinions that mass media and community radio, as a form of mass media, have the ability to create awareness and educate listeners on sexual behavioural change, increase their knowledge of HIV transmission, and inform them about prevention measures such as the use of condoms, as well as care, treatment, the use of antiretroviral meds (ARVs), influence listeners regarding harmful social norms, and encourage interpersonal communication among the community. This awareness is brought about consciously to help stop the spread of HIV/AIDS or get it under control, but it also stimulates listeners to take measures that can help them support those infected and affected by the virus.

According to UNAIDS (2004:8), “many media organisations are rising to the challenge by promoting awareness of HIV/AIDS and educating listeners and viewers about the facts of the epidemic and how to stop”. As a means of educating the Basotho on HIV/AIDS and its implications, the Ministry of Health and Social Welfare & National AIDS Commission (2008-2013) have developed the Behavioural Change Communication Strategy (BCCS) which serves as guideline for all stakeholders involved in HIV/AIDS issues in Lesotho. The purpose behind the strategy is to help Basotho adopt healthy behaviour and sustainable lifestyle changes to slow the HIV/AIDS epidemic (Ministry of Health & Social Welfare and National AIDS Commission, 2008-2013).

In Lesotho studies indicate that different sectors are contributing greatly in responding to the HIV/AIDS epidemic, namely “the Government of Lesotho, Development partners, Civil Society, Non-Governmental Organisations (NGOs) and the United Nations system UN Theme Group” (Government of Lesotho and the Expanded Theme Group on HIV/AIDS, Lesotho, 2004; National AIDS Commission, 2006; UNAIDS, 2011). Among the powerful tools employed by health communication programmes are community-level activities, interpersonal communication, quality counselling, information and communication technologies, social media and mass media (National AIDS Commission, 2006). Health communication interventions are more likely to succeed when multiple coordinated communication elements are used to reach people with consistent high-quality messages through a variety of channels (Van Dyk 2008; UNAIDS, 2004; Skuse and Butler, 2004). Thus, MCRS is another form of communication or communication channel that can contribute to educating people and creating HIV/AIDS awareness in Mafeteng district.

3.2.3 Policy Agenda

Stacks and Salwen (2009:92) are of the opinion that “the repetition of messages about public issues on radio is a major source of media influence on the audience”. The redundancy of the press agenda allows listeners to learn about issues and other news objects with little deliberate effect on their part. However, if there are some burning issues that can be repeated on air for emphasis purposes as well as their importance. This means that if MCRS repeatedly creates awareness and educates MCRS beneficiaries on HIV/AIDS, the beneficiaries can learn a lot from such programmes. However, Stacks and Salwen (2009) note the limitations of this theory: that people are not influenced only by the media, but their personal experiences also play a vital role, including, among other factors, communication with their family, peers, friends, acquaintances and colleagues. These authors also note that dominant sources of influence will vary from issue to issue. Conversely, the power of media

to raise public awareness on HIV/AIDS will be determined by the way the message is designed, as there are many messages contending for public attention (Hyde-Clarke, 2010).

In addition to this, it is also argued that the failure of the media to address a particular issue, for example HIV/AIDS, and the failure for the community to give prominence to that issue or such issues, delegates such issues to the periphery of the mind-set of the communities (Sanni and Ojewe, 2013). For instance, it is reported that due to the decline of HIV/AIDS coverage in one of the United States' newspapers, the New York Times, from 1981 to 1993 the HIV/AIDS cases among African Americans distinctly increased (Cohen, 1999). Scholars even criticized the media for failing to cover HIV/AIDS sufficiently to get the message through to African Americans (Cohen 1999; Donovan 1993; Fee and Fox 1992; Levenson, 2005), but disputed the assumption that the failure of the media to broadcast HIV/AIDS messages contributed to the increase of the epidemic among this group.

Another limitation of the media to influence listeners is that the listeners sometimes switch from one station to another when they are not interested in such information or the issue at hand (Skimmer *et al.*, 2016). As a result, the message may be lost along the line. It therefore becomes difficult for the media bringing the particular programme(s) to persuade or reach the intended target audience to adopt the message. But if the listeners change channels, it means that they are not interested in that specific channel that they had been listening to (Skimmer *et al.*, 2016). They show interest by staying tuned in or switching from a specific channel. This is an inevitable part of operating in a media environment. However, this limitation can be mitigated through the use of various programmes or formats, setups of information dissemination (Fourie 2011; Fraser and Estrada, 2001; Mhlanga, 2006; Teer-Tomaselli, 2001; Tyali and Tomaselli, 2015), for instance, HIV/AIDS advertisements, entertainment, dramas and live and phone-in programmes. Different formats can be used to complement one

another, but still disseminate the same information. However, the ability of the media is not only limited to the transfer of information and what the audience will think about it, but the communication process of understanding and the perception of the topic of the news. The discussion given above is summarised below according to the agenda setting theory model.

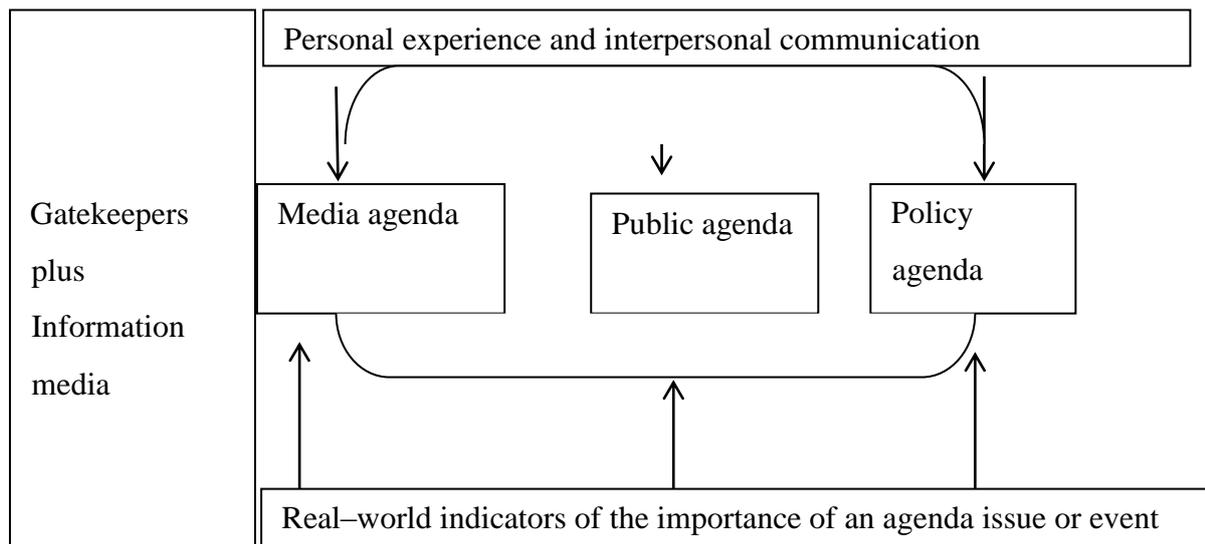


Figure 3.1: Agenda Setting Model (adopted from McQuail and Windahl, 1993:23)

The diagram above indicates that media as gatekeepers play a major role in setting the policy or agenda for communities. According to McQuail and Windahl (1993), media as gatekeepers and information disseminators set the agenda for public recognition. However, McQuail and Windahl (1993) argue that listeners are not just receivers of the information from the media, but their personal experiences and interpersonal communication with their peers; friends, family and co-workers play a decisive when role when they have to accept or reject the message. Moreover, the public agenda assists a variety of opinion leaders and followers to find the way to an important and complex social concern such as HIV/AIDS. The media therefore can play a vital role in dealing with issues pertaining to HIV/AIDS, and policies on combating the epidemic can be developed with the facilitation of the media.

3.2.4 Agenda Setting and HIV/AIDS Awareness

It is debated that the media have the ability to transfer salient items from their news agenda to the public agenda (Worku, 2013). It therefore means that if certain news items are covered time and again and significantly so, the audiences will regard the issue more seriously. However, the issue of repetition can be argued: if the community radios repeat the same message time and again, it becomes noise and receivers may disregard such information. On the other hand, if not thoroughly covered, it becomes salient to the target audience. Hence it is very important for the community radio to balance the HIV/AIDS message when aired.

What media institutions have to remember is that when an issue has been disseminated, people may talk about it, but it does not necessarily mean that strong opinions about the issue will be changed (Lattimore, Baskin, Heiman and Toth, 2008). Therefore, engaging into thorough research before drawing the conclusion on how people will perceive the message can play a significant role (Gregory, 2015). In general, the agenda setting theory suggests that media set the agenda for the target audience to read, view, and listen to, and set the agenda for societal discussion and interaction. Hence, it is very important for the community radio programmers to engage in detailed research to understand the perceptions of communities regarding HIV/AIDS. As a result, the message will reach a target audience and stimulate discussion among them.

In the case of the study regarding HIV/AIDS awareness and education, the theory assisted the researcher to determine how the MCRS generated awareness of and education on the ways in which the epidemic is spread and affecting society. Awareness and education may be created around particular issues, for instance, the right to refuse unsafe sex and using condoms, or for people to know their status and take measurable steps to stay healthy and live healthy life styles (Parker *et al.*, 2008; Ministry Health and Social Welfare and Nation AIDS Communication, 2008-2013). It also allowed the researcher to understand how a community

radio station “creates a climate for people to understand a necessity for behavioural change and how it addresses the issues of stigma and discrimination related to infected and affected people” (*cf.* McQuail, 2005:5). Thus, community radio can play a decisive role in influencing behaviour change towards the pandemic (Griffin, 2000).

3.2.5 Agenda Setting in the 21st Century

Agenda setting in the 21st century has taken a drastic change due to the inceptions or use of social media platforms such as Facebook, Blogs and Twitter to set the agenda. Social media have become very important. Edegoh (2013) and Robin and Shawnika (2013) specify that social media have become affective tools that most people started recognising. Flew (2008) describes how these platforms can be used in agenda setting in alliance with other media to create awareness and educate people on the issues surrounding HIV/AIDS (Skuse and Butler, 2004). Nowadays people are expressing their views, opinions, and feelings through social media platforms.

Not only health professionals are recognising this importance of social media for agenda setting, but even politicians are taking into consideration these media and have started communicating with their followers or citizens through such platforms. For instance, in 2008, during the United States of America’s presidential elections between the Republican John McCain and the Democrats’ Barack Obama, Barack Obama used social media including Facebook and MySpace effectively. The Facebook page was termed the “Facebook Election”; whereby they managed to attract a lot of followers, especially youth, to participate in presidential election processes (Dutta and Fraser, 2008). Obama was the first president to win the elections on the web. This shows the effect that media can have on the public or influence behaviour.

Recently, HIV/AIDS issues have also started to be posted on different social media platforms (e.g. Facebook pages) and listeners or viewers participate and share their concerns and opinions regarding the virus. In countries such as Lesotho, one may argue that social media access for community radio target audiences may be an expensive exercise. However, media convergence has played a major role in the fight against the spread of HIV/AIDS and creating awareness. Media platforms such as radio and television nowadays incorporate social media to allow for community participation in programmes that are meant to create awareness and educating people about HIV/AIDS (Livingstone and Lunt, 1994).

These social media platforms allow listeners to participate during live broadcasting and express their views and opinions regarding issues discussed on air, including HIV/AIDS. Feedback from listeners is important to allow producers to assess whether they have communicated relevant information to their listeners. To be successful in health messages is not just about communicating, but how the relevant information is communicated to the listeners. As stated earlier, research can play major role in designing relevant messages (Centre for Disease Control, 1999).

Different media houses across the globe have acknowledged the importance of social media platforms. According to Zoellner and Lax (2015:12), “due to their interactive nature and great popularity, social media could offer the opportunity to open up the relationship between radio producers and listeners and enable audience participation and interaction”. Thus, if community radio can utilise these social media platforms effectively to create awareness about HIV/AIDS issues, this is more important as it allows for two-way communication, not only one-way communicating between presenter and listeners (Zoellner and Lax, 2015). This is regarded as bottom-up communication; where listeners can also be the initiator or express

their social concerns, for instance on issues pertaining to HIV/AIDS and how HIV awareness messages can be transmitted to them most effectively.

Nowadays, in most African countries, some of the community radios serve urban and rural areas where community members have access to the internet, due to the advancement of technology for example the use of cell-phones (UNAIDS, 2015). For instance, MCRS as the focus of the study serves both the urban and rural areas of the Mafeteng district (Ministry of Health and Social Welfare and National AIDS Commission, 2008-2013). The most susceptible target audience for this communication channel is the youth, who are also mostly affected by the virus (UNAIDS, 2004). The research findings indicate that the youth aged between 25-35 and adults aged between 35 and 45 are the groups mostly affected by HIV/AIDS (UNAIDS, 2015; Ministry of Health and Social Welfare and National AIDS Commission, 2008-2013). Social media are convenient to set the agenda on HIV/AIDS awareness for these listeners. Social media encourage listeners to listen to the radio and, on the other hand, to share their opinions regarding HIV/AIDS messages through these platforms (Creeber and Martin, 2009). Therefore, MCRS presenters can then incorporate their opinions.

The agenda setting theory, therefore, allowed the researcher to investigate how MCRS might contribute to creating awareness and educating people about HIV/AIDS. In addition, it assisted the researcher to clearly see how powerfully the MCRS as communicating medium could be in setting the agenda for the community within its area of coverage. It is believed that media played a vital role during the USA 1968 presidential election in sensitising or influencing voters. The theory of media agenda setting is useful in determining how the MCRS has managed to help the Mafeteng community to understand HIV/AIDS as a chronic illness and which measures that the community can take to stop the spread of the epidemic.

3.3 RATIONALIZATION OF THE JÜRGEN HABERMAS THEORY OF THE PUBLIC SPHERE

In addition to the agenda setting theory, Habermas's theory of the Structural Transformation of the public sphere has been utilized. The public sphere theory was utilised to assist the researcher to investigate how MCRS as a micro-public sphere provided the space for community participation in developing awareness messages relating to their social concerns, specifically HIV/AIDS. Moreover, this theory helped to assess how MCRS had become an open arena where the Mafeteng community could come together to express, debate, discuss and share HIV/AIDS awareness information, which at the end could influence the decision makers and might have a behavioural change influence among the community members. In other words, the MCRS in this context was considered as the public sphere for participating in designing and disseminating assorted HIV/AIDS awareness messages amongst the Mafeteng community. Public opinion is important when it comes to issues pertinent to communities, such as HIV/AIDS awareness, because if information is just downloaded upon communities without them making an own active contribution to the efforts, it is counter-productive. It becomes counter-productive in the sense that communities will regard the message as foreign and therefore they might not take note of the messages and help combat the spread of the virus.

The idea of public sphere was primarily well-defined and delineated by the German sociologist and philosopher, Jürgen Habermas as a theory on the Structural Transformation of the Public Sphere (1962/1989). Despite its substantial impact, the theory was not translated into English up until 1989 under the title: *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society* (Smith, 2013). According to Smith, traditionally most public issues were not discussed openly by the masses, but rather were

discussed by the elite. With the emergence of the public sphere theory, there has been a transformation in traditional practice to allow everyone within the community an equal chance to participate. Germahands and Schafar (2009) contend that the public sphere encompasses a small number of participants and reaches only small numbers of target audiences. Therefore, the impacts of the message become limited to those recipients of information.

Habermas (1962:50) describes the public sphere as “the arena where citizens come together, exchange opinions regarding public affairs, discuss, deliberate and eventually form public opinion”. According to Louw (2001:101) ,“public sphere ‘at heart’ is the issue that seems to be about creating alternatives to one dimensional, narrowed, manipulated, or closed communication”. Thus, ideally, the community radio in this regard is considered as a space that permits interaction regarding HIV/AIDS awareness and education for diverse listeners. Therefore, community radio as public sphere can facilitate the debate among these groups to discuss issues about health matters such as HIV/AIDS and share their opinions. From a sociological standpoint, the public sphere’s value lies in “its potential as a mode of societal integration” (Calhoun, 1992:6). According to the public sphere theory, people come together in many ways and discuss issues of common concern; people can sit together to debate a certain topic of interest (such as HIV/AIDS), and find solutions to such problems (Habermas, 1962). This study, therefore, examined the openness of MCRS as public arena that facilitates the discussions on and participation of the Mafeteng community in HIV/AIDS awareness.

In general, the public sphere, according to McQuail (2000:181), refers to a `space` which provides an open area for public dialogue. McQuail contends that the space has to be used as a participatory forum for more horizontal communication with local communities. In this context, community radio as public sphere can allow the Mafeteng community stakeholders

to share all issues pertaining to this social concern of HIV/AIDS awareness and educational messages. It allows participation of these sectors as an opportunity to curb the spread of HIV/AIDS and debate the measures that are in place and that can be taken to stop the spread of HIV/AIDS.

Community radio institutions as platforms even can allow different sectors to share their experiences or lessons learnt from other countries, what measures were taken from those countries with regard to HIV/AIDS, for example success stories from countries like Kenya, Uganda, Rwanda and Tanzania. These countries are considered to be doing well in designing HIV/AIDS radio programmes that are effective in stopping the spread of the virus (USAIDS, 2015). “The media, when organised in an appropriate way, especially when open, free and diverse, can be considered the most important mediating institutions of the civil society” (McQuail, 2000:181). Thus, the media have to be public places which allow dialogue and exchange of information among the society regarding HIV/AIDS issues.

The Habermasian theory of the public sphere was the best tool to apply to inform this study in the sense that Habermas postulates that the public sphere should provide a platform for communities to debate issues of concern and go a step further to take action towards redressing such issues. This study is adding to the body of research on how to make use of community radio to combat HIV/AIDS in Lesotho and therefore it is in line with the basic tenets of the theory of the Habermasian theory of the public sphere.

3.3.1 Types of Public Sphere

The public sphere is divided into three types; micro public sphere, meso public sphere and macro public sphere (Keane, 1995). According to Keane (2004), even though these public spheres are different in size, they display similar characteristics of public spheres. They allow more than two people to come together and exchange their views; these spheres are

connected by certain means of communication (Creeber and Martin, 2009). These authors further proclaim that the public sphere allows every member of the society to share or express their views regardless of their status, income, gender and ethnicity on the issues of concern or interest. Therefore, this theory assisted the researcher to see how MCRS, as a public sphere, allows listeners to share their knowledge and experiences regarding HIV/AIDS.

Keane (2004:8) describes the micro public sphere as “an arena where dozens, hundreds or thousands of disputants interact at the sub-nation state level”. The micro public sphere is about effect and protects dialogue. It allows for an interactive way of communication through institutional structures in creating the arena for them to share their viewpoints. Creeber and Martin, (2009:141), on the other hand define the micro public sphere as “a small institution or an association that may be advocating for certain interests”. They argue that it can serve on both a small scale and larger scale. This then means MCRS as micro public sphere can be considered space that allows for interaction between different stakeholders within the Mafeteng community. In this way, community members can enter into arguments about who does and who ought to get what, when and how (Keane, 2004).

With community radio, communities are allowed to create HIV/AIDS awareness through participating in programme design and determining the content for such programmes. The theory of the public sphere appropriately informs this study on how best to study the means and ways in which community radio can accommodate communities to facilitate communication, and the sharing of information related to HIV/AIDS awareness within the Mafeteng community. Community radio can be in existence, but communities may not benefit if not appropriately informed and sensitised, and such an important resource may just go to waste. The theory of the public sphere can be harnessed to inform scholarly work such

as this particular study in order to educate communities on how to maximise the use of available resources such as community radio, and communities end up benefiting. This, therefore, assisted the researcher to answer the question about the contribution of the Mafeteng community radio regarding HIV/AIDS awareness and education; how the community participates in MCRS programmes and content generation using this space.

A meso public sphere is described by Keane (1995) as a space which normally comprises millions of people communicating at the level of the nation or state structure. These spaces are about debates that primarily have to do with power. Within this sphere, the citizens enter into a dispute about who does and who ought to get what, when, and how (Keane, 1995). The meso public sphere primarily is co-extensive with national-state, but is not limited to that; they can even avail them to audiences outside their boundaries to include the nearest audience. According to Keane (1995) meso public spheres also are reconciled or influenced by large transmission of print and electronic media.

Lastly, Keane (1995) identified another type, the macro public sphere. Keane (2004) asserts that the macro-public sphere encompasses hundreds of millions and even billions of people fascinated in arguments on the paranormal and worldwide level of power, traditionally owned and operated at the national level. The large number of target audiences in this space was fascinated by world-wide media coverage. These spheres function on both world-wide or global and regional levels.

3.3.2 Actors in the Public Sphere

Habermas (1989) has identified at least four actors in the public sphere; the individual, the public, civil society, and the media. These actors, if working in collaboration, will be able to foster the alleviation of HIV/AIDS. Therefore, if different sectors collaborate using these media, particularly community radio as public sphere, they will be able to express and

exchange their views regarding their social concerns on issues such as HIV, for instance, what measures they can take to stop the spread of the virus, address the myths regarding HIV/AIDS, and also their personal experiences can be easily expressed using community radio as public sphere. Habermas (1989) describes the four actors as follows: an individual as one who is concerned with a certain social and/or political happening or affected by a particular issue(s). Secondly, the public traditionally is expressed as an imaginary group of people who is allied through their common interest in one or several issues of public concern (Mhlanga, 2006). Thirdly, the civil society is constituted by organisations and activities that have a mutual political or economic character and/or motivated by profit or power (Burger and Lawrence, 1991). Lastly, the media is described as the provider of a medium to discuss issues of concern.

Community radio does not have limitations or stringent confines within which to operate as compared to its commercial counterparts that usually tread with caution due to the fear of offending investors/advertisers, or which are guided by editorial policy that is mainly interested in protecting business interests. Citizens are free to table topical issues for discussion in the public arena through live programming or phone-in programmes. The discussions are open to every citizen and issues such as HIV/AIDS can be discussed without commercial inhibitions as compared to commercial radio where airtime for programming is sold expensively.

To understand these factors, we need to explain how these players were involved in the study, fundamentally in the context of community radio. The individuals are MCRS's community or the presenters in community radio who are regarded as responsible for social issues that affect the community, such as HIV/AIDS. They are radio presenters or individuals within the community who are responsible for MCRS content. In the context of community radio, the

public is referred to as the target audiences of particular media houses. As stated in the literature review, target audiences can be categorised according to their geographical areas and interests (Mhlanga, 2006; Mtimde, Maphiri and Nyamaku, 1998). Therefore, in order to successfully reach the intended target audience; the designer of the HIV/AIDS awareness messages should appreciate these categories, bearing in mind that people's perceptions are influenced by their lifestyles and their environment (Dyk, 2008; Ministry of Health and Social Welfare and National AIDS Commission, 2008-2013).

Relating to community radio and HIV/AIDS awareness, the civil society can be regarded as organisations responsible for educating or creating awareness about the epidemic among the community. MCRS in this context is regarded as the medium that can be used to broadcast the information to the target publics. MCRS is the arena where both individuals, civil society and presenters can exchange ideas regarding the social concerns (*cf.* Rennie, Berkeley and Murphet, 2010), for instance, creating awareness and educating society about issues relating to HIV/AIDS. These can include, among others, how people can protect themselves, and support the infected and affected; not only that, but also the role an individual can play in the fight against the epidemic.

3.3.3 Democracy and Public Sphere

In this space created by the community radio the debate about HIV/AIDS awareness and education can take place freely to generate public opinions (Calhoun, 1992). Any HIV/AIDS issues that the community wants to discuss and debate on this free platform(s) form part of public opinion; everyone is free to express their views regarding HIV/AIDS issues. However, regardless of the position it holds, public opinion works to effect state decisions (Habermas, 2004). Public opinion is the area of social life from which opinions emerge. Civil space is the space in which private citizens could meet to discuss a matter if it is of political/public importance (Habermas, 2004).

Calhoun (1992:2) suggests that “a public sphere adequate to a democratic policy depends on quality of discourse and quantity of participation”. Public sphere allows for both parties to become active participants in discussion, rather than passive receivers of information (Keane, 1995; Mtimdeet *al.*, 1998). According to Habermas (1991:36), “the public sphere would therefore require media for information, communication and access by all citizens”. Thus, the arena is not only for dissemination of information and communication, but it also has to be free from government control and other bodies. For that reason, there is a need to understand the aspects of public opinion in the context of public sphere.

Habermas (1989) states that public opinions are influenced by various aspects, namely first, the degree of the autonomy of public sphere, it is not controlled by the government or other bodies as public and commercial media, but rather belongs to a certain community. This observation could be vital and pertinent in how the MCRS is utilised as a public sphere in Mafeteng district and whether it operates independently. Additionally, if the station enjoys independence as public sphere, not even the state controls it, and this arena therefore is regarded as a good space. Secondly, equal access to the public sphere depends on to what extent individuals are given the chance to share their stance (Tyali and Tomaselli, 2015). If one medium is dominated by one single cast, in that case the opinion of the public will not be reflected in that medium. If the media allow for equal chances, it will only be determined by how individuals are given space in the public sphere (Mhlanga, 2009; Teer-Tomaselli, 2001), and how the open space will allow or define the nature of vibrancy of the public sphere (Tyali and Tomaselli, 2015).

Third is hierarchy: the public sphere allows everyone to participate in the public sphere, Therefore, the extent to which the open space facilitates this, will define the hierarchy. Finally, the quality of the discussion will be determined by the degree of argumentation

people bring to the debate. It is therefore vital to understand that in an open space the argument can be won or lost. Nonetheless, any community (including the Mafeteng community) should never abuse such an open space by using it to show disrespect to others or by using abusive language. In addition, no argument should be between people - who wins and who loses, but what counts is the weight of the argument. This view is supported by Goode (2005:9) who proclaims that

*the values of critical dialogue were meant to erode stubbornness:
discourse should remain open to the equally valid claims of news
participations and arguments: each site of dialogue should see itself as
part of a wider participative atmosphere.*

Goode (2005) states that the bourgeoisie public sphere emerged to comprise private people coming together as a public.

3.3.4 Public and Private Public Sphere

Public spaces are spaces where people of different opinions come together and discuss issues, and finally the discussions go public (Dahlgren, 1995). This is referred to as geographic space (Habermas, 1968). However, geographic spaces are domains which are demarcated and then continue to be steadily adjusting. These domains allow people to engage in dialogues and debate, which are extremely important for democracy (Dahlgren, 1995; Mhlanga, 2006). The public space includes, among others; print, broadcast and, recently, social media platforms. These are the channels for communication between the citizens and the state (Wanyeki, 2000). Communication channels allow communities to debate, challenge, and form new opinions (Calhoun, 1992). Furthermore, they allow the state to come to an understanding of the values of the community. Therefore, if the MCRS is utilised appropriately and effectively for HIV/AIDS awareness and education, it can assist the

Mafeteng community to reach the decision makers thus, to bridge the gap between the community [private sphere] and the state [public sphere].

Meanwhile, on the contrary, the private public sphere is described as the space where, even if the public discusses certain issues, those discussions do not necessarily influence or affect the decision-making processes (Habermas, 1989). These discussions in such settings are not considered as public sphere debates which can influence decision making. It rather is seen more like gossip, which in the end cannot influence larger majorities within the community, but can be persuasive among people involved in that interaction. An example of this is conversations among friends and family, but those conversations to some extent play a role and make it difficult for mass media to achieve their objectives. This is because other people believe their friends and relatives more than information disseminated through mass media (Fraser and Estrada, 2001). As indicated in the agenda setting model, not only the media set the agenda, but also personal experiences and interpersonal communication contribute to accept or reject the message. Thus, even if the media can set the agenda on HIV/AIDS, the myths regarding HIV/AIDS per individual and communication about HIV/AIDS among peers, co-workers, and families as opinion leaders can become catalysts to speed-up the acceptance or rejection of HIV/AIDS messages.

3.3.5 Community Radio as the Public Sphere

Girard (2007) maintains that community radio has remarkable features to assist its members to recognise their independent areas in a diversity of settings and locations. One may think of the public sphere, in the context of media, as a medium which allows for free exchange of information and ideas, that is, to deliberate on public concerns (Girard, 2001). But, in communicative infrastructure space can be described as a communication platform through which community can become both sender and receiver of information, that is, share their opinions, views and aspirations (Myhre and Flora, 2000; Servaes and Malikhao, 2008).

Community radio plays a crucial role as a facilitator of democracy by providing members of the public an equal opportunity to information and opportunities to participate in public debate (Rennie, Berkeley and Murphet, 2010; Myhre and Flora, 2000). Nevertheless, it is argued that when the media fail to discuss a particular issue, such an issue becomes disregarded in the minds of the community (Hanson, 2009). This therefore means that community radio can assist in determining issues that concern the public such as HIV/AIDS (Tyali and Tomaselli, 2015).

If Mafeteng Community Radio Station as public sphere can allow community participation, it can sensitize the community about HIV/AIDS so that it cannot become marginalised in the minds of the public (Girard, 2001). The MCRS can therefore tap into the issue of HIV/AIDS and talk more about the epidemic. The assumption is that the members of the community will therefore start to debate or look for more information regarding the epidemic. Whether discussed in the media or among themselves, the dissemination of HIV/AIDS will be thoroughly debated and the community will make informed decisions and change their behaviour towards the virus.

Habermas (1968) developed the normative notion of the public sphere as part of social life where citizens can exchange views on matters of importance so that public opinion can be formed. Conversely, public sphere extraordinary settings of free expression, openness, access, and participatory debate of issues are closely related to the values and philosophy of community radio (Calhoun, 1992). In support, Tucker (2013) and Girard (2001) sustain that community radio produces community involvement that allows “joint capacity” to act as a protection against government and corporate power, and it can mobilize citizens around mutual complications by serving as a medium for emerging solutions. This therefore means that, if they cast information on HIV/AIDS, communities can come along with best decisions

and even become a catalyst to stop the spread, not only that, but mobilise others to take good care of themselves. For instance, because of community radio, people can start to discuss this issue among them, and people can start looking for good measures they can take to stop the spread of HIV/AIDS (Tyali and Tomaselli, 2015).

Community radio has created new public spheres for debate, discussion and information sharing. Various stakeholders can utilise these platforms to communicate with dispersed target audiences about health messages such as HIV/AIDS (Myhre and Flora, 2000). MCRS as a medium of communication can be the best platform where the various stakeholders can come together to share their opinions and debate issues on HIV/AIDS (Community Radio Manual, 1999; Myhre and Flora, 2000). Nonetheless, this quality of the health messages will depend on how well the programme is designed to address particular issues, for example HIV/AIDS. Therefore this will help the study to see how the Mafeteng community perceive those HIV/AIDS messages regarding selected programmes; how effective are those HIV/AIDS messages communicated through those programmes.

3.3.6 Community Participation in Community Radio as a Public Sphere

Another important element of community radio that needs to be looked into is community participation in setting messages that create awareness and educate communities on HIV/AIDS. According to Urgoiti (1999) and Teer-Tomaselli, (2001), community participation is the cornerstone of the success of the community radio. Mhagama (2016) describes participation in community radio in relation to programme productions, financing, management and daily operation of the stations. On the other hand, Tavhiso (2009:75) describes community participation as “the involvement of the local residents in the decision-making and the work of the station”. Argoiti (1999), Community Radio Manual (1999) & Fraser and Estrada (2001) further highlight that community participation has to be an on-going process not a once-off thing. Mhlanga (2009), Tavhiso (2009) and Tyali and

Tomaselli, 2015) point out that communities in the community radio stations like to associate themselves with the programme(s) in which they have participated.

Through this space, listeners can even be able to share their experiences, attitudes, beliefs and views regarding HIV/AIDS. As a result, this can help in creating HIV/AIDS awareness among the Mafeteng community. Presenters can also invite different stakeholders to share their views regarding HIV/AIDS, and through that dialogue they will be creating awareness about epidemic. Not only to create awareness, but also allow those stakeholders to educate people about salient issues about HIV/AIDS and in return listeners enlighten on those issues. Community feedback from listeners through community radio can assist listeners to understand their perceptions regarding the virus. The myths they hold and how those can be addressed. Community participation on one hand can help the listeners to share their opinions regarding the programme messages or content on the issues of this epidemic. How it can be adapted to address their social concerns. Moreover, voluntary participation in programmes can also play a major role of creating awareness about the issues of HIV/AIDS (Skuseand Butler, 2004). For instance, people affected or infected by virus can come out and share their knowledge with listeners and allow listeners to ask questions through phones or in ICT platforms where applicable.

Community radio is therefore regarded as the public sphere where communities can come together to express issues relating to them. These communities discuss such issues and can come-up with the solutions towards their social concerns such as HIV/AIDS. Tavhiso (2009) pin points that community radio as a public sphere has to allow interaction among communities.

The public sphere theory therefore, helps the study to unravel how the MCRS as public sphere allows beneficiaries within the community to express their opinions, views and

aspirations in regard to HIV/AIDS awareness messages (MISA, 2000; UNAIDS, 2010). Media can be a conversational public sphere for HIV/AIDS related issues for the community if it allows for dialogue-oriented approaches to inspire the target groups to interact with different stakeholders responsible for HIV/AIDS prevention, awareness and education (MISA, 2000; Teer-Tomaselli, 2001). As stated by Guy Bessette (2004), for communication to be complete, there has to be response. Feedback from listeners is important to allow producers to assess whether the communicated HIV/AIDS messages are relevant and speak to the needs of stated target audiences. The feedback allows target audiences to become active participants in sending and receiving messages (UNAIDS 2010). The theory will therefore help the study to look at MCRS as the sender of the HIV/AIDS message, but in an interactive way that gives listeners the chance to share their opinions regarding HIV/AIDS issues and whether they understood the HIV/AIDS messages.

If communities are allowed to express their standpoints, this will make people to acknowledge their roles within the community and this can contribute significantly to the socio-economic development of the community (Osunkunle, 2007). As stated by Mhlanga (2009) and Tyali and Tomaselli (2015), community radio can provide opportunities for beneficiaries to contribute in the production of HIV/AIDS communication content. This is supported by Family Health Institution (2000) that HIV/AIDS needs national and community-wide discussion of, among others, relationship issues, risk behaviours, cultural practice and sexuality.

The theory assists the researcher to examine the openness of MCRS as public sphere that facilitate different stakeholders to contribute in creating and educating community on HIV/AIDS messages. Also, how open this community radio allows them to exchange their

views regarding the virus. Through listeners` feedback, communities can be able to share their views regarding HIV/AIDS awareness messages during live broadcast programmes. Unlike commercial and state owned media where there is interest in broadcasting, the community radio has taken new dimension where communities are not just receivers of information, but active participants in programme design; they can even participate in the message dissemination to share their opinions and views regarding the programmes aiming at creating awareness about HIV/AIDS.

3.4 CONCLUSION

The two theories; agenda setting theory and public sphere, as aforementioned, have been analysed in relation to how they can assist the Mafeteng community discuss HIV/AIDS issues. In this chapter, both the agenda setting theory and Habermas`s theory of the public sphere have been described in detail and how they set the agenda on HIV/AIDS awareness. How community radio can set the public agenda for the community in order to tackle the HIV/AIDS challenge, which can help communities to make informed decisions regarding HIV/AIDS has been discussed. Moreover, the chapter looked into how beneficiaries can be empowered towards HIV/AIDS through community radio programmes and be able to come up with solutions through the help of MCRS as community radio.

This chapter also discussed the theoretical framework of how the agenda setting theory can be used to set the agenda for the Mafeteng community regarding HIV/AIDS awareness and education. In addition, the Habermas theory of public sphere has also been discussed in the context of community radio as public sphere. The chapter also offered a description of how MCRS as micro public sphere can provide the space for debate and discussion regarding HIV/AIDS awareness and education. Not only has community radio been analysed as the arena for exchange of ideas, but also to facilitate dialogue within the community in order for community members to form public opinion.

The subsequent chapter deliberates the research methodology and data collection techniques employed in data collected and the analysis.

CHAPTER FOUR: RESEARCH METHODOLOGY

4.1 INTRODUCTION

Having discussed the theoretical framework for this study, this chapter is devoted to a detailed discussion of the research methodology employed to conduct the study. A qualitative research methodology was used, and in this chapter the advantages and the disadvantages of qualitative research as the method for data collection are highlighted. The aspects discussed relate to the procedures that were employed by the researcher for data collection, and this includes the case study. In addition to procedures, primary and secondary approaches to data collection are also described. The non-probability sampling techniques used are described, as well as the two types of non-probability sampling that the researcher selected, namely purposive and convenient sampling, and their advantages and disadvantages are indicated. The study area and its population are demarcated and the rationale for this selection from the villages within the jurisdiction of study is discussed. Furthermore, the chapter is used to explain how the data will be presented, processed and analysed by the researcher. Finally, the importance of consent forms and the ethical considerations for the research procedures are also explained.

4.2 QUALITATIVE RESEARCH METHODOLOGY

Qualitative research was used to collect data in this study. The qualitative was suitable the study because of its exploratory nature. It allowed the researcher to “dig deeper and learn from participants as there is not much information regarding the subject” (*cf.* Creswell, 2014:61). Christensen, Johnson and Turner (2015:52) define qualitative research as “an interpretive research approach that relies on multiple types of subjective data and investigates people in a particular situation in their natural environment”. According to Christensen *et al.* (2015), qualitative research can be classified into three main areas, namely data collected

have to be understood from the participants` subjective perspectives, qualitative is interpretive, and lastly, the research questions are allowed to evolve or possibly change during the process of study. In addition, qualitative research is most useful for understanding and describing local situations and for theory generation (Creswell, 2014; Christensen, Johnson and Turner 2015; Wimmer and Dominick, 2015; Yin, 2013). The researcher admits that the findings emerging from this study have not been identified prior to this investigation.

In this study qualitative research will permitted the researcher to view the behaviour of the subjects in a natural setting without any manipulation that may be found when doing experimental or survey research Creswell (2014) and Wimmer and Dominick (2015). Moreover, qualitative research involved fieldwork, that is, the researcher physically goes to the participants, the settings, sites or institutions to determine their opinions regarding MCRS HIV/AIDS awareness and education programmes. The researcher`s presence in the settings allowed the researcher to not focus on spoken words only, but on non-verbal behaviour too, which may be incorporated as well (Creswell, 2014). However, some qualitative research does not necessarily take place through fieldwork, but may take the form of desktop research (Wimmer and Dominick, 2015; Yin, 2013). However, for this study the researcher visited the Mafeteng community in order to interview them in their environment in order to gain an understanding of their views or opinions regarding MCRS, and how this radio station creates awareness and educates the Mafeteng community about the HIV/AIDS epidemic. Additional to that, the study also was aimed at identifying how communities participated in the design of the content of HIV/AIDS awareness and educational programmes broadcasted on MCRS.

Furthermore, qualitative research is flexible and allows the researcher the opportunity to pursue new areas of interest. Additionally, it uses a flexible questioning approach. Therefore, even though qualitative research uses a basic set of questions designed to start the project, it allowed the researcher for probing (Wimmer and Dominick, 2013; Yin, 2013). This probing

permitted the researcher to dig deeper into the issues of community radio and HIV/AIDS awareness and education, and how the community perceived and participated in HIV/AIDS awareness programme design. As a result, the approach enabled the researcher to discover some aspects of the subject that had not been considered initially during the design of the study. Therefore, even though the researcher had compiled the initial set of questions before engaging with the participants, the qualitative research approach allowed the researcher to dig deeper into the perceptions of the Mafeteng community regarding the station's contribution towards HIV/AIDS awareness and education.

Moreover, qualitative research investigates non-quantifiable variables such as opinions, perceptions, reactions and attitudes (Wimmer and Dominick, 2015). Therefore, the researcher found this approach appropriate as he was not interested in statistics, but concerned about abundant and informed descriptions of how communities perceived the MCRS in terms of its effectiveness and efficiency regarding the dissemination of HIV/AIDS messages through their programmes. Hence, the researcher found this approach to be appropriate because it also facilitated the researcher's collection and analysis of data on the perceptions, attitudes and experiences of MCRS beneficiaries in their natural settings (Creswell, 2014). Therefore, the findings enabled the researcher to describe how the beneficiaries perceived MCRS regarding HIV/AIDS awareness and education.

Additionally, qualitative research does not only allow the researcher to describe perceptions, ideas and notions, but also facilitated the researcher's endeavours to determine how and why such perceptions were held (Creswell, 2013; Wimmer and Dominick, 2013). Qualitative data also permitted the researcher to obtain insights and perspectives from multiple participants, and to investigate whether the programmes related to their own lives, specifically regarding HIV/AIDS issues.

4.4 A CASE STUDY TECHNIQUE

A case study as qualitative methodological research is utilised for this study. A case study is described as a research technique used to study an individual or groups in a unique setting or situation in an intense manner for certain periods (Clark, 2013; Kumar, 2014; Yin, 2015; Creswell, 2014; Salkind, 2014). Creswell (2014) and Kumar (2014) describe case studies as a strategy of inquiry in which the researcher explores in depth a programme, event, activity, process or one or more individuals. In this case the MCRS is regarded as a case study. The case study techniques assisted the researcher to obtain a wealth of information about the contribution of the MCRS on HIV/AIDS awareness and education (*cf.* Wimmer and Dominick, 2013). The case study techniques allowed the researcher to purposively select as many sources as possible to investigate the MCRS within its real-life context and from different perspectives (*cf.* Creswell, 2014, Wimmer and Dominick, 2013; Yin, 2014). A case study technique was therefore helpful, as it was used to identify and fill the gaps that have not been addressed by other researchers (Yin, 2015).

Through the use of case study researchers collected detailed information using a variety of data collection procedures over a sustained period of time (Creswell, 2014; Leedy and Ormrod, 2014). The MCRS as a case study allowed the researcher to contact the study in depth for a definite period of time. Therefore, the researcher made a detailed analysis of the contributions of the MCRS on HIV/AIDS awareness and education, and of how the community participated in designing those messages. The MCRS represented the case study; within the case study the researcher purposely selected two radio programmes, namely the Tosa Morning Drive Show, and the LumelangMakaota programmes for data collection, using a variety of data collection instruments such as interviews and focus group discussions which helped the researcher to collect, understand and interpret the data collected from participants.

Case studies bring some specific advantages to a study. MCRS as a case study was important to the researcher to gain a wealth of information on the MCRS's HIV/AIDS awareness and education programmes (Creswell, 2015). Additionally, it was useful to the researcher to find clues and ideas for further research. Furthermore, it capacitated the researcher to deal with a wide spectrum of evidence (Wimmer and Dominick, 2015; Yin, 2015). In addition, the MCRS as case study enabled the researcher to carry out an intensive data-collection process in a natural setting (Yin, 2015).

Even though using a case study, has specific advantages, there are also some disadvantages that the researcher has to take into consideration. On one hand, case study findings did not allow the researcher to generalise the findings to the entire population of Mafeteng, but only to the selected members that from part of the social phenomenon (Kumar, 2014; Wimmer and Dominick, 2013; Creswell, 2014; Yin, 2014). On the other hand, the case study was time consuming and produced enormous quantities of data that were rough to summarise (Clark, 2013; Wimmer and Dominick, 2013). However, because of the use of NVivo software make the work of the researcher.

4.5 PRIMARY DATA

The researcher collects data through the use of primary and secondary approaches. The choice of the two approaches is based on the possibility of errors in data collection if a single approach is to be used. The primary data in this context is described as first hand and unprocessed information directly attained from the respondents (George, 2014). Data or information initially is collected by the researcher for the purpose of answering the research questions or achieving the study objectives. For the purpose of this study the primary data were collected mainly from two radio programmes with specific reference to the content they offered on HIV/AIDS. Two data collection techniques were used, namely interviews with various MCRS employees and Manager, and focus group discussions with MCRS

beneficiaries (*cf.* Yin, 2014).

4.6 SECONDARY DATA

The collection of primary data often is supplemented by the collection of secondary data. Secondary information is the information that was collected by other researchers for other purposes. Secondary data thus refer to information that already have been processed by other researchers for other purposes (O'Leary, 2010). Christensen, Johnson and Turner (2015) describe it as collection of data that were left behind or originally used for other research purposes than the study in hand. Secondary data assisted the researcher to find out what other researchers had already established about the subject area under investigation (Aaker, Kumar and Day, 2016). In this study; the main sources of secondary data included the following: UNESCO records in Lesotho office, Health records, internet searches, reports, journals and publications for orientation to the field, existing data sets like records from the MCRS office, census reports, and textbooks as well as information on figure 5.4.1 in the methodology chapter. From these sources information was obtained on the location of the area, population characteristics and the existing literature related to the topic. Information collected as secondary data from government sources and NGOs regarding HIV/AIDS messages from different mediums of communication had been helpful to the researcher.

Even though there are some advantages in using secondary data, such as easy accessibility, being free of charge, saving time for the researcher and sparing researchers the trouble of travelling from one place to another (Farrell, 2015). Secondary data also have some shortcomings, namely questions about the validity and reliability of information, information may vary markedly from one source to another, personal biases, and non-availability of data (Kumar, 2014). This is because sometimes the data had been collected for different purposes, and therefore are not suitable or beneficial to the researcher at that particular moment.

4.7 THE POPULATION

A research population is described as a cluster of people or objects on which the research project focuses (Oliver, 2010). This is the full universe of people from which the sample for a particular study is selected. For the purpose of this study the research population refers to the community (listeners) and radio programmers or staff as well as stakeholders who contribute in the MCRS`HIV/AIDS awareness and education programmes. The research population helped the researcher to identify for whom the findings would be pertinent (Whitley and Kite, 2013). Hence it is vital for the researcher to specify the specific target population for the research project.

4.7.1 Accessible Population

The target population were selected communities within the Mafeteng district in the Mountain Kingdom of Lesotho. The general population is made up of mostly Basotho and other tribes. These people speak Sesotho, as their first language, and other languages, including English. Mafeteng district comprises semi-urban and mostly rural areas. Among the Mafeteng district villages, the researcher selected Motse-Mocha, Pabalong, and Moreneng villages as the focus of the study.

There are number of reasons why the researcher decided on this village among other villages in the Mafeteng district. First, this village is situated within the broadcasting radius of the MCRS. Therefore, these residents could be accessed easily by the researcher. In addition, due to some constraints, for instance, a lack of time, inaccessibility and financial constraints, the researcher could not possibly cover all the villages that are situated with the radius of MCRS. Hence, the researcher selected villages where these constraints would have the least hampering influence on the data collection. Furthermore, during the literature review the researcher had realised that most people affected and infected by HIV/AIDS in Lesotho are found in urban areas, rather than rural areas (UNAIDS Gap Report, 2015).Finally, and very

important, as stated by different scholars, the qualitative results were not intended to be generalised to the entire population, but merely to the sample of the study (*cf.* Christensen, Johnson and Turner, 2015; Creswell, 2013; Wimmer and Dominick, 2013; Yin, 2013). Therefore, the researcher's intention was not to generalise the findings to the entire population of Mafeteng, but merely to the selected participants for the study.

4.8 SAMPLING

Sampling is defined by George (2013:127) as “a research method that involves collecting data from limited, but representative groups”. In conducting the investigation reported here, the researcher had to focus on a certain group of people as it was not possible for the researcher to reach all the members, he had to use a selected sample. Yin (2013) points out that a sample in some cases is selected due to the population size, accessibility, and time and economic factors that may hinder the use of the entire population.

4.8.1 Sampling Technique

Wimmer and Dominick (2014) distinguish between two sampling techniques, namely the non-probability sampling technique and the probability sampling technique. According to Wimmer and Dominick (2013), with a probability sampling technique a sample is selected according to mathematical guidelines whereby each unit's chance for selection is known. Probability sampling uses the random sampling technique; in this case each member or object of the study has the chance to be selected (Yin, 2013). A probability sample is only necessary if the results of the study are to be generalised to the population. While a non-probability sample, on the other hand, does not follow the guidelines of mathematical probability (Creswell, 2013). However, there are members that have better chances to be selected based on the type of study. Different types of non-probability sampling exist that may be considered when a sample has to be compiled for collecting data: available or convenient

volunteer sample, purposive, quota and convenience samples, or samples that comply with certain requirements (Ritchie, Lewis, Nicholas and Ormston, 2014).

A non-probability sampling technique was found to be the most suitable for this study's data collection. The reason for the researcher to decide on non-probability sampling was because the researcher did not follow the mathematical probability guidelines, and the findings would not be generalized to the entire population of the Mafeteng community, but the findings were made applicable on the sampled population only (*cf.* Dominick, 2013). This is because the researcher did not interview everyone in the population. This sampling technique also provided the opportunity to select participants who were informed about the research problem, accessible and willing to participate. Under non-probability sampling the researcher settled for two techniques, namely purposive and convenience sampling to draw samples for analysis.

4.8.1.1 Purposive Sampling

Firstly, the researcher used purposive sampling in order to get the clearest understanding of the phenomenon under study, which is HIV/AIDS awareness and participation of the Mafeteng Communities in designing and producing HIV/AIDS awareness messages (Ritchie *et al.*, 2014). As the name implies the participants were selected for a specific purpose. However, the researcher selected participants who were typical of a group or those who represented diverse perspectives about the research questions (Leedy and Ormrod, 2015). This was done in order to ensure that the purposively selected sample truly mirrored and represented the community. The Mafeteng Community employees and the Mafeteng community were found suitable for this study as they were involved in the MCRS's programmes as presenters and listeners. That was not the only reason, but they also were engaged in designing the MCRS HIV/AIDS awareness and education programme formats and content, as well as the overall policies and regulations regulating or governing MCRS.

4.8.1.2 Convenient Sampling

In addition to purposive sample, convenient sampling also was employed. Lamb *et al.*(2015) and Ritchie *et al.* (2014) describe the convenient sample as using respondents who are conveniently or readily accessible to the researcher, as was the case with the employees and beneficiaries of the MCRS. Convenient sampling as a sampling procedure entails that samples are chosen on the basis of their proximity to the interviewer (Wimmer and Dominick, 2013; Ritchie *et al.*, 2014). Convenience samples thus are cost effective and can be used in a study with relative ease, as the researcher had the freedom to select participants who are conveniently located and can provide valuable information regarding the study.

In this case, the MCRS beneficiaries (listeners) within the jurisdiction of MCRS were found suitable, but more specifically those within the village of sampling, which is the Motse-Mocha, Pabalong, and Moreneng villages. The community radio employees (Volunteers) also were chosen for participation. A convenient sample is vital in collecting exploratory information and to produce useful data. However, a major drawback of convenient sampling is the extent to which they may be biased, due to coming from the same background, or working together, which may cause them to be unreliable. Therefore, important decisions made on the basis of the responses of a convenience sample may hold the threat of being biased (Wimmer and Dominick, 2013).

4.9 DATA COLLECTION METHODS

Methods of data collection that can be used for qualitative research are focus group discussions, in-depth interviews, case studies and ethnography (Yin, 2013). However, Creswell (2014) adds that a researcher can make use of participative observation, content analysis, questionnaires, and interviews with focus groups. For this study the researcher settled for two data collection methods, namely face to face interviews and focus group discussions. These methods were selected because they allowed the researcher to gather data

from a variety, but only a few participants from the Mafeteng population. As stated earlier, the researcher was not particularly interested in the generalisation of results to the entire population, but merely to the participants.

4.9.1 Interviews

Interview process was used as means of data collection. Christensen, Johnson and Turner (2015) describe an interview as a situation where the interviewer asks the interviewees a series of questions. According to Austin and Pinkleton (2015), the interview process allows the researcher to get detailed information from participants and also to explore attitudes and behaviours in an engaged and extended format. Kumar (2014) on the other hand, stipulates that personal interviews may be either formal (where the interview is arranged beforehand), or informal (where the researcher is present in a setting for other activities). For the purpose of this study, the researcher settled for formal interview settings, where appointments were made with the interviewees and he had face-to-face interactions with the MCRS manager and radio producers/presenters responsible for selected programmes and other community members.

4.9.1.1 Semi-Structured In-depth Interviews

After having done some fundamental research by studying literature on the role of community radio in health care messages and investigating research methodologies, the empirical study was launched by interviewing participants who might be knowledgeable on the subject, namely HIV/AIDS awareness and education, as well as community participation in designing programmes aimed at creating awareness on HIV/AIDS issues within the Mafeteng community. In this study, the researcher used semi-structured in-depth interviewing to collect data from the station manager and presenters, as well as stakeholders, open-ended questions was used in the study to collect data from participants. The semi-structured interview also was used for data collection, because it allows the researcher to

bring to mind information on issues raised in research questions and the literature review (George, 2014). Gregory (2015:117) defines semi-structured interviews as “interviewing that allows the researcher to explore views and opinions in depth, and the reasons why those views are held”. This also allowed the researcher to bring pre-determined questions into interview schedules which were not pre-cast and allowed the flexibility of probing. This type of interview also allowed the respondents to express their ideas and opinions at length and gave them the freedom to respond in their own words (*cf.* Babbie, 2015). Moreover, the semi-structured interview offered the researcher the opportunity to change or explore views, attitudes, aspirations and opinions, and why those were held regarding HIV/AIDS issues (Gregory, 2015). Therefore, a semi-structured in-depth interview was employed in order to determine the opinions, preferences and community perceptions towards HIV/AIDS awareness and education in the Mafeteng community.

Separate interview guides were created for each target group (see table 4.1). Seven (7) interviews were conducted to collect data from MCRS manager and presenters or producers as well as stakeholders from government and non-governmental organisations. First, interviews were conducted with the MCRS station manager and programme producers for selected programmes. The station manager and radio presenters were from the Mafeteng community, and they worked at the MCRS on a voluntary basis. However, they got a stipend from the programme sponsors and advertisements. Face-to-face interviews were conducted with the radio station manager who is also the presenter of the Morning Drive Show and Rea Ikaha meaning “Empowering Ourselves”. The station manager was interviewed because he had insight on the policy of the radio station and how this affected the role of the station in HIV/AIDS broadcasting. In addition, the manager saw to it that the programmes covered relevant issues that informed targeted audiences and which included health issues such as HIV/AIDS. The motivation for the researcher to decide on management was because of the

role the managers played in the production of programmes and their obligation to produce HIV/AIDS content for MCRS. They formed part of the decision makers for the kind and formats of the programmes.

Secondly face-to face interactions were held with two presenters who also worked as producers of LumelangMakaota (life and health issues programme) and Thakaneng (youth programme) respectively. Presenters and producers of these programmes were interviewed because they were engaged in designing and producing HIV/AIDS communication messages. The presenters are responsible for broadcasting the programmes and get in contact with the beneficiaries or host them. They are also in most cases involved with or work hand in hand with beneficiaries from the Mafeteng communities and other stakeholders that are interested in health issues even if they are not infected with the virus.

In addition to these interviews, four interviews also were conducted with (purposively sampled) representatives of non-governmental organisations and governmental organisations, namely the Johns Hopkins Program for International Education in Gynaecology and Obstetrics (Jhpiego), the Communication Information Officer of the Mafeteng Hospital, the HIV/AIDS Focal Person and Coordinator from the Ministry of Local Government, and the Area Chief of Paballong, who also is a member of the Mafeteng District Urban Council. The responsibilities of these role players (bodies) were to share information, sensitize, create awareness and educate community members on health issues, including HIV/AIDS. They therefore provided the researcher with meaningful information that could assist the researcher to see how the programmes assisted the Mafeteng communities with regard to HIV/AIDS awareness and education, as well as their perceptions regarding HIV/AIDS awareness programmes. These stakeholders were found to be relevant for a number of reasons; first, because they were among people who were actively involved in HIV/AIDS awareness and education. Secondly, they were living and/or working within the area of the study.

Notes were taken by the researcher during the interviews to capture the information discussed (*cf.* Wimmer and Dominick, 2014; Yin, 2013). In addition to taking notes during the interview process, a recording device was used to assist the researcher to capture detailed and accurate information from participants (Creswell, 2015). However, this was based on the agreement with the respondents, considering that sometimes respondents may be uneasy to talk freely in the presence of the recording devices (Creswell, 2015). The researcher selected an interview, because it allowed for probing when answers were not adequate or satisfactory, as well as when responses touched on issues of interest that had not been identified before, but deserved to be addressed (Babbie, 2015).

Even so, the researcher was aware of a number of pros and cons that the personal interview bears: it is more appropriate for complex situations; respondents are awarded a chance to be prepared for sensitive and complex questions; it also assists in collecting in-depth information; information can also be supplemented with the information gained from observation of non-verbal reactions, and, additionally, questions can be explained for clarification or put in the format that will allow respondents the opportunity to understand, and lastly, interviewing has a wider application or population such as children (Kumar, 2015:131-132). On the other hand, it is time consuming, more especially when potential respondents are scattered over a wide geographical area; the quality of data depends upon the quality of the interaction, and the quality also may vary depending on the quality of the interviewer, and lastly, the interviewer may be biased(Kumar, 2015:131-132).

4.9.1.2 Open-Ended Questions

These data collection processes with participants were done by means of face-to-face interviews using open-ended questions. The purpose of this type of questions in an interview is to give respondents the freedom and an opportunity to provide in-depth responses, and, on the other hand, such questions permitted the researcher opportunities for probing (*cf.* Kumar,

2015; Wimmer and Dominick, 2013). In addition to note-taking during the interview processes, the interviews were recorded (*cf.* Creswell, 2015; Kumar, 2014; Yin, 2013). These interviews with the station manager and presenters were held at the premises of MCRS. A letter asking for permission to conduct these interviews had been written and submitted to the station beforehand and permission was granted. The interviews with stakeholders took place in their respective workplaces in the morning between 09:00am and 10:00am. The scheduled duration for all interviews was between 45 minutes to an hour. Separate interview guides were created for each interview participant.

4.9.1.3 Preparation of interview agenda

Name	Portfolio	Place	Gender	Nationality
Participant 1	Station Manager	MCRS	Male	Mosotho
Participant 2	Radio Producer/Presenter	MCRS	Male	Mosotho
Participant 3	Radio Producer/Presenter	MCRS	Male	Mosotho
Participant 4	Information Officer	Jhpiego	Female	Mosotho
Participant 5	Information Officer	Mafeteng Hospital	Female	Mosotho
Participant 6	HIV/AIDS Focal Person & Coordinator	Local Government & Chieftainship	Male	Mosotho
Participant 7	Area Chief	Paballong	Female	Mosotho

Table 4.1: Face to Face Interview Participants

4.9.1.4 Focus Group Discussions (FGDs)

In addition to personal interviews, to complement this data, a focus group discussion was utilised with community members, categorized by age and gender. The aim of the interviews was to draw out the perceptions regarding MCRSHIV/AIDS content. In addition, the researcher also incorporated the views of MCRS`s listeners to learn their understanding and their perceptions about how HIV/AIDS messages were communicated through MCRS. A focus group discussion is defined as “the collection of data in a group situation where the moderator leads a discussion with a small group” (Christensen, Johnson and Turner,

2013:56). Thus, unlike face to face interviews where the researcher conducted interviews with individuals, focus group discussions are done with fewer participants at once (Kumar, 2015). The reason for this number is to allow for more participation which usually generates rich information, but also to make sure that all members have an opportunity to participate in the discussion, and that some members' opinions are not left out during discussions (Wimmer and Dominick, 2013; Yin, 2013).

These participants somehow share similar characteristics or demographic and psychographic traits such as age, education level, belief, attitudes, gender (men and women), or are somehow homogeneous and who share some common interests. (Christensen *et al.*, 2013; Lattimore, Baskin, Heiman and Toth, 2012). Focus group discussions were used because the researcher was interested in the views and opinions of the MCRS beneficiaries (listeners) regarding their views on MCRS's HIV/AIDS awareness and education messages.

The purpose behind focus group discussions in this study was to explore the perceptions, experiences and understanding of groups of people who share a common experience of situations (Kumar, 2015). Additionally, the focus group discussions permitted the researcher to interact with listeners and to see their reaction to the selected MCRS programmes. It also provided fairly instant feedback (*cf.* Yin, 2013). Again, members of the group were able to share their opinions while discussing the issues (*cf.* Kumar, 2014). For this reason, the focus group discussions did not only provide the researcher with verbal communication, but also the non-verbal communication expressed during the discussions which he observed. However, it is also vital to note that focus group discussions are not ideally suited to discuss confidential and sensitive personal issues. This is because at times some members do not feel comfortable to express their opinions or feelings.

In this study, four focus group discussions were conducted with MCRS listeners in the neighbouring, purposively selected and convenient communities the Motse-Mocha,

Paballong and Moreneng villages. These groups included both Basotho men and women. This is because the researcher believed that different sexes and ages perceive HIV/AIDS message disseminated through MCRS differently. Also, the researcher tried to strike a balance between the genders. Hence, the researcher tried to balance the sample as much as possible to have their views and feelings. Some participants in this study speaking Sesotho, and others English as the second language. However, it was agreed with all the focus group participants to conduct the discussions in Sesotho as their first language. This was done to accommodate each and every participant to share his/her opinions freely without hindrances. Data then were translated into English by the researcher.

These groups for the focus group discussions comprised youth, aged eighteen (18) to 35 and adults, aged 36 to 49. The researcher assembled six (6) to eleven (11) members per group. These groups were selected because according to UNAIDS (2015), these groups are most affected and infected by HIV/AIDS, as stated by the UNAIDS gap report: Lesotho. They are also representative of the study population as it was impossible for the researcher to reach everyone within the population (*cf.* Creswell, 2013; Wimmer and Dominick, 2015; Yin, 2013). The participants also lived or worked within the radius of 1 to 5 kilometres of the MCRS. These focus groups were arranged with the help of area chiefs within Motse-Mocha Village and Paballong as Moreneng.

The first focus group from Motse-Mocha, Moreneng, consisted of men and women aged between 35 and 45. This focus group consisted of four (4) males and three (3) females. Two of the male participants from this group also once had voluntarily worked as presenters at the MCRS. The second group from the same village comprised people aged 36 to 50 - five (5) women and three (3) men. The first group from Motse-Mocha included mostly younger individuals, aged between 25 and 35. This group contained six (6) females and four (4) males. The second group here was formed of people between 32 and 45 years of age with six

(6) women and five (5) men. All the participants from all the above focus group discussions had been living in these villages for some time. The focus group discussions were conducted on separate days; the time and location were arranged on agreement with the participants. All the focus groups discussions were conducted in the afternoon to allow all members to be present after their different duties.

4.10 DATA ANALYSIS AND INTERPRETATION

This is the stage when the researcher narrows the mass of data collected into meaningful and controllable figures. Data are organised according to the sequence of occurrences during the investigation (Wimmer and Dominick, 2013). Thematic analysis was utilised by the researcher to categorise the collected data into groups of written and material data according to themes for analysis (*cf.* Creswell, 2013). Thematic analysis is defined by Braun and Clarke (2006:79) as “a method for identifying, analysing and reporting patterns within data”. Thematic analysis was applicable in this study as it seeks to identify veiled themes which were raised during the discourse with the MCRS station manager, producers/presenters and beneficiaries (see chapter five).

Additionally, the qualitative data thematic analysis assists in organising themes identified from research questions and then be analysed and supported by the interpretation (Willig, 2013; Wimmer and Dominick, 2013). Furthermore, data were observed and recorded in a well-organised manner, interpreted in line with the proposed study objectives and research questions (*cf.* Willig, 2013). Therefore, all relevant data that speak to a particular theme were featured. Direct quotations from the discussions were used to support the arguments of the discussions, but this was dependent on the discretion of the researcher. Comparisons of the findings and postulated research questions were made in order to reach tangible conclusions.

First, the researcher transcribed the recordings, that is, the researcher changed the recorded voice information or data into text. Each group and interview discussion were labelled

according to the categories, to make it easier for the researcher to categorise and analyse each group discussion without getting the responses mixed up. This also enabled the researcher to analyse collected data from different participants and put them together in the categories. Hence the researcher then listened to the recordings made during the data collection by means of both focus group discussions and interviews with different groups. The transcribed data supplemented the information written by the researcher during the interviews and focus group discussions. The recordings assisted the researcher to capture all the information collected from participants during the process of data collection without compromising the accuracy of information.

There are different types of software that researchers using qualitative approaches can use to analyse data. The researcher decided on NVivo software. The reason for the researcher to make this choice was two-fold: it allowed the researcher the opportunity to convey the categories in full-text into the software. Secondly, it simultaneously produced, and presented to the researcher inside grouping portions which included the reference data that were similar to independently imported data (QSR International, 2014). This sheet from NVivo software helped the researcher to arrive at the findings and reach conclusions. The researcher then wrote the themes down under separate headings for each section and did an initial analysis. Thus, in this research, information was gathered, interpreted and conclusions and recommendations prepared and established on the findings. The findings of this study were also enriched with pictures and maps relating to the area of study.

4.11 INDUCTIVE REASONING

Qualitative design uses an inductive form of logic, not deductive, meaning that categories that emerge from the informants are not identified prior to the investigation (Creswell, 2015; Wimmer and Dominick, 2015). The method of analysis is regularly based on explicit statements and ends with descriptions of data, summaries and interpretations of the data

collected from the respondents. This definition implies that data and meaning emerge “organically” from the research context. The process of qualitative research is inductive in that the researcher builds abstractions, concepts, hypothesis and theories from details (Creswell, 2015). This is not the case with quantitative research, where a deductive form of logic is employed and variables and hypothesis are predetermined and tested in the course of the study (Creswell, 2015).

4.12 ISSUES OF RELIABILITY AND VALIDITY

Before research findings can be accepted, the research has to be proven as reliable and valid. It therefore is deemed necessary to take a closer look at the issues of reliability and validity.

4.12.1 Reliability/Dependability

Qualitative research can be tested for reliability and validity. Reliability refers to the degree of uniformity, and the internal consistency of a measure that gives the same answers at different times (Wimmer and Dominick, 2015:452). Kumar (2005:156) describes reliability as “the degree of accuracy or precision in the measurements made by a research instrument”. The researcher in this study tried to attain reliable research results, by following the basic procedures of qualitative research practice. These guidelines helped the researcher to minimize the degree of the error; hence the increase of precision contributed to the issue of reliability.

Moreover, in this study the researcher tried to reduce instrument errors by ensuring that the wording of questions was clear and correct, that the physical setting remained consistent throughout the research process, and in all possible ways to check the consistency and correctness of the findings, which included checking transcripts to ascertain that there were no contradictions in the definition of codes and cross checking the codes developed (*cf.* Creswell, 2014). Unlike in quantitative research, however, it is difficult in qualitative

research to ascertain that if the same guidelines are followed the same results will be attained, as sometimes the setting and environment of the participants might have been altered (Salkind, 2014). The researcher considered the data as dependable. Data dependability ensues from following the research steps closely, and by observing the requirements of each research method employed in the study.

4.12.2 Validity/Trustworthiness

Validity in qualitative study refers to the appropriateness of the tools, processes, and data collected. According to Stack and Salwen (2009) and Hollensen (2007), validity helps the researcher to measure the same phenomenon over and over again using the same measurement to identify whether the method is reliable. It is described as the degree to which a test or measurement actually measures what it is supposed to measure. The researcher triangulated the data collected from various respondents to determine their views, and to ensure that they agreed that the results were accurate. The researcher also spent some time on the field to get more insight in the phenomenon under study (*cf.* Creswell, 2017). Furthermore, the focus group questions were tested with a few people from the community to check whether the questions were understood by the respondents as intended by the researcher, and, finally, to eliminate researcher bias if it existed (*cf.* Creswell, 2017). These factors may contribute to credibility; using different techniques, a topic can be investigated from different perspectives, which may lead to more accurate findings, thus increased validity. Moreover, the researcher requested the respondents to read the researcher's notes and to verify whether the researcher had accurately described what was discussed.

4.15 ETHICAL CLEARANCE

4.15.1 Ethical clearance certificate

Before collecting any data for the study, it is most important to receive approval from the university review board and to make sure to get proper permission from concerned

authorities to collect data (see appendix). Guidelines for ethical conduct in social research worldwide are informed by the ethical principles, which entail respect for persons and distributive justice (Marshall, 2007). The researcher abided by the ethical rules and regulations that govern the conduct of research at the University of South Africa (UNISA), however, the entire process was facilitated by the Department of Communication Science of UNISA. Before embarking on data collection with research participants, the researcher therefore sought for an ethical clearance certificate from the university's ethical clearance committee.

4.15.2 Consent Forms

In regard to participants, before interview processes, the fundamentals of research were discussed in detail; the benefits of the research, confidentiality, and the right to withdraw from the discussion were brought to their attention. Moreover, the participants were given a chance to ask questions and get clarifications. Therefore, the researcher explained to the participants what was expected from them and how they were protected from any harm caused by the study. Hence the participants had to sign consent forms before the processes of discussions.

The purpose of consent forms was to provide the blueprint of the study to the participants in order to ensure that they were fully informed about the details of the study before they agreed to become part of it. Consent forms indicate what the researcher will be doing, and why, and what will be expected from the participants. Moreover, the consent form states how the data will be collected and used in the study. Finally, the participants had to take note of and understand the information provided on the consent form, and then they had to sign the consent forms before engaging in the study. But first and foremost, the consent forms were translated to all participants so that they had clarity on what they were consenting to. The researcher provided a brief description of the purpose of the study, where the study would be

conducted and how the study would benefit them (*cf.* Creswell, 2014; Wimmer and Dominick, 2013; Yin, 2014). Information on the duration of the study was also provided before the study commenced that is how long the process would last, as well as how much time participants would have to spend to make their contributions.

It must be noted, however, that the participants still had the right to refuse to participate or to withdraw at any time without fear of prejudice or retribution (Yin, 2014). Yin (2014) further recommends that before a study commences, all respondents should be provided with consent forms to sign, be informed about the voluntary nature of their participation, and that as participants they had rights, including to decide whether to participate or not. Participants in this study had to give consent to intentional participation without coercion. Nonetheless, they were also informed that their participation or refusal to participate would not harm their professional progress in any way. Creswell (2014) emphasises that information provided by participants must also be treated as confidential and private. Therefore, the respondents in this study needed to be informed of the nature and rationale of the study and its potential dangers and benefits. Finally, they were also free to ask for feedback on the findings.

4.15.3 Confidentiality

Confidentiality and anonymity are two terms that are used interchangeably by researchers in conducting their studies. The basic principle of confidentiality implies that the dignity of participants should be respected (Saunders, Lewis, and Thomhill, 2015). This is because when participants are convinced that information will be treated confidentially, they felt free to provide information freely, they are more secure in the interactions with the researcher, and they also are willing to open up and allow a relationship of trust to develop. What do these two terms mean? Confidentiality is described as concealment of information that is discussed between researcher and research participants during data collection (Saunders & Lewis, 2014). The purpose behind this is to inform all participants that information they

provide will be treated and reported anonymously without disclosing their names or any information regarding the participants (Hennink, 2014; Yin, 2013). The participants should be content that their identity and any information that they provided will in all situations be treated as confidential (Wimmer and Dominick, 2013). This is why the researcher had to obtain ethical clearance, informed consent, voluntary participation, as well as give assurance of avoidance of harm to participants.

The researcher informed participants of their common obligation to one another to not expose any personal information which emerged during focus discussions and interviews to anyone else after the discussions. The role of the researcher was to inform all participants in both the focus group discussions and interview sessions about the research procedures, and also to seek permission from all participants before using any device during the discussion processes (Yin, 2013; Silverman, 2013). Wimmer and Dominick (2013) elaborate that after the research process, all information (recorded and transcribed) used by the researcher must be kept in a safe place, which only can be accessed by the researcher and supervisor. In this study data were locked in a password protected file and later will be transferred to the UNISA library for safe keeping. The participants also were informed that all information would be destroyed after the study had been completed and the researcher had qualified.

As stated earlier, the researcher should observe whether any harm occurred to the participants it is the researcher's responsibility to see to it that the participants are protected from any harm during the research or discussion processes. Avoidance of harm is related to informed consent. Harm does not necessarily mean physical damage, but entails emotional distress and psychological harm (Watkins and Burton, 2013).

5.16 THE CHALLENGES FACED BY THE RESEARCHER DURING THE PROCESS OF THE STUDY

The following section describes challenges experienced by the researcher during data collection in the Mafeteng district. There are number of challenges and lessons learnt by the researcher when collecting data from the parties in the study. The major challenge experienced by the researcher was the turn-over of the participants for focus group discussions. At times the researcher had been delayed for some time to allow all participants invited to arrive. Some of the focus groups ended up being fewer than the number that was expected by the researcher. However, this did not necessarily pose a problem for the researcher because the participants were still within an appropriate number for a focus group (Kumar, 2015; Yin, 2013). As stated by Kumar (2015) and Christensen, Johnson and Turner (2013), the discussions might continue with fewer participants, but these participants should share similar demographics or interests (Lattimore, Baskin, Heiman and Toth, 2012). Most of the research was conducted late in the afternoon when all participants were available. The researcher had to travel late in the afternoon from the research site to where he resides.

It should be mentioned that participants in the focus group were somewhat frustrated, as they were expecting some kind of benefit as individuals. Some of the participants were expecting financial benefits or some other kind of incentive for their participations. Thus, once the researcher had briefed the participants on the purpose of the discussions and informed them that participation was voluntary and no rewards would be accompanying the participation, one expressed hesitation from participants. The nature of the study being to combat HIV/AIDS also made them a bit sceptical to participate; however, the researcher addressed all their questions and just alleviated their fears. The interview was not explicitly on HIV/AIDS, but it was about how the MCRS disseminated or mainstreamed HIV/AIDS-related messages on their programmes.

4.3 LIMITATIONS OF THE STUDY

Even though the researcher had settled for the qualitative data collection method, he was aware of some limitations of this research method. Qualitative research is too small to allow the researcher to generalise data beyond the sample selected for a particular study (Creswell, 2013; Wimmer and Dominick, 2014). Nonetheless, this did not turn out to have been problematic in this study, because the researcher only was concerned with a particular case and therefore the aim was not to generalise the findings. The findings will only be applicable in the context of the case study. However, the researcher made meaning of and came to conclusions based on the responses of the representative samples. Similarly, data reliability might be a problem, because a single observer was responsible for describing unique events. Different techniques had been employed in efforts to collect reliable information from different participants.

Again, if not properly planned, a study may produce nothing of value (Creswell, 2015). To overcome this problem the study was planned by the researcher before commencing with the study and clear decisions were made about the course of the study. The use of a voice recorder assisted the researcher in collecting all information possible during the interview processes. Additionally, the focus of the study was limited and specified, and the interpretation of meaning and the examination of observable behaviour likewise were fundamentally focused and limited (Wimmer and Dominick, 2013). Finally, the researcher acknowledged that the study and analysis might have been subjective and potentially biased, but special care was taken to handle the data cautiously to prevent bias.

5.17 CONCLUSION

In the above discussion the methodology of the study was explained. The researcher elucidated the qualitative research approach, as well as the data collection methods employed. Valid reasons were given for the choice of population and the sampling of

participants. Validity and reliability came under discussion, as well research ethics, anonymity and voluntary participation and ways in which to protect participants from harm.

CHAPTER FIVE: DATA ANALYSIS AND FINDINGS

5.1 INTRODUCTION

This chapter presents results of the research that was undertaken among the key stakeholders of the community radio station with a specific interest of understanding how HIV/AIDS communication activities are planned and conducted at the MCRS (Mafeteng district). The primary data were collected through the use of two research techniques: face to face interviews and focus group discussions, which have been discussed in the methodology chapter (see Chapter 4).

Data were transcribed, coded, categorised and interpreted based on the research objectives. Firstly, the chapter presented data and analysis conducted with Programme managers, Presenters/Producers as well as stakeholders, followed by the focus group discussions this analysis are informed or guided by the research objectives and questions namely; first, mainstreaming HIV/AIDS messages in MCRS programmes as a way of creating awareness and educating the Mafeteng community on HIV/AIDS-related issues; second, different ways used to communicate HIV/AIDS awareness messages; third, perception towards the MCRS programmes on HIV/AIDS dissemination; finally, assessing how community members participate in designing HIV/AIDS programme content.

5.2.1 MAINSTREAMING HIV/AIDS MESSAGES IN MCRS PROGRAMMES AS A WAY OF CREATING AWARENESS AND EDUCATING THE MAFETENG COMMUNITY ON HIV/AIDS-RELATED ISSUES

The manager and presenters indicated that the community radio was helpful in affording members of the community information about HIV/AIDS. They saw this medium as the best tool to reach larger target audiences of approximately 7 000 listeners. Both the station

manager and presenters highlighted one of the approaches they used, namely to invite different stakeholders to communicate health communication messages over the station's ether. The station manager for instance stated:

We are not experts in this area of HIV/AIDS related issues. Hence, we normally invite different stakeholders as guest speakers, who contribute meaningfully for us to achieve our mandates of contributing towards curbing of HIV/AIDS in the Mafeteng district within our radius. These stakeholders are mostly from a number of organisations including Jhpiego and Mafeteng Hospital, local government councillors as well as Village Health Workers (Radio Station Manager, August, 2018).

One of the radio presenters responded as follows:

These various stakeholders are conversant about HIV/AIDS and have programmes geared towards creating awareness and educating the community, especially around awareness and rendering listeners' knowledge and competency - including the impacts of the epidemic to the communities (Producer and Presenter, LumelangMakaota Programme, August 2018).

The responses above indicate how the community radio station integrated HIV/AIDS awareness messages through stakeholders who were conversant with HIV/AIDS. These responses sustained the researcher's findings that community radio as a public sphere has to become an open arena where different people come together to express, debate, discuss and share HIV/AIDS awareness information, which at the end may influence behavioural change among the community (Community Radio Manual, 1999; McQuail, 2005; Muin, 2011; Severin and Tankard, 2001; Soremekun, 2016). As maintained by Myhre and Flora (2000), various stakeholders can utilise this arena to communicate HIV/AIDS awareness messages to dispersed target audiences at once. The agenda setting theory also underscores that

community radio is a form of mass media having the ability to bring salient issues to the attention of the community through stakeholders (Arnold, 2009; UNAIDS report, 2004; McCombs & Shaw, 1972). Therefore, bringing different entities to the station confirms that the public sphere theory is applicable to the MCRS as a micro-public sphere which provides the open space for various public discussions relating to their social concerns which include HIV/AIDS (Girard, 2001; Habermas, 1962).

Moreover, the manager and presenters indicated that they integrated HIV/AIDS awareness messages in their programmes to create awareness and educate the Mafeteng community on HIV/AIDS-related issues.

The manager stated that “recently we have introduced a new programme called ‘Rea Ikaha’, meaning ‘Empowering Ourselves’, which is aired from Monday to Friday in the morning hours from 09:00 to 09:30. In this programme we have different health talks. However, within this programme we have also introduced a slot called ‘Boipaballo ba Ka’ ‘Meaning Taking Care of Oneself’ which broadcasts for thirty minutes every Monday. The slot mainly focuses on HIV/AIDS-related issues such as sexual behavioural change, increasing knowledge of HIV transmission, prevention measures such as the use of condoms, care, treatment, and impact mitigation, moreover focusing on issues around harmful social norms that fuel the spread of the epidemic. In these slots we have one voluntary person by the name or nickname Shorts living with HIV/AIDS who shares his experiences and encourages people to go for HIV/AIDS testing” (Radio Station Manager, August, 2018).

The above aspects mentioned by the respondents indicated that the introduction of this programme (‘Rea Ikaha’) and the slot ‘Boipaballo ba ka’ alluded to the fact that the station is contributing to creating HIV/AIDS awareness among the community. These different messages provided by community radio as a public sphere are vital as they enlighten listeners

on the behaviours and situations that enhance the hazard of HIV/AIDS and increase listeners' vulnerability and the situation in which risks and susceptibility congregate. Studies highlighted that the continuous HIV/AIDS awareness amongst the communities is highly recommended and must be the mainstay of the HIV/AIDS response (UNAIDS annual report, 2004; Fraser and Estrada, 2001; Myhre and Flora, 2000).

5.2.2 HIV/AIDS Communication through the use of Community Radio

A community radio station's content is a characteristic of community radio. Designing relevant radio content is very important in order to convey relevant messages to the target audience (Al-hassan, Andani and Abdul-Malik, 2011). This is crucial to ensure that key HIV/AIDS messages are communicated as efficiently as possible. On the issue of how MCRS communicated HIV/AIDS messages in their programmes, both the manager and presenters responded that they included HIV/AIDS in their programme content.

...strategically we communicate issues pertaining to HIV/AIDS such as how people can protect themselves from contracting HIV and measures that they can take regardless of their HIV status. However, HIV/AIDS awareness messages are strategically designed to appeal to the target audience (The Presenter, LumelangMakaota Programme, August, 2018).

However, the manager and presenters specified that unlike the LumelangMakaota programme, which is allocated to broadcasting health communication including HIV/AIDS, Tosa Morning Drive Show only includes HIV/AIDS messages in their current affairs broadcasts. Current affairs are described as the programmes that address different recent news topics, and broadcast and analyse these when they are still fresh and interesting to the listeners (Gunning, 2019; Skinner, Von Essen, and Mersham, 2019). These are popular programmes which attract more listeners because of the intensity of the content, including

topics covered such as health, economic, political, and socio-economic development affecting the community (the Station Manager, August, 2018; Presenters, LumelangMakaota programme, 2018). To substantiate this, one of the presenters detailed that:

Even though those programmes disseminate information on HIV/AIDS, there are other programmes that also include HIV/AIDS-related issues in their content besides the aforementioned programmes like a youth programme called Thakaneng with the specific slot called 'Topic of the day', where we discuss different issues per day including HIV/AIDS (the presenter, Thakaneng Afternoon Drive Show, August, 2018).

Presenters' views therefore specified a very significant dimension in the continuing of targeting youth with the HIV/AIDS messages. Targeting youth in this regard is vital, as stated by other reports in the literature, because young people are most vulnerable and highly affected by HIV/AIDS (UNAIDS Gap Report, 2015; DHL, 2014). Therefore, the significance of this programme is that it even caters for youth who might not always tune in to "LumelangMakaota" and "Boipaballoba ka". The Thakaneng Afternoon Drive Show programme speaks to the youth as it attracts more youth.

In general, the interviewed stakeholders declared that they listened to MCRS in their capacity as health communication practitioners and community representatives. As specified by the manager and presenters, stakeholders prefer to listen to the morning programmes like the Morning Drive Show and "Rea Ikaha", which provide them with information on current affairs. Stakeholders find current affairs more appealing because at times these address issues pertaining to health issues including HIV/AIDS, as indicated earlier in this chapter, and these topics were included in the programme. However, the stakeholders found the "LumelangMakaota" programme valuable for a number of reasons. It was stated that:

Among other means of communication, this programme allows us to reach wider listeners at once; listeners who are also not just receivers of HIV/AIDS messages, but play an active role in participating during the live broadcasts through phone calls and comments on different social media platforms, which makes it more engaging, interesting and effective. Again, because this is the programme allocated for health issues only (Mafeteng Hospital, Information Officer, August, 2018).

Stakeholders' responses highlighted that, among other media, at times they used these "LumelangMakaota" as a public sphere platform which helped them reach a widely dispersed target audience all at the same time with HIV/AIDS messages. At the same time, listeners who form part of this public sphere are not just passive receivers of HIV/AIDS information, but play an active role in participating through phone calls and comments on social media platforms on issue discussed (Aqrabawi, Zaidah and Kuttub, 2006; Mhlanga, 2006; Wigston, 2001).

Therefore, based on these responses, it may be inferred that community members' engagement with presenters helped presenters to become identified as a credible source of information on a HIV/AIDS-related issues, as well as monitors of the effectiveness of the messages, which became clear from the receivers' responses (*cf.* VanDyk, 2008; Jandt, 2010). Another positive outcome seemed to be that the discussions on air on these topics also facilitated interactive communication between presenters, guests and listeners. The manager further explained that the broadcasting personnel relentlessly considered new ways and methods of educating listeners and creating awareness among their listeners of the impact of this epidemic. He stated that "We do not only focus on HIV/AIDS issues during certain times like World AIDS Day commemorations. The continuous HIV/AIDS messages are vital; as Southern African countries are still facing some challenges in contracting HIV/AIDS" (Radio

Station Manager, August, 2018).

Continuous education on HIV/AIDS as highlighted by this response is critical. This is because HIV/AIDS keeps escalating in the Sub-Saharan African continent (Kunguma and Ncube, 2015; UNAIDS Gap Report, 2015; Van Dyk, 2008). Lesotho, being no exception to this problem, had been struggling with containing the HIV/AIDS prevalence (Demographic and Health Survey, DHS, 2014; Lesotho UNGASS Country Report, 2006-2007; NAC, 2006). This means that there are knowledge and competency gaps that still need to be addressed and bridged; hence, communication is the key strategic tool to this problem (UNAIDS Gap Report, 2015; DHS, 2014; Adam and Harford, 1999).

In this context, community radio as public sphere adds value to the on-going efforts applied to contain the epidemic. Moreover, with regard to knowledge and how people understand and respond to the epidemic, the phone-in programmes inform the presenters on issues that people perceive, thereby revealing people's competency levels on HIV and AIDS, and that informs the presenters about what to address in the next programme.

5.4 METHODS INTEGRATED IN COMMUNICATING HIV/AIDS AWARENESS THROUGH COMMUNITY RADIO

As stated in the theoretical framework chapter (*cf.* Dyk, 2008; UNAIDS, 2004; Skuse and Butler, 2004), various formats can be used to disseminate information on HIV/AIDS-related issues. Integrating various ways of communicating can assist in complementing messages from one mode of communication to another (Fourie 2008; Fraser and Estrada, 2001; Mhlanga, 2006; Myhre and Flora, 2000; Teer-Tomaselli, 2001; Tyali and Tomaselli, 2015). According to Parker (2006), Skinner, Essen and Mersham, (2007) and the UNAIDS Report (2004), the merging of various channels is considered to be the most effective ways of communicating HIV/AIDS-related issues. This is because each means of communication has

some limitations; hence massive coherence can assist in filling the gaps of another means of communication (Ministry of Health Uganda, 2009; The Government of Lesotho and the Expanded Theme Group on HIV/AIDS, Lesotho, 2004; UNAIDS Report, 2004).

The manager and presenters indicated that they used a number of methods to communicate HIV/AIDS awareness messages to their target audiences. For instance,

... we normally use live programmes where we allow our listeners to ask questions and comment on different social media platforms during the live broadcasts where we have invited guest speakers to our programmes(Radio Station Manager, August 2018).

This is an important aspect of community radio - live programmes are vital in that listeners are afforded an opportunity to ask questions and get clarifications, unlike when they listen to a recorded programme.

However, recorded programmes are important too, because by means of such programmes, community events with a bearing on HIV/AIDS can be recorded and broadcasted over the radio. Such an approach appeals to listeners as they associate themselves with such activities, and thus can identify better with the content. Nonetheless, phone-in programmes on the one hand allow listeners to participate, and, on the other, afford presenters the opportunity to have interactive communication with their target audiences. These talks are aired through this public space (community radio) immediately; therefore, there is immediate feedback from listeners and stakeholders (Skinner, Von Essen and Mersham, 2019). As a result, listeners have the satisfaction that their voices have been heard and they get instant responses.

The disadvantage of this strategy, however, is that some of the listeners may not have access to phones or airtime to call during the timeslot of the programme (Skinner, Von Essen and Mersham, 2019). However, stakeholders asserted that the radio presenters even after the

programmes still considered listeners' question and comments. One stakeholder stated that

... however, at times after the programme, if listeners still have some questions and suggestions, the radio presenters note their questions and when we come for the next programme the presenters on behalf of the listeners ask the questions and guests provide answers to such questions(Information Office, Jhpiego, September, 2018).

Remarks such as these indicated that the MCRS, the radio station, as public sphere afforded the listeners a chance to share information and ask questions, even beyond the programme slot. However, such comments and remarks indicated that the time allocated to HIV/AIDS programmes was not considered adequate. Therefore, the station should consider ways of increasing the time allocated to programmes such as those giving information on HIV/AIDS. The utilisation of these ICT platforms, as indicated in the photo shoots and theoretical framework, allows for two-way communication between presenter and listeners; programmes in which listeners also are enabled to express their social concerns, such as those pertaining to HIV/AIDS, and how HIV awareness messages can be transmitted to them most effectively (*cf.* Creeber and Martin, 2009; Zoellner and Lax, 2015). This means that ICT platforms as public sphere and agenda setting agencies, such as in this case, should allow for interactive ways of communicating, not only one-way or bottom-down communicating (Edegoh, 2013; Robin and Shawnika, 2013). Thus, on the one hand convergence of traditional communication and modern mass media is vital, while, on the other hand, traditional media boundaries are dissolving (Skinner, Von Essen, L. M. and Mersham, 2019).

The screen-shots given below illustrate the use of the Mafeteng Community Radio Facebook page used by the listeners and presenters communicating HIV/AIDS messages, and listeners commenting on the information shared by the presenters. However, this platform, the

community radio, is not utilized effectively to communicate HIV/AIDS messages, but is utilized to communicate information on other matters such as political issues, football and other sports news, as well as other events, matters and issues happening in the Mafeteng district or having a bearing on the community. The participants reported that during their latest programme on HIV/AIDS (in 2017) they broadcasted effective messages that addressed issues such as Ben 10, Sugar Das, and Blessers as myths that contribute to misconceptions that might ensue in an increase in the spread of HIV/AIDS.

Therefore, based on the screenshot below, which was taken from the Mafeteng Community Radio Station Facebook page, the observation was made that the radio presenters were not utilizing this platform appropriately, as they conceded to utilising social media platforms to grant more listeners the opportunity to communicate their concerns. However, the radio platform was utilised by the presenters for other purposes, such as informing listeners about other matters addressed in certain programmes.



Figure 5.1: Mafeteng Community Radio Facebook page: Screen comments of the stations

One of the presenters pointed out that prior to the actual programme, they briefly informed listeners on what would be discussed and who would be their guest speakers. Also, this made this information available by posting the topic of the day's discussion on social media platforms, such as the Mafeteng Facebook page, to sensitise listeners.

We have seen a better listenership through our number of callers during our live programmes when we have such programme's introductions and posted

topics on social media platforms before the actual time of programme, unlike when we just introduce the topic on the spot (Presenter/Producer, LumelangMakaota Programme, August, 2018).

According to this participant, announcing the topic of the discussion planned for the programme prior to the actual broadcasting of the programme sensitised listeners and aroused their interest. This reminded listeners to tune in, especially when the topic that would come under discussion seemed to be a matter that would address their own concerns; hence, these introductions are important to persuade listeners to listen to such programmes.

Stakeholders pointed out to the station manager and presenters that various methods were critical in efforts to reach mass intended target audiences. The purpose of community radio specifically is to bring messages to the masses. The HIV/AIDS Focal Person and Coordinator, Local Government and Chieftainship in August 2018 reported that:

Our communication means vary and we also try to look into our target audiences, and explore the best means for communicating to them. But community radio as one type of the media still stands out as it caters for both literate and illiterate people within its radius. But these media are supplementary to each other.

This response implies that the use of a variety of methods to bring messages to the community actually is useful and to the benefit of the community as this enabled the station to reach their diverse target audiences. The use of different media also enables the station to reinforce or complement messages delivered by other channels and to work collaboratively (UNAIDS, 2004; Parker *et al.*, 2006). UNAIDS (2004) and the Ministry of Health of Uganda (2009) purport that such different designs together can reinforce consciousness, information and messages about HIV-related attitudes and behaviour. Therefore, according to the

responses, the uses of various methods by the MCRS seemed to be working positively to communicate HIV/AIDS messages to Mafeteng communities. However, much still needs to be done about the inclusion of other formats such as advertisements, edutainment, and dramas offered to make people aware of the dangers of HIV/AIDS (Fourie 2008; Mhlanga, 2006; Fraser and Estrada, 2001), which had been proven as most useful in advancing HIV/AIDS message among the community.

5.5 THE PERCEPTION OF MCRS`S HIV/AIDS PROGRAMMES

HIV/AIDS is a largely imperceptible syndrome that can only become real in people's minds if they can attach actual effects to the condition. The more the message on HIV/AIDS is reinforced, the more people will understand the implications of HIV/AIDS and how it affects the society at large (Ministry of Health and Social Welfare and National AIDS Commission, 2008-2013). Therefore, community radio HIV/AIDS awareness messages as elucidated in the theoretical framework by various researchers may contribute to minimizing the stigma and discrimination associated with this epidemic (Choudhury, 2011; Fourie, 2008; Ministry of Health and Social Welfare and National AIDS Commission, 2008-2013). The manager of MCRS stated that the radio programmes contributed to advancing the HIV/AIDS awareness messages to their target audiences. The manager and presenters highlighted that a number of factors were considered when looking at perceptions of the community with regard to their HIV/AIDS awareness programmes, and the feedback that they got from listeners and partners in the fight against HIV/AIDS. The station manager exemplified:

I recall one community member called me and said one of their patients was sceptical to take his medication and hopeless. However, after we had shared information on the benefits of ARVs on the 'Boipaballo Ba ka' programme the patient reconsidered taking further steps to better health and started taking his medication. Unlike at first when people were afraid to take their

medications, due to its reported side-effects, nowadays, people know that with the developments or advancements on ARVs, the side effects are manageable. This has encouraged people to take their medications without fear of being stigmatised if they are not ready to disclose their HIV statuses (Radio Station Manager, August, 2018).

The manager's response revealed that some people nearly lost hope in life because of being HIV positive, however, through listening to these HIV/AIDS programmes on MCRS, some testified that they had gained confidence and continued working towards their focus in life. This might be interpreted positively; MCRS as a public sphere contributes to combating the spread of HIV/AIDS (*cf.* Tyali and Tomaselli, 2015). The reports revealed that fear, stigma and discrimination surrounding HIV was gradually being addressed and people voluntarily visited health facilities and other facilities to receive HIV/AIDS medication when they were tested positively, and adherence to the messages thus also helped in HIV/AIDS suppression (LePHIA reports, 2016-2017; UNAIDS, 2008; National AIDS Commission, 2006). However, not only community radio is addressing HIV/AIDS, but as stipulated in the literature review, other means of communication are contributing to mitigating HIV/AIDS (USAIDS, 2015; Ministry of Health Uganda, 2009; Ministry of Health and Social Welfare and National AIDS Commission, 2008-2013). For instance, the responses provided during the data collection supported other research findings that various means are contributing towards HIV/AIDS awareness.

One of the presenters, however, explained that one of the challenges that they were still facing, was that of not having only people actually living with HIV, to come forth to the station and share their experiences of living with HIV, but expecting of other persons to listen to 'Boipalloba Ka' programmes too. The presenter stated that

... our desire is to advocate for more people who live openly with HIV to

come forth to share their life experiences over the radio. In this way more people who are also exposed to HIV/AIDS can be well targeted with our programmes if they hear people from their community discussing such issues

(The Presenter/Producer, LumelangMakaota Programme, September, 2018).

This acknowledgment shows that stigma and discrimination associated with HIV/AIDS still are a concern that needs to be addressed to help people to open up. Hence HIV/AIDS awareness programmes are regarded important and an ongoing process, not a once off thing to advocate for more people living with this virus (Girard, 2007; Ministry of Health and Social Welfare and National AIDS Commission, 2008-2013; USAIDS, 2010; Van Dyk, 2008). In addition, the assessment showed that listeners' well-being displayed the flip side of people living with HIV/AIDS's life experiences, unlike when people relied merely on the permissive ideas of community folklores concerning the spread of this virus and its cure. Therefore, the station as a public sphere seems to be open to more people to communicate HIV/AIDS messages and to bring home the true situation to the community.

5.5.1 Behavioural Change among the Community toward HIV/AIDS

According to USAIDS (2011) and NAC and Ministry of Health and Social Welfare and National AIDS Commission (2008-2013), community radio programmes are believed to be very important in changing societal behaviours towards HIV/AIDS. HIV/AIDS will keep escalating if societal behaviour is not changing, and without adequate communication that will not occur (USAID, 2011; Parker, Dalrymple and Durden, 2008).

On the question of how MCRS programmes are contributing towards HIV/AIDS behavioural change, both the manager and presenters indicated that people were more tolerable to their fellow community members who were infected/affected with HIV in the society, and partners were able to discuss HIV/AIDS issues among themselves. This was supported by the stakeholders and reports that nowadays people are not isolated because of their HIV/AIDS

statuses. In one of the participant's words:

There has been significant change to men and unlike in the past years, more men are seen visiting health facilities where they go through the process of Voluntary Medical Male Circumcision (VMMC), and go through the process of HIV and TB tests (HIV/AIDS Focal Person & Coordinator, Local Government & Chieftainship, November, 2018).

This statement made it clear that through HIV/AIDS programmes some of the issue of men's reluctance to visit health facilities had been turned around as substantiated by the study conducted by LePHIA Report (2016-2017) that found that the number of men who visited their health facilities had increased, in contrast to the previous situation when men were sceptical to visit the health facilities. But the respondent conceded:

Nevertheless, teaching and learning is a process; we cannot say we can reach out to our target audiences at once. At times people do hear what one says, but what matters is whether they really understand (Jhpiego, Information Officer, August, 2018).

This response shows that HIV/AIDS awareness communication does not mean that people will take immediate and sustained action after the intervention. Stakeholders supported the manager and presenters in their opinion that with the use of radio, one has to be patient and show perseverance to accomplish his or her mission among the community; teaching through community radio is an ongoing process and not a once off occurrence. This was discussed in the literature review chapter as found by various researchers such as Myhre and Flora (2000), and Parker *et al.* (2006), who agree that mass media channels primarily are knowledge creators. Therefore, repetition of the HIV messages is imperative in community radio and is highly recommended to achieve its mandate (Mhlanga, 2009; Girard, 2007; Teer-Tomaselli,

2001). According to different authors in the literature review, sustain that the repetition of HIV/AIDS messages can also be achieved through the use of various formats such as playing pre-recorded programmes of HIV/AIDS events, HIV/AIDS advertisements, entertainment, dramas and live and phone-in programmes (Fourie 2008; Mhlanga, 2006; Fraser and Estrada, 2001; Teer-Tomaselli, 2001; Tyali and Tomaselli, 2015).

5.5.2 Perceptions on Programmes to Broadcast Information on HIV/AIDS

Looking on the surface one may think we are about to overcome this challenge of HIV/AIDS, but when one goes deeper into the community, one will find there are lots of challenges people are still facing or encountering, such as stigma and discrimination, or other frustrations relating to this epidemic. Hence continuous HIV/AIDS awareness and education are important in curbing the spread of the virus.

Stakeholders pointed out MCRS's contribution to creating HIV/AIDS awareness through their programmes. According to these stakeholders, the station manager and presenters, these programmes are resourceful in a number of ways as community radio plays an active role in educating and mobilising communities in development issues and strategies that can improve listeners' life.

For instance, information is shared on the importance of adherence to HIV/AIDS medication; maintaining prolonged clinical benefits as well as lives, to reduce the chances to infect their partners and reveal a substantial increase in CD4 count (HIV/AIDS Focal Person and Coordinator, Local Government & Chieftainship, November, 2018).

Various researchers had found that strict adherence to antiretroviral therapy is extremely important to achieve viral suppression and avoid the risk of mutation, the development of resistant strains, and drug failure (LePHIA report, 2016-2017; NAC, 2016; Res, 2016; Van

Dyk, 2008). For instance, the PIS reports (2017-2019) indicate that of the overall percentage of 25.6 % of people living with HIV (PLHIV) in Lesotho 81% have been diagnosed, 92% are on ARVs, and in 88.3% of those on ART the virus is suppressed. The Information Officer, Mafeteng Hospital, in September 2018 stated:

However, due to the spread of messages through various media, including this community radio station, various issues are discussed; the guests also talk openly about sexuality and gender issues such as Men Having Sex with Other Men (MSM), female sex workers (FSWs), gays and lesbians, as well as myths around HIV/AIDS that cannot be discussed within family settings.

This response sustained that experts, through the MCRS as platform where different people discuss issues, are able to touch on cultural dynamics that are not readily discussed in family settings as these matters sometimes are regarded as taboos, such as sexuality and HIV/AIDS (Ministry Health and Social Welfare and National AIDS Commission, 2008-2013; UNAIDS, 2004). Reports revealed that matters such as men sleeping with other men (MSM), lesbian issues, and female sex workers (FSWs) in other Southern African countries are still not tolerated or openly discussed, yet such practices do exist, and as a result, these people, who are at high risk of contracting HIV/AIDS are normally left out when these health messages are compiled (Ministry of Health and Social Welfare and National AIDS Commission, 2008-2013 and USAID, 2015). As revealed in a recent report, 72% of FSWs and 33% of MSM are living with HIV (PSI, 2017-2019). Through the public sphere community radio, however, the health practitioners bring hope to such people without exposing them, and advise them to visit health facilities, and to know their HIV statuses.

In addition to that, presenters address HIV/AIDS awareness messages in such a way that it portrays a positive attitude and tolerance towards people living with HIV/AIDS, for instance,

the fight against stigmatisation and discrimination (USAID, 2011; USAID, 2015). Community radio has a compassion to fight against intolerance and stigmatisation that occur among community members due to the HIV/AIDS status of community members (Worku, 2013). As a participant explained:

This is because people fear to be segregated when they are tested HIV positive. As a result, these issues led to only a small number of people who voluntarily visit health facilities to avoid humiliation and for fear of rejection by the community at large, including their sex partners and family members (Area Chief, Paballong Area Chief, November, 2018).

This reality of fear surrounding being HIV positive resulted in the MCRS addressing HIV/AIDS matters step by step to make people more tolerant. For this reason, MCRS as a public voice carries HIV/AIDS awareness programmes that are more informative and not pedantic or too prescriptive to mitigate intolerant and stigmatising behaviours and practices amongst the community at large.

Stakeholders maintained that the Mafeteng district is relatively different from other districts in Lesotho. “This district is amongst the biggest districts in Lesotho, comprising urban, rural and mountainous areas. In these mountainous areas it is at times not easy to reach places through our outreach activities” (Jhpiego, Information Officer, September, 2018). Therefore, as indicated by this participant, to address these communities through radio programmes is a more effective approach.

MCRS`s programmes pave the way for community mobilisers or health practitioners, as people are sometimes informed by MCRS on certain issues on HIV/AIDS even before community outreaches and mobilisations. Most importantly, these programmes even cater for both literate and illiterate

people in their own language (Sesotho). Home language makes HIV/AIDS messages better understood by the listeners as it is presented in their local language (Mafeteng Hospital Information officer, 2018).

Generally spoken, this response indicates that more people are reached by the radio broadcasts unlike when one has to go for public gatherings, mobilisations or outreaches which are at times characterised by poor attendance (Girard, 2007). A wider listeners audience thus is better informed through the community radio programmes within its radius (Adam and Harford, 1999; Centre for International Media Assistance Report, 2007; Sharma, 2011). Home language also makes it easy for listeners to comprehend the HIV/AIDS message communicated through this public sphere, the MCRS (Community Manual Radio, 1999; Fourie 2008; Fraser and Estrada, 2001; Girard 2007; Mhlanga, 2009). Moreover, as stated in the literature, unlike other media of communication such as print, community radios cater for most of the social states among the listeners (Community Manual Radio, 1999; Girard 2007).

Moreover, the HIV/AIDS Focal Person and Coordinator, the Area Chief Paballong and the Information Officer of Mafeteng hospital commented that they could see that people's understanding of HIV/AIDS had increased, as their social behaviour and the way they thought had changed. This observation also was reported by some studies that indicated that previously the spread of HIV/AIDS and a high death rate could be ascribed to a lack of awareness and knowledge of the epidemic (Fourie, 2011; Fraser and Estrada, 2001; National AIDS Commission, 2006). The end result of this was that large portions of the population were dying due to the HIV/AIDS epidemic (Ministry of Health and Social Welfare and National AIDS Commission, 2008-2013; UNAIDS, 2015). The assumption thus is made that

due to the contribution of the mass media, including community radio, in creating awareness and educating people on HIV/AIDS, the HIV/AIDS death-related incidences have dropped (Fourier, 2011; Rennie *et al.*, 2010; UNAIDS, 2015).

5.6 COMMUNITY INVOLVEMENT AND PARTICIPATION IN HIV/AIDS CONTENT AND PROGRAMME DESIGN

One of the aspects that the researcher was interested in was to gain an understanding of the listeners' involvement and participation in HIV/AIDS programmes. Participation is one of the critical areas that render community radio different from other media channels (Fourie, 2008; Teer-Tomaselli, 2001). Community participation is defined as a process of engaging communities to have a say in the running of the station (Community Radio Manual, 1999; Fraser and Estrada, 2001). On the question of how listeners are engaged in MCRS HIV/AIDS programmes, the manager and presenters responded that they allowed community members to participate in their programme design, and decisions on content, slots and formats, as well as duration. Listeners, as mentioned earlier, participate in the MCRS's programmes in various ways such as phone calls, and comments on Mafeteng Community Facebook platforms. The radio station manager (August, 2018) further explained that sometimes the station provided space on their programmes for community members to critique their programmes.

Listeners critique our programmes including how we share HIV/AIDS awareness messages. And out of those critiques we made some adjustments to our programmes to address the listeners' concerns and also to make our HIV/AIDS awareness programmes more effective in addressing HIV/AIDS-related issues. Listeners make these critiques through the use of phone calls, and comments on social media platforms

during live broadcasts or after the programme and at times other listeners come to the manager, producers or the presenters as individuals. The programme 'Boipaballoba ka' has been initiated because of the suggestions we gathered from some of our listeners that the time allocated for HIV/AIDS in the morning is not enough (Mafeteng Hospital, Information officer, 2018).

This observation indicates that MCRS radio as a public sphere is open for listeners to participate in the running of HIV/AIDS programmes; through face to face interactions and phone calls, as well as ICT platforms, listeners are allowed to share their views and ask questions. These feedbacks help the manager and staff to improve the HIV/AIDS messages they design. However, community participation is limited to specific individuals in the community, namely only those listeners who can afford it to call the station to make comments, or participate by giving feedback on different social media platforms. Therefore, those who cannot afford these means of communication are left out. In this regard, community radio thus is 'owned' by certain individuals within the community, while various researchers pointed out in the literature that community radio is owned by the community it serves (Community Radio Manual, 1999; Fraser and Estrada, 2001; Girard, 2007).

The stakeholders agreed with presenters and researchers that communication is a two-way process, therefore, for the radio to be able to reach its target audiences, it has to open its doors for community participation (Moyo, 2012; Van Dyk, 2008; Parker, Dalrymple and Durden, 2006). A participant made the following comment in this regard:

Allowing listeners to participate in HIV/AIDS messages over this community radio will make communication a two-way process rather than one-way communication, listeners will be active in sharing their views regarding

HIV/AIDS as well as their experience as individuals or groups (Mafeteng Hospital, Information officer, 2018).

Therefore, as indicated in the literature review, two-way communication can effectively assist in the dissemination of accurate and appropriate messages to indented target audiences (Moyo, 2012; Parkeret *al.*, 2008; Van Dyk, 2008). Participants agreed that HIV/AIDS is not affecting only certain individuals, but the community at large. The station should therefore open its doors for community participation in various forms, be it community conversations and health discussions or forums, or community recorded programmes on HIV/AIDS. In this way MCRS as public sphere will allow for community ownership of the messages and allow for interactive communication, rather than merely top-down communication from the side of the presenters and health practitioners or educators on the radio talking to the listeners.

5.6.1 The Designer of HIV/AIDS Awareness Content for the Programmes

When communicating with target audiences, content design is very important to reach the intended target audiences. If the message is not well designed, it will not be received well by the listeners (Myhre and Flora, 2000; Girard, 2007). When the radio station manager and presenters were asked about who were the designers of the community radio content, both station manager and presenters stipulated that the content (topics) designers of their programmes mainly were the presenters and producers responsible for such programmes with the help of health practitioners or specialists.

The station designs HIV/AIDS content programmes with the help of Mafeteng Hospital, Jhpiego as well as government ministries/departments, parastatals or organisations like councillors as they are the most active participants in MCRS. But not only active participants, they ensure the accuracy of HIV/AIDS content or synergy, as well as a way of simplifying

content for the target audience (listeners). These practitioners and other local community members are normally invited to share such HIV/AIDS messages with the community (The presenter of Thakaneng Afternoon Drive Show, September, 2018).

The response can be interpreted that MCRS as a public sphere allows for diverse parties to participate in their content design. In community radio the listeners, according to the public sphere theory of Habermas (1962), must play an active role in designing the content of the programme (Fraser and Estrada, 2001; Girard, 2007; Wigston, 2001). The integration of various stakeholders is to make sure the HIV/AIDS messages are relevant and accurate, so as not to mislead listeners.

It is very important that community members occasionally are included in the designing of radio content, as recommended in the literature, as community-oriented content can only be achieved through community participation in programme administration, setup and structures (Teer-Tomaselli, 2001). As stated by Mtimde *et al.* (1998), local people understand their concerns better than change agents, but still may need some guidance. The reason for this guidance is that sometimes people may not have a true understanding of development as a result of cultural stereotypes, cultural dynamics and a lack of understanding of the benefits of such developments (Van Dyk, 2008; Parker *et al.*, 2008). If guided carefully, communities will become more engaged, but not only as the receivers of information, but also to play an active role in content design (Mhlanga, 2006; McCombs and Shaw, 1972).

Probed on what they consider before designing the HIV/AIDS messages (content), the presenters, as was pointed out by the radio station manager, highlighted that they engaged in extensive research before designing their HIV/AIDS messages. It was stated that:

We consider a number of ways such as informal interviews with the

community; which helps us to identify the gaps or issues regarding HIV/AIDS that need speedy attention. During our live broadcasts on other time we allow listeners to share their concerns and how they perceive our HIV/AIDS programmes and not only programmes, but what they would like to know regarding HIV/AIDS related issues. This strategy helps in providing us with the blue prints to see what really needs to be addressed in our programmes

(The Presenter/Producer, LumelangMakaota Programme, August, 2018).

The presenter's response implied that the station does not just impose messages on the community, but that they address concerns and the needs of the community on the ground level (*cf.* Bessette, 2004). Research is very important in all aspects, therefore the fact that presenters also engage in intensive research before developing programme content makes their programmes more informative as they address what is really happening on the ground level. Nonetheless, such informal research is not adequate. The policy therefore should state clearly how the research should be conducted, and when and how many times to be more efficient. Moreover, research helps them to throw light on salient issues among the community, which is supported by the agenda theory underscoring that media have the power to shed light on salient issues among the community which can be later discussed among themselves (McCombs and Shaw, 1972).

Probing the issue of the policy of the station for the involvement of community participation and whether it is a written document or in-house arrangements, the manager indicated that there was a written policy that they had to abide by, which demanded that they involve the community in their radio station activities and cover health issues of Mafeteng (United Nations Educational, Scientific and Cultural Organisation, 2012-2014).

“... Nonetheless, the policy does not stipulate the extent in terms of percentage or targets on

HIV/AIDS. It just talks about all different aspects including farming, HIV/AIDS or general development issues” (Radio Station Manager, August, 2018).

The fact that the policy is available as a guide for the station staff is a good initiative. But according to the manager`s response it is too broad, hence the station and community still need to revise the policy to have a clear picture on HIV/AIDS related issues and community participation and involvement on HIV/AIDS messages, and it must be stated clearly how issues should be covered per programme, as well as the way in which the community will be involved in HIV/AIDS awareness messages.

The stakeholders agreed with the manager and presenter`s view that they participated as guest speakers in generating content for the LumelangMakaota programme. The Mafeteng Information Officer further confirmed the station manager and presenter`s responses that they had an informal in-house arrangement with the station according to which the Mafeteng Hospital is provided with the slots on the LumelangMakaota programme. In these slots the Mafeteng District Health Management Team (DHMT), the department responsible for educating and creating awareness about HIV/AIDS associated issues, is afforded a platform to communicate with MCRS`s listeners. The presenters normally invite DHMT as guest speakers to this programme. The Mafeteng Hospital initiates discussions with the station once or twice per month, or sometimes more often when there are issues that need to be addressed.

The stakeholders highlighted that there are a number of matters that this programme discusses pertaining to health-related issues, including HIV/AIDS. For instance:

In our programme we cut across various issues pertaining to HIV/AIDS; for instance, the myths people have around HIV/AIDS or knowledge gaps that have been identified amongst the communities during outreaches or

one-on-one interactions like benefits of treatment and adherence, and VMMC. Moreover, we try by all means to cover different aspects to avoid repetition of one message over another. For example, the benefits of VMMC and myths regarding circumcision and HIV/AIDS, stigma and non-discrimination, prevention, prep and use of condoms, behavioural change and treatment as affordable option; however, these issues are handled by our expert guests in the related fields (Information Officer, Jhpiego, September, 2018).

The response quoted above shows that stakeholders focus on particular topics to the benefit of the listeners. This strategy helps them to reach out to their audiences adequately with one clear message. The argument behind this strategy, as found by researchers, is that for HIV/AIDS education and awareness to be successful, there has to be a clear key message that one wants to convey, as has been stated in the above response (Adam and Harford, 1999; USAID, 2011; USAID, 2015; This will help listeners to make informed decisions regarding HIV/AIDS issues.

Stakeholders are in agreement with the station manager and presenters that there are number of issues they should consider before designing the HIV/AIDS programmes. A hospital information officer, for example, explained:

Normally content is designed based on developments in HIV/AIDS. At times it is informed by findings done by DHMT during community outreaches, such as the underlying reluctance of men to actively show up at health facilities, which will be addressed through the recently launched and piloted HIV-self testing, more likely to increase the number of men knowing their status (Information Officer, Mafeteng Hospital, September, 2018).

This response is in agreement with the views of various authors who proclaim that research plays a vital role in knowing what needs to be covered, and must be informed by the listeners' perceptions, knowledge and attitudes regarding HIV/AIDS (Fraser and Restrepo-Estrada, 2002; Harford, 1999; Myhre and Flora, 2000). Therefore, the understanding is that research supports stakeholders and presenters in aiming accurate and precise messages from the ground level at their target audiences. As for the HIV self-testing, when it is done in the comfort of one's privacy, it is likely to elicit a positive response; thus, facilitating the community members' needs will encourage them to show up at health facilities for support and seeking services on basis of need (PSI, 2017-2018). Stakeholders stressed that they endeavoured to play an animated role in the spreading useful HIV/AIDS messages, bringing information and hope to the community:

Community radio is very useful in the sense that it helps us to reach mass audiences; these programmes are cost effective, as it saves us a lot of time in travelling to our target audiences from village to village. MCRS also assists us to reinforce messages delivered by other means of communication such as billboards or at public gatherings (Information Officer, Jhpiego, September, 2018).

Stakeholders confirmed that through the radio they were able to reach out to larger target audiences with a single effort and faster, unlike when they used face-to-face interactions (*cf.* Girard, 2001; UNAIDS and Media Action International, 1999). Therefore, the MCRS as a community radio allows stakeholders to generate awareness on the epidemic, and to inform the community about how it affects society, but also to bring home to them what the mitigation measures are, that is, how they (the community) could go about preventing and combating the spread of the illness (McQuail, 2005; Ministry of Health and Social Welfare and National AIDS Commission, 2008-2013; Parker *et al*, 2008). This confirms that the

MCRS as a public sphere, micro sphere agent, where different stakeholders can come together to discuss issues of interest including HIV/AIDS, has an important role to play (cf. Girard, 2001; Habermas, 1962).

5.6 PRESENTATION AND ANALYSIS OF FOCUS GROUP'S VIEWS

This section presents data collected from the Mafeteng community representatives who had been purposively selected in the village Motse-Mocha as the sample for the study. The data were collected during focus group discussions, using open ended-questions as part of unstructured research as discussed in the methodology chapter. During the focus group discussions, the researcher took notes and recorded the discussions.

5.6.1 Participants' views on the relevance of MCRS's programmes on HIV/AIDS message dissemination

When asked if they had heard of HIV/AIDS on MCRS's programmes, the participants in both the Pabalong and Moreneng focus groups indicated that they had heard of HIV/AIDS through the 'LumelangMakaota', and 'Tosa' Morning Drive Show programmes. Some of the participants acknowledged that they learnt from the station manager and presenters about a slot that had been introduced called 'Boipalloba Ka', where HIV/AIDS issues were discussed for 30 minutes daily. Participants stated that they knew that the 'LumelangMakaota' programme covered health-related issues, including HIV/AIDS. Most of the participants in these groups indicated that these programmes were utilised to discuss various issues pertaining to HIV/AIDS, for instance, HIV/AIDS prevention and care, treatment adherence, stigma and discrimination, as well as the importance of medical male circumcision. One of the participants responded as follows:

... Recently Jhpiego had a programme on 'LumelangMakaota' where they were discussing HIV/AIDS, but in line with VMMC, that medical male

circumcision reduces chances of contracting HIV/AIDS, while on one hand preventing opportunistic diseases during sexual intercourse(Participant, Paballong Focus Group, September, 2018).

The above statement is in agreement with the recent studies that found that the medical male circumcision strategy reduced the chances of contracting HIV/AIDS by sixty percent, while, at the same time, it reduces the chances of contracting opportunistic disease like sexually transmitted infections (STIs), as well as cervical cancer in women (USAIDS, 2012; Van Dyk, 2008). Through MCRS as a public sphere the listeners are encouraged to undergo VMMC as it helped to curb the high rate of HIV/AIDS infections.

Most of the participants also supported the manager and presenters in their view that one person openly living with HIV/AIDS should visit the station during the slot on 'Boipabaloba Ka' to advise them on HIV/AIDS-related issues. Other participants mentioned that this person should talk about how people should take care of themselves regardless of their HIV/AIDS status - whether HIV positive or negative.

The community is encouraged not to look down upon people living with HIV/AIDS and to interact with them in the same way as with other people in the society. This is because discrimination against infected people contributes to the small number of people visiting health facilities voluntarily for HIV counselling and testing, to seek help, as well as to open up regarding their HIV status. This leads to many people losing their lives because of fear of embarrassment and stigmatisation (Participants, Paballong, September, 2018).

This response indicates that the involvement of people living with HIV/AIDS supports the efforts to scale up the national response to HIV/AIDS. This is because all members of the community have an obligation to participate in encouraging people to make informed decisions about their well-being, including decisions on how to live longer and to lead better

quality lives, regardless of their HIV status (Myhre and Flora, 2000; The Government of Lesotho and the Expanded Theme Group on HIV/AIDS, Lesotho, 2004). The rationale is that these people living openly and positively with HIV/AIDS are the greatest asset in the fight against the epidemic as they make better ambassadors to help make the point that being infected does not have to be an automatic death sentence (Myhre and Flora, 2000: USAIDS, 20012; Van Dyk, 2008). According to studies conducted since the establishment of the epidemic, a preventative approach has been more efficient and effective when people living with HIV have been included purposefully in the plans, operations and assessments aimed at combating the epidemic (Adam and Harford, 1999; DHS, 2014; NAIDS Gap Report, 2015).

The participants in these focus groups further supported the station manager and presenter that several health practitioners or specialists also should be invited to the 'LumelangMakaota' programme to discuss HIV/AIDS interrelated issues. Most of the participants from Pabalong and Moreneng sustained that in most cases people who really talked about HIV/AIDS were guest speakers rather than presenters. This argument sustained the viewpoint that health practitioners who come from different organisations are better informed on HIV/AIDS related issues than average people like presenters. This issue is argued in the literature, namely that sometimes community members may still need guidance when discussing other developmental issues, including HIV/AIDS, as they do not have enough information regarding such issues (Parker *et al.*, 2000). For that reason, health practitioners are better equipped to inform listeners by means of HIV/AIDS messages without misrepresentations.

This opinion also was seconded by most of the participants from the Moreneng focus groups.

Listeners are made aware of the virus and they start to seek for health advice by visiting health facilities and learning how they can protect

themselves. Light is also shed for those infected by HIV on how they can take care of themselves and live longer and how we can protect ourselves, when helping those infected as well as how to handle wounded people to stay free from HIV, like the use of hand cloths(One of the participants, Moreneng Focus group, September, 2018).

Such an observation brings hope to both people living with HIV/AIDS and those affected by the virus. Not only does it bring hope to these parties, but also encourages people to support one another regardless of their HIV/AIDS status, and to stop the swift spread of HIV/AIDS amongst them. This therefore shows that community radio as a public sphere sets the agenda for some vital messages to the society that can help them to take care of themselves, while also helping to curb the spread of HIV/AIDS.

According to the manager, presenters, stakeholders, Moreneng participants and Paballong focus group participants, however, there were various sources of HIV/AIDS messages:

We receive HIV/AIDS messages even from publications like newspapers, leaflets, public gatherings and people going around the community, door to door, informing people about HIV/AIDS, non-private organisations like the Lesotho Population-Based HIV Impact Assessment (LePHIA), Jhpiego, and government organisations that act as guest speakers on the radio and educate people on HIV/AIDS. However, at times even health practitioners come to MCRS (One of the participants, Focus group Paballong, September, 2018).

Another participant from the Moreneng focus group added that there are various radio stations in Lesotho and the neighbouring country that discuss HIV/AIDS:

We listen to Lesotho national radio station, Radio Lesotho, specifically the current affairs morning programme, Seboping, and the neighbouring radio station from South Africa, Leseli FM's, popular current affairs programmes such as `Motsohlo` and `Makumane a Mona le Mane` as the source of HIV/AIDS messages(One of the participants, Focus group Moreneng, September, 2018).

These focus group responses attested to the findings of the literature review that different media outlets could work together to communicate HIV/AIDS messages to the communities (Van Dyk 2008; UNAIDS, 2004; Skuse and Butler, 2004). Therefore, mass broadcastings contents are intellectualized and distributed on the one hand, and strengthened with interpersonal messages and community outreaches on the other hand (Edwards and Bowen, 2019; Skuse and Butler, 2004). Current affairs programmes are important to listeners as they cover a variety of topics in a short and precise way, but in a forceful manner, and they also attract a larger listenership (Edwards and Bowen, 2019). Therefore, HIV/AIDS related issues are also included in these programmes, as attested to by the participants.

5.6.2 Community Participation and Involvement in Designing HIV/AIDS Programme Content

The majority of the Paballong focus group participants agreed that they listened to the MCRS HIV/AIDS programme. As the manager, presenters and stakeholders stated, the respondents agreed that they did participate in these programmes through phone-calls. Therefore, based on the responses, community participation is limited to phone-in calls rather than other means such as forums and meetings that could allow them to participate in HIV/AIDS programmes. As a result, some of the participants' opinions or concerns never are heard because they do not have airtime to call in and do not have access to social media platforms. Moreover, these

kinds of platforms cater for a specific group of people such as the middle-aged group, while the community radio plays a crucial role as a facilitator of democracy by providing members of the public an equal opportunity to information, and opportunities to participate in public debates (Myhre and Flora, 2000; Rennie Berkeley and Murphet, 2010).

The Moreneng focus group participants were in accordance with the Paballong focus group participants that they were not participating in the HIV discussions in a formal way, except for making phone calls and comments on different social media platforms during programmes. On the design of the HIV/AIDS radio programmes as well as content, some of the participants agreed with the manager, presenters and stakeholders that:

Sometimes listeners are given a chance to share their opinions or suggestions regarding the programmes' content, as well as the format through phone-ins or comments on social media platforms during live broadcasts (One of the participants, Motse-Mocha focus group, September, 2018).

However, regarding the HIV/AIDS messages we normally ask questions and comment on issues discussed and feedback is provided by the guest speakers instantly (One of the participants, Moreneng focus group, September, 2018).

The above remark refers to the presenter who, based on listeners' feedback, maintained that the aim of communication was achieved (*cf.* Bessette, 2004; Gordon and Harford, 1999; UNAIDS, 2010). Communities are enabled to share their views regarding HIV/AIDS awareness messages during the live broadcast programmes. This response therefore indicates that the MCRS is regarded as the sender of the HIV/AIDS message, but in an interactive way that provides listeners the opportunity to share their opinions regarding HIV/AIDS issues,

and to inform the presenters whether they understood the HIV/AIDS messages (Bessette, 2004; Masilela, 1996; UNAIDS, 2010).

In addition to the above remarks, some of the Paballong participants indicated that they supported the presenters in that they participated in an informal way through interactions with the presenters responsible for such programmes. However, three of the participants in this focus group regarded this as counterfeit community involvement:

We are only allowed to participate through phone-ins and comments, there are no formal settings such as meetings, forums or face to face interactions where we come together as community and discuss issues pertaining to the community, including HIV/AIDS (One of the participants, Paballong, September, 2018).

The concern expressed in this response highlights that community participation is compromised for certain individuals within the community. Therefore, the station needs to return to the drawing-board to revisit its programme design and planning and devise means that would allow the community to participate in compiling programme content and designing the format of programme presentations by adding formal settings to inform the community in addition to the informal settings where participants can share their views. Currently the station is monopolised by the station's authority. However, one can argue that the MCRS allows the community to participate in this public sphere through the use of phone-ins and comments to create a conversational public sphere for the community to discuss HIV/AIDS-related issues. Through this it allows for dialogue-oriented approaches to inspire the target groups to interact with different stakeholders responsible for HIV/AIDS prevention, awareness and education (*cf.* MISA, 2015; UNAIDS, 2010; Osunkunle, 2007).

Nonetheless, some of the participants in both focus groups agreed with the station manager and presenters that the nature of HIV/AIDS issues needs people with expertise to bring the messages, not just ordinary people. People who are conversant with HIV/AIDS-related issues, for instance, HIV/AIDS prevention, care and treatment and how to protect oneself, whether being HIV positive or negative. They applauded the station for allowing them to participate through phone calls and comments on social media platforms, which are actions they regard as really productive, as it allows them to grasp the information on HIV/AIDS and ask guests questions and get clarifications.

Sometimes people who may have an interest to participate in these HIV/AIDS programmes may not have access to a cell-phone, and therefore will not be able to share their concerns or share experiences they are facing regarding this epidemic. Hence, they can still participate well in the content and programmes as they can share their live experiences and the challenges they are facing regarding HIV/AIDS as listeners (One of the participants, Moreneng, September, 2018).

Formal and informal interactive discussions with the communities can provide presenters with feedback and information (views and advice) to get the picture of how the issue at hand is experienced in the community, its relevance to community livelihoods and more, before going on air. One of the findings of the literature review was that communities know their challenges best, and also how HIV/AIDS is affecting them (USAID, 2011). The message thus will be accepted more readily when presenters have listeners' buy-in.

The views of Moreneng and Paballong participants regarding their involvement can be summed up by saying that radio offers a prompt, dialogical, collaborative platform for discussions between the two parties, namely the presenters and listeners, as was noted by

Mtimde *et al.* (1998), and Servaes and Malikhao (2003). The listeners involve themselves with the programme presenters through phone calls. Therefore, this makes MCRS a critical means in fighting against HIV/AIDS as it has a comparatively wide coverage as compared to other forms of media. According to Maputseni (2006), the invitation to guest speakers to participate in radio programmes is one way of nurturing community involvement and empowerment. The community then feels that it is part and parcel of the local radio's contributors. This all lies in the participatory communication nature of community radios as highlighted in the literature and the theoretical framework informing this study.

5.7 PERCEPTIONS ON HIV/AIDS AWARENESS DISSEMINATION THROUGH MCRS'S PROGRAMMES

Participants in both the Paballong and Moreneng focus groups clearly stated that the contribution of the MCRS's programmes on HIV/AIDS had been most significant, and more persuasive in changing community perceptions towards HIV/AIDS-related issues. First, they mentioned the matter of understanding sexuality and HIV/AIDS:

Through this programmes we know that HIV infection is sexually transmitted primarily through unprotected (that is, without the use of a condom) penetrative vaginal or anal intercourse, and through oral sexual contact under certain conditions like bleeding gums; not only that, but blood-contaminated needles, syringes and other sharp instruments(One of the participants, Moreneng Focus Group, September, 2018).

The response alleged that as people listened to the issues discussed, their knowledge, understanding and awareness increase, contributing towards more positive living regardless of their HIV status. It is accordingly assumed that people, once they understand how

HIV/AIDS is spread, would willingly change their sexual behaviour as well as measures to protect themselves.

Participants stated that the station also addresses myths and issues that were not easy to discuss in family settings. The issues of cultural dynamics were highlighted as some common factors contributing to the increase of HIV amongst the society (Family Health Institute, 2002; Myhre and Flora, 2000; Servaes and Malikhao, 2008; USAIDS, 2013), but this was addressed significantly through the MCRS's HIV/AIDS awareness programme.

In our culture it is difficult for an adult to talk openly to children about sexuality issues. It is regarded as signs of disrespect and a taboo. But also, some myths that a person can cure HIV if he washes himself immediately after having sex with an infected person, or by sleeping with young children. Additionally, some people consider that good looking and healthy persons cannot have HIV, which is not always the case. But on these programmes such topics are discussed openly and these misconceptions are addressed and corrected (One of the participants, Paballong Focus group, September, 2018).

In line with the Paballong focus group, the Moreneng focus groups added that cultural dynamics were openly discussed on these programmes. However, as discovered in the literature, some people still believe in the past myths and are still practising acts assumed to be ways of curing HIV/AIDS (Brent, 2010; Van Dyk, 2008).

There were some sicknesses that were alleged to be cured by traditional healers. For example, when HIV/AIDS was diagnosed some people believed that a person is bewitched or one has 'Mokaola' or 'Mashoa' (the disease that is associated with someone having sex with someone who is grieving for

the deceased). As such people's beliefs were keen that these diseases can only be cured by traditional healers or by using traditional medications, even if one is infected with HIV, and because of such a belief people were hesitant to visit health facilities to test for HIV or get treatment if positive, or sometimes use the traditional medication with ARV while some die (One of the participants, Moreneng Focus group, September, 2018).

Different scholars discovered that traditional cultural behaviour still is practised in various Southern African countries that were alleged to be fighting HIV/AIDS, but ended up escalating the infection rate (USAIDS, 2015; Van Dyk, 2008). According to Van Dyk (2008) and the Family Health Institute (2000), outrageous myths are circulating in communities about how to prevent or cure HIV infection and AIDS. Some of these are hazardous myths need to be addressed and brought to an end to save people's lives in these communities and this can be done by means of public education and awareness through various media of communication including community radio. Therefore, the assumption is that community radio is addressing such practices and behaviours (Brent, 2010). Over and above this, according to the participants, these programmes shed light on HIV/AIDS-related concerns and address even the most sensitive matters in lighter and all-encompassing approaches.

The majority of participants from both focus groups pointed out that the MCRS opens communication on HIV/AIDS that is oppressed by cultural practices which not only cause a barrier between adults and children, but even between sexual partners. Studies supported the participants that it also is difficult for partners to talk openly about sexual issues (National AIDS Commission, 2006; Parker, Dalrymple and Durden, 2008).

In our culture men are regarded superior. Therefore, they determine what should happen in the family, even in their bedrooms - this result in women becoming more vulnerable and even oppressed to express themselves regarding HIV/AIDS issues. And sometimes they cannot even negotiate the use of protection during sex as they are afraid and oppressed by their partners and cultural norms, as well as depressing socio-economic conditions (One the participants, Paballong Focal group, September, 2018).

This response confirmed that cultural practices or norms are increasing the spread of HIV/AIDS. This is because sometimes women can be exposed to HIV/AIDS if the partner has not revealed his HIV status, and sleeps with another person without using a condom. This is because traditionally women are regarded as of a low status, and they are deprived of the authority to negotiate protected sex. Some studies even discovered that some individuals hide their HIV medication from their partners (Anthony, 2011; Ministry Health and Social Welfare and National AIDS Commission, 2008-2013), hence counselling partners to go together for HIV testing is vital. As argued in the literature review chapter, every individual has a right and a responsibility to know her/his rights and responsibilities in the fight against this virus (Ministry Health and Social Welfare and National AIDS Commission, 2008-2013; Parker *et al*, 2008). Therefore, emphasising that people should talk openly about their HIV status still needs a lot of discussion or attention.

Furthermore, due to the information shared on different programmes on MCRS, people are now more realistic about HIV/AIDS-related issues. The participants maintained that through the educational and awareness messages from different MCRS HIV/AIDS programmes the society at large is empowered:

Even for those who cannot read and write, because they can listen, they actually learn a lot about HIV/AIDS through these community radio HIV/AIDS programmes, and these programmes even tapped on the salient issues on HIV/AIDS that we were not aware of, such as adherence to HIV/AIDS medication can help suppress viral load and help people live healthy lives, and people who are HIV positive can still bear children with the guidance of Health Practitioners (One of the participants, Moreneng Focus group, September, 2018).

This response highlighted the advantages of community radio in that it caters for different people regardless of their educational level (Girard, 2007; Masilela, 1996). People can still learn a lot from HIV/AIDS programmes without hindrances of literacy. Not only have that, but HIV/AIDS programmes as a public sphere brought hoped to people regardless of their HIV/AIDS status. Studies have found that suppressed viral load means less chances of HIV transmission (PIS, 2017-2019; LePHIA Report, 2016-2017). This attests to the issues of the agenda setting theory, namely that community radio as a form of mass media has the ability to set the agenda even on salient issues (McCombs and Shaw, 1972).

5.7.1 Local Language use in HIV/AIDS Awareness Messages on Community Radio

The use of home languages in community radio dissemination is very crucial in the broadcasting of information and in community development. It is very important in the sense that community members will experience a sense of belonging and readily participate in such programmes, for instance, in live phone-in programmes, as they will be communicating their opinions and suggestions in their mother tongue. MCRS is a community radio operational within a Sesotho dominated community. Besides the Sesotho language, however, other dialects are spoken within the Mafeteng district where Paballong

and Moreneng are situated, such as English, IsiNdebele, and more. This section narrates the participants' interpretations regarding the use of indigenous language in the running of HIV/AIDS communication.

When asked about their perception regarding the language used by MCRS, the majority of the participants in these two focus groups articulated that the use of Sesotho as a local language accommodates all the community members, and people are better informed in their native linguistic (*cf.* Mhlanga, 2006; Rennie, Berkeley and Murphet, 2010). Moreover, as indicated by the participants the repetition of messages in a language known to the community renders the best results on enrichment of HIV/AIDS messages.

The use of Sesotho as our mother tongue when they address HIV/AIDS on MCRS makes us to understand it better; our own language makes us comfortable when listening and even facilitates two-way communications because we are able to express ourselves and exchange ideas freely without hitches (One of the participants, Moreneng Focus Group, September, 2018).

This response is attested in the literature review chapter by some of the researchers, Fraser and Estrada (2001), Mhlanga (2006) and Rennie, Berkeley and Murphet, (2010), that the use of local languages for community development puts listeners at ease as they do not face challenges in understanding the programmes' content. The researchers maintained that using the local language is one of the characteristics of community radio which makes it valued amongst the communities members (Obono, 2011; Mhlanga, 2009; Girard, 2007; Teer-Tomaselli, 2001).

5.7.2 Community Radio Programmes' Commitment to counteract Stigmatization and Discrimination

When asked about how MCRS dealt with HIV/AIDS related discrimination and stigmatisation in communities, some of the participants responded that MCRS's HIV/AIDS programmes were helpful. They pointed out that these programmes clarified issues that if not brought out in the open, would fuel stigma and discrimination towards people living with HIV/AIDS. It was also noted by some participants from both focus groups that isolation of people living with HIV/AIDS contributed to the low rate of people seeking for HIV VCT. This leads to a lot of people losing their lives to HIV/AIDS because of fear of stigmatisation.

These programmes educate listeners on how to accept people living with HIV infection in the community and avoid discrimination and stigmatisation. Previously some people committed suicide when they were told of their HIV positive status because they could not take it well. Also because of the way HIV/AIDS was perceived; that people acquired HIV through bad behaviours (One of the participants Paballong focus group, September, 2018).

Other participants supported this view and emphasised that this was due to people not having sufficient and correct information and counselling on how to deal with the situation. It is the community communication medium's obligation to fight against discrimination and stigmatisation that occur among community citizens due to HIV/AIDS status in the community (Worku, 2013). This group generally stipulated that the MCRS really was most helpful in keeping on educating people and creating awareness on HIV/AIDS among the listeners.

The general views of the Moreneng focus group participants were closely linked to those of Paballong. The participants also believed that MCRS's HIV/AIDS programmes helped to reduce segregation in the community by inspiring communities to accept those individuals infected with HIV in the society. Furthermore, the majority of participants from Moreneng were of the opinion that through MCRS's HIV/AIDS programmes, the communities were being inspired not to reject people living with HIV/AIDS and should interact with them just like with any other people in their societies. This, therefore, shows that listeners perceived MCRS as a public sphere integrative tool that can be applied to unite the society in combating HIV/AIDS.

5.7.3 Participants' views on MCRS's HIV/AIDS Presenters/Guest Speakers as Counsellors

When asked about their opinions regarding radio presenters/guest speakers, some of the focus group participants indicated that they perceived the presenters and studio guest speakers as counsellors rather than presenters. Most of the Paballong focus group participants specified some of the profound issues covered by MCRS with regard to HIV/AIDS, including abstinence, the practice of safe sex (using condoms), and sticking faithfully to one partner.

MCRS's HIV/AIDS presenters and guest speakers do more than just radio talk. We usually regard them as counsellors because of the way they attend to the programmes that in essence more often come over as counselling sessions to both the infected and affected. These presenters mostly undertake the crucial issues, particularly the sensitive ones that people avoid to discuss openly with their, family, partners and friends(One of the participants, Moreneng focus group, September, 2018).

Therefore, the radio being a public sphere for counselling on issues with a bearing on HIV/AIDS, their programmes bring light to community members in a form of counselling with regard to what they should do when dealing with their HIV status, and to change their social behaviour attitudes. Because of these programmes, people are convinced to think about the stigma and discrimination that other people who are HIV/AIDS positive have to live with; thus they have figured out ways of breaking away from these barriers because HIV can happen to anybody.

It takes a lot of time to reflect that this is the problem that affects a lot of people, we have to take time to reflect on people who have died, and people who are infected by this virus... The bottom line is that we still get infected with HIV because we do not want to change our behaviours and we all have to take responsibility for our own actions in the whole scheme of things to avoid further infections (One of the participants, Paballong focus group, September, 2018).

The majority of the participants maintained that because of the guest speakers that come to the studio most of the people are more knowledgeable and informed about HIV/AIDS because of the knowledge acquired over the radio. However, the participants agreed that as much as the guest speakers are doing something to educate and create awareness of HIV/AIDS, there is much that needs to be done, but not only concerning the drugs, but also in connection with societal behaviour - making sure that people wear condoms if they are not certain about an individual's HIV status when they engage in sexual activities, and to get tested regularly. They concluded that based on the knowledge shared by various guest speakers:

If one talks about a cure for HIV it will actually come from responsible sexual behaviour and not through drugs. Drugs are a

form of treatment, but will not present a cure. And therefore, it is the responsibility of individuals in the community to contribute meaningful to the success of an HIV-free generation (One of the participants, Paballong focus group, September, 2018).

Most of the participants in these focus groups shared similar sentiments with Paballong focus group participants. The majority of the participants emphasised that the messages that were communicated by the presenters through their guest speakers actually brought hope to the community as they tapped into the emotions of the community and the realities of the HIV/AIDS virus:

Guest speakers show the importance of medical male circumcision and how it helps in HIV/AIDS prevention, also we are advised to practise safe sex (use of condoms) and abstinence, or trying by all means to be faithful, and, most importantly, knowing our HIV/AIDS statuses and be placed on ARVs once diagnosed HIV positive (One of the participants, Moreneng focus group, September, 2018).

Studies conducted recently indicated that medical male circumcision reduced the risk of HIV male infection by up to sixty percent (LePHIA Report, 2016-2017; PIS, 2017-2019; USAID, 2015; Van Dyk, 2008). According to this response, these are some of the factors that can be integrated into the successful treatment of HIV. The participants proclaimed that the ideal way advocated by the presenters and health practitioners was that each person in the country should know his/her HIV status as the first step in fighting the source of HIV/AIDS. In April, 2016 Lesotho adopted the WHO's revolutionary 'Test and Treat Measure'. This strategy prescribes that once a person living in Lesotho is diagnosed HIV positive, he/she should be placed on antiretroviral treatment immediately (Ministry of Health, 2016; Sindelar, 2017). ARVs are drugs that assist strengthening the immune system of the HIV infected by slowing

down the virus (Ministry of Health, 2016; Sindelar, 2017; Van Dyk, 2008).

5.8 SUMMARY OF THE DISCUSSION OF THE FINDINGS

The researcher was interested in determining how MCRS contributed to in creating awareness and educating the community on HIV/AIDS issues. Based on the presentation and analysis discussed above, the study revealed that MCRS programmes contributed to curbing HIV/AIDS in the community. Furthermore, the study found, on the grounds of both the interviews and focus groups discussions that the presence of MCRS as community radio contributed to creating awareness among the community aimed at alleviating the spread of HIV/AIDS among Mafeteng communities. The findings of this study indicate that MCRS as public sphere is helpful in the transmission of information that enhances self-assurance and confidence in the future for people living with HIV/AIDS and those associated with them.

The manager and presenters explained that they did that through the use of a person living with HIV/AIDS as a living example, and they also used health practitioners or experts to communicate HIV/AIDS messages. One person living with HIV went on air at a time to share his HIV/AIDS life experiences and tell listeners how they could combat HIV/AIDS and conquer discrimination and stigmatization amongst the community members. It was disclosed in the focus group discussions that people previously were hesitant to go for HIV testing because of fear of the humiliation they would have to face when tested HIV positive. Hence, the availability of MCRS and the use of infected people to carry the messages inspired the community to understand and accept people living with HIV infection in the same way as others.

Based on the responses of the participants in this study, it can be confirmed that community radio, as suggested by some other researchers, has an important role to play in contributing to the development of communication such as used in HIV/AIDS education and awareness programmes (*cf.* USAIDS, 2015; Mtimde, Maphiri and Nyamaku, 1998; Van Dyk, 2008).

People are now knowledgeable with regard to HIV/AIDS and take measures to make sure that they live longer and maintain healthy lifestyles, as well as staying HIV negative, but for those who are HIV positive they also take measures to prolong their lives through the use of HIV/AIDS drugs (ARVs). Participants regarded these programmes as educational as well as informative on new strategic developments on HIV/AIDS, especially in connection with the mitigation and curbing of the spread of HIV/AIDS through new infections. Programmes concerned with, for example, adherence to HIV medication were mentioned as having shown positive results in suppressing the viral load. VMMC has been discovered to reduce the chances for contracting HIV/AIDS and to prevent other STIs contaminated through sexual engagement.

5.8.1 Different ways used to communicate HIV/AIDS awareness messages

In the literature different approaches and strategies are indicated (as discussed in the chapter on the literature review) which are utilised by media to reinforce or complement message delivered by other channels, especially where these other channels are restrained from reaching a large audience (Parker *et al*, 2006; UNAIDS, 2004). Not only do these approaches and strategies by their variety helped the presenters to break the monotony of similar formats (Community Radio Manual, 1999; Girard 2007), but they are extremely valuable to address different audiences with different needs.

As attested during the interviews and focus group discussions in this study, various methods and approach are used to communicate with diverse target audiences. These methods include live programmes and inviting guest speakers to their programmes, as well as to social media platforms like personal WhatsApp and Mafeteng Community Radio Facebook page. These platforms as public spheres allow different parties, including listeners, to participate in HIV/AIDS awareness and educational messages. The use of both social media and radio was supported in the findings as it became obvious that media convergence played a valuable part

in the fight against the spread of HIV/AIDS as a wider group of participants can be accommodated. The recipients of mass communication are not single individuals, but large audiences who are not personally known to the communicator, or even to each other (Livingstone and Lunt, 1994; Skinner, Von Essen and Mersham, 2019).

5.8.2 Perception towards the MCRS programmes on HIV/AIDS dissemination

The manager and presenters of MCRS perceived their programmes as contributing positively towards HIV/AIDS awareness and education. They based these opinions on positive feedback they got from their target audiences, and not only from target audiences alone, but from the stakeholders as well. Stakeholders shared the same sentiments that through the use of radio programmes, they managed to reach diverse audiences all at once, unlike when they engaged in community mobilisations and outreaches (*cf.* Girard, 2001; Adam and Harford, 1999).

The focus groups generally perceived these programmes positively; they mentioned that cultural myths sometimes made it impossible to discuss certain matters in family settings and with sexual partners, and these situations were contributing to the spread of HIV/AIDS – with sad consequences. Furthermore, the programmes provided awareness and education that stimulated the sense of responsibility - on the one hand more people are now voluntarily coming for HIV testing, while on the other hand, more men are going for VMMC. Moreover, the issue of stigma and discrimination against people living with HIV is now minimal; people are more tolerant.

All the participants from the station and stakeholders, as well as those participating in the focus group discussions agreed that the station catered for all people regardless of their educational background, both the literate and illiterate. Community radio as a public sphere still remains the best source of information in certain communities, especially in African

countries, considering the fact that some people cannot read and write (Masilela, 1996; Myhre and Flora, 2000). These authors maintain that communities are better informed through the use of radio, rather than other communication media, such as publications (Council for the Development of Community Media, 1997; Skinner, Von Essen, and Mersham, 2019).

A crucially important comment by the participants was that the issues of HIV/AIDS literacy and adherence to HIV medication, including treatment fatigue, also were addressed systematically during the programmes, thus fostering positive change among the community members who would not have acquired the information and knowledge if they had not been discussed over the radio, as some of the issues are sensitive matters in a conservative community. Thus, it was revealed through the study that community radio programmes penetrate even the cultural norms which perniciously were contributing to the increase in HIV/AIDS cases and death rates. Even matters which never would be discussed within the community settings, for instance MSM, and being lesbian, are openly discussed by the experts over the radio, which makes it easier for families to discuss such information further among themselves.

One can conclude by saying, based on the observations and discussions with different participants, that the MCRS's HIV/AIDS awareness programmes actually are useful in containing the spread of this epidemic in communities, and contribute meaningfully to the endeavours to prevent the prevalence rate from going up. It can be described as positive changes for the advancement of the community's way of living, especially when lives are sustained and the death rate is decreasing. The research participants during the focus group discussions confirmed the significance of HIV/AIDS programmes over the community radio as they learnt much through those programmes. They attested to the agenda setting theory that media as a public sphere where different people come together have the power to

disseminate information which people then can discuss in smaller circles among themselves (McCombs and Shaw, 1972).

Even though the focus group participants had a positive attitude towards radio programmes regarding awareness of and education on HIV/AIDS, some matters need to be revisited by the station. The participants' concerns were that the station's political affiliations impacted negatively on the listenership. As normal practice, besides the health-related topics, other radio programmes mostly focused on politics and therefore fuelled polarization among listeners in other programmes, including the morning drive show programme. As a result, some of the important messages might be lost along the way, as most of the community no longer paid attention to this station, as they perceived it as politically driven. They felt that the station had lost its mandate. Like they said, it was more controlled by the station management and presenters, or in the hands of individuals. Therefore, including the community in the forums will help the station to see ways of how they can improve on the royalties of the voluntary presenters, so as to retain them. Therefore, management should go back to the drawing board to see what went wrong and be open for community participation. This will get the buy-in and support of the community. They should not focus on individuals' participation, but on the entire community.

5.8.3 Assessing how community members participate in designing HIV/AIDS programme content

The last objective of the study was to assess community participation in designing HIV/AIDS awareness content. Different community members participate differently in designing the HIV/AIDS messages brought by this station. Both the interviews and the focus group dialogues confirmed that the community participated in HIV/AIDS messages by making phone calls and commenting on different social media platforms. Some listeners, in addition, stated that sometimes other listeners participated through informal interactions with the radio

presenters responsible for such programmes.

However, they emphasised that because of the nature of the HIV/AIDS messaging, they always invite experts as the designers of the HIV/AIDS messages. These are people who are more knowledgeable about HIV/AIDS-associated issues. Stakeholders maintained that they normally were invited by the presenters or management to discuss HIV/AIDS-related issues. The respondents in the focus groups also confirmed that they did not really design the messages, but the messages were designed by studio guests and presenters. However, they asserted that they did participate by commenting on social media platforms and through phone calls during live broadcasts, where they addressed their concerns, asked questions and were provided with immediate answers.

Based on the views of different participants in this study, it is worth noting that stakeholders and presenters do not work in isolation, they incorporate the listeners in the design of the programme content by allowing them to participate during the live broadcasts. In this scenario, communities are given the opportunity to express their views or discuss the challenges and solutions to the problem facing the community (Mhlanga, 2006; Mtimde, Maphiri and Nyamaku, 1998). As found by other researchers, research plays a significant role in including listeners' opinions in their programmes, and the results inform the designers of the programmes about the prevailing situation, audiences' perceptions, knowledge and attitudes regarding HIV (Fraser and Restrepo-Estrada, 2002; Myhre and Flora, 2000).

Listeners' opinions also help the management and presenters to include in their programmes content that is actually addressing the community's concerns as they understand the prevailing situation regarding audiences' needs and preferences (Fraser and Restrepo-Estrada, 2002; Myhre and Flora, 2000). Even though some listeners were not happy with the way they participated in the design of HIV/AIDS programmes, which calls for the station's

attention to revisit their policy to devise a way to include their audience, the listeners still participated due to the fact that HIV/AIDS issues discussed in the programmes are their concerns and affect them. Furthermore, some of the participants still commended the presenters on this approach, as some researchers believe that local people understand their concerns better than change agents, but may still need some guidance (Fraser and Estrada, 2001; Girard, 2007; Teer-Tomaselli, 2001). This is because when it comes to development issues, sometimes community members may not have the discernment as a result of cultural stereotypes and a lack of understanding of the benefits of such developments.

5.9 CONCLUSION

This chapter was devoted to a discussion of the data, the analysis and interpretation of the data, as well as a summary of the findings from the interviews and focus group discussions on how the MCRS's programmes contributed towards the decrease in HIV/AIDS cases in the Mafeteng district. The views of community representatives from selected villages provided information on how they perceived the MCRS's HIV/AIDS programmes on HIV/AIDS. Generally, based on the discussions with the stakeholders and focus group participants it may be inferred that the station is contributing towards mitigating the prevalence of HIV/AIDS. The presenters and health-care guests shed light on various areas of HIV/AIDS for the community. Data collected from participants were conceptualised through the literature review and two theories, the public sphere theory and the agenda setting theory to assess how the MCRS as public sphere and agenda setter create HIV/AIDS awareness messages.

The next chapter is the final chapter of the study report, and it provides the conclusions that were reached, and the recommendations made on the basis of an overall perspective on the study conducted on HIV/AIDS awareness and education through community radio.

CHAPTER SIX:

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

The previous chapter dealt with the presentation of data and analysis from the participants within the purposively selected villages. Therefore, the purpose of this chapter is to conclude this report on the research. It narrates the conclusion, and recommendations are made from the researcher's point of view on how the MCRS can improve on disseminating HIV/AIDS messages, as well as recommendations for further studies. The conclusion provides an overview of how the study was conducted, and the processes that the researcher engaged in. Most importantly, it provides a holistic overview of the findings derived from the research. The objectives were achieved and answers to the questions were found. Through the analysis of the data the researcher could determine how the listeners perceived the MCRS's HIV/AIDS awareness messages and the contributions which had been made by the presenters/station to curb the spread of HIV/AIDS among the communities in the Mafeteng district.

The main or general objective of this study was to investigate the role played by community radio programmes in awareness and education on HIV/AIDS through its programmes. The specific objectives that informed this study were;

- (i) To examine how the Tosa Morning Drive Show and LumelangMakaota programmes mainstream HIV/AIDS programme in their series (content) that are used as source to create awareness and education on HIV/AIDS-related issues.
- (ii) To explore different approaches and methods used by MCRS in delivering HIV/AIDS awareness and education through Tosa Morning Drive Show and LumelangMakaota programme.

- (iii) To explore the perceptions of stakeholders regarding Tosa Morning Drive Show and LumelangMakaota programmes in advancing and disseminating the information in regard to HIV/AIDS.
- (iv) To assess how community members participate in designing HIV/AIDS programme content.

The research questions that guided this study were the following:

- (v) How do the Tosa Morning Drive Show and LumelangMakaota programmes mainstream HIV/AIDS programming in their series (content) that are used as a source of awareness and education on HIV/AIDS related issues?
- (vi) What are the different approaches and methods used by the MCRS in delivering messages on HIV/AIDS awareness through Tosa Morning Drive Show and LumelangMakaota programme?
- (vii) What are the perceptions of staff members and the community regarding the Tosa Morning Drive Show and LumelangMakaota programmes in advancing and disseminating the information with regard to HIV/AIDS?
- (viii) How do community members participate in designing HIV/AIDS programme content?

6.2 CONCLUSION

The aim of this study was to assess the contribution of community radio to HIV/AIDS awareness and education. Using the case of the MCRS, the study was aimed at assessing the contribution of this community broadcaster on HIV/AIDS awareness in the Mafeteng district, in Lesotho. A qualitative research approach was employed using two research instruments: focus group discussions with listeners and face to face interviews to collect data from the station manager and presenters from selected programmes of the station as well strategic

stakeholders (see Chapter four). The researcher did not only depend on these data collection instruments, but an intensive literature review relating to community radio and HIV/AIDS communication awareness was conducted (see Chapter Two and Three). This study provided an overview of how the MCRS's programmes contributed to combating HIV/AIDS among the community. Moreover, two theories; McCombs and Shaw's agenda setting theory and Jürgen Habermas's theory on the public sphere were conceptualised relative to the question of HIV/AIDS communication and community radio in the Mafeteng district, Lesotho.

Based on the analyses of data and discussions on this study, it has been found that the MCRS contributed to creating HIV/AIDS awareness among the listeners within its radius. The listeners are better informed due to these programmes on how to deal with the challenges around HIV/AIDS (see Chapter five). The station realised the significance of bringing the community messages on HIV/AIDS prevention and on dealing with HIV/AIDS issues in general. The station found it possible to discuss issues that were complicated to discuss in other settings such as with the family and among partners. Undisputedly, before the establishment of these HIV/AIDS programmes a sense of misconception reigned regarding HIV/AIDS, which resulted in an increase in the spread of HIV/AIDS (see Chapter Five). Therefore, based on these findings, one can conclude that MCRS has helped in disseminating valuable HIV/AIDS messages which also shed light on the complications of this epidemic.

Even though they were better informed about this virus at the time of the study, the research participants still had concerns that HIV/AIDS communication should not be just a once-off intervention, but should take place on a continuous basis, as HIV/AIDS still posed enormous challenges among the community. There is more that still needs to be done to decrease the spread of HIV/AIDS in the Mafeteng district, for the prevalence of HIV/AIDS still is escalating regardless of the measures taken by different parties to educate and create awareness among the communities (DHS, 2014; LePHIA, Report, 20016-

2017;UNAIDSINFO, 2014).The findings revealed that some members of the community still did not take HIV/AIDS seriously (as discussed in Chapter five). Not only that, but HIV/AIDS issues remain a complex problem that cannot be understood in isolation.

The study revealed that the community was involved and participated in various ways in the running of the community radio; either through phone-ins or by being guest speakers in the studio to communicate HIV/AIDS-related issues. Most importantly, the study has established that the convergence of community radio with social media has contributed to inspiring more people to participate in radio programmes and to accommodate more during live broadcasts. This is because those who cannot afford calling in during live broadcasts can share their concerns and suggestions as well as asking questions on different social media platforms, which then are incorporated by the presenters (*cf.* Creeber and Martin, 2009; Zoellner and Lax, 2015).

The two theories, public sphere theory and agenda setting theory, were useful in conceptualising how the community radio helped in combating HIV/AIDS among the community. The agenda setting theory, therefore, enabled the study to clearly assess how the MCRS as communicating medium set the agenda for the community within its area of coverage. The study confirmed that media had the power to set the agenda on salient issues such as those surrounding HIV/AIDS (*cf.* McCombs and Shaw, 1968). The focus group discussion and interviews participants highlighted that, due to the presence of the MCRS, some people's perceptions towards HIV/AIDS changed; most of the people among the community visited health facilities to determine their HIV status, and those on HIV medication were adhering to taking their HIV medication. This is because the community radio through the experts invited to the studio threw light on difficult questions that haunted community members. HIV/AIDS awareness and education messages(However, the limitation of the media to influence listeners was also highlighted by some of the focus group

participants maintaining that sometimes they switched from one station to another when they were not interested in the information or issue at hand (also *cf.* Skimmer, Mersham and Benecke, 2016). As a result, the message may be lost along the line. It was sometimes difficult for the medium with a particular programme to persuade or reach the intended target audience to tune in to the messages. Moreover, stakeholders indicated that media were not as powerful as interpersonal communication, as people did not take action immediately after hearing the messages (see Chapter five). Apart from that, different media platforms play a major role in creating HIV/AIDS awareness, therefore community radio cannot lay claim to all the gratitude and honour for making people become more informed and cautious (see Chapter five).

Under the public sphere theory, the study affirmed that the community radio is the sphere where different listeners could come together to share their opinions regarding the programmes, content and the station as a whole (*cf.* Habermas, 1968). MCRS, as a public sphere, allows for both parties to become active participants in the discussions, rather than the community merely being passive receivers of information (also see Keane, 1995; Mtimde, Maphiri and Nyamaku, 1998). The manager and presenters of MCRS indicated that they invited different experts to educate listeners and create awareness on HIV/AIDS within the Mafeteng communities. MCRS in this context is regarded as the arena which allowed individuals, civil society and presenters to exchange ideas regarding the HIV/AIDS-related issues (also see Rennie, Berkeley and Murphet, 2010). These issues, among others, include information on how people can protect themselves, seek voluntary medical male circumcision, and support the infected and affected. This emphasises the role an individual can play in the fight against the epidemic.

In a nutshell, it is important to note that from the participants' point of view, the presence of community radio's HIV/AIDS awareness and education programmes contributed enormously

towards the HIV/AIDS awareness amongst the community.

Both the participants in the interviews and the focus groups discussions agreed that they actually benefited from these programmes. The listeners on one hand contended that:

- These programmes informed them on how HIV can be spread, and the measures they could take when infected or affected by HIV/AIDS. Even matters regarding cultural myths or harmful social norms that were regarded as taboo among the communities are best discussed over the radio, which perniciously were contributing to the increase in HIV/AIDS-related death rates. As a result, people feel free to discuss such issues among themselves.
- Most importantly, the health practitioners invited to the studio, advocate for every individual to visit health facilities to determine their HIV status.
- Moreover, these programmes are contributing to educating the community on harmful social behaviours that contribute to the spread of HIV/AIDS and what they can do in order to combat the spread of HIV/AIDS.
- Also, the participants commended the station for bringing to air different health experts and one person living with HIV, as they threw more light on HIV/AIDS matters. Even though other people still feel ashamed of their HIV/AIDS status, because of the stigma and discrimination attached to HIV and AIDS (*cf.* UNAIDS Gap Report, 2015), it is important to acknowledge that other people have accepted HIV/AIDS as a reality and take measures to protect themselves and others, regardless of their HIV status.

On the other hand, different stakeholders purported that:

- The station provided them with the platform, which in return enabled them to reach the dispersed target audiences with HIV/AIDS-related information all at once, rather

than relying on other means of communication, such as face-to-face interactions.

- As it has been found in the research literature and confirmed in the findings chapter, stakeholders stated that different strategies followed by media could reinforce or complement messages delivered by other channels when other channels are being restrained. Thus, networking between teamwork and partnerships among various media bodies and health communication has been proved important in communicating HIV/AIDS messages.
- They also highlighted that people are willingly and voluntarily visiting the health facilities for HIV tests and other related illnesses. When individuals are diagnosed as positive, they are enrolled to take ARV drugs. Those on drugs also seem to adhere to their HIV medications, and those on ART are virologically suppressed and avoid the danger of mutation, the development of resistant strains, and drug failure.
- They also highlighted that community radio allows for a two-way communication process amongst them as guest speakers, presenters and listeners; this two-way communiqué is facilitated by the use of live programmes and social media platforms.

6.3 RECOMMENDATIONS

The research participants confirmed that MCRS's programmes were helpful in working towards combating the spread of HIV/AIDS among the community members. Programmes raising awareness of this epidemic are useful and enhance efforts to sensitise people on HIV/AIDS issues, as well as measures that can be taken by community members to stop the spread, to avoid HIV/AIDS infection, and to adhere to HIV medications for those who are infected. Even though the radio station is doing well, there still are numerous areas that need to be considered for expanding and improving these HIV/AIDS programmes. The recommendations below are provided not only for improving the HIV/AIDS communication

messages, but also to find better ways that can be incorporated in disseminating HIV/AIDS messages through community radio.

Based on the findings of the data collected from the research participants, the station incorporated or mainstreamed HIV/AIDS messages in their programmes. However, with regard to the time allocated to HIV/AIDS programmes, the participants showed some dissatisfaction (see Chapter five). The restriction of the duration of the programmes was put forward by both the focus group participants and the manager during the interviews with the researcher. This was also reviewed by the station manager and presenters, and after programmes, they still accommodated listeners' questions and addressed matters that would be brought on in the next programme. However, they admitted that they needed new strategies on how they to best disseminate HIV/AIDS messages. This actually confirms an insufficiency of time allocated for these HIV/AIDS programmes.

Programmes should have clear time slots when HIV/AIDS messages are discussed. This will help listeners to know exactly when HIV/AIDS will be discussed. However, this should not be about specific slots only, but well-designed message(s) that will also attract more listeners.

Methods used by the station need to be robust, which can be achieved by incorporating unified approaches to disseminate HIV/AIDS information to the listeners. Using live programmes and phone-ins and allowing listeners to comment on various social media platforms are accommodating listeners, but may not be sufficient to allow diverse target publics to participate in HIV/AIDS messages. More participation from target publics can be attained through the use of various means, like short dramas on HIV/AIDS, which are not only entertaining, but also educational. These will enable people to learn while they are being entertained. Moreover, they can record the community events, dramas on HIV/AIDS, and play pre-recorded programmes of the events later on air.

Regarding content on HIV/AIDS messages, the station is doing well. Nonetheless, the station is somehow missing some of the target audiences with their HIV/AIDS messages. The station should realise the power it has among their listeners. This indicates that the media are in a position to set the agenda for the community and should be cautious in the way they present their thoughts about certain topics. Therefore, this indicates that the radio station should introduce and set the agenda for more programmes on development communication, including health issues such HIV/AIDS.

Regarding community participation, the station needs to revisit its policy. Communities should be involved in programme design and content. Some individuals still are not honest about their HIV status, but they might like to share their HIV/AIDS concerns privately. Therefore, it may be concluded that community participation is compromised, as it is limited to two means. The station needs to reconsider allowing interactive communications where listeners or beneficiaries at different levels can share their views. They will still carry out their mandatory responsibilities such as conducted hands-on at the station, while maintaining harmonious relations with the community as beneficiaries of the station., They station's staff will regard it as a priority to provide a means of keeping the community abreast of matters of interests; so that some do not lose interest in the station as they stated in their responses (see Chapter five).

The statistics indicate that the HIV/AIDS prevalence rate is increasing in Lesotho (DHS, 2016; LePHIA Report, 2016-2017),including in the Mafeteng district. Having said that, we need the community radio HIV/AIDS programmes to be more vigorous and to use innovative means, as in that way they can contribute immensely towards the decline of the HIV/AIDS prevalence rate. This was articulated in the literature review by some studies indicating that due to the contribution of the community radio station, the HIV/AIDS prevalence rate declined in some countries or regions (Tumushabe, 2016; Soremekun, 2016).More health

communication interventions are more likely to succeed when multiple coordinated communication elements are used to reach people with consistent high-quality messages through a variety of channels (Skinner, Essen and Mersham, 2007; UNAIDS Report, 2004). Odine (2015), and the UNAIDS Report (2004) further sustain that mass broadcasting contents that are conceptualized and broadcasted on the one hand, and strengthened with face-to-face interactions and community outreaches on the other, do have immense impact. Therefore, there is a need for continuous HIV/AIDS messages, communicated in more clever and convincing ways to address community needs and perceptions regarding HIV/AIDS to mitigate the spread of this virus.

According to the findings (as discussed in Chapter five), community members are not in control of programme or content design of the programmes. The fact that community members are given opportunities through phone calls or as individuals to share their opinions, however, is not enough. The management and programme managers have to improve on community participation in all aspects of broadcasting on the community radio. Based on the findings of the study, it is inferred that the voice of the community is compromised. The listeners of the community broadcaster seem to be more passive, rather than being active participants in designing HIV/AIDS messages.

A vital recommendation is that the station should set up a suggestions box for listeners to share their opinions on ways in which the station can address the lack of participation, and through that improve their strategies and methods applied to address HIV/AIDS issues.

Licensing of community radio stations should include and enforce compliance with a condition to include HIV/AIDS in their programmes as a critical health and development related issue. As of now, as indicated in the findings provided in Chapter five, the licence abides the community radio station to include HIV/AIDS issues, but as also confirmed by the

station manager, it does not stipulate to what extent the station should include HIV/AIDS-related information in its programmes.

Considering that radio is a relatively cheaper and more accessible medium than other media in the rural areas, for them to attract a larger listenership and encourage positive social change among their target audiences than individual change, the radio presenters should try by all means to design interesting programmes to draw the attention of listeners fully. If the radio programmes are not interesting the listeners, they merely switch to a different station, and no longer pay attention to the messages disseminated. The listeners sometimes listen to such programmes in the background when they are doing other activities, therefore, the message is missed if it does not grab their attention; hence, highly well-designed HIV/AIDS messages are required.

6.4 RECOMMENDATIONS FOR FUTURE RESEARCH

Based on the findings the researcher wishes to recommend that further research be done on how different media platforms contribute to curbing the spread of HIV/AIDS in the Mafeteng district in Lesotho, and for that matter, on the African continent. Therefore, a comparative investigation should be done to assess the use of multiple media in HIV/AIDS awareness messages. Further studies to assess community participation in HIV/AIDS communication through a community broadcaster should be conducted, involving members of the community from different age groups, as the youth, adults and older people may all have different preferences regarding the types of programmes that would satisfy their needs and keep their attention.

HIV/AIDS is an epidemic that threatens every individual, especially on the African continent, and this study endeavoured to make a contribution to fighting this disease. Making people

aware of the threats and ways to avoid contamination, informing communities about means and ways to safeguard their own and the community's health, and pointing out the devastating results of stigmatisation and not knowing one's status are matters that need to be attended to, and one of the best and most efficient ways to do this is by community radio broadcasts; therefore, it is hoped that this study will make a difference to the communities depending on the MCRS for information and guidance.

BIBLIOGRAPHY

- Aaker, D., Kumar, V. and Day, G. 2004. *Marketing Research*. New York: John Wiley & Sons.
- Adam, G. and Harford, N. 1999. *The Essential Handbook: Radio and HIV/AIDS: Making a Difference: A guide for radio practitioners, health workers and donors*.
http://data.unaids.org/Publications/IRC-pub05/JC429-Radio_en.pdf. (Accessed 01 July, 2016).
- Africa-Community Radio. 2011. *One Love Campaign - South Africa*.<http://www.comminit.com/community-radio-africa/content/onelove-campaign-lesotho>. (Accessed 10 January, 2016).
- Agrabawi, T., Zaidah, S. and Kuttab, D. 2006. *Community Radio for Development in Jordan: With Specific Reference to AmmanNet Radio*.https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=Agrabawi%2C+Zaidah+and+Kuttab%2C+2006&btnG. (Accessed 20 July, 2016).
- Al-hassan, S., Andani, A. and Abdul-Malik, A. 2011. The role of community radio in livelihood improvement: The case of Simili radio. *The Journal of Field Actions. Field Actions Science Reports* Vol. 5.
- Anderson, B. 2006. *Imaged Communities: A Brilliant Exegesis on Nationalism: The Nation*. London: New York.
- Arnold, A.K. 2009. *Media Effects: Agenda Setting*. The World Bank.
- Austin, E.W. and Pinketon, B.E. 2015. *Strategic Public Relations Management: Planning and Managing Effective Communication Campaigns*. Routledge: New York and London.
- Babbie, E. 2015. *The Practice of Social Research*. Wadsworth: Cengage Learning.
- Baran, S.J. and Davis, D.K. 2012. *Mass Communication Theory: Foundations, Ferment, and Future*. International Edition. Wadsworth: Cengage Learning.
- Bareley, K.J. 2013. *Qualitative data Analysis with NVivo*. Los Angeles: SAGE Publications.

- Barker, K. 2008. Community radio start-up information guide: Farm Radio International (Formerly Developing Countries Farm Radio Network). <http://www.farmradio.org/english/partners/about/index.asp>. (Accessed 23 February, 2016).
- Bauer, G. and Scott, D.T. 2005. *Politics in Southern Africa: State and Society in Transition*. Boulder, CO: Lynne Rienner Pub.
- Bessette, G. 2004. *Involving the community: A guide to participatory development communication*. New Delhi: Southbound.
- Bless, C., Higson-Smith, C. and Kagee, A. 2006. *Fundamentals of social research methods: an African perspective*. Cape Town: Juta.
- Boeren, A. 1994. *In other words: The cultural dimension of communication for development*. CESO paperback Number 19. The Hague: CESO Publication.
- Brechtel, J.R., Breitbart, W., Galietta, M., Krivo, S. and Rosenfeld, B. 2001. The use of highly active antiretroviral therapy (HAART) in patients with advanced HIV infections: impact on medical, palliative care and quality of life outcomes. *Journal of Pain and Symptom Management*, 21(1):41–51.
- Browne, D. 2005. *Ethnic Minorities, Electronic Media and the Public Sphere*. New Jersey, USA: Hampton Press.
- Brunetti, V. 2000. Development of Community Media in Latin America. In Kwame Boafo (Ed.). *Promoting Community Media in Africa*. Paris: UNESCO. P 116-123.
- Burger, T. and Lawrence, F. 1991. *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society*. Massachusetts: Institute of Technology.
- Calhoun, C. 1992. *Habermas and the Public Sphere*. Cambridge: The MIT Press.
- Campbell, R. 2002. *Media & Culture: An Introduction to Mass Communication*. New York. Bedford/St. Martins.

- Cateora, P., Gilly, M. and Graham, J. 2013. *International Marketing*. Sydney, Australia: McGraw Hill.
- Centre for Disease Control. 1999. *Scientific and Technical Information: Simply Put, CDC Communications and Development: A Practical Guide to Social Development*. FID: UK. Centre.
- Center for International Media Assistance (CIMA). 2007. Report, 2007. Washington DC: NationalEndowmentforDemocracy.
- Centre of Governance and Human Rights. 2012. University of Cambridge. <https://www.cghr.polis.cam.ac.uk/>. (Accessed, 10 May, 2015).
- Choudhury, P.S. 2011. Media in Development Communication. *Global Media Journal* 17(32). 2011. www.globalmediajournal.com/archive/gmj-volume-10-issue-19-year-2011.html. (Accessed, 05 September, 2015).
- Christensen, L.B. Johnson, R.B. and Turner, L.A. 2011. *Research Methods, Design, and Analysis*. Newbury Park, California: SAGE Publications.
- Christensen, L.B. Johnson, R.B. and Turner, L.A. 2015. *Research Methods, Design, and Analysis*. Newbury Park CA: SAGE Publications.
- Christopher, J. 2014. An evaluation on the impact of Forte FM's HIV/AIDS campaign programmes on listeners: A case study of Golf Course and Ntselamanzi residents, Alice. Master's dissertation, University of Fort Hare.
- Clark, A. 2013. *An Invitation to Social Research: How it's Done*. Wadsworth: Cengage Learning.
- Clear, A. 2011. *Dynamics of Public Relations and Journalism: A Practical guide for Media Studies*. Cape Town: Juta and Company Ltd.
- Cloete, D. 2011. *The Process and Effects of Mass Communication*. New York: Pearson.
- Cohen, C. 1999. *The Boundaries of Blackness: AIDS and Breakdown of Black Politics*. Chicago, IL: University of Chicago Press.

- Community Radio Manual, 1999. <http://www.osf.org.za/About/aboutdetail.asp?ID=61>. (Accessed May 2016).
- Community Radio Stakeholders Meeting. 2005. *Brief Report on the HIV/AIDS and Community Radio Stakeholders Meeting*. <http://www.comminit.com/africa/node/186330>. (Accessed 08 May 2017).
- Cooper, D. and Schinder, P. 2014. *Business Research*. The McGraw-Hill/Irwin Series in Operations and Decision Sciences.
- Country Reports on Human Rights. 2015. Country Reports on Human Rights Practices for 2015. Bureau of Democracy, Human Rights and Labor, USA. <https://2009-2017.state.gov/j/drl/rls/hrrpt/humanrightsreport/>. (Accessed, 10, June, 2016).
- Creeber, G. and Martin, R. 2009. *Digital Culture: Understanding New Media*. London: Open University Press.
- Creswell, J.W. 2015. *Research Design: Qualitative and Quantitative Approaches*. London: SAGE.
- Creswell, J.W. 2014. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Thousand Oaks, CA: SAGE Publications, Inc.
- Creswell, J.W. 2013. *Mixed Methods Research*. London: SAGE Publications.
- Creswell, J.W. 2014. *A Concise Introduction to Mixed Methods Research*. Thousand Oak, CA: Sage.
- Creswell, J.W. 1994. *Research Design: Qualitative and Quantitative Approaches*. London: SAGE.
- Culbertson, H.M. and Chen, Ni. 1996. *International Public Relations: A Comparative Analysis*. London: Routledge.
- Da Costa, P. 2012. The Growing Pains of Community Radio in Africa: Emerging Lesson Towards Sustainability. Nordicom Review, Special Issues. Nordic Information Centre for Media and Communication Research) at the University of Gothenburg in Sweden. <https://www.nordicom.gu.se/sv/publikationer/nordicom-review>. (Accessed, 10 May, 2015).
- Dahlgren, P. 1995. *Television and the Public Sphere: Citizenship, Democracy, and the Media*.

London: Sage.

Davidson, C. 2014. Board Governance Resources Guide for Non-Profit Organisation.

<https://www.amazon.com/Board-Governance-Resource-Nonprofit-Organizationsebook/dp/B00AXN7WYG>. (Accessed 26 July, 2017).

Demographic and Health Survey - Lesotho - (DHS). 2014.

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=+DHS-Lesotho+2014&btnG=
(Accessed 05 January, 2015).

Demographic and Health Survey – Lesotho (DHS). 2009.

<https://www.datafirst.uct.ac.za/dataportal/index.php/catalog/395>. (Accessed, 10 June, 2015).

Demographic and Health Survey – Lesotho. (DHS). 2016.

<https://datacatalog.worldbank.org/dataset/lesotho-demographic-and-health-survey-2016>.
(Accessed, 10, June, 2015).

Department of Communications. 2013. South Africa Connect: Creating Opportunities, Ensuring Inclusion - South Africa`s Broadband Policy. <http://www.researchictafrica.net/>. (Accessed 20 June 2015).

Diagn,J.R. 2016. A Study of Compliance to Antiretroviral Therapy among HIV Infected Patients at a Tertiary Care Hospital in North Karnataka.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4948443/>. (Accessed, 8 May 2017).

Dina,L. 2011. “Radio Theatre: The Moral Play in the Historical Context of State Control and Censorship of Broadcasting in Kenya.” In Radio in Africa: Publics, Cultures, Communities, by Liz Gunner, Dina Ligaga and Dumisani Moyo, 149-162. Johannesburg: Wits University Press.

Donovan, M. 1993. Social Construction of People with AIDS: Target Population and United States Policy. 1981-1990, Review of Policy Research.

https://www.researchgate.net/publication/24007272_Social_Constructions_of_People_with_AI_DS_Target_Populations_and_United_States_Policy_1981-1990. (Accessed, 15 August, 2018).

- Du Plooy, G.M. 2009. *Communication Research: Techniques, Methods and Applications*. Cape Town: Juta & Co, Ltd.
- Dunaway, D. 2002. Community Radio at the Beginning of the 21st Century: Commercialism vs Community Power. In Jankowski, N.W. and Prehn, O. (Eds). *Community Media in the Information Age: Perspectives and prospects*. Cresskill: Hampton Press. Pp. 63-82.
- Dutta, S. and Fraser, M. 2008. Throwing sheep in the boardroom: How online social networking will transform your life, work and world. Matthew Fraser, Soumitra Dutta.<https://trove.nla.gov.au/work/26782903?selectedversion=NBD44177105>.(Accessed, 18 June, 2016). 56203291.
- Edegoh, L.O.N. 2013. A Study of HIV/AIDS Media Campaign & Knowledge of High-Risk Factors Among Sex Workers in South Africa, Nigeria. *Research on Humanities & Social Science*3 (13).
- Edwards, P. and Bowen, P. 2019. Language and communication issues in HIV/AIDS intervention management in the South African construction industry.*Engineering, Construction and Architectural Management*, Vol. 26 No. 6, pp. 962-988.
- Eiser, J.R. 2005. *Social Psychology, Attitudes Cognition and Social Behaviour*. Cambridge: University Press.
- Fairbairn, J. 2000. *Community Participation and Sustainability in Community Radio*. A paper presented at a Workshop on “Gender and Sustainability in Community Radio”. GAP: Open Society Foundation-South Africa. P 6-7.
- Family Health Institute. 2002. Behaviour Change Communication (BCC) for HIV/AIDS: A Strategic Framework.<<http://www.hivpolicy.org/Library/HPP000533.pdf>> (Accessed 06 June 2016).
- Farrell, C. 2015. *Global Marketing: Practical Insight & International Analysis*. New York: SAGE Publications Ltd.

- Fee, E. and Fox, D. 1992. *AIDS: The Making of a Chronic Disease*. University of California Press.
<https://journals.sagepub.com/doi/abs/10.1177/027046769301300376>. (Accessed 13 July 2017).
- Fitzpatrick, T. 2003. Outside the box: A new model for training in South Africa. <http://www.knight-international.org/i/fitzpatrick.pdf> (Accessed, 12 July 2015).
- Flew, T. 2008. *New Media: An Introduction*. Oxford: University Press.
- Fombad, M.C. and Jiyane, G.V. 2016. *The role of community radios in information dissemination to rural women in South Africa*. Vol. 51, Issue 1, 2019. <https://journals.sagepub.com/doi/pdf/10.1177/0961000616668960>. (Accessed, 10 August 2019).
- Fourie, P.J. 2008. *Media Studies: Volume One: Institutions, Theories and Issues*. Cape Town: Juta.
- Fraser, C. and Restrepo Estrada, S. 1989. *Community Radio Handbook*. Paris: UNESCO.
- Fraser, C. and Restrepo Estrada, S. 2001. *Community Radio Handbook*. Paris: UNESCO.
- Fraser, C. And Restrepo-Estrada, S. 2002. *Community Radio for Change and Development*. *Society of International Development*. Vol. 45 (4): 69-73. <http://www.palgrave-journals.com/development/journal/v45/n4/pdf/110408a.pdf>. (Accessed 20 May, 2016).
- Freire, P. 2001. *Media Studies (Vol.2): Contents, Audiences & Production*. Lansdowne: Juta.
- George, R. 2014. *Marketing in South Africa*. Cape Town: Oxford University Press Southern Africa. (Pty) Ltd.
- Ginning, E. 2019. *Public Relations: A Practical Approach* (3rd. ed.). s.l.:Springer Nature Limited.
- Girard, B. 2001. *A Passion For Community Radio: Radio Waves and Community*.
www.comunica.org/passion/index.htm. (Accessed, 08 May 2017).
- Girard, B. 2007. *What is Community Media?* <http://man.comunica.org/archives/101>. (Accessed 16 March 2016).
- Glesne, C. 2006. *Becoming Qualitative Researchers: An Introduction*. London: Pearson Education, Inc.

- Goode, L. 2005. *Jurgen Habermas: Democracy and the Public Sphere*. London, Ann Arbor MI: Pluto Press.
- Gordon, A. and Harford, N. 1999. *The Essential Handbook: Radio and HIV/AIDS: Making a Difference. A guide for radio practitioners, health worker and donors*. Media Action International Publication: Paris: UNAIDS Best Practice Collection Key material.
- Gregory, A. 2015. *Planning and Managing Public Relations Campaigns: A Strategic Approach*. Kogan Page and the Chartered Institute of Public Relations. 9780749451080 E-ISBN 9780749459284.
- Griffin, E. 2000. *First Look at Communication Theory*. Boston: McGraw-Hill.
- Habermas, J. 1984. *The Theory of Communicative Action*. Vol. 1: *Reason and Rationalization of Society*. Boston: Beacon Press.
- Habermas, J. 1989. *The Structural Transformation of the Public Sphere*. Great Britain: Polity Press.
- Habermas, J. 2004. *A Shell for Neo-Liberalism – New Labour Britain and the Millennium Dome*. Great Britain: Polity Press.
- Haker, D., Kumar, V. and Day, G. 2016. *Marketing Research*. New York: John Wiley & Sons.
- Health Profile: Lesotho-USAID. 2005. USAID Health Care Improvement Project (HCI). <https://www.urc-chs.com/africa/lesotho>. (Accessed, 10 April, 2016).
- Hennink, M.M. 2014. *Understanding Focus Group Discussions*. Oxford: Oxford University Press.
- Hill, M. 2005. *Public Policy Process*. England. Pearson.
- Hollensen, S. 2007. *Global Marketing: A decision-oriented approach*. London: Pearson Education Limited.
- Howard, S. 2009. Community Radio and Ethnic Violence in Africa: Case Study in Kenya. http://iccforum.com/media/background/africa/2009-09_Sam_Howard-Community_Radio_and_Ethnic_Violence/ (Accessed 10 July 2016).
- Hussain, F. 2007. Sustainability in Community Radio Broadcasting. http://asiapacific.amarc.org/files/OURMedia6_Sydney/Presentations/OM6_Sustainability%20In

[%20Community%20Radio%20Broadcasting-2.pdf](#).(Accessed, 10 May, 2015).

- Hyde-Clarke, N. 2010. *The citizen in communication: Revisiting traditional, new and community media practices in South Africa*. Claremont: Juta.
- Independent Broadcasting Authority Act. 1993. Republic of South Africa. Pretoria: IBA.
- Independent Broadcasting Authority. 1997. *Position Paper on Four-Year Licences for Communication Sound Broadcasting Service*. Johannesburg: IBA.
- Independent Communications Authority of South Africa. 2000. *ICASA*. Pretoria: Government Printers.
- Independent Communications Authority of South Africa. 2002. *Corporate Information*. Pretoria: Government Printers.
- Infante, D. and Rancer, D.F. 1993. *Building Communication Theory*. Waveland: Press Inc.
- Jallov, B. 2007. *Community Radio in East Africa: An Impact and Sustainability Assessment of Three Community Radios within the EACMP*. Commissioned by SIDA Department for Democracy and Social Development. BirgitteJallov Communication Partners. January 2007.
- Jandt, F.E. 2010. *An Introduction to Intercultural Communication: Identity in a Global Community*. New York: SAGE Publications, Inc.
- Jedege, J.O. 1999. *A Concise Handbook of Research Methods*. Nigeria: Pope Rising Press.
- Johnson, K. 2001. Media and Social Change: The Modernizing influence of TV in the rural areas. *Media Culture Society. Journal of Development and Communication Studies*, Vol. 23 (2): pp. 392-420.
- Katz, E. and Lazarsfeld, P. 1955. *Personal Influence*. New York: The Free Press.
- Keane, J. 1995. Structural Transformation of Public Share. *The Communication Review* Vol. 1(1): pp 1-22.
- Keane, J. 2004. Structural Transformation of Public Sphere *The Communication Review*, Vol. 1(1): pp 1-22.

- Krueger, R.A. 1994. *Focus Groups as Qualitative Research*. Thousand Oaks: SAGE.
- Kumar, R. 2005. *Research Methodology: Step-By-Step Guide for Beginners*. Thousand Oaks: SAGE Publications Ltd.
- Kumar, R. 2014. *Research Methodology: A step-by-Step Guide for Beginners*.(4thed.). Thousand Oaks: SAGE Publishing.
- Kunguma, O. and Ncube, A. 2015. Combating HIV/AIDS: A challenge to Millennium Development Goals for disaster managers in the Southern African Development Community. *Jamba Journal of Disaster Risk Studies* 8 (2.) <https://jamba.org.za/index.php/jamba/article/view/173/440>.
- Lamb, C.W. Jr., J.F. McDaniel, C., Boshoff, C. and Terblanche, Nic S. 2015. *Marketing*. Southern Africa: Oxford University Press..
- Lattimore, D., Baskin, O., Heiman, S.T. and Toth, E.L. 2012. *Public Relations: The Profession and the Practice*. Higher Education. Definition Of Public Relations. 123HelpMe.com. 20 Jul 2019 <<https://www.123helpme.com/view.asp?id=164544>
- Lattimore, D., Baskin, O., Heiman, S.T. & Toth, E.L. 2008. *Public Relations: The Profession and the Practice*. s.l.: McGraw-Hill Education.
- Lazarsfeld, P.F., Berelson, B. and Gaudet, H. 1944. *The people's choice: How the voter makes up his mind in a presidential campaign*. New York: Columbia University Press.
- Leady, P.D. and Ormrod, J.E. 2014. *Practical Research: Planning and Design*. London: Pearson Education Limited.
- LePHIA Report. 2016-2017. Lesotho Population-Based HIV Impact Assessment. <https://www.google.com/search?client=firefox-b-d&q=LePHIA+report%2C+2016-2017>. (Accessed, 19 July, 2018).
- Lesotho Bureau of Statistics, Village List. 2006. *Lesotho Bureau of statistics*. 2006. http://www.bos.gov.ls/New%20Folder/Copy%20of%20Demography/Population_2006_Dynamics_Indicators.pdf. (Accessed 25 March, 2016).

- Lesotho Communications Authority Act. 2000. *Lesotho Telecommunications Authority Act 2000*. http://www.wipo.int/wipolex/ru/text.jsp?file_id=216174. (Accessed, 13 June, 2017).
- Lesotho Communications Authority. 2011. A License Granted by Lesotho Communications Authority to Mafeteng Multi-Media Association for the Operation of sound Broadcasting System and Provision of Sound Broadcasting System. <http://www.lca.org.ls/images/documents/mafeteng%20community%20radio.pdf>. (Accessed, 13 June 2017).
- Lesotho UNGASS Country Report. 2006-2007. *Status of the National Response to the 2001 Declaration of Commitment on HIV/AIDS*. Lesotho: Board of Commissioners National AIDS Commission.
- Levenson, J. 2005. *The Secret Epidemic: The Story of AIDS and Black America*. USA: Anchor Books.
- Livingstone, S. and Lunt, P. 1994. *The Mass Media Democracy and the Public Sphere*. In *Talk on Television Audience Participation on Public Debate (9.35)*. London: Routledge.
- Lloyd, L. 2000. Independent Broadcasting Authority. A presentation made at a Workshop on “Gender and Sustainability of Community Radio”. Gender Advocacy Programme. P 8-9.
- Louw, E. 2001. *The Media and Cultural Production*. London: Sage.
- Lush, D. and Argoiti, D. 2011. The Sustainability of Community Broadcasting in Namibia: An Assessment and Plan of Action. A study commissioned by the Friedrich Ebert Foundation’s Africa Media Programme (FES Media).
- Madamombe, I. 2005. Africa Renewal online. *Community radio: A voice for the poor*. <http://www.un.org/africarenewal/magazine/july-2005/communityradio-voice-poor>. (Accessed 20 June, 2016).
- Mafeteng Community Radio. 2017. <https://www.google.com/search?client=firefox-b-d&q=Lesotho+%28Mafeteng+Community+Radio%2C+2017%29>. (Accessed, 20 July, 2018)

- Mafeteng Radio Programme. Nd. <https://www.google.com/search?client=firefox-b-d&q=Mafeteng+Radio+Programme.+Nd>. (Accessed, 27 August, 2018).
- Malatji, E. 2013. Primary/Basic Functions of Radio. <http://edgarmalatji.blogspot.com/2013/08/primarybasicfunctionsof-radio.html>. (Accessed, 27 June 2017).
- Mankancha, S.E. 2010. The Role of the Print Media in the Fight Against HIV/AIDS amongst the Women in Camaroin: Case of Cameroon. *Post Newspaper*.
- Manyozo, L. 2007. *Communication for Development: An Historical Overview*. UNESCO / IAMCR Conference Report, Paris.
- Maputseini, C. 2006. Using radio advocacy and communication of issues affecting farm communities in Zimbabwe. Unpublished MA thesis. Malmo University's School of Arts and Communication, Malmo.
- Marshall, P.L. 2007. *Ethical challenges in study design and informed consent for health research in resource-poor settings*. World Health Organisation Library Cataloguing-in-Publication data.
- Masilela, T.S.B. 1996. Alternative Media and Political schemes for assessing significance and potential. *Africa Media Review*. 10.1: pp. 92-114.
- Matsasa, T. 2015. National Director, MISA-Lesotho. Personal Interview. (Transcript). 09 July, 2015, Maseru.
- Maykut, P. and Morehouse, R.1994. *Beginning Qualitative Research: A Philosophical and Practical Guide*. London: Palmer Press.
- McCombs, M.E. and Shaw, D.L. 1972. The agenda-setting theory. *Public Opinion Quarterly*, 36:pp. 179-89.
- Mchakulu, J.E.J. 2007. Youth Participation in Radio Listening Clubs in Malawi:<https://www.tandfonline.com/doi/abs/10.1080/03057070701292574>. (Accessed 18 June 2018)

- McQuail, D. 2005. *McQuail's Mass Communication Theory*. Los Angeles: SAGE.
- McQuail, D. and Windahl. S. 1993. *Communication Models: For the Study of Mass Communication*. London United Kingdom: London Bridge Books.
- Mefalopulos, P. 2008. *Development Communication Sourcebook: Broadening the Boundaries of Communication*. Washington DC: The World Bank.
- Mersham, G. and Skinner, J.C. 2005. *Handbook of Public Relations*. Cape Town: Oxford Press.
- Mgibisa, M. 2005. It's the Community in Community Radio. *Rhodes Journalism Review* 25, November, 2005.
- Mhagama, P. 2016. The Importance of Participation in Development through Community Radio: A Case Study of Nthotakota Community Radio Station in Malawi. <https://www.tandfonline.com/doi/abs/10.1080/02560046.2016.1164384>. (Accessed, 10, May, 2016).
- Mhlanga, B. 2006. Community Radio as Dialogic and Participatory: A critical analysis of governance, control and community participation, a case study of XK FM radio. <https://www.tandfonline.com/doi/abs/10.1080/02560054.2009.9653392>. (Accessed 10 May, 2016).
- Ministry of Health and Social Welfare and National AIDS Commission. 2013. *Behaviour Change Communication in Lesotho: National Behaviour Change Communication Strategy*. Academic for Educational Development. Lesotho: Government Printers.
- Ministry of Health, 2016. *National Guidelines on the Use of Antiretroviral Therapy for HIV Prevention and Treatment*. Lesotho: Department of Health.
- MISA. 2015. Lesotho: Radio Dreams Come True. <http://misa.org/misa-chapters/lesotho/item/3097-lesotho-radio-dreams-come-true>. (Accessed 14 July, 2015).
- Moyo, L. 2012. Participation, Citizenship, and Pirate Radio as Empowerment: The Case of Radio Dialogue in Zimbabwe. *International Journal of Communication* 6 (2012): pp. 484–500 <<http://ijoc.org/ojs/index.php/ijoc/article/viewFile/1229/715>>. (Accessed 06 April 2017).

- Mtimde, L., Bonin, M-H., Maphiri, N. and Nyamaku, K. 1998. *What is Community Radio? A Resource Guide*. South Africa: AMARC Africa & Panos Southern Africa.
- Muin, M.J. 2011. Agenda-Setting theory and the role of the media in shaping public opinion for the Iraq war. Unpublished MA Dissertation. University of Central Missouri.
- Myers, M. 2000. Radio and Development in Africa: A Concept Paper, AMARC. http://www.amarc.org/documents/manuals/12481943581Radio_and_Development_in_Africa_a_concept_paper.pdf. (Accessed 17 May, 2017).
- Myhre, S.L. and Flora, J.A. 2000. HIV/AIDS communication campaigns: Progress and prospects. *Journal of Health Communication* (Supplement 1), 5, pp. 29-45.
- National AIDS Commission. 2006. *National HIV and AIDS Policy: Power to conquer HIV and AIDS*. Maseru: Government of Lesotho.
- Radio in Africa: Publics, Cultures, Communities, by Liz Gunner, Dina Ligaga and Winston. M. 2011. "Why Radio is Africa's Medium of Choice in the Global Age." In Dumisani Moyo, 102-116. Johannesburg: Wits University Press.
- National AIDS Commission. 2016. Working Towards ending AIDS in Lesotho. Theme: Treatment as Prevention – Hands up for HIV prevention. Commemoration of World AIDS Day 2016. Maseru, Lesotho.
- Ntsukunyane, L. 2014. *DA dragged to court over Mafeteng radio station*. <http://sundayexpress.co.ls/da-dragged-to-court-over-mafeteng-radio-station>. (Accessed, 31 March, 2017).
- O'Leary, Z. 2010. *The Essential Guide to Doing Your Research Project*. London: SAGE Publication Ltd.
- Oliver, P. 2010. *Understanding the Research Process*. London: SAGE Publication Ltd.
- Onwuegbuzie, A.J., Dickinson, W.B., Leech, N.L. and Zoran, A.G. 2009. A Qualitative Framework for Collecting and Analysing Data in Focus Group Research. <http://creativecommons.org/licenses/by/2.0>. (Accessed on the 20 June 2016).

- Oosthuizen, L.M. 1997. *Journalism, Press and Radio Studies*. Kenwyn: Juta.
- Open Society Foundation. 1999. *Community Radio Manual*. Cape Town: OSF-SA.
- Osunkunle, O.O. 2007. Community radio stations and HIV/Aids awareness in Limpopo Province: A case study. A paper presented at the Radio Colloquium: Radio.
- Parker, W., Dalrymple, L. and Durden, E. 2006. *Communicating beyond HIV awareness*. Department of Health: South Africa: Polity Press.
- Peigh, T.D., Maloney, M.J., Higgins, R.C. and Bogue, D.J. 1979. *The Use of Radio in Social Development*. The Community and Family Study Center: University of Chicago. Publics and Communities in Southern Africa. WISER, Wits University, Johannesburg: 11 – 12 October 2007.
- Peterson, C. 2004. *Publics and Communities in Southern Africa*. WISER, Wits University, Johannesburg: 11 – 12 October 2007.
- PIs (Principal Investigators') Reports, 2017-2019. HIV/AIDS Progress Report. The National Science Foundation, Alexandria, Virginia USA. https://www.research.gov/research-portal/appmanager/base/desktop?nfpb=true&pageLabel=research_node_display&nodePath=/researchGov/Service/Desktop/PublicOutcomesReport.html. (Accessed, 10 May, 2019).
- QSR International. 2014. NVivo [software program]. <http://www.qsrinternational.com>. (Accessed 10March, 2018).
- Ramakhula, A.R. 2009. *The Role of the Private Radio Stations in Promoting Participatory Democracy in Lesotho: The case of Moafrika FM, Catholic FM, People's choice FM and Harvest FM*. Master's Dissertation. Nelson Mandela Metropolitan University, Port Elizabeth, South Africa.
- Ramaphosa, C. 1992. The Democratic Role of the Media. *Journal of Journalism in South Africa*, Vol. 13 (1): pp. 108-113.

- Rennie, E., Berkeley, L. and Murphet, B. 2010. Community Media and Ethical Choice. *Journal of Community Citizens & Third Sector Media & Communication*, 2010, (6):pp. 11-25.
- Rensburg, R.S. 1996. *Introduction to Communication*. Kenwyn: Juta.
- Ritchie, J., Lewis, J., Nicholas, C.M. and Ormston, R. 2014. *Qualitative Research Practice: A Guide for Social Science Students & Researchers*. Los Angeles: SAGE Publications Ltd.
- Robin, S. and Shawnika, J.H. 2013. The Color of AIDS: An Analysis of newspaper coverage of HIV/AIDS in the United States from 1992–2007. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4648614/#R12>. (Accessed 25 November, 2017).
- Roger, D. and Bull, P. 1989. *Conversation: An Interdisciplinary Perspective. Multi-lingual Matters*. Clevedon, Philadelphia: Multilingual Matters Ltd.
- Saldana, J. 2009. *The Coding Manual for Qualitative Researchers*. India: Sage Publications.
- Salkind, N.J. 2014. *Exploring Research*. London: Pearson Education Limited.
- Sanni, O.O. and Ojewe, C.O. 2013. Media Influence in Awareness Creation for Government Development Projects in Logo State, Nigeria. *International Journal of Development and Sustainability*. Vol. 2. No.2. pp. 1280-1299.
- Saunders, M. and Lewis, P. 2014. *Doing Research in Business and Management: An Essential Guide to Planning Your Project*. London: Pearson Education Limited.
- Saunders, M., Lewis, P. and Thornhill, A. 2015. *Research Methods for Business Students*. London: Pearson Education Limited.
- Sello, N. 2015. Station Manager, Mafeteng Community Radio. Personal Interview. (Transcript). 10 June, 2015.
- Servaes, J. and Malikhao, P. 2008. *Development Communication Approaches in an International Perspective*. New Delhi: Sage.

- Severin, W.J. and Tankard, Jr. 2001. *Communication Theories: Organisations' Methods, and Uses in the Mass Media*. New York: San Francisco.
- Siemering, B., Fairbairn, J. and Rangana, N. 1998. *Community radio stations in South Africa: Six case studies*. Cape Town: Open Society Institute for South Africa.
- Silverman, D. 2013. *Doing Qualitative Research: A Practical Handbook* (4th ed.). Los Angeles: SAGE Publications.
- Sindelar, K. 2017. Celebrating One Year of Test and Treat in Lesotho. <https://clintonhealthaccess.org/celebrating-one-year-test-treat-lesotho/>. (Accessed 25 January, 2019).
- Skimmer, C., Mersham, G. and Benecke, R. 2016. *Hand Book of Public Relations*. Cape Town: Oxford University Press Southern Africa.
- Skinner, J.C. Von Essen, L. M. and Mersham, G. 2019. *Handbook of Public relations*. (8th ed.). Cape Town: Oxford.
- Skuse, A. and Butler, N. 2004. *Radio Broadcasting for Health: An Issue Paper*. www.comminit.com/edutain-africa/content/radio-broadcasting-health-decision-makers-guide.
- Smith, K. 2013. Jurgen Habermas (1962): An Inquiry into a Category of Bourgeois Society. Thousand Oaks, CA: Sage.
- Soremekun, O. 2016. The Imperative of Community Radio to HIV/ AIDS Prevention in Semi-Rural Ghana: A Case Study of Radio Emashie, Pokuase, Greater Accra Region, Ghana. *A Journal of Theatre & Media Studies* Vol. 1. No. 2, April, 2016.
- Stack, D.W. and Salwen, M.B. 2009. *An Integrated Approach to Communication Theory & Research*. Routledge: New Your & Landon.
- Stake, R. 2000. Case Studies. In *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage Publications.
- Stovall, J.G. 2005. *Journalism: Who, What, When, Where, Why and How*. Pearson: New York.

- Swartz, L., De la Rey, C. and Duncan, N. 2006. *Psychology: An Introduction*. Oxford: University Press.
- Tabing, L. 2002. *How to do Community Radio: A Primer for Community Radio Operators*. Paris: UNESCO.
- Tacchi, J. 2003. Promise of Citizens: Media: Lessons from Community Radio in Australia and South Africa. *Economic and Political Weekly*, Vol. 38, No. 22: s.p. http://eprints.qut.edu.au/208/1/Tacchi_Promise.pdf (Accessed 09 May 2015).
- Tavhiso, M. 2009. Sustainability challenges facing community radio: a comparative study of three community radio stations in Limpopo province. <http://ulspace.ul.ac.za/bitstream/handle/10386/231/MATRIL%20T%20Moswede.pdf?sequence=1>. (Accessed, 08 May, 2017).
- Teer-Tomaselli, R. 2001. Who is the community in a community radio: A case study of community radio stations in Durban, KwaZulu-Natal. In Tomaselli, K. and Dunn, H. (Eds). *Critical studies on African media and culture: media, democracy and renewal in Southern Africa*. Colorado: Colorado Press.
- Teer-Tomaselli, K. and Dunn, H. (Eds). 2000. *Critical studies on African Media and Culture: Media, Democracy and Renewal in Southern Africa, New Approaches to Political Economy*. Colorado Springs: International Academic Publications.
- The Government of Lesotho and the Expanded Theme Group on HIV/AIDS, Lesotho. 2004. *Turning a Crisis into an Opportunity: Strategies for Scaling Up the National Response to the HIV/AIDS Pandemic in Lesotho*. Lesotho: Third Press Publisher.
- The Open Society Foundation for South Africa (OSFSA). 2003. Brief report on the HIV/AIDS and Community Radio Stakeholders Meeting <<http://www.comminit.com/africa/node/186330>>(Accessed 12 March 2015).
- Tucker, E. 2013. *Community Radio in Political Theory and Development Practice*.

- Tumushabe, O. 2016. The Imperative of Community Radio to HIV/ AIDS Prevention in Semi-Rural Ghana: A Case Study of Radio Emashie, Pokuase, Greater Accra Region, Ghana. *A Journal of Theatre & Mass Studies* Vol.1, April, 2016.
- Tyali, S.M. & Tomaselli, R. 2015. Assessing “beneficiary” communities’ participation in HIV/AIDS communication through community radio: X-K FM as a case study. *Communicare: Journal for Communication Sciences in Southern Africa*, Vol, 34 (2): pp. 1-18.
- UNAIDS Annual Report. 2004. *Report on the global AIDS epidemic*. http://data.unaids.org/globalreports/bangkok2004/unaidsbangkokpress/gar2004html/gar2004_00_en.htm. (Accessed 15 March, 2016).
- UNAIDS Data Report. 2018. *The Gap Report*. https://www.unaids.org/sites/default/files/media_asset/unaid-data-2018_en.pdf. (Accessed, July, 2018).
- UNAIDS Gap Report. 2015. Global Aids Response Progress Reporting 2015. [www.unaids.org/sites/default/files/media.../JC2702_GARPR2015guidelines_en.pdf](http://www.unaids.org/sites/default/files/media_asset/JC2702_GARPR2015guidelines_en.pdf). (Accessed 25 June, 2017).
- UNAIDS. 2004. The Media and HIV/AIDS: Making a Difference. http://data.unaids.org/publications/irc-pub06/jc1000-media_en.pdf. (Accessed 12 April, 2017).
- UNESCO 1989. The Convention on the Rights of the Child. www.unesco.org/education/pdf/34_72.pdf. (Accessed, 25 June, 2015).
- UNGASS Country Report, 2006-2007. *Status of the National Response to the 2001 Declaration of Commitment on HIV/AIDS*. Lesotho. http://data.unaids.org/global-reports/bangkok-2004/unaidsbangkokpress/gar2004html/gar2004_00_en.htm. (Accessed 15 March, 2016).
- United Nations Education, Scientific and Cultural Organisation (UNESCO). 2008. Empowering Local Radio with ICTs: Mafeteng Radio. <http://en.unesco.org/radioict/radios/mafeteng-radio>; (Accessed 15 July 2015).

- United Nations Educational, Scientific and Cultural Organisation. 2012-2014. Empowering Local Radio with ICTs. Empowering Local Radio with ICTs.
<http://en.unesco.org/radioict/radios/mafeteng-radio>; (Accessed 17 June, 2017).
- Urgoiti, G. 1999. Community Participation: The Backbone of Successful Community Radio Station. In Open Society Foundation, *Community Radio Manual*. OSF-SA P 13-20.
- USAID. 2011. Mass Media and HIV Prevention<http://www.aidstarone.com/focus_areas/prevention/pkb/behavioral_interventions/mass_media_and_hiv_prevention> (Accessed 18 April 2015).
- Van Dyk, A. 2008. *HIV/AIDS Care & Counselling: A Multidisciplinary Approach*. South Africa: Pearson Education.
- Wanyeki, L.M. 2000. The Development of Community Media in East and Southern Africa. In Kwame Boafo (Ed). *Promoting Community Media in Africa*. Paris: UNESCO. pp. 25-30.
- Watkins, D. and Burton, M. 2013. *Research Methods in Law*. New York: Routledge.
- Whitley, B.E. and Kite, M.E. 2013. *Principles of Research in Behavioural Science*. New York: Routledge.
- Wigston, D. 2001. *Radio Production. Media Studies: Content, Audiences and Production*. Lansdowne: Juta Education.
- Willig, C. 2013. *Introducing Qualitative Research in Psychology* (3rd ed.). Berkshire: Open University Press.
- Willig, C. 2013. *Introducing Qualitative Research in Psychology: Adventure in Theory and Method*. Buckingham, UK: Open University Press.
- Wimmer, R.D. and Dominick, J.R. 2013. *Mass Media Research: An Introduction*. (5th ed.). Belmont, California: Wadsworth.
- Wimmer, R.D. and Dominick, J.R. 2015. *Mass Media Research: An Introduction*. (8th ed.)Belmont California: Wadsworth.

- Worku, Z.T. 2013. Effect of Mass Media Intervention on HIV/AIDS-Related Stigma and Discrimination in Ethiopia. *Journal of Development and Communication Studies*, Vol. 2/3: pp. 329-343.
- Yin, R.K. 2013. *Case Study Research; Design and Methods; Applied Social Research Methods Series*. New York: SAGE Publications, Inc.
- Yin, R.K. 2014. *Case Study Research: Design and Methods*. New York:SAGE Publications, Inc.
- Zoellner, A. and Lax, S. 2015. On-Air and Online: Social Media and Local Radio Production in the UK.<https://ejournals.facultas.at/index.php/medienjournal/article/view/65>.(Accessed 30 October, 2017).

APPENDIX 1

DRAFT INTERVIEW GUIDES



DRAFT INTERVIEW GUIDE

STATION MANAGER AND RADIO PRESENTERS

1. When the station was established? What was the purpose?
2. Does MCRS radio station take part in the fight against HIV/AIDS in the Mafeteng communities?
3. Which programmes mostly cover HIV/AIDS awareness and education?
4. How does Tosa Morning Drive Show and LumelangMakaota programmes mainstream HIV/AIDS education? Are they required to?
5. Do these programmes have a slot or segment on HIV/AIDS? If so, how long is the slot and what is the main purpose behind it?
6. What type of HIV/AIDS information is used for programming by the station?
7. Who are the designers of the programme content that is used to create awareness and educate Mafeteng community on HIV/AIDS?
8. Before designing the HIV/AIDS programmes, what do you take into consideration so as to get your message across to your target audience?
9. What are the different approaches and methods used by the MCRS in delivering messages on HIV/AIDS awareness through these programmes? Do you use live phone programmes, or recorded programmes?
10. Are these methods used to disseminate HIV content effective? Why do you say so?

11. Up until now, do you think these programmes have contributed to behavioural change within the community regarding community members' practices and beliefs when it comes to HIV/AIDS? Does the feedback from listeners show interest and understanding of HIV/AIDS?
12. How do you encourage community participation in planning and execution of HIV/AIDS information programming? Please state how it is done.
13. If yes to question 11 above, what exact role do community members play in planning and designing HIV/AIDS messages?
 - a. If no please explain why?
14. Do you see a need for people's voices in discussions about HIV/AIDS on the station?
15. How does the station use its policy if it has one to involve community participation? Are there formal written policies or just in-house arrangements? If not written, can you please explain the in-house arrangements?
16. Do you go back to the community to understand how messages are received? If you do, how does this help in improving the messages and discussions on HIV/AIDS? If not, how do you keep up to date with HIV/AIDS issues around the community?
17. Does the Mafeteng community identify and understand HIV/AIDS messages broadcast on these two programmes? If yes, how do you monitor their responses?
18. Do you think the programmes have contributed in awareness creation and educating the Mafeteng community regarding HIV/AIDS? If so how?

Thank you, your time and participation in this research is highly appreciated

2. DRAFT INTERVIEW QUESTIONS GUIDE FOR FOCUS GROUP DISCUSSIONS AND FACE TO FACE INTERVIEWS

(The focus group discussions will last for an hour per group)

Engaging questions

1. Do you listen to MCRS? If so, why and if not, why not?
2. Which programmes do you like most? Why?
3. What are the sources of HIV/AIDS information?
4. How important is the station for gaining information about HIV/AIDS?
5. Have you heard of HIV/AIDS through MCRS?
6. Which is the most useful source of information regarding HIV/AIDS for the community?

Exploration questions

1. Do you listen to Morning Drive Show and LumelangMakaota Programmes? If so, why or why not?
2. Do the programmes disseminate information regarding HIV/AIDS? If so, what kind of information do you get from the station regarding HIV?
3. What do you think about the kind of programmes broadcast on MCRS regarding HIV/AIDS?
4. How do these programmes contribute to your knowledge and awareness regarding HIV/AIDS related issues?
5. Do you think issues discussed relay / address your concern about HIV/AIDS? If so why? If not what do you think needs to be done?

6. Do you ever participate in designing the content as well as the format of the Morning Drive Show and LumelangMakaota programmes?
7. How do you participate in the programme design for HIV/AIDS on MCRS?
What do you think about these programmes? Are they efficient and effective regarding HIV/AIDS education and awareness? If so, Why? If no, Why?
8. What do you think needs to be done for the station to be more effective and efficient about HIV/AIDS discussions?
9. What is your overall perception about MCRS regarding programming of HIV/AIDS awareness and education?

Exiting questions

1. What else can you say about MCRS's special Morning Drive Show and LumelangMakaota Programmes?

Thank you, your time and participation in this research is highly appreciated

3. DRAFT INTERVIEW GUIDE FOR DIFFERENT STAKEHOLDERS ROLE PLAYERS WITHIN THE COMMUNITY. (Mafeteng Hospital, Non-Private Organisation, Jhpiego).

1. How are you involved with the HIV/AIDS content generation for discussion on MCRS?
2. Do you ever listen to the programmes broadcast on MCRS, if so which one?
3. Do you ever listen to Morning Drive Show and LumelangMakaota programmes?
4. How relevant are these programmes in addressing HIV/AIDS related issues in the community?
5. What part do you play in disseminating this HIV/AIDS content?
6. What role do you think the community can play in communicating HIV/AIDS messages through MCRS?

7. What do you think can be done to better influence the integration of different stakeholders in disseminating HIV/AIDS messages on Morning Drive Show and LumelangMakaota programmes
8. What would you improve in the HIV/AIDS messages that you work with in partnership with the station? Why do you think so?
9. Would you like to recommend some changes in the way the radio station addresses HIV/AIDS messages to you and the community at large?
10. How do you think HIV/AIDS affects the socio-economic development of your community?
11. In your view, do you think it is important that these programmes broadcast information about HIV/AIDS? Why?

Thank you, your time and participation in this research is highly appreciated

APPENDIX 2

REQUISITION LETTER

P.O. Box 13657

Maseru, 100.

01st August, 2016.

The Station Manager

Mafeteng Community Radio Station

Mafeteng

Lesotho.

REF: PERMISSION TO CONDUCT RESEARCH PROJECT MAFETENG COMMUNITY RADIO STATION PREMISES

My name is Mocoba Stephen Hlongoane, a Masters Student at the University of South Africa, (UNISA), in the Department of Communication Science. I am writing this letter to ask permission to conduct research for my thesis at your premises as per the following details; *An Assessment of the Contribution of Community Radio on HIV and AIDS Awareness in Lesotho: The case of Mafeteng Community Radio Station (MCRS).*

As afore-mentioned, I wish to conduct research at your premise through face to face interviews with the senior management and presenters responsible for two programmes namely LumelangMakaota and Tosa Morning Drive Show. The date will be agreed upon once I get the ethical clearance from the University. However, this date will be based on time and date suitable for participants. Nevertheless, the date will be subject to change given your availability. I have attached a draft sample of the interviews questions for your perusal.

Looking forward to hearing from you and for more information regarding the research please contact me at; stephenms@yahoo.com, Cell: +266 58768129 or +266 62270276

Yours sincerely,



Mocoba Stephen Hlongoane (Mr.)

APPENDIX 3

INTRODUCTORY LETTER

Dear Participant

My name is **Mocoba Stephen Hlongoane**, a Master's Student at the University of South Africa, (UNISA), in the Department of Communication Science. As a requirement of the programme I am presently collecting information and your residential area has been included in my study. My research topic is titled, *An Assessment of the Contribution of Community Radio on HIV and AIDS Awareness in Lesotho: The case of Mafeteng Community Radio Station (MCRS)*. I am hereby seeking your consent to participate in my research study. I would really appreciate if you would share your opinion with me by answering the questions as honestly as possible as your responses will assist in providing information on the perceptions of how Mafeteng Community Radio Station is contributing in educating the community on HIV/AIDS programmes in order to reduce the spread of this pandemic.

Please note that your participation is voluntary and you are assured that the information being solicited from you is purely for academic purposes, will be treated confidentially and not revealed to anyone other than myself and the University of South Africa (UNISA) where it will be safely stored. Moreover, your names and other necessary information you will provide will not be linked to recordings anywhere on the discussion schedule and no-one will be able to link you to the answers you give. Your participation will be done through focus group discussions and or one on one interview. The questions are structured in open-ended questions to allow you to say your views in details. In addition, please note that there are no materials and financial benefits involved for participating in this study. It is pure voluntary.

For more information, clarifications and concerns please feel free to contact me or my supervisor on the following numbers and emails;

Mocoba Stephen Hlongoane (+266) 587 68 129 Stephenms@yahoo.com

Dr. SM Tyali (+27) 012 429 8762 tyalism@unisa.ac.za

APPENDIX 4

PARTICIPANT’S CONSENT FORM

Declaration:

Ihereby agree to participate in research regarding “*An Assessment of the Contribution of Community Radio on HIV and AIDS Awareness in Lesotho: The case of Mafeteng Community Radio Station (MCRS)*”I understand that I am participating freely and without being forced in any way to do so. I also understand that I can discontinue my contribution or participation at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of the person to contact should I need to speak about any issues which may arise in this study and that this consent form will not be linked to the focus group discussions schedule, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my community on the results of the completed research project.

I hereby agree to the tape recording of my participation in the study.

Signature of participant:

Date:

.....

.....

APPENDIX 5

ETHICAL CLEARANCE



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

17 September 2018

Dear Mocooba Stephen Hlongoane

NHREC Registration # : Rec-240816-052

CREC Reference # : 2018-CHS-0054

Name : Mocooba Stephen Hlongoane

Student #: 43210388

Decision:
Ethics Approval from 17
September 2018 to 16
September 2023

Researcher(s): Mocooba Stephen Hlongoane

Supervisor(s): Dr. S.M Tyah
Department of Communication Science
[0124298762](tel:0124298762)

An investigation into the contribution of community radio on HIV/AIDS awareness in Lesotho: The case of Mafeteng Community Radio Station (MCRS)

Qualifications: PhD (Communication Science)

Thank you for the application for research ethics clearance by the Unisa College of Human Sciences Research Ethics Committee for the above mentioned research. Ethics approval is granted for one year.

The *low risk application was reviewed and expedited* by the Chair of College of Human Sciences Research Ethics Committee on the 24 August 2018 in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:



1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the Department of Psychology Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No field work activities may continue after the expiry date (**16 September 2023**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number 2018-CHS-0054 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Yours sincerely,



Signature :

Dr Suryakanthie Chetty
Deputy Chair : CREC
E-mail: chetts@unisa.ac.za
Tel: (012) 429-6267



Signature :

Professor A Phillips
Executive Dean : CHS
E-mail: Phillip@unisa.ac.za
Tel: (012) 429-6825



University of South Africa
Pretor Street, Muckleneck Ridge, City of Tshwane
PO Box: 393 UNISA 0003 South Africa
Telephone: +27 12 429 3111 facsimile: +27 12 429 4150